

*From the President's Office*  
*Dr Kean-Seng Lim*  
*GAICD FRACGP MBBS*



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State Insurance Regulatory Authority  
McKell Building  
2-24 Rawson Place  
Sydney NSW 2001

**By email only: [consultation@sira.nsw.gov.au](mailto:consultation@sira.nsw.gov.au)**

### **AMA NSW Submission on measuring return to work**

Thank you for the opportunity to make a submission to your consultation on the measurement of returning to work. AMA (NSW) acknowledges that the purpose of this consultation is to provide comment on how measurement of return to work (RTW) can be strengthened within the NSW workers compensation and compulsory third party (CTP) systems following a trend of deteriorating RTW rates in NSW workers compensation in 2019 when compared with the same reporting periods in 2016, 2017 and 2018.

#### **Executive summary**

AMA (NSW) is a medico-political organisation that represents over 9,000 doctors in New South Wales (NSW), including doctors-in-training, career medical officers, staff specialists, visiting medical officers and specialists and general practitioners in private practice. Our members perform an important role in the workers compensation system by facilitating the treatment and recovery of those injured following workplace or motor vehicle accidents.

For over 20 years, injured workers in NSW have had the benefit of being able to access medical care on the same basis as patients with comprehensive private health insurance. This ensures injured workers receive timely access to a wide range of specialist general practitioners and other medical specialists, thus aiding their return to work process.

#### **The medical practitioner's role**

Patients injured at work represent a particular and complex challenge. Doctors are required to deal with scheme agents and employers who may have limited interest in the wellbeing of patients nor in assisting the employee to return to work. Doctors are required to complete additional paperwork which again serves to act as a barrier to care.

While we recognise this is the legislated objective of the scheme, we are strongly opposed to the suggestion that it should be the basis upon which the performance of doctors be judged. The goal of a treating doctor is first and foremost to provide comprehensive high-quality treatment to the patient and to make that patient well. Getting that patient to return to work is also an important priority and we recognise the health benefits associated with work.

#### **Australian Medical Association (NSW) Ltd**

AMA House, Level 6, 69 Christie Street, St Leonards NSW 2065 | PO Box 121, St Leonards NSW 1590  
t: 02 9439 8822 | f: 02 9438 3760 | e: [enquiries@amansw.com.au](mailto:enquiries@amansw.com.au) | [www.amansw.com.au](http://www.amansw.com.au) | ABN 81 000 001 614

## **Nominal Insurer**

In 2018, iCare made significant changes to their claims model. The new model reduced the number of claim agents from five to one, EML. According to Janet Dore's 2019 independent review of the nominal insurer the new claims model led to a significant deterioration in the performance of the nominal insurer, through poorer return to work rates, underwriting losses, no competition and therefore, concentration of risk. The challenges of this new model are seen in the 2019 Abridged RTW Outcomes Survey where the nominal insurer's 'Return to Work' and 'Current Return to Work' rates are significantly lower than that of the Treasury Managed Fund (TMF) and Specialised Self Insurers (SSI). In the 2019 survey, only 73% of the nominal insurer's injured workers reported that they were currently working (down 11% from 2018). This is significantly lower than the relatively consistent rates seen among the TMF and SSIs (85% and 84% respectively). Whilst marginal decreases in RTW rates have been noted among some insurers since 2016, the most significant decreases occurred between 2018 and 2019 which align with the changes made to the nominal insurer's claims model.

## **Mental illness**

Mental health conditions are one of the fastest growing causes of disability in Australia. Mental illness claims are complicated by the fact that symptoms and treatment can vary significantly from individual to individual. The 2019 Abridged RTW Outcomes Survey found that the Current Return to Work Rates were significantly lower for those with mental health related claims when compared to those in all other sub-groups. At the time of the survey only 43% of the nominal insurer's workers with claims relating to mental illness had returned to work, compared to 61% noted among TMF and SSI claimants. The nominal insurer also saw a decrease of 14% in current RTW rates for mental illness claims between 2018 and 2019. This may be an indication that the nominal insurer's new claims model is not well equipped to deal with the challenges of a predominantly knowledge-based economy where workplace injuries such as mental illnesses are becoming increasingly common. This trend may have resulted in the noted decrease in 2019 RTW rates.

## **Measuring RTW**

When certifying someone as fit to return to work, the AMA (NSW) supports the use of a work trial to assess the suitability of the workplace and role. The trial period allows doctors to confidently certify that a worker is fit for their duties. The AMA (NSW) recommends that a sliding scale is used when determining whether an amount of time in the workplace constitutes a sustainable RTW. We propose that patients should be reviewed following one month, three months and six months upon their RTW before it is considered a sustainable. This period will also allow doctors to monitor secondary injuries, such as psychological claims, that we note are increasingly common following significant physical workplace injuries. The sliding scale and continued follow up will also allow patients to return to work sooner as they will have continuous support from their doctor prior to being certified as fit for regular duties.

The AMA (NSW) supports the use of lead indicators in the RTW process. Patient satisfaction of the claims agent should be measured and reported against RTW rates. The AMA (NSW) expects that those with a higher satisfaction will display faster and more sustained RTW rates. The number of case workers involved in the case should also be measured. AMA (NSW) notes that regular changes to case workers significantly delays RTW rates and should therefore be avoided where possible. The use of time-based RTW measures may be problematic as they do not consider the nature of the injury. RTW rates will vary between individuals with the same injury. Demographics such as age, gender and occupation will significantly influence the recovery time of an injury. Australia's ageing

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population and the changing dynamic and expectation of people in the workplace further support the notion that time-based measures may not accurately depict the nature of the injury and thus expected RTW rates.

The AMA (NSW) encourages SIRA to consider using patient activation measures (PAM) when measuring RTW rates. PAMs measure the spectrum of knowledge, skills and confidence in patients to determine how engaged or confident a patient is in taking care of their condition. Evidence shows that patients with higher PAM scores tend to experience better health outcomes when compared to those with lower scores. As a quantifiable measure, PAM can be used to assess how engaged patients are with their treatment plan which can be measured against RTW rates.

### **Conclusion**

A significant proportion of the changes noted in the 2019 Abridged RTW Outcomes Survey and discussion paper align with the changes made to the nominal insurer's claims model. While marginal decreases in RTW rates were noted among TMF and SSI claimants, the larger changes were seen within the nominal insurer which brings the grouped percentages down.

The AMA NSW recognises the health benefits associated with returning to work following a workplace or motor vehicle accident. While returning to work is certainly an important objective for doctors and their patients, the RTW metric should not be the basis upon which the performance of doctors is judged.

Yours sincerely,



Dr Kean-Seng Lim  
**AMA (NSW) President**

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