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icare's MEDICAL SUPPORT PANEL (MSP) A SUCCESS

icare's 12-week pilot to provide medical treatment to customers sooner has been a success. The results to date have been so positive that icare has decided to extend the pilot to mid-November 2017, so that it can be scaled to a higher number of injured workers across the scheme.

The pilot, using a panel of practicing medical specialists, has successfully reduced the average treatment and medical causation decision timeframes for injured workers referred to the MSP from six weeks to less than six days.

icare Chief Medical Officer, Dr. Chris Colquhoun said: "Our goal is to ensure injured workers receive the best possible treatment in a timely fashion, to give them the best opportunity to transition back to work as early and safely as possible.

"When the right treatment is provided early to an injured worker, a successful and sustainable return to work can be more easily achieved. This also enables employers to improve their return to work outcomes for employees," Dr Colquhoun said.

"We really want to move away from historically being process-focussed to becoming outcome-driven.

"It is paramount to take a whole-of-person approach which focusses on both the physical and mental wellbeing, as opposed to physical injury alone, in order to improve a person's return to work outcomes, and makes the workers compensation claims process far easier to deal with.

"For example, one referral to the MSP related to a review regarding whether surgical intervention was reasonably necessary in the context of chronic pain.

"Our MSP specialist liaised with the worker and their GP to negotiate and consider an alternative management pathway, which included a pain management plan prior to consideration for surgery.

"Addressing and managing the biological, psychological and social aspects of pain may actually negate the need for surgery at all.

"This alternate treatment option was discussed with the worker and their GP, who agreed this was a better alternate treatment plan in that particular situation", Dr Colquhoun said.

Injured worker, Arron Lavelle, whose claim was referred to the MSP to review a treatment request for surgery, said: "My whole experience with the MSP was good – from faster decision timeframes to proactive phone calls from all the staff involved.

"It wasn't what I expected from an insurer. It was easier and pleasant compared to last time and I appreciated the phone calls and being kept up to date", Mr Lavelle said.

As the nominated claims services partner of icare, EML participated in the pilot. EML NSW General Manager, Matthew Vickers, said the MSP assisted EML case managers to speed up the treatment approval process.

"icare's MSP gives case managers additional essential support through valuable feedback from icare's panel of specialists," he said.

"This enables our customers to get faster access to treatment which will help them get their lives back sooner", Mr Vickers said.

icare will work with industry stakeholders over the course of the pilot extension to gather feedback and input on the direction of the MSP program and consider other "process pain points" that can be improved.

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Note to Editors:

About icare's Medical Services Panel Pilot

icare's [Medical Support Panel \(MSP\) pilot](#) initiative (launched in May 2017) is focussed on providing scheme agents with medical case support to ensure medical decision-making is not delayed, and only the most appropriate referrals are sent for Independent Medical Examination (IME) - giving injured workers every chance to access treatment as soon as possible.

Outcomes from the MSP pilot's first 12 weeks include the following positive results:

- Time to decision for injured workers reduced from an average of six weeks to six days;
- 62 per cent of new treatment and medical causation requests reviewed by the MSP were supported by the panel; and
- Only 19 per cent of cases referred to the MSP were referred to IME for review.