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EVALUATION REPORT 297

ISCRR
Institute for Safety, Compensation and Recovery Research

Evaluation of the Clinical Hotline Pilot

Facilitating direct access to Clinical Panel support

Stakeholder feedback on the implementation and effectiveness of the Clinical Hotline.

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A joint initiative of WorkSafe VICTORIA and MONASH University

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This report has been prepared for WorkSafe Victoria (WSV). The Institute for Safety, Compensation and Recovery Research (ISCRR) wishes to acknowledge the valuable input provided by research participants and the Clinical Hotline Pilot Working Group and WorkSafe staff: Melinda Rice and Sarah Gregorio for supporting the project.

EXECUTIVE SUMMARY

Background

The Clinical Hotline Pilot aimed to test a hotline phone platform for Agents and Treating Health Practitioners (THPs) to directly access WorkSafe Victoria (WSV) Clinical Panel support. For the purposes of the pilot, THPs include General Practitioners, Psychologists and Physiotherapists. The Clinical Hotline (or Hotline) is designed to support providers in their treatment of injured workers in a more timely and efficient manner and understand where broader education may be beneficial.

Objectives

The aim of this evaluation was to determine the effectiveness of the Hotline from the perspective of the THPs, Agents and Hotline Clinicians.

The objectives of this evaluation were:

1. To examine the user experience and level of satisfaction.
2. To explore the perceived capability uplift, confidence and decision-making of Hotline users.
3. To identify if the Hotline users' perception of WSV and perception of injured worker outcomes have changed because of the Hotline.
4. To identify what further information Hotline users want and what capability gaps need to be addressed.

Method

This project used a mixed method research approach, including interviews with Hotline users (n=26), Hotline non-users (n=16), Hotline Clinicians (n=6), and a survey of working group members (n=9).

The pilot began in May 2021 and ended in December 2021. The evaluation began in May 2021 and ended in March 2022. An iterative design process was applied, where the evaluation team provided regular updates to WSV and the working group throughout the pilot.

Key Findings

Pilot working group – The working group was a successful collaboration and participating was a positive experience for members.

Hotline satisfaction and impacts – Participants were highly satisfied with the Hotline, with all participants in favour of the Hotline continuing. Perceived impacts associated with the Hotline included:

- ✓ Callers reported increased confidence to manage claims
- ✓ Promoted collaboration between WSV, THPs and case managers
- ✓ Improved THP and case manager decision making
- ✓ Reduced time associated with progressing claims
- ✓ Built THP and case manager capacity to manage claims
- ✓ Facilitated early intervention

Participants reported these impacts would likely result in improved injured worker treatment and outcomes. For many participants, participation in the pilot resulted in an improved perception of WorkSafe.

Factors contributing to success – Callers reported calling the Hotline to be a positive experience. This was attributed to:

- ✓ The smooth running of the hotline, with calls and questions answered
- ✓ The relaxed, supportive and empowering approach taken by Hotline Clinicians
- ✓ The hands-on support provided by the WSV project team

Considerations – Areas for consideration were identified should the Hotline transition to business as usual:

- Hotline Clinicians outlined a number of challenges and limitations to the way in which the Hotline was resourced during the pilot. Improving data collection methods, clarity around scope of clinical discussions, and the consistency of the service, could increase Hotline effectiveness.
- Complimentary approaches to the hotline, including email query and chat function, were suggested. Email query has been implemented as of December 2021.
- Explore ways to include the injured worker in the process and clarify with Hotline Clinicians the procedure to follow when an injured worker is present when a call is made to the Hotline.
- Awareness and uptake of the Hotline has been low, with impacts limited to Hotline users. Promotion opportunities that lead to broader uptake and embed Hotline use into clinical practice were discussed by participants.
- Resourcing of the Hotline and Clinical Panel workload may need to be redistributed if Hotline uptake increases.

Conclusion

The evaluation demonstrated the Hotline to be a valuable and effective service, with participants reporting numerous and varied benefits for Hotline users, injured workers and WSV. Given the success, there is strong support for the continuation of the Hotline. Factors contributing to the success and considerations for improvement could support the Hotline's transition to business as usual.

INTRODUCTION

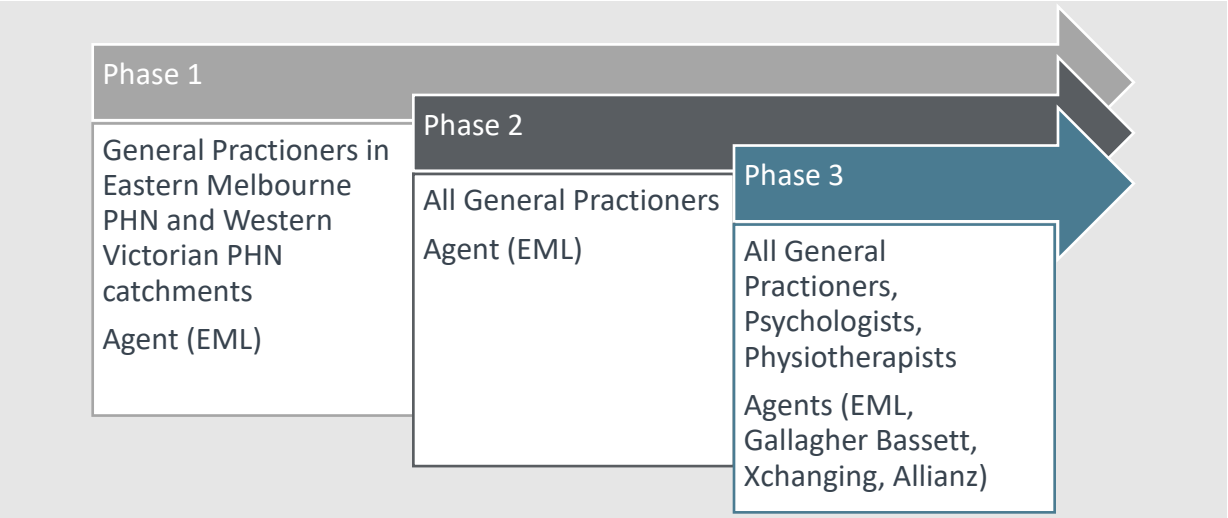
Background

In 2020, the Transformation Enablement Team at WSV undertook a survey to understand what the key issues were for Agents, THP's, and WSV. With all current communication with WSV Clinicians being outbound, mostly after lengthy services had been provided and no avenues for THPs to make direct contact, timely access to clinical expertise at WSV was a clear theme. A Clinical Hotline was proposed as an opportunity for THPs and Agents to engage early and proactively with WSV Clinicians.

The Clinical Hotline Pilot was implemented as a part of the WSV Clinical Redesign Program, aimed to design and test a new service; a hotline phone platform for Agents and THPs to directly access WSV Clinical Panel support. For the purposes of the pilot, THPs includes General Practitioners, Psychologists and Physiotherapists. The Hotline is designed to support providers in their treatment of injured workers in a more timely and efficient manner and understand where broader education may be beneficial.

The Hotline was piloted for eight months, from May to December 2021, and was rolled out to user groups in three phases (see Figure 1 for user groups). Please see Appendix A for information provided by WSV on the promotion activities undertaken and resources provided as part of the Hotline rollout. A working group comprising Peak Bodies, Agents, WSV and Hotline Clinician representatives was responsible for the development of the Hotline and for sharing ideas and making decisions throughout the life of the pilot. For the purposes of the pilot, Hotline Clinicians undertook their normal tasks and answered Hotline calls as they came in. The pilot was designed this way because WSV anticipated slow uptake.

Fig 1. Phases of the Clinical Hotline Pilot



PHN = Primary Health Network

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Methods

This project used a mixed method research approach including interviews with Hotline users (n=26), Hotline non-users (n=16), Hotline Clinicians (n=6), and a survey of working group members (n=9).

Table 1. Overview of participant groups

Participant group	Phase 1	Phase 2	Phase 3	Total
Hotline users	9	4	6	**19**
General Practitioner	2	0	1*	**3**
Psychologist	1	1	1	**3**
Physiotherapist	3	1	1	**5**
Case manager	3	2	3	**8**
Hotline non-users	2	4	10	**16**
Hotline Clinicians	1	1	4	**6**
Total	**22**	**12**	**26**	**48**

* Practice manager

Hotline Clinicians and Hotline users

Hotline Clinicians and Hotline users were interviewed about their experience using the Clinical Hotline, perceived outcomes of using the Hotline and how the service could be improved. WSV provided ISCRR the names and contact details of Hotline Clinicians and Hotline users.

Table 1 shows the number of participants according to profession.

Hotline non-users

Due to slow Hotline uptake, eligible Hotline users who hadn't utilised the service were interviewed to ascertain awareness of the hotline resource and promotion opportunities or suggestions. WSV provided ISCRR with a list of regular billers to contact at random. General practices were also selected via a Google search. The majority of interviews conducted with Hotline non-users were with practice managers, senior reception or general reception as THPs at selected clinics were unavailable to be interviewed or unable to be contacted.

Working group survey

Upon completion of the pilot period, the working group was invited to participate in a survey evaluating the partnership and collaboration prior to and during the Clinical Hotline Pilot.

Process

The evaluation was conducted from May 2021 to March 2022.

The pilot used an iterative process where the evaluation team provided regular updates to WSV and the working group throughout the pilot. This allowed WSV to modify the pilot in response to feedback. Interview questions were adjusted throughout the pilot to reflect this process.

The focus of this evaluation was user experience; data collected by WSV on injured worker outcomes and other impacts measured throughout the pilot has not been included in the evaluation (and will be presented by the WSV project team separately).

FINDINGS

The findings address the evaluation objectives from the perspectives of working group members, Hotline users and Hotline Clinicians. These are divided into four sections:

- **Section 1**: satisfaction with the Hotline and its perceived impacts; these findings address the first, second and third evaluation objectives and draw on data collected during interviews with Hotline Clinicians and Hotline users.
- **Section 2**: factors contributing to the success of the pilot. As this section includes themes relating to user experience, it contributes to answering the first evaluation question.
- **Section 3:** considerations should the hotline transition to business as usual. This section incorporates feedback from eligible hotline users as well as Hotline Clinicians and Hotline users.
- **Section 4**: the final sections explores the collaboration underpinning the pilot working group drawing on data collected via a survey of working group participants.

The fourth evaluation question concerning information Hotline users want and capability was determined by data collected by Hotline Clinicians when resourcing the Hotline. This information is not included in this report.

Hotline satisfaction and impacts

This section explores the extent to which participants were satisfied with the Hotline and perceived the pilot impacts and outcomes were being achieved.

All participants indicated a high level of satisfaction with the Hotline, describing it as a *'valuable'* resource, *'definitely worthwhile'*, '*informative'* and *'incredible'.* The Hotline was perceived to have numerous and varied impacts for Hotline users, injured workers and WSV. The table below provides examples of the perceived impacts and outcomes participants associated with the Hotline.

Table 2. Perceived impacts of the Clinical Hotline Pilot

Impact theme	Quote
Increased confidence	*I think confidence-wise, you need to just bounce something off someone with that added knowledge, and I think that always helps to build capability and add confidence.* – Case Manager #3
Promotes collaboration	*…they were really helpful and they just essentially guided me to contact the WorkCover co-ordinator of the client directly instead of putting me in touch with their WorkCover psychologist there but they were really helpful.* – THP #5
Improved decision making	*…in terms of speaking with someone who has experience about – more experience, I think that put me more at ease in terms of making a decision, in aiding my decision making at that time.* – THP #7
Reduced time/progress claims	*I'll tend to utilise the hotline to try and expedite [the claim], especially with the time-sensitive.* – Case Manager #3
Capacity building	*I think ultimately it could filter through to change the way that a practitioner works.* – Hotline Clinician #3
Early intervention	*So, in this case, it's early on and it's great because the clinician can then see that you're there trying to help them and therefore if you ring them another time, they know what your motivation is.* – Hotline Clinician #5

Participants largely agreed these impacts would result in longer term outcomes such as improved injured worker treatment, improved injured worker outcomes and improved perception of WSV.

I guess it provides me with a bit more reassurance that I'm doing the right thing and in terms of like doing the right documentation, like providing the right details and the funding too. And just to ensure that smooth process at the patient's end too, and make sure it works well for the patient at the same time. – THP #7

It felt very different from the normal WorkSafe call, where you feel a little bit like you're being - you're sort of being rushed because everyone's so busy. So it was much gentler and easier than my experience in the past with other WorkSafe lines… – THP #2

I initially thought communication between allied health professionals and the WorkCover co-ordinator was lacking, I think it was a little bit hard to reach out to different areas of WorkSafe but now that this is here I think it will really help with that communication side of things and I think in that sense it's a positive change for me. – THP #5

So thinking through the psychologists that are coming to mind now, I think both have definitely had some frustration with the scheme. And I think the by-product of the discussion we had, I think their frustration with the scheme reduced, which is a good by-product. – Hotline Clinician #1

One Hotline Clinician highlighted the need for the hotline uptake to increase in order for the discussed impacts to be achieved throughout the community.

…it's all very well to say it's had an impact, but it's had an impact on so few people that that's going to make no difference in the community. And it's a lot of resources tied up to try and influence a precious few. – Hotline clinician #6

Given the potential value of the Hotline, all participants were strongly in favour of the Hotline continuing.

I think there's probably a lot of work to do still. But it's a step in the right direction. Opening up availability of the WorkSafe resources to the agents is certainly a big help…Obviously we're all out to try and get the same outcome… The regulator as well as the agents on behalf of the regulator, but utilising the resources that WSV has at its disposal for the agencies, is certainly a good thing. Hopefully that expands and continues. – Case manager #3

Hotline Clinician experience

Hotline Clinicians reported feeling a degree of uncertainty regarding how the Hotline roll out would impact their existing workload and whether they would be able to answer questions posed via the Hotline. These concerns abated as the pilot progressed, with Hotline Clinicians reporting feeling confident and able to balance the current call rate with their existing workload during phase three of the pilot. Overall, Hotline Clinicians reported resourcing the Hotline to be a positive experience.

My experience when it rang, when I spoke to clinicians, I actually really enjoyed the contact with people when they phoned and asked particular clinical questions. – Hotline Clinician #3

Factors contributing to success

The evaluation identified a number of factors that contributed to the success of the Hotline: Calling the Hotline was a positive experience for Hotline users, the approach taken by Hotline Clinicians and support provided by WSV project team throughout the pilot.

A positive experience

Hotline callers reported the experience of calling the Hotline as highly positive. The majority of callers reported their call was either answered or, if they left a message, the call was promptly returned. The number of calls answered, rather than leaving a message and receiving a call back, appeared to increase throughout the pilot; participants in phase two and three of the pilot largely reported their call was answered. This finding is in line with feedback from Hotline Clinicians that technology issues had been a barrier to answering calls early in the pilot. Hotline Clinicians explained these barriers had been quickly overcome, making it easier to see and answer incoming calls.

Hotline callers were highly positive about the conversation they had with Hotline Clinicians, describing the tone of the conversation as *'very relaxed', 'not rushed', 'very friendly and amicable'* and '*really lovely'.* All Hotline callers indicated that, when in scope, their question was answered, and when out of scope, callers described the response by clinicians as empathetic and helpful.

It was really quite surprising to get somebody who was sort of very open and very thoughtful, and [they] was a psychologist. So that was really lovely to get [their] perspective on things, and [they were] very understanding. – THP #2

Hotline Clinician approach

The approach taken by Hotline Clinicians when resourcing the Hotline was another factor contributing to its effectiveness. Hotline callers described the conversation with Hotline Clinicians as '*more than helpful', 'reassuring'* and *'understanding'.* Hotline callers explained Hotline Clinicians tended to go beyond answering the immediate question, instead providing support and advice that was action, impact or outcomes orientated.

[The Hotline Clinician] listened to all of our concerns, and [they were] quite circumspect as well, but in a good way. [They] didn't give any definitive yes or noes, but then made us follow up on a few things, which was actually a little bit more helpful, in a way, because it was a bit of a grey area, and we did need to confirm a few things. – THP #2

Feedback from Hotline callers regarding the approach taken by Hotline Clinicians aligns with the reflections from Hotline Clinicians themselves. One Hotline Clinician highlighted they aimed to make each phone call *"a more positive interaction where [callers] feel supported."* Hotline Clinicians explained that resourcing the Hotline gave them the opportunity to speak directly with THPs and case managers, allowing them to get more clinical information and context. This informal access enabled Hotline Clinicians to answer caller questions more comprehensively and take an empowering and capacity building approach, in turn, potentially changing the way THPs and case managers approach claims.

Often they just needed a little bit of advice about a case that they were making a decision on, to avoid the medical advisor. So I found that that was a good way to educate them about a process of how to look at a claim. And I think that was really building their capacity and their confidence. – Hotline Clinician #3

Probably one of the ones that was most interesting is trying to work out what's appropriate, and the person's first sentence sounded like it was going to be a complaint. So I was about to redirect them to advisory, and then when [I said] let me ask more questions, and I realised there was about 10 clinical questions underneath why [the caller] was going to make the complaint. And talking through all those clinical factors, [the caller] then felt like [they] had a lot better understanding and space to it clinically and was no longer a complaint that was relevant. – Hotline Clinician #1

But in order to answer a lot of clinical issues, you've got to know a lot more than just that to answer it well - partly their own experience, understanding of the scheme - so that you're not telling them what to do. You're more guiding them based on their experience. – Hotline Clinician #1

When you have a clinical discussion, with the two and fro you often come up with solutions together or indeed the practitioner by having to formally discuss it, it often clarifies the concepts in their own head. Then there's a lot of the things that we might present as solutions would be to do with the system or the differences in perceived responsibility. So, often the clinician feels like they're supposed to be doing everything, including miraculous cures and coordinating with all the different stakeholders. But sometimes it's a matter of saying, "Look, this is outside of your scope," not because you're a poor practitioner… – Hotline Clinician #6

WSV support

The *'hands on'* approach and general support provided by the WSV project team was also highlighted by Hotline Clinicians as a success factor.

I just have been able to reach out to [them] with any queries around the actual hotline itself. [They're] really helpful, and all those processes that [they] put together were great… I sort of feel like if there's queries that I can't answer, I kind of know where to go to get them resolved. – Hotline Clinician #1

I think [WSV] actually did a really good job trying to get as much together as possible. [I was] almost overwhelmed with things. There were videos and things I didn't even need to use, but I think that was done pretty well. – Hotline Clinician #6

Considerations

Participants discussed a number of considerations for the Hotline should it transition to business as usual.

Clinician challenges

Despite describing the experience of resourcing the Hotline as positive and beneficial, Hotline Clinicians identified a number of challenges and areas of improvement. An overview of these challenges can be seen in Table 3.

Table 3. Challenges faced by Hotline Clinicians

Theme	Quote
Data entry limitations	*I can understand you have to collect data, but yeah, I think either just reduce the number - because there were some questions that doubled up. We're filling out information in the notes and then that could have gone straight over to a spreadsheet. So, some of the things we'd have to do again.* – Hotline Clinician #6 *[Data entry] was generally easy, except getting onto the spreadsheet, sometimes when you went to enter things onto the spreadsheet, it was locked because someone else was on it. And that was the main frustration. So then you'd have to write down things and then come back and fill it in another time… that was a bit inefficient. The file notes, I'd probably write quite a lengthy response. And often the file notes weren't long enough. Particularly if it was actually that if the worker was identified and we did go through some things. And I wanted to really write down the particulars about the conversation, there wasn't enough characters… I wasn't sure with that whether the expectation that was that I didn't write too much detail.* – Hotline Clinician #3
Scope of what can be discussed	*If you get a really engaged clinician, how do you not make it a full supervision session but keep it to the clinical issue?* - Hotline Clinician #1
Consistency of experience and potential conflicts	*And also one thing I was really aware of is am I speaking - doing this as a WorkSafe representative, am I doing this as a treating psychologist sort of peer supervision. So how do I be careful with the words I say? Because one of them had had a really difficult experience with occ rehab providers and found them really useless. And as a clinician, I have had many experiences how varied they are, but more so where - so I know in order to engage a psychologist, I'll need to be a bit honest about some of that, but I'm also aware I'm representing WorkSafe and going, "Oh, what is the politically correct but honest and helpful, engaging way to discuss these issues in a respectful way?* – Hotline Clinician #1 *I really welcome everyone getting together periodically to make sure we're on the same page. Have the same – you know, share the vision has been accurately portrayed and we share … we're all thinking the same way.* – Hotline Clinician #3
Caller skill level	*And the couple of [callers] that I've spoken to have been very, very different skill levels. And you've got to try and get a sense of that before you can actually then answer the question effectively.* – Hotline Clinician #1
Required **time**	*…They get us to log how much time – So, say the call is ten minutes, for example, and then it would be another ten minutes to get entered – go into a spreadsheet, and then go into that other document where you've got to fill a bit more detail in … so that's 20 minutes. But you've actually lost your train of thought of what you were doing with your other task, and you've closed things down … It then takes time to get back into the other task. So, it's taken up half an hour – 45 minutes of time that you would have been doing another task.* – Hotline Clinician #2

Hotline Clinicians requested data collection process, including the removal of duplication of data collected, be improved should the Hotline become business as usual. However, the majority of data collected by Hotline Clinicians during the pilot was for the purposes of monitoring and evaluation. Any data collected following on from the pilot would be revised, with collection process likely to be automated.

To clarify scope and improve consistency in the way the Hotline is resourced, a peer support approach was suggested, whereby Hotline Clinicians would be given the opportunity to have clinical focussed discussions with other Hotline Clinicians. As a result of evaluation feedback provided throughout the pilot, this has commenced.

To be able to have a, "Hey, these are the four that I've had. This is how I approached it. What have you had? What are your thoughts stepping back? How do you juggle that?" so more that peer support, particularly while it's in the pilot and evolving I think would be useful, even in terms of my comment before around what's the scope, what's it not. I'd actually probably prefer that us as clinicians reach a consensus what we think's appropriate because we're really providing it to the equivalent of us. – Hotline Clinician #1

Hotline Clinicians requested information or training on the broader compensation scheme, including IMEs. Information on Hotline effectiveness and common reasons for calling was also of interest to Hotline Clinicians. Hotline Clinicians were invited to working group meetings and included in regular email updates that covered pilot findings and call data, thus further consultation with Hotline Clinicians is required to understand how such information can be more effectively communicated going forward.

I would appreciate actually having – you know, knowing more about a lot of the processes and having a good background working knowledge of just a lot of things around how a claim goes, the processes behind it, the different time points. You know, the rules around things. I feel like there would be gaps in my knowledge there. But I'm not sure what they are is the problem, and where to find them. - Hotline Clinician #3

Business as usual

Hotline Clinicians and callers had several considerations for how the hotline could be resourced if it transitioned to business as usual. Hotline clinicians reported the current call rate to the Hotline was manageable to integrate into their workload.

I was hoping it would have phoned more… But it was easy for me to be available at that time, because I'd just be doing other work. And if it rang, I could take the call. If it didn't, I had something else to go on with. So in that case, it worked really well just slotted in on top of my normal clinical panel hours. – Hotline Clinician #3

Yeah, it works no problems because you don't get too many calls. What I'd like to say is, "Oh no, it was a disaster, because I got too many calls." [That] would be fantastic. So, I had no trouble managing it. – Hotline Clinician #6

The processes aren't that complicated. So, if everybody on the panel could have the capacity to answer the phone if they had time. I guess if you're looking at building up, you might have someone coordinating it and then they just put a buzz through to whoever's on that day to see if they could make a call. Then you'd monitor over time and if it got too busy we'd then know we'd have to start setting aside extra time. So, I see its implementation … it's integrative and you could hopefully build it up over time. – Hotline Clinician #6

However, if call rates did increase (as many anticipated and hoped) and Hotline Clinicians continued to work in shifts to resource the Hotline, workload would need to be redistributed to account for this. One Hotline Clinician suggested if calls were to increase, that time would need to be reserved on the Hotline.

I mean, in terms of the way they're doing it as well is obviously we're doing it alongside our MA work, and it can be quite distracting. And it's not that much of an issue right now, because we're not getting that many calls frankly, but if there was case where we were getting lots of calls, then we wouldn't be able to do both things at the same time, we just wouldn't get any MA work done then. – Hotline Clinician #2

I suppose it could easily go the other way and you could get too many calls if you put it out there very well ... How we could resource it then. It would dig in hard to other time, like with the strategic case conferences, you kind of need to keep up with those because that conference might be next week, so you've got to do a lot of work to get prepared for it. So if that shift was full of a lot of phone calls, it might put a bit of pressure on that end. But I suppose we haven't had that problem yet. So getting that balance right. Because would there be a saturation point, you're using your clinical panel too much for hotline queries and they're not doing their other work. What could you do then? – Hotline Clinician #3

Complementary approaches to the current phone-based model were discussed by participants. The table below shows support for the current model and alternatives.

Table 4. Complimentary approaches to the Hotline model

Model	Support	Considerations	Risks
Hotline	Strong support	Improve accessibility, including the number of hours in which the hotline is available to call and expand the disciplines available (e.g. dental or psychiatry)	Resourcing the hotline if uptake increases
Email query	Mixed support	If email contact was to be made available, participants highlighted the need for prompt response (e.g. within 24 hours). Response would most likely need to be in the form of a phone call rather than written.	The nuance of the Hotline conversations could get lost via email or chat function. Responses provided in writing could be reprinted and used out of context. Who would carry ultimate responsibility for written information?
Chat function	Mixed support	Could increase accessibility and engagement but would require careful management (e.g. written responses would need to be reviewed by multiple people.) Could be used as a triage system that requires a call back.	

One Hotline Clinician summarised the challenges with responding to queries in writing as follows:

I think it should be considered at least. Because you could conceivably write something and then someone says, "Well, he told me to do this and here it is in writing." Whereas when you're having a discussion, it's clear that the management of the worker still lies with the provider. Because we can only advise. We can't start telling people what to do. We haven't examined the patient and so we're in a bit of a precarious position there. The management still lies with them and writing something down might absolve them of responsibility. – Hotline Clinician #6

The inclusion of injured worker

Two Hotline Clinicians raised questions around communicating directly with injured workers. One questioned whether there was guidance around what the process is if a THP calls with the injured worker and whether this would constitute direct communication with an injured worker. Another Hotline Clinician raised the question as to whether it would be beneficial to the injured worker for Hotline Clinicians to be able to explain clinical decisions directly to them.

We're not really allowed to speak to workers or be involved in that way. But I think if workers could actually hear what we have to say, rather than we're just being a faceless kind of, "No, we've denied something," or, "we've approved something." We could actually say, "Evidence based –" And sometimes GPs – In fact, not sometimes, GPs have often said back to me that, "Can you call the worker and say this? – Hotline Clinician #2

Because, [THPs] actually are too intimated or scared, or feel like they want to maintain their therapeutic alliance … Or, they just don't have the confidence or knowledge to actually say the stuff that I'm saying to them to the worker. And I've said this for years … but I think if there could be some way that we could interact with a worker, I think that would really improve the experience for the worker, and improve outcomes. – Hotline Clinician #2

Hotline promotion

Promotion activities were undertaken during the rollout of the pilot and throughout the pilot period. Promotion materials and activities were adapted and expanded where possible, based on feedback received throughout the pilot (see Appendix A for information on the Timeline of Communications). Despite the identified value of the hotline, participants reported low awareness of the Hotline among their networks. Consultation with regular WSV billers and Hotline non-users was consistent with this, with only one of the 16 Hotline non-users interviewed reporting to be aware of the Hotline. Information from non-users is limited as the majority of interviewees were practice managers or reception who are not the Hotline target audience; the majority of THPs were unavailable to be interviewed or unable to be contacted. Hotline Clinicians highlighted the need for further promotion to increase uptake and broaden the impact.

So, unless we can work out a way to get the treating practitioners to utilise it, I don't think I would continue with it. You can't just do something because it's nice for a couple of people. It's got to generally have an impact. – Hotline Clinician #6

I think one part of it is the people that aren't using a hotline are probably the ones that we would need to improve outcomes. The clinicians that are likely to use a hotline are probably the ones that are doing a good job anyway. – Hotline Clinician #3

Participants acknowledged COVID-19 and the vaccination roll out was a major barrier to promotion of the hotline. Several participants also highlighted it would take significant time to change clinical practice. Promotion was also limited to the three THP groups participating in the pilot, General Practitioners, Psychologists and Physiotherapists. Finding ways to embed calling the hotline into practice would be the key to increasing its use.

When you're under pressure in a clinical situation, like you don't have much time to think. It's lots of things happening at once … But if you've done it a few times and it gets reinforced into that pattern, it's got to be a habit, then so if it happened then you go oh, I can ring the clinical panel and you just bang something off or ring them up. So, it's that sort of behaviour you're trying to change. – Hotline Clinician #6

I think the advertising, they have tried to advertise it, it's just again reminding people to. It's going to take a long time to assimilate things into people's practice and consciousness.
– Hotline Clinician #2

'Relentless' promotion was encouraged:

If you really want to do it and I think it's worthwhile, so we're going to try this for three years and we're just going to keep pushing and pushing and pushing. Because that's the way things change in health…There's just too much going on. – Hotline Clinician #6

Suggestions for promotion strategies included:

- Continuation with current strategy of collaboration with Primary Health Networks and Peak Bodies. This approach will likely become more effective when COVID-19 and vaccination information is not dominating the health landscape.
- Channels of communication to target include industry social media, Royal Australian College of General Practitioners, HealthPathways, Family Doctor Magazine and regular email to practice managers.
- If the Hotline becomes business as usual consider methods that embed the hotline into practice (e.g. including it on the top of forms, integrate information on the hotline into broader process and compensation scheme materials, add to WSV website).
- Draw on webinars, education sessions and conferences sponsored or provided by WSV to cross promote.
- Consider incentives like workshops that could contribute to Continuing Professional Development points or whether calling the hotline can be considered as some form of peer supervision.
- Create targeted information sessions with regular billers; these could be short lunchtime sessions with clear examples of why to use the hotline.
- Refine promotional materials that could include video examples of why to call, what happens when you call and case examples that demonstrate clinical focus.
- Target companies with broad practice ownership (e.g. in physiotherapy there are a number of publicly listed companies that have bought up small practices that are likely to have a clinical lead).

I was thinking on the treatment notification plan, if it was on there that there's a hotline to phone … where each time you fill out a treatment notification plan, you'd get a reminder of that. – Hotline Clinician #3

Start to talk about cases where a clinician rang up and had a question and describe how that case was resolved. – Hotline Clinician #6

I'd be going to all these groups and saying, "Look, we've got this hotline, who's your main clinical person? If you've got any person, if you've got any questions, feel free to give us a hoy," so that we're again building our links with them. – Hotline Clinician #6

Pilot working group feedback

This section examines the effectiveness of the working group. Survey results from nine participants suggest the working group was an effective collaboration.

Survey respondents were asked about consultation prior to the Hotline launch and during the pilot. The majority of participants responded yes to the following statements:

- Consultation during the running of the pilot facilitated an opportunity to provide feedback (7 yes, 2 unsure)
- Consultation prior to Hotline launch facilitated opportunity to provide feedback (7 yes, 1 unsure, 1 somewhat)
- Consultation prior to Hotline launch facilitated collaboration among all parties (9 yes)

When asked about the collaboration during the entirety of the pilot, all survey participants responded yes to the following statements:

- We all listened to each other's ideas (8 yes, 1 somewhat)
- People believed in a common vision (8 yes, 1 somewhat)
- I trusted the team (8 yes, 1 somewhat)
- My feedback was taken seriously (8 yes, 1 somewhat)
- The right partners were in the room (9 yes)
- All parties were accountable (9 yes)
- There was good governance (8 yes, 1 somewhat)
- I was satisfied with how information was communicated (8 yes, 1 somewhat)
- I was satisfied with the Working Group meetings (8 yes, 1 somewhat)

The survey results revealed participating in the collaboration among Primary Health Networks, Peak Bodies, Agents and WorkSafe was a positive experience for all respondents. When asked for suggestion on how to improve the collaboration, several respondents indicated nothing could be improved.

Nothing - great work getting all relevant parties involved from the start – Survey respondent #6

I believe the project was managed well… – Survey respondent #7

Those with suggestions for improvement commented:

A clearer understanding of the existing issues prior to deciding on the solution. – Survey respondent #2*The only thing I would have changed, with hindsight, is involving all of the hotline clinicians in the collaboration.* – Survey respondent #7

All respondents agreed the Hotline is a good resource to improve injured worker outcomes and seven out the nine respondents indicated their perception of WorkSafe positively changed because of their Hotline or working group experience.

Final feedback from participants was overwhelmingly positive.

Great initiative and great collaboration from all different stakeholder groups.

– Survey respondent #3

Great work, a really positive pilot for all involved, a really collaborative and open approach taken by WorkSafe in the Working Group, and I hope the project continues as BAU. – Survey respondent #5

Overall - managed well, a good collaborative effort, and I was pleased to be involved and be able to provide agent feedback. – Survey respondent #6

CONCLUSION

The Clinical Hotline aims to provide THPs and Agents with direct access to WSV Clinical Panel support. The evaluation demonstrated the Hotline to be a valuable and effective service, with participants reporting numerous and varied benefits for:

- THPs and agents via capability uplift, increased confidence and improved decision making
- Injured workers via improved treatment and outcomes
- WSV via improved perception of the organisation

Given the above, participants were strongly in favour of the Hotline continuing.

Contributing to the success of the Clinical Hotline Pilot was the collaboration underpinning the working group and the hands-on support provided by the WSV project team. Hotline satisfaction was attributed to the smooth running of the Hotline and, the empowering approach taken by Hotline Clinicians when resourcing the Hotline.

Considerations discussed by participants that could be taken into account should the hotline transition to business as usual include:

- Address challenges experienced by Hotline Clinicians such as data entry and lack of clarity on scope
- Complimentary approaches to the Hotline, including email query and chat function, were suggested. Email query has been implemented as of December 2021.
- Explore ways to include the injured worker in the process and clarify with Hotline Clinician the procedure to follow when an injured worker is present when a call is made to the Hotline.
- Impacts are limited to Hotline users. Build on promotion activities that promote broader uptake and examine opportunities to embed Hotline use into clinical practice

Collectively, findings indicate the Hotline to be an effective method for providing THPs and Agents with informal clinical support via direct access to the WSV clinical panel. Perceived impacts described by participants suggest continuation of the hotline (and its promotion) is likely to result in better outcomes for injured workers and contribute to improving the collaboration between WSV, providers and injured workers.

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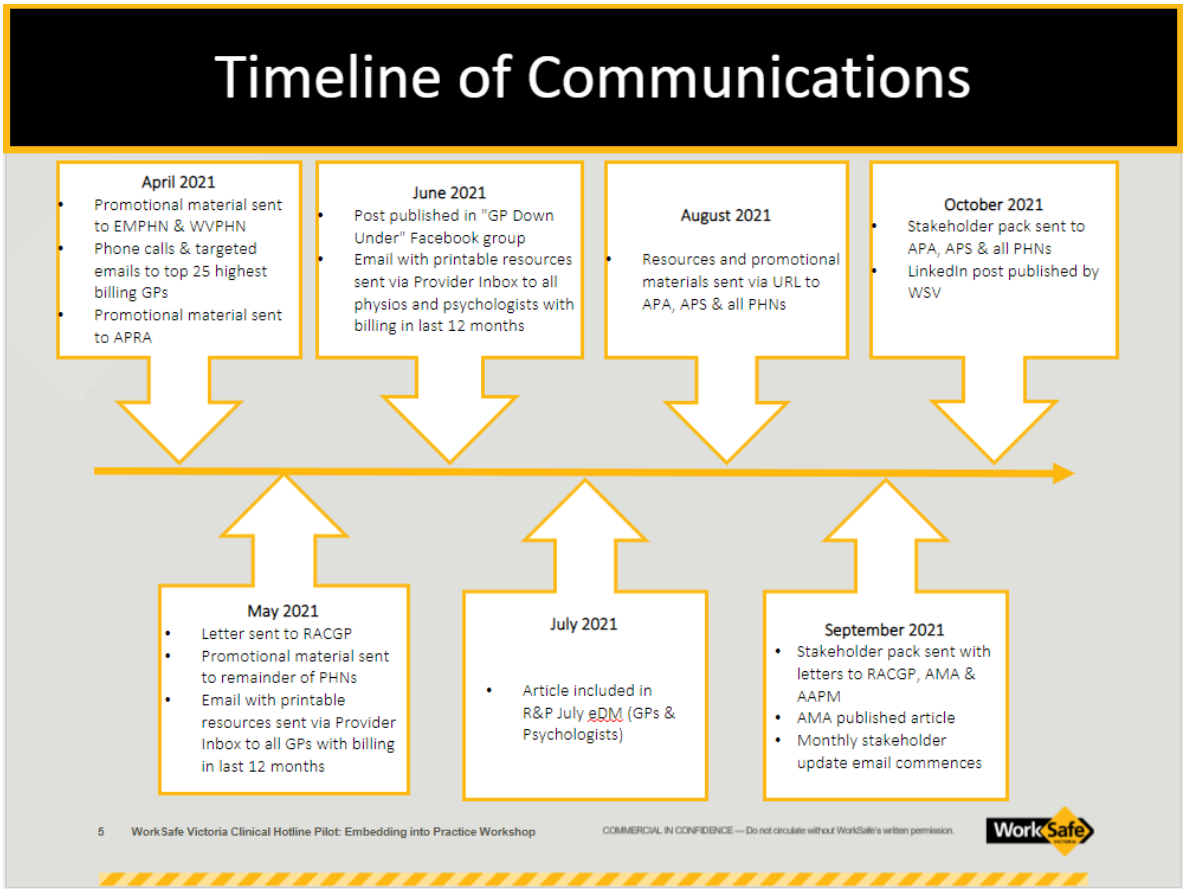
APPENDIX A



EMPHN = Eastern Melbourne Primary Health Network; WVPHN = Western Victorian Primary Health Network; GP = General Practitioner; RACGP = Royal Australian College of General Practitioners; PHN = Primary Health Network; APRA = Australian Prudential Regulation Authority; APA = Australian Physiotherapy Association; APS = Australian Psychological Society; AMA = Australian Medical Society; AAPM = Australian Association of Practice Management