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New Standard of Practice: Return to work – Early Intervention

The Australian Medical Association (NSW) (AMA (NSW)) welcomes the opportunity to make this submission regarding SIRA's new *Return to Work – Early Intervention Standard of Practice*.

AMA (NSW) is an independent association representing the State's medical profession. As the State's medico-political lobbying body, AMA (NSW) provides representation for the medical profession on medical matters, medico-political matters, and workplace relations matters.

AMA (NSW) understands that amendments are to be made to the *Standards of practice: expectations for insurer claims administration and conduct (Standards)* to promote the active management of the first four weeks of a claim, by insurers. AMA (NSW) supports the inclusion of this new standard, Standard 34: Return to Work – Early Intervention.

Medical practitioners have additional professional obligations within the workers compensation system, including, but not limited to, facilitating injured workers' return to work through clinical intervention and ongoing management. At the same time, AMA (NSW) maintains that the primary obligation of doctors is to ensure patient recovery through early assessment, diagnosis, and treatment.

Insurer accountability for timely access to healthcare

Studies have shown the significance of timely access to healthcare in the first four weeks from injury, as this is viewed as a critical period of time for recovery.

As healthcare services in workers compensation settings often only can be accessed once requests for compensable treatment are approved by insurers, positive recovery outcomes ultimately rely on prompt insurer action. Subsequently, 'delayed treatment approvals'¹ are a key area of concern, as they often have 'adverse health effects.'²

AMA (NSW) supports Standard 34.1 and its promotion of insurer accountability for timely access to healthcare. Standard 34.1 provides that insurers 'make early, supportive contact with...the worker's treating doctor' and evidence, on the claim file, that contact was made within three working days of

¹ Murgatroyd, Lockwood, K., Garth, B., & Cameron, I. D. (2015). The perceptions and experiences of people injured in motor vehicle crashes in a compensation scheme setting: a qualitative study. *BMC Public Health*, 15(1), 423–423. <https://doi.org/10.1186/s12889-015-1739-9>.

² Lippel. (2007). Workers describe the effect of the workers' compensation process on their health: A Québec study. *International Journal of Law and Psychiatry*, 30(4), 427–443. <https://doi.org/10.1016/j.ijlp.2007.06.013>.

initial notification. This compels insurers to familiarise themselves with a worker's condition and any likely significant injury early, so that treatment claims are approved promptly, and health services are accessed within the first four weeks from injury.

The obligation in Standard 34.1 is qualified, with respect to contacting 'the worker's treating doctor,' by 'where appropriate and reasonably practicable.' The obligation to contact the worker and the employer did not attract this same qualification. Whilst recognising that there may be exceptional circumstances where a worker's treating doctor cannot be reached within this three-day period, AMA (NSW) is concerned that this provision does not effectively hold insurers accountable and weakens the purpose of Standard 34.1. AMA (NSW) asks that this provision be given closer consideration, to ensure insurers are held publicly accountable on the access to care metric.

Increased involvement of medical practitioners in claims process

AMA (NSW) submits that efforts should be made to avoid delays in patient care and recovery. The need to appropriately allocate and prioritise claims, as noted in Standard 34.2, is acknowledged. Balancing the need to ensure individual access to patient care, with the demands of distributive justice in health care settings,³ is recognised by AMA (NSW) as a similar challenge facing medical practitioners.

Medical practitioners are best positioned to inform insurers of the potential personal and healthcare risks of delayed recovery, to assist in this allocation and prioritisation of claims. Collaboration with medical practitioners, which is an expectation for insurers set out in Standard 34.3, is equally supported by AMA (NSW), to ensure intervention strategies match the level of risk. The need for this collaborative approach is further evidenced by Standard 34.6, where insurers are recognised as ultimately responsible in ensuring that all stakeholders are aligned to achieving the most effective patient work outcomes.

Reporting Benchmarks

Given that these Standards implement an increased level of accountability on Insurers, emphasis on the importance of accurate and up-to-date reporting must be maintained. Without accurate evidence on claim files being kept by insurers, Standards 34.1- 34.8 will fail at effectively supporting the early identification of potential risk factors for delayed recovery.

AMA (NSW) and its members support schemes that set timely expectations and hold insurers accountable in their early management of claims. The inclusion of Standards which support insurers in assessing any risk of delayed recovery and implementing interventions to address these risks, will both ensure timely access to healthcare remains a core focus and support injured workers' return to work. For the reasons set above, early involvement of insurers, accountability and better engagement with medical practitioners will prove to yield the most effective health outcomes for patients.

Yours sincerely,

³ Skirbekk H, Hem MH, Nortvedt P. (2018) Prioritising patient care: The different views of clinicians and managers. *Nurs Ethics*, 25(6), 746-759: <https://doi.org/10.1177/0969733016664977>.