

# Injury Schemes Seminar

Balancing Outcomes

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# The ISCRR Evaluation of the TAC 2015 Strategy: Design and delivery

**Dr Michael Fitzharris**

Monash University Injury Research Institute (MIRI)

Co-Investigators:

A/Prof Alex Collie (ISCRR), A/Prof Belinda Gabbe (DEPM, Monash University)

Team: Sara Liu (MIRI), Dr Swati Shourie (MIRI)

*This presentation has been prepared for the Actuaries Institute 2013 Injury Schemes Seminar.*

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# Presentation overview

- Overview of TAC structure and TAC 2015
- 2015 Evaluation components
- Example: Identification of clients with 'high needs' and potential supports
- A snapshot of findings
- '2015' as a model of translational research



# TAC 2015 Strategy

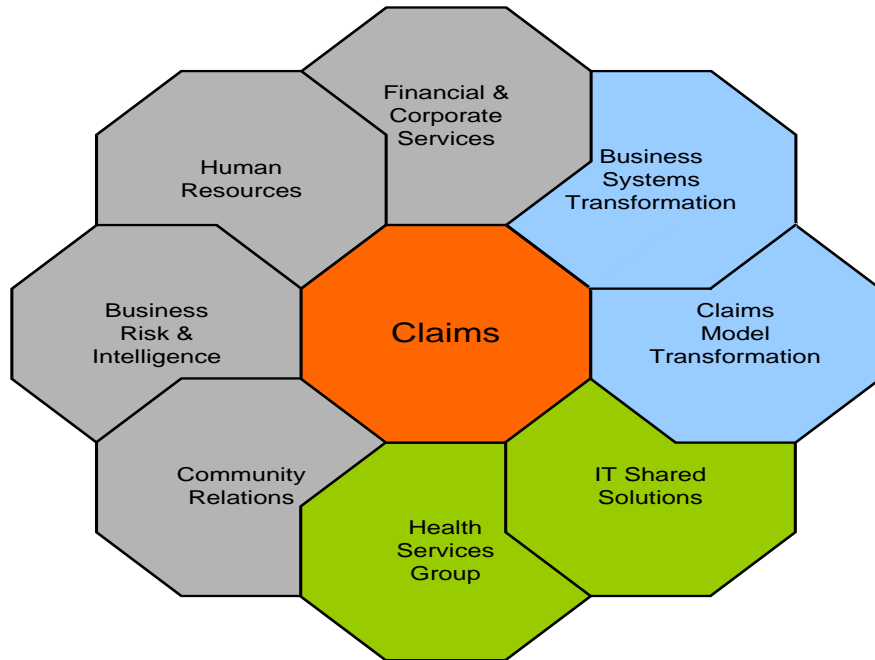
- Initiated in 2009 with focus on three core principles



- Represents a fundamental shift from passive (payer) to active (facilitator) of outcomes, with individualised and client-centred planning
- Operationalized in 2010, and phased in across 'Recovery' and 'Independence'
- Better outcomes equals: faster return-to-work, return-to-health and the achievement of maximal independence for seriously injured



# TAC Structure



- Claims Management
- Support Services
- 2015 Projects
- Collaborative

## Two branches in 'claims'

1. 'Recovery'
  - minor to moderate injured
2. Independence (community support)
  - most seriously injured (TBI, SCI, life-time care)

Processes and priorities differ within the two branches, and reflect client needs

Evaluation and 'action projects' tailored to Branch



# TAC 2015 Strategy Evaluation

- **Comprehensive** transformation in business structure and processes with TAC to realise key performance indicators
- ISCRR commissioned to evaluate the implementation and impact of the new strategy

Core objectives of the ISCRR TAC 2015 Evaluation (2011-2015)

1. Has the TAC 2015 strategy has been implemented as initiated?
2. Has the new strategy had a measurable impact on TAC lead indicators and ultimately headline KPIs?



# Governance, reporting and review

- Robust governance structures and reporting quarterly
  - 2015 Evaluation Steering Committee (with defined Terms of Reference)
    - Head of Claims (Chair), Branch Managers, representatives from Client Research, HDSG, Business Intelligence, plus ISCRR Investigators
    - Forum for scoping of project, reporting and review
- Reporting
  - To Project Steering Committee,
  - To TAC Board
  - To ISCRR – through Project Management processes



# Evaluation components

1. Process, Impact and Outcome (PIO) evaluation
2. Status Reports
  - designed to bring together multiple sources of information to document the current state of play
3. An Action Research program
  - projects with specific and targeted research questions specific to Recovery and Independence



# Fundamental questions: PIO

**Process:** are the TAC Recovery and Independence initiatives being implemented as intended?

- why a new model?, how (the operational drivers), 'as intended'

**Impact:** are the Recovery & Independence models increasing the capacity of the TAC to respond to client, provider and organisational needs

- is there a consequent improvement in the underlying determinants of desired outcomes?
- are the 'right' lead indicators being measured?

**Outcome:** have the initiatives led to improved:

- client outcomes
- client experience
- scheme viability





# Overview of the PIO

TAC Outcome	Process Evaluation	Impact Evaluation	Outcome Evaluation
Scheme viability	Implementation of new claims model <ul style="list-style-type: none"> <li>• document review (organisational processes; segmentation; model specific changes)</li> <li>• assessment of change process</li> <li>• staff surveys</li> <li>• Interviews / focus groups</li> </ul>	Claim activity Common Law	Claims duration & costs Claims liabilities
Client satisfaction		Scheme contact	Client satisfaction
Client outcomes		Health service utilisation	Health outcomes (linkage program, VSTORM)
Efficiency and effectiveness		Claims processing activity / efficiency	Service efficiency Service effectiveness



# Monitoring the Strategy via Status Reports

- Independent examination of the 'state-of-play' of 2015
- Status reports serve as a 'go to' document bringing together internal TAC research plus actuarial release findings with all ISCRR led '2015' specific research
- Maps process changes, impacts and outcomes (client-focus, satisfaction, actuarial release)





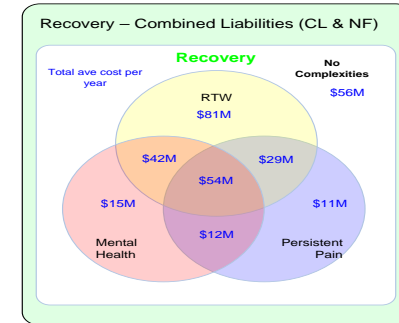
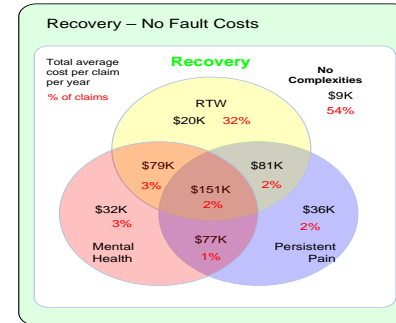
# Action Research Projects

Recovery	Independence
<ul style="list-style-type: none"> <li>• Staff surveys (pre-2015, phase 1 &amp; 2)</li> <li>• Evaluation and re-design of the Client Conversational Tool</li> <li>• Efficacy of Remote Mental Health (RMH) options</li> <li>• Evaluation of impact of RMH</li> <li>• Outcomes – LOE costs pre-post 2015</li> <li>• Analysis of common law claim liabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Staff survey (pre-2015, phase 1 &amp; 2)</li> <li>• Evaluation of the Early Support Co-ordinator role</li> <li>• Early lifetime care costs (pre-post 2015)</li> <li>• Review of evidence and formulation of best-practice recommendations of individualised case management and claims management plans</li> <li>• Evaluation of independence plans</li> </ul>
<p><b>Whole of business</b>            Change management and lead indicators workshops            Measurement of outcomes: what is the best model?</p>	



# Action Project Example: Identification of high need clients

- Internal TAC analysis highlighted significant costs associated with combined RTW, mental health and pain difficulties among a small set of clients
- TAC had pressing need to evaluate systems in place to identify clients at-risk
- Internal TAC working party developed 'client conversational tool' (CCT)
- Focus was on RTW, pain and mental health
- **Question – how well did the CCT identify clients with high needs?**
  - analysis of claims data, focus groups & interviews with staff





# Identification of 'at risk clients' and service offerings

- Evaluation highlighted opportunities for improvement in the identification of high risk clients
  - high accuracy in identify clients not receiving payments for services / income
  - marginal performance at identifying 'at risk clients'
  - low acceptability of items among staff
- Redesigned CCT-R and implementation following presentations by ISCCR and TAC staff

Comments from other rehabilitation coordinators were:

*"Through the CCT I discovered that the client did not like their employer. This knowledge enabled us to look for alternative roles for this client to enhance his return to work prospects."*

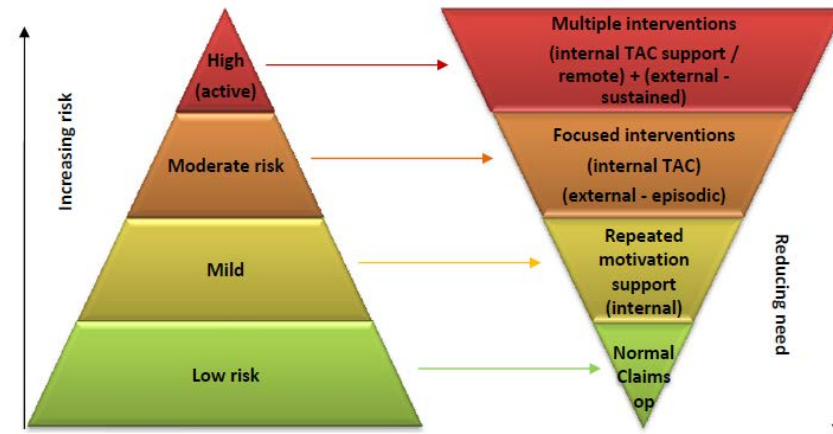
*"Have had clients where initially they seem fine, then I administer the CCT – and this has led to counselling which has improved RTW outcomes"*

*"It has made a difference to clients. Greater satisfaction for staff. Setting expectations to impact on outcomes. It gives a better understanding of what team the client should be in"*

Another believed the tool was valuable in extracting information that they might not otherwise have obtained:

*"It gives you a broader knowledge of the client".*

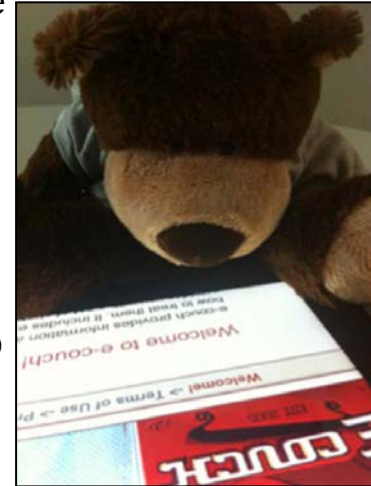
- Highlighted need for stepped care approach depending on range of client needs





# Identification of 'at risk clients' and service offerings

- In line with TAC plans, highlighted potential of new services to be offered early in the claim life
- Examined efficacy of e-health:
  - *Systematic review of remote health interventions*
- Reinforced and supported direction of TAC
  - highlighted types of e-health services seen to be most efficacious
- New opportunity to evaluate e-health services in the compensable context
  - currently under development
  - emphasis on 'mental health' and 'pain'



## Effectiveness and Application of Remote Mental Health Interventions Towards Compensable Injury Recovery

Sara Liu<sup>1</sup>, Emily Kerr<sup>1</sup>, Michael Fitzharris<sup>1</sup> PhD, and Alex Collie<sup>2</sup> PhD

<sup>1</sup> Monash Injury Research Institute (MIRI)

<sup>2</sup> Institute for Safety, Compensation and Recovery Research (ISCRR)



## A snapshot of findings

Example finding	Evaluation component
Staff strongly supported the goals of the 2015 model	(A) Survey
Early support co-ordinator role and independence plan aligned with best practice approaches in person-centred planning and case management	(A) ESC role / Best practice model
Acceptable-to-good discrimination in identifying high risk clients early	(A) CCT
e-Health demonstrates promise with cognitive behavioural component; requires testing in compensable setting	(A) RMH
Base assumption of 2015 model still held mid-term, with broad support for adopted lead indicators & KPIs	(A) Lead indicators
Impact on 'outcomes' – trending in the expected direction, but too early to tell	PIO / Status Report



# '2015' as a model for translational research

- Innovative program of research: academia meets business
  - collaborative partnership, guided by TAC needs
  - ability to draw upon a wide-range of content specific experts
  - opens up research opportunities not otherwise available
- Strong evaluation methods using variety of data sources
- Integration of business reporting and applied research
- Collaborative and consultative





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