



Injury Outcomes  
Research Unit

# The ISCRR Evaluation of the TAC 2015 Strategy: Design and Delivery of a Multi-Faceted Research Translation Program

Dr Michael Fitzharris, Dr Swati Shourie, Sara Liu

Monash Injury Research Institute

Associate Professor Belinda Gabbe, DEPM, Faculty of Medicine, Nursing and Health Science

Associate Professor Alex Collie, ISCRR

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# TAC 2015 Strategy

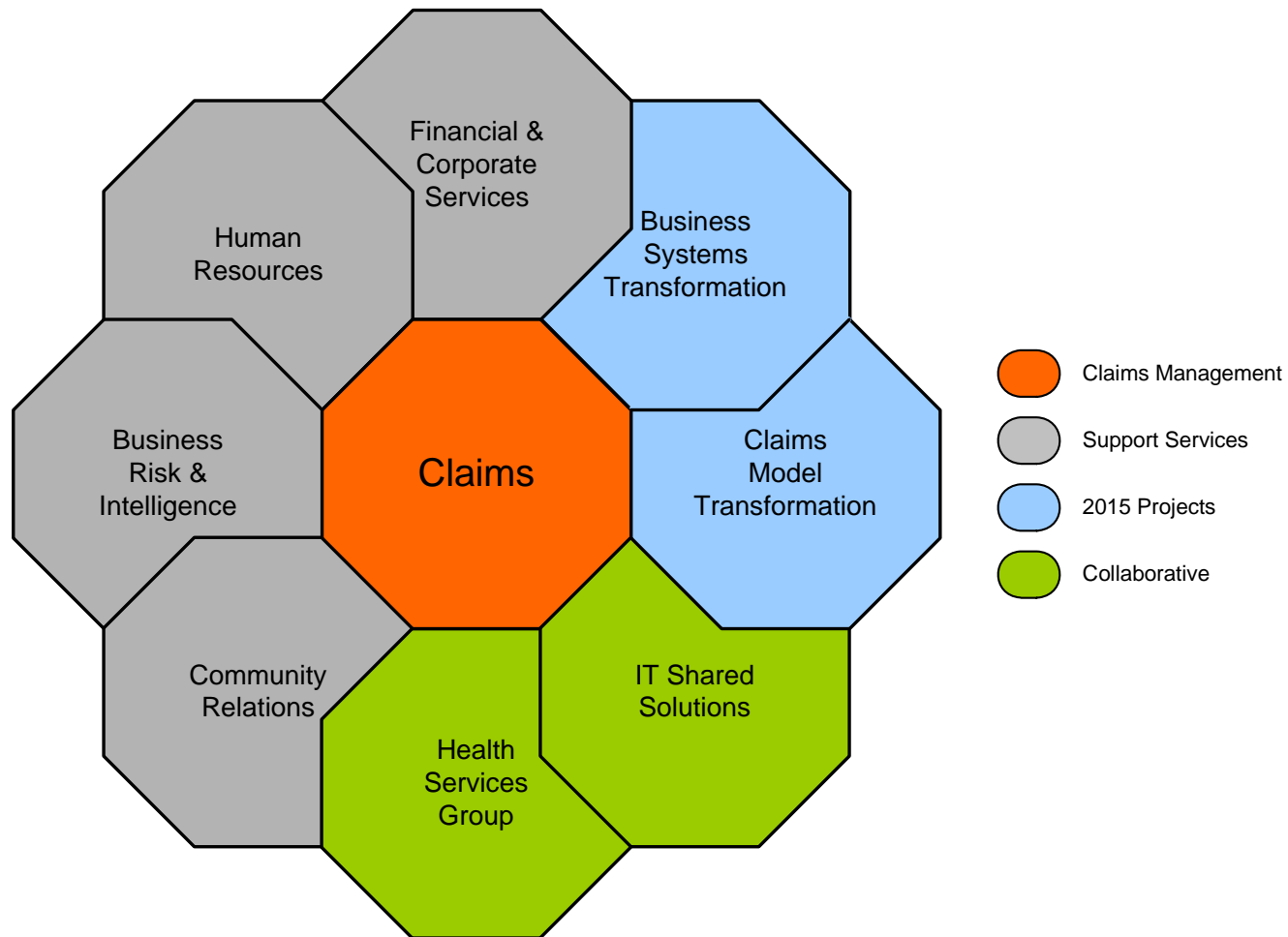
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- Initiated in 2009 with focus on three core principles



- Represents a fundamental shift from passive (payer) to active (facilitator) of outcomes, with individualised and client-centred planning
- Operationalized in 2010, and phase in across ‘Recovery’ and ‘Independence’
- Better outcomes equals: faster return-to-work, return-to-health and the achievement of maximal independence for seriously injured

# TAC Structure



## 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

# TAC 2015 Strategy Evaluation

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- **Comprehensive** transformation in business structure and processes with TAC to realise key performance indicators
- ISCRR commissioned to evaluate the implementation and an 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

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- 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

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1. A Process, Impact and Outcome evaluation
2. Status Reports
  - designed to bring together multiple sources of information to produce a report of current state of play
3. An Action Research program
  - projects with specific and targeted research questions specific to Recovery and Independence

# Fundamental questions: PIO

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**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

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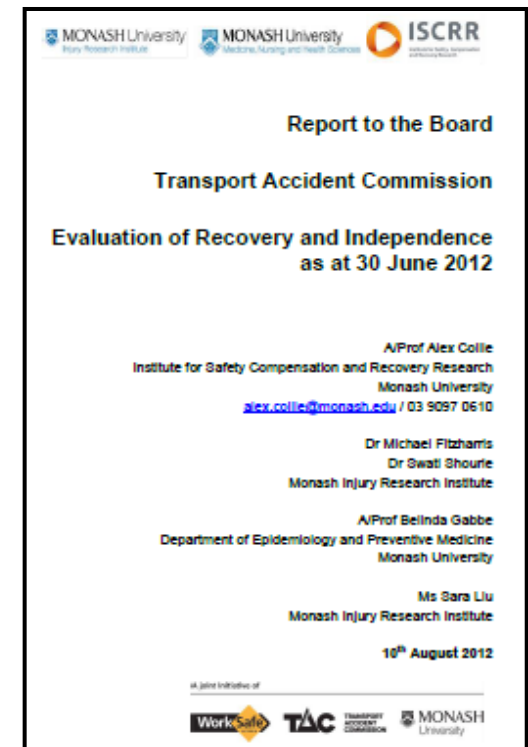
<b>TAC Outcome</b>	<b>Process Evaluation</b>	<b>Impact Evaluation</b>	<b>Outcome Evaluation</b>
Scheme viability	Implementation of new claims model <ul style="list-style-type: none"> <li>• document review (organisational processes; segmentation; model specific changes)</li> <li>• assessment of change process</li> <li>• staff surveys</li> <li>• Interviews / focus groups</li> </ul>	Claim activity Common Law	Claims duration & costs Claims liabilities
Client satisfaction		Scheme contact	Client satisfaction
Client outcomes		Health service utilisation	Health outcomes (linkage program, VSTORM)
Efficiency and effectiveness		Claims processing activity / efficiency	Service efficiency Service effectiveness



# Monitoring the Strategy via Status Reports

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- 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)



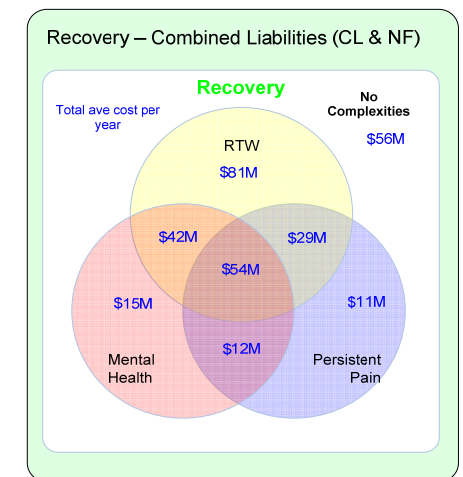
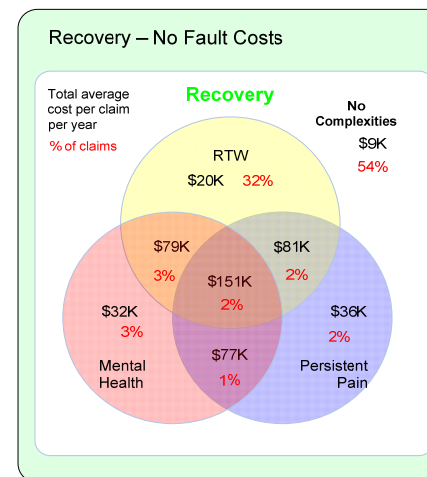
# Action Research Projects

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<b>Recovery</b>	<b>Independence</b>
<ul style="list-style-type: none"><li>• Staff surveys (pre-2015, phase 1 and 2)</li></ul>	<ul style="list-style-type: none"><li>• Staff survey (pre-2015, phase 1 and 2)</li></ul>
<ul style="list-style-type: none"><li>• Evaluation and re-design of the Client Conversational Tool</li><li>• Efficacy of Remote Mental Health (RMH) options</li><li>• Evaluation of impact of RMH</li><li>• Outcomes – LOE costs pre-post 2015</li><li>• Analysis of common law claim liabilities</li></ul>	<ul style="list-style-type: none"><li>• Evaluation of the Early Support Co-ordinator role</li><li>• Early lifetime care costs (pre-post 2015)</li><li>• Review of evidence and formulation of best-practice recommendations of individualised case management and claims management plans</li><li>• Evaluation of independence plans</li></ul>
<b>Whole of business</b> Change management and lead indicators workshops Measurement of outcomes: what is the best model?	

# Action Project Example - Identification of 'at risk claimants'

- **Informative to consider how action projects are determined**
  - *Consider identification of 'at risk clients' in Recovery branch*
- 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



# Identification of 'at risk clients' and service offerings

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- TAC implemented Client Conversational Tool (CCT) in October 2010 after internal development work from 2008 and pilot program
- Evaluation highlighted opportunities for improvement in the identification of high risk clients
  - analysis of claims data, focus groups & interviews with staff
- Redesigned CCT-R and implementation following presentations by ISCCR and TAC staff
- Also highlighted need for stepped care approach depending on range of client needs

# Identification of 'at risk clients' and service offerings

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- In line with TAC plans, highlighted potential of new services to be offered early in the claim life
- Following extensive consultation, led to new action project:
  - *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

# A snapshot of findings

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

# Lessons in project generation, delivery & translation

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1. The scope of the research program needs to be well understood and adhered to, through a strong governance structure
2. Researchers need to understand the core business priorities, achieved by active engagement with management and claims staff, document review, and understanding claims software
3. Researchers must be flexible, time-sensitive, responsive and deliver
4. Business must be able to articulate the key hypothesis, or desired business outcome

# Lessons in project generation, delivery & translation

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5. Research programs scoped and defined collaboratively, this being an iterative open process
6. Researchers must work with the business to scope data needs and interpret correctly
7. Internal research is incredibly invaluable, needs to be respected but also freely accessible
8. Research reporting and feedback must be understandable, and not beset by jargon to management and claims staff
9. Continued communication and consultation is vital



# '2015' as a model for translational research

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- 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

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