

**STANDING COMMITTEE ON LAW & JUSTICE
2018 REVIEW OF THE DUST DISEASES SCHEME**

PRE-HEARING QUESTIONS

- 1. What steps has icare taken, since the first review, to ensure that the public and relevant stakeholders are aware of the significant regulatory changes to the scheme?**

Answer:

The *Workers Compensation (Dust Diseases) Act 1942* was subject to minor amendments prior to icare's inception. Since the establishment of icare, it has implemented significant service delivery enhancements to improve the experience of Dust Diseases Care customers.

icare regularly engages with a variety of stakeholders, across the private and public sectors, to provide information about the Scheme and service delivery enhancements. It also publishes detailed information via:

- its website, which has been redesigned to make content more accessible for those with sight and hearing impairments and poor literacy or English skills, and for the ageing population, in accordance with the minimum requirements of international standards set by the World Wide Web Consortium;
- its detailed Annual reports, which are published on the website;
- social media channels, including Facebook and LinkedIn; and
- fact sheets and brochures written in plain English, including a brochure promoting the occupational screening service for employers.

icare relocated the Dust Diseases Care medical screening clinic to a more accessible premises in the Sydney CBD, and increased the services provided at the facility so that all icare customers can obtain information and assistance in person. The facility is open to the public for direct access to information about and assistance with all of icare's services, including those provided by Dust Diseases Care, through face to face assistance from icare staff, self-service support and digital and printed media.

icare also provides presentations about its services and entitlements available to its customers with a dust disease at stakeholder forums, which are hosted by support groups such as the Asbestos Diseases Foundation of Australia and Asbestos Diseases Research Institute. In addition, icare presented information or featured at a number of industry forums, seminars and conferences held by stakeholders in the legal, occupational medicine and thoracic professions, as well as various employer industry groups.

- 2. The CFMEU and Unions NSW submitted that icare should expand its free medical screening beyond the mobile bus service and provide additional x-ray services targeting workers in vulnerable populations. Please provide information on the free medical screening program, including how much it costs per year.**

Answer:

Any individual worker who believes they have been exposed to hazardous dusts in the workplace, such as asbestos or silica, can access a free medical screening examination through icare at the new Dust Diseases Care Clinic in the Sydney CBD, on the 'Lung Bus' mobile respiratory unit, or through an external provider of choice in their local area.

The examination takes less than half an hour, is painless, and can assist with the early detection of dust diseases. It includes:

- a lung function test by a respiratory scientist;
- respiratory medical examination by a doctor; and
- an x-ray reported by a radiologist, if required.

Results are returned to icare Dust Diseases Care to be analysed by a respiratory physician. A health monitoring report is provided to each worker and the employer is notified of any workplace injury.

icare also provides a subsidised occupational screening service for NSW employers to help them meet their obligations under the *Work, Health and Safety Act 2011*. Examinations are provided at the reduced cost of \$100 plus GST per worker. Employers can elect to have their workers screened at the icare Clinic, on the Lung Bus, or through an external provider in their local area. icare has experienced an increase in usage of the occupational screening service, with 4,781 examinations completed in the 2018 calendar year, which is a 64 per cent increase from the 2,914 examinations completed in 2017.

In addition, icare is partnering with SafeWork NSW to support its Work Health and Safety Roadmap for NSW 2022 initiative, in relation to crystalline silica and protecting workers from harm, securing safety standards and reducing workplace exposures. icare's role is to provide a free health screening service for workers of small businesses with less than 30 employees, and subsidised screening (reduced by 50 per cent to \$50 plus GST per worker) for medium and large employers, whose workers are identified by SafeWork NSW as being most at risk. As at 31 December 2018, 71 workers and 14 employers had accessed screening services through this program.

Since its relocation to a more accessible location with greater capacity in the Sydney CBD, the Dust Diseases Care Clinic offers increased services, including a new 20 metre 'walk test' screening facility, a wheelchair accessible x-ray machine, and specialised furniture designed for the ease and comfort of customers with restricted physical capabilities. The new Clinic also has extended capability, which means that an additional 40 workers can be screened each week.

icare is also seeing an increase in utilisation of the Lung Bus, which is already taking bookings up until May 2019.

3. The Australian Lawyers Alliance has submitted that many elderly recipients of compensation from icare are unaware of their potential entitlements to the provision of services like lawn mowing and gardening paid for by the Dust Diseases Authority. How does icare inform claimants of the benefits that they are entitled to.

Answer:

Since September 2017, all new applicants and clients entering the Scheme are allocated a Client Liaison Officer as their main, single point of contact with Dust Diseases Care. The role of the Client Liaison Officer includes contacting workers and their families to discuss their situation, providing personalised information about the services they may be entitled to, and facilitating the coordination of care and support services tailored to their disability and needs.

In addition to this direct contact with their Client Liaison Officer, clients receive an information pack containing a series of factsheets that outline potential entitlements, including:

- claims for payment for health care;

- domestic assistance (including gardening maintenance and lawn mowing);
- nursing and personal care;
- complementary and alternative therapies; and
- peer to peer support programs provided by the Bernie Banton Foundation, Asbestos Diseases Foundation of Australia and the Asbestos Diseases Research Institute.

Client Liaison Officers are able to immediately pre-approve requests for low-risk services, such as lawnmowing, up to a value of \$2000.00. This means clients are no longer required to send in quotes, or undergo an assessment by an occupational therapist or registered nurse, to receive approval for services such as garden maintenance and lawn mowing. The pre-approval process extends to other low-risk services such as domestic assistance, and equipment such as shower chairs, bed pans and mobility walkers. The Client Liaison Team checks in on clients on a regular basis to determine whether their circumstances have changed and require additional services and support.

Dust Diseases Care has also introduced a *My Plan* tool, similar to that already in use by icare Lifetime Care. The tool provides another avenue for clients and their families to discuss their future care and support needs and plans with a dedicated planning facilitator, and to learn about the services available, and how they can be tailored to their needs. The planning facilitator provides a detailed report to the Client Liaison Officer, who then arranges to expedite the services. The *My Plan* tool is applied early in the claims process and is regularly followed up and updated.

The icare website provides information about services and support provided to clients including medical, hospital and rehabilitation, psychological support, equipment and minor home modifications, domestic assistance, personal care and peer to peer support programs. All content on the website can be translated into different languages and printed as a downloadable PDF, including a suite of detailed factsheets.

icare also provides presentations about its services and entitlements available to its customers with a dust disease at stakeholder forums, which are hosted by support groups such as the Asbestos Diseases Foundation of Australia and Asbestos Diseases Research Institute. In addition, icare presented information or featured at a number of industry forums, seminars and conferences held by stakeholders in the legal, occupational medicine and thoracic professions, as well as various employer industry groups.

icare also monitors how users engage with the Dust Diseases Care page on the new icare website through Google Analytics. The monthly report provides icare with opportunities to monitor how contents performed in terms of user acquisition and retention, and where opportunities may exist to improve website performance and user experience through search engine optimisation, paid search, social, email, etc. A copy of the December 2018 report for Dust Diseases Care and icare more broadly are provided for the Committee's information at **Tabs A and B**.

4. The Australian Lawyers Alliance has submitted that the amount for funeral expenses for deceased workers is inadequate – capped at \$9,000 and not increased since 2004. What is the amount that is paid for funeral expenses on average each year?

Answer:

In November 2017, Dust Diseases Care introduced a fast track process to enable the payment of funeral expenses in a timelier manner. Families and Estates of deceased workers now receive the full maximum \$9,000 entitlement for funeral expenses by electronic funds transfer, within one day of notifying Dust Diseases Care of the worker's death.

Prior to the implementation of the fast track process, families of deceased workers were required to submit invoices for reimbursement of eligible expenses incurred for the worker's funeral up to a maximum of \$9,000.

Requests for reimbursement of funeral expenses had to be accompanied by a Death Certificate or medical certificate listing the cause of death. These requirements often meant that it could take up to three weeks, or longer, to reimburse for funeral expenses already incurred. Feedback received from our customers indicated that this was placing unnecessary financial pressure on families at the most sensitive time when they were experiencing grief.

In the 2017-18 financial year, icare expended a total of \$2,742,091.03 on funeral expenses for Dust Diseases Care participants. This equated to an average of \$8,489.45 per person.

5. The Bernie Banton Foundation has submitted that it has received positive feedback from clients on the customer liaison team at icare – Dust Diseases Care. Please provide information on the size, training and performance of the customer liaison team.

Answer:

Since the Client Liaison Team was first piloted in September 2017, the number of Client Liaison Officers has increased from four to eight, and a team leader has been appointed.

As at 2 January 2019, the Client Liaison Team is caring for 195 workers and 53 dependants. The Team is also assisting a further 222 applicants for workers compensation through the application process, and 11 dependents in their transition to receive a lump sum and weekly benefits.

In addition to comprehensive training on icare and the Scheme, each Client Liaison Officer has been trained on the customer journey, customer onboarding, pre-approved services and the decision making framework, the *My Plan* process and procedures, peer-to-peer support programs, and other Dust Diseases Care customer service principles, processes and systems.

The Team proactively assists newly diagnosed workers and their dependants and has improved communication between icare and its customers, and provided more certainty about who the customer can contact for immediate assistance. It assists customers at what is often a sensitive, challenging and emotional time by:

- providing information about the Scheme and possible entitlements;
- helping them understand and complete application forms, and taking applications by phone;
- collecting necessary medical documentation needed for a Medical Assessment Panel assessment and certification;
- liaising with the Industrial History team and Medical Assessment and Support Team to coordinate and facilitate the timely determination of applications;
- organising planners to visit a participant to complete a *My Plan*; and
- enabling provision of pre-approved services and equipment, based on a customer's needs, such as domestic assistance (two hours per week) and lawn mowing (20 services per year, up to \$100 per service); miscellaneous aids up to \$800 in value; initial consultations with an occupational therapist, registered nurse, podiatrist, psychologist or counsellor, exercise physiologist and dietician; and installation of Vital Call, a home monitoring service provided for those living alone.

Client Liaison Officers also work with the Health Care Services team on behalf of participants with more complex needs, to have their requests (including for medical and hospital treatments, minor home modifications and pharmaceuticals) processed in a timely manner.

Since the establishment of the Client Liaison Team, 75 per cent of services have been approved in one step, and customer advocacy measured by NPS (Net Promoter Score) across the scheme has improved significantly from +37 over the first half of 2017 (prior to the piloting of Client liaison teams function) to +87 in Q1 2018 (June-September 2018).

6. The Bernie Banton Foundation has noted that long term clients registered before September 2017 do not benefit from the services of a customer liaison officer. How many clients are in this cohort? What services are provided to these clients by icare? How are their enquiries handled by icare?

Answer:

The Client Liaison Team was established to support people from the beginning of their claim, which is a particularly challenging time for workers and their families. At this time, facilitated coordination is required to complete an application, and obtain the required medical information and industrial history to help determine the claim.

As at 2 January 2019, there are 3,978 long-term customers who have not been allocated a Customer Liaison Officer. This group consists of 957 workers and 3,021 dependants.

Customers who lodged their claim prior to the Customer Liaison Team being established in September 2017, and who have not been assigned a Client Liaison Officer, have continued to receive timely support directly from Dust Diseases Care's Compensation and Health Care Services teams, who assist by:

- collecting supporting information required to make an award of compensation;
- information on the outcome of awards of compensation;
- enabling provision of pre-approved services and equipment, based on a customer's needs, such as domestic assistance (two hours per week) and lawn mowing (20 services per year, up to \$100 per service); miscellaneous aids up to \$800 in value; initial consultations with an occupational therapist, registered nurse, podiatrist, psychologist or counsellor, exercise physiologist and dietician; and installation of Vital Call, a home monitoring service provided for those living alone; and
- assessing and approving service requests for customers with high needs, such as for pharmaceuticals, mobility scooters, hospital beds, minor home modifications, home nursing, nursing home admissions and palliative care.

In 2019, icare will be conducting a review to determine the best way to provide support to clients based on personal attributes, such as disability level and support needs. It is intended that there will be an ongoing increase in workers and dependants receiving support through a single point of contact arrangement, as offered through Client Liaison Officers.

7. The Bernie Banton Foundation submitted that elderly, frail clients find it difficult to speak to a person at the Dust Diseases Care on the phone due to the long waiting time listening to a recorded message and there being no option of leaving a message. Please provide information on the average wait time for clients, average time of calls and alternative methods for clients to contact icare if they cannot access the website.

Answer:

Extended waiting times and difficulties accessing a Dust Diseases Care representative were issues experienced by customers under the former Dust Diseases Board legacy call centre operating model and technology; and under an interim solution implemented by icare early in 2018 to bridge the gap until this legacy system was permanently replaced.

In December 2018, icare implemented a new contact centre system for Dust Diseases Care customers which addressed the issues raised by the Bernie Banton Foundation. The new contact centre is staffed by two dedicated call centre operators, and supported by Genesys, a more sophisticated telephony technology. The new recorded messages, which greet incoming calls, are now on average 10 to 15 seconds long and can be adapted to provide key important information as needed.

The new contact centre aims to resolve 80 per cent of incoming calls on first contact, reducing the need for customers to be transferred to another icare officer. If the centre is at full capacity and unable to answer an incoming call, the call is automatically directed to a member of the Client Liaison Team for immediate response. Those with a Customer Liaison Officer also have the option to contact them directly.

The ability for Dust Diseases Care customers to leave a voice mail during office hours was recently deactivated for several reasons, including that messages were often inaudible, which meant calls could not be returned or requests responded to. Also, most callers directed to voicemail did not leave a message. Customers are able to leave messages outside business hours, and messages are checked daily to ensure the timely return of calls. Customers can also contact icare Dust Diseases Care via email, with emails monitored throughout the working day.

By introducing operational efficiencies, improved technology and highly skilled and knowledgeable people, enhanced capability will be created to quickly and effectively triage calls to either be resolved on first contact or to be escalated to the appropriate area of expertise the first time.

This new contact centre has only been operational for a short time and incremental improvements have already been noted in the average speed of answering calls, call wait times and average call length.

icare is continuing to analyse call patterns and trends to gain insights to enable better communication, informed decision making and continuous improvement of call handling functions.

8. The Bernie Banton Foundation has submitted that there has been no feedback on the Carers mentoring program. Please provide information on this program, including its objective, results and assessment.

Answer:

wecare is an initiative delivered by Carers NSW that works with the families of icare participants, including those under the Dust Diseases Care Scheme, to develop their knowledge, resilience and wellbeing at any time after diagnosis of their participant family member. There are currently two *wecare* programs available:

- The Mentoring Carers Program is for adult family members and involves six to eight mentoring sessions delivered by experienced, supportive mentors to provide information and support and strengthen coping strategies. This is a carer-led program, underpinned by a wellness coaching framework, that can be delivered in person or via phone/SKYPE.

The overall aim of the Mentoring Carers Program is to improve carer health and wellbeing through a range of program activities. A suite of modules has been developed covering a range of topics including Impacts of caring; Resilience and coping strategies; and Grief and loss - fostering post traumatic growth.

- The Children and Young Peoples' Program provides support for children from 5-18 years of age, and is flexible to meet the needs of each individual child. This program is delivered over four to eight weeks and seeks to support the young person to reach their goals and increase resilience. A solution-based casework model is used to support and assist them to identify and overcome barriers, at home, school or in their social life.

To evaluate the effectiveness of the programs, interviews are being conducted with carers, mentors and icare staff on completion of the programs, and again six months later. This is in addition to pre and post health and wellbeing surveys, which are administered to measure the carers self-perceived change in their health and wellbeing status over the course of the mentoring.

Following the success of the *wecare* programs, they were adapted to support the different carer profile of the icare Dust Disease Care client group, and commenced accepting its clients in July 2018 to pilot the adapted programs. Four family members were involved in the pilot phase, and a total of five carers have been referred into the Mentoring Carers Program (July- December 2018). Feedback from those involved has been extremely positive. The final evaluation report is due in October 2019.

9. In the NSW Government response to the First Review of the Dust Diseases scheme, it undertook to explore options concerning the establishment of a statutory appeals panel. Please provide any information that you can provide on the establishment of a statutory appeals panel.

Answer:

icare understands that the establishment of a statutory internal appeals panel will require a legislative amendment. Disputes regarding Scheme eligibility are currently considered through the District Court, and annual volumes are typically quite low. There is little information available to confirm why dispute volumes are low and monitoring is required over time to understand if there are any drivers in relation to these low volumes.

Internal review mechanisms currently exist for the Medical Assessment Panel. The Panel is independently appointed through nominations from employer and worker representative groups. It reconsiders eligibility decisions relating to medical certification of dust diseases and disability levels.