Innovation Sprint Report

QUT | Centre for Future Enterprise

MAIC Motor Accident Insurance Commission

A project partnership between the QUT Centre for Future Enterprise and the Motor Accident Insurance Commission (MAIC).

Part B: Research Repor
December 2023

Project Authors

Professor Marek Kowalkiewicz

Associate Professor Wasana Bandara

Peter Townson

Karen Schoots

Isobel Jones

Vicki Vanderent (MAIC)

Wendy McMenamin (MAIC)

Joanna Costello (MAIC)

The QUT Centre for Future Enterprise has conducted this research in partnership with the Motor Accident Insurance Commission (MAIC)This research was commissioned by (MAIC. This research report was prepared by the QUT Centre for Future Enterprise.

Attribution

Where material from this publication is used for any purpose, it is to be attributed as follows: QUT Centre for Future Enterprise and the Motor Accident Insurance Commission. 2023. MyClaim. Unpublished.

Acknowledgements

First Nations Acknowledgement

The Queensland University of Technology and the Queensland Government acknowledge the Country and people of Queensland's First Nations. We pay our respect to Elders, past, present, and emerging. We acknowledge the continuous living cultures of First Nations Queenslanders –their diverse languages, customs and traditions, knowledges, and systems. We acknowledge the deep relationship, connection and responsibility to land, sea and sky. Country is an integral element of First Nations identity and culture. This Country is sacred. Everything on the land has meaning and all people are one with it. We acknowledge First Nations peoples' sacred connection as central to culture and being. First Nations people speak to Country, listen to Country, sing up Country, dance up Country, understand Country and long for Country. We acknowledge and thank First Nations people for the enduring relationship connecting people, Country, and ancestors –an unbreakable bond that safely stewarded and protected the land, waters and sky for thousands of generations.

Disclaimer

This report does not necessarily reflect the views of the Queensland University of Technology or the Motor Accident Insurance Commission.

Executive summary

This report provides a comprehensive overview of QUT's proposed Motor Accident Insurance Commission's (MAIC) strategic initiatives to enhance the claimant experience within the Compulsory Third Party (CTP) insurance scheme. Our investigation addresses the current challenges within the claims process, including information asymmetry, process inefficiencies, and the need for greater claimant empowerment and literacy.

Through a collaborative effort between MAIC, QUT (Queensland University of Technology), and scheme stakeholders, we have developed innovative solutions that prioritise claimant-centric service design and leverage digital tools to streamline the claims process. Our proposed concepts, such as the 'Claim Profile' and 'Claim Companion Insights', are rooted in the principles of accessibility, intelligence, equity, and proactive organisation to ensure fair and efficient access to claims and rehabilitation services.

Our research methodology spans an end-to-end spectrum of the claimant experience, from driver education and immediate post-accident response to long-term recovery planning. The findings highlight the necessity of digital transformation within the CTP scheme to improve operational efficiency, claimant experience, and scheme sustainability.

The report concludes with a strategic roadmap that outlines short-term, mid-term, and long-term goals, including legislative and regulatory advancements required to implement our recommendations. Our vision is to position MAIC as a model of excellence in insurance administration, with a commitment to upholding a claimant-centred approach that fosters a culture of compassion, efficiency, and sustainable value within the CTP insurance scheme.

Table of Contents

Introduction

The Motor Accident Insurance Commission (MAIC) shoulders an essential mandate: to ensure that individuals affected by motor vehicle accidents receive fair and efficient access to claims and rehabilitation services. A core function of MAIC's operations is to improve the CTP scheme including providing claimants with the support and resources to navigate their post-accident journey with dignity and confidence. Despite MAIC's robust framework, the landscape of accident insurance claims continually evolves, presenting novel challenges and requiring innovative solutions.

Recognising the need for agile and adaptive strategies, our joint team of MAIC staff and QUT researchers embarked on a 'research innovation sprint', focusing on enhancing claimant experience by streamlining the CTP process and augmenting claimant support and self-service through digital tools. Our research spans the end-to-end spectrum of the claimant experience, from the initial accident response to the long-term recovery roadmap. We have delved deep into the theoretical underpinnings that shaped effective service delivery (and self-service) and scrutinised the practical aspects of research concepts such as information asymmetry, proactive organisation, and integrating service design principles in the work.

This report introduces the research outcomes of the sprint, structured to reflect our commitment to placing claimants at the centre of service design. We propose strategic solutions aimed at demystifying the CTP scheme, making it more accessible, and empowering claimants with a suite of digital and human resources. From innovative concepts that leverage data to foster smart scheme evolution to laying out a roadmap for legislative and regulatory advancements, our recommendations aim to fortify MAIC's role as a leading exemplar in compulsory third-party insurance administration. Our suggested implementation steps are graded by immediacy, providing a clear guide from quick wins to transformative long-term objectives.

We emphasise that the essence of our recommendations is not just operational excellence but also claimant centricity—a principle that underpins our vision for MAIC. It's about fostering a culture that extends beyond transactional interactions to one that genuinely invests in the well-being of claimants. By embedding this ethos into MAIC's operations, we aim to achieve a harmonious balance of efficiency, compassion, and sustainable value for all stakeholders within the CTP Insurance scheme.

Research innovation sprints

Research Innovation Sprints are intensive activities designed to rapidly identify opportunities, engage stakeholders, and formulate practical recommendations. These Sprints bring together a diverse team of MAIC team members, design experts, researchers, and subject matter experts to foster a creative and solution-oriented environment.

Typically spanning six to eight weeks, these Sprints are structured to ensure comprehensive coverage of the challenges and potential innovations within the motor accident insurance domain. Our approach involves an initial two-week preparatory phase, a two-week Core Sprint for concentrated problem-solving and solution development, and two weeks for refining and integrating the outcomes.

Rooted in design thinking, our methodology balances analytical rigour with creative exploration. As highlighted by thought leaders in management and innovation, such as Roger Martin, this approach helps reconcile the analytical methods used in traditional business with the need for innovation, merging data-driven insights with intuitive, validity-focused strategies (Martin, 2009).

This Sprint was dedicated to addressing the complex issues surrounding accident claims, envisioning how MAIC can provide more proactive and user-centric services. We utilised a blend of research techniques—document analysis, interviews and focus groups, and journey mapping—and combined these with concept development and prototype testing. We have placed key stakeholders engaged in CTP insurance service provisioning at the core of our problem-solving and co-design efforts.

The Sprints was divided into three key stages:

1. **Pre-Sprint (Incubation), weeks 1 and 2:**

- The Sprint started with a detailed inception meeting to define the problem space and set the direction. We refined our objectives and selected the best methods for ideation and validation.

2. **Sprint (Exploration and Convergence), weeks 3 and 4:**

- Throughout an intensive 10-day period, our team engaged in divergent thinking to explore various possibilities before converging on solid concepts. This stage was insulated from the day-to-day, allowing an uninterrupted focus on shaping a digital, claimant-centred future.

3. **Post-Sprint (Integration), weeks 5 and 6:**

- The Sprint culminated with the delivery of outcomes tailored to the Sprint's nature. These artefacts, conceptual frameworks and implementation plans are designed to integrate seamlessly into MAIC's operational flow.

This dynamic, Sprint-based approach is geared towards actualising innovative, customer-focused initiatives that align with MAIC's strategic resources and direction.

Underpinning theories applied to CTP insurance scheme

Information Asymmetry

Information asymmetry is evident when claimants, unfamiliar with the intricacies of the claims process, struggle to understand CTP policy coverage or the steps required to pursue their claims effectively. Meanwhile insurers and lawyers, with their comprehensive access to claims data and expert understanding of personal injury law, operate with a significantly broader knowledge base than individual claimants, which can disadvantage claimants.

Proactive Organisation

The concept of a proactive organisation is crucial for enhancing the efficiency, transparency, and effectiveness of service delivery to claimants. A proactive organisation within MAIC would entail several key aspects, including early and clear communication, a no-stop shop model, transparency, empowering claimants through education, digital solutions, proactive stakeholder engagement and responsiveness to feedback.

Information Management Principles

There are several areas where enhanced information management practices can assist MAIC in achieving its goal of improved claimant experience, which in turn can also help address the information asymmetry. MAIC can benefit from enhanced information reuse by reusing information objects derived from other contexts, better utilising existing data points and integrating communication systems with insurers and lawyers to centralise claimant information.

Service Design

For MAIC, service design is particularly focused on addressing the disruptions caused by accidents – a significant life event for many individuals. In MAIC's role as a regulator and influencer of multiple stakeholders, including other government agencies, their understanding of an accident as a life event can give a new perspective on how they design and support service provisioning across the claimant's journey.

Different forms of Literacy

In the context of MAIC and the CTP insurance scheme, a lack of literacy can significantly impact claimants' experiences and well-being. Recognising and enhancing the different forms of literacy is crucial for ensuring that individuals are adequately informed and empowered to engage with the CTP insurance scheme effectively, which can also influence the scheme's purpose and long-term sustainability.

Self-Service

Implementing technology-enabled self-service solutions at MAIC can bring about significant benefits. These include improved accessibility for constituents, allowing them to access services and information at their convenience. The efficiency gains and time savings from streamlined processes can enhance overall operational effectiveness, leading to potential cost reductions.

Process Efficiency

Process management can play a crucial role in enhancing the overall performance matrixes of the CTP insurance scheme. ore efficient processes across the CTP scheme will enable MAIC to streamline the claim process - reduce bottlenecks and ensure smoother and more enhanced services for claimants.

Acceptance of CTP Process Changes

The transformation required for the implementation of these proposed recommendations must ensure that stakeholders, including insurers, lawyers and employees, are well-informed, supported, and have a clear understanding of the benefits and workings of new systems. Educational programs, effective communication strategies, and a positive work environment can significantly contribute to smooth transitions and high acceptance levels.

Empowerment

For claimants, especially those with limited experience in legal and insurance matters, empowerment is about having the necessary knowledge and tools to make informed decisions about their claims. This involves understanding the nuances of CTP insurance, such as eligibility for damages and the steps involved in filing a claim.

Health-Focused Initiatives

MAIC can increase alignment with Queensland Health's strategic direction by embracing innovations and strategies within the CTP scheme. Implementing value-based healthcare principles can ensure that resources are used efficiently to give the best possible outcomes to claimants. Similarly, integrating digital health technologies can modernise the claimant experience, making it more responsive and effective.

Theoretical underpinnings

Information asymmetry

Information asymmetry occurs when one party in a transaction, such as a contract or negotiation, has significantly more or better information than the other (Akerlof, 1978). This imbalance often results in an unfair advantage and can lead to inefficiencies and a lack of transparency. The concept is especially relevant in situations where the knowledge gap directly affects the welfare and decision-making abilities of the less-informed party.

In the realm of transactions, information asymmetry can manifest in several ways. For example, in the context of insurance, providers may understand the intricacies of policy coverage better than the policyholders. The consequences of such disparities are multifaceted; they can lead to suboptimal outcomes for the less-informed party, create distrust in the system, and even result in market failures where products or services are underused or misallocated.

To address the challenges posed by information asymmetry, various strategies have been employed across industries. Transparency initiatives, regulatory reforms to ensure fair disclosure, and educational programs aimed at levelling the informational playing field have been central to these efforts. Moreover, the advent of digital technologies has opened new pathways for disseminating information widely and efficiently, fostering a more informed public and customer base.

Understanding the dynamics of information asymmetry is a crucial step towards creating fairer and more efficient systems where all parties can make informed decisions. As we move towards an increasingly data-driven world, recognising and mitigating the effects of information asymmetry has never been more critical. The goal is to cultivate an environment where information is not just available but easily accessible and comprehensible to all, thereby empowering individuals and enhancing the overall equity of transactions.

The *Queensland Government Better Regulation Policy* addresses information asymmetry as a type of market failure to enhance market efficiency and fairness in regulatory frameworks, such as the Queensland CTP insurance scheme (Queensland Treasury, 2023).

MAIC context

At MAIC, information asymmetry is evident when claimants, unfamiliar with the intricacies of the claims process, struggle to understand their policy coverage or the steps required to pursue their claims effectively. Meanwhile, insurers and lawyers, with their comprehensive access to claims data and expert understanding of policy details, operate with a significantly broader knowledge base than individual claimants, which can disadvantage claimants.

The impact of this asymmetry is profound. It can leave claimants feeling out of their depth, potentially leading to them not leveraging the full suite of entitlements available to them under the CTP scheme, accepting settlements that may not fully address their needs, or facing delays in processing their claims due to misunderstandings or lack of required documentation. To address this, consistent with the *Queensland Government Better Regulation Policy*, MAIC's challenge is to bridge this informational gap, ensuring that claimants have access to and understand the critical information necessary to navigate the claims process effectively. Addressing information asymmetry is not merely about providing information; it's about ensuring that the information is relevant, timely, and delivered in an understandable format. This approach aligns with the Policy's emphasis on providing well-informed advice and strong evidence-based decision-making, especially regarding policy proposals that impact stakeholders significantly (Queensland Treasury, 2023).

In response to these challenges, MAIC has the opportunity to implement systems and practices that reduce information asymmetry. For instance, simplifying the language in communication materials, creating detailed guides on the claims process, and offering workshops or one-on-one sessions to explain rights and entitlements can empower claimants. Additionally, in line with the Policy's emphasis on stakeholder engagement, digital platforms can be leveraged to provide

real-time updates and personalised guidance, making the claims journey more transparent and navigable for individuals who may not have a background in insurance or law. MAIC should also continually assess and adapt their communication strategies to meet the evolving needs of claimants and ensure compliance with the Policy's requirements for continuous evaluation and improvement.

Information management principles

Information management entails a network of actors (human and digital) involved in collecting, organising, securing, maintaining and utilising information securely and efficiently within an organisation (Choo, 2002). This covers both information *collection* and *dissemination*. With the transition to digital information processing, it is necessary to develop secure and adaptable information architecture and integrated databases capable of evolving with technological advancements (Jarvenpaa & Ives, 1994). Outdated information management practices can lead to inefficiencies and potential loss of information (Berners-Lee, 1989).

The *Information managementpolicy framework (IMPF)*, developed for the Queensland Government, is a versatile tool designed to ensure appropriate information availability. It outlines fundamental principles, including information governance, knowledge management, information asset management, information access and use management, record management, data management, and information security (Queensland Government Chief Information Office, 2017)

'Information reuse' is an essential aspect of Information Management. It refers to utilising data beyond the original purpose for which it was collected – to fulfil different functions. An example from public service is when a citizen updates their contact details with one agency. That information is reused by other agencies, where privacy allows. Information reuse helps to improve productivity and quality while reducing costs (Kwon et al., 2019).

MAIC context

There are several areas where enhanced information management practices can assist MAIC in achieving its goal, which in turn can also help address the information asymmetry discussed above. The current system lacks mechanisms to allow stakeholders playing critical roles in the CTP process to access claimant information, thus creating burdens for efficiency and effectiveness. More importantly, there are notable information gaps for claimants. They include a lack of information about CTP (claimants not knowing how to enter the scheme) and convoluted information about the CTP process (to enable them to navigate their CTP journeys meaningfully). MAIC can also benefit from enhanced information reuse by reusing information objects derived from other contexts where privacy allows (e.g. medical certificates used by other agencies), better utilising existing data points (i.e. what is in the Personal Injury Register (PIR)) and integrating communication systems with insurers and lawyers to centralise claimant information.

Different forms of literacy

Specialised literacy encompasses the knowledge and skills necessary for effectively navigating complex societal domains like health, legal, and financial. These literacies are pivotal for personal empowerment and independent decision-making, particularly when interacting with complex schemes such as Queensland's CTP insurance scheme. The level of stakeholders' literacy also has a reciprocal relationship with Information Asymmetry and Information Management. In the context of this project, we identify four essential areas of literacy.

Health literacy is essential for optimal health outcomes, involving the capacity to access, understand, and apply health-related information in various contexts (Sørensen et al., 2012). It directly affects a claimant's ability to manage their health and make informed decisions, impacting their quality of life and the efficiency of their recovery journey (Berkman et al., 2010). Studies have linked limited health literacy to poorer health outcomes, increased healthcare usage, higher hospitalisation rates, and difficulties in managing medication and interpreting health messages

(Berkman et al., 2011).

Legal literacy refers to the understanding of legal concepts and principles, enabling parties (e.g. claimants, their families, claims officers, etc.) to engage with the legal system effectively and to recognise legal rights and obligations (Buck et al., 2008). Given the legislatively-bound nature of Queensland's CTP insurance scheme, enhancing legal literacy amongst CTP stakeholders is vital – especially amongst claimants.

Financial literacy is the ability to process economic information and make informed decisions about financial planning (e.g. wealth accumulation, debt and pensions) (Lusardi & Mitchell, 2014). This is relevant in the context of this project in terms of how settlements are handled and consumed by claimants.

Insurance literacy directly and indirectly influences a claimant's trust, perceived benefits and attitudes towards insurance. In general, higher insurance literacy is associated with better decision-making and improved claimant financial sustainability and well-being (Weedige et al., 2019). However, studies have found that insurance literacy among Australian consumers is generally low (Driver et al., 2018).

MAIC context

In the context of MAIC and the CTP insurance scheme, a lack of literacy can significantly impact claimants' experiences and well-being. A lack of legal and insurance literacy can lead to challenges in understanding the rights and processes involved in making a claim, potentially resulting in inadequate outcomes in terms of compensation and support received following an accident. When claimants have lower health literacy, they may misunderstand health information (e.g. therapeutic exercises) - which can lead to errors and inefficiencies in managing health conditions, lower adherence to medical instructions and be less likely to engage in preventive health measures - which can create broader impacts to and beyond the CTP scheme (e.g. increased health care costs). Recognising and enhancing the different forms of literacy is crucial for ensuring that individuals are adequately informed and empowered to engage with the CTP insurance scheme effectively, which can also influence the scheme's purpose and long-term sustainability.

Process efficiency

Process efficiency in the context of insurance refers to the optimisation of various tasks, activities, and workflows to achieve maximum output with minimal input, resources, and time. It involves streamlining and improving the processes involved in routine operations, such as claims processing, policy administration, and customer service.

Process efficiency can assist in minimising operational costs (i.e., by eliminating unnecessary steps, reducing manual efforts, and optimising resource utilisation) and lead to quicker turnaround times. Most importantly, efficient processes contribute to a better customer experience by providing quicker responses, accurate information, and seamless interactions. Efficient processes help ensure that all regulatory requirements are met - which is critical in the highly regulated Queensland CTP insurance domain and also enables better risk management by improving data accuracy, reducing errors, and enhancing the overall quality of decision-making processes. Finally, well-understood and efficient processes are a critical prerequisite for implementing technological advancements (Dumas et al., 2018). Business process management approaches such as process modelling, qualitative and quantitative process improvements, and process mining can be used to achieve process efficiency.

MAIC context

Process management can play a crucial role in enhancing the overall performance matrixes of the CTP insurance scheme. More efficient scheme processes will enable MAIC to streamline the claims process - reduce bottlenecks and ensure smoother, more enhanced CTP services for claimants. Such will ensure that communication with claimants, insurers, and other stakeholders is timely, clear, and consistent, and all processes align with regulatory requirements and standards,

thus reducing the risk of non-compliance and facilitating accurate and timely reporting - which is essential for MAIC's role as a regulator. CTP process management will also equip MAIC with better data control by uplifting processes for data input, validation. Data quality is critical for decision making and reporting, and assist with the deriving of insights and aids in better decision making and risk management. Overall, a focus on process efficiency will not only provide economic benefits but also support MAIC to focus on the welfare of CTP claimants, Queensland motorists and other actors playing a role in the CTP scheme (Mihaiu et al., 2010).

Empowerment

Empowerment is a concept that connects individual strengths and abilities, community support systems and proactive behaviours to social change and policy. It enables individuals to gain more control (over their lives, roles, or tasks), encouraging active participation in activities and decision-making processes (Perkins & Zimmerman, 1995). The empowerment of multiple stakeholder groups is important in the context of CTP insurance, and this includes customers and process actors.

Understanding customer empowerment is critical, especially with the goal of improving overall satisfaction with a service (or product) (Hunter & Garnefeld, 2008). Empowering customers can be achieved through different means, including governmental regulations, consumer education, and increasing consumer control over decisions and actions. In the context of public service, empowerment of the clientele is becoming a crucial aspect (Alshibly & Chiong, 2015) – this entails understanding citizen needs in citizen-centric public services and enhancing their quality of life, particularly in vulnerable populations (S. King, 2007). Enabling choice, personalisation of services, enhanced participation and being able to effectively respond to the (unique) needs of service users are key foci - all aimed towards driving overall service quality and satisfaction (S. King & Cotterill, 2007).

While customer empowerment is aimed at driving customer satisfaction, for process efficiency, it is also important to empower the process actors (other stakeholders who play a role in the process). One needs to understand the diverse stakeholders' interests and the organisation-stakeholder relationship and create responsible engagement opportunities with these stakeholders - reflecting the organisation's commitment to accountability and inclusivity in decision-making (Greenwood, 2007). The aim is to transform stakeholder relationships into mutually beneficial and empowered partnerships (Savage et al., 1991).

MAIC context

Within the MAIC framework, the focus on claimant and stakeholder empowerment is essential for the effective functioning of the CTP scheme. It not only improves the claimant experience but also contributes to a more responsive and responsible insurance system in Queensland. For claimants, especially those with limited experience in legal and insurance matters, empowerment is about having the necessary knowledge and tools to make informed decisions about their claims. This involves understanding the nuances of CTP insurance, such as eligibility for damages and the steps involved in filing a claim. In terms of other process actors - MAIC's challenge is to balance the diverse stakeholder agendas – who may be in adversarial positions (e.g. insurers, lawyers, claimants and their support circles), given the mere nature of CTP insurance.

Proactive organisation

Proactive organisation has a growing significance in organisational success. The approach centres around the idea of proactive disclosure and transparency, fuelled by the public's right to be well informed. This involves an understanding of rights and obligations, the ability to demand information for accountability and active participation in decision-making processes. In the digital age of e-government, this translates into the necessity for accessible information that enables citizens to utilise government services efficiently (Darbishire, 2010). Implementing proactive disclosure involves ensuring that information is not only accessible but also relevant,

understandable and up to date, requiring careful structuring, organisation and timely updating.

Within organisations, key proactive behaviours are proactive personality, personal initiative, role breadth and self-efficacy. These behaviours are crucial in internal organisational dynamics and in shaping interactions with customers. A proactive stance in innovation and service delivery can significantly enhance customer satisfaction by anticipating needs and responding efficiently (Crant, 2000).

In healthcare, studies have identified the importance of early proactive communication among providers, patients, and workplaces. This proactive communication is key to facilitating earlier returns to work and better health outcomes, emphasising the value of clear, timely, and anticipatory interactions (Kosny et al., 2006). The concept of a 'no-stop' shop model- where customers perform no action and fill out no forms to receive services is gaining traction in the government sector (Scholta et al., 2019).

MAIC context

The concept of a proactive organisation is crucial for enhancing the efficiency, transparency, and effectiveness of service delivery to claimants. A proactive organisation within MAIC would entail several key aspects, including early and clear communication, a no-stop shop model, transparency, empowering claimants through education, digital solutions, proactive stakeholder engagement and responsiveness to feedback.

Service design

Service design is a holistic and empathetic approach aimed at optimising the end-to-end experience for users engaging with a service. Taking a 'life event response' perspective can add significant value to service design in contexts like insurance. This means understanding the customer journey in its entirety, anticipating needs at every touchpoint, and crafting interactions that are both meaningful and efficient (Zomerdijk & Voss, 2010). This methodology integrates elements of problem-solving, user experience design, and business strategy to ensure that services are not only functional but also enjoyable and accessible for users.

In a more generic sense, service design looks at services as a series of interconnected actions or events that aim to fulfil user needs. It involves detailed mapping of all service interactions, identifying pain points, and innovating solutions that can transform the user experience. The goal is to create seamless, intuitive services that are aligned with the users' expectations and life contexts.

Service design can also embed a staged approach. For example, in the context of insurance claims, one can consider progressive disclosure, a method of initially requesting only essential information and then gradually asking for more details as the needs arise across the claims process. This approach reduces cognitive load, making processes less overwhelming and more user-friendly, leading to increased completion rates and customer satisfaction (Springer & Whittaker, 2019).

MAIC context

For MAIC, service design is particularly focused on addressing the disruptions caused by accidents – a significant life event for many individuals. In MAIC's role as a regulator and influencer of multiple stakeholders, including other government agencies, their understanding of an accident as a life event can give a new perspective on how they design and support service provisioning across the claimant's journey. It's beneficial for MAIC to map out the claimant's journey from the moment of the accident through to recovery, taking into account the complex emotional, physical, and logistical challenges that arise. Service design principles guide MAIC to create pathways that are not just about claim processing but also about holistic support for the claimants, ensuring that as they transition through various recovery stages, they are met with understanding, assistance, and care. It is this life-event perspective that underscores the need for MAIC's services to be trauma-informed, compassionate, responsive, and effectively integrated, providing aid to citizens at a critical juncture in their lives.

There is also an opportunity to practice 'progressive disclosure', with the provisioning of the claim form and account setups, making the claim submission process more manageable for claimants. This approach aligns with user-centric design principles, simplifying initial interactions while concealing potential system complexities.

Self service

Self service is a model where individuals independently perform tasks or access information without direct assistance from service providers (Meuter et al., 2005). It often involves technology-driven interfaces, allowing users to manage transactions, retrieve information, or troubleshoot issues on their own (Meuter et al., 2000a). This can enhance efficiency, introduce cost savings and influence service design, claimant empowerment, and process efficiency.

Self service can enable enhanced customer service without tying up the institution's human resources and, if done correctly, can also contribute to cost savings. Self service also enables direct transactions that the customer can trigger and manage themselves. Self education (enabling customers to educate and train themselves) is another function that self service is known to achieve (Hsieh, 2005).

In a self service model, the quality-of-service delivery is co-created by the customer's participation. The customer not only consumes the service but also contributes to its production, often providing essential information or effort required for service completion (Kelley et al., 1990). Front-line employees and digital portals play a critical role in customising service experience to enhance customer satisfaction, involving interpersonal adaptive behaviours and service offering adaptation based on the unique needs of each customer (Bettencourt & Gwinner, 1996).

The literature vividly discusses the generic advantages and disadvantages of self-service for the company (in this case, the agency) and the customers (the claimants). Companies benefit from increased speed of delivery, customisation of the service delivery process, reduced labour costs through less staff contact, increased productivity through reducing staff numbers and working-hour restrictions, improved competitiveness, and differentiation through a technological reputation (Beatson et al., 2007).

Technology-enabled self services

The use of technology-enabled self service facilities is increasing across a range of services, from traditional high-contact services (such as hotels) to low-contact services (such as filling the car with petrol). General examples of self-service solutions include: ATMs, Internet transactions, self-accessed hotel facilities, self-scanning supermarket checkouts, information services available via mobile phones and self-service kiosks in hospitals to assist with wayfinding and patient check-in (Curran et al., 2003). Within the broader insurance sector, self services have prevailed by allowing customers to have full visibility and secure control of their policy details, billing and payments, applications and quotes, claims, and relevant and time-sensitive product information – all without involving a customer service representative (Azati, 2023). Self-service technologies often meet customer satisfaction by addressing urgent needs, offering convenience, or simply through reliable functionality (Meuter et al., 2000b).

However, the design of technology-enabled self services needs to consider potential negative implications and risks. For example, customers may feel intimidated by the technology (e.g. due to lower tech-literacy levels), and they may also develop concerns about the potential loss of personal interaction between themselves and the service employee (Beatson et al., 2007; Bitner, 2001; Curran et al., 2003). Furthermore, interface design should cater to diverse user groups, ensuring accessibility and usability for all. This involves considering elements like navigation, layout, content organisation, and visual design, which can resonate differently across various groups (Marcus & Gould, 2000).

In the context of e-government systems, including those at MAIC, trust plays a pivotal role. The design of customer self-service systems and their interaction with human-computer interfaces critically influences e-trust (Hwang & Kim, 2007). Essential requirements for adopting e-government services include usability, computer resource requirements, technical support, and security (Venkatesh et al., 2012).

AI-based digital assistants, like Amazon Alexa or text-based systems in Facebook Messenger, are revolutionising interactions with technology. These assistants are socio-technical systems blending the user, task, and technology, offering benefits such as automating routine tasks and assisting in complex ones, thus potentially enhancing efficiency and reducing customer service costs (Maedche et al., 2019).

MAIC context

Implementing technology-enabled self-service solutions at MAIC can bring about significant benefits. These include improved accessibility for constituents, allowing them to access services and information at their convenience. The efficiency gains and time savings from streamlined processes can enhance overall operational effectiveness, leading to potential cost reductions. The 24/7 availability of self-service options caters to diverse schedules (or claimant lifestyles), while data insights and analytics offer valuable information for informed decision-making. A focus on personalisation, integration with other systems, and adaptability ensures a positive and tailored user experience. The overall result is a more efficient, cost-effective, and user-friendly approach to delivering services and engaging with the community.

MAIC can consider implementing new digital assistants to streamline all enquiries, providing claimants with immediate, automated assistance and guidance. This can help in reducing operational costs while enhancing claimant experience and service efficiency.

Also, the interface design of any technology-enabled self service must be sensitive to cultural nuances and diverse needs, including those of older adults or individuals with disabilities. This approach requires a 'User Sensitive Inclusive Design' to accommodate varying cognitive, physical, and sensory functions (Gregor et al., 2002).

Acceptance of CTP process changes

The acceptance of changes made by current and future claimants (user acceptance) is a pivotal factor in the success of new processes and systems. It relies on the users' perceptions of the usefulness and ease of use of the results post-change, which shapes their actual usage behaviour (Davis, 1993). The 'unified theory of acceptance and use of technology' provides a comprehensive framework for understanding and predicting user acceptance of technology-enabled process changes (Venkatesh et al., 2003). These models can be particularly useful for MAIC when implementing new technologies or systems, as they offer insights into the key factors that influence user acceptance. Research highlights the importance of tailoring strategies to diverse process and system types, enhancing understanding of user resistance and appropriate strategies for promoting acceptance (Jiang et al., 2000). For MAIC, this means developing targeted strategies for each new system or process, considering the unique aspects and potential user resistance points.

Stakeholder and employee acceptance is also a critical factor in the successful implementation and adoption of new systems, technology and processes within organisations, often influencing the overall effectiveness and efficiency of these changes. Several factors positively impact employee acceptance of change, including organisational commitment, a positive industrial relations climate, education, job motivation, job security and positive affectivity (Iverson, 1996).

MAIC context

In the MAIC context, the introduction of new technologies or processes will require a focus on these factors of acceptance. This involves ensuring that stakeholders, including insurers, lawyers and employees, are well-informed, supported, and have a clear understanding of the benefits and workings of new systems. Educational programs, effective communication strategies, and a positive work environment can significantly contribute to smooth transitions and high acceptance levels.

By addressing these key aspects of user and stakeholder acceptance, MAIC can effectively manage transitions, ensuring that new technologies and processes are embraced and utilised

to their full potential – generating return on investment for the investments made. This proactive approach is essential for maintaining efficiency and effectiveness within the organisation, ultimately benefiting the overall claimant experience in the CTP insurance scheme.

Health-focused initiatives

Amongst diverse strides in the healthcare sector, we would like to emphasise three here:

The *Department of Health Strategic Plan 2021-2025* outlines a comprehensive approach to the future of Queensland's healthcare system, that priortises three focus areas (i) focusing on maximising the well-being of the population, (ii) ensuring care in the community and hospitals and (iii) fostering a dynamic, and sustainable and integrated health system. There is a need for flexible infrastructure and integrated technology, including digital health and analytics (Department of Health, 2023).

Value-based healthcare is an approach focused on maximising the benefits derived from healthcare resources. It involves evidence-based decision-making to ensure that interventions are cost effective and outcome oriented (Gray, 2017). The implementation plan for value-based healthcare in the New South Wales CTP scheme aims to improve health outcomes for injured individuals through 21 initiatives across four work streams (State Insurance Regulatory Authority, 2021). Implementing value-based healthcare within the Queensland CTP scheme could involve adapting this model, which emphasises efficient resource use and improved experiences for both injured individuals and healthcare providers through the initiatives.

An important component of value-based healthcare is patient-reported experience measures (PREMs) and patient-reported outcomes measures (PROMs). These tools capture a patient's perspective on their health status, addressing physical function, pain, depression, anxiety and fatigue. Incorporating measures like PREMS and PROMS could significantly enhance patient engagement and have real-world applications in treatment decisions (Baumhauer & Bozic, 2016).

Digital health solutions are rapidly evolving in the sector, offering a range of technologies like genomics, artificial intelligence, analytics, wearables, mobile apps, and telemedicine. Integration of digital health solutions could streamline processes, making the claimants' journey more efficient. These technologies can provide more accurate, timely, and personalised care, enhancing overall health outcomes.

While these advancements offer immense potential, challenges persist in navigating this landscape due to the absence of standardised and transparent processes. Evaluating digital health products across various domains, including technical quality, clinical effectiveness, usability, and cost-effectiveness, remains a significant task (Mathews et al., 2019).

MAIC context

MAIC can increase alignment with Queensland Health's strategic direction by embracing innovations and strategies within the CTP scheme. Implementing value-based healthcare principles can ensure that resources are used efficiently to give the best possible outcomes to claimants. Similarly, integrating digital health technologies can modernise the claimant experience, making it more responsive and effective.

Adopting these approaches requires MAIC to navigate complex landscapes of healthcare provision and digital innovation. This involves not only adopting new technologies and healthcare models but also ensuring that claimants, providers, and other stakeholders are adequately supported and informed throughout these transitions. By doing so, MAIC can significantly enhance the quality and efficiency of care provided to those injured in motor vehicle accidents, aligning with broader health system goals, ensuring a claimant-centric approach, and potentially improving how healthcare is delivered to claimants.

Research methodology

The overall approach to this project methodology followed the 'Sprint' method developed by the QUT Centre for Digital Economy (CDE) (Bongiovanni et al., 2003). The Sprint team gathered insights about current MAIC practices and objectives regarding the CTP scheme's end-to-end claimant experience using various data sources. These sources included relevant research and discussion papers, comprehensive Sprint team workshops, focus groups and ad-hoc interviews with selected stakeholders. How the data was collected and analysed is outlined below.

Data collection

Data was sourced from a series of workshops with MAIC staff, available documentation, and qualitative insights from multiple stakeholders involved in the CTP insurance scheme.

Workshops with MAIC staff

In alignment with Sprint's 'co-design' philosophy, selected MAIC staff representatives were allocated as Subject Matter Experts (SMEs) to work side-by-side with the QUT team across the six weeks of the Sprint. In particular, this included three dedicated MAIC staff members:

(i)   A Director of scheme regulatory service- who had deep knowledge about MAIC's functions and expertise with business and policy alignment. She also spearheaded the liaising with the external stakeholder groups who took part in the project.

(ii)   A Manager of scheme monitoring – who also bought in critical insights as a senior rehabilitation specialist.

(iii)   A Principal claims specialist- who was well-versed in handling complex liability cases and catastrophic injury claims. She also has extensive experience with CTP insurance providers and the Nominal Defendant.

These workshops mostly took place at QUT in a dedicated location (outside MAIC) and were devoted to sharing further in-depth details of MAIC practices (i.e. complementing the documentation shared and addressing the knowledge gaps that emerged, and identifying other parallel initiatives that were taking place internal and external to MAIC and identify the links with this project), the co-designing of the focus groups and interviews, the synthesis and validation of the data collection from the focus groups and interviews, and the overall concept derivation, synthesis and validation.

In addition to these three MAIC staff, other senior members, particularly the Insurance Commissioner, Directors, General Managers and senior executives of different Divisions, also participated in the co-design efforts.

Progress presentations were held (also in workshop style) for 'course correction' purposes and for MAIC staff across multiple levels and divisions to be aware of the ongoing thinking and progress and invite them to engage with the co-design of the emerging project outcomes.

Documentation

A range of documents, sourced by MAIC or independently, were reviewed in depth. Example documents sourced by MAIC included MAIC's recent CTP claimant survey-based reports (2019, 2021), MAIC research reports and collaborative papers, Queensland's CTP insurance scheme discussion papers, Government legislation and legal precedents, Auditor-General reports, Insurer benchmarking reports and feedback and MAIC chatbot data. Example documents sourced independently included peer-reviewed journal articles, conference proceedings, symposium abstracts, book chapters on CTP insurance, claimant journeys, and papers that related to the theoretical underpinnings.

These provided a rich contextual understanding of MAIC's current context and CTP processes to identify an initial set of issues and made some early pointers to emerging concepts. This also

formed input to the design of the qualitative data collection efforts and was a source to triangulate some of the evidence collected from the diverse stakeholder groups.

Insights from multiple stakeholders of the CTP insurance process

In alignment with Sprint's philosophy, we collected primary ('first hand') data from key stakeholders within a co-design setting. While focus groups were the preferred method, we also conducted interviews to cater for requests made by the participants. We ran focus groups with legal representatives (online), allied health providers (in-person) and MAIC employees (in-person), and interviews with three Queensland CTP insurers (two online and one in-person) and Nominal Defendant (in-person) representatives. Selected MAIC staff partnered with the sprint team to identify and recruit the participants. All data collection procedures followed QUT's research ethics standards. Due to the restrictions of QUT research ethics approval, we did not include claimants directly in the research. To accommodate it, we extensively consulted secondary literature on claimant experience.

A question protocol was designed and used across all stakeholder consultations which gathered data related to stakeholder views on their roles in the CTP scheme, the claimant experience, MAIC's role in the claimant experience, and their views on the broader CTP ecosystem. Additionally, there were further discussions around inherent tensions in the scheme around health outcomes and settlement amounts, followed by an ideation section, which encouraged the participants to suggest ideas for improvement. The sessions were audio recorded and transcribed. The focus groups followed the same protocol as the interviews but were complemented with some additional interactive tasks where notes were taken rigorously by the QUT team.

Sprint team discussions between the QUT project and MAIC representatives further supported data collection and CTP scheme analysis. Their input enhanced understanding of the existing end-to-end CTP claimant process, stakeholder roles and responsibilities in the scheme, and permitted collaborative discussions around future CTP process enhancements. Progress presentations were held in a workshop style for 'course correction' purposes, which allowed MAIC staff at multiple levels to be aware of ongoing thoughts and progression, enabling them to engage in co-design of the emerging project outcomes.

Data analysis

The primary aim here was to establish a strong evidence base for the identified issues and recommendations. The insights gathered from the workshops, focus groups, interviews and documents were synthesised and analysed via a multi-stage process using a qualitative data analysis tool, NVivo. The data was initially coded in a 'bottom up' manner extracting all relevant information, which was captured under the broader themes of 'Issues', 'Recommendations', and 'Principles to adhere to'. In the subsequent phases, data was grouped into meaningful concepts and higher-level themes. Two QUT project members independently coded and synthesised qualitative data to establish rigour in the analysis. The resulting themes were assessed within the workshops with MAIC staff for relevance and cross-mapped to identify and maintain interrelationships between the resulting concepts, data points and design principles.

Understanding MAIC: an overview

The Compulsory Third Party (CTP) Insurance scheme in Queensland is an essential service that provides access to necessary rehabilitation and financial compensation for individuals injured in motor accidents. It also protects at-fault drivers from financial liability, but these drivers will not interact with the scheme beyond paying their CTP insurance with vehicle registration. Meanwhile, an injured person seeking damages from the at-fault driver's CTP insurer will become fully involved in a complex claims process. The Motor Accident Insurance Commission (MAIC) regulates this process and its stakeholders. Under section 10 of the *Motor Accident Insurance Act* (the MAI Act), MAIC's responsibilities include ensuring a fair and affordable scheme, improving scheme outcomes for injured people, supervising insurers, monitoring the management of claims, and providing funds for research and education in the CTP and rehabilitation fields.

Our Sprint centres on the claimant, who has experienced a potentially traumatic event and is entering a process that seems long and adversarial. Our goal is to enhance claimants' experiences and outcomes within the scheme, streamlining the process to minimise additional trauma.

This journey starts at the moment of injury and can span from months to years. Some aspects of the journey start long before the accident, such as CTP awareness. The journey will involve an ecosystem of stakeholders, including insurers, health providers, lawyers, police and employers, with differing motives and perspectives within the scheme. MAIC plays a vital role in regulating and empowering these stakeholders to contribute positively to the scheme, focusing on the welfare and outcomes of genuinely-injured individuals.

The existing CTP claims process can be broken into two broader stages in the claimant experience of juggling injury recovery and participation in the CTP insurance scheme: 'Navigating the claims process alongside injury' and 'Negotiating final compensation and continuing recovery'. The complexity and demands of the claims process often overshadow essential treatment and rehabilitation, adversely affecting the claimants' experiences and recovery outcomes. MAIC has a role in overseeing and facilitating parts of this process and providing some information and process advice to claimants.

Navigating the claims process alongside injury

The initial period in the claimant's experience, titled 'Navigating the claims process alongside injury', involves the accident, notice of the accident, requests for rehabilitation and reimbursement and evidence gathering, including Independent Medical Examinations (IMEs). These events can be grouped into two main phases: the motor vechile *injury to support phase* and the *rehabilitation and reimbursement phase*.

Phase 1: Motor vehicle injury to support

A personal injury journey begins with the accident, but formal entry into the CTP claims process is initiated only after the claimant receives guidance towards the scheme. This can occur through various channels, such as a health provider, insurer, lawyer, the MAIC website or the MAIC helpline. These 'front doors' direct the claimant to the *Notice of Accident Claim (NOAC)* form available on the MAIC website. In some instances, if the claimant contacts the at-fault driver's CTP insurer via MAIC's 'CTP insurer search' function, the insurer might conduct their own information gathering, potentially bypassing the need for a fully complete NOAC submission.

Typically, submission of a complete NOAC form through the MAIC website is necessary, which is then reviewed by the insurer for compliance. A compliant NOAC is 15 pages long (or 18 pages if the claimant has legal representation) and includes a medical certificate, police report and signed statutory declaration sections. Upon first submission, 49-72% of forms are initially non-compliant, requiring resubmission and extending the claims process (MAIC, 2023a). On average, the time to compliance is 1.3 months for represented claimants and 0.8 months for direct claimants (MAIC, 2023b).

A parallel to the process is a claimant's legal representative (a lawyer), who will communicate with the insurer on behalf of their client. Lawyers frequently handle submissions of the NOAC form and requests for rehabilitation and reimbursement for the claimant. Lawyers also manage disputes regarding compliance and liability and may arrange IMEs to strengthen the claimant's case.

Phase 2: Rehabilitation and reimbursement

Alongside the aforementioned administrative processes, the claimant often undergoes treatment for injuries sustained in the accident. Treatment plans may not be considered for approval by the insurer until the NOAC form is compliant and in some cases, after liability has been assessed. There will also need to be appropriate evidence to support the rehabilitation request. This potential delay places a financial burden on the claimant who must cover treatment costs out-of-pocket until requests are accepted. Compliance to liability determination takes an average of 2.6 months for represented claimants and 1.3 months for direct claimants, but insurers may take up to six months (MAIC, 2023b).
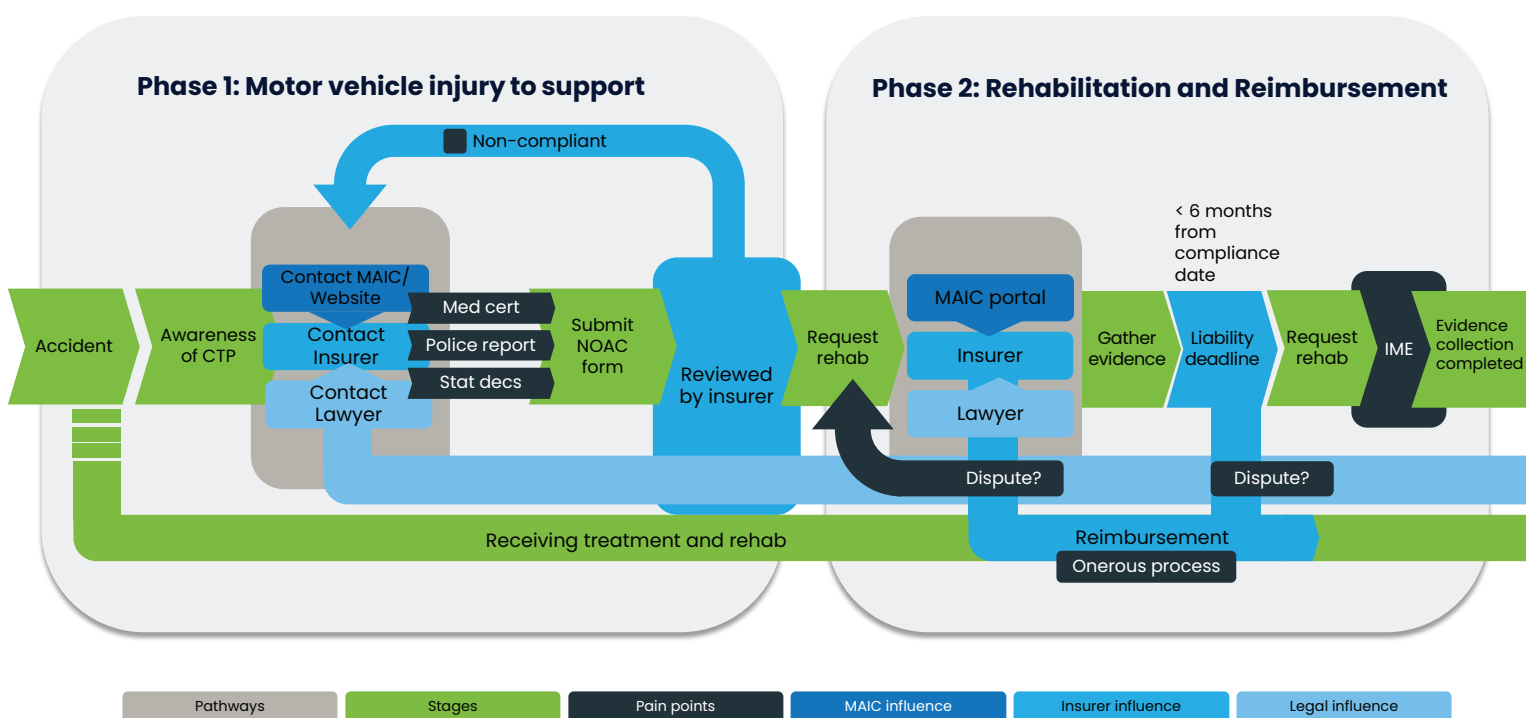
Figure 1: Navigating the claims process alongside injury

Negotiating final compensation and continuing recovery

The second half of the claimant experience, 'Negotiating final compensation and continuing recovery', encompasses the settlement and finalisation phases and the concurrent ongoing treatment and rehabilitation.

Phase 3: Information gathering and resolution

This is a critical phase in the claimant's journey, marked by significant information gathering, ongoing rehabilitation and medical assessment, along with the determination of offers of settlement which quantify the value of their injury and loss. This is the lengthiest period of a claimant's journey, taking on average 19.9 months for represented claimants and 4.8 months for direct claimants to progress from liability determination to final settlement (MAIC, 2023b).
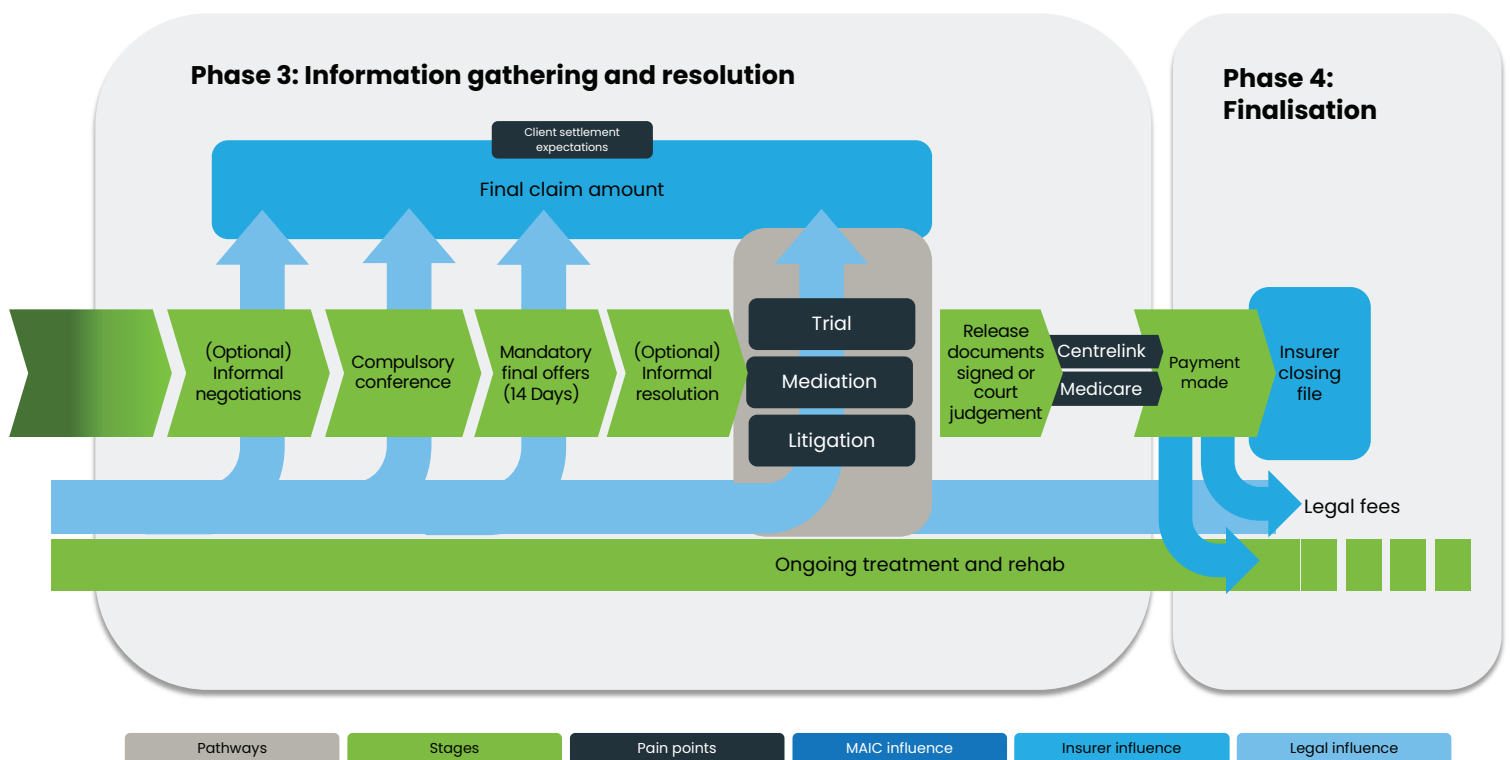
Figure 2: Negotiating final compensation and continuing recovery

IMEs are sometimes used for information rehabilitation requests and estimating potential damages. This is often a necessary but challenging step for claimants, as IMEs rigorously assess the claimant's physical and mental health to ascertain the full extent and impact of their injuries, and can be stressful for the claimant.

The negotiation process is multi-staged, and can include informal negotiations, compulsory conference and mandatory final offers. If the claim is not resolved, it might then be escalated to a trial. During these negotiations, the insurer and claimant will present evidence to demonstrate the severity, circumstances and overall impact of the injury. Both parties can make and accept an offer at any point in the negotiation.

Claimants greatly benefit from legal advocacy to navigate the legal terminology and processes involved. A legally-represented claimant is better equipped to understand, interpret and respond to the evidence and offers presented during these negotiations.

Phase 4: Finalisation

Once a settlement offer is accepted, compensation finalisations occur. This involves obtaining clearances from all bodies who have paid benefits to the claimant until this stage of the claimant journey and can include parties such as Centrelink, Medicare and WorkCover Queensland. This requirement can delay the claimant's receipt of their compensation. On average, it will take four months for represented claimants and 1.5 months for direct claimants for their settlement to finalise (MAIC, 2023b).

Once the final compensation is agreed, refunds and any legal fees paid (if applicable), the claimant will receive the balance.

Design Criteria

Accessibility
Claimant-centric Design

Whole-of-claimant support

A holistic approach to understanding needs and providing support.

CTP scheme awareness

Eligible individuals understand their entitlements and options.

Accessible processes

Easy to navigate, considerate of claimants' burden, and promoting swift treatment.

Intelligence
Insightful and value-based evolution

Health outcome focus

Every decision facilitates health outcomes.

Smart administration

The scheme's sustainability is ensured through financial stewardship and oversight.

Smart evolution

Continuous improvement of the scheme.

Equity
Fairness and Empowerment

Empowered claimants

Claimants have the autonomy to navigate their claims confidently.

Fair claims processing

Seeking opportunities to ensure outcomes are just and equitable.

Trusted steward

A trusted environment for open communication between all stakeholders.

Design criteria

The 'Design Criteria' chapter distils the core principles guiding our solution development, shaped by rigorous background research and the lived experiences of stakeholders in the CTP scheme. This chapter outlines clear, practical guidelines to ensure our recommendations are user-friendly, effective, and supportive of claimants' needs. By adhering to these criteria, we aim to craft solutions that simplify the claims process and enhance rehabilitation outcomes, making each interaction within the scheme straightforward and beneficial for everyone involved.

We have developed nine design criteria, grouped into three areas: Accessibility, Intelligence, and Equity.

Accessibility: claimant-centric design

Whole-of-claimant support

A holistic approach to understanding needs and providing support.

Our approach encompasses every aspect of the claimant's experience, from the immediate aftermath of an accident through to the full recovery journey. This means understanding and addressing the physical, emotional, and financial impacts that accidents have on individuals. It's about providing a support system that not only helps with the claims process but also aids in the overall recovery and rehabilitation. By doing so, we ensure that the CTP process does not add to the trauma but rather helps in healing and moving forward.

Accessible processes

Easy to navigate, considerate of claimants' burden, and promoting swift treatment.

The claims process we've designed is straightforward and empathetic. It reduces the cognitive and emotional burden on claimants – to enter the scheme and progress their claims. It's structured to guide claimants through each step with clarity and support, ensuring they understand what to do next and why. Accessible processes are vital to promote timely treatment, which is crucial for the claimant's recovery and well-being. Our aim is to make every interaction as smooth and stress-free as possible.

CTP scheme awareness

Eligible participants understand their entitlements and options.

Enhancing the understanding of the CTP scheme is about demystifying insurance coverage and entitlements for the public. We strive to make information about the scheme readily available and easily understandable so that eligible individuals – regardless of their background – know their rights and the support they can expect. It's about empowering people to make informed decisions and ensuring they are aware of the full range of benefits they are entitled to.

Intelligence: insightful and value-based evolution

Health outcome focus

Every decision facilitates health outcomes.

We advocate for a shift in focus from 'processing claims' to 'facilitating healing', with an emphasis on the long-term health outcomes of claimants. This involves integrating medical expertise, patient history, and wellness goals into the claims process to ensure that every decision supports the claimant's overall health journey. By focusing on health outcomes, we align our work with the ultimate goal of restoring quality of life, not just compensation.

Smart administration

The scheme's sustainability is ensured through financial stewardship and oversight.

Smart administration is about managing the scheme not only with efficiency but also with foresight. It's an ongoing commitment to fiscal responsibility, ensuring that the scheme remains viable for future claimants while providing comprehensive support to current ones. This requires a continuously evolving understanding of claim patterns, cost drivers, and the potential for innovation in claims management to maintain long-term financial health.

Smart evolution

Continuous improvement of the scheme.

Our pledge to continuous improvement is fuelled by a dedication to learning – from each claim, each piece of feedback, and each set of data. This means staying abreast of industry best practices and being ready to adapt our operations in response to emerging trends and technologies. It's about evolving the scheme, so it not only meets the current needs but is also prepared for the future.

Equity: fairness and empowerment

Empowered claimants

Claimants have the autonomy to navigate their claims confidently.

Empowering claimants means providing them with the skills and information to make educated decisions about the management of their claims. It's about giving them agency and equipping them with clear information, necessary tools, and impartial support so they can confidently navigate the claims process. This empowerment helps ensure that claimants feel in control and vested in the journey toward their recovery.

Fair claims processing

Seeking opportunities to ensure outcomes are just and equitable.

Fairness in claims processing is fundamental to our operations. We are committed to identifying and acting on opportunities that enhance the equity of settlements. Our goal is to oversee a claims process that is just, transparent and reflects claimants' true needs, maintaining the scheme's integrity.

Trusted steward

A trusted environment for open communication between all stakeholders.

Building a trusted claims process means fostering open lines of communication among all parties involved in the claims process. It's about creating a space where claimants and their legal representatives, insurers and service providers can resolve issues collaboratively. Trust is the cornerstone of this approach, ensuring that all stakeholders work together towards fair and amicable solutions.

Claimant Situation

I find myself in a situation like this only **once in my life** (hopefully).

This situation forces me to understand my injury, my health and my work and think a lot about my future, while trying to get better and live life.

On top of that I need to have a detailed understanding of the CTP claim, so I **get a fair outcome**.

But I only need this knowledge for a very short part of my life, **then I won't need it again.**

Claimant Experience

I need to be able to **easily pick up the right information, when I need it,** to take me to my next step.

It needs to be easy for me to be **informed, empowered and confident** in managing my claim.

Concepts

The 'Concepts' section outlines a series of innovative ideas aimed at improving the CTP claims process. These concepts have been developed based on thorough research and are designed to streamline the journey of claimants from the moment of an accident through to their recovery. In this chapter, we introduce each concept, explaining how it can contribute to a more efficient, empathetic, and effective claims experience. Below is an overview of the concepts presented in this report grouped into four areas of scheme innovation.

Claim Dashboard

Scheme Education

MyClaim home

Learner driver education modules

Smart cert

Claim profile

Claim tracker

Health provider awareness

Pulse check

Claim companion insights

Settlement savvy

Settlement funds checker

Claimant Support & Exploration

MyClaim navigator

Independent Medical Examination (IME) modernisation

MAIC collaboratory
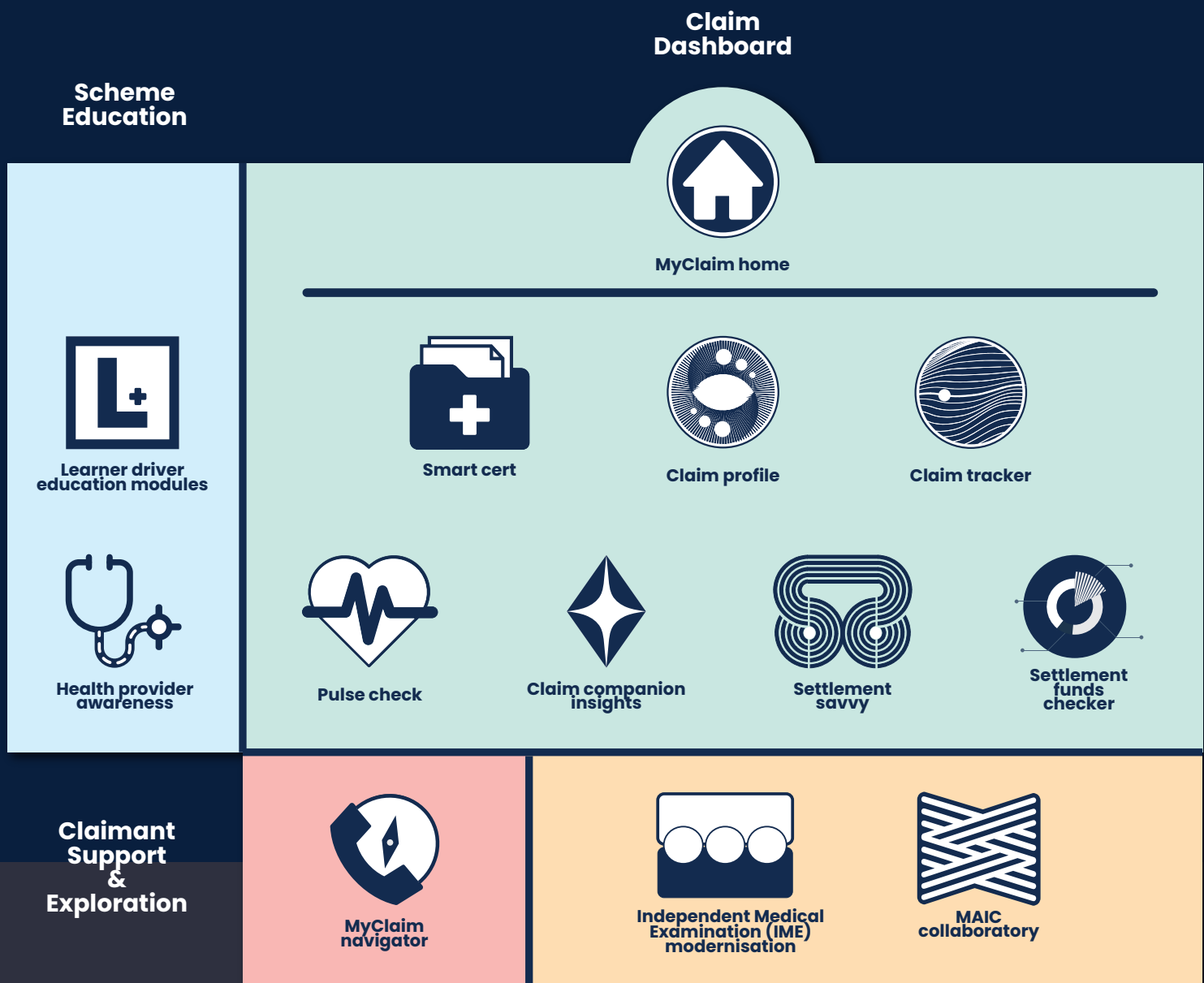
These concepts are recommendations made by QUT to MAIC for further consideration and investigation. The two concepts in the yellow box are for exploration only.

Health provider Awareness

Beyond the consultation: Expanding health provider roles for patient benefit

Health provider awareness

CTP Claim?
We can help you do it online.
Start here.

AHPRA-endorsed training modules and clinic resources

Developed in conjunction with RACGP

Health provider awareness

Directing potential claimants to scheme resources during consultation

Knowledge of the claim process and health provider documentation required.

Awareness, setup and use of Practice Management System (PMS) integration and MAIC payment of medical certificate for CTP claim

Instilling significance of claim and patient responsibilities in the claim and in their recovery

Ensuring necessary authorisations are received to share medical information for the claim

Helping your patients navigate CTP Insurance Process

Integrating your PMS with the MAIC Dashboard

Easy-read digital and physical material for patients

Best practice roles and duties of a health provider in the CTP scheme

Smart Cert

Change communication of Smart Cert to all relevant health providers

Health provider awareness

Beyond the consultation: expanding health provider role for patient benefit.

Background

In the realm of healthcare delivery, particularly within the context of vehicle accidents in Queensland, medical professionals serve a dual role. Beyond providing clinical care, they are pivotal in facilitating patients' navigation through the complexities of the CTP insurance claims process. Recognising this critical intersection of healthcare and legal guidance, the Health Provider Awareness initiative seeks to augment the proficiency of general practitioners, nurses, physiotherapists, and associated medical staff. The aim is to foster a comprehensive understanding of the CTP scheme, thereby enabling these professionals to offer not only medical treatment but also knowledgeable support in the administrative aspects of patient recovery. This initiative is crafted to empower healthcare providers with the necessary acumen to seamlessly integrate medical expertise with advocacy for patient benefit within the CTP framework.

What is it?

The Health Provider Awareness initiative is designed to equip healthcare professionals who are integral to the Queensland CTP process with specialised training. The program targets general practitioners, nurses, physiotherapists, and other relevant medical personnel, providing them with a deeper understanding of the CTP scheme and its critical role in its execution.

How does it work?

This educational program integrates into the ongoing professional development of health providers, offering AHPRA-endorsed training modules. These modules are tailored to outline the impact of healthcare providers on the CTP claims process, covering essential topics such as:

- **Guiding potential:** CTP claimants to proper scheme resources during medical assessments

- **Acquainting providers:** with specialised medical assessment forms and the claim profile for CTP claims

- **Emphasising the importance of the medical certifications:** used in the continuum of rehabilitation and claim settlement

- **Ensuring that necessary consent forms for the release of medical information:** are accurately completed when issuing medical certificates.

What is its value?

For claimants, this means a more direct and informed entry into the CTP claims process, reducing unnecessary visits and facilitating faster access to rehabilitation services. MAIC benefits from heightened CTP awareness among providers, enhancing the efficiency of claimant integration into the system and potentially shortening claim resolution times. Health providers themselves become more adept at administering medical treatments and referrals, aligned with an improved understanding of the CTP system, which ultimately optimises service provision and ensures appropriate utilisation of resources.

Data supporting the concept

> **"Quality of treatment and ease of accessing treatment were rated as the top two most important components of the CTP claims process"** (MAIC, 2019, p. 11).

Educational support for allied health professionals (in an easily accessible and consumable way), was suggested to ensure a consistent understanding of CTP insurance across all providers:

> **"online education module that gives them a bit of understanding of CTP"** (Insurer interview).

The provision of education for health professionals would have the overall aim of promoting best-practice rehabilitation service provision and reducing any over-servicing or ineffective treatment of claimants.

Given the "goal of rehab is to return to a pre-injury state" (MAIC staff focus group), a potential way to compete for health professionals' attention and prioritisation of the CTP educational information was to "pay GPs to do free training and free PDs [Professional Development] for allied health" (MAIC staff focus group).

Possible challenges in implementation

Regulatory Dependency: The success of the initiative is contingent upon approval and cooperation from the Australian Health Practitioner Regulation Agency (AHPRA). This dependency poses a significant challenge, as the initiative's materialisation hinges on AHPRA's endorsement and active participation.

Outreach and Coverage: Achieving comprehensive reach across the entire health professional community is a formidable task. CTP claims comprise only a small portion (~2%) of a GP's workload, making it difficult to cut through. Ensuring that the training encompasses all relevant providers, from GPs to physiotherapists across Queensland, is essential for the uniformity of CTP understanding and application.

Professional Engagement: Securing the engagement of health professionals and encouraging them to partake in additional training is a multifaceted challenge. There must be compelling incentives in place to motivate uptake. Even with such incentives, there is a risk that not all providers will pursue further education, which could result in inconsistent levels of CTP scheme knowledge across the sector.

Concept roadmap

Short-term	Mid-term	Long-term
Augment existing Workcover training for GPs by incorporating key CTP scheme information, thereby broadening their awareness and understanding.	Partner with a digital training firm specialising in health education to develop and implement new training modules specific to the CTP scheme.	Focus on the role of health providers as primary points of contact for CTP claims, potentially enabling practices to lodge claims directly.
Create a foundational curriculum that details the CTP process to be integrated into initial training modules for diverse health professionals.	Align training outcomes with continuous professional development programmes, allowing health providers to earn educational credits.	Regularly assess the influence of training programs on the efficiency of claim processing and make necessary adjustments.
	Develop and launch a user-friendly digital platform providing health providers with straightforward access to CTP training materials and streamlined claim documentation processes.	Investigate and implement advanced digital tools to ensure health professionals remain current with the latest developments in the CTP scheme.
	Plan for the introduction of an allied health advisory service, modelled on the Employee Assistance Program, to support claimants.	

Learner driver education modules

Ongoing driver training empowering motorists for smarter claims and safer journeys

Future Scope: Information available in Queensland Digital Drivers License

Learner driver education modules

Mandatory modules for Queensland learner drivers

- Ensuring safety at the scene of an accident
- Identifying and contacting the appropriate emergency services
- What essential information to collect from everyone involved
- Roles and responsibilities when witnessing an accident
- Steps to follow post-accident

I know what to do!

*Police attend about **55%** of all motor vehicle accidents in Queensland.*
*Ambulance attend about **35%** of all motor vehicle accidents in Queensland.*

Learner driver education modules

Ongoing driver training empowering Motorists for smarter claims and safer journeys.

Background

The journey from a learner to a fully licensed driver is crucial, not only in acquiring driving skills but also in understanding the responsibilities that come with being on the road. Queensland's road safety strategy emphasises the importance of comprehensive driver education, which extends beyond driving skills to include a thorough understanding of post-accident actions and CTP insurance procedures. This holistic approach to driver education ensures that motorists are not just skilled in vehicle control but are also equipped with the knowledge to handle accidents responsibly and are aware of the insurance claims process.

What is it?

The driver accident and injury modules are designed to comprehensively embed CTP literacy in Queensland motorists. These modules build upon existing driver education frameworks to ensure that all Queensland drivers, particularly learners and those renewing their licences, are well-versed in the CTP scheme. By integrating this training, the initiative aims to cultivate a proactive mindset towards post-accident procedures and MAIC claims, ultimately improving the claims process's efficacy.

How does it work?

The enhanced modules, mandatorily incorporated into driver education, will play a pivotal role in shaping the informed driver of tomorrow. These modules will:

- Emphasise the importance of safety and proper response at accident scenes to prevent further harm

- Instruct on efficiently liaising with emergency services, ensuring accurate and helpful incident reporting

- Offer clarity on when and how the CTP scheme comes into play, guiding drivers through the initial steps of lodging a claim

- Provide comprehensive guidance on documenting essential information at the accident site, which is critical for a successful CTP claim

- Detail the subsequent actions post-accident, such as reporting to authorities, understanding the difference between property and personal injury claims, and seeking appropriate medical care

- Educate on the roles and responsibilities of witnesses, reinforcing their importance in the claims process.

What is its value?

For claimants, this initiative promises an informed start to the CTP process, reducing confusion and delays. It aims to shift Queensland motorists' perceptions, recognising CTP coverage as an integral consideration following a motor vehicle injury. This shift can lead to more prompt and well-documented claims submissions. Insurers stand to gain from the detailed, timely information provided at the onset, which can expedite claim processing. The Department of Transport and Main Roads (TMR) and the Queensland Police Service (QPS) will benefit from a well-informed motorist population, promoting safer driving and more streamlined accident management.

Data supporting the concept

The introduction of these modules is in direct response to the identified need for better CTP awareness among young motorists, who are statistically more prone to accidents. Young drivers and motorbike riders (aged 17-24 years) in Queensland are 60% more likely to be involved in a serious crash than mature license holders (aged 25-59 years), with more than 2,000 young drivers involved in incidents requiring a hospitalisation (TMR, 2023).

The Learner driver educational content aims to address the gap in novice drivers' knowledge about CTP claims, with a specific focus on the heightened risks they face. The goal of *"updating Prep-L with CTP info"* (MAIC staff focus group) and integrating CTP information into driver education platforms such as Prep-L and Hazard Perception tests, is to ensure that novice drivers are both skilled in on-road procedures and equipped with the necessary knowledge to navigate the post-accident landscape effectively.

Considering the RACQ's Young Drivers Survey (RACQ, 2022) findings, which state that over 15% of provincial licence holders (P1/P2 drivers) reported being in an accident, it becomes imperative to provide these drivers with the resources they need to handle the aftermath confidently. The proposed modules will offer guidance on claiming processes and emphasise the importance of maintaining essential documentation. Education could be supported by updating the:

> **"CTP notice in registration renewal to include 'how to claim' and 'keep me in your glove box' cards"** (MAIC staff focus group)

to keep within easy reach. By updating CTP notices in registration renewals with clear instructions on claiming, one can ensure that drivers are not left unprepared in the event of an accident.

Possible challenges in implementation

Scheme load concerns: There is a concern that bolstering CTP scheme awareness could inadvertently swell the volume of claims, potentially straining the scheme's capacity and financial health. Addressing this fear involves ensuring that heightened awareness is accompanied by clear, accurate information about claim eligibility to prevent unnecessary submissions.

Reliance on TMR and integration hurdles: The initiative's success is tied to TMR support, presenting a multi-faceted challenge. Integrating new content with existing educational resources and selecting the optimal modes and platforms for delivery are complex tasks. These require collaboration with TMR to ensure that materials are not only incorporated smoothly but also accessible across the diverse technological landscape of Queensland drivers.

Reaching diverse demographics: Tailoring the modules to effectively engage with diverse groups such as First Nations communities, culturally and linguistically diverse (CALD) populations, and individuals in remote areas is critical. This entails developing inclusive content and delivery strategies that are culturally appropriate and responsive to the varying needs of these communities.

Concept roadmap

Short-term	Mid-term	Long-term
Trial including the MAIC 'Drive safe, drive deadly' video' as part of the existing PCYCs learner driver training program, targeting a broader segment of new drivers.	Work closely with TMR to refine the refresher module, considering both physical and digital learning formats, and ensure it is integrated with existing driver's license testing procedures.	Implement a system for delivering push notifications and online modules through the Queensland Digital Licence, making continuous education a staple of the driving experience in Queensland.
Integrate notifications about module availability into the Queensland Digital Licence app, proposing this feature to TMR.	Partner with TMR to promote the educational materials through their communication channels, including during the licence renewal and registration process.	
Develop a mock-up of the refresher module on Moodle for inclusion on the MAIC website and strategize its communication and implementation.	Initiate an evaluation of the module's impact and explore the potential for MAIC-sponsored gamification strategies for ongoing licence holders.	

Claim profile

Commencing the claims process promptly with the information claimants and representatives can immediately provide.

Claim profile

Self service & represented	Via Police & Queensland Ambulance Service (QAS)	Via WorkCover Queensland	Via health providers	Via insurer or MAIC

Via MyCTP Home Dashboard

MyClaim home
Where the claim profile lives

1NSUR3R S3ARCH
To trigger the Claim profile

Smart cert
Removes barriers to submitting a claim

Claim tracker
Notifications of progress

Claim companion insights
Easy-read understanding of claim

Via **CITEC [QPrime]** or QAS or central admin team

API via **Work Cover portal**

API via **IeMR/ Practice Management Software**

Claims management system via the **PIR**

Claim profile

NOAC and Profile grows with each new piece of information

Retrieve CCTV footage for compliance

Retrieve attendance reports

Accept WorkCover Med Certs

Requests WorkCover history

Expand who can sign Med Certs

Expand who can sign Stat Decs

Requests medical histories

Insurer and Nominal Defendant business rules determine compliance, to accept claim and request further information

Digital signatures and witnessing required for easy statutory declarations

Claim profile

Commencing the claims process promptly with the information claimants and representatives can immediately provide.

Background

Our approach prioritises initiating the claims process with the information claimants can readily provide. This method has been adopted by some CTP insurers and WorkCover Queensland, where they begin personal injury claims 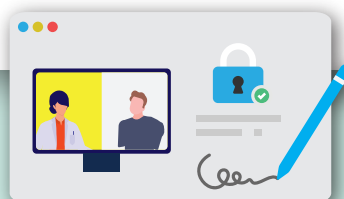with available initial information, gathering further evidence as needed. This flexible method transitions away from the traditional 'complete and submit' model to a fluid, continuous process that adapts to the evolving circumstances of claimants.

What is it?

The *Online claim form* is transformed from a 'stage gate' – an initial barrier to assessment and rehabilitation – into a dynamic profile that updates with each new piece of evidence. This system mirrors the efficient process some insurers have already adopted successfully.

How does it work?

The Multi-Staged Claim Profile simplifies the claims process by allowing updates as new information is available, functioning through:

- An online form that evolves with the claim, enabling claimants and their representatives to add information as their situation changes.

- Seamless integration with data from QAS, QH, and QPS, which automatically prefills the form with essential details.

- A dynamic interface that turns the traditional Online Claim Form into an interactive timeline, reflecting the claimant's recovery and claim status.

- Insurer-specific business rules that dynamically draw in relevant information once the insurer is identified via an enhanced Rego Search function.

- The capacity for the form to trigger an Online Claim Form based on the data collected by insurers.

- The ability to submit other forms of medical evidence for the Online Claim Form (not just the prescribed CTP medical certificate).

- Digital signatures are incorporated into the system, ensuring the validation of claim information.

- A feature where certain insurer-defined criteria trigger the availability of the claim for review and action, such as the receipt of a medical certificate and police report.

This approach moves away from the rigid 'complete and submit' standard, transitioning to a more fluid and ongoing process that allows claimants and their representatives to update their information as their circumstances evolve and more information becomes available. We want this to reflect the process that some insurers already run and manage successfully. As claimants and representatives provide updates, these integrate seamlessly with data from QAS, QH, and QPS, pre-filling necessary details. The process transforms the once static Online Claim Form into an interactive timeline of the claimant's recovery, allowing insurer-specific business rules to draw in relevant information dynamically. MAIC can enhance its operational efficiency through digital integration, avoiding delays associated with the Online Claim Form and fostering a better understanding of the claim lifecycle.

What is its value?

The Multi-Staged Claim Profile streamlines the claims process for claimants, enabling quicker submissions and updates, which can lead to earlier rehabilitation opportunities and a more transparent understanding of their claim status. This approach also alleviates the psychological strain on claimants by only requiring necessary information pertinent to their specific context. For MAIC, the value lies in the increased operational efficiency gained through digital integration, which shortens delays typically associated with Online Claim Forms and enhances comprehension of the claim lifecycle. Insurers receive the boon of comprehensive and early claim information, which aids in a more accurate and efficient claims management process. Lastly, lawyers are afforded immediate access to the developing particulars of claims, thereby facilitating more informed case preparation and effective advocacy.

Data supporting the concept

A compendium of all relevant claimant information in a single portal enables cross-referencing of details to ensure:

> there is no **"misrepresentation of fact, liability and injury from lawyer and claimant"** (MAIC staff focus group).

All relevant parties can access comprehensive information relevant to each claim and their information needs, enabling a holistic overview of the claimant and their journey through the scheme.

Initial claimant entry into the CTP scheme can encounter critical delays due to the unavailability of mandatory information required to start the claims process. Accident and *"emergency reports are difficult to get"* and "police don't attend 70% of incidents, but police reports are needed for NOAC submission" (MAIC SME workshop). Thus enabling a claim profile that can be built progressively in the claimant journey that assists "things to get started without delay, getting people into rehab soon - to start their journey for recovery" (MAIC SME Workshop).

Simplifying the collection of, and ease of access to, claimant information creates a supportive process for all concerned parties. This simplified process will endeavour to encourage self-efficacy and support claimants with the confidence to navigate their own claims process.

Possible challenges in implementation

Digital Signature Adoption: The concept's success is heavily reliant on the ability to implement digital signatures, a move that requires both technological readiness and regulatory approval. Without this functionality, the envisioned efficiency gains could fall short.

Data Integration Complexities*:* Integrating systems and data from different sources, such as QAS, QH, and QPS, presents a technical challenge. Ensuring compatibility and seamless data exchange is essential for the real-time update and accuracy of the claimant profiles.

Regulatory Adaptations: Necessary regulatory changes, including the decoupling of the medical certificate from the NOAC and the introduction of new forms to facilitate the multi-staged process, could encounter roadblocks. These changes are pivotal for the concept's viability and require navigating the intricacies of policy reform.

Concept roadmap

Short-term	Mid-term	Long-term
Explore and restart the process for integrating digital signatures including updating the NOAC in line with recent legislation changes relating to digital signatures and witnessing. Minimise the mandatory fields in the current form to the essentials. Engage directly with claimants drafting the Online Claim Form to provide targeted support through the Claim Navigator concept. Utilise the MAIC enquiry line to allow Claims Specialists to assist in lodging claims.	Design a multi-stage form that claimants can fill progressively as more information is obtained. Implement a system to prepopulate form details using data shared by other agencies (a 'tell us once' approach). Advocate for regulatory changes (MAIC Act Change) that allow for the claim form details to be defined in the claims management standard, enabling more dynamic form use and integration.	The aim is to eliminate the need for a form altogether, with all necessary information being directly populated from external data sources, embodying the principle that "the best form is no form".

Smart cert

Making it easier to start a claim

Smart cert

Expanding what can be accepted as medical evidence

MAIC-funded medical certificates for CTP Claims

BILL

Is your patient at fault?

We can already complete med certs in similar schemes

Expanding who can complete a Medical Certificate
to Specialist Physiotherapists and Nurse Practitioners

Scheme information during appointment scheduling

Building the
Claim Profile

CTP Claim in Practice Management Software
Health providers efficiently help their patients complete a CTP Claim, gain access to funded treatment and share medical records

MY **WHIPLASH** NAVIGATOR
GUIDED WHIPLASH RECOVERY

Health provider awareness

Training for My Whiplash Navigator to assist and guide recovery from whiplash injury

14% *of CTP claimants also have a WorkCover claim*

Smart cert

Making it easier to start a claim.

Background

Navigating the initial steps of a claim can be challenging due to the complex requirements for medical certification. Recognising this bottleneck, the 'Smart cert' concept is designed to alleviate these initial hurdles and accelerate the claims process.

What is it?

This initiative changes the way medical certification is handled within the Queensland CTP system by streamlining the process of obtaining medical certificates. It aims to mitigate common issues such as cost, the difficulty of securing appointments, and the bureaucratic red tape often encountered post-hospital discharge.

How does it work?

The 'Smart cert' concept is multifaceted, focusing on practical solutions:

- **MAIC-Sponsored medical certificates**: MAIC may underwrite the cost of medical certificates at the onset of the claims process, irrespective of liability status, through reimbursements or direct payments to healthcare providers.

- **Broadening authorisation:** Nurse practitioners and specialist physiotherapists will be empowered to issue medical certificates, expanding the network of available professionals and reducing wait times for claimants.

- **Statutory declaration oversight:** Enhancements to ensure that medical certificates are appropriately issued for 'at fault' situations, mitigating potential misuse.

- **Inclusive medical evidence use:** Allowing insurers to consider various forms of medical evidence beyond the standard MAIC-branded certificates.

- **Digital standardisation of Online claim form:** Building on previous experiments, explore new methods to incorporate the Online Claim Form into Practice management Software.

What is its value?

The "Smart cert" concept presents a significant stride towards enhancing the claims process by alleviating initial barriers for claimants, providing financial support to kickstart their claims, and enabling earlier access to treatment. For claimants, this means a streamlined claims process, where they are introduced to CTP claims efficiently, reducing unnecessary visits and procedures.

For MAIC, it promises increased awareness of the claims process from the onset, potentially reducing delays in claim processing. Health providers are empowered to offer more effective medical treatments and referrals, equipped with a deeper understanding of the CTP system. This results in better-informed decisions, optimising the provision of services and avoiding misuse. Overall, the value of this concept lies in creating a smoother experience for claimants while simultaneously enhancing the operational efficiency and understanding of the claim lifecycle for MAIC and insurers, leading to a smarter and more compassionate administration of the scheme.

Data supporting the concept

'Smart cert' would alleviate provider confusion and support claimants in accessing medical evidence with less delays encountered due to the expense and availability of GPs.

> Insurers **"found claimants were also forgetting to take that document [the required form] to the GP, and the GP sometimes gets confused about what they should fill out"** (Insurer interview).

Additional issues supporting the "Smart cert" concept are (i) the expenses associated with obtaining medical certificates: "people are reluctant to pay approximately a $100 to get a mere certificate that they don't even know will take them anywhere" (MAIC SME workshop), (ii) the problem that "some claimants don't have a regular GP", and (iii) it may be "hard to get through to GPs" (MAIC staff focus group).

Alternatives to the current GP-provided medical certificate were mentioned by several parties. "There might even be a medical certificate from the hospital, and that will hold for the whole claim" (Health professional focus group). Additionally, MAIC could "provide support for alternate authority to complete" (MAIC staff focus group).

"Recovery is all about timeliness" (Insurer interview), and accessibility to a 'Smart cert' would facilitate prompt entry into the scheme and timely access to rehabilitation specialists.

Possible challenges in implementation

Medical Certificate Payment: The concept's success depends on the establishment of a sustainable model for covering medical certificate costs.

Regulatory Hurdles: Implementing the concept requires regulatory support for expanding who can issue medical certificates and for integrating NOAC into healthcare providers' systems.

Stakeholder Buy-In: Ensuring that key healthcare providers are on board with these changes is critical, and this may necessitate additional training and accreditation for new professional groups.

System Integration: The digital integration of medical certificates poses technical challenges that must be navigated to ensure seamless data sharing and claim processing.
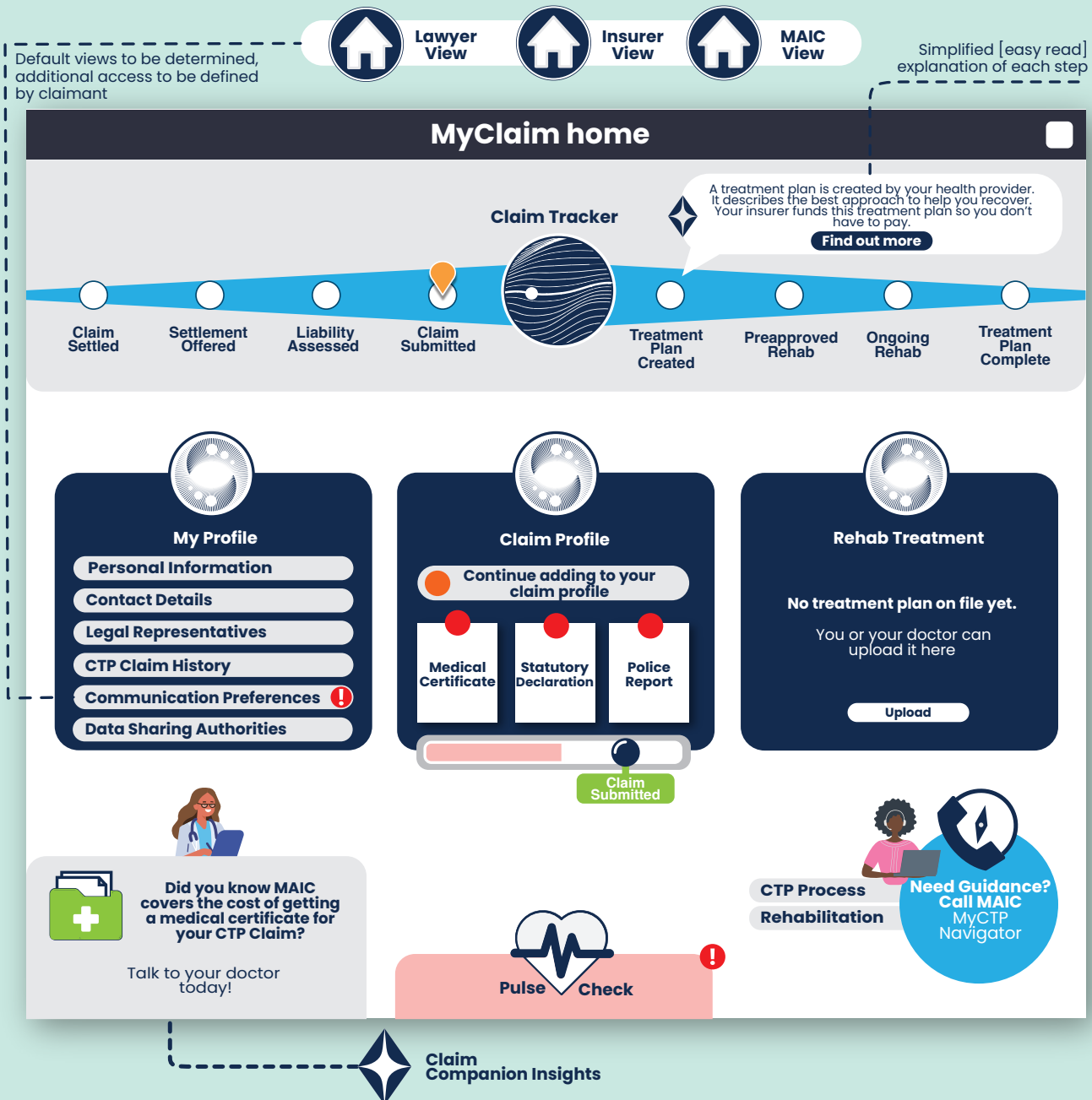
Concept roadmap

Short-term	Mid-term	Long-term
Explore systems that would enable doctors to bill MAIC directly for medical certificates, enhancing efficiency.	Initiating direct payments to GPs for claimant medical certificates, streamlining the process.	Empower GPs with the authority to commence the claims lodgement process, allowing for direct contact with the injured party.
Explore the possibility of MAIC funding the cost of medical certificates for CTP claimants.	Developing a synchronised system update to refine the claim lodgement process.	Create a universal medical certificate analogous to the "Universal" Legal practitioner's certificate, extending its use across Queensland authorities.
Conducting comparative reviews with other schemes like WorkCover to identify best practices for certificate issuance by varied healthcare professionals.	Enabling medical centres to integrate CTP medical certificates into their existing software systems.	Investigate and implement secure, authorised data integration pathways from medical providers to the MyClaim Home dashboard, promoting data coherence and accessibility.
Undertaking a comprehensive study to evaluate the potential for MAIC to fund medical certificates, examining the implications across legislative, financial, and operational domains.	Separating the medical certificate requirement from the NOAC to simplify claim submission.	
	Modifying regulations to permit a wider range of health professionals to issue valid medical certificates.	
	Establishing digital standards for medical certificates to facilitate their inclusion in practice management software.	
	Engaging with Queensland Health to secure access to the Integrated electronic medical record (ieMR) system.	

MyClaim home

The central digital dashboard for all your CTP-related resources

Lawyer View **Insurer View** **MAIC View**

Default views to be determined, additional access to be defined by claimant

Simplified [easy read] explanation of each step

MyClaim home

Claim Tracker

A treatment plan is created by your health provider. It describes the best approach to help you recover. Your insurer funds this treatment plan so you don't have to pay.
Find out more

Claim Settled · Settlement Offered · Liability Assessed · Claim Submitted · Treatment Plan Created · Preapproved Rehab · Ongoing Rehab · Treatment Plan Complete

My Profile
- Personal Information
- Contact Details
- Legal Representatives
- CTP Claim History
- Communication Preferences ⚠
- Data Sharing Authorities

Claim Profile
- Continue adding to your claim profile
- Medical Certificate
- Statutory Declaration
- Police Report
- Claim Submitted

Rehab Treatment

No treatment plan on file yet.

You or your doctor can upload it here

Upload

Did you know MAIC covers the cost of getting a medical certificate for your CTP Claim?

Talk to your doctor today!

Pulse Check ⚠

CTP Process
Rehabilitation

Need Guidance? Call MAIC
MyCTP Navigator

Claim Companion Insights

MyClaim home

The central digital dashboard for all your CTP-related resources.

Background

Navigating a CTP claim is an intricate journey riddled with complex information and crucial decision-making points. Claimants often find themselves in a labyrinth of negotiation, where the fault-based nature of the CTP scheme creates a reliance on insurers and lawyers. This complexity can lead to a muddle of conflicting advice, inconsistent health outcome reports, and a daunting, multi-faceted process that significantly affects one's physical, mental, and financial well-being. In such a convoluted landscape, claimants seek a beacon of clarity and direction to help make sense of their journey through the CTP system.

What is it?

MyClaim Home emerges as a centralised, digital dashboard designed specifically for the claimant. It serves as a live, dynamic record that collates all pertinent information, supporting the claimant throughout their recovery journey. Tailored to the individual's location, injury type, and stage of the process, MyClaim Home offers a transparent, objective lens through which the entire claim process is viewed, thereby reinforcing early rehabilitation and setting realistic expectations for settlement outcomes. Accessible not only to the claimants but also providing a window for MAIC staff, insurers, legal professionals, and healthcare providers, MyClaim Home stands as a holistic platform for all parties involved.

How does it work?

MyClaim Home functions as a comprehensive interface that provides:

- A high-level overview of the claim's progress, detailing each critical milestone.

- A repository of the claimant's personal information and historical records pertinent to the claim.

- Detailed insights into the rehabilitation treatment plans, including historical and prospective actions for reimbursement.

- Customised information and insights that enable claimants to grasp the nuances of their unique CTP journey.

- Regular 'pulse checks' to gauge the claimant's sentiment regarding their experience with the CTP process.

- A countdown mechanism for tracking the number of approved treatment sessions remaining

What is its value?

MyClaim Home redefines the claimant's journey by offering a centralised, interactive dashboard that enhances the transparency and efficiency of the CTP process. For claimants, it simplifies the progression of their claims, accelerating access to rehabilitation services and ensuring that vital information is provided promptly and accurately. It's a platform that not only aids claimants in commencing their recovery swiftly but also nurtures their understanding and involvement in the claims process. For MAIC, it signifies a leap towards operational excellence, enabling quicker, more informed decisions and facilitating a smoother flow of claims through digital means. Insurers stand to gain from the expedited and more complete inflow of claim data, which in turn optimises claims management and reduces the likelihood of delays. Legal professionals benefit from having immediate access to the evolving details of claims, enhancing their ability to prepare and advocate effectively. Overall, MyClaim Home promises to be a catalyst for enhanced service provision, improved claimant experience and a robust, sustainable CTP scheme.

MyClaim home

The central digital dashboard for all your CTP-related resources

Simplified [easy read] explanation of each step

High level claim overview

MyClaim Home

Settlement is a negotiation process between you and the insurer. The impact of the injury on your and your life is used to create a settlement dollar amount.

Find out more

Claim Tracker

- Claim Settled
- Settlement Offered
- Liability Assessed
- Claim Submitted
- Treatment Plan Created
- Preapproved Rehab
- Ongoing Rehab
- Treatment Plan Complete

My Profile
- Personal Information
- Contact Details
- Legal Representatives
- CTP Claim History
- Communication Preferences ❗
- Data Sharing Authorities

Claim Profile
- Medical Certificate
- Statutory Declaration
- Police Report

Claim Submitted
12/12/23

Rehab Treatment
- Physiotherapy — 2 of 10
- Exercise Physiologist — 10 of 10

Rehab Treatment Plan

Rehab Treatment History

Upload reimbursement

Did you know it is best to assess your whiplash injury as soon as possible to guide your recover?

Check out Whip Predict and talk to your doctor or your physio today!

CTP Process

Rehabilitation

Pulse Check ❗

Need Guidance? Call MAIC MyCTP Navigator

◆ **Claim Companion Insights**
Insights tailored to injury coding and claim stage

Data supporting the concept

Claimant awareness of their personal CTP claim journey must be provided through information provision. The road to physical and psychological recovery after an injury is stressful and difficult to navigate, and only 52% of MAIC Claimant Survey participants stated that they expected the CTP claims process to aid in their recovery, with 29% of these expecting partial recovery and 23% expecting complete or near complete recovery (MAIC, 2021).

> **"The consumer experience of the scheme must be paramount"** (Henley, 2023)**. However, only 32% of respondents in the CTP claimant survey felt the process was easy** (MAIC, 2021).

Satisfaction levels with the overall claims process declined from 57% in 2019 to 38% in 2021 for satisfied or very satisfied respondents (MAIC, 2021). In contrast, 75% of claimants felt that the high quality of service provision from the CTP insurer was very important, which illustrates the need for improvements (MAIC, 2021). The implementation of MyClaim Home is supported by a broader request for *"developing a 'streamlined/low documentation' claims process that those with a low level or straightforward claim can use"* (MAIC, 2019).

Possible challenges in implementation

The MyClaim Home concept stands as a pioneering effort to centralise and streamline the CTP insurance claim process for Queensland motorists, and builds on previous MAIC work on the digital claims initiative. While the initiative promises significant improvements in claimant experience and operational efficiency, several challenges could affect its successful implementation:

Data Privacy and Security: Given the sensitive nature of claimants' personal and medical information, ensuring robust data privacy and security measures is paramount. This involves complying with data protection regulations and implementing security protocols to safeguard user data.

Integration with Existing Systems: Seamlessly integrating MyClaim Home with current insurance systems can be complex. An easy start would be to consider this concept as a new interface on top of PIR and then expand the functionality from there.

User Accessibility and Engagement: Ensuring that MyClaim Home is user-friendly and accessible to all claimants is crucial. This includes designing an intuitive interface, providing adequate support and guidance for users, and encouraging consistent engagement with the platform.

Stakeholder Buy-In: Gaining the support and cooperation of all involved parties requires addressing any reservations or resistance from stakeholders and demonstrating the benefits of the platform.

Maintaining Up-to-Date Information: Keeping the information on MyClaim Home current and relevant is an ongoing challenge. This involves regular updates to reflect changes in CTP policies, legal procedures, and medical guidelines, ensuring that claimants always have access to the latest information.

Scalability and Reliability: As the usage grows, ensuring the platform can scale effectively to handle increasing volumes of data and user interactions without compromising performance or reliability is critical. Addressing these challenges will require a multifaceted approach, with ongoing evaluation and adaptation of strategies to ensure the MyClaim Home initiative achieves its objectives and delivers a robust, claimant-centred CTP scheme.

Concept roadmap

Short-term	Mid-term	Long-term
Develop a self-service feature for PIR information requests within the portal. Pilot the Claim Tracker functionality within MyClaim Home to provide claimants with real-time updates. Overhaul the current MAIC website to include a more comprehensive view of PIR fields and timeframes for the claimant.	Revisit the integration of the Medical Certificate into general practice management software, enhancing the flow of claim-related information.	Advocate for comprehensive system integrations between insurers, MAIC, legal providers, and the broader public sector, including Queensland Health, QAS, QPS, SPER, and Workcover. This integration is aimed at reducing administrative redundancies, curtailing potential fraud, and simplifying the overall complexity of the CTP process, thereby enhancing efficiency and transparency for all stakeholders.
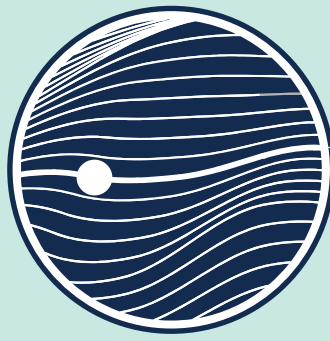
Claim tracker

Mapping your CTP journey, step by step

Claim Tracker

Claim Submitted

🟢 You have completed this stage

Get Medical Certificate

Start your own treatment

Receive treatment

Find the insurer

Sign Statutory Declaration

Complete the Claim Profile

Claim Submitted

Insurer reviews claim

Submit a Police Report

Decision Point
Defined by insurer business rules

Claim Submitted

94 days

Enter accident date
21 July 2023
to submit claim

- All registered vehicles in Queensland have CTP insurance.
- This covers the vehicle that caused the accident. We call this the 'at-fault' vehicle.
- The 'at-fault' vehicle is the vehicle you consider was most at-fault for causing the accident
- If the 'at-fault' vehicle was registered interstate or if you don't know the registration number of the 'at-fault' vehicle, contact MAIC for assistance.
- Simply do an insurer search to find the insurer of the at-fault vehicle.

1NSUR3R 🔍 S3ARCH

Find the CTP Insurer for your claim

Contact MAIC for Assistance

Claim Submitted

Your Role

The Insurer's Role

Your Lawyer's Role

MAIC's Role

Claim tracker

Mapping your CTP journey, step by step.

Background

Navigating a CTP claim can be a complex and confusing process for claimants, filled with technicalities and paperwork at every turn. It's often challenging for individuals to find reliable, straightforward guidance, especially when faced with conflicting information and the inherent adversarial nature of the fault-based CTP scheme. This complexity can add to claimants' stress, impacting their overall well-being and the pursuit of their rightful claims.

What is it?

The Claim Tracker acts as a digital companion for claimants, offering a transparent and user-friendly way to track the progress of their CTP claims. It demystifies the process by providing a visual timeline of their claim's status, making the journey from initiation to settlement clear and comprehensible. This tool is crafted to empower both legally represented and direct claimants, granting them an accessible overview and peace of mind that they are on the right track.

How does it work?

The Claim Tracker simplifies the CTP journey by breaking it down into manageable stages, offering:

- Dynamic Notifications to keep claimants informed about updates or necessary actions.

- Stage-by-Stage Overview for easy tracking of the claim's progression.

- Structured Guidance to assist in navigating each phase effectively.

- Real-Time Data integration, leveraging the Personal Injury Register for accurate and current information.

- Stakeholder roles so that claimants have transparency over who is involved, what their jobs are and how they should act at each step.

What is its value?

The Claim Tracker enriches the claim experience by enhancing transparency and promoting an efficient, self-managed process. It empowers claimants with a clear picture of their journey, encouraging active participation and literacy in CTP processes. For MAIC, it is a trust-building tool that promotes direct claim submissions and efficient scheme operations. Insurers benefit from a reduction in enquiries and an increase in direct claim efficiency, while lawyers gain a valuable resource for tracking claim updates. Overall, the tracker is a win-win for all parties, streamlining communication and ensuring everyone stays informed.

Data supporting the concept

Claimants' awareness of their personal progress in their CTP journey can be fraught with confusion, and most represented claimants (71%) must correspond with their legal representatives to obtain information about their claim's progress (MAIC, 2021).

Knowledge of CTP claim progression is empowering to claimants and promotes clarity and trust in the process. Some form of "progress reports" (Insurer interview), "to show where are things at with the claim" (MAIC SME Focus Group) was deemed very useful, not only for transparency but also to

> **"minimize unnecessary back and forth communications"**
> (Lawyer Focus group)
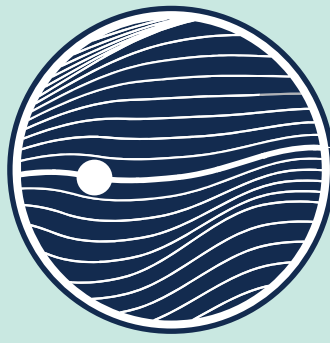
Claim tracker

Mapping your CTP journey, step by step

Within
Claim Tracker page

Liability Assessed

You have not completed this stage yet

Start
your own
treatment

Rehab
requested

Treatment
Plan created

Pre-approved
for rehab

Receive
treatment

Treatment
Paid

Insurer
reviews
claim

Insurer
collects
evidence

Insurer
assesses
evidence for
liability

More
information
requested

Liability
Assessed

Disputing
liability
decision

Liability Assessed

Your Role

The Insurer's Role

Your Lawyer's Role

MAIC's Role

**Liability
Assessed**

Liability is a legal term that involves a determination, based on the evidence, of whether a party is at fault and therefore whether the insurer is (or isn't) responsible to cover the cost of the injury.

**77 days
remaining
for liability
accessment**

**View your
Liability
Decision**

- [RACQ] assessed the evidence and determined that they are [not liable] to cover your claim [Claim number]
- Information about each option listed about what claimants can do next
- Read and access the resources below

**Contact
Insurer**

[Claims
Officer]

**MAIC CTP
Navigator**

**Disputing
liability
decision**

**Liability
Resources**

External Claim
Resources

**Deciding
to use a
lawyer**

External Legal
Resources

**Can data be provided by easily by Insurers?
Requires templated cells for text extraction and presentation**

Claim Companion Insights
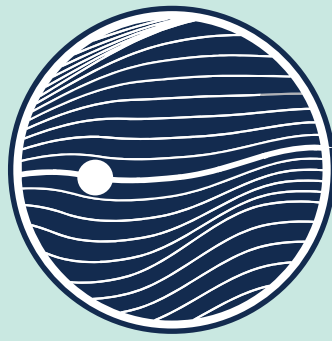
Claim tracker

Mapping your CTP journey, step by step

Within Claim Tracker page

Settlement Offered

○ ○ ● ○

◑ You have not completed this stage yet

Treatment Received · Treatment Paid · Injury Stabilised · Ongoing Treatment Received · Treatment Paid

Liability Assessed · Informal negotiations · Compulsory Conference · Litigation

Settlement Offered · Settlement Offered · Settlement Offered · Settlement Accepted

Settlement Offered

Your Role

The Insurer's Role

Your Lawyer's Role

MAIC's Role

Settlement Offered

An offer of settlement is when you or the insurer make a financial offer to cover the costs of all past and future damages caused by the accident. All past and future damage types are grouped under a term ' heads of damage', this is the how an initial amount is estimated. From there, the settlement can be negotiated based on evidence provided by both sides.

You have received an offer from the insurer.

View Settlement Offer

Review your settlement offer carefully. Use Settlement Savvy to understand it.

Use Settlement Savvy to help understand it.

Contact Insurer

[Claims Officer]

Settlement Savvy

MAIC CTP Navigator

From P.I.R

Only available once first settlement offer has been made by insurer.

between the diverse parties (e.g. lawyers, claims officer and claimant) - which can impact the overall cost and efficiency of the claims process.

Possible challenges in implementation

The Claim Tracker is designed to tackle a range of systemic issues that often complicate the CTP claim process for claimants. It addresses the difficulty of mapping out standard claim pathways and expected timelines, particularly without comprehensive data and process mining activities. This can leave claimants unsure about the next steps and the duration of each stage within their claim.

Another significant issue is the current lag in obtaining timely and structured PIR data feeds. The Tracker is designed to streamline this data flow, ensuring claimants receive up-to-date information promptly.

The concept also addresses the complex challenge of integrating systems to facilitate seamless data exchange between MAIC and insurance providers. This integration is vital for the Tracker's functionality and effectiveness in providing real-time updates and guidance to claimants.

Moreover, the Tracker might cause resistance to adoption by insurers and lawyers, who may be wary of the increased transparency and empowerment it provides to claimants. It aims to demonstrate the mutual benefits of the Tracker to all parties involved, encouraging a shift towards more direct and efficient claims management practices.
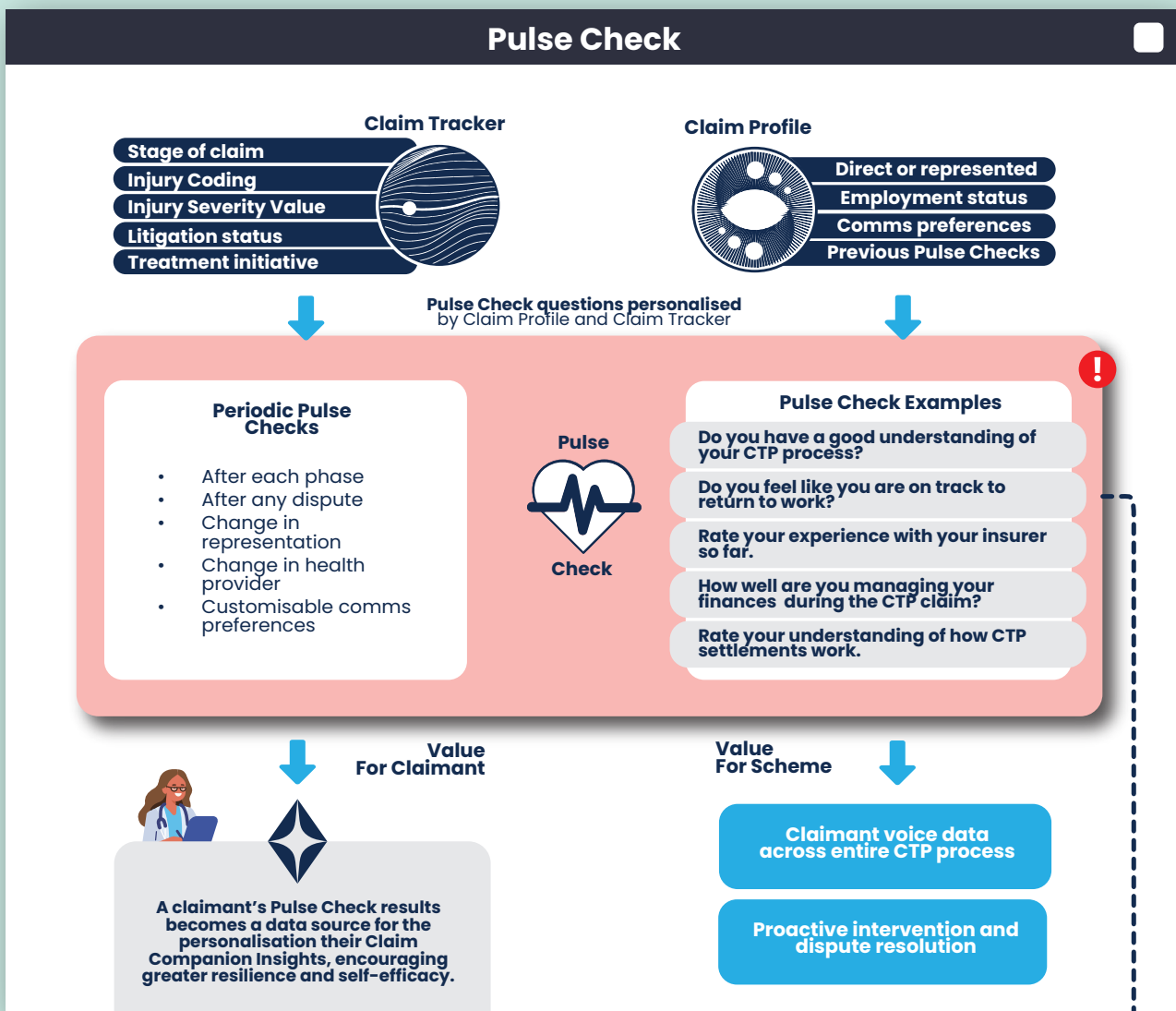
Concept roadmap

Short-term	Mid-term	Long-term
Develop a process map to detail every step in the claim journey, identifying crucial decision points and information flows, inclusive of known legislative timeframes.

Design an MVP for the MyClaim Claim Tracker incorporating fundamental features such as dynamic notifications and document handling.

Enhance the Personal Injury Register data mapping to define key journey stages, ensuring claimants have a clear roadmap.

Forge partnerships with insurers to refine PIR notification processes for mutual benefit.

Connect MAIC user interfaces to PIR claimant IDs to streamline claim tracking.

Facilitate workshops with claimants, insurers, and legal advisors to refine the process map and MVP functionalities.

Release a generic version of the claim tracker on the MAIC website to provide a non-specific but comprehensive guide to the claim process.

Implement a tiered viewing system, starting with a broad overview and then delving into detailed stages, using PIR data to demonstrate static progress.

Test the concept with current Online Claim Form system users and investigate stronger authentication measures for broader claimant access. | Develop a communication strategy to acquaint users with the claim tracker, emphasising its advantages and functionality.

Initiate educational initiatives, including webinars and FAQs, to familiarise claimants with the tracker.

Synchronise the tracker with existing MAIC and insurer databases for fluid data exchanges.

Establish KPIs to assess the tracker's effectiveness in improving claim processes and user satisfaction.

Derive a sequence of actions for journey stages through business process mapping and process mining for further system enhancements. | Advance the analytics capabilities of the tracker for in-depth insights into claim trends and claimant interactions.

Integrate machine learning to forecast claim outcomes and recommend proactive measures to claimants.

Elevate the status of the MyClaim Claim Tracker by benchmarking against international claim management tools and adopting global best practices.

Investigate potential real-time data integrations with external systems such as insurance and healthcare providers to enrich the tracker's functionality. |

Pulse check

Easy check-in that tailors support for claimants

Pulse Check

Claim Tracker

- Stage of claim
- Injury Coding
- Injury Severity Value
- Litigation status
- Treatment initiative

Claim Profile

- Direct or represented
- Employment status
- Comms preferences
- Previous Pulse Checks

Pulse Check questions personalised
by Claim Profile and Claim Tracker

Periodic Pulse Checks

- After each phase
- After any dispute
- Change in representation
- Change in health provider
- Customisable comms preferences

Pulse Check

Pulse Check Examples

- Do you have a good understanding of your CTP process?
- Do you feel like you are on track to return to work?
- Rate your experience with your insurer so far.
- How well are you managing your finances during the CTP claim?
- Rate your understanding of how CTP settlements work.

Value For Claimant

A claimant's Pulse Check results becomes a data source for the personalisation their Claim Companion Insights, encouraging greater resilience and self-efficacy.

Value For Scheme

Claimant voice data across entire CTP process

Proactive intervention and dispute resolution

By applying MAIC-funded predictors of non-return to work 2 years-post injury (Heron-Delany et al.) alongside injury coding, MAIC/insurers can proactively intervene commensurate with their function in the scheme

MAIC Collaboratory

Pulse check

Easy check-in that tailors support for claimants.

Background

Navigating a CTP claim can often be a disorienting and isolating experience for claimants. Amidst the challenge of recovery, individuals may feel disconnected from the support systems designed to aid them. Pulse Check seeks to bridge this gap, providing a compassionate touchpoint to ensure claimants are not alone on their journey to recovery.

What is it?

Pulse Check periodically prompts claimants to engage in a well-being check-in specifically tailored to their unique recovery profile. This system not only tracks claim progress but also gauges claimant wellbeing, offering a personalised experience throughout the lifecycle of the claim.

How does it work?

- Dynamic Engagement: Pulse Check periodically prompts claimants for input, ensuring they remain connected and informed throughout their claim's journey.

- Tailored Queries: Claimants receive customised questions based on their specific circumstances, including injury type, recovery progress, and personal well-being.

- Data-Informed Support: Responses are analysed to provide claimants with precise resources and support tailored to their needs at each stage of their recovery.

- User Experience: The check-in interface is designed to be intuitive, with a mix of closed and open-ended questions that are engaging and straightforward to complete.

- Goal Setting: Claimants can set and track personal rehabilitation goals, adding a layer of empowerment to their recovery process.

- Customisable Frequency: The frequency of check-ins is adjustable, allowing claimants to choose how often they engage with the system based on their preferences and needs.

- Scheme Insight: The aggregated data from all claimants' check-ins provide MAIC with valuable insights for scheme improvement and trend prediction.

What is its value?

For claimants, Pulse Check acts as a vital engagement tool, offering support in areas of struggle and enhancing the overall scheme experience. It encourages awareness towards mental health and rehabilitation, aiding in the transition back to work or normal life. Where privacy constraints allow, MAIC would benefit from a rich pool of data providing insights for scheme enhancement, trend identification, and claimant need prediction, allowing for evidence-based improvements and resource deployment. Lawyers and insurers gain access to shared insights, amplifying their support capacity for claimants.

Data supporting the concept

Stressors associated with motor vehicle-related injuries have a flow-on effect on other aspects of a claimant's life. One suggestion to reduce claimants' stressors was to minimise unnecessary treatments and only use treatment that is supportive and adds value to the claimant's recovery (MAIC staff focus group). Sometimes, GPs may give excessive referrals to physiotherapists or unnecessary referrals to surgeons, which may not help and, in fact, can do harm at times (MAIC staff focus group). "Can we educate GPs better on their role, the CTP system and what it means to the scheme?" (MAIC staff focus group).

> **"I would like to have a governing body that actually reviews and measures the quality of care and providers"** (Insurer interviews).

CTP injury claims can impact mental health and require psychological support that claimants may be unwilling to seek out. Regular check-ins to enquire if further support is needed is an area that requires CTP scheme exploration. Stakeholders stated the benefits of "understanding the importance of empowering people when it comes to mental health" (Insurer interview). Stakeholder consultation identified claimants need both physical and mental health support on their CTP journey and suggested "give people the tools to deal with their mental health and then support them along the way" (Insurer interview). This ensures claimants are fully recovered, or as close as possible, when returning to employment (MAIC staff focus group). The "best resolution that we can get is to bring you back to living life and bring you back as normal as possible" (Insurer interview).

Possible challenges in implementation

Claimant Engagement: One of the foremost challenges lies in securing consistent participation from claimants. The success of Pulse Check hinges on claimants' willingness to engage with the tool and share their experiences regularly.

Perception Shift: Altering perceptions around MAIC's role from a regulatory body to one that offers bespoke guidance may encounter resistance. This change necessitates a strategic approach to repositioning MAIC's image among claimants.

Professional Resistance: Lawyers may be resistant to the idea of their clients interacting with another party due to concerns over control and the integrity of the legal process.

Claimant Privacy: Some claimants may have reservations about increased contact with insurers and may be wary of sharing additional personal information, posing a hurdle to the tool's widespread adoption.

Legislative change required: The implementation of a pulse check may require an additional legislative function added to the MAI Act.
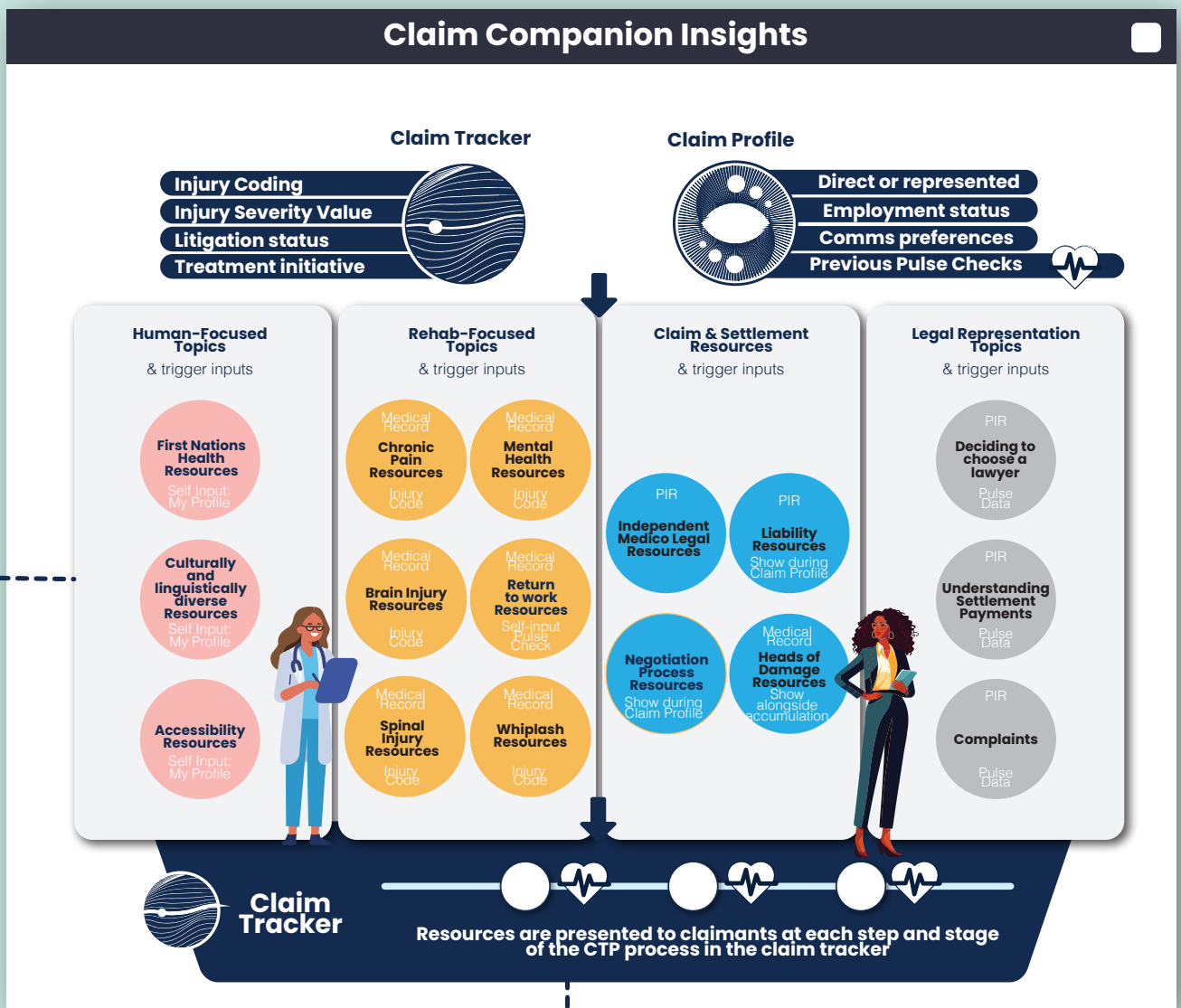
Concept roadmap

Short-term	Mid-term	Long-term
Align the tool with legal guidelines to ensure it complements MAIC's regulatory role without overstepping into individual claim management.	Develop a protocol within MAIC to respond aptly to claimants flagged as 'at risk' and determine the appropriate juncture to notify insurer claims officers.	Integrate sophisticated data analysis and artificial intelligence to yield deeper insights, predictive models, and tailored claimant assistance.
Design the interface to be supportive without constantly reminding claimants of their injuries.	Tailor the Pulse Check's features to align with different stages of a claimant's journey.	Utilise AI-driven trends analysis to anticipate claimant needs and enhance proactive support strategies.
Initiate a pilot program with a select group to gather initial responses and refine the tool.	Establish standards for Patient-Reported Experience Measures (PREMs) and Patient-Reported Outcome Measures (PROMs) within the medico-legal framework to enhance data evaluation.	
Assess and adapt successful holistic health check models to suit the CTP context.	Leverage Pulse Check data to inform data-driven improvements to the CTP scheme.	
Provide training for MAIC staff to maximize the utility and impact of Pulse Check.		

Claim companion insights

Guiding recovery, one insight at a time

Claim Companion Insights

Claim Tracker

- Injury Coding
- Injury Severity Value
- Litigation status
- Treatment initiative

Claim Profile

- Direct or represented
- Employment status
- Comms preferences
- Previous Pulse Checks

Human-Focused Topics & trigger inputs

- First Nations Health Resources — Self Input: My Profile
- Culturally and linguistically diverse Resources — Self Input: My Profile
- Accessibility Resources — Self Input: My Profile

Rehab-Focused Topics & trigger inputs

- Medical Record — Chronic Pain Resources — Injury Code
- Medical Record — Mental Health Resources — Injury Code
- Medical Record — Brain Injury Resources — Injury Code
- Medical Record — Return to work Resources — Self-input Pulse Check
- Medical Record — Spinal Injury Resources — Injury Code
- Medical Record — Whiplash Resources — Injury Code

Claim & Settlement Resources & trigger inputs

- PIR — Independent Medico Legal Resources
- PIR — Liability Resources — Show during Claim Profile
- Negotiation Process Resources — Show during Claim Profile
- Medical Record — Heads of Damage Resources — Show alongside accumulation

Legal Representation Topics & trigger inputs

- PIR — Deciding to choose a lawyer — Pulse Data
- PIR — Understanding Settlement Payments — Pulse Data
- PIR — Complaints — Pulse Data

Claim Tracker

Resources are presented to claimants at each step and stage of the CTP process in the claim tracker

My Profile: User input to trigger language settings & easy-read documentation

49 resources already available under all 16 topics

Claim companion insights

Guiding recovery, one insight at a time.

Background

Navigating a CTP claim can be a daunting task for many, filled with complex steps and important decisions, especially while recovering from an injury. Claimants often feel overwhelmed by the sheer amount of information and the critical choices they must make. Recognising the need for clearer guidance, MAIC is introducing "Claim Companion Insights" to help simplify this process. This initiative is about giving claimants a helping hand, ensuring they have the information they need when they need it. By offering personalised insights, "Claim Companion Insights" aims to make the recovery and claim journey less stressful and more manageable.

What is it?

"Claim Companion Insights" is a dynamic, personalised guidance system that delivers timely and relevant information to claimants. It acts as a digital concierge, offering insights and advice tailored to the claimant's specific situation, such as Pulse-Check results, or procedural guidance. It's an intuitive tool that understands the claimant's needs and provides support that aligns with their recovery stage.

How does it work?

- Data-Driven Personalisation: Leverages claimant data to offer tailored advice and insights that align with their recovery progress and personal circumstances.

- Stage-Specific Guidance: Provides information snippets relevant to each stage of the claim process, from initial filing to rehabilitation and settlement.

- Well-Being Support: Includes features such as well-being check-ins to offer emotional support and track the claimant's overall journey.

- Actionable Insights: Delivers practical advice and steps claimants can take to navigate their claims effectively.

- Provider Engagement: Encourages interaction between claimants and providers, facilitating better-informed discussions and proactive service-seeking.

- Research Translation: Converts research findings into understandable snippets, enhancing the claimant's knowledge and confidence within the scheme.

What is its value?

For claimants, both direct and represented, it presents thought-provoking, personalised insights that simplify the complexity of the claims process, delivering targeted advice at critical junctures. This support extends beyond mere information, providing well-being check-ins that reinforce the claimant's autonomy over their recovery journey. MAIC benefits by utilising these insights as conduits for translating research into practical, actionable guidance, thus fostering claimant confidence and encouraging their continued direct engagement with the scheme. Insurers find value in this model as it augments support for direct claimants, potentially streamlining their own processes. For healthcare providers, the insights equip claimants with the knowledge to ask informed questions, enhancing the dialogue between claimant and provider and encouraging more proactive engagement in their treatment plans. Overall, "Claim Companion Insights" embodies a synergistic tool that not only informs but empowers all parties involved in the journey towards recovery.

Data supporting the concept

Claims Companion Insights are designed to aid the claimant journey and encourage a supportive experience for both direct and represented claimants.

> **"Claimants not understanding claim form compliance leads to negative experience from the start"** (MAIC staff focus group).

Claims Companion Insights could provide "pop-up assistance like someone's walking along beside the claimant offering to help, giving advice on how they should fill out the form correctly" (MAIC SME workshop).
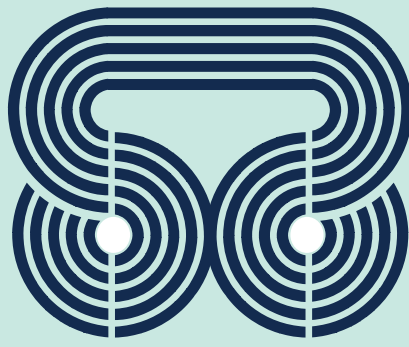
Possible challenges in implementation

The implementation of "Claim Companion Insights" presents several challenges that must be thoughtfully addressed. A key difficulty lies in deriving standardised claimant journey insights from the vast array of available data. The process requires careful analysis to distil the most relevant information and present it in a way that is both informative and easily digestible for claimants. This must be done without overwhelming them or oversimplifying the nuances of their individual experiences.

User acceptance poses another significant hurdle. The success of "Claim Companion Insights" hinges on claimants' willingness to engage with the tool and incorporate its insights into their journey. Overcoming scepticism and building trust in the accuracy and helpfulness of the insights will be crucial for widespread adoption.

Moreover, the practicality of standardising insights for diverse claimant journeys must be evaluated against the backdrop of individual experiences that may not conform to the anticipated path. Personalisation must be balanced with standardisation to ensure that the insights remain relevant and reflective of each claimant's unique circumstances.

Concept roadmap

Short-term	Mid-term	Long-term
Establish a comprehensive library of insights, categorising them into various content frameworks such as, statistics, and facts to translate complex data into accessible, digestible and actional insights.	Adjust and enhance the personalisation algorithms based on insights from the pilot phase and incorporate a broader spectrum of detailed advice.	Utilise machine learning techniques to evolve predictive insights and proactive guidance that adapt to claimant behaviour and needs over time.
Extract immediate, actionable insights from MyClaim Navigator to enrich the library.	Implement advanced data and process mining to reveal nuanced patterns and specifics within claimant profiles continually.	Establish a continuous review and improvement protocol to keep the "Claim Companion Insights" system up to date with the latest developments in medical, legal, and insurance realms, ensuring it evolves with fresh data inputs.
Perform analytics on varied data points, including injury types, treatment pathways, recovery journeys, and significant life events correlated with CTP claims.		
Craft an initial version of "Claim Companion Insights" with core personalisation capabilities tailored to claimant profiles and current case status.		
Initiate the integration of existing databases to glean relevant claimant data to fuel the personalisation engine.		
Run a pilot test with a select group of claimants to evaluate the effectiveness of the system and to collect feedback on user experience.		

Settlement savvy

Demystifying claims settlement

Settlement Savvy

The total damages amount is comprised of elements known as 'heads of damage

General Damages

Compensation for your loss of quality of life, such as pain and suffering.

Past Special Damages

These are the out-of-pocket expenses you have already paid for things that relate to your injury and treatment.

Medical Expenses
Travel Expenses
Rehab Expenses
Pharmacy Expenses

Past Economic Loss

To cover all the financial losses if your ability to earn and work was impacted by your injuries.

Future Special Damages

Consists of anticipated medical and out of pocket expenses that you will incur in the future as a result of your injuries.

Your Settlement Offer

Future Economic Loss

To cover you if it is determined that your injuries will stop of reduce your ability to work in the future, and this results in a financial loss.

Legal Costs

If you had a legal representative, and your claim hits a certain threshold, then some of your legal costs can be covered.

Information on other Heads of Damage

Settlement savvy

Demystifying claims settlement.

Background

The settlement phase in CTP claims is marred by significant information asymmetry, leaving claimants at a disadvantage. Recognising its responsibility, MAIC is committed to elucidating the settlement process transparently, covering the spectrum of damage calculations, negotiations and alternative resolutions.

What is it?

Settlement Savvy is a comprehensive educational suite designed to equip claimants with an in-depth understanding of the settlement intricacies. It lists the negotiation mechanics, eligibility for various heads of damage categories, requisite evidence for substantiation and strategies for counteroffer preparation.

How does it work?

Aiming for universal settlement literacy, MAIC will enhance online resources for better public accessibility. The MAIC CTP dashboard will feature Settlement Savvy tools to guide claimants through:

- A clear explanation of a settlement offer in a way that all direct claimants can understand.

- A thorough breakdown of damage types to show the full scope of a potential claim as it relates to them.

- Guides, videos, and FAQs that simplify legal concepts into simple language

- Understanding the settlement negotiation process and how to create a counteroffer.

- Checklists and templates to assist in compiling the necessary evidence.

- Proactive notifications sent via the dashboard as new claim information surfaces.

What is its value?

For claimants, Settlement Savvy promises clarity, reducing the fog of settlement processes and fostering self-sufficient financial planning. MAIC's initiative aims to level the playing field, fostering trust and promoting direct claimant engagement. Insurers stand to gain from smoother negotiations, while lawyers benefit from informed claimants who are prepared for settlement discussions.

Data supporting the concept

As per industry insights, the lack of claimant representation often leads to a single 'reasonable' (from the insurer's perspective) offer.

> **"In a represented claim, we might start at your low range and negotiate. With direct claimants, we tend to just make one reasonable offer, based on an appropriate assessment because they don't have representation"** (Insurer interview).

Settlement Savvy seeks to empower claimants with the knowledge to navigate such scenarios effectively. Evidence suggests a gap in claimant understanding regarding settlement computations, availability of claims officers, and realistic outcome expectations. Differences between represented and direct claims may cause "unrealistic perceptions and expectations" (MAIC staff focus group).
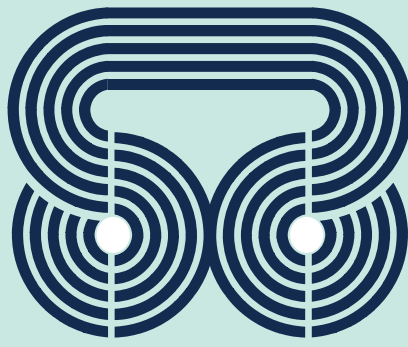
Settlement savvy

Demystifying claims settlement for all

Showing insurer settlement amount by each head of damage. In future, explore presenting information to the claimant on how the insurer calculated each head of damage

Settlement Savvy

There are categories (called heads of damage) that help to breakdown the elements of your settlement. Depending on your injury and recovery, some heads of damage may have zero value.

Use Settlement Savvy to understand your settlement and to understand the settlement negotiation process".

Your Settlement Offer Explained

General Damages	Past Special Damages	Past Economic Loss	Future Economic Loss	Future Special Damages	Legal Costs	Information on other Heads of Damage

Past Economic Loss
is the money you lost not being able to work due to the accident. The insurer would have calculated this amount based on your submitted payslips or business information, and may have contacted your employer to verify.

For past economic loss, the insurers offer shows $4500.50

Check your past economic losses

Group ① Lost Pay

Group ② Lost Overtime / Bonuses

Group ③ Lost interest on past earnings

Group ④ Lost Super-annuation

Past Pay Slips

How to calculate your loss and opportunity to receive overtime/bonuses

How to calculate your lost interest on past earnings

How to calculate your lost super-annuation

If you have further evidence that you would like the insurer to consider

1 Which groups apply to you?
① ③

2 For each group amount, write down your reasoning
①___
③___

3 Be sure to include evidence to support your reasoning
①___
③___

4 Compile and submit all relevant heads of damage reasoning to insurer

You will need to show that your claim for compensation is directly related to the injuries sustained in the accident

Your Settlement Offer Explained

Would you like to accept this offer?

Current total Settlement Offer $12,345.00

<u>Find out</u> how much might be deducted at settlement

How to negotiate during settlement

Deciding to choose a lawyer

Understanding Settlement Payments

It's best to speak to someone for guidance on settlement offers
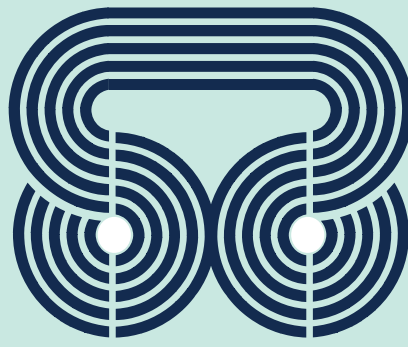
Contact Insurer [Claims Officer]

MAIC CTP Navigator

Claim Companion Insights

Claimant access to their records-in-context already provided insurer.

Settlement
savvy

Demystifying claims settlement for all

Settlement Savvy

There are categories (called heads of damage) that help to breakdown the elements of your settlement. Depending on your injury and recovery, some heads of damage may have zero value.

Use Settlement Savvy to understand your settlement, and how you go about building a counter offer and learn about the negotiation process.

Your Settlement Offer Explained

General Damages	Past Special Damages	Past Economic Loss	Future Economic Loss	Future Special Damages	Legal Costs	Information on other Heads of Damage

General Damages

General Damages is compensation for loss of quality of life such as pain and suffering.

Not all injuries are sever enough to obtain general damages.

For General Damages the insurers offer shows $3260

How were my General Damages calculated

My dominant injury is | Whiplash injury to cervical spine

Medical Certificate

Injury Type | 89: Minor cervical spine injury

Civil Liabilities Act 2014 | Treating Provider Report

Injury Scale Value (ISV) | ISV: 2 | **Find out how**

Calculated General damages | $3260 | **Find out how**

Civil Liabilities Act 2014 Table 12

If you would like to discuss the offer

While there is some variability built into Injury Scale Value you need sufficient medical evidence to justify it.

Speak to your insurer or the MyCTP Navigator for further guidance.

Contact Insurer
[Claims Officer]

MAIC CTP Navigator

Your Settlement Offer Explained

Would you like to accept this offer?

Current total Settlement Offer | $12,345.00

Find out how much might be deducted at settlement

How to negotiate during settlement

Deciding to choose a lawyer

Understanding Settlement Payments

Claim Companion Insights

Possible challenges in implementation

Anticipated resistance from legal professionals concerning fee transparency and insurers concerning increased settlements. The wording used in Settlement Savvy must be carefully crafted to avoid overstepping into legal advisory territory. Additionally, comprehensive training for MAIC staff will be imperative.

Concept roadmap

Short-term	Mid-term	Long-term
Establish eligibility guidelines for different heads of damages.	Introduce dynamic, evidence-based personalisation in advice delivery.	Facilitate claimants' personal damage calculations using their receipt uploads to the dashboard.
Provide negotiation strategies and damage calculation advice.	Revise settlement guidelines to mandate detailed offer breakdowns by insurers.	Employ Settlement Savvy to guide direct claimants in formulating initial settlement proposals.
Enhance the MAIC website with clearer settlement navigation tools.		
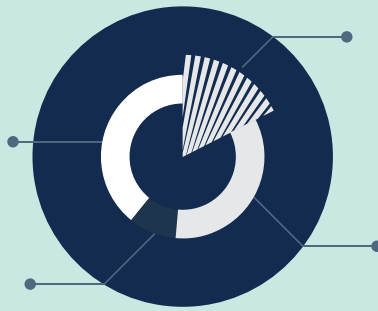
Settlement funds checker

Breaking it down -
providing transparency around the settlement funds

Settlement Funds Checker

Heads of Damage breakdown

Final Settlement Offer
$123,456.00

General Damages	Past Special Damages	Past Economic Loss	Future Economic Loss	Future Special Damages	Legal Costs
$60,000	$5,000	$3000	$5000	$60,000	$3000

This is the total amount negotiated between you and your insurer to cover the full past and future losses as a result of your injury

Minus

Refunds back to all relevant organisations

Total Refunds
$12,345.00

Insurer/ Self Insurer

$5000 $5000 $5000 $5000 $5000

This is the total amount that has been refunded to government agencies (if applicable)

Minus

Your Legal fees

Total legal fees
$ _ _ _ _ _ _

Enter your **cash-in-hand amount**

$22,222.00

Download Claim Allocation Remittance Report

This is the total amount of legal fees that you paid, that were not covered by the settlement thresholds

Summary

20%
16%
34%
30%

Return to work Resources

Understanding Legal Fees

Understanding your tax obligations around your claim

Financial Management resources to manage your settlement

For any questions, contact

Contact Insurer

[Claims Officer]

MAIC CTP Navigator

Very limited resources exist for this part of the claims journey

Settlement funds checker

Break it down – Providing transparency around the settlement funds.

Background

The complexity and opacity of the settlement process often lead to claimants' confusion and lack of clarity, particularly regarding the breakdown of settlement funds. MAIC acknowledges the importance of demystifying this final, crucial stage, ensuring claimants are fully informed about how their settlement is allocated among various statutory and service provider fees.

What is it?

The Settlement Funds Checker is a straightforward tool that demystifies the allocation of settlement funds, providing claimants with a clear, itemised breakdown of all fees, reimbursements, and the final amount they receive.

How does it work?

Upon settlement, claimants can access this feature via the MyClaim portal to see precisely how their settlement has been distributed. By entering the amount received, the checker lists:

- The total settlement figures.

- The specific heads of damage amounts with supporting information about what each amount is for.

- Payments to government entities and statutory refunds showing that no outstanding debts remain.

- Legal fees calculated from the remaining balance.

- A visual representation of the settlement distribution, ensuring claimants understand each allocation and its purpose.

- Financial planning and tax information for claimants to successfully manage their settlement for its intended use.

What is its value?

For claimants, it offers a lens of transparency, empowering them with the knowledge of their financial disbursements and tax implications. Where permitted by privacy constraints, MAIC gains insightful data for scheme analysis and oversight on legal fee fairness. Insurers and lawyers benefit from the clarity provided to claimants, fostering trust and simplifying financial explanations. The broader scheme gains a macro perspective on settlement trends and fairness.

Data supporting the concept

Insights from the data analysis highlight the need for greater transparency regarding the proportion of settlement funds accruing to legal representatives. Reports of perceived disproportionate legal fees and lack of reporting practices of legal fees raise questions over the 'fair' distribution of settlement funds and the need for easier-to-understand statutory refund protocols (Adamson v Enever & Anor, 2021).

For example, **"No one knows how much money is ending up in the hands of lawyers, but when we're talking as much money as we are, it's public money, and I think there's good reason to have some more accountability there"** (Insurer interview)

"*Lawyers don't report fees as percentage of payout*" (MAIC staff focus group), and claimants are unclear and sometimes taken by surprise by disbursements that can be taken out from the final settlement:

Possible challenges in implementation

Anticipated resistance from the legal sector due to the push for fee transparency and potential reluctance from claimants to disclose net amounts received.
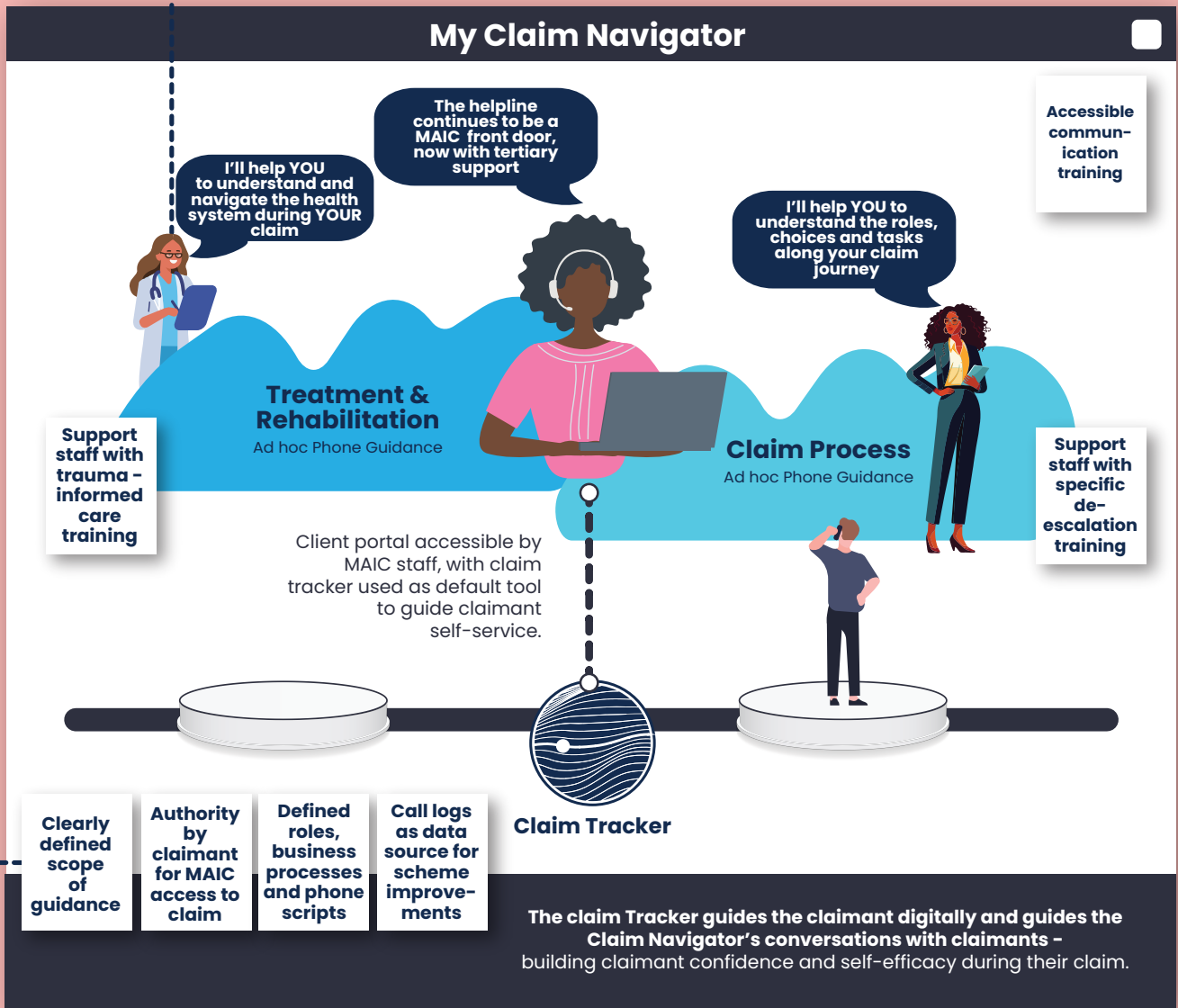
Concept roadmap

Short-term	Mid-term	Long-term
Design and test a prototype that breaks down disbursements and legal fees, ensuring the content is clear and accessible. In consultation with LSC and QLS. Implement legal and ethical disclaimers to clarify the checker's indicative nature.	Increase the Personal Injury Register's (PIR) data reporting frequency to ensure timely and accurate information feeds into the checker. Develop a proof of concept for automating the mapping of injury codes to relevant legislative sections for informed ISV estimations.	Aim for a comprehensive overview of rehabilitative payments to date, providing a full financial snapshot of the claimant's journey post-settlement.

My claim navigator

MAIC's ad hoc specialist phone guidance and information service

Leverage the knowledge with MAIC staff to provide ad hoc claimant phone guidance.

My Claim Navigator

I'll help YOU to understand and navigate the health system during YOUR claim

The helpline continues to be a MAIC front door, now with tertiary support

Accessible commun-ication training

I'll help YOU to understand the roles, choices and tasks along your claim journey

Treatment & Rehabilitation
Ad hoc Phone Guidance

Support staff with trauma-informed care training

Claim Process
Ad hoc Phone Guidance

Support staff with specific de-escalation training

Client portal accessible by MAIC staff, with claim tracker used as default tool to guide claimant self-service.

Claim Tracker

| Clearly defined scope of guidance | Authority by claimant for MAIC access to claim | Defined roles, business processes and phone scripts | Call logs as data source for scheme improve-ments |

The claim Tracker guides the claimant digitally and guides the Claim Navigator's conversations with claimants - building claimant confidence and self-efficacy during their claim.

Claim Companion Insights

Resources from Claim Companion Insights can be re-used as content for phone scripts. Goal is to keep messaging on the phone and on the MyCTP home dashboard consistent for claimant, and ensuring appropriate scope of MAICs role is maintained.

MyClaim navigator

MAIC's ad hoc specialist phone guidance and information service.

Background

Navigating the CTP scheme can be daunting for the uninitiated, often leading to unnecessary legal representation and overlooked rehabilitation opportunities. The MyClaim Navigator initiative seeks to bridge this knowledge gap, ensuring claimants can independently manage their claims and access appropriate healthcare services.

What is it?

MyClaim Navigator is a service that provides claimants with ad hoc guidance and support by specialist claims and rehabilitation MAIC staff to help claimants self-manage their claims. By connecting them with claims specialists and rehabilitation specialists it aims to enhance their understanding of the claim process and their entitlements within the scheme, particularly in securing early and effective treatment.

How does it work?

The phone service operates through:

- Deployment of MAIC claims and rehabilitation specialists to offer personalised assistance.

- Expanding the enquiry line as a front door that provides support, clarification and guidance for claimants while encouraging their self-efficacy.

- Channel communication consistency between what's shown to the claimant digitally in the MyClaim Home dashboard and what the MyClaim navigator discusses with the claimant.

- Possible intervention in complex cases to guide claimants towards legal representation if necessary.

What is its value?

The value of MyClaim Navigator lies in empowering claimants, providing them with the tools and knowledge to navigate the CTP landscape, potentially improving their recovery trajectory and quality of life. Insurers benefit from retaining direct claimants, while lawyers receive more informed clients, streamlining service provision.

The concept seeks to address the need for support planning within the scheme, as highlighted by MAIC focus groups. It was suggested that "*MAIC engage the support planners*" for claimants (MAIC staff focus group).

Data supporting the concept

The emphasis is on enhancing the claimant experience within the scheme, ensuring claimants feel supported when most vulnerable; "It's all about making the person feel supported at that time that they need it" (Insurer interview).

> **"Having access to someone to talk to and guide is important for the claimant to know what to do next"** (MAIC SME Workshops).
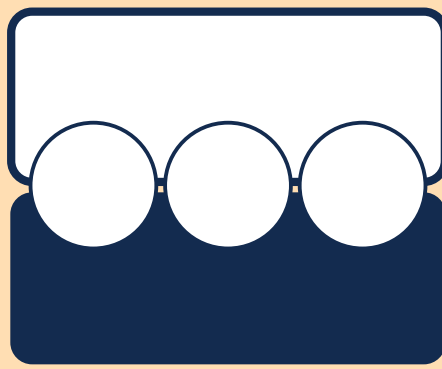
> **"Right now, there is no structured process to direct claimant queries efficiently"** (MAIC SME Workshops).

Possible challenges in implementation

Immediate challenges include rapid recruitment and training of navigators and ensuring the consistency of information delivered by MAIC staff.
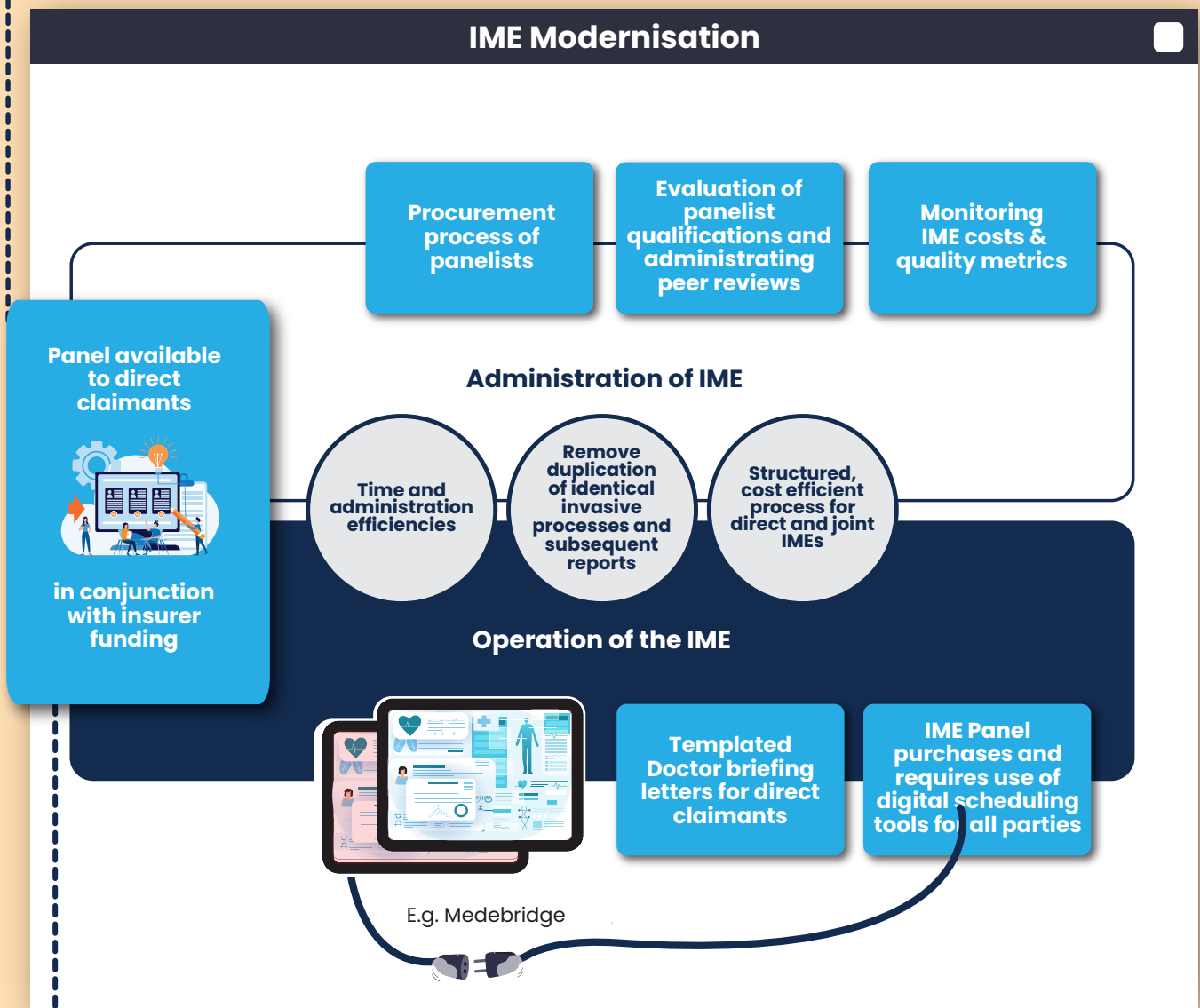
Concept roadmap

Short-term	Mid-term	Long-term
Revise job specifications to incorporate navigation responsibilities.	Transition to live chat support as scripts and processes become established.	Implement proactive information and advocacy strategies that autonomously prompt service provisions based on claimant journey data.
Train navigators in claim facilitation, providing them with comprehensive scripts and recovery path resources.	Provide navigators with a view of the MyClaim Home for more contextualised claimant interactions.	Mature MAIC's approach in providing legal and financial guidance, defining its scope, content, and the qualifications needed for staff delivering this guidance.
Update MAIC's rehabilitation guides and resources to assist navigators in guiding claimants.	Incorporate a stepped chat function within MyClaim Home to provide layered support.	
Enhance referral processes to direct claimants to MAIC claims specialists for detailed process explanations.	Evaluate and possibly integrate allied health advisory services similar to Employee Assistance Programs (EAPs).	
Develop tools for navigators to manage interactions effectively, including updates to the MAIC website and integration of existing navigational tools.	Review and improve online training materials and the translation of research into practical applications, such as the My Whiplash Navigator.	
Review and redefine existing MAIC roles to deliver the My Claim Navigator service, ensuring staff workload sustainability.		

IME modernisation

Exploring opportunities to modernise the current IME process for claimants

Review if existing IME panel models in similar schemes are fit-for-purpose and pilot MAICs use of an IME panel for direct claimants

IME Modernisation

Procurement process of panelists

Evaluation of panelist qualifications and administrating peer reviews

Monitoring IME costs & quality metrics

Panel available to direct claimants

in conjunction with insurer funding

Administration of IME

Time and administration efficiencies

Remove duplication of identical invasive processes and subsequent reports

Structured, cost efficient process for direct and joint IMEs

Operation of the IME

Templated Doctor briefing letters for direct claimants

IME Panel purchases and requires use of digital scheduling tools for all parties

E.g. Medebridge

Claim Tracker

Independent medical examination (IME) modernisation

Exploring opportunities to modernise the current IME process for claimants

Background

Claimants often undergo multiple Independent Medical Examinations (IMEs) as part of their CTP claim, leading to inefficiencies, additional costs, and delays. The need for multiple assessments can weigh heavily on claimants who lack control over the IME process. Addressing these inefficiencies is crucial for the well-being of claimants and the overall efficiency of the CTP scheme.

What is it?

IME Modernisation is a project exploring opportunities to modernise the current IME process. It could potentially streamline the assessment process, ensuring claimants undergo necessary evaluations without the burden of excessive appointments and costs.

How does it work?

It could function through:

- A rigorous selection process by MAIC, considering specialists' qualifications and peer reviews.

- A procurement process that outlines selection criteria, rates, and quality assurance measures.

- Access for direct claimants to seek IME assessments even without insurer requests.

- An online scheduling platform, like Medebridge, to facilitate appointment bookings.

- Template letters with predefined questions, ensuring consistency and efficiency with panel specialists.

- Immediate uploading of completed reports to the MyClaim Home dashboard, alerting all relevant parties.

What is its value?

The IME Modernisation could offer significant value across the board by providing claimants with direct access to a vetted list of medical specialists, ensuring they are not burdened by upfront costs and streamlining the medical assessment process. MAIC benefits from the ability to monitor and control the quality and costs associated with IMEs while obtaining valuable data to inform scheme improvements. Insurers are likely to see reduced costs and administrative efforts due to fewer duplicate reports and more efficient claim processing. Lawyers gain from more streamlined negotiations and consistent medical evidence, enhancing their service delivery. Overall, the panel promises to expedite claim progress, reduce costs, and enhance the fairness and transparency of the CTP scheme.

Data supporting the concept

The data pointed to the need to review the IME process deeply from multiple angles. First, the additional stress of IME assessments on claimants can be traumatic, and one claimant's experience was relayed to the Sprint team: "*She said, 'I'm not going to continue, and I'm just so exhausted' because the lawyers had booked her into these endless appointments which were just recalling the trauma for her*" (Insurer interview). The IME assessment process is *"not a great client experience to have to be poked and prodded by different specialists during the course of the claim"* (Insurer interview).

Second, the inefficiencies of the IME process were highlighted; *"IME assessments have six months wait"* (Insurer interview),

"It takes them six months to get in for an IME appointment, and it just adds to the trauma that they've already been through"
(Lawyer interview).

"It's such a sequential activity that just adds to the delay" (Lawyer focus group).

The inconsistencies in the IME process add to the confusion, frustration and inefficiencies. IME *"is not impartial; IMEs represent one side or another"* (MAIC focus group), thus fueling the adversarial nature of the CTP process, which can delay the final settlement. The need or value to have some form of governance over the IME process was raised, e.g. where *"somebody goes to a tribunal of many professionals that can then provide that guidance"* (Insurer interview).

Possible challenges in implementation

Challenges include managing an increased administrative load for MAIC, ensuring a fair selection of panel professionals, and overcoming resistance from various stakeholders.

Concept roadmap

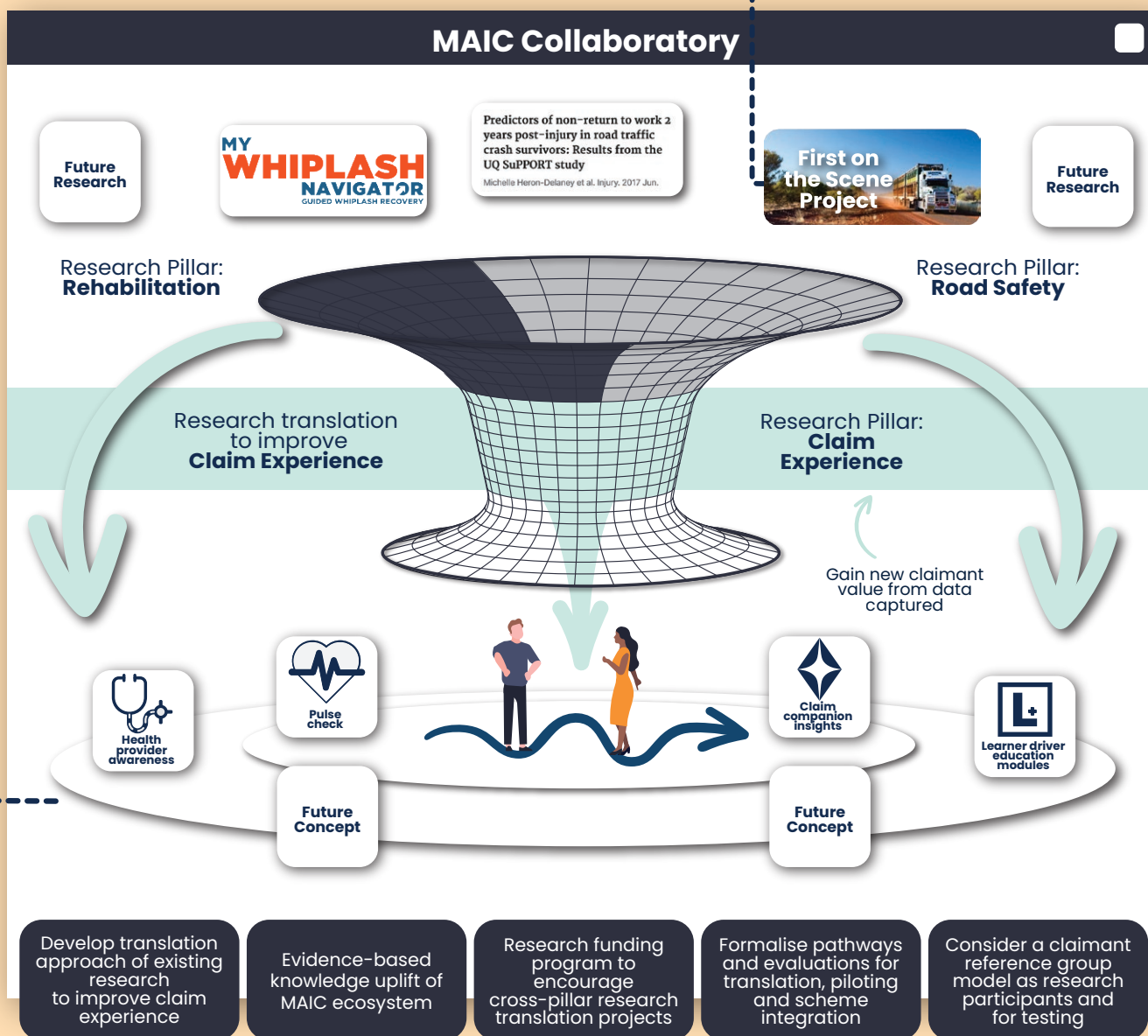| Short-term	Mid-term	Long-term
Research existing IME panel models, such as Workcover and QGIF, and consider successful implementations from other jurisdictions.	Advocate for the panel as the standard for joint IME reports, developing comprehensive operational guidelines.	Consider mandating the use of the MAIC-appointed panel for direct claimants.
Begin digitising the scheduling process and understanding the IME process from different stakeholder perspectives.	Focus on procurement to manage IME costs, with the potential to enhance quality assurance measures.	Establish service level agreements and standards to ensure the quality and timeliness of IME reports.
Experiment using the WorkCover Queensland IME panel for MAIC direct claimants and provide funding for IMEs within that panel to use Medebridge for claimant and IME efficiencies.	Implement the use of Medebridge for scheduling and accessing the panel.	
Gain learnings from the use of a panel, claimant outcomes, panel administration		
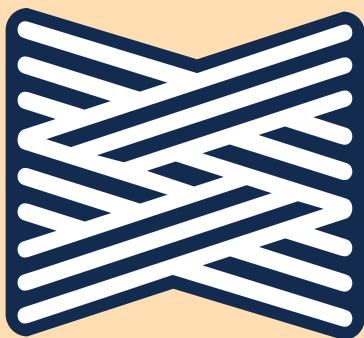
MAIC collaboratory

A hub for research and stakeholder collaboration and translation

Expand on the **Road Safety Data Bureau**'s successful research collaboration model between government, academia and industry stakeholders

Examples of how existing MAIC-funded rehabilitation and road safety research can be translated to improve the claimant experience

MAIC Collaboratory

Future Research

MY WHIPLASH NAVIGATOR
GUIDED WHIPLASH RECOVERY

Predictors of non-return to work 2 years post-injury in road traffic crash survivors: Results from the UQ SuPPORT study
Michelle Heron-Delaney et al. Injury. 2017 Jun.

First on the Scene Project

Future Research

Research Pillar: **Rehabilitation**

Research Pillar: **Road Safety**

Research translation to improve **Claim Experience**

Research Pillar: **Claim Experience**

Gain new claimant value from data captured

Health provider awareness

Pulse check

Claim companion insights

Learner driver education modules

Future Concept

Future Concept

Develop translation approach of existing research to improve claim experience

Evidence-based knowledge uplift of MAIC ecosystem

Research funding program to encourage cross-pillar research translation projects

Formalise pathways and evaluations for translation, piloting and scheme integration

Consider a claimant reference group model as research participants and for testing

Examples of research translation to **directly** (via MAIC functions) and **indirectly** (through the claim ecosystem) improve the claimant experience

MAIC collaboratory

A hub for research and stakeholder collaboration and translation.

Background

Under its legislative functions, MAIC has successfully funded numerous research projects focused on road safety and rehabilitation. However, the translation of these research outcomes into the claimant experience and the CTP claim process has not been explicitly addressed. The proposed "MAIC Collaboratory" concept proposes a focused approach to research translation and a new research pillar, 'Claim Experience', to apply existing research in new domains and propose new research to enhance the understanding and experiences of claimants within the scheme.

What is it?

The MAIC Collaboratory is envisioned as a dynamic program bringing together MAIC's research and grant recipients and other stakeholders to solve critical problems impacting motorists and individuals injured in motor vehicle accidents. It aims to bridge competitive research tensions and foster collaborative solutions that influence policy, enhance service efficacy, and improve claimant experiences.

How does it work?

The MAIC Collaboratory will be established as a physical hub, staffed with dedicated personnel and equipped with specific processes to foster research and stakeholder collaboration. Its operations will include:

- **Facilitating Collaborative Research and Service Insights**: The Collaboratory will host key researchers from MAIC-funded projects and other stakeholders. They will co-design solutions for challenges in the CTP scheme.

- **Communication and Integration of Findings**: The Collaboratory will develop and distribute communication resources to ensure research findings are effectively communicated to stakeholders. It will integrate these findings into learning modules, legislative updates, and MAIC's digital offerings, ensuring seamless application across the scheme.

- **Strategic and Continuous Research Translation**: The Collaboratory will leverage existing research into new areas of the scheme. It will facilitate "reverse pitching" sessions with a broad group of researchers, smoothing the transition from research-creation to practical application.

The physical presence of the MAIC Collaboratory, combined with its dedicated team and structured processes, will ensure a dynamic and effective approach to transforming research insights into tangible benefits for the CTP scheme.

What is its value?

MAIC will achieve a better return on research and grant investments while rehabilitation providers, lawyers, and insurers gain awareness of evidence-based rehabilitation practices. The Queensland community will benefit from greater transparency in MAIC's research investments.

Data supporting the concept

Varying rehabilitation claims (for similar injuries) and increases in claims for psychological trauma indicate a need for increased best practice information, resources, and regulation to support "returning people to life".

> The claims are evolving with a growing emphasis on mental health within the context of motor vehicle accidents, **"but there's really not much clear guidance or support in an area that we believe should be a focus"** (Insurer interview).

Insurers stated that they were "not equipped to deal with that" (Insurer interview). More evidence-based medical insights will ensure that medical advice for all injury types remains impartial and focused on the best outcomes for claimants, where non-health-practitioners "cannot influence treatment" (Insurer interview) or may be "ignoring medical advice and trying to override it" (Lawyer focus group).

There is also a significant gap in the availability of essential road trauma statistics, which hampers effective and equitable decision making; "Information gaps in important road trauma statistics may often impede analysis and slow down the vital decision making and reform processes' (Blackburn, 2023). The Collaboratory aims to fill these gaps by facilitating a more coherent and actionable understanding of rehabilitation practices and providing a streamlined approach to gathering and utilising road trauma data.

The Collaboratory can also further support "Greater information sharing across government agencies and departments, medical research institutions, insurers, hospitals, and key researchers from academia." (Blackburn, 2023).

Possible challenges in implementation

Implementing the MAIC Collaboratory will involve overcoming several challenges. One of the primary concerns is the heavy administrative load that MAIC may face in the initial phases, including the establishment of new roles and processes for coordinating the translation of research into practice. Additionally, maintaining an up-to-date and relevant repository of translated research presents a continuous challenge. There may also be resistance from medical professionals, lawyers, and insurers, particularly regarding the transparency of IME doctor rates and other sensitive information. User acceptance of the Collaboratory's outputs and methodologies is another critical factor that will require careful consideration and strategic management.

Concept roadmap

Short-term	Mid-term	Long-term
Conduct an environmental scan for research process management and translation strategies.	Develop CPD courses based on research outcomes.	Invest in key research outcomes for delivery at scale, reducing the impact on and need for CTP.
Review and embed translation processes in MAIC research and grant contracts.	Integrate key insights into MAIC and other stakeholder-owned claimant channels.	
Co-design a translational research strategy with stakeholders and update research on the MAIC website more frequently.		
Establish a claimant working group or align with an existing one (for instance, the NHMRC Centre of Research Excellence in Better Health Outcomes for Compensable Injury).		

Proposed Legislation and Regulation Changes

Allow for more dynamic changes to, digital use of and integration of the NOAC.

Smart cert — **REG s37**

Move the prescriptive details NOAC from being enshrined in the MAIC Regulation, into a claims management standard

Obtain legal advice if we have to adjust the legislation in order to allow for this, or if the legislation can still just refer to the regulation, and then the regulation refers to the new standard. Once this change has occurred, then explore and test the decoupling of the medical certificate from the NOAC, other medical certificates can be accepted by MAIC and other medical evidence as sufficient to commence a CTP Claim.

Other relevant health providers can fill in medical certificate (consistent with WorkCover).

Smart cert — **REG s17/18**

Expand which health providers can fill in a medical certificate under the MAIC regulation.

Update references to doctors (description, qualification, roles) in the MAIC Regulation and expand this role to include other relevant health providers, consistent with the *Workers Compensation and Rehabilitation Act 2003*. Explore segmenting the roles based on injury severity.
- Nurse Practitioners
- Musculoskeletal Specialist Physiotherapists

Accept other medical certificates

Smart cert — **REG s18**

Use of WorkCover Medical Certificates

Claim form can be submitted with other forms of acceptable medical evidence. Expanding what a medical certificate is.

Shift the police report of traffic incident form out of the Act

Claim profile — **ACT s34 s87**

Move the prescriptive details from the Act to the regulation

- A person must notify a police officer
- A person must notify the police in a form approved by the Commission

---

The ability for MAIC to fund/ offer claims process and rehabilitation guidance to claimants

MyClaim navigator — **ACT s10**

Add a new function in the act for MAIC to provide specific CTP claims process and specific rehabilitation guidance to claimants.

Update PIR reporting frequency

PIR **Various** — **ACT – S88 REG – S26**

Look at the binary requirement of 'fatal data' within PIR and how it affects insurer business rules for minimum information to commence a claim.

Conclusion

Throughout this report, we have delved into the complexities of the current system, identifying key areas where enhancements are not just beneficial but essential for the well-being of claimants and the efficiency of the scheme.

Our exploration of innovative concepts like the multi-staged Claim profile, Claim companion insights, and Learner driver education modules underscores a shift towards a more claimant-centric approach. These initiatives are designed to empower claimants with the knowledge, tools, and support needed to navigate the CTP system effectively. By incorporating digital transformation and educational initiatives, we aim to demystify the claims process, promoting a culture of transparency, efficiency, and empathy.

The report also highlights the crucial role of data analytics and technology in streamlining claim processing and enhancing claimant experiences. Through these digital innovations, MAIC is poised to offer more personalised, responsive, and proactive services, ultimately leading to faster claim resolutions and improved health outcomes for claimants.

Looking forward, the implementation of these recommendations requires a collaborative approach involving various stakeholders, including MAIC, insurers, healthcare providers, legal professionals, and the Queensland Government. Legislative and regulatory advancements will be necessary to support these changes, ensuring that the CTP scheme remains responsive to the evolving needs of Queensland motorists.

In conclusion, the 'MyClaim report' not only provides a blueprint for a more effective and claimant-friendly CTP scheme but also sets a precedent for how insurance schemes can adapt to the challenges of the 21st century. By focusing on claimant empowerment, digital innovation, and systemic efficiency, MAIC can enhance its role as a leader in insurance administration, committed to delivering value and support to Queensland's motorists.

Sprint Team: Jo Costello, Wendy McMenamin, Pete Townson, Marek Kowalkiewicz, Vicki Vanderent, Karen Schoots, Wasana Bandara, Isobel Jones

References

Adamson v Enever & Anor (2021) QSC221.

Akerlof, G. A. (1978). The market for "lemons": Quality uncertainty and the market mechanism. In *Uncertainty in economics* (pp. 235–251). Elsevier.

Alshibly, H., & Chiong, R. (2015). Customer empowerment: Does it influence electronic government success? A citizen-centric perspective. *Electronic Commerce Research and Applications*, *14*(6), 393–404.

Azati. (2023). *Insurance Company Self-Service System*. https://azati.ai/portfolio/insurance-company-self-service-system/

Baumhauer, J. F., & Bozic, K. J. (2016). Value-based healthcare: patient-reported outcomes in clinical decision making. *Clinical Orthopaedics and Related Research®*, *474*, 1375–1378.

Beatson, A., Lee, N., & Coote, L. V. (2007). Self-service technology and the service encounter. *The Service Industries Journal*, *27*(1), 75–89.

Blackburn, B. (2023). *Ben Blackburn Racing submission on the Motor Accident Insurance Commission's 2023 Review of Queensland's Compulsory Third Party Insurance Scheme Discussion Paper*.

Berkman, N. D., Davis, T. C., & McCormack, L. (2010). Health literacy: what is it? *Journal of Health Communication*, *15*(S2), 9–19.

Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: an updated systematic review. *Annals of Internal Medicine*, *155*(2), 97–107.

Berners-Lee, T. J. (1989). *Information management: A proposal*.

Bettencourt, L. A., & Gwinner, K. (1996). Customization of the service experience: the role of the frontline employee. *International Journal of Service Industry Management*, *7*(2), 3–20.

Buck, A., Pleasence, P., & Balmer, N. J. (2008). Do citizens know how to deal with legal issues? Some empirical insights. *Journal of Social Policy*, *37*(4), 661–681.

Choo, C. W. (2002). *Information management for the intelligent organization: the art of scanning the environment*. Information Today, Inc.

Crant, J. M. (2000). Proactive behavior in organizations. *Journal of Management*, *26*(3), 435–462.

Curran, J. M., Meuter, M. L., & Surprenant, C. F. (2003). Intentions to use self-service technologies: a confluence of multiple attitudes. *Journal of Service Research*, *5*(3), 209–224.

Darbishire, H. (2010). *Proactive Transparency: The future of the right to information?* World Bank.

Davis, F. D. (1993). User acceptance of information technology: system characteristics, user perceptions and behavioral impacts. *International Journal of Man-Machine Studies*, *38*(3), 475–487.

Department of Health. (2023). *Strategic Plan 2021–2025*.

Department of Transport and Main Roads (TMR) (2023) *Young drivers – the facts*. https://roadsense.org.au/why-are-17-25-year-olds-over-represented-in-road-fatalities/

Driver, T., Brimble, M., Freudenberg, B., & Hunt, K. H. M. (2018). Insurance literacy in Australia: Not knowing the value of personal insurance. *Insurance Literacy in Australia: Not Knowing the Value of Personal Insurance, Financial Planning Research Journal*, *4*(1), 53–75.

Dumas, M., La Rosa, M., Mendling, J., Reijers, H. A., Dumas, M., La Rosa, M., Mendling, J., & Reijers, H. A. (2018). Process monitoring. *Fundamentals of Business Process Management*, 413–473.

Gray, M. (2017). Value based healthcare. In *BMJ* (Vol. 356). British Medical Journal Publishing Group.

Greenwood, M. (2007). Stakeholder engagement: Beyond the myth of corporate responsibility. *Journal of Business Ethics*, *74*, 315–327.

Gregor, P., Newell, A. F., & Zajicek, M. (2002). Designing for dynamic diversity: interfaces for older people. *Proceedings of the Fifth International ACM Conference on Assistive Technologies*, 151–156.

Henley, M. (2023). *Save Our CTP Coalition CTP discussion paper industry submission.*

Hsieh, C. (2005). Implementing self-service technology to gain competitive advantages. *Communications of the IIMA*, *5*(1), 9.

Hunter, G. L., & Garnefeld, I. (2008). When does consumer empowerment lead to satisfied customers? Some mediating and moderating effects of the empowerment-satisfaction link. *Journal of Research for Consumers*, *15*.

Hwang, Y., & Kim, D. J. (2007). Customer self-service systems: The effects of perceived Web quality with service contents on enjoyment, anxiety, and e-trust. *Decision Support Systems*, *43*(3), 746–760.

Iverson, R. D. (1996). Employee acceptance of organizational change: the role of organizational commitment. *International Journal of Human Resource Management*, *7*(1), 122–149.

Jarvenpaa, S. L., & Ives, B. (1994). The global network organization of the future: Information management opportunities and challenges. *Journal of Management Information Systems*, *10*(4), 25–57.

Jiang, J. J., Muhanna, W. A., & Klein, G. (2000). User resistance and strategies for promoting acceptance across system types. *Information & Management*, *37*(1), 25–36.

Kelley, S. W., Donnelly Jr, J. H., & Skinner, S. J. (1990). Customer participation in service production and delivery. *Journal of Retailing*, *66*(3), 315.

King, S., & Cotterill, S. (2007). Transformational government? The role of information technology in delivering citizen-centric local public services. *Local Government Studies*, *33*(3), 333–354.

King, S. (2007). Citizens as customers: Exploring the future of CRM in UK local government. *Government Information Quarterly*, *24*(1), 47–63.

Kosny, A., Franche, R.-L., Pole, J., Krause, N., Côté, P., & Mustard, C. (2006). Early healthcare provider communication with patients and their workplace following a lost-time claim for an occupational musculoskeletal injury. *Journal of Occupational Rehabilitation*, *16*, 25–37.

Kwon, H., Chatarasi, P., Pellauer, M., Parashar, A., Sarkar, V., & Krishna, T. (2019). Understanding reuse, performance, and hardware cost of dataflow: A data-centric approach. *Proceedings of the 52nd Annual IEEE/ACM International Symposium on Microarchitecture*, 754–768.

Lusardi, A., & Mitchell, O. S. (2014). The economic importance of financial literacy: Theory and evidence. *American Economic Journal: Journal of Economic Literature*, *52*(1), 5–44.

Maedche, A., Legner, C., Benlian, A., Berger, B., Gimpel, H., Hess, T., Hinz, O., Morana, S., & Söllner, M. (2019). AI-based digital assistants: Opportunities, threats, and research perspectives. *Business & Information Systems Engineering*, *61*, 535–544.

Marcus, A., & Gould, E. W. (2000). Crosscurrents: cultural dimensions and global Web user-interface design. *Interactions*, *7*(4), 32–46.

Martin, R. L. (2009). *The design of business: Why design thinking is the next competitive advantage*. Harvard Business Press.

Mathews, S. C., McShea, M. J., Hanley, C. L., Ravitz, A., Labrique, A. B., & Cohen, A. B. (2019). Digital health: a path to validation. *NPJ Digital Medicine*, *2*(1), 38.

Meuter, M. L., Bitner, M. J., Ostrom, A. L., & Brown, S. W. (2005). Choosing among alternative service delivery modes: An investigation of customer trial of self-service technologies. *Journal of Marketing*, *69*(2), 61–83.

Meuter, M. L., Ostrom, A. L., Roundtree, R. I., & Bitner, M. J. (2000a). Self-service technologies: understanding customer satisfaction with technology-based service encounters. *Journal of Marketing*, *64*(3), 50–64.

Meuter, M. L., Ostrom, A. L., Roundtree, R. I., & Bitner, M. J. (2000b). Self-service technologies: understanding customer satisfaction with technology-based service encounters. *Journal of Marketing*, *64*(3), 50–64.

Mihaiu, D. M., Opreana, A., & Cristescu, M. P. (2010). Efficiency, effectiveness and performance of the public sector. *Romanian Journal of Economic Forecasting*, *4*(1), 132–147.

Motor Accident Insurance Commission (MAIC). (2019). *Claimant research 2019*.

Motor Accident Insurance Commission (MAIC). (2021). *CTP claimant survey 2021*.

Motor Accident Insurance Commission (MAIC). (2023a). *Insurer Benchmarking Report*

Motor Accident Insurance Commission (MAIC). (2023b). *Annual CTP scheme insights: 2022-23*.

https://maic.Queensland.gov.au/publications/annual-ctp-scheme-insights-2022-23/

Perkins, D. D., & Zimmerman, M. A. (1995). Empowerment theory, research, and application. *American Journal of Community Psychology*, *23*, 569–579.

Queensland Government Chief Information Office. (2017). *Information management policy framework*.

Royal Automobile Club Queensland (RACQ), (2022). *Young drivers survey*. https://www.racq.com.au/car/research/racq-young-drivers-survey-2022

Savage, G. T., Nix, T. W., Whitehead, C. J., & Blair, J. D. (1991). Strategies for assessing and managing organizational stakeholders. *Academy of Management Perspectives*, *5*(2), 61–75.

Scholta, H., Mertens, W., Kowalkiewicz, M., & Becker, J. (2019). From one-stop shop to no-stop shop: An e-government stage model. *Government Information Quarterly*, *36*(1), 11–26.

Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., Brand, H., & European, (HLS-EU) Consortium Health Literacy Project. (2012). Health literacy and public health: a systematic review and integration of definitions and models. *BMC Public Health*, *12*, 1–13.

Springer, A., & Whittaker, S. (2019). Progressive disclosure: empirically motivated approaches to designing effective transparency. *Proceedings of the 24th International Conference on Intelligent User Interfaces*, 107–120.

State Insurance Regulatory Authority. (2021). *Implementation plan for value-based healthcare in NSW WC and CTP schemes*.

Queensland Treasury. (2023). *The Queensland Government better regulation policy*.

Venkatesh, V., Chan, F. K. Y., & Thong, J. Y. L. (2012). Designing e-government services: Key service attributes and citizens' preference structures. *Journal of Operations Management*, *30*(1–2), 116–133.

Venkatesh, V., Morris, M. G., Davis, G. B., & Davis, F. D. (2003). User acceptance of information technology: Toward a unified view. *MIS Quarterly*, 425–478.

Weedige, S. S., Ouyang, H., Gao, Y., & Liu, Y. (2019). Decision making in personal insurance: Impact of insurance literacy. *Sustainability*, *11*(23), 6795.

Zomerdijk, L. G., & Voss, C. A. (2010). Service design for experience-centric services. *Journal of Service Research*, *13*(1), 67–82.

To all the CTP insurers, lawyers, health providers, academics, consumer advocates and MAIC staff who participated in this research, thankyou.