

23 December 2020

Submission: Responses to questions on Victorian Workers' Compensation System

How aware do you think your members are of WorkSafe Victoria (WSV) processes?

- Processes are difficult to navigate and there are many delays.
- Processes are discovered by talking to colleagues as there is no, 'How to Guide'.
- There is no explanation about how to register and lodge remittance details with new providers waiting months to be paid. Difficulties have led to providers being issued cheques in the wrong name.
- Payments are slow
- Providers don't deal with WSV but deal with the insurer and there are inconsistencies in payments and approval processes for services.

How do providers new to the profession get information about the scheme and processes?

- General information is provided through university studies.
- ESSA has a compulsory Standards and compliance course which includes workers compensation but it is not specific to WSV.
- Information on WSV is provided through the ESSA Members Lounge.
- New providers generally find out about the details of the workers compensation scheme and processes through their employer and when they commence delivery of services.
- The website doesn't provide easily accessible information on processes. It is fragmented, hidden, and when changes occur, communications to providers are poor. This puts providers in a position that unintentional errors can occur.

What is their/your opinion of the workers compensation claims process?

- It lacks a person centred approach, where injured workers feel persecuted. Injured workers are primarily considered as a cost rather than a person and this is dehumanizing. Providers are also dehumanized through processes where clinical reasoning is not respected and request for treatment approvals are rejected without justification.
- Management of rehabilitation for injured workers lacks coordination and goals of return to work are not linked with holistic care.
- Case managers are the key to success, but delivery of services by case managers is inconsistent, with varying degrees of knowledge and skills combined with a high turnover of staff.

What is their/your opinion of WSV insurance agents?

- There are too many inconsistencies across insurance agents in the way they deal with payments and approval for treatment. There are often delays in approval for treatment for injured workers which delays RTW prospects. The longer people are away from work the less likely they are to RTW.
- Case managers don't have a clinical background but consistently override clinical reasoning and this is inappropriate and counter productive for RTW. Clinical judgement and justification, seeking approval is not respected.
- Goals don't appear to be shared with a focus on RTW and expectations are not articulated with injured workers.
- Turnover is high leading to fragmentation in communications.
- Payment systems add administrative burden for providers with the need to continually follow up on payments.

What is their/opinion of WSV's role?

- Role is to provide a regulatory framework that delivers value-based care. Currently there is no framework for the delivery of value-based care through WSV.
- Role is also to engage effectively with peak professional bodies and work collaboratively. Currently this is poor with a lack of robust consultative processes. Transparency on rationale for decision making is non-existent.

Are there any areas of improvements to the scheme or process that you would recommend?

- Provision of a reasonable fee for providers to deliver evidence-based care for injured workers with chronic and complex conditions, including those with psychological injury.
 - Current fee structure is overly prescriptive with timeframes and number of sessions. Barriers to access to treatment with referrals and approvals.
 - AEPs are treated differently to other allied health professionals creating inequity.
 - Referrals are too late.
 - Barrier for injured workers to access treatment from an AEP. AEPs are not taking referrals since the new fee schedule has been introduced as the fee is not reasonable to deliver on scope of practice.
 - GPs are not able to access information on objective functional capacity test results due to a lack of capacity provided to professionals to deliver these tests.
 - Fees are below market rates.
- Development of a health outcomes framework like NSW and resource for implementation.
- Establishment of a peer review and peer benchmarking process like the system in South Australia where Exercise Physiologists are employed to work on an outlier program to support providers to drive quality care outcomes and RTW
- Facilitate referral mechanisms that ensure that injured workers receive treatment in a timely manner.
- Develop real time data systems that provide information on value-based care rather than simply cost and activity. Must look at what works in RTW.
- Implementation of effective communications to providers to notify of changes and support to incorporate changes in practice.
- Update the website to facilitate provision of information for providers including a 'How to Guide' – registration and other administrative processes.
- Streamline registration and payment systems to reduce administrative burden for providers.
- Inclusion of exercise physiologists on the clinical panel to ensure that inappropriate decisions based on opinion are not made by one professional group about another.
- Establishment of a system to ensure quality services are delivered by insurance agents, including effective recruitment and retention mechanisms, combined with training and education. Consider engagement of medically trained case managers.
- Engagement in collaborative partnerships with Peak Professional bodies that involve true consultation, and are centred on core principles such as:
 - Respect for independence
 - Achieving and maintaining trust
 - Fairness
 - Openness and transparency
 - Confidentiality and accountability

