## "The Clinical Framework" Document Comments

The Comments made in this document are only related to Musculoskeletal and Soft Tissue injuries.

## What SIRA says

Link:

https://www.sira.nsw.gov.au/for-service-providers/treatment-advice-centre/clinicalframework

## **Clinical framework**

As a health professional you should apply the nationally endorsed <u>clinical</u> framework for the delivery of health services when treating people injured in motor vehicle accidents or workplace incidents.

The five principles of the clinical framework ensure that you deliver the right care at the right time. They are:

- measure and demonstrate the effectiveness of treatment
- adopt a biopsychosocial approach
- empower the injured person to manage their injury
- implement goals focused on optimising function, participation and return to work
- base treatment on the best available research evidence.

## What icare says

Source: Working with icare Workers Care – Version 1.2 – August 2018

Clinical Framework We use the person-centred approach in all interactions with our workers, and we expect service providers to do the same. For more information regarding the person-centred approach and other principles of rehabilitation best practice, we have adopted the Clinical Framework for the Delivery of Health Services, by TAC and WorkSafe Vic, June 2012. This is available at: http://www.worksafe.vic.gov.au/resources/clinical-frameworkdelivery-health-services

This framework is an evidence-based guide designed to support healthcare providers delivering services to people with workers compensation injuries. It is endorsed by other States and Territories, and has been supported by WorkCover NSW in the past

Source: http://www.worksafe.vic.gov.au/resources/clinical-frameworkdelivery-health-services





## Foreword

The Transport Accident Commission (TAC) and WorkSafe Victoria (WorkSafe) are pleased to present the Clinical Framework for the Delivery of Health Services.

The Clinical Framework signifies the work of the Health Service Group (HSG), a collaboration between the TAC and WorkSafe, which builds on the strengths of each organisation to support healthcare professionals deliver the right care at the right time to individuals with a compensable injury.

The Clinical Framework outlines a set of guiding principles for the delivery of health services. These principles are intended to support healthcare professionals in their treatment of an injury through:

- Measurement and demonstration of the effectiveness of treatment
- Adoption of a biopsychosocial approach
- Empowering the injured person to manage their injury
- Implementing goals focused on optimising function, participation and return to work
- Base treatment on best available research evidence

in 2011, a review of the Clinical Framework was carried out to ensure the five guiding principles were in line with best practice and could be applied across a range of injury types.

As part of the review process, consultation was undertaken with clinical, academic and inter-jurisdictional representatives ensuring a common framework for the delivery of health services while clarifying expectations when treating an individual with a compensable injury.

This revised version of the Clinical Framework reflects the most contemporary approach to treatment and incorporates recent developments in evidence based practice and use of objective outcome measurement in clinical practice.

I would like to thank and acknowledge the members of the Inter-Jurisdictional and Clinical Framework Advisory Committees involved in the review process.

On behalf of the TAC and WorkSafe we look forward to working with you in delivering the principles of the Clinical Framework.

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Clare Amies Head Health Services Group Transport Accident Commission and WorkSafe Victoria

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Note: all words in *italics* are extracts from the Clinical Framework Document or related web page

#### "Principle One

Measure and demonstrate the effectiveness of treatment"

#### Comment:

The verb to measure means to quantify, ascertain the size, amount, or degree of (something) by using an instrument or device marked in standard units of measure. For example - "the amount of water collected is measured in litres"

If the effectiveness of a particular treatment was to be measured, then there would have to be some sort of measuring device to provide a quantitative understanding.

The quality and method of measurement needs to be fully understood, On one hand, is the "Measurement" just a subjective interpretation of the quantity of the measured variable sourced from the subject in a multiple choice survey or is it an interpretation of the Medical Professional. On the other end of the quality scale is a measurement provided by a specifically designed tool to accurately quantify a specific physiological parameter. Accuracies are normally able to be quoted when using such a tool by simply quoting an actual standard deviation.

If accurate measurements are not available, it is impossible to accurately *demonstrate* (measure) *the effectiveness of treatment*.

#### "Principle Four

Implement goals focused on optimising function, participation and return to work"

#### Comment:

To optimise function, function has to be measured or quantified to know whether it has increased or decreased, a minimum of 2 measurements of a parameter have to be made to achieve this result. To optimise function, it is imperative to know that the

measured functional parameter has attained the highest level capable of being provided by the injured worker. To know that function has been optimised it is important to know that there has been no further improvement with very little change between two consecutive measurements and very importantly that the effort provided by the person whose function is being measured is the maximum or near maximum that they are capable of providing voluntarily.

In the case of returning a person to work and setting goals, similar standardised measurements are required to be made to accurately understand a person's functional capabilities.

It is extremely difficult to optimise function without accurately and objectively measuring it. It is also extremely difficult to assess if a person is capable of performing work functions, if similar work functions are not measured in a standardised manner prior to returning to work.

If grouped normative data is not available to be able to effectively compare a set of task results to, it is very difficult to accurately determine if the injured worker is capable of performing the required work functions required to reliably make the decision to return the worker to work.

## **Biopsychosocial model**

#### From Wikipedia,

The **biopsychosocial model** is an interdisciplinary model that looks at the interconnection between <u>biology</u>, <u>psychology</u>, and <u>socio-environmental</u> factors. The model specifically examines how these aspects play a role in topics ranging from <u>health</u> and disease models to <u>human development</u>. This model was developed by <u>George L. Engel</u> in 1977 and is the first of its kind to employ this type of multifaceted thinking. The Biopsychosocial Model has received criticism about its limitations, but continues to carry influence in the fields of psychology, health, medicine, and human development

## Criticisms and achievements

There have been a number of criticisms of the biopsychosocial model.<sup>[11][12][13]</sup> Benning summarized the arguments against the model including that it lacked philosophical coherence, was insensitive to patients' subjective experience, was unfaithful to the <u>general systems theory</u> that Engel claimed it be rooted in, and that it engendered an undisciplined eclecticism that provides no safeguards against either the dominance or the under-representation of any one of the three domains of bio, psycho, or social.<sup>[6]</sup> Many of these criticisms however have been recently addressed. For example, the BPS-Pathways model describes how it is possible to conceptually separate, define, and measure biological, psychological, and social factors, and thereby seek detailed interrelationships among these factors.<sup>[14]</sup>

11• Benning, TB (2015). <u>"Limitations of the biopsychosocial model in psychiatry"</u>. Advances in Medical Education and Practice. **6**: 347–52. <u>doi:10.2147/AMEP.S82937</u>. <u>PMC 4427076</u>. <u>PMID 25999775</u>.

12• McLaren, N (February 1998). "A critical review of the biopsychosocial model". The Australian and New Zealand Journal of Psychiatry. **32** (1): 86–92, discussion 93–6. <u>doi:10.3109/00048679809062712</u>. PMID <u>9565189</u>.

13• • Ghaemi, SN (July 2009). <u>"The rise and fall of the biopsychosocial model"</u>. The British Journal of Psychiatry. **195** (1): 3–4. <u>doi:10.1192/bjp.bp.109.063859</u>. PMID 19567886.

14• Karunamuni N, Imayama I, Goonetilleke D. (2020). "Pathways to well-being: Untangling the causal relationships among biopsychosocial variables". Social Science & Medicine. <u>doi:10.1016/j.socscimed.2020.112846</u>.

#### "Principle Five

Base treatment on best available research evidence"

#### Comment:

There appears to be a Principle left out because "*research evidence*" is interpreted whereas accurate quantitative evidence such as X-Rays, scans, heart rate, body temperature, joint torque and Range of Movement are of the highest quality of evidence. This objective quantitative evidence is considerably higher quality and is always more valuable than subjective research evidence. This is not to say that research evidence should not be used, but it must be kept in mind that it is of lesser quality than any accurate objective measurements. To evaluate evidence there should be a "weighting" or "value" placed on the type of the evidence used.

The quality of "*research evidence*" can be improved, if it is based on a foundation of accurate objective measurements as opposed to a foundation built on subjective interpretations with no accurate measurements taken.

#### Key messages

1 Treatment should result in a measurable benefit to the injured person. **Comment:** 

What are the parameters that are measured in present methodologies to show that there is some type of benefit to the injured person?

How are these presented to the health professional and the injured person? What are the units of measurement?

2 Relevant aspects of the person's health status that are expected to change with treatment should be measured (such as pain, depression, activities of daily living, health-related quality of life and work performance).

#### Comment:

In the parameters listed, it is likely to be an interpretation of the "*measured*" parameter that is likely to be recorded, not one that is objectively and accurately measured with a device. These interpretations are mostly sourced from the subject using a series of questions and observations - not measurements made with a device. Factual data relating to joint function may include range of movement under load and non-load conditions, joint torque provided under known maximal conditions, normative data comparisons, repeat function fatigue etc, In the case of Return to

Work Assessments, measured functional data should be used as an objective foundation for subjective decisions.

3 When available, outcome measures that are reliable, valid and sensitive to change should be used.

4 Outcome measures must be related to the functional goals of therapy, relevant to the person's injury, and address the components of the World Health Organisation International Classification of Functioning, Disability and Health.

#### Comment:

One simple question – what is the best evidence, an accurate objective measurement **OR** a subject's answer to a question?

#### Why measure

A health outcome is the impact of an intervention on a person's health.1

The measurement of treatment effectiveness (or outcome):

- provides injured people, treating healthcare professionals, and other decision makers with information on the rate (and direction) of change (e.g. is the person's health status improving, worsening or not changing?)
- empowers an injured person to track and monitor their progress or any changes in their status
- informs and justifies decisions to continue, change or cease treatment, or refer the injured person to another healthcare professional or service
- provides useful information that can assist in targeting treatment and help improve treatment outcomes.

#### **Comment:**

*"Measurements"* would be very valuable, if measurements were actually taken. Little on no objective measured data is provided to the person such as a progress graph over time for single or multi-joint functional performance. For example, range of movement under load and non-load conditions, joint torque provided under known maximal conditions, normative data comparisons, repeat function fatigue etc If measurements are not taken how are accurate and meaningful decisions made about rehabilitation effectiveness, attainment of the very important Maximum Medical Improvement (MMI) milestone and when to return to work with known capabilities.

#### How to measure

Treatment effectiveness should be measured with standardised outcome measurement tools that are reliable, valid and sensitive to change. This is a robust way to gauge an injured person's health status. Standardised outcome measures may be supplemented with customised measures of aspects of health or function that are relevant to the injured person and their status. However, as the reliability, validity and responsiveness of customised outcome measures are generally not known, these should only be used when there is no suitable standardised measure available, or in addition to a standardised measure.

Treatment effectiveness should be measured with standardised outcome measurement tools that are reliable, valid and sensitive to change.

#### Comment:

What tools are available that are reliable, valid and sensitive to change in the musculoskeletal and soft tissue injury sector? The key measurement tool used to measure Range of Movement of a joint is the Universal goniometer – this manual device produces errors of  $\pm$  5-10 degrees. Is this widely used device suitable – is it reliable, valid and sensitive to change?

What tools are presently available to accurately measure joint torque and know it was provided under maximal effort conditions?

What tools are available to identify a 5% change in specific living functional tasks?

#### When to measure

Baseline outcome measurements should be taken as soon as possible and repeated regularly to review progress. Reassessment should occur as soon as change could be reasonably expected given the injured person's injury, prognosis, and the type of treatment provided. During the acute phase, when rapid change may be expected, reassessment may occur as often as weekly, or even within a session.

The regular measurement of outcomes provides ongoing information about the injured person's health status and the effectiveness of the intervention. This process plays an integral role in justifying the healthcare professional's management plan. It also helps to inform the injured person about their progress, recovery and independence.

"Baseline outcome measurements should be taken as soon as possible and repeated regularly to review progress"

#### Comment:

What functional parameters are measurements are presently captured and do these values have a defined Standard Deviation?

Is normative data used to compare to the measured values?

Is the subject of the measuring able to receive progress curves to maximise feedback?

What *baseline outcome measurements* are taken *and repeated regularly to review progress* in any Musculoskeletal or Soft Tissue injury in any rehabilitation or return to work path?

#### What to measure

Outcome measures must be related to the functional goals of therapy and relevant to the person's injury. They should also address the participation, activity and body structures and function components of the World Health Organization International Classification of Functioning, Disability and Health.2 The ICF provides a clear description of health and health-related states to promote effective communication between healthcare professionals.

"Outcome measures must be related to the functional goals of therapy and relevant to the person's injury"

#### Comment:

How are "*outcome measures*" actually measured and what are the units of those measurements?

What feedback is provided to the person before he/she is returned to work? What quantitative normative data is presently used to which the "*outcome measures*" can be related?

#### Customised outcome measures

Ad hoc measurement methods devised by the treating healthcare professional where the reliability, validity and sensitivity to change of the measure are generally not known. Customised outcome measures should relate to an injured person's treatment goals, be functional, objective and measurable. For example, a customised outcome measure may describe how often (once a day, several times a day) or how far (50 metres, 100 metres) a person is able to walk in different environments.

#### Comment:

This clearly states Ad hoc measurement methods devised by the treating healthcare professional where the reliability, validity and sensitivity to change of the measure are generally not known. It goes on to state "Customised outcome measures should relate to an injured person's treatment goals, be functional, objective and measurable". Where are the "functional" objective" "measurements" and if they are used are they standardised and verified to be accurate?

# What various Organisations say about "The Clinical Framework" document?

## What Comcare says

Link:

www.comcare.gov.au/about/formspublications/documents/publications/claims/clinical-framework-for-the-delivery-ofhealth-services.pdf

The Clinical Framework outlines a set of guiding principles for the delivery of health services. These principles are intended to support healthcare professionals in their treatment of an injury through: - Measurement and demonstration of the effectiveness of treatment.

## What WorkSafe Victoria says

Link:

https://www.worksafe.vic.gov.au/resources/clinical-framework-delivery-health-services

## Clinical framework for the delivery of health services

The Clinical Framework outlines a set of guiding principles for the delivery of health services. These principles are intended to support healthcare professionals in their treatment of an injury.

## What it contains

All healthcare professionals providing services to injured people as part of transport accident or worker's compensation schemes are expected to adopt the following principles:

- Measure and demonstrate the effectiveness of treatment
- Adopt a biopsychosocial approach
- Empower the injured person to manage their injury
- Implement goals focused on optimising function, participation and return to work
- Base treatment on the best available research evidence

This document details the purpose of each of these principles and how to apply them.

## What WorkCover WA says

Link: https://www.workcover.wa.gov.au/health-providers/clinical-framework/

## **Clinical Framework**

The **Clinical Framework for the Delivery of Health Services** (Clinical Framework) is an evidence-based guide designed to support healthcare practitioners delivering services to people with compensable injuries. Developed by the Transport Accident Commission (TAC) and the Victorian WorkCover Authority, this framework reflects contemporary research and has been widely endorsed by Australian workers' compensation jurisdictions, as well as peak health associations.

 <u>Clinical Framework for the Delivery of Health Services</u> (PDF – 1324kb) WorkCover WA endorses the use of the Clinical Framework by medical and allied health practitioners delivering services to injured workers in Western Australia.

The Clinical Framework outlines five principles shown to deliver optimal recovery and return to work outcomes for injured workers. The principles are:

- 1. measure and demonstrate the effectiveness of treatment
- 2. adopt a biopsychosocial approach
- 3. empower the injured person to manage their injury
- 4. implement goals focused on optimising function, participation and return to work
- 5. base treatment on best available research evidence

We encourage you to use and share the framework with your colleagues, patients (injured workers), employers and workplace rehabilitation providers in working towards optimal outcomes in recovery and return to work.

## What Traffic Accident Commission VIC says

Link:

http://www.tac.vic.gov.au/providers/resources/clinical-framework

## **Clinical Framework**

The Clinical Framework for the Delivery of Health Services (*Clinical Framework*) outlines a set of guiding principles for the delivery of health services.

These principles are designed to support health professionals deliver the right care at the right time to clients with a transport accident injury.

By satisfying the five principles, health professionals can ensure the treatment our clients receive is clinically justified by:

- 1. regularly evaluating treatment using outcome measures to assess its effectiveness
- 2. providing the best possible approach to the management of injury or illness
- 3. empowering the patient to manage their injury or illness
- 4. establishing goals that focus on function and return to work (where appropriate)
- 5. basing treatment on the best evidence available

Since its review in 2011, the Clinical Framework has achieved national support from all Australian states and territories, as well a range of health peak bodies and associations.

Access the Clinical Framework PDF, 1.29MB

# What Motor Accident Insurance Commission QLD says:

Link:

https://maic.qld.gov.au/for-health-providers/clinical-framework/

Endorsed by the Motor Accident Insurance Commission and widely supported by compensable bodies and Australian allied health professional associations, this clinical framework outlines five principles to guide the delivery of health services.

The framework supports healthcare professionals by outlining the expectations of compensable bodies from a clinical management perspective.

The framework's five guiding principles seek to facilitate treatment strategies which result in the best possible health and functional outcomes for injured claimants.

Development of this recently revised framework was led by the Victorian Transport Accident Commission (TAC) and WorkSafe Victoria in consultation with representatives of CTP and workers' compensation schemes; clinicians; allied health professional associations; and academics including from Queensland's Centre of National Research on Disability and Rehabilitation Medicine (CONROD) (now known as the RECOVER Injury Research Centre).

Learn more about how to apply the framework in a clinical practice by visiting the website of Victoria's <u>Transport Accident Commission</u> (TAC).

## What Q-Comp QLD says:

Link: Q-COMP http://www.qcomp.com.au/rehabilitation-report/autumn-2013/consistent-national-clinical-framework-for-transport-accident-and-workers'-compensation-schemes.aspx

# Consistent national clinical framework for transport accident and workers' compensation schemes

Regardless of whether you are treating a person in Mackay who has a workers' compensation claim or someone in Maroochydore with a CTP claim, the Clinical Framework for the Delivery of Health Services now applies.

Recently revised and endorsed by the Motor Accident Insurance Commission, Q-COMP, WorkCover Queensland and the APA, the framework represents a contemporary, biopsychosocial approach to treatment.

The framework outlines a set of five guiding principles intended to support healthcare professionals in their treatment of compensable injuries.

1. Measure and demonstrate the effectiveness of treatment

- 2. Adopt a biopsychosocial approach
- 3. Empower the injured person to manage their injury

4. Implement goals focused on optimising function, participation and return to work

5. Base treatment on the best available research evidence.

Ultimately, the framework seeks to facilitate treatment strategies which result in the best possible health and functional outcomes for injured claimants.

Development of the revised framework was led by Victoria's Transport Accident Commission and WorkSafe Victoria in consultation with representatives of CTP and workers' compensation schemes, clinicians, allied health professional associations, and academics including from Queensland's Centre of National Research on Disability and Rehabilitation Medicine (CONROD).

Consultation ensured a common framework for the delivery of health services while clarifying expectations when treating an individual with a compensable injury.

## What ReturntoWork SA says:

Link:

https://www.rtwsa.com/service-providers/allied-health/tools-and-resources

## Tools and resources

## Allied Health assessment tools

The following tools are designed to assist allied health practitioners to deliver services that are consistent with the <u>Clinical Framework for the Delivery of</u> <u>Health Services</u>.

Outcome Measure Score Calculator

#### Psychosocial screening tools

- <u>Orebro Musculoskeletal Pain Questionnaire (Short)</u> with the <u>Scoring Guide</u>
- Orebro Musculoskeletal Pain Screening Questionnaire (Standard)
- <u>Tampa Scale for Kinaesiophobia</u>
- Pain Self Efficacy Questionnaire

#### Outcome measurement tools

- <u>Neck Disability Index (NDI)</u>
- Shoulder Pain and Disability Index (SPADI)
- Patient-Specific Functional Scale (PSFS)
- Oswestry Disability Index (ODI)
- Quickdash Outcome Measure (QOM)
- Roland Morris Low Back Pain and Disability Questionnaire
- <u>Knee Injury and Osteoarthritis Outcome Score (KOOS)</u>
- <u>2000 IKDC Subjective Knee Evaluation Form</u>

#### Comment:

All the above measurement tools are subjective **unmeasured** surveys, with the majority of information provided by the subject's actions or interpretations. If the maximum number of objectively measured parameters were accurately measured (including the effort provided) with a device to eliminate tester errors, a far more robust foundation would be provided. This more scientific and robust foundation would be the basis for subjective interpretations to be formed.

Survey based interpretations cannot compete with verified accurately measured objective functional facts.



# **The Clinical Framework**

Helping you to deliver better health outcomes for injured workers



## 1. Tailored

Measuring the impact of your treatment can help you tailor your treatment for each patient.

If there is no benefit, you can modify your approach or try something else.



Measure & demonstrate the effectiveness of treatment

## 2. Holistic

All patients have things going on in their lives that can negatively impact the effectiveness of your treatment.

Adopting a biopsychosocial approach helps you to identify and address these things.



## 5. Evidence-based

There are multiple treatment approaches available for you when providing treatment for injured workers.

Using treatment consistent with the best available evidence means that you have the highest possibility of success with your approach.



For more information or assistance with ReturnToWorkAHP, please contact the Scheme Support team on (08) 8238 5757

#### Comment:

The term "*Evidence-based*" is a loosely used term in the Workers Compensation arena and is rarely quantified.

The statement "Using treatment consistent with the best available evidence means that you have the highest possibility of success with your approach" is absolutely true but there is little evidence to confirm that this is the case. It is very concerning that there are some senior proponents in the industry that say there is a move away from quantitative objective biophysical measurements to survey based evidence collation. While there are key people in the industry with this unscientific approach it is unlikely that the injury compensation will enhance its performance.

The adviser at the support number above stated that "we really don't get down to that level of accurate measurements - Contact the Medical Associations"