Value-based care in action

Leveraging Digital Programs for Tangible Outcomes in Workers' Compensation

Webinar: Tuesday, February 11th 2025

Agenda

01 Growing complexity in workers' comp

02 Why digital health is a needed solution

03 How to prove value through evaluation

04 Implementation considerations

05 Questions

Dr Elyssa Wiecek
Research and
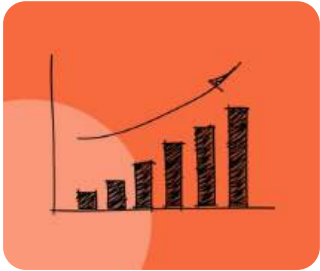Evaluation

Dr Mary Wyatt
Return-to-work
Advocate

Fiona Hammond
Director of Enterprise
Perx Health

Workers' compensation claims are becoming increasingly complex.

Key Challenges

Psychological and complex claims are increasing

Large variance in outcomes and longer claim durations

Case managers overwhelmed

Financial sustainability concerns

Perx Health and RTW Matters

Digital programs can meet these challenges.

Digital provides consistent care at scale.

Traditional care models with varying consistency

Evidence-based resources available at all times

Consistent information and early access

All workers reached at scale

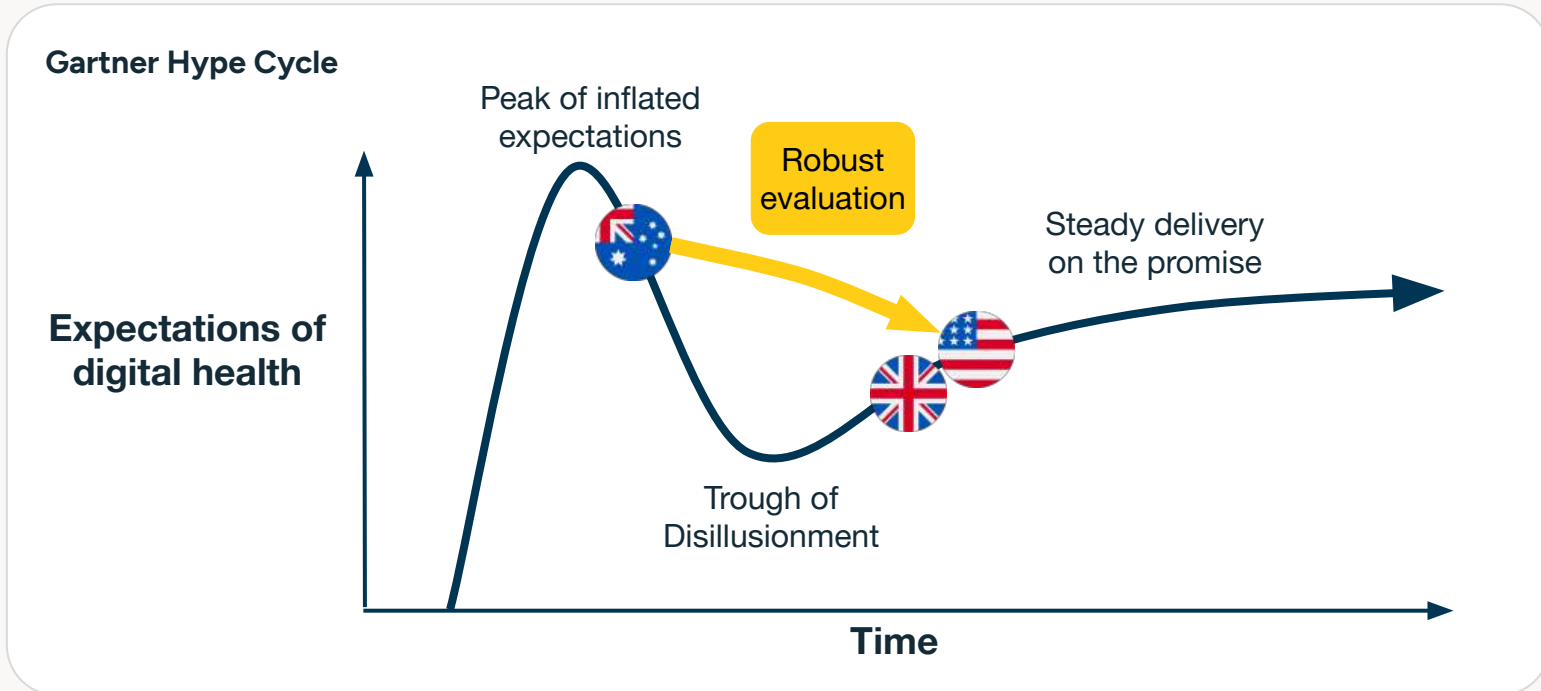# The value of digital is clear but there is scepticism around impact.

Choosing between vendors is challenging

Evaluating for Impact: Ensuring Measurable Success

How to know that a digital program is going to deliver outcomes.

Why proving outcomes matters in value-based care

- **Shifting Focus**

  The industry is moving to value-based care, requiring measurable outcomes to justify interventions

- **Key Stakeholder Needs**

  - Payers and employers need proof of ROI (e.g. cost savings, improved health outcomes)

  - Claimants benefit from programs that demonstrably improve their recovery and well-being

- **Evaluation as the Core of Value-Based Care**

  - Establishing credibility and ensuring alignment with stakeholders' goals

5 Questions to Ask

1   Will this shift the needle for our cohort?

2   How do we ensure robust evaluation?

3   Are we evaluating clinical outcomes, financial results or both?

4   How are biases being eliminated?

5   How will implementation impact on the evaluation design?

1

Will this shift the needle for our cohort?

- To drive meaningful change, the program must impact a large enough population to make a real difference

- Understanding what matters most to stakeholders is the first step in designing a strong evaluation

- Bringing together multiple perspectives early ensures that success is defined in a way that is meaningful across all stakeholders

2

How do we ensure robust evaluation?

- Understand the data and resources available

- This can inform if a prospective or randomised design is more appropriate

- Understand biases that need to be accounted for in design

- Evaluation design should be formalised and signed-off before implementing

Are we evaluating clinical outcomes, financial or both?

Faster return-to-work and injury recovery, and shorter claim durations ----------● **Financial** benefits

Faster return-to-work and injury recovery, and shorter claim durations ----------● **Return-to-work** outcomes

Clinical progress e.g. mental distress (Kessler-10 survey) and pain levels (NPRS) ----------● **Health** improvements

Workers have to enjoy an intervention and use it to benefit e.g. daily engagement ----------● **Engagement** and behaviour change
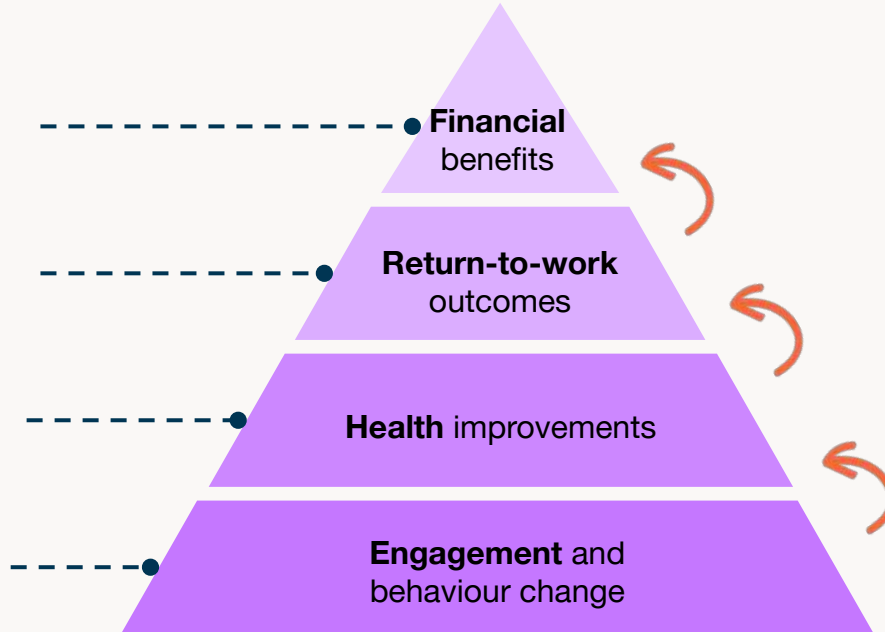
How are biases being eliminated?

- Uncontrolled studies without a comparison group fail to prove outcomes
- Biases can come from both the population and the intervention itself
- Understanding worker characteristics is crucial for accurate evaluation
- Design of a randomised control group can be necessary to address these concerns
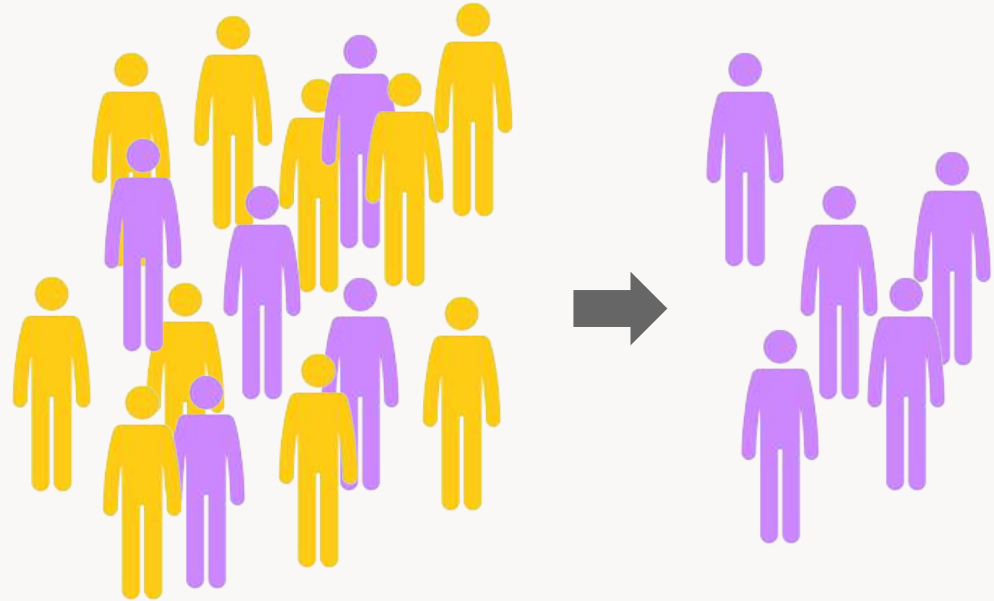
How will implementation impact on the evaluation?

Consider how to scale or gets to BAU

- A program that works in a pilot doesn't automatically translate to long-term success—how will it scale?

- If there are known barriers to scaling (e.g., low enrollment, case manager workload, data privacy concerns), they should be tested in the evaluation phase

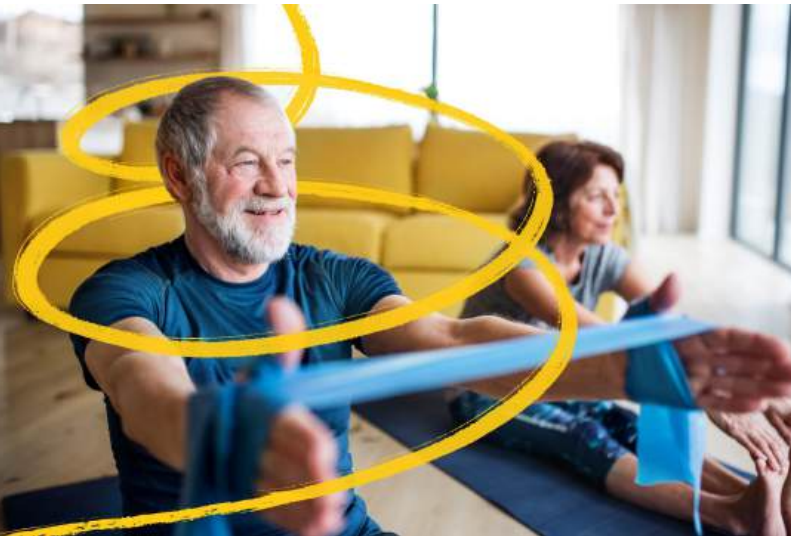- Don't forget about data collection, especially in control groups

Case Studies

Case Study: Randomised Control Group with Matched Groupings

- Digital rehabilitation for Claimants with Musculoskeletal and Psychological Conditions
- Independent analysis using **matched control cohort** across 3,600 claims

| Daily Engagement	Improved Adherence	Return to work Outcomes	Financial savings
45% enrolment of all members	**90%** average adherence	**35%** reduction in open claims at 12 months	**$3m** total projected savings
4 average daily sessions	Tasks included medications, physical therapy, appointments and measurements		**8x** return on investment

Case Study: Large Multi-Analysis Retrospective Study

- Digital rehabilitation for Claimants with Musculoskeletal and Psychological Conditions
- Independent analysis controlling for prospective risk **across 14,000 claims**

Daily Engagement

50%
enrolment of all members

5
average daily sessions

Improved Adherence

93%
average adherence

Tasks included medications, daily activity, appointments and measurements

Return to work Outcomes

23.4
days shorter claims

Financial savings

$7,404
cost saving per person

7.4x
return on investment
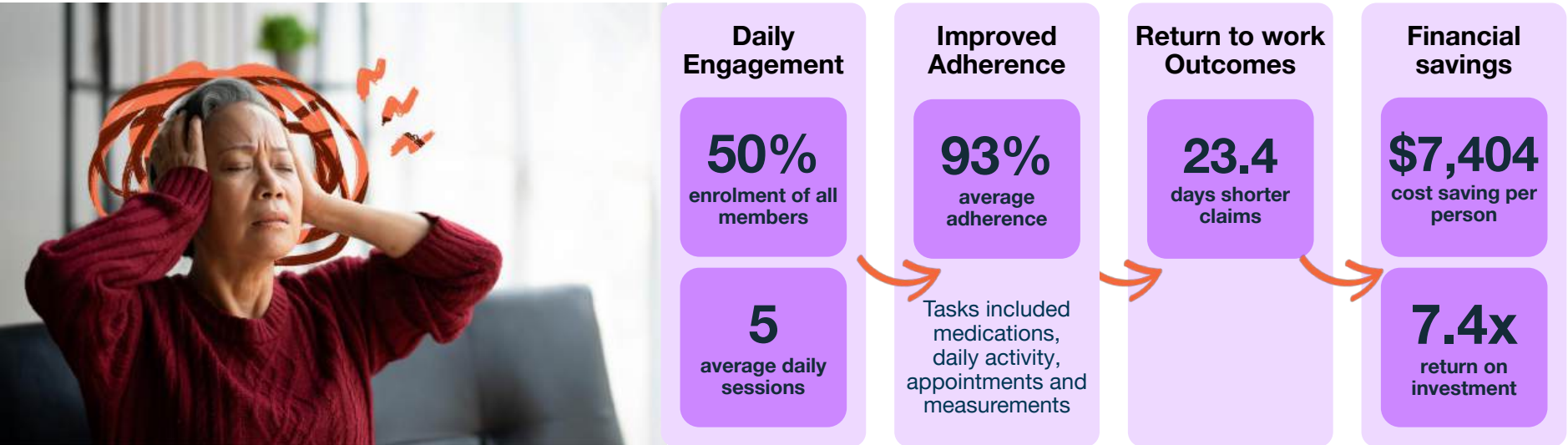
Other implementation considerations

Think beyond just the technology

Does the vendor provide world class privacy and security?

Does the vendor's delivery model necessitate burden on your case managers or HR personnel?

How does the vendor partner with you from 100 to 10,000?

There's fantastic opportunity in workers' compensation

✅ Workers' comp already collects **rich outcome data**

✅ North Star metrics like **RTW rates & claim duration**

✅ Digital can **improve efficiency and reduce costs**

Key takeaways

1 Digital health is a **necessary evolution** in workers' comp

2 Australia needs to shift from **pilots to proven solutions**

3 Robust evaluation frameworks are the foundation of **value-based care**

4 Workers' comp organisations are well placed to **lead digital transformation**

Want further information?

Reach out to Fiona at *fiona@perxhealth.com* or scan to download a summary of today's talk.