



Media Release
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AMA calls for workers compensation and MAIB reform

The Australian Medical Association (AMA) Tasmania has called for a review of Workers Compensation and MAIB claims processes amid fears the system is risking optimum health outcomes, is too expensive and is forcing some doctors out.

AMA Tasmania President Dr John Davis said as it currently stands, medical practitioners are being overburdened by the claims management practices of insurance companies when dealing with Private Workers Compensation Insurers and the MAIB.

“Increasingly we are getting more and more reports of our members being frustrated with unnecessary paperwork when dealing with compensation claims through the MAIB and private insurers,” Dr Davis said.

“More importantly this is leading to poor outcomes for people who have the misfortune to suffer an injury at work or on our roads.”

Dr Davis’s comments are part of an AMA submission to the Tasmanian Chamber of Commerce and Industry’s review of red tape in Tasmania.

“The problems tend to centre on patients with injuries that take longer to resolve or improve or that require spinal surgery, with private insurers and the MAIB increasing their requirements as part of the claims processes and often adopting an unnecessary legalistic approach,” he said.

“The extra burdens required often leads to delays in the provision of appropriate care. Assumptions are made that the injury is simple and will be resolved, delaying access to consultant medical practitioners. The insurers attempt to exert control over the level of care provided to the patient.

“Approval for recognised investigation and treatment procedures are often rejected or decisions delayed on the basis of clerical decisions or the opinion of doctors engaged by the insurance industry.

“These can lead to significant delays as practitioners are forced to wait for an insurer to obtain an independent medical opinion to approve a relatively straightforward investigation or treatment procedure.”

Dr Davis said these delays can have significant implications for the recovery of patients and in some cases have a negative impact on their psychological wellbeing, compounding the risk of a poor outcome.

“In the long term, these delays also cost the system more, as more treatment is then required,” Dr Davis said.

The AMA has recommended a series of reforms designed to reduce disputation, create protocols for claims managers, promote the use of case conferences, review mechanisms to



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appoint rehabilitation providers and develop a code of conduct for independent medical assessors.

“Strategies to improve the independence of medical assessors and mechanisms to resolve claims without undue legal involvement, in combination with measures to assist doctors to better identify the prognosis early in the course of a claim, would substantially improve efficiency and outcomes,” Dr Davis said.

“While there is a need for financial organisations to control their costs, it is also important not to lose sight that aggressive or overly bureaucratic claims management contributes to poor medical outcomes, which in turn lead to increased costs.

“If something isn’t done, there is a risk that doctors will withdraw from the system and the whole community will suffer the burden of poorer health outcomes and increased insurance costs.”

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