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
Subconjunctival dog heartworm

Does access to compensation have an impact on recovery outcomes after injury?

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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

System disorganisation:

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

- 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

Doc - can you see the problem?

I'm afraid so.
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
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

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Examples</th>
<th>N studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural</td>
<td>Communication, RTW planning, case management, education and training.</td>
<td>6</td>
</tr>
<tr>
<td>Clinical</td>
<td>Healthcare assessment &amp; services, treatment, therapy, exercise, graded activity.</td>
<td>6</td>
</tr>
<tr>
<td>Ergonomic / workplace</td>
<td>Modified duties, modified working hours, ergonomic adjustments, worksite adjustments.</td>
<td>5</td>
</tr>
<tr>
<td>Combination</td>
<td>Interventions that combined behavioural and/or clinical and/or ergonomic components.</td>
<td>17</td>
</tr>
</tbody>
</table>
What workplace interventions can reduce time away from work in MSD conditions?
Slide courtesy of Associate Professor Alex Collie

<table>
<thead>
<tr>
<th>Type of intervention</th>
<th>N studies in review</th>
<th>Level of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural</td>
<td>6</td>
<td>Mixed</td>
</tr>
<tr>
<td>Clinical</td>
<td>6</td>
<td>Moderate (positive effect)</td>
</tr>
<tr>
<td>Ergonomic</td>
<td>5</td>
<td>Moderate (positive effect)</td>
</tr>
<tr>
<td>Clinical + Behavioural</td>
<td>8</td>
<td>Moderate (no effect)</td>
</tr>
<tr>
<td>Clinical + Ergonomic</td>
<td>4</td>
<td>Moderate (positive effect)</td>
</tr>
<tr>
<td>Clinical + Ergonomic + Behavioural</td>
<td>5</td>
<td>Moderate (positive effect)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Health condition</th>
<th>Intervention type</th>
<th>Quantity of evidence</th>
<th>Quality of evidence</th>
<th>Evidence on effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal disorder (MSDs)</td>
<td>Cognitive behavioural</td>
<td>Reasonable</td>
<td>Reasonable</td>
<td>Mixed</td>
</tr>
<tr>
<td></td>
<td>therapy (CBT)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low back pain</td>
<td>Workplace based</td>
<td>Reasonable</td>
<td>Reasonable</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>Gradual activity/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CBT</td>
<td>Reasonable</td>
<td>Weak</td>
<td>Mixed/no effect</td>
</tr>
<tr>
<td></td>
<td>Patient education</td>
<td>Quite weak</td>
<td>Quite weak</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>Vocational rehabilitation</td>
<td>Reasonable</td>
<td>Reasonable</td>
<td>Positive</td>
</tr>
<tr>
<td>Other MSDs</td>
<td>Workplace based</td>
<td>Reasonable</td>
<td>Reasonable</td>
<td>Positive</td>
</tr>
<tr>
<td>Mandel health conditions (MHCs)</td>
<td>Workplace based</td>
<td>Week</td>
<td>Reasonable</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>Psychological/CBT</td>
<td>Worker, very mixed</td>
<td>Reasonable</td>
<td>Positive</td>
</tr>
<tr>
<td>Depression</td>
<td>Workplace based</td>
<td>Week</td>
<td>Reasonable</td>
<td>Positive</td>
</tr>
<tr>
<td></td>
<td>Psychological/work based</td>
<td>Week</td>
<td>Reasonable mixed</td>
<td>Inconclusive</td>
</tr>
<tr>
<td>Severe MHCs</td>
<td>Vocational rehabilitation</td>
<td>Reasonable</td>
<td>Reasonable</td>
<td>Positive/mixed</td>
</tr>
<tr>
<td>Supported employment</td>
<td>Reasonable</td>
<td>Reasonable</td>
<td>Positive</td>
<td>Mixed/no effect</td>
</tr>
<tr>
<td>Stress/dissstress and burnout</td>
<td>Psychological/stress management</td>
<td>Reasonable</td>
<td>Reasonable</td>
<td>Positive</td>
</tr>
</tbody>
</table>

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

Slide courtesy of Alex Collie
A hazard or disease emerges and increases in incidence.

Community demands action on prevention.

Calls for mandatory insurance to reduce social costs of negligence.

Almost everyone is at risk. A "one size fits all" insurance system for the mainstream reduces social cost.

Higher risk people over-represented. Would segmentation and customisation of services improve the experience and outcomes of injured people?

Natural or regulatory limits to risk exposure kick-in and incidence reduces.

Low-risk people & business are now safer.

Almost everyone is at risk. A "one size fits all" insurance system for the mainstream reduces social cost.

A “one size fits all” insurance system for the mainstream reduces social cost.

Common law remedies pursued. Insurance products emerge.

Slide courtesy of Carmel Donnelly, SRTWSD, NSW.
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 newsletter.