

Memorandum



TO	Gabrielle O'Connor – Head of Client Service Delivery
VIA	Alison Drewry – Clinical Partner Andrea Conlan – Manager Quality and Governance Team Dilky Rasiah – Clinical Advice Manager Stafford Thompson – Manager Clinical Services
FROM	Kris Fernando – Manager Clinical Partnerships
DATE	22/02/19
SUBJECT	External Medical Panels



EMP Post

implementation review

Purpose

The following memo briefly outlines the history of the External Medical Panels (EMP's), the post-implementation review of the EMP's and discussion regarding the appropriateness of the EMP process in consideration of both Client SD and Clinical Services operating models.

Clinical Services seeks approval to cease this panel due to

- deviation from the original concept,
- introduction of Next Generation Case Management,
- the new Clinical and Technical Services operating models, and
- high level of resourcing required.

Several options for better managing claims with complexities are discussed, in line with the current and future direction for both Client SD and Clinical Services.

Background

The External Medical Panels were established in December 2013 in an ACC context which differs considerably from the current client-centred focus. The purpose of the EMPs was to provide a medical opinion based on consensus around diagnosis, causation and management with the aim of resolving differing clinical interpretations in cases of clinical complexity.

The EMPs were administered and managed by the Clinical Services Directorate including a full-time coordinator and significant time by medical and/or psychology advisors.

Post-Implementation Review – Christine Howard-Brown Draft Report (30 June 2018)

The Post-Implementation report details how the panels have deviated significantly from the original concept becoming focused on the longer-term complex claims for which changing the direction of the claim is unlikely.

Several potential sources of bias have crept into the EMP process due to process modification which is detailed in the attached report. It should be noted that some of these process modifications were made to address practical, administrative needs without which the EMP could not easily function.

EMP Costs and Resourcing

The External Medical Panels are resource intensive. Attendance of four panel members at each panel amounts to \$10,000 without factoring in travel costs, Medical Advisor resource, the administrative cost of a full-time administrator and a stenographer.

Current Utilisation

The EMP had been meeting monthly. There have been no 2019 meetings. Approximately five cases were discussed at each meeting. While there is no good quality data on the wait time from referral being received to the case being discussed by the EMP, it was not uncommon for the claim to have to wait at least two months to be considered.

Next Generation Case Management (NGCM)

As part of the refinement of the NGCM model for roll-out, the majority of BAU internal panels are being discontinued e.g. Support Needs Assessment Panel, LOPE Panel, National Consistency Panel. Instead, where support is required this will be met using the Recovery Support model. Where a claim requires comprehensive review this can be achieved by co-ordinated written advice, involving Clinical and Technical advisors as appropriate.

The EMP were considered out of scope of the Phase 3 Design of Recovery Support and therefore a decision was not made on if it should continue or not.

Discussion

The consensus from Clinical Services is that the External Medical Panel should be discontinued taking into account the resource consumed, the direction of Next Generation Case Management, the new Technical and Clinical Services operating models and Chris Howard-Brown's Post-Implementation review.

The clinical group discussed ways in which improvements can be made in the identification and management of claims with complexities present to promote improved client outcomes.

- Identification of Psychosocial barriers: Ensuring that psychosocial barriers are identified early in the life of a claim by influencing the practices and skills of Case Owners, internal advisors and providers.
- Recruiting wider areas of specialty into the Principal Clinical Advice Team and the development of the clinical competency framework will improve ACC's capability to provide targeted, credible and specialised advice.
- Long-term claims are clinical resource intensive in terms of file review and making recommendations. The specific questions Case Owners ask have not always been clear and well-articulated resulting in unnecessary complex reviews. Case Owners require more specific guidance around which cases would benefit from a comprehensive clinical review with discussion occurring between the Clinical Advisor and Case Owner before the Clinical Advisor embarks on the comprehensive case review. Additionally, consultation with Technical Services will also provide guidance as to whether a comprehensive clinical review is indicated when revocation of cover or suspension of entitlements is being considered.
- More focused internal review, with involvement of the appropriate specialties, will help determine the best way forward and determine when an external specialist review is required. This will avoid the past practice of obtaining multiple external specialist reviews without a robust rationale for doing so.

- Acknowledge in complex cases where maximum recovery has occurred to avoid clients being subjected to multiple assessments and treatments which are highly unlikely to make any difference to the outcome for the client.

Recommendation

It is our recommendation that the External Medical Panels are discontinued, with claims requiring complex review being directed to Clinical and/or Technical Services for response and support for the Case Owner.

Implementation

There are currently no scheduled meetings of the External Medical Panel. If the above recommendation is approved, the next steps would be

- Communication to Client SD staff that the EMP process has been discontinued, guidance given about how to seek advice in complex cases using the existing Clinical and Technical advice channels
- Remove content on CHIPS and create Promapp content
- Officially inform the EMP members that the panel has been discontinued

Please contact myself or any clinical staff listed on this memo if you would like to discuss this further. Otherwise please indicate whether you approve the proposed cessation of the EMP.