

Towards an Enhanced Clinical Pathway Trial for Tasmanian Injured Workers

Peter Sharman
AMA Tasmania

Background

In early 2014, the Tasmanian AMA set up its Workers Compensation Reform Committee and the AMA-Insurer Forum due to member doctors concerns about:

- The high incidence of poor health outcomes for workers managed within the Tasmanian workers compensation system
- The withdrawal of doctors from the system.

Objectives/hypothesis

The Committee hypothesised, if poor prognosis cases can be identified sufficiently early and their management co-ordinated by committed, trained and experienced doctors, better health outcomes can be achieved with greater job satisfaction for doctors involved.

The Committee set out to explore the feasibility of trialling the introduction of an alternative Clinical Pathway based on this principle.

The Medical Voice for Health Outcomes

A Submission from AMA Tasmania on behalf of doctors caring for their patients in Tasmania's Workers Compensation System

AMA Workers Compensation Reform Committee



September 2015

Discussion

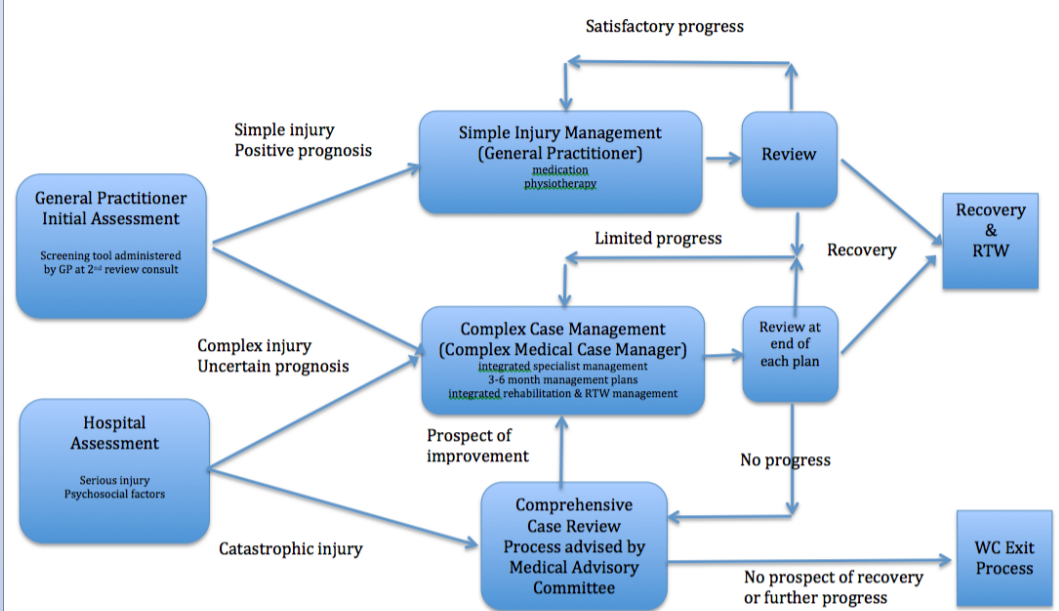
There is good evidence that some people with injuries managed within compensation systems have worse health outcomes with emerging evidence about the complex interplay of factors that contribute. In modern general practice there is limited scope to assess and address complex factors that can affect outcomes.

A system whereby a GP who initially provides treatment assesses risk factors for poor outcome using a simple screening tool has merit. The GP could refer potentially poor-prognosis cases to an 'enhanced skills' doctor, either within the same practice or a separate practice with such expertise, for ongoing management.

The Committee has engaged with key system stakeholders including insurers, employers, and WorkCover to develop a workable process to enable a trial to be conducted.

The AMA has plans underway to conduct a Pilot Program to explore the workability of this approach.

Flowchart illustrating clinical pathways



Complex Case Management Model Flow Chart

Principal Findings

The AMA-Insurer Forum has been a particularly important forum to engage with insurers and self-insurers

A medico-political organisation can develop ideas, promote interest, consult and construct an evidence-based model for a trial of an alternative medical management pathway for injured workers

Political processes that support evidence-based changes to compensation systems are essential to achieve change

References

1. *Compensable Injuries and Health Outcomes* The Australasian Faculty of Occupational Medicine, RACP Health Policy Unit 2001
2. Kilgour et al - *Interactions between Injured Workers and Insurers in Workers Compensation Systems: A Systematic Review of Qualitative Research Literature* J Occup Rehab – May 2014
3. Brijnath et al - *Is Clinician Refusal to Treat an Emerging Problem in Injury Compensation Systems?* BMJ Open Access 2016

Acknowledgements

This work has been supported by AMA Tasmania with input from Dr Hilton Francis, Mr Andrew Hunn, Dr Don Rose, Dr Phil Thomson, and Mr Tony Steven. I would also like to thank many other people who have contributed but too numerous to name.

Presenter Bibliography

Dr Peter Sharman (MBBS, FAFOEM) works as a specialist Occupational Physician in private practice in Hobart after starting his medical career on Tasmania's West Coast in the mid 1980's. His current work encompasses management of GP-referred patients with complex work-related injuries, occupational advice for employers and independent medical examinations. He has an interest in system change to improve health outcomes following work-related injury and is Convener of the Tasmanian AMA Workers Compensation Reform Committee and AMA Insurer Forum.