



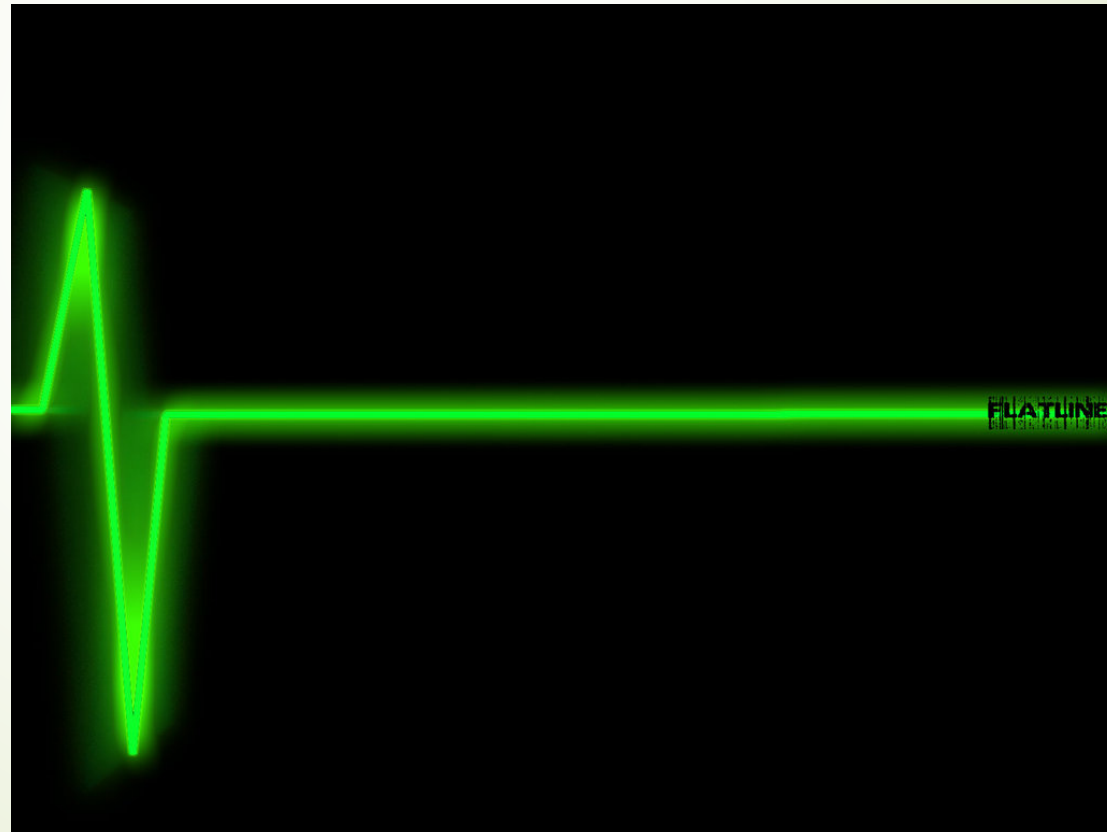
# RTW in Australia: we must do better and we will

Professor Niki Ellis

Australian Physiotherapy Association

Friday 18 October 2013


RTW Monitor shows performance in Australia has flatlined over the past 15 years





# Letters page, MJA, March 2010

- Subconjunctival dog heartworm
- Elaine W Chong, Harsha Sheorey, Cheng Hean Lo, David M Spratt and Enrique Graue-Hernández Med J Aust 2010; 193 (3): 184.
- Does access to compensation have an impact on recovery outcomes after injury?
- Belinda J Gabbe, Ian A Harris, Alex Collie and Peter A Cameron Med J Aust 2010; 193 (3): 188-190.
- Does access to compensation have an impact on recovery outcomes after injury?
- Nicholas S Glozier and Matthew Large Med J Aust 2010; 193 (3): 188-190.
- Does access to compensation have an impact on recovery outcomes after injury?
- David M Studdert, Harold Luntz and Genevieve Grant Med J Aust 2010; 193 (3): 188-190.
- Does access to compensation have an impact on recovery outcomes after injury?



# Recent ISCRR research on experience of injured workers

- Associate Professor Belinda Gabbe, Exploring patient perceptions of barriers and facilitators of recovery following trauma, DEPM, Monash
- Dr Genevieve Grant, Stressful Claims and Claimant Recovery, Faculty of Law, Monash
- The experiences of injured workers in workers' compensation systems: A systematic review of international literature, PhD, Monash

<http://www.iscrr.com.au/news/articles/client-experiences-of-compensation-systems.html>

The experiences of injured workers in workers comp:  
A systematic review of international literature  
Slide adapted from Beth Kilgour

➡ System disorganisation:

- ☐ Knowledge and behaviour of claims staff
- ☐ Poor information and communication
- ☐ Lack of individualised approach
- ☐ Cost containment

# The experiences of injured workers in workers comp: A systematic review of international literature Slide courtesy of Beth Kilgour

## ➤ System disorganisation

*My case manager didn't tell me anything or help me with the process..... I knew nothing about travel claims, rehabilitation, work training or physiotherapy ..... they just send out the same letters to everyone ..... letters sent by case managers were threatening - the pressure was unnecessary and I would have healed quicker without it – the boundaries of the return to work process need to be explained – the lack of information is very stressful.*

# The experiences of injured workers in workers' comp: A systematic review of international literature Slide courtesy of Beth Kilgour

## ■ Counterproductive actions

- Legitimacy issues were inextricably linked with adversarial relations
- Unhelpful interactions were characterised by
  - ❑ stereotyping and suspicious attitudes,
  - ❑ not being believed and not being listened to,
  - ❑ denial of claims,
  - ❑ surveillance and monitoring

# The experiences of injured workers in workers' comp: A systematic review of international literature Slide courtesy of Beth Kilgour

## ► Counterproductive actions

*You can't believe what it's like to be under surveillance if it's never happened to you. It destroys a person like you can't imagine! Because.....it's a lack of respect! It.....gets inside of us.....it's as if... the person under surveillance is a liar, is a cheat. The lowest of the low in our society, that's what you are if you're under surveillance...That pushed me almost to suicide, all of that stuff*

# The experiences of injured workers in workers' comp: A systematic review of international literature Slide courtesy of Beth Kilgour

- Claims manipulation
  - ❑ Injured workers feel pressured to comply because of dependence on the system
  - ❑ Painful medical assessments or unhelpful treatments, early return to work, lack of approval for surgery or treatments
  - ❑ File rotation between claims managers
  - ❑ Delayed payments

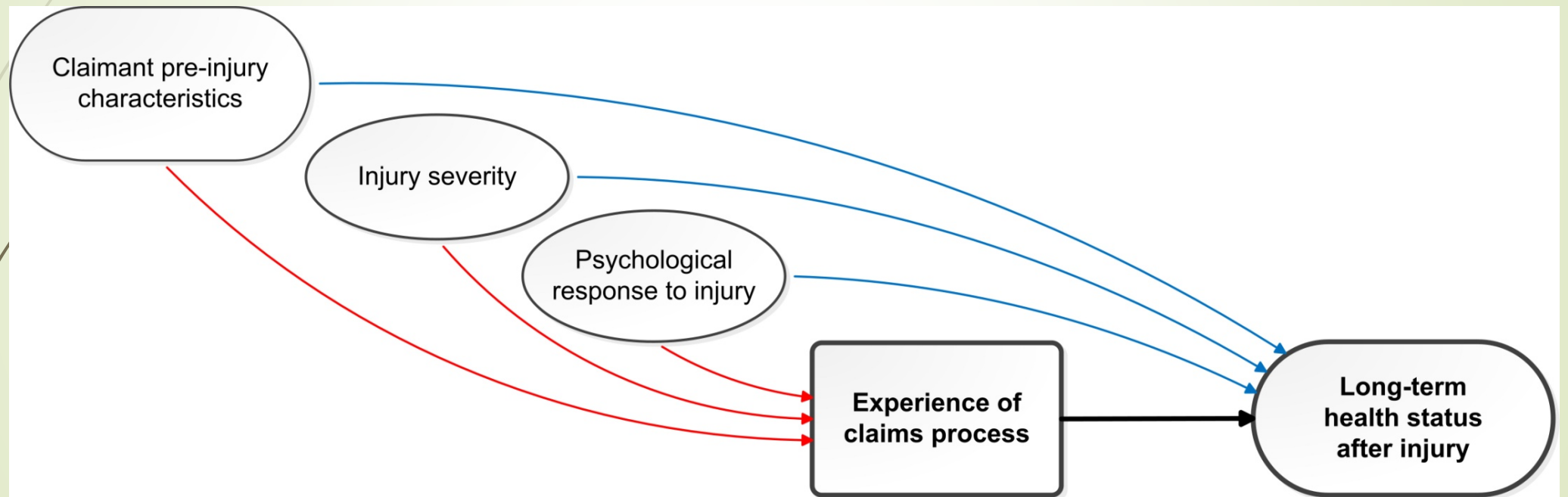
# The experiences of injured workers in workers' comp: A systematic review of international literature Slide courtesy of Beth Kilgour

## ➤ The Contrast - Co-operative relations

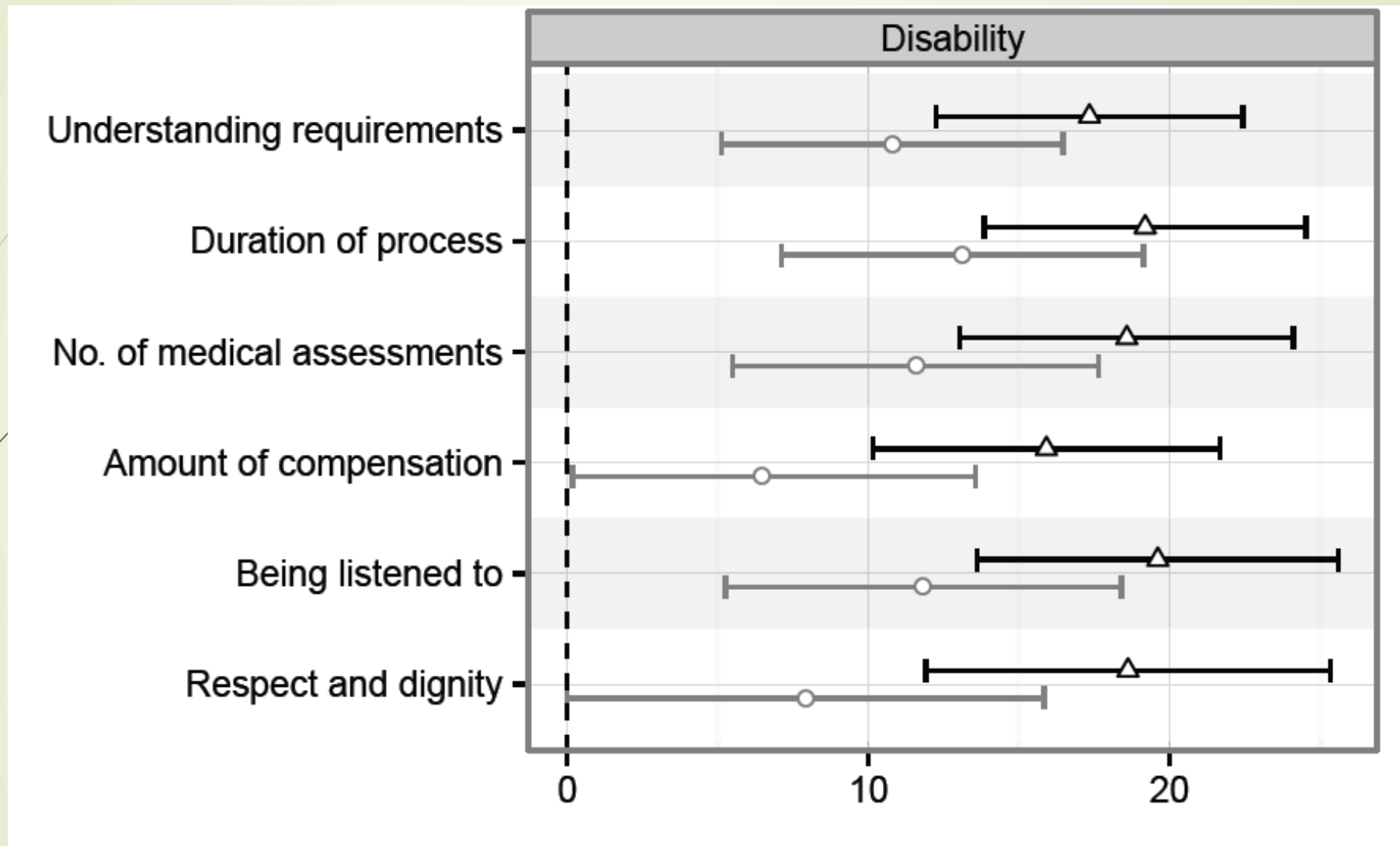
*Everything just fell into place. . . If I had a question I called her, she gave me the answer. If she couldn't give me the answer she'd call me back in a short period of time and answer my question. . . . . The girl I worked with at Workers' Comp. She was excellent. She explained everything to me. She made sure everything was done on time, that my check came, the doctor got their checks. . . . I had*

# Stressful Claims and Claimant Recovery

Genevieve Grant et al



Slide courtesy of Genevieve Grant



Claimant disability at 6 years



# What have we learned?

- Stressful claims experiences were prevalent among claimants to transport accident and workers' compensation schemes in three Australian states
- There were **strong associations** between stressful claims experiences and poorer long-term recovery
- Adjusting for factors that predisposed claimants to stress reduced the strength of the associations, but did not eliminate them

Slide courtesy of Genevieve Grant



# Implications

Our findings point to two main strategies for improving claimant recovery:

- Redesigning aspects of claims processes that are strongly associated with claimant stress and are modifiable
- Developing interventions to decrease claimants' vulnerability and increase their resilience in the acute post-injury phase or early in the claims process

Slide courtesy of Genevieve Grant

# The injured workers perspective – key themes

15

- Adversarial relationships
- Legitimacy
- System disorganisation
- Lack of control / lack of knowledge
- Claims manipulation / coercive behaviour
- Access to treatment
  
- Mental health consequences
- Social and vocational consequences



You are here

[Home](#) » [Advice](#) » [Trusted Brands 2013](#) » [Australia's Most Trusted Professions](#) » Australia's Most Trusted Professions 2013

## Australia's Most Trusted Professions 2013

Once again, it's the professions that are dependable, honest and reliable that have earned our trust

[From Reader's Digest July 2013](#)

- See more at: <http://www.readersdigest.com.au/most-trusted-professions-2013#sthash.UHMiAN7c.dpuf>

Reader's  
**Digest**  
AUSTRALIA

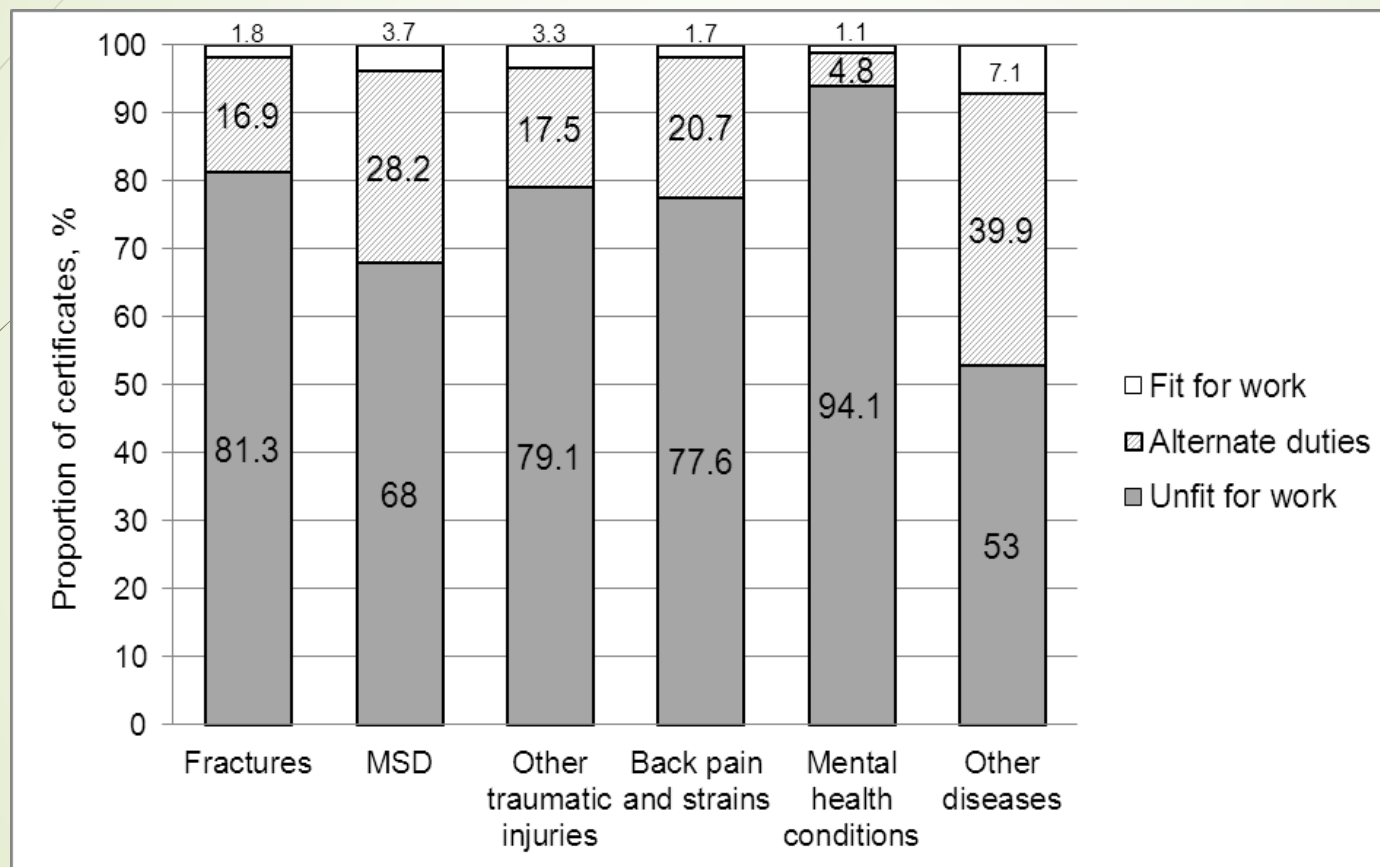


## GPs role in return to work – some key themes

- Patient advocate or RTW facilitator?
- GP / patient relationship
- GP (lack of) knowledge of working conditions
- Worker condition (mental health)
- Compensation system barriers

Source: Mazza et al, slide courtesy of Alex Collie

# Sickness certification of injured workers by Victorian GPs, 2003 to 2011





# The 7 principles of successful RTW

1. The workplace has a strong commitment to health and safety.
2. The employer makes an offer of modified work.
3. RTW planners ensure that the plan supports the returning worker without disadvantaging co-workers and supervisors.
4. Supervisors are trained in work disability prevention and included in RTW planning.
5. The employer makes an early and considerate contact with injured/ill workers.
6. Someone has the responsibility to coordinate RTW.
7. Employers and health care providers communicate with each other about the workplace demands as needed, and with the worker's consent.

<http://www.iwh.on.ca/seven-principles-for-rtw>

# Types of workplace-based intervention studies for musculoskeletal conditions

Intervention	Examples	N studies
Behavioural	Communication, RTW planning, case management, education and training.	6
Clinical	Healthcare assessment & services, treatment, therapy, exercise, graded activity.	6
Ergonomic / workplace	Modified duties, modified working hours, ergonomic adjustments, worksite adjustments.	5
Combination	Interventions that combined behavioural and/or clinical and/or ergonomic components.	17

# What workplace interventions can reduce time away from work in MSD conditions?

Slide courtesy of Associate Professor Alex Collie

Type of intervention	N studies in review	Level of Evidence
Behavioural	6	Mixed
Clinical	6	Moderate (positive effect)
Ergonomic	5	Moderate (positive effect)
Clinical + Behavioural	8	Moderate (no effect)
Clinical + Ergonomic	4	Moderate (positive effect)
Clinical + Ergonomic + Behavioural	5	Moderate (positive effect)

Possible levels of evidence are: (1) no evidence; (2) insufficient; (3) mixed/conflicting; (4) limited; (5) moderate; and (6) strong.

# UK Dept of Work & Pensions review, Associate Professor Alex Collie

**Table 1** Overall summary of health conditions, interventions, evidence base, and effects

Health condition	Intervention type	Quantity of evidence	Quality of evidence	Evidence on effectiveness
Musculoskeletal disorder (MSDs)	Cognitive behavioural therapy (CBT)	Reasonable	Reasonable	Mixed
Low back pain	Workplace based	Reasonable	Reasonable	Positive
	Graded activity/ exercise	Reasonable	Weak	Mixed/no effect
	CBT	Reasonable	Reasonable	Positive
	Patient education	Quite weak	Quite weak	Positive
	Vocational rehabilitation	Reasonable	Reasonable	Positive
Other MSDs	Workplace based	Reasonable	Reasonable	Positive
Cardio-resp	Workplace based	Weak	Reasonable	Positive
Mental health conditions (MHCs)	Psychological/CBT	Weak- very mixed	Reasonable	Positive
Depression	Workplace based	Weak	Quite weak	Inconclusive
	Psychological/ work-based	Mixed types	Reasonable	Positive
Severe MHCs	Vocational rehabilitation	Weak	Reasonable	Positive/mixed
Supported employment	Reasonable	Reasonable	Positive	
Stress/distress and burnout	Psychological/stress management	Reasonable	Weak	Mixed/no effect

The only areas with a reasonably strong body of evidence and positive effects are:

- workplace-based interventions for those with MSDs and particularly for low back pain;
- CBT and vocational rehabilitation for low back pain; and
- supported employment for those with MHCs.

Dibben P et al, 2012 Quantifying the effectiveness of interventions for people with common mental health conditions in enabling them to stay in or return to work: A rapid evidence assessment.

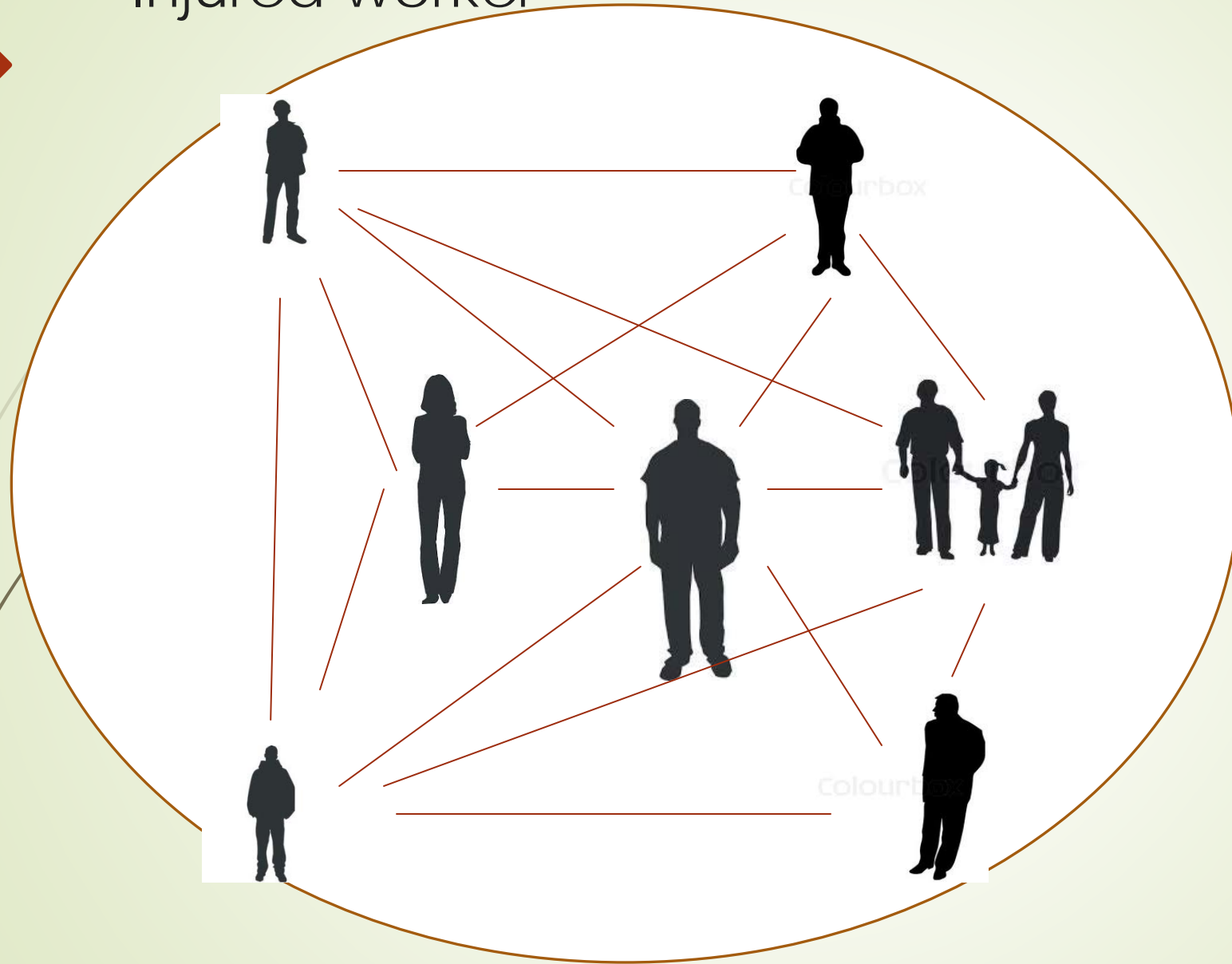
# Summary of research evidence

## Slide courtesy Associate Professor Alex Collie

- ▶ Powerful, complex, fragmented systems
  - ▶ Important public health objectives
  - ▶ Some unintended consequences
- ▶ Vulnerable target population.
- ▶ GPs working in isolation of employers & insurers.
- ▶ Some effective workplace interventions for some conditions.
- ▶ Diverse range of injuries and illnesses.
- ▶ Little influence over, or real-time knowledge of, factors that impact RTW.

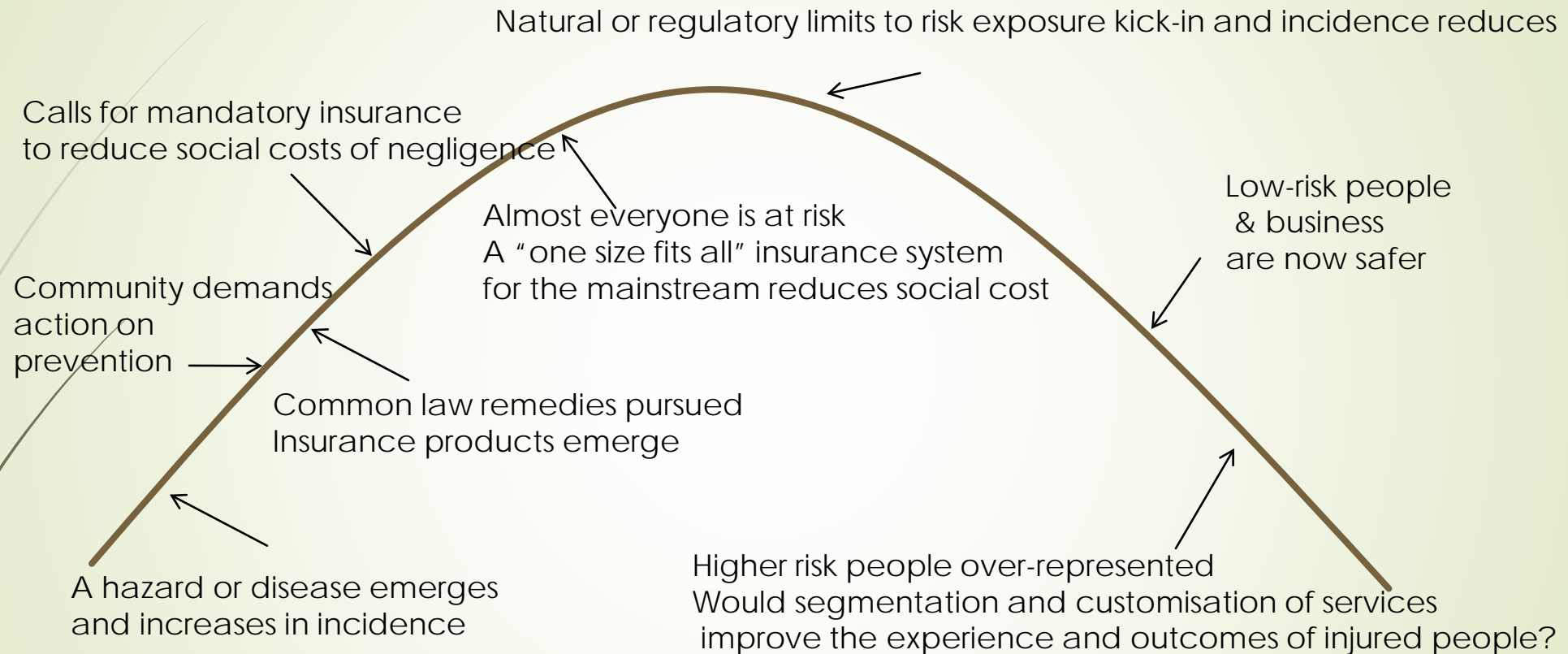
# Injured worker

25



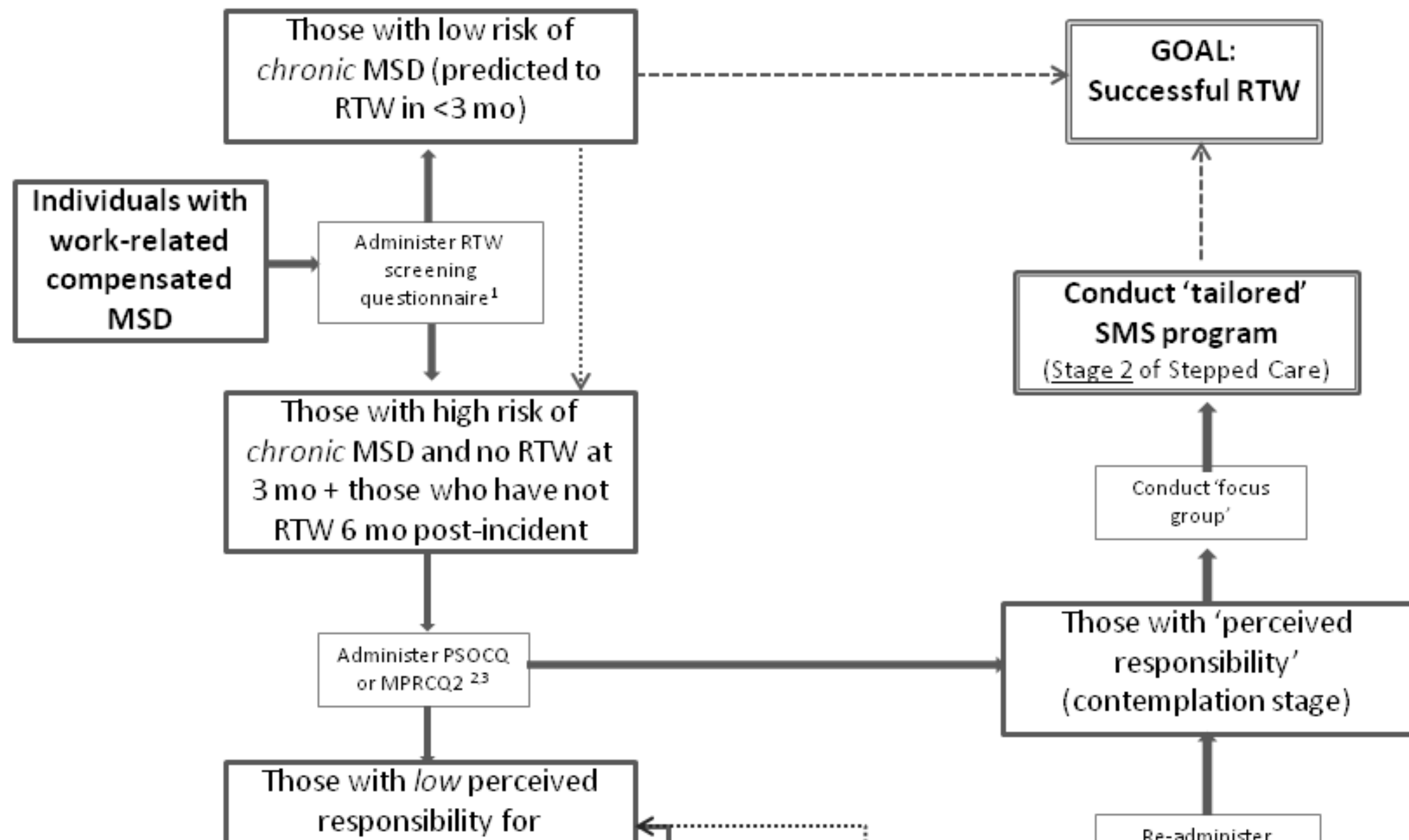
Slide courtesy of Alex Collie

# Personal injury insurance lifecycle



Slide courtesy of Carmel Donnelly, SRTWSD, NSW

Source: Ellis et al, ISCRR, 2013





# Conclusion



1. Australia's performance on RTW has flatlined – we must do better
2. There is not a strong evidence-base to drive improvement at a system level
3. Recent research on the injured workers' experience indicates priority areas for improvement of engagement with the workers compensation system: particularly information and communication, supportive approach by claims managers
4. There is a need for more individualised approaches within a better co-ordinated system including claims managers, health service providers, vocational rehab providers and employers
5. The NDIA is likely to reflect questioningly back on workers compensation systems. Have we reached a tipping point where overmedicalisation and unintended harm are outweighing the benefits of a dedicated system for 'work-related' conditions?



This presentation is drawn from several recent presentations of ISCRR projects in the RTW and Scheme Design Program and the ACHRF 2013.

Most of them can be found on the ISCRR website either at:

- Client experience of compensation systems seminar
- ACHRF

For updates on ISCRR research ask to be on the ISCRR