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

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This presentation has been prepared for the Actuaries Institute 2013 Injury Schemes Seminar. The Institute Council wishes it to be understood that opinions put forward herein are not necessarily those of the Institute and the Council is not responsible for those opinions.
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
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

Source: Fiona Cromarty (TAC)
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

<table>
<thead>
<tr>
<th>TAC Outcome</th>
<th>Process Evaluation</th>
<th>Impact Evaluation</th>
<th>Outcome Evaluation</th>
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<tbody>
<tr>
<td>Scheme viability</td>
<td>Implementation of new claims model</td>
<td>Claim activity</td>
<td>Claims duration &amp; costs</td>
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<td></td>
<td>• document review (organisational processes; segmentation; model specific changes)</td>
<td>Common Law</td>
<td>Claims liabilities</td>
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<tr>
<td>Client satisfaction</td>
<td></td>
<td>Scheme contact</td>
<td>Client satisfaction</td>
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<tr>
<td>Client outcomes</td>
<td></td>
<td>Health service utilisation</td>
<td>Health outcomes (linkage program, VSTORM)</td>
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<tr>
<td>Efficiency and effectiveness</td>
<td>• assessment of change process</td>
<td>Claims processing activity / efficiency</td>
<td>Service efficiency</td>
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<td></td>
<td>• staff surveys</td>
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<td>Service effectiveness</td>
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<td></td>
<td>• Interviews / focus groups</td>
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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

<table>
<thead>
<tr>
<th>Recovery</th>
<th>Independence</th>
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<td>• Staff surveys (pre-2015, phase 1 &amp; 2)</td>
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<td>• Evaluation and re-design of the Client Conversational Tool</td>
<td>• Evaluation of the Early Support Co-ordinator role</td>
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<td>• Efficacy of Remote Mental Health (RMH) options</td>
<td>• Early lifetime care costs (pre-post 2015)</td>
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<td>• Evaluation of impact of RMH</td>
<td>• Review of evidence and formulation of best-practice recommendations of individualised case management and claims management plans</td>
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<tr>
<td>• Outcomes – LOE costs pre-post 2015</td>
<td>• Evaluation of independence plans</td>
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<td>• Analysis of common law claim liabilities</td>
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### Whole of business

Change management and lead indicators workshops  
Measurement of outcomes: what is the best model?
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 identifying 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
- Highlighted need for stepped care approach depending on range of client needs

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 their 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."
- "It gives you a broader knowledge of the client."

Another believed the tool was valuable in extracting information that they might not otherwise have obtained.
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’
## A snapshot of findings

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<th>Example finding</th>
<th>Evaluation component</th>
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<td>Staff strongly supported the goals of the 2015 model</td>
<td>(A) Survey</td>
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<td>Early support co-ordinator role and independence plan aligned with best practice approaches in person-centred planning and case management</td>
<td>(A) ESC role / Best practice model</td>
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<td>Acceptable-to-good discrimination in identifying high risk clients early</td>
<td>(A) CCT</td>
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<td>e-Health demonstrates promise with cognitive behavioural component; requires testing in compensable setting</td>
<td>(A) RMH</td>
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<td>Base assumption of 2015 model still held mid-term, with broad support for adopted lead indicators &amp; KPIs</td>
<td>(A) Lead indicators</td>
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<td>Impact on ‘outcomes’ – trending in the expected direction, but too early to tell</td>
<td>PIO / Status Report</td>
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‘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
This project is funded by the Transport Accident Commission, through the Institute for Safety, Compensation and Recovery Research.