PROGRAM AND ABSTRACT BOOK

5th Australasian Compensation Health Research Forum

Innovation in a Complex Compensation System

1–2 August 2016

Melbourne Convention Centre, Australia

ACC PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

ISCRR Institute for Safety, Compensation and Recovery Research
A joint initiative of WorkSafe Victoria, the TAC and Monash University

THE PROGRAM COMMITTEE
WISHES TO ACKNOWLEDGE
THE PEOPLE OF THE
KULIN NATIONS, ON WHOSE
LAND WE ARE GATHERED
TODAY. WE PAY OUR
RESPECTS TO THEIR ELDERS,
PAST AND PRESENT.

CONTENTS

WELCOME

from program committee chair

On behalf of the program committee, it is my pleasure to welcome you to Melbourne for the 5th Australasian Compensation Health Research Forum (ACHRF).

Since its initiation, the ACHRF has been a joint initiative of the Institute for Safety, Compensation and Recovery Research (ISCRR) and New Zealand's Accident Compensation Corporation (ACC). The ACC and ISCRR have collaborated again to present the 2016 event.

Our aim has been to provide a forum for dialogue and discussion between researchers, practitioner and policy makers in the Australian and New Zealand injury compensation sector. Our experience over five years has seen the ACHRF provide an opportunity for in depth engagement that is uncommon during our regular busy working lives.

The theme for this year is *Innovation in a Complex Compensation System*. We have arranged a two-day program split in halves. The first day will focus on individual level complexity and features an opening keynote address by world renowned expert in the psychology of pain, Professor Michael Sullivan. We will also hear from special guest speaker Dr Graeme Innes AM, a lawyer and former Australian Disability Discrimination Commissioner.

Day two will examine system level complexity in more detail and will feature a keynote address on innovation in primary and integrated care models by Professor Judith Smith from the University of Birmingham, and a final session focussed on the future of health through the lens of emerging social and consumer trends.

The forum would not be complete without a great debate. This year Professor Niki Ellis will moderate a panel of national and international experts debating the topic "Systems don't matter, people do".

The program of concurrent and poster presentations includes a large number of new research findings and practice innovations. As always, the program has been designed to provide plenty of opportunity for networking and discussion between delegates. I would like to thank the Program Committee who have worked tirelessly to put this forum together.

I hope that you enjoy ACHRF 2016 and look forward to the coming two days of discussion and engagement.

Professor Alex Collie
Chair, ACHRF 2016 Program Committee

CEO, Institute for Safety Compensation and Recovery Research

FORUM CONVENORS

ISCRR
Institute for Safety, Compensation and Recovery Research

The Institute for Safety, Compensation and Recovery Research

ISCRR is an applied research institute established as a partnership between Monash University, WorkSafe Victoria and the Transport Accident Commission (TAC) in 2009. Through ISCRR, the Victorian government invests in a portfolio of rigorous and independent research ranging from occupational health and safety through acute trauma care to lifetime care for people living with acquired disability.

ISCRR is focussed on applied research which makes positive changes on the relevant services, systems and the community. Since 2009, ISCRR has conducted or commissioned over 150 research projects.

ACC
PREVENTION. CARE. RECOVERY.
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The Accident Compensation Corporation

The Accident Compensation Corporation (ACC) is the Crown entity set up under the Accident Compensation Act 2001, to deliver New Zealand's accident insurance scheme (the Scheme). It is governed by a board appointed by the Minister for ACC. The purpose of the Scheme is to deliver no-fault personal injury cover for everyone in New Zealand, including overseas visitors. Under the Scheme, individuals forego the right to sue for compensatory damages following an injury, in return for receiving personal injury cover. ACC's role is to manage the Scheme in a cost-effective, outcome-focused way that ensures the Scheme is financially sustainable for future generations.

GENERAL INFORMATION

Venue Information
The Forum is located in rooms 216–220 on level 2 of the Melbourne Convention Centre.

The nearest access from ground level is via elevator 3 or the adjacent lift.

Registration desk
The Registration and Information Desk will be centrally located, in front of room 220. On arrival at the Forum, please collect your badge and other materials at the Registration Desk.

Registration Desk opening hours:
Monday 1 August 2016 8:00am – 10.00am
Tuesday 2 August 2016 8:00am – 10.00am

Friendly staff will be on hand during opening hours indicated above, to answer your questions and provide information about the Forum, venue and surrounds.

Name badge
All delegates are given a name badge at registration. This badge will be the official pass to sessions, teas, lunches, and the Welcome Dinner. Please wear your name badge at all times when at the Forum venue.

Program variations
Please note that the ACHRF 2016 program is correct at the time of printing, however the ACHRF 2016 Convenors reserve the right at any time to change the format, participants, content, location, timing, or any other aspect of the program.

Recording and photography
Please note that some sessions may be video and/or audio recorded and/or photographed.

Welcome dinner
The welcome dinner will be held on 1 August from 6.00pm at Aerial, 17 Dukes Walk, South Wharf. Our guest speaker is Nas Campanella, from triple J.

General contact information
The events team can be contacted in one of the following ways:
- enquire at the Registration Desk
- email events@iscrr.com.au
- phone (03) 9903 8602

Smoking policy
All buildings within the Melbourne Convention and Exhibition Centre are smoke-free environments. Please observe the no smoking rules on site. Smoking zones are marked accordingly.

Disclaimer of liability
You use the venue and all associated facilities at your own risk. The ACHRF 2016 Convenors accept no liability to you or any third party for any loss of or damage to any of your equipment, materials or other belongings brought to the venue, whether by fire, theft, accident, injury or otherwise.

The full statement of delegate conditions is available online at achrf.com.au.

KEYNOTE SPEAKERS

Professor Michael Sullivan

Michael Sullivan, Ph.D., is a clinical psychologist who is currently Director of Recover Injury Research Centre and Professor at The University of Queensland. Professor Sullivan previously held a Canada Research Chair in Behavioural Health at McGill University in Canada. Professor Sullivan has held appointments in departments of psychology, medicine, physical and occupational therapy and neurology.

Over the past 25 years, he has worked as an educator, consultant, clinician, and department chair. He has served as a consultant to numerous health and safety organisations, insurance groups as well as social policy and research institutes

In 2011, Professor Sullivan received the Award for Distinguished Contributions to Psychology as a Profession by Canadian Psychological Association.

He is best known for his research on psychosocial risk factors for pain-related disability, and for the development of risk-targeted interventions designed to foster occupational re-engagement following injury. One such intervention, the Progressive Goal Attainment Program (PGAP) was included in the 18th edition of the Official Disability Guidelines (Work Loss Data Institute, 2013) as an evidenced-based approach to the management of work disability. Professor Sullivan developed the Pain Catastrophizing Scale (PCS) and the Injustice Experiences Questionnaire (IEQ). The PCS has been used in more than 1000 scientific studies. The PCS has been translated into 25 languages and is currently the most widely used measure of catastrophic thinking related to pain. Professor Sullivan has published more than 180 peer reviewed scientific papers, 4 books and 23 chapters.

DAY 1

Keynote address

Professor Judith Smith

Professor Judith Smith is a highly experienced and widely published health services researcher and policy analyst. Professor Smith's career has spanned the worlds of health management, policy and research, and she is driven by a commitment to bring the best research evidence to bear on the real-life problems faced by health care managers, practitioners and policy makers. As with the mission of HSMC, rigour and relevance drive her research, teaching and development activities.

In addition to Professor Smith's research and development work, she provides regular advice to the Department of Health (DH) and NHS England in relation to primary care, integrated care, health commissioning, and wider health policy issues. She also works closely with bodies such as the British Medical Association, the Royal College of Nursing, National Voices, the NHS Alliance, the National Association of Primary Care, NHS Confederation, major health charities, and the medical royal colleges.

Professor Smith regularly provides background briefings, write articles and prepare blogs for the print and on-line media. She has written recently for the Guardian, Health Service Journal, British Medical Journal News, and the Financial Times. She also regularly gives interviews to the media, and has appeared on BBC News, BBC News 24, The World Tonight, File on Four, Five Live News, and numerous BBC local news stations.

Professor Smith has given oral evidence to the Health Select Committee of the House of Commons as part of inquiries into: public expenditure on health; the implementation of the Coalition Government's health reforms; and care for people with long-term conditions. She gave oral evidence to the House of Lords 2013 Inquiry into the Inquiries Act, exploring her experience of being an expert adviser and assessor to the Francis Inquiry.

DAY 2

Keynote address

GUEST SPEAKERS

Dr Graeme Innes AM

Special Guest Speaker

Graeme Innes AM is a lawyer, mediator and company director. He has been a human rights practitioner for more than thirty years, and is an informative and entertaining conference presenter and facilitator.

Graeme was a Commissioner at the Australian Human Rights Commission for almost nine years, responsible for issues relating to disability, race and human rights. In this role he led work on-

- The ratification by Australia of a UN Convention on the rights of people with disabilities;
- The Same Sex Same Entitlements inquiry;
- Regulations in the areas of accessible buildings and transport;
- Work with industry on TV and movie captions and accessible banking standards; and
- Three inspections of Australia's immigration detention centres.

Graeme led the merger of four blindness agencies to form Vision Australia, and chaired the board of that agency. He is currently the chair of the Attitude Australia Foundation, a start-up aimed at using media to change attitudes towards Australians with disabilities. He is also a board member of Life Without Barriers, a $300 million dollar turn-over NFP providing support to people with disabilities, Aboriginal people, asylum seekers and children in out-of-home care; and Livable Housing Australia, an initiative of the disability sector and the property industry to ensure that new houses in Australia are designed and built to meet the needs of all Australians.

Graeme was awarded an AM for his work on the development of the Disability Discrimination Act, and was a finalist for Australian of the Year. He was awarded an Honorary Doctorate by the University of Canberra in recognition of his work as a human rights activist.

Graeme is married with two children, loves cricket as a spectator and sailing as a participant, and relaxes by enjoying fine Australian white wine.

DAY 1

Nas Campanella

Welcome Dinner Speaker

Nas Campanella is a journalist and newsreader with the ABC and triple J. The 27-year-old lost her sight when she was six months old. She also suffers from a sensitivity condition which means she can't read Braille.

Nas has completed a Communications degree at the University of Technology Sydney, majoring in journalism. She started with the ABC as a cadet in 2011, reporting on sport, crime and courts. Nas spent a year working as a regional reporter in the ABC's Bega office on the New South Wales far south coast covering topics such as fishing, forestry and farming. In 2013 she returned to Sydney for a news reading position at triple J. Nas is the first blind newsreader in the world to read and operate the studio for herself live to air.

Nas travels the world to speak at events, helping to inspire and motivate students, teachers, parents and industry on issues ranging from inclusive education, adaptive technology and supporting women to climb the corporate ladder. She also works as a mentor to people with disabilities and mental illness. Her strong interest in travel has seen her publish articles with Lonely Planet and the Sydney Morning Herald. She's also given advice on accessible travel to members of the tourism industry.

DAY 1

Steve Tighe

The Future of Health

Steve Tighe is a leading advisor to business on the future, strategy and innovation.

He is the former Foresight Manager at Foster's, has a Masters in Strategic Foresight from Swinburne University, and has completed the Oxford Scenarios Programme at Oxford University.

Steve has worked with some of Australia's leading organisations, looking at the future of their industry and the strategic and innovation options for their business.

DAY 2

POSTERS

Evidence-based Policy: Safeguarding compensable patients.
Dr Lisa Sherry

If at first you don't succeed.
Mr Paul Baines

Enhancing capability and capacity in case management practice in New Zealand
Associate Professor Nicola Kayes

Changing the way ACC supports patients with pain
Mr Nic Johnson

Mobile phone text messaging intervention to improve functioning in people with chronic whiplash associated disorders: development and pilot of a randomized controlled trial (TEXT –WAD)
Dr Jagnoor Jagnoor

The Relation Between Catastrophizing and Occupational Disability in Individuals with Major Depression: Concurrent and Prospective Associations
Ms Heather Adams

Supporting case management - better decision making together
Ms Christine Bloomfield

Investigating outcomes for people with very severe road-traffic injuries in NSW
Dr Ilaria Pozzato

The impact of contact and stressful interactions with a Return to Work Coordinator on RTW and RTW sustainability: A longitudinal study of injured workers in Victoria
Dr Tyler Lane

A focus on improving outcomes: A systematic approach to developing a high quality, comprehensive and patient-centred trauma care system in New Zealand
Mrs Monique Tupai

Towards an Enhanced Clinical Pathway Trial for Tasmanian Injured Workers
Dr Peter Sharman

The effect of financial compensation on health outcomes following musculoskeletal injury: systematic review
Ms Darnel Murgatroyd

Using data to identify specific processes impacting client experience - data?
Mr Finn Sigglekow

Early Intervention Physiotherapy Framework (EIPF) – online training to enable physiotherapists to promote timely return to work following injury
Dr Cameron Gosling

Health related risks of temporary employment - a review of the evidence
Dr Katharine Gibson

Psychosocial characteristics associated with procedural impacts of compensation
Dr Melita Giummarra

The role of psychological factors in outcomes from spinal cord stimulation: Using an evidence-based review to inform practice.
Ms Meagan Stephenson

The Power of Peer Support: A fundamental shift in the way ACC empowers people with spinal cord impairment
Ms Sophie Lee

Assisting case managers to select interventions to encourage return to work
Dr Ross Iles

The relative importance of psychological factors and compensation status in predicting mood in patients with chronic pain
Professor Carolyn Arnold

ABSTRACTS

Stream 1:

Understanding and addressing psycho-social factors

Modifiable factors associated with return-to-work self-efficacy; exploring early-claim differences between workers with a psychological or upper-body musculoskeletal injury.

Return-to-work (RTW) efforts for people with either a musculoskeletal or psychological injury has typically focussed on healthcare provision. However, the relationship between clinical improvements and RTW are weaker as duration of absence increases. Self-efficacy is psychosocial factor which is concerned with people's beliefs in their abilities to RTW and has been associated with RTW outcomes among people with physical or psychological injuries. The objective of this study was to investigate modifiable early-injury factors which are associated with self-efficacy to RTW (RTW-SE) and explore whether these factors are different for people with psychological or upper-body musculoskeletal injuries (UB-MSK).

The study used a prospective sample of workers with either an UB-MSK (N=221) or psychological (N=102) injury who had a claim for worker's compensation accepted and were completely off work at the time of the baseline interview. Differences between injury types were investigated across variables related to: 1) communication with RTW parties (i.e. workplace contact); and 2) components of the job itself (i.e. job requirements). A stratified and multi-group analysis was conducted using Structural Equation Models.

Higher job autonomy was associated with greater RTW-SE for both injury types; however, the positive impact of low-stress contact from a return-to-work coordinator was unique among claimants with an UB-MSK injury. Contact from the workplace deemed unimportant by the worker resulted in lower RTW-SE among claimants with psychological injuries. Testing for differences in the estimates between significant factors for each injury type revealed no significant differences. A model using all participants (non-stratified) revealed job autonomy and low-stress contact from the RTW coordinator remained significantly associated with RTW-SE.

Job autonomy and low-stress contact from the RTW coordinator appeared important in generating self-efficacy for both injury types. Potentially due to low statistical power, differences between unique significant factors for each injury type were unable to be established.

Presenter
Mr Oliver Black

Authors:
Oliver Black, Peter Smith, Malcolm Sim, Alex Collie
Monash University

Pain expectations predict pain 24 months following a road traffic injury

Persistent pain remains a significant challenge in the clinical management of road traffic injuries (RTI), particularly in compensation contexts. Although it is well established that expectations can influence pain, the longitudinal course of expectations is less well understood. This study aimed to describe the patterns of change in persistent pain expectations during the 24 months following RTI, and whether these patterns predicted clinically significant pain at 24 months post-RTI.

This study included 177 RTI claimants (Mage=49.23; SD=14.15; 66.1% female) from the UQ SuPPORT study. Pain expectations (1=no risk that pain will become persistent, 10=highest risk), pain (0=no pain, 10=pain as bad as it can be), depression and anxiety symptoms, posttraumatic stress, and fear avoidance beliefs, were measured via survey at approximately 6, 12, and 24 months post-RTI.

A cluster analysis of expectations at 6, 12, and 24 months revealed four patterns of expectations: stable high-risk expectations (n=74); expectations of decreasing risk over time (n=31); expectations of increasing risk over time (n=44); and expectations of risk that peaked at 12 months before decreasing substantially by 24 months post-injury (i.e., "peaking" group; n=28). Logistic regression examined the influence of these clusters on clinically significant pain (↗4=high pain) at 24 months. The final model (controlling for pain and anxiety at 6 months) indicated that compared to the stable high-risk group, the peaking and decreasing groups were significantly less likely to develop clinically significant pain (OR=0.15, 95%CI= [.05, .45]; OR=0.07, 95%CI = [.02, .22], respectively). The stable high-risk and increasing risk group did not significantly differ.

Patterns of expectations appear more useful than a single measurement of expectation in predicting pain outcomes at 24 months post-RTI. Monitoring changes in expectations may be useful in clinical practice. Further research is needed to understand what factors predict patterns of expectations in order to target clinical interventions.

Presenter
Dr Shannon L Edmed

Authors:
Shannon Edmed, Katrina Moss, Jacelle Warren, Justin Kenardy
Recover Injury Research Centre, The University of Queensland

Trauma patient expectations of the Transport Accident Commission

Previous research has shown that claimants experiencing stressful interactions with compensation providers are at risk of poorer outcomes. This study explored claimants' perspectives and expectations of the Transport Accident Commission (TAC), what influenced these expectations, and how these changed over time.

This qualitative study, nested within a population-based longitudinal cohort study, included purposively sampled compensable major trauma patients without severe traumatic brain injury or spinal cord injury, spinal cord injury patients, patients and carers of patients with severe traumatic brain injury, and the parents of paediatric major trauma cases. Sixty-two TAC claimants recruited from the Victorian State Trauma Registry were interviewed at three and four years post-injury. All interviews were audio-recorded and transcribed, and a thematic analysis was performed.

There were wide variations among claimants in their expectations about what was required to achieve recovery, the level of recovery to be achieved, future requirements, and the scheme's administrative processes. Key themes within these expectations related to TAC processes and decision making, information and communication, service provision and return to work. Claimants' expectations were often not met in one or more of these areas.

As many seriously injured patients endured prolonged periods of interaction with TAC during their recovery trajectories, their expectations shifted over time. Factors that influenced varying perceptions included changes in their awareness of TAC functions, changes in TAC policy, and changes in claimants' health needs. Additionally, claimants' personal experiences with the TAC over time and their knowledge of others' experiences with the TAC affected their expectations.

Claimant expectations were frequently misaligned with what the TAC provided. Unfulfilled expectations about TAC performance, purpose and provisions created negative opinions of the scheme. A better understanding of expectations and the factors influencing them, could lead to policy change and improved outcomes for injured claimants.

Presenter
Dr Sandy Braaf

Authors:
Sandy Braaf[1], Peter Cameron[1], Ronan Lyons[2], James Harrison[3], Shanthi Ameratunga[4], Jennie Ponsford[1], Alex Collie[1], Mark Fitzgerald[5], Rodney Judson[6], Andrew Nunn[7], Nicola Christie[8], David Attwood[9], Helen Jowett[10], Warwick Teague[10], Belinda Gabbe[1]
1. Monash University, Australia 2. Swansea University, United Kingdom 3. Flinders University, Australia 4. University of Auckland, New Zealand 5. The Alfred, Australia 6. Royal Melbourne Hospital, Australia 7. Victorian Spinal Cord Service, Australia 8. University College London, United Kingdom 9. Transport Accident Commission, Australia 10. The Royal Children's Hospital, Australia

FORUM PROGRAM - MONDAY 1 AUGUST 2016

INDIVIDUAL LEVEL COMPLEXITY

8:00 AM

Registration opens — arrival tea/coffee

9:00 AM

Welcome to Australasian Compensation Health Research Forum
Mr Mark Stipic

9:15 AM

Interventions for Persistent Pain
Professor Michael Sullivan, Director of Recover Injury Research Centre, University of Queensland

9:50 AM

Panel discussion: Interventions for Persistent Pain

10:30 AM — Morning tea and Poster Display

11:00 AM	STREAM 1 ROOM 218 Understanding and addressing psycho-social factors	STREAM 2 ROOM 217 Innovation in measuring client outcomes	STREAM 3 ROOM 216 Changing Behaviour
11:05 AM	**Modifiable factors associated with return-to-work self-efficacy; exploring early-claim differences between workers with a psychological or upper-body musculoskeletal injury**, Mr Oliver Black, Monash University	**Insights from the TAC's longitudinal research study: getting life back on track**, Ms Nina Ellis and Ms Cassie Citroen, TAC	**Reworking New Zealand's Workplace Health and Safety Intervention Approach**, Mr Paul Gimblett, ACC
11:45 AM	**Pain expectations predict pain 24 months following a road traffic injury**, Dr Shannon L Edmed, Recover Injury Research Centre	**Pain management programs, outcomes measurement and benchmarking: ePPOC and compensable healthcare**, Dr Anne Daly, HDSG	**Changing physiotherapy behaviour to optimise outcomes: feasibility of a knowledge translation intervention**, Associate Professor Nicola Kayes, Auckland University of Technology
12:25 PM	**Trauma patients expectations of the Transport Accident Commission**, Dr Sandy Braaf, Monash University	**Losses in quality-adjusted life years following a minor road traffic crash and the impact of psychiatric diagnoses: Results from the UQ SuPPORT Study**, Ms Anna Crothers, Recover Injury Research Centre	**Early Intervention Physiotherapy Framework (EIPF) – online training to model physiotherapists' behaviours in promoting return to work following injury**, Dr Ross Iles, Monash University

1:00 PM — Lunch and Poster Display

1:45 PM

Special Guest Speaker, Dr Graeme Innes AM

2:30 PM

Health and wellbeing hour

3:30 PM

The Great Debate: "Systems don't matter, people do!" Moderated by Professor Niki Ellis

4:30 PM

Wrap up of day 1
Mr Mark Stipic

6:00 PM

Welcome Dinner
at Aerial with guest speaker, Ms Nastasia Campanella, ABC and triple J

FORUM PROGRAM - TUESDAY 2 AUGUST 2016

SYSTEM LEVEL COMPLEXITY

8:20 AM

Registration opens — arrival tea/coffee

9:00 AM

A daily review and look ahead at the Australasian Compensation Health Research Forum
Mr Mark Stipic

9:15 AM

Innovation in primary and integrated care models

Professor Judith Smith, Director of Health Services Management Centre, University of Birmingham

9:50 AM

Panel discussion: Innovation in primary and integrated care models

10:30 AM — Morning tea and Poster Display

11:00 AM	STREAM 4 ROOM 218	STREAM 5 ROOM 217	STREAM 6 ROOM 216
	Innovation in Case Management	Innovation in healthcare services	Policy change as a lever for improving outcomes
11:05 AM	**Introduction of analytical models to ACC's Case Management Service Delivery Model**, Mr Jamie Robinson and Ms Jeannie Coburn, ACC	**Compensation Health Horizon Scanning: A new approach to the early identification and monitoring of innovative healthcare technologies**, Dr Andrea van der Zypp, ISCRR	**The potential of pay for performance for improving compensation health outcomes**, Dr Verna Smith, Victoria University Wellington
11:45 AM	**Online dispute resolution in injury compensation systems**, Dr Genevieve Grant, Monash University	**Residential Independence Pty Ltd: Informing innovative, accessible housing and support design through interdisciplinary research**, Mr Ben Carter, TAC, Ms Libby Callaway and Dr Kate Tregloan, Monash University	**When is an injury caused by an accident? Using academic literature to facilitate decision making of complex causation questions within the New Zealand Accident Compensation Corporation**, Dr Melissa Barry, ACC
12:25 PM	**Intensive outreach services — empowering complex and vulnerable clients by providing holistic and individualised support services**, Ms Elaine Wilcock, Ms Debora Romero, HDSG, and Ms Helene Fuller, TAC	**ACC co-funds NZ's National Telehealth Service: Enabling early access to advice for injured people in New Zealand**, Ms Karen Robertson and Ms Jacqui Collinge, ACC	**Safeguards for clients at risk**, Mr Lachlan Vivian-Taylor, TAC

12:55 PM — Lunch and Poster Display

1:35 PM

The Future of Health, Mr Steve Tighe, Business Strategist

2:10 PM

Innovation showcase

3:00 PM

Forum wrap up
Professor Alex Collie, CEO ISCRR

3:15 PM

Close

Stream 2:

Innovation in measuring client outcomes

Insights from the TAC's longitudinal research study: Getting Life Back on Track

The Transport Accident Commission (TAC) is Victoria's state-owned, monopoly Compulsory Third Party insurer. The TAC receives claims from individuals with a broad range of injuries and needs.

The TAC's goals have evolved over time from a sole focus on Financial Sustainability to understanding and monitoring the Client Experience, to a broader focus on understanding and measuring Client Outcomes.
A comprehensive internal program of research has been developed to inform continuous improvement against Client Experience, and to support the TAC's understanding of Client Outcomes.
The most recent development in this program was a longitudinal study.

The longitudinal study developed and implemented by the TAC was a multi-cohort longitudinal study that tracked the experience and outcomes of clients as they returned to health (and work, where relevant) following a transport accident. Clients were interviewed four times over a two-year period at approximately 3, 6, 12 and 24 months post-accident, and a 4-year follow-up is currently underway. The questionnaires used in the study have covered a diverse range of content including pre-accident health and vocational status, accident circumstances and injury characteristics, post-accident health and vocational status, psycho-social factors and various environmental considerations.

This study has given the TAC a rich dataset resulting in a deeper understanding of its clients. The study has also given the TAC greater insight into the drivers of different service and recovery outcomes and pathways. This insight has greatly informed the TAC's new strategic direction, and one of the key measures from the study is now being used as part of the TAC's new corporate performance measurement framework (Life Back on Track).

The TAC is currently using insight from the study to develop a systematic approach to identifying clients who may benefit from pro-active claims management and to encourage a more holistic understanding of the difficulties some clients face when recovering from a transport accident. A key focus of this work has been identifying individual level complexities or barriers to recovery, exploring how and when to collect this type of information in a claims management environment, and understanding how to use this type of information to tailor supports and services during the recovery process.

Presenters
Ms Nina Ellis, Ms Cassie Citroen

Authors:
Nina Ellis, Cassie Citroen
Transport Accident Commission

Pain management programs, outcomes measurement and benchmarking: ePPOC (the electronic persistent pain outcome collaboration) and compensable healthcare

This presentation aims to inform participants of an exciting innovation in the measurement of client outcomes from pain management programs and the setting of benchmarks to improve these outcomes.

ePPOC is an Australia and New Zealand wide program to improve services and outcomes for people experiencing chronic pain. It involves pain services collecting a standard set of information to measure outcomes as a result of treatment. Currently, over 50 pain services request their clients complete a set of ePPOC questionnaires at referral or entry to their unit. These questionnaires are completed again on one or more occasions during the episode of care and three months after the client is discharged from the service.

The questionnaires include demographic information, healthcare and medication utilisation, the Brief Pain Inventory, the Depression, Anxiety and Stress Scale, Pain Self-Efficacy Questionnaire and the Pain Catastrophising Scale. Services upload their data to ePPOC 3 monthly, allowing for large scale reporting to occur and comparisons to be made between services for benchmarking purposes.

In 2015, the 'Network' Pain Management program providers agreed to submit data to ePPOC for all of their compensable clients, both those who attended the more structured and surveilled Network programs, as well as their other pain management offerings. Once data has accumulated, this will allow for comparisons to be made between providers, between compensable clients and non compensable clients and potentially between different compensable jurisdictions.

In 2016, a set of benchmarks will be agreed to across the sector which will encompass expected outcomes from pain management programs related to changes in pain, mood, activity, medications, participation and ultimately, work status. Services who participate in ePPOC will be invited to workshops to learn from services that meet the benchmarks and will have opportunities to discuss the barriers they face in their own settings and to meet with others who may have overcome similar barriers.

While outcome data will remain scant for the compensable group until late 2016, there will be an opportunity to make comparisons between compensable and non-compensable clients at the point at which they enter into a pain management program during this presentation.

Presenter
Dr Anne Daly

Authors:
Anne Daly, Will Power
Health and Disability Strategy Group, WorkSafe Victoria and the Transport Accident Commission

Losses in quality-adjusted life years following a minor road traffic crash and the impact of psychiatric diagnoses: Results from the UQ SuPPORT Study

A significant proportion of road traffic crash (RTC) survivors develop long term psychological problems following minor RTCs. However, psychological consequences of RTCs have been neglected in previous research on burden of injury.

This study assesses the disease burden of psychological injury due to a minor RTC at 6, 12 and 24 months post-RTC. Specifically, this paper aims to 1) estimate the quality-adjusted life year's (QALY's) lost following a RTC, 2) compare the differential QALY losses for those diagnosed with any of the following psychiatric disorders: Major Depressive Disorder, Generalized Anxiety Disorder or Post-traumatic Stress Disorder; and finally, 3) estimate the excessive QALY losses due to the presence of these psychiatric diagnoses at 6, 12 and 24 months following an RTC.

Using data from the UQ SuPPORT study, we calculated the average QALY's lost at 6, 12 and 24 months for those seeking compensation following a minor RTC. Respondents were then stratified according to their psychiatric diagnoses and QALY losses were re-estimated. All estimates were adjusted by age, sex and injury severity.

The average QALY losses at 6 months were 2 times greater for respondents who had a psychological diagnosis than respondents who had no diagnosis (0.294 versus 0.144 QALY). By 24 months QALY loses were 4.0 times greater for respondents with 'any diagnosis' (0.246 QALY) compared to respondents who had no diagnosis (0.063 QALY). We estimate that approximately 50% of the QALY's lost at 6 months post-RTC were due to the presence of a psychiatric diagnosis. At 24 months, the presence of a psychiatric diagnosis accounted for approximately 75% of the QALY's lost.

A substantial proportion of the burden of injury for compensable minor RTC survivors is due to the presence of a psychiatric diagnosis over time, the presence of a psychiatric diagnosis contributes to a greater proportion of diseases burden. Interventions that reduce or prevent psychiatric morbidity post-RTC could both improve the health-related quality of life of RTC survivors and achieve potential savings in compensation systems.

Presenters
Ms Anna Crothers, Ms Jacelle Warren

Authors:
Anna Crothers, Jacelle Warren, Erin Brown, Shannon L. Edmed, Justin Kenardy
Recover Injury Research Centre, Faculty of Health and Behavioural Sciences, The University of Queensland

Stream 3:
Changing Behaviour

Reworking New Zealand's Workplace Health and Safety Intervention Approach

We have all seen the devastation an injury or health condition that occurs at work can have on workers, their families and the communities they live in. The New Zealand Government has laid down a challenge to the businesses in NZ to achieve a 25% reduction in workplace harm by 2020.

To be able to achieve this change in NZ workplaces, we realised our behaviours had to change first. An independent taskforce had held a mirror up to ACC and the health and safety regulator and showed us a poorly coordinated response from the agencies that often was at odds with each other. This is our change story.

ACC and WorkSafe NZ (the workplace health and safety regulator) have developed a unique partnership to combine strengths so that we can better support businesses achieve change in their workplaces. The partnership is underpinned by shared goals, joint accountability, joint governance, understanding each others strengths, open communication, an investment framework, use of common practices and a willingness to build the plane while it is flying.

We have agreed that we will:
base what we do on evidence – using evidence to support innovation and decision-making about whether to start, continue or stop interventions

- be outcome focused – focusing on the core outcome of reducing harm and fatalities at work
- targeting – focusing effort where there will be the greatest impact
- adopt an enabling approach– supporting businesses to manage the risk they create rather than managing it for them

The levers we jointly have are education, engagement, enforcement and incentives. For the first time we are coordinating the use of these levers across both agencies. We have developed two strategic programmes to utilise these levers – an Economic Incentive Strategy and the Reducing Harm in New Zealand Workplaces Action Plan. These programmes are removing complexity from our existing systems, identifying efficiencies and adopting system thinking to address complex systems dynamics that work against health and safety improvements.

Presenter
Mr Paul Gimblett

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Changing physiotherapy behaviour to optimise outcome: feasibility of a knowledge translation intervention

Research takes up to two decades to find its way into practice giving rise to a field of research known as implementation science focused on developing strategies for effective knowledge transfer to improve quality and health outcomes. A long standing knowledge transfer problem relevant to health providers and funders is the integration of adherence-promoting strategies into routine musculoskeletal physiotherapy practice. Adherence is associated with better outcome following musculoskeletal physiotherapy, yet rates of non-adherence are as high as 70%. Research promotes a combination of person-centred practice and targeted behaviour change techniques to optimise adherence. However, integration of these into routine physiotherapy practice has proven complex.

To test the feasibility of an active, multi-component knowledge translation intervention to support adoption of these techniques into practice.

A mixed methods feasibility trial involving nine physiotherapists from two private musculoskeletal physiotherapy clinics. Participants attended a one-day workshop, followed by three months interaction with a seconded knowledge broker and online discussion forum. Semi-structured interviews explored perspectives of physiotherapists and knowledge brokers regarding what helped or hindered integration of the new techniques into practice. Data were analysed using conventional content analysis.

Physiotherapists perceived the workshop provided important foundational knowledge, but alone was not sufficient to change practice. Knowledge brokers played a critical role, particularly when they adopted a structured approach, created a safe space for reflection, and were perceived as having 'expert' knowledge. Techniques were more easily integrated into practice when perceived as simple and as having an intuitive fit with existing practice. Ongoing use was contingent upon seeing results.

We frequently focus our attention on what clients can do differently, with little attention given to clinicians' way of working as a key contributor to outcome. This feasibility trial targeted clinician behaviour as a means of facilitating change in client behaviour. Our findings suggest knowledge brokerage may be effective at supporting integration of new techniques into practice so long as certain other conditions are met. These findings offer useful insight into strategies likely to be effective for supporting change in professional behaviour in a range of settings and contexts.

Presenter
Associate Professor Nicola Kayes

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Early Intervention Physiotherapy Framework (EIPF) – online training to model physiotherapists' behaviours in promoting return to work following injury

Work has long been associated with positive benefits including both mental and physical health. Facilitating early and sustained return to work (RTW) following injury is a target for many Australian compensable injury systems. As primary care practitioners, physiotherapists are ideally positioned to influence RTW processes and make meaningful contributions to the success of compensation systems that support injured people. A combined TAC and WorkSafe Victoria initiative previously provided targeted professional development under the Occupational Physiotherapist (OP) program. A stakeholder agreement to extend this program to all Victorian physiotherapists was the catalyst for this project.

The primary focus of this work was to develop and evaluate online education modelling best practice behaviours for physiotherapists supporting injured workers.

A mixed methods approach including systematic reviews, interviews with physiotherapists (n =20) and case managers (n =9), and interrogation of the ISCRR compensation research database (CRD) was conducted. Results were triangulated to identify key learning objectives to develop an online interactive learning experience supporting physiotherapists in delivering best practice services to injured workers. Key messages were informed by sound education pedagogy, the Clinical Framework, relevant TAC and WorkSafe website information, previous face to face seminar content, and relevant policies, procedures and legal acts. This program was then trialled and made accessible to all Victorian physiotherapists. Program success was evaluated using practitioner feedback, responses to quiz questions and data on RTW certification behaviours before and after completion of the program.

Over 1200 physiotherapists have completed the online training, taking a median of 2.5 hrs. More than 98% of respondents reported improved understanding, with a significant positive shift in practitioner confidence in applying the Clinical Framework, correct completion of certificates of capacity and understanding relevant policies after completing the training ($p \leftarrow 0.001$). Changes in practice are indicated by early results demonstrating that time off work outcomes for claimants treated by Early Intervention Physiotherapy Framework (EIPF) practitioners show similar trajectories to the previously highly performing OP program providers.

The EIPF online education program provides a user-friendly internet-based program that appears to improve practitioner behaviours and understanding of the compensation framework and system.

Presenter
Dr Ross Iles

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Stream 4:

Innovation in Case Management

Introduction of analytical models to ACC's Case Management Service Delivery Model

ACC completed a review of its Service Delivery Model (SDM) in 2011. As a result it was determined that improvements were required and this involved the conceptualisation of a new business model.

Subsequently after a number of iterations, a new 'functional claims management model' was developed and accepted. This model had 2 key objectives:

1. To develop a SDM that delivers the required performance improvement (an increase in customer satisfaction and sustainable rehabilitation outcomes).
2. To implement the new SDM nationwide.

To support the new business three key business problems needed to be were formed. These were:

1. From 1.8m claims that ACC receives per annum develop a way to identify who needs help with weekly compensation and who should be called proactively.
2. Consistently identify who should manage the claims (low/high complexity).
3. How long should we expect the claim to be managed?

Development of the new SDM translated into the following key deliverables:

1. Introduction of a 'Service Needs Assessment' (SNA) team to proactively contact injured clients to identify their needs shortly after claim is registered along with a Post Call survey
2. Development and implementation of an 'Initial Client Interview Script (ICIS)', a dynamic script used by the SNA function to interview clients
3. Development of a 'Claim complexity model', a consistent measure (0-10) of results from the ICIS based on indicators of a claims complexity
4. Development and implementation of a Conversion Probability tool, a predictive analytic metric using a client's history and the history of all similar previous claims to estimate the likelihood a claim will convert to a weekly compensation claim.
5. Development and implementation of a 'Weekly compensation prediction' tool, a predictive analytic metric applying a consistent set of variables using the clients and ACC's history to predict the weekly compensation days for a claim.
6. Deployment of the insights tab, a case owner screen in ACCs claims management system providing claims' duration predictions and ability to track progress actual compared to the case owners target duration. Targets are initially pre-populated for case owners and they are able to modify based on individual client circumstances.
7. Automated streaming of claims, streaming claims directly to specialist and non-specialist units from registration based on a claim's profile, including its conversion probability.

Principal findings:

- 57% of SNA work is proactive. Fewer calls required (25%)
- Fewer false positives reducing required FTE by 10-15
- Initial case owner contact 3 days faster
- 10% improvement in payment timeliness
- 26% reduction in claims transferred from low to high complexity
- 15% increase in claims registration time for the transfer of claims

The new model promotes claims management efficiency, agility and long-term sustainability. There is a long way to go on the analytical journey with regular new insights leading to ACC 'sensing and adjusting' the model.

Presenter
Mr Jamie Robinson, Ms Jeannie Coburn

Authors:
Jamie Robinson, Jeannie Coburn
Accident Compensation Corporation New Zealand

Online dispute resolution in injury compensation systems

Disputes about scheme or insurer decisions are a common feature of the injury compensation landscape. Minor disputes that are not resolved satisfactorily have the potential to radically alter a claim's trajectory. Disputes of all kinds can be a source of increased cost, delay and distress, and may be associated with poorer health outcomes for claimants. These are strong incentives to improve practice in this field. Compensation schemes and insurers in Australia and New Zealand have often been at the forefront of innovation in dispute resolution, trialling new approaches for preventing and resolving disputes. To date, however, there has been little exploitation of the potential of digital technologies and online platforms to improve dispute resolution practice in the sector.

Online Dispute Resolution (ODR) involves the use of technology and online platforms in a range of ways to resolve disputes. ODR has been used to resolve hundreds of millions of consumer disputes at global giants eBay and PayPal. Recent reviews of courts, tribunals and access to justice in Australia and internationally have identified ODR as an important way to increase timeliness and efficiency in dispute resolution, and to prevent the negative consequences of prolonged adversarial interactions. ODR also has the potential to disrupt traditional models of legal services delivery. This presentation will introduce ODR and its possible applications in the injury compensation sector. Through comparison with local and international models, the presentation will identify the likely benefits and challenges of increasing use of technology for promoting effective dispute resolution in injury compensation.

Presenter
Dr Genevieve Grant

Authors:
Genevieve Grant
Faculty of Law, Monash University and ISCRR

Intensive Outreach Services – Empowering complex and vulnerable compensable clients by providing holistic and individualised support services

Over the past 20 years the disability, health and human service sectors in Australia have been shifting from traditional service-centred models to more individualised approaches, underpinned by principles of independence, empowerment and inclusion. Innovation in care and support models have emerged with the TAC and WorkSafe recently implementing an individualised case management model known as Intensive Outreach Services (IOS).

IOS is based on identified best practice, and is a service that focuses on support/care coordination that is delivered alongside an assertive outreach model. The service aims to increase stability, quality of life and independence outcomes for clients and injured workers who have significant behaviours of concern. This cohort usually presents with challenges additional to their disability such as mental health problems, significant alcohol and/or drug use, and aggressive behaviour which were often present prior to their accident. These challenges can compound the issues related to their disability and require a range of coordinated supports across multiple sectors.

Following a 12 month trial period, IOS is now a viable service option for TAC clients and WorkSafe injured workers with complex needs. This holistic and innovative service has already positively impacted a number of our more complex clients with significant behaviours of concern that had not been able to integrate back into their community or return to their family homes many years post-accident. Evaluation of the service has identified considerable independence gains made by TAC clients and WorkSafe injured workers including a significant reduction in behavioural and mental health complications, transition from secure mental health facilities to independent accommodation with appropriate supports, as well as improved physical health and greater social connectedness. Importantly, these clients have been able to find stability and have rebuilt relationships with family members and their communities. This has led to an increased quality of life for clients and injured workers as well as significant cost savings for both schemes.

Presenters
Ms Elaine Wilcock, Ms Debora Romero

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Stream 5:

Innovation in healthcare services

Compensation Health Horizon Scanning: A new approach to the early identification and monitoring of innovative healthcare technologies

The rapid pace of innovation in healthcare is putting increasing pressure on policy-makers to meet the pace of change. Healthcare horizon scanning (HS) provides a comprehensive, systematic, transparent process for identifying, and monitoring innovative healthcare technologies (including drugs, medical devices, procedures, services, and care delivery). HS programs alert policy-makers to technologies with the potential for significant impact in the future before they enter the health system and are recognised internationally as a critical component for the effective introduction of new technologies.

To establish the first ongoing Australian HS program focusing on compensation health to identify and monitor emerging health technologies that have the potential to improve the lives of people injured at work or on the road. These are anticipated to have a significant impact on recovery and independence, ability to return to work, and quality of life.

The Institute for Safety, Compensation and Recovery Research (ISCRR) HS program was developed and piloted in 2014 in partnership with international HS experts the Canadian Agency for Drugs and Technology in Health. The program involves systematic scanning and monitoring of health information resources to identify relevant innovative healthcare technologies not yet available in Australia. The international evidence identified for each technology is synthesised into a suite of products biannually to provide current information about the intended use, regulatory status, target population and clinical evidence.

ISCRR has developed, piloted and implemented the first ongoing HS service targeted to compensation health in Australia. To date, 75 new or emerging technologies with the potential to significantly impact Australians injured at work or on the road have been identified. The program continues to monitor 42 technologies that have been selected by policy-makers to have the highest potential for impact. The monitoring, utilisation and implementation of these findings by policy-makers is ongoing.

Access to information on new and emerging health technologies allows policy-makers, including compensation schemes, to anticipate, prepare for and better address emerging challenges and opportunities, and to develop strategies that address future needs and issues.

Presenter
Dr Andrea van der Zypp

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1. Institute of Safety, Compensation and Recovery Research 2. Canadian Agency for Drugs and Technologies in Health 3. Transport Accident Commission

Residential Independence Pty Ltd: Informing innovative, accessible housing and support design through interdisciplinary research

Approximately 5000 Victorians are seriously injured in transport accidents each year, with around 90 sustaining severe brain or spinal injury. Traditionally this group has experienced restricted housing options, often returning to the family home or entering a small range of supported living environments. To address this service gap, Victoria's Transport Accident Commission (TAC) established a $30 million property trust – with Residential Independence Pty Ltd (RIPL) as the trustee – to deliver innovative accessible housing assisting people with neurotrauma to live full and independent lives. RIPL's work has been aligned with interdisciplinary post-occupancy evaluation (POE) research investment, used to iteratively inform and improve the RIPL program and, ultimately, client outcomes.

This paper has four aims: 1) detail the RIPL portfolio already established, the new projects being planned and the basis for the TAC's investment in POE research; 2) outline the RIPL POE approach, with focus on tenant experience 3) detail innovative research findings and translation, and how these inform TAC policy and RIPL investment, and 4) demonstrate broader application of this work, including its influence on the housing sector to improve accessible design.

Interviews with key RIPL stakeholders identified criteria against which to evaluate project performance and tenant experience. Three published measures of built and technology design were used, coupled with semi-structured interviews, task observation with tenants and a range of customised, interdisciplinary methodologies.

RIPL continually refines its approach based on the outcomes of the POE research and has also produced digital housing tours and stories of tenant experiences. POE research findings are detailed in an interactive PDF report linked to navigable tours of virtual housing environments.

The innovative RIPL project work and cross-disciplinary POE, coupled with collaborative knowledge translation into TAC policy, is informing RIPL design briefing and investment as well as influencing the broader accessible housing sector.

Presenters
Mr Ben Carter, Ms Libby Callaway, Dr Kate Tregloan

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ACC co-funds NZ's National Telehealth Service: Enabling early access to advice for injured people in New Zealand

In January 2013 ACC was invited by the New Zealand Ministry of Health to join them in designing and developing a single National Telehealth Service (NTS) from eight helplines. The NTS provides free nationwide advice on health and injury issues, poisons, immunisations, smoking cessation, and a range of counselling services for alcohol and drug use, mental health, and problem gambling.

For ACC the objectives for partnering to fund an NTS were to:

- provide 24/7, early and free access to injury advice for people anywhere in the country
- reduce the severity of injury for New Zealanders where early advice is advantageous
- assist in delivering a sustainable health system
- use the tool to determine where to target injury prevention messaging.

ACC primarily focuses on providing treatment once an injury claim is lodged. However, injured people can require support to determine if they should care for themselves, or see a health provider and which provider to see. This service allows them to seek advice from their home, work, or any location within New Zealand at no cost.

Consolidating the helplines provided a single point of care for people with more than one need (e.g. physical and mental health issues).

ACC and the Ministry worked to ensure that the service would meet the needs of both the injured and the unwell. Competitive dialogue sessions as well as usual procurement methods were used to determine the best service provider.

Integrating with emergency ambulance services, the user's general practice team, and local community services was key to having a service that would best meet the needs of injured New Zealanders.

Early findings show that head injury is the highest trending injury thus far, and more specifically, head injuries in children. By the commencement of the conference we will have a data set of six months to show further trends and the resulting initiative(s) we are undertaking as a result.

By providing data at the earliest stage of the client journey this service will drive many innovations at ACC, from injury prevention initiatives to how we design and commission health services.

Presenters
Ms Karen Robertson, Ms Jacqui Collinge

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Karen Robertson, Jacqui Collinge
Accident Compensation Corporation New Zealand

Stream 6:

Policy change as a lever for improving outcomes

The potential of pay-for-performance for improving compensation health outcomes

Systematic reviews recommend pay-for-performance (P4P) as an essential component of quality improvement interventions. However, the effects of P4P can be mixed, depending on the process of scheme design and other institutional and contextual factors.

This study aimed to identify the contextual and institutional features of New Zealand and Australian primary health care systems which pose risks and challenges for successful P4P scheme design.

P4P schemes have delivered health care quality improvement, improved population health outcomes and reduced health disparities. P4P has been widely used in Australia and New Zealand to resolve medical under- or over-servicing and unexplained variations in the management of patients (HQSC 2015). It has been trialled in NZ to resolve inappropriate certification of work incapacity and has potential for use where there is reluctance to treat work incapacity. However a comparative study of P4P scheme design in NZ and England showed the NZ scheme was less effective because of these institutional factors.

In a most similar systems comparative case study design, drivers of differing outcomes in two pay-for-performance schemes implemented in England and New Zealand were studied. Qualitative methods including interviews with proximate policymakers, documentary analysis and literature review were used. A comparative framework for policy making analysis was applied to establish the drivers for scheme differences in process, scope, and speed of implementation.

Effective engagement between funders and general practitioners (GPs) including the use of bargaining between funders and the medical profession achieved speedy adoption of a large P4P scheme in England which delivered improved health outcomes in five chronic medical conditions. By contrast, in New Zealand, policymakers failed to negotiate a scheme which engaged GPs and were unable to resolve disputes over data availability, resulting in implementation of a scheme of smaller size, financial benefit and fewer positive population health outcomes. Designing successful compensation health care P4P schemes requires consideration of institutional and other contextual factors and negotiated modes of engagement between funders and the general practice profession to facilitate optimal policy making.

Presenter
Dr Verna Smith

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When is an injury caused by an accident? Using academic literature to facilitate decision making of complex causation questions within the New Zealand Accident Compensation Corporation (ACC)

Accident Compensation Corporation (ACC) routinely makes decisions on whether an injury arises from a traumatic event/accident, or wholly or substantially caused by a pre-existing condition. These complex questions will become more prevalent and place pressure on organisations like ACC with an ageing population and increased incidence of lifestyle conditions. Examples of conditions include osteoporosis (age-related) and type 2 diabetes and obesity (lifestyle). These medical conditions and their contribution to causation of an injury following an accident event are often unclear: as osteoporosis can lead to spontaneous fracture; diabetes and obesity can be linked to delayed healing times of wounds or increased incidence of surgical complications; and underlying collagen disorders could link to spontaneous events, like abdominal wall hernia. So when a claim is lodged for a personal injury the question is whether diagnosis is due to an accident event, or whether it is pre-existing and should it be covered by the ACC legislation?

ACC clinical and legal teams who are involved daily in such deliberations require robust information resources constructed from the academic literature. Within ACC the Evidence-Based Healthcare (EBH) Group is tasked with helping make well considered decisions based on best available evidence. The group reviews academic resources using critical appraisal techniques used by PHARMAC, National Institute of Clinical Excellence and the Cochrane Group. Draft reviews then undergo an impartial external peer review. To date a range of reports is available for use: causation factors underlying disorders that are traditionally known as being due to a gradual process – Achilles Tendinopathy and Plantar fasciitis; Risk factors associated with Incisional Hernia; and what are mechanical or lifestyle risk factors that can lead to a inguinal or traumatic hernia. This presentation outlines the complexities and recommendations from our experience in searching for answers, as the research questions themselves are not easily searchable within the academic literature. As the forecasted societal change and escalated costs will continue to place pressures on ACC and similar Workers Compensation Schemes, it is important that methodologies to create robust information sources are discussed now.

Presenter
Dr Melissa Barry

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Safeguards for clients at risk

Following a review in 2014 into the potential for abuse of its clients in many forms, the Transport Accident Commission undertook the 'Safeguards for clients at risk' project.

Consideration was given to service provider obligations, the adequacy of contracts and the assurance processes, including shareholder and stakeholder expectations.

The Safeguards project was charged with delivering a tactical response to address clients in immediate risk as well as developing a strategic approach to ensure:

- prevention of potential abuse where possible;
- detection of abuse in a timely and effective manner; and
- responding to incidents of abuse in a timely and effective manner, utilising existing support systems in the community as well as strong provider management.

A key aspect to the success of the safeguards project was the implementation of the Client Assurance Team within the Independence Branch of the Transport Accident Commission.

Since the Care Assurance Team's implementation in March 2015, more than 300 assurance visits to vulnerable clients have been completed. The learnings gained from these visits have proven an important aspect of strengthening the TAC's protection of its clients from potential abuse.

A cross-divisional working group has also been implemented, tasked with developing and implementing action plans to ensure an escalation process of issues to appropriate authorities is in place. Another key element of the Safeguards project is the introduction of enhanced provider registration processes.

The TAC is now confident that the appropriate procedural controls and safeguards are in place to prevent, detect and respond to any incidents of abuse of TAC clients.

Presenter
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Care Assurance Team: Transport Accident Commission

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