

**SECOND REVIEW OF THE LIFETIME CARE AND
SUPPORT AUTHORITY**

Name: Name Suppressed
Date received: 6/05/2009

Partially Confidential

The Director
Standing Committee on Law and Justice
Parliament House
Macquarie St
Sydney NSW 2000
Fax: (02) 9230 3415

6 May 2009

Dear Sir/Madam,

Parliamentary Review of the Lifetime Care and Support Authority and Council

Thank you for the opportunity to provide comment and feedback on the Lifetime Care and Support Scheme (LTCS). I would like to request that my details (being name, company name, phone numbers etc) be kept confidential, as I would prefer that my current relationship with LTCS wasn't compromised by giving this feedback, which is being given as constructively as possible.

I have watched the evolution of this scheme through my varied roles as a health care provider.

[information suppressed at request of author]

With 10 years experience in the field of case management of severely injured clients (mostly with Third Party Insurers), I felt well qualified to fulfill this role for LTCS. After a period of time, I was delighted when three referrals arrived.

It is important to state that LTCS participants, by virtue of the selection criteria, have complicated needs. Their injuries are life changing, their rehabilitation lengthy, their professional teams involve a large number of players and the participants and their families are plummeted into a confusing, foreign world. The case management role with these clients is best described as the 'project manager' on the team. The case manager works to coordinate, to streamline and to troubleshoot. As the participant needs are constantly changing the case management role is always challenging.

To see a potential problem emerging, to 'catch' it quickly before it gets out of hand, to minimise the extent of the dilemma and to trouble shoot promptly with a minimum of fuss, stress and cost is the essence of the case management role. My success lies in my ability to do this. My current frustration with LTCS can be summarised as: I am finding that locating an answer to a problem is not the difficulty, wading through the LTCS processes to make the solution come to fruition, is.

It is acknowledged that teething problems occur when new systems are introduced. Using LTCS templates with multiple computer glitches was annoying initially, but expected and tolerated. Finding hidden 'draft' documents which have not yet made it to the web site relies on the rapport established with the LTCS Coordinator involved.

It appears some Coordinators are working on the assumption that everyone, including external providers such as myself, can keep up to date with their ever changing system. It must be emphasised that health professionals are heavily reliant on LTCS Coordinators to 'walk' us through the paperwork, to provide guidance and to notify when changes occur. When comparing notes with other Case Managers, it appears that changes regularly occur and yet some, not all, of us are informed. This leads to inconsistent messages and more confusion. There are also incidences when one Coordinator's interpretation of a process is different to another's.

The system dictates that particular documents and forms are required for various requests and matters. This is understandable, however, there is an inflexibility associated with these processes as a variation to a request can require a whole new request. Documents range from 4 to 30 pages long and take long hours to complete. A variation can require a submission of a new request, which can take almost as long to complete. Therefore, hours of additional work are warranted to complete repetitive paperwork. I have been privy to conversations with hospital based providers who have elected to buy equipment out of 'petty cash' rather than re-direct their time to wading through LTCS equipment submissions. They have decided this is a more cost effective way to 'fix' the problem and protect their busy staff.

I am unable, in my role as Case Manager, to formally request certain items (for example, home equipment, continence products or wound dressings) as the system requires other professionals or therapists to complete the paperwork. Although I understand the reason for this directive, there should be more acceptance that the involvement of a myriad of professionals (many of them unfamiliar with the nature of the LTCS paperwork, and most of them complaining about their already busy case loads) adds to the case management workload as much time is spent ensuring the 'boxes are ticked'. To be chastised that a file is requiring more Case Management time than believed necessary suggests a lack of understanding of the confusion in the health industry created by the LTCS paperwork.

I am the first person to acknowledge the importance of establishing a paperwork trail to ensure accountability of prescribers and adherence to the legislative guidelines. As I have been involved in file audits for insurers in the past, I have been appalled that in some circumstances, supportive documentation has not occurred, or has been substandard in presentation. I strive to excel in the most efficient and cost effective manner, however I am concerned there is an explosion of costs associated with the processes in place through LTCS.

I acknowledge that LTCS are currently reviewing templates and paperwork and am hopeful that some of these teething problems will be rectified. It is my ultimate aim to empower the participant to work independently with the system over time so that my case management services can be withdrawn. The system needs to be user friendly for this aim to be achieved and for costs to be minimised.

Unfortunately, at present the nature of the LTCS paperwork processes far increases the challenges people in my role face, and in turn increases the cost to the system through the unwieldy level of paperwork required under the current guidelines. This is by far, my biggest concern in relation to this scheme.

A secondary concern is, in this world of technology, where I pride myself on regularly communicating with all relevant parties to keep them abreast of a client's progress, I have been asked by more than one Coordinator to refrain from e-mailing them as it "clogs their system", and have been asked to phone them instead. This also adds to the overall cost of case managing a client, through lengthy phone call updates rather than a quick e-mail synopsis.

Lastly, I have had some issues with late payment of accounts whereby the LTCS internal accounting system showed errors between what had already been paid under a certain approval number, and what was being invoiced. Considerable time was wasted to investigate these issues (which have occurred on more than one occasion), only to find that the error was with the LTCS system, not my invoicing. It took three months to pay one particular invoice. Similarly, I have received complaints from other service providers that I have referred participants to, that they are experiencing lengthy delays with payments.

In summary:

- The current LTCS paperwork requirements need streamlining and documents need to be more user friendly in order to minimise unnecessary cost to the scheme.
- Better communication is required within the system, including more supportive consultation and mentoring between Coordinators and external providers, in relation to the change and/or introduction of documents and also with the ability to better communicate updates in relation to clients in a more cost effective manner (eg e-mail).
- Approval number matching and subsequent payment of invoices requires improvement.

I would welcome the opportunity to discuss any of the contents of my letter, if required.

[Name suppressed]