

Healthcare outcomes framework

Presentation to the SIA Education Day 2020

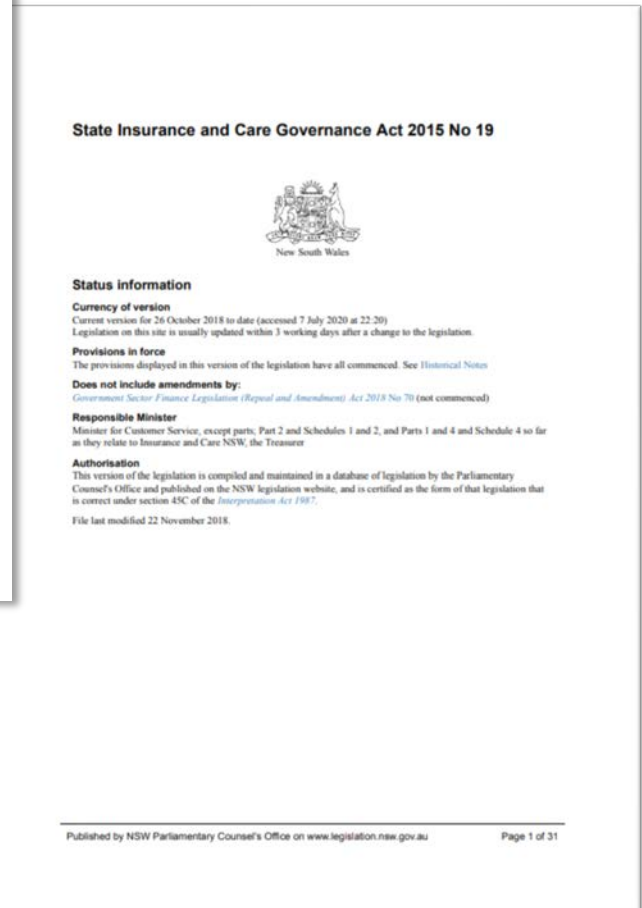
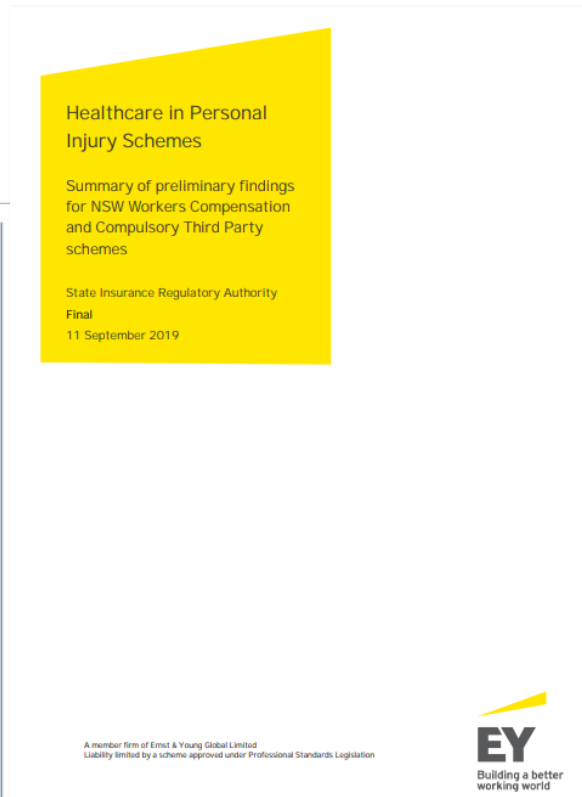
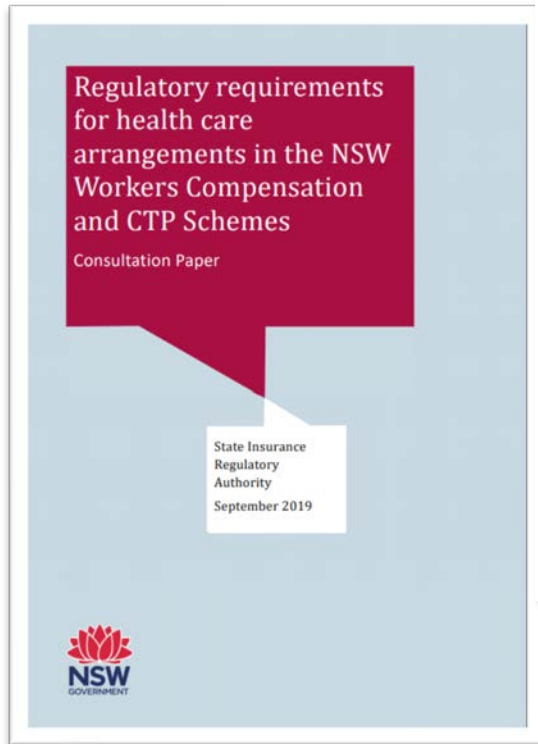


State Insurance
Regulatory Authority

20 August 2020

sira.nsw.gov.au

Introduction and background



Purpose of the outcomes framework: Setting a vision for health care and measuring value

The framework:

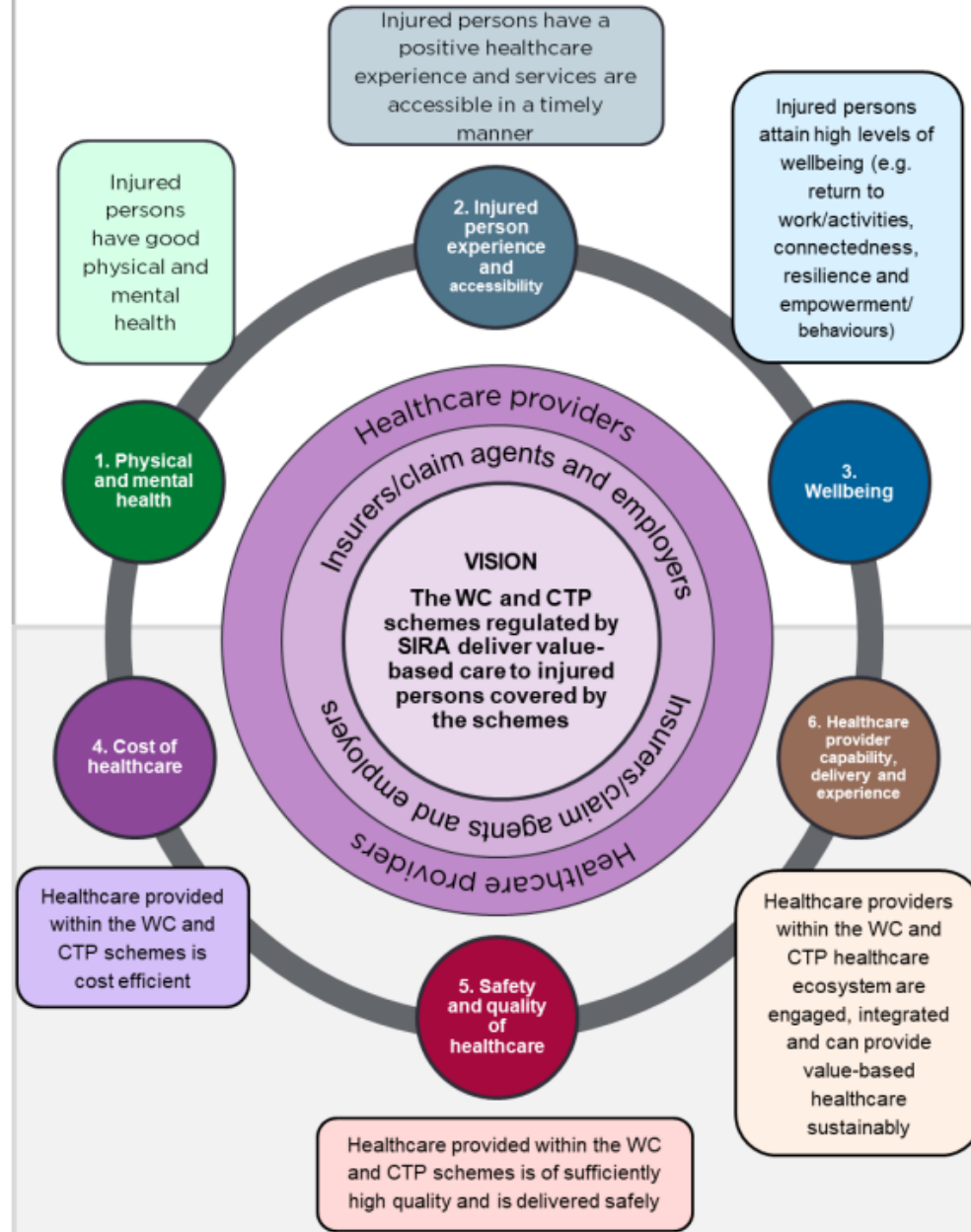
1. Articulates a vision for healthcare in the WC and CTP schemes – ie, value-based care - and specifies how achievement of the vision will be defined and measured
2. Enables us to measure to what extent we are receiving value from WC and CTP scheme healthcare spend

SIRA's vision for healthcare in its schemes:

“The WC and CTP schemes regulated by SIRA deliver value-based care to injured persons covered by the schemes”

Achieving the vision will depend on WC and CTP scheme participants improving results in six domains of healthcare outcomes

Injured persons in the WC or CTP schemes



WC and CTP healthcare ecosystem

WC and CTP scheme healthcare outcomes and value will be measured over six domains

1. Physical and mental health

Injured persons have
good physical and
mental health



2. Injured person experience and accessibility

Injured persons have
a positive healthcare
experience and
services are
accessible in a timely
manner



3. Wellbeing

Injured persons attain
high levels of
wellbeing (e.g. return
to work/ activities,
connectedness,
resilience and
empowerment/
behaviours)



4. Cost of healthcare

Healthcare provided
within SIRA's schemes
is cost efficient



5. Safety and quality of healthcare

Healthcare provided
within the WC and
CTP schemes is of
high quality and is
delivered safely



6. Healthcare provider capability, delivery and experience

Healthcare providers
within the WC and
CTP healthcare
ecosystem are
engaged, integrated
and provide value-
based healthcare
sustainably



For each domain, the framework sets out the desired outcomes

Outcomes to be achieved in domain 1

1. Physical and mental health

Injured persons have good physical and mental health



1.1 Physical health is improved or maintained

The physical health of injured persons in the WC and CTP schemes is improved to or maintained at a level that supports return to work/activities and is tailored to the nature and extent of injury

1.2 Mental health is improved or maintained

The mental health of injured persons in the WC and CTP schemes is improved or maintained at a level that supports return to work/activities and is tailored to the nature and extent of injury

1.3 Towards zero harmful dependence on treatment and care

Harmful dependency of injured persons on treatment and care, including harmful substances and unnecessary treatment and care, is effectively minimised or avoided

Outcomes to be achieved in domain 2

2. Injured person experience and accessibility

Injured persons have a positive healthcare experience and services are accessible in a timely manner



2.1 Injured persons and their families/carers are satisfied with treatment and care processes, including dispute resolution, and experience

Injured persons and their families/carers feel satisfied with the end-to-end processes around receiving treatment and care including dispute resolution and their experiences with healthcare services

2.2 Cost of healthcare services is aligned with market rates for industry peers

Injured persons in the WC and CTP schemes can access timely evidence-based treatment and to navigate appropriate services across the continuum of integrated health services

2.3 Level of healthcare services provided is appropriate

Healthcare services and their provision are inclusive and respond to choice, culture, identity, circumstances and goals of the individual

2.4 Healthcare is integrated and transitions of care are facilitated effectively

Healthcare for injured persons is integrated across the continuum of need. Transitions between types of care/disciplines are effectively facilitated to enable continuity of care

Outcomes to be achieved in domain 3

3. Wellbeing

Injured persons attain high levels of wellbeing (e.g. return to work/ activities, connectedness, resilience and empowerment/ behaviours)



3.1 Injured persons return to work/activities in a timely manner

Injured persons in the WC and CTP schemes achieve recovery milestones and return to work/activities is attained in a timely manner

3.2 Injured persons are empowered to return to work/activities

Injured persons in the WC and CTP schemes are personally empowered, actively engaged and are effectively supported by insurers/claim agents and employers in pursuing return to work/activities. This includes influencing behaviours that may impact effective engagement in the return to work/activities process

3.3 Social engagement, resilience and connectedness is maintained

Injured persons maintain feelings of connectedness, engagement and participation in social activities and community. Injured persons demonstrate resilience meaning they are better able to cope and adapt effectively to changes in their circumstances

Outcomes to be achieved in domain 4

4. Cost of healthcare

Healthcare provided within SIRA's schemes is cost efficient



4.1 Healthcare provided within the WC and CTP schemes is cost efficient

Healthcare services are delivered for maximum impact, enabling efficiencies in resource allocation. Efficiency is enabled by the level of healthcare resources utilised and the mix of health services provided, and changes in the costs of healthcare support desired health outcomes.

4.2 Cost of healthcare services is aligned with market rates for industry peers

The cost of healthcare services within the WC and CTP healthcare ecosystem is aligned with market rates for industry peers, relative to the level of quality and health outcomes being sought

4.3 Level of healthcare services provided is appropriate

The level of healthcare services provided to support recovery and health outcomes is appropriate e.g. no over-servicing and in line with relevant benchmarks, guidelines and/or frameworks. Reduced leakage in the system

Outcomes to be achieved in domain 5

5. Safety and quality of healthcare

Healthcare provided within the WC and CTP schemes is of high quality and is delivered safely



5.1 Healthcare delivered is of high quality

The quality of healthcare delivered in the WC and CTP schemes achieves the desired health outcomes for injured persons (e.g. is effective and evidence-based) and is at least comparable to that of other health systems

5.2 Low value treatment and care is minimised

Treatment and care provided in the WC and CTP schemes reflect evidence-based practice so that healthcare services considered to offer little to no benefit are discouraged and/or avoided

5.3 Treatment and care match the needs of injured persons

Treatment and care delivered in the WC and CTP schemes match the needs of the injured persons so that underservicing is minimised or avoided

5.4 Timely adoption of new evidence-based treatment and care options

New and innovative evidence-based treatment and care options are adopted in a timely manner for the treatment of injured persons where they enable effective and safe achievement of desired health outcomes

5.5 Towards zero serious incidents/adverse events

The occurrence of serious incidents and preventable adverse events during the delivery of healthcare to injured persons is minimised or avoided

5.6 Information is collected and used to drive healthcare activities

Information and data [is](#) collected, reported and used efficiently and effectively to drive and support healthcare activities within the WC and CTP schemes (in accordance with applicable legislation)

Outcomes to be achieved in domain 6

6. Healthcare provider capability, delivery and experience

Healthcare providers within the WC and CTP healthcare ecosystem are engaged, integrated and provide value-based healthcare sustainably



6.1 High quality healthcare providers are attracted and retained

The WC and CTP schemes can attract and retain healthcare providers that best support the provision of value-based health services for all injured persons, including in regional areas and other markets with low numbers of providers

6.2 Clinician and staff wellbeing, development, and engagement is improved or maintained

The wellbeing and development of clinicians and staff of healthcare providers is managed by insurers/claim agents and employers and influenced by SIRA, empowering and enabling them to deliver optimal health outcomes for injured persons

6.3 Providers integrate and collaborate

Healthcare providers within the WC and CTP schemes integrate and collaborate to achieve value-based healthcare outcomes for injured persons e.g. shared care plans

6.4 Healthcare providers are capable and exhibit desirable behaviours

The WC and CTP health ecosystem supports having healthcare providers that are capable and exhibit values consistent with the objectives of the schemes by approving suitable providers in the WC schemes and referring undesirable provider behaviour within the CTP scheme to healthcare regulators

Metrics will be chosen to measure achievement of each of the outcomes

- Some metrics are already in place. For example, for domain 3, outcome 3.1, return to work metrics are already collected
- Others will need to be developed - eg outcomes 3.2 and 3.3

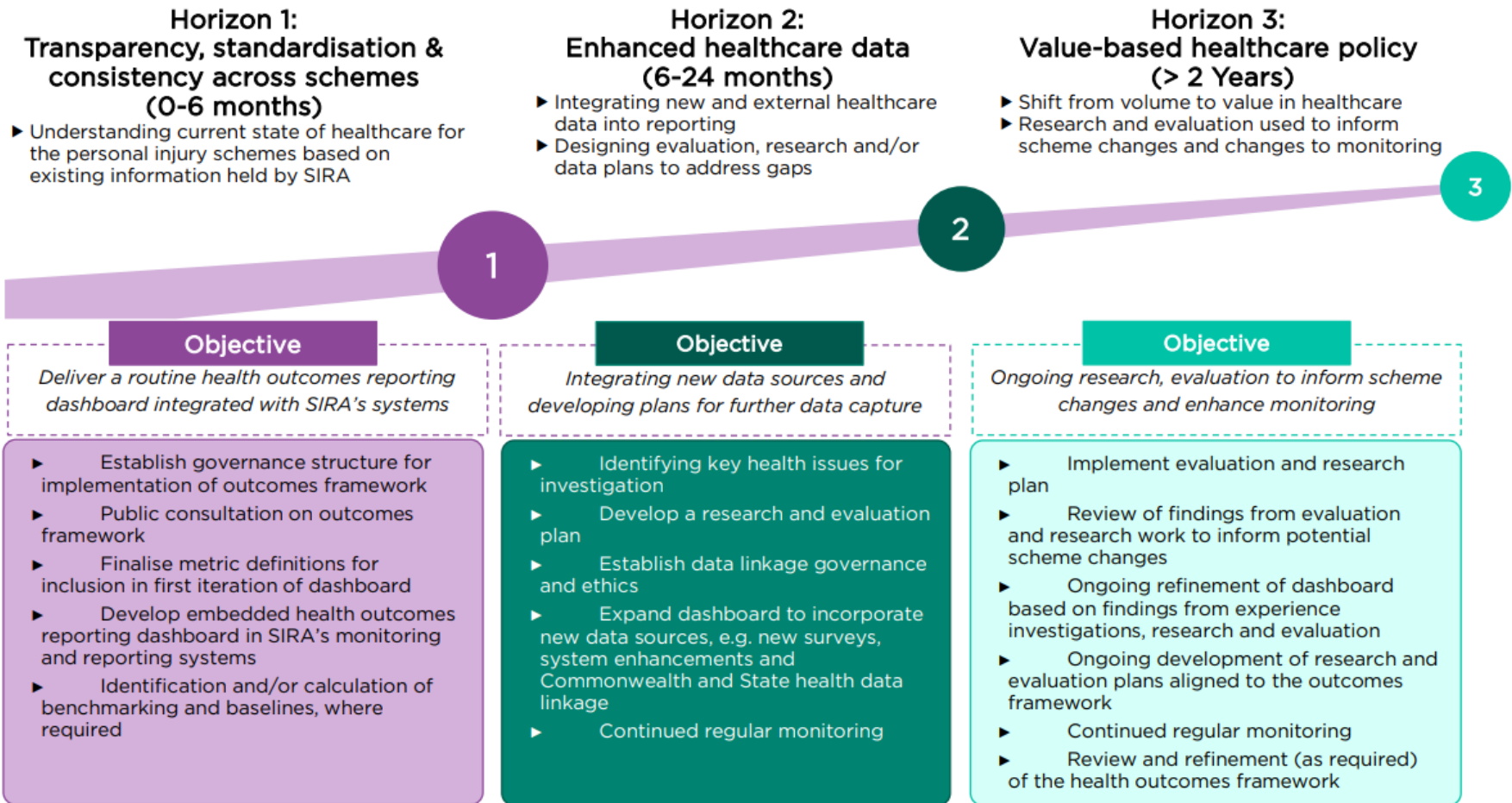
		Scheme metrics	Insurer metrics	Provider metrics
3. Wellbeing				
3.1	Injured persons return to work/activities in a timely manner	✓	✓	✓
3.2	Injured persons are empowered to return to work/activities			
3.3	Social engagement, resilience and connectedness is maintained	In development		

Implementing the outcomes framework

We are at the beginning of a multi-year timeframe

Vision for health

Priority Actions



Reporting on outcomes

How will SIRA use the metrics?

Current proposals:

- Public quarterly dashboard report
- Annual reporting – for metrics collected less often
- Internal reporting and analysis, deep dive research

Will insurers have to do more data collection?

- Some additional data collection is likely to be required by insurers over time. We will consult with you on this.
- Note insurers already report on some metrics - eg return to work and some cost of healthcare metrics
- SIRA is collecting additional data - eg the customer experience survey which SIRA started this year.
- Linkage with Commonwealth, State and other collections will also provide data



The consultation

Questions for feedback

Health Outcomes
Framework for the NSW
Workers Compensation
and Motor Accident
Injury/Compulsory
Third Party Schemes:
Consultation Paper

21 July 2020



- 1. How can the health outcomes framework be most effectively used to improve health outcomes and the value of healthcare expenditure?*
- 2. (For scheme participants) Is the outcomes framework useful to you/your organisation in clarifying the vision and direction for healthcare in the WC and CTP schemes?*
- 3. (For scheme participants) Will the outcomes framework influence your approach to healthcare in WC and/or CTP? And if so, when and how?*
- 4. What can WC and CTP scheme participants (insurers, health practitioners, claimants, employers) do to help advance the vision of value-based care in the schemes?*
- 5. Are there areas where you believe SIRA should focus its implementation efforts to best promote achievement of value-based care?*
- 6. Do you have any comments on the implementation plan?*

Next steps on the framework



Please make a submission!
Closing date is 4 September.

After the consultation closes,
SIRA will:

- finalise the framework in response to feedback
- get started on metric development and data sourcing, in consultation with insurers and other scheme participants.

Thank you



Any questions?



Consultation paper:

www.sira.nsw.gov.au/consultations