[redacted]

To: VBHC [redacted]

Good morning,
As requested, please find below feedback from [redacted] regarding the model of care for the management of low back pain.

1. Feedback on how the model could be implemented:
    - Key to success will be the robust education of the relevant hospitals, GPs and NTDs as well as treating physiotherapists to ensure consistent adherence to the proposed guidelines
    - Possibility for Insurers to provide this information to workers in early contact to encourage activity for low back injuries. The information pack could be distributed with Rights and Responsibilities letter
    - Providing NTDs with resources/education surrounding use of this process to decrease referrals for imaging – SIRA to facilitate consistent training package to medical practitioners
    - This could also be implemented as part of SIRA accreditation – refresher for all medical practitioners surrounding the use of this model
2. Barriers to implementation:
    - Barriers will exist with the health professionals who do not adhere to protocols, and with injured workers who have had a low back complaint in the past and are expecting to be treated in the same manner as previous
    - In the instance where workers have a history of multiple low back complaints, we can often review successive scan results to track the degradation and changes in an individual's pathology. If these scans are not completed, then it may be difficult in some instances to assign liability correctly
    - This is also anticipated to be an issue in our scheme particularly with regards to nature and conditions claims and with recurrence vs aggravation. If we don't have imaging to assist with confirming diagnosis in may become difficult in future to determine where liability falls for example when to attribute injuries to old claims
3. Resources to facilitate implementation of the model:
    - Robust training for treating parties
    - A shortened "What to expect" type resource that can be shared with workers at the beginning of their injuries
    - Industries that have a high prevalence of lower back injuries may also benefit from "in-services" or training resources around the model

Questions for consideration:

- Who will be responsible for monitoring treating provider adherence to the model? What will monitoring look like? If a treater is not following the model, who can step in to encourage compliance by the treater?
- Principle 4: who is providing this education?
- Principle 5: for providers who have gaps in their understanding of CBT what resources will be available for upskilling?
- Principle 9: what will the reviews entail?
- Principle 10: traditionally a specialist would be engaged prior to pain management, what is the expected benefit of engaging pain management as a first step?

Thank you for your time.
Kind Regards,