

Future of Return to Work

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North Queensland Return to Work Conference

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Overview

PRESENT - BASELINE

- Compensation systems causing significant secondary harm, especially to mental health
- Treatment for mental health problems not evidence-based
- RTW support services not best practice
- Lack of improvement in RTW indicators
- Confusion about GP, insurer, employer and rehab provider roles
- GPs slow to embrace HBOW message
- Employers not buying message of ROI for early RTW/SAW
- Workers confused
- Workers compensation operates in a silo

Work back through the steps needed to get there



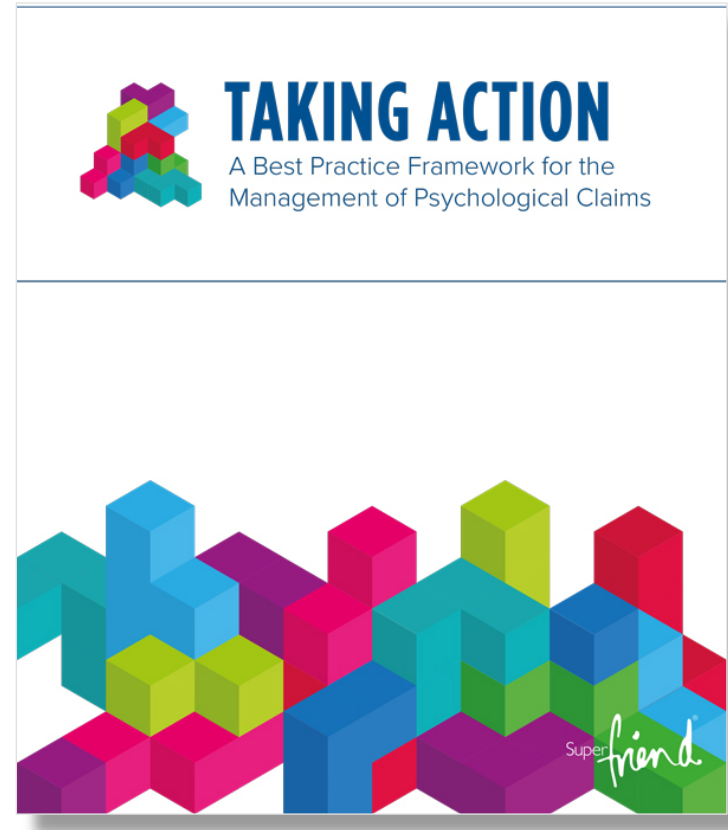
FUTURE

- Empowered workers
- Employers and insurers work with super and others to achieve better primary and secondary prevention
- GP, OP, rehab provider, insurer and employer roles better defined for assessment and early intervention
- Evidence based treatment and rehabilitation
- Shift claims processing to case management
- Claims management semi-automated
- Outcomes focus

Best Practice Framework

Available from

www.superfriend.com.au



Methodology for developing the Framework

RESEARCH AND CONSULTATION



DEVELOPMENT AND TESTING

Rapid review of evidence - draft

Consulting with insurer & expert panels

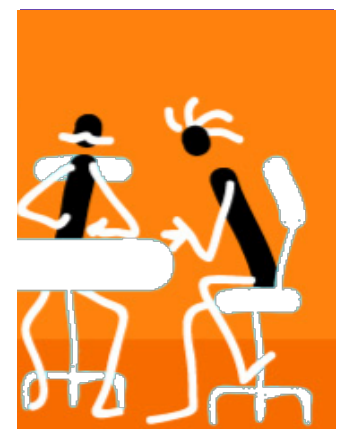
Synthesis of evidence

Writing up Framework

Collection of innovation case studies

Theory of Change workshop

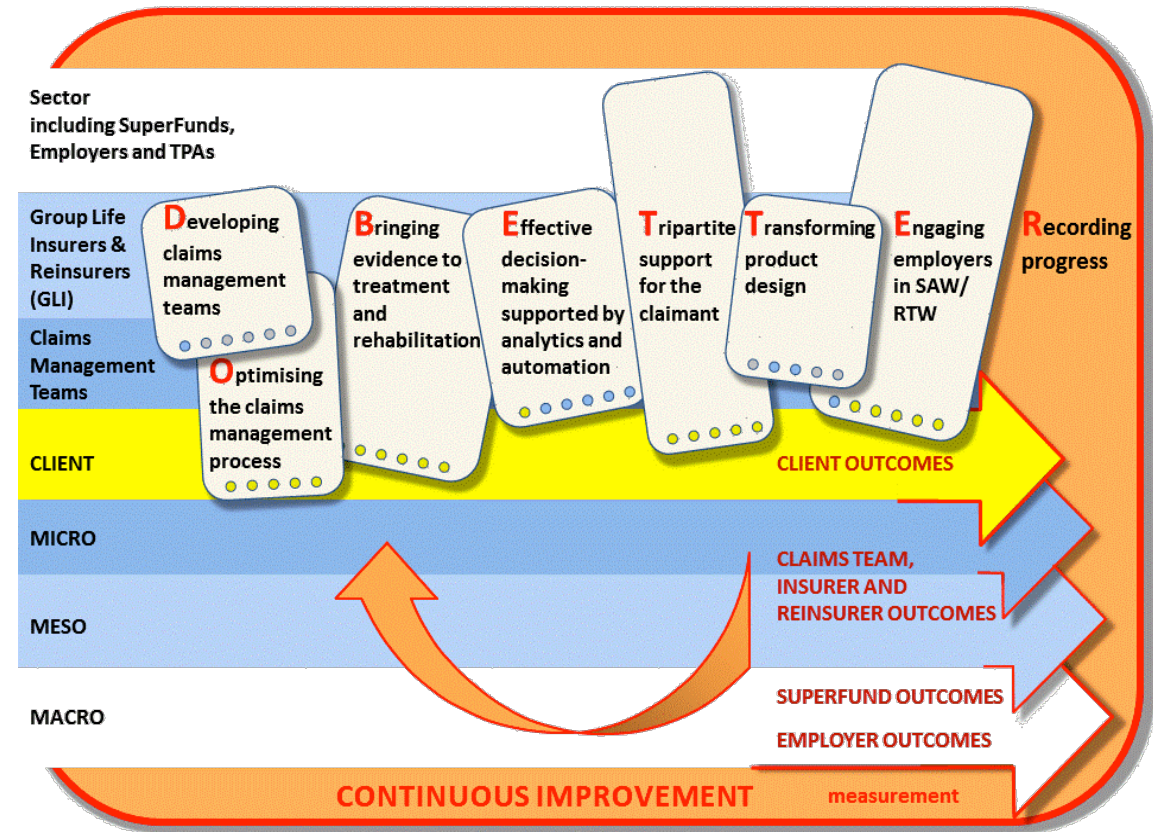
Testing: Implementation Workshop



Best Practice Framework

‘LOOSELEAF’ MODULES TO BE SELECTED & ADAPTED BY EACH ORGANISATION.

A PROCESS OF CONTINUOUS IMPROVEMENT IN OUR OUTCOME SPACES.



Sector including SuperFunds, Employers and TPAs

Group Life Insurers & Reinsurers (GLI)

Claims Management Teams

CLIENT

MICRO

MESO

MACRO

Developing claims management teams

Optimising the claims management process

Bringing evidence to treatment and rehabilitation

Effective decision-making supported by analytics and automation

Tripartite support for the claimant

Transforming product design

Engaging employers in SAW/RTW

Recording progress

CLIENT OUTCOMES

CLAIMS TEAM, INSURER AND REINSURER OUTCOMES

SUPERFUND OUTCOMES

EMPLOYER OUTCOMES

CONTINUOUS IMPROVEMENT

measurement

Developing claims management teams

EVIDENCE AND INNOVATION REVIEW:

- Claims manager single point of contact, relationship of trust with claimant, shift from processing to decision-making
- Enhanced role and delegations, case loads permit proactive approach
- Professional development and broader definitions of quality of performance (not just timeliness and cost)
- Access to expertise and decision support tools
- Appropriate team structure.

Case study – Swiss RE, Europe

EMPOWERMENT AND UPSKILLING OF CLAIMS ASSESSORS

- Challenge to the medical model, greater role for claims managers
- Training:
 - Biopsychosocial health
 - Common health conditions
 - How diagnoses are made
 - Best practice treatments
 - Telephone skills (motivational interviewing).
- (Delegations and associated process re-engineering).



Source: Monica Garcia, Swiss Re

Optimising the claims management process

EVIDENCE AND INNOVATION REVIEW:

- Members have more information about insurance, and process for claiming on superfund website
- Single point of contact and direct communication
- Customer-centred processes
- Collaboration with stakeholders
- Right support – BPS model
- Outcome focus.



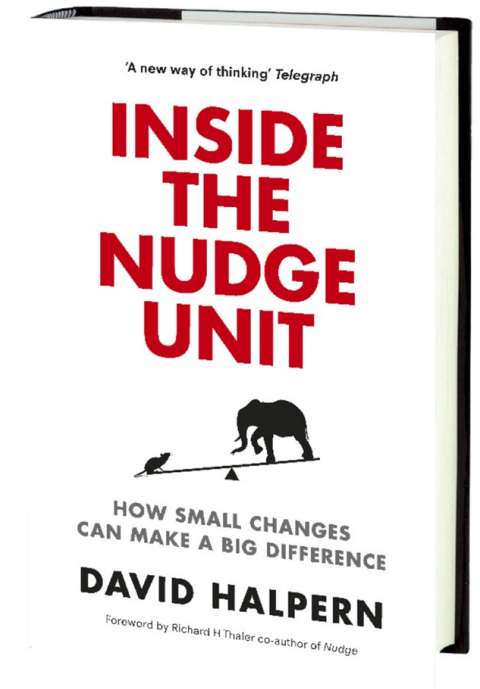
Case study – Allianz TMF, NSW

- NSW Government engaged BI team from UK, Allianz trialled with RTW
- Principles: easy process; attractive to users; socialise; timely
- Applying to RTW involved co-ordination across employers, insurers, medical providers
 - Document redesign
 - Conferencing

- Empowering communications
- Mutual obligations based on normed timeframes
- Work and health plans.

Results

- RTW 27% faster at 90 days
- RTW 17% faster at 150 days.



Source: Julie Mitchell,
September 2014

Bringing evidence to treatment and rehabilitation

EVIDENCE AND INNOVATION REVIEW:

- Claims managers have access to constantly updated information on effective treatment and rehabilitation of mental ill health
 - Experts
 - Online repository
- More robust provider management arrangements
- Use purchasing power to influence provision of evidence-based care and better quality of medical/health reports
- Use influence with claimants and treating health care providers
 - Cultivate relationships with GPs at insurer and sector levels
- More realistic and better defined relative roles between claims managers and medical/health advisors.

Bringing evidence to treatment and rehabilitation

GP role?

- What is the diagnosis?
- What is the treatment? Is it evidence based?
- What is it the worker can and can't do?
- What are their job duties?
- What is the employer attitude to RTW?



Source: Andy Cohen, General Counsel for Disability Management Services, USA

Bringing evidence to treatment and rehabilitation

EVIDENCE AND INNOVATION REVIEW (effective treatment and rehabilitation):

- Tele-health prevent delays in receiving care, support co-ordinated care and facilitate collaboration across professions
- Web-based interventions significant benefits to clients and providers
- Health and RTW outcomes improved with work-focused treatments
- Addressing low expectations of recovery early in the course of illness reduces likelihood of chronicity
- Multifaceted rehab interventions more effective in RTW.

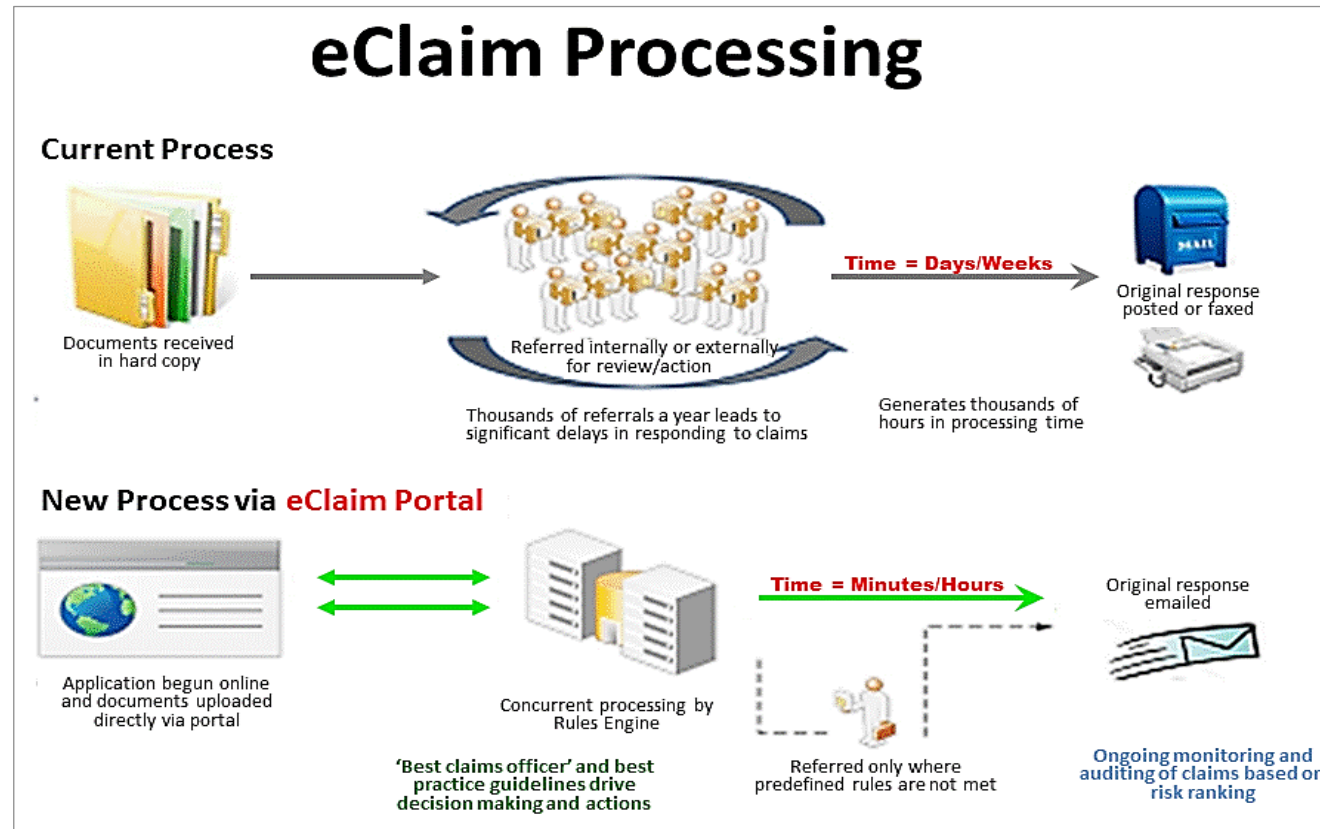
Case study – Worksafe BC

- Development of segmentation model based on lit review and claims analysis of MSDs and mental health claims
- Worked with claims managers to turn these into practical screening questions:
 - How are you doing?
 - Are you getting better/worse/staying the same?
 - How are you coping?
 - Who is supporting you through this at work and outside of work?
 - If in pain, rank the pain using a pain scale
 - What is your job like?
 - Have you spoken to your employer?
 - When do you think you will return to work?
 - What is your regular healthcare provider telling you about your recovery and RTW?
- Training and Guidance.



Source: Franche et al, 2014

Effective decision-making supported by analytics and automation



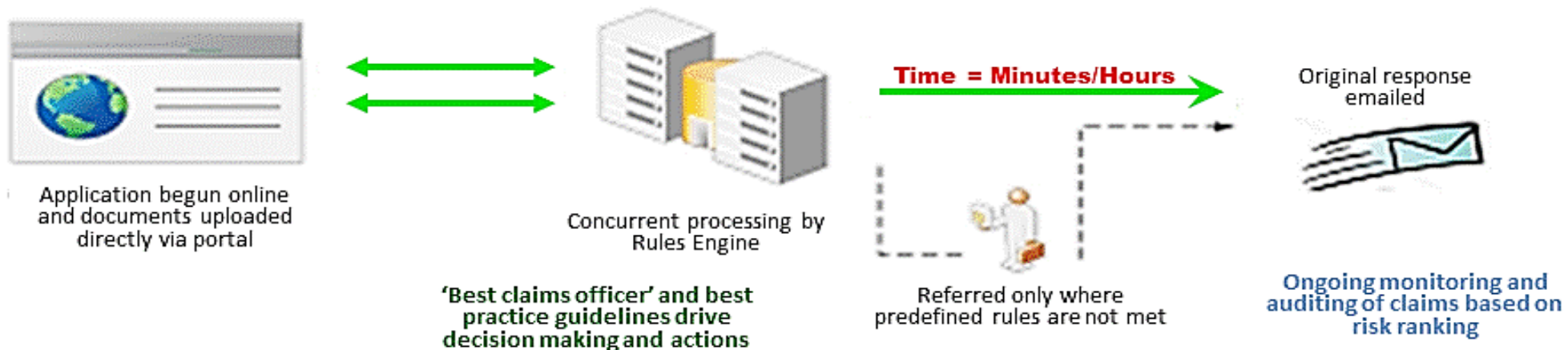
Source: John Wise Technology

eClaim Processing

Current Process



New Process via eClaim Portal



Effective decision-making supported by analytics and automation

HOW WOULD GROUP LIFE INSURERS FUNDS TAKE ACTION?

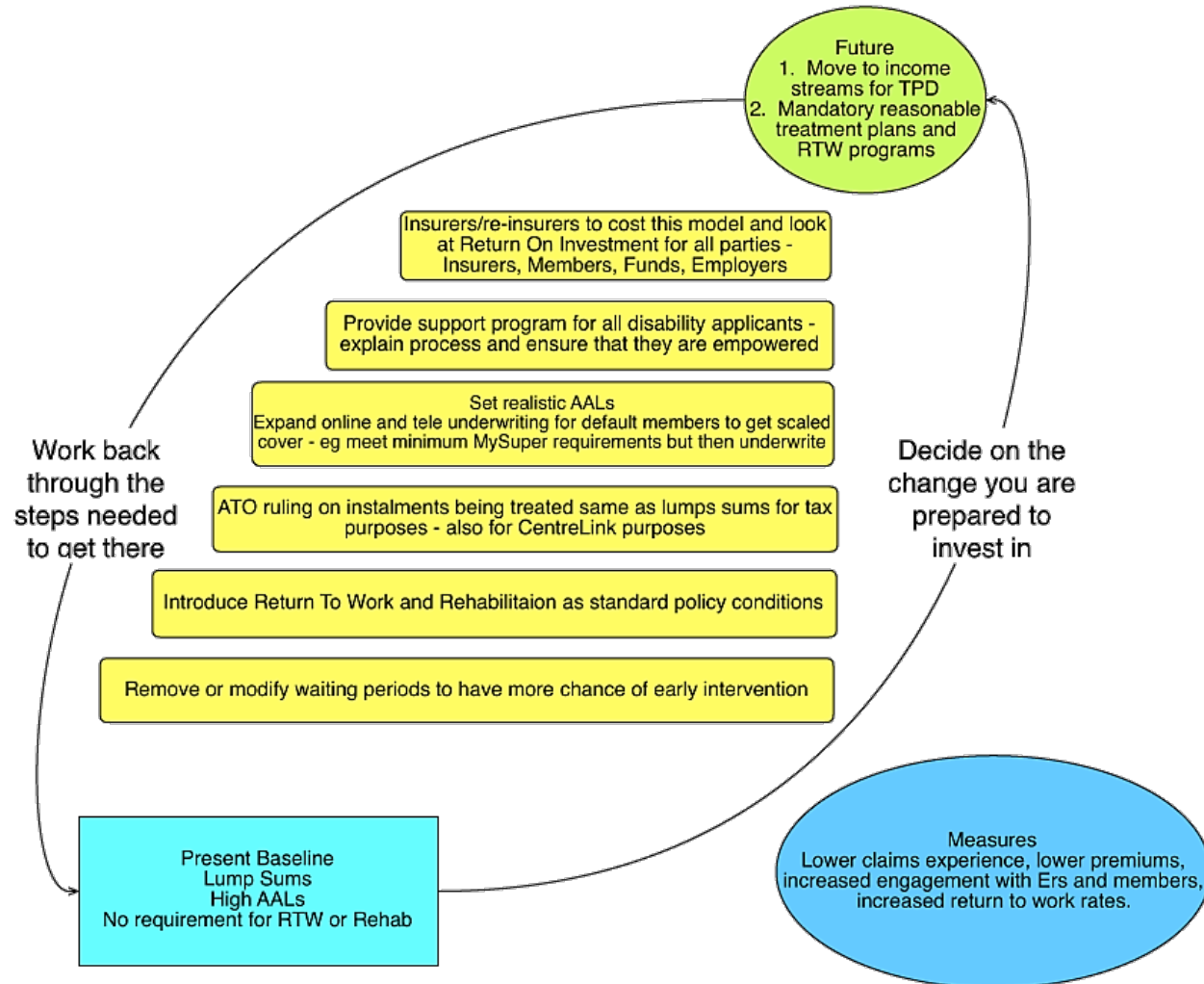
- Standardise data, ideally cleansed data for mining from a variety of sources, eg insurers, superfunds, ISCRR, ? Role for SuperFriend
- Effectively broadening current actuarial model to include better quality risk data (BPS), and health and social outcome data
- Service in the cloud, insurers could use data to inform commercial product design, pricing & claims process.

Tailored support for the person on claim

EVIDENCE AND INNOVATION REVIEW:

- Seamless and timely early decision-making and communication through 1 point of contact: funds, administrator, insurer
- Better information to member about support available at point of need not crisis, insurance, claims processes
- Collaboration to develop more support services, building on what employers already have in place, with the aim SAW
- Provisional liability
- Early notification to insurer and fund, integrated disability management, especially workers compensation.

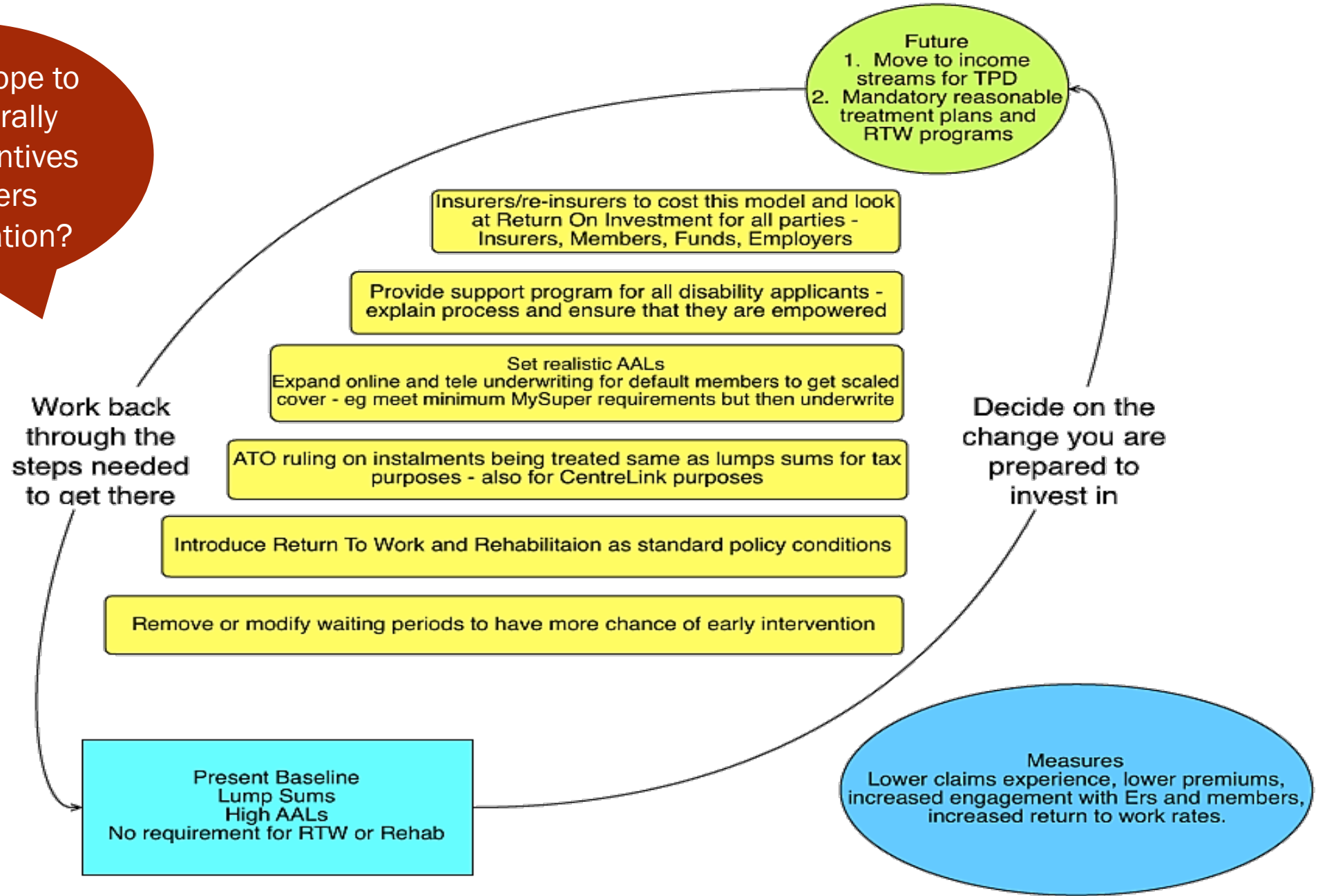
Transforming product design



Is there scope to think laterally about incentives in Workers Compensation?

Source: Implementation workshop, 2014

Is there scope to think laterally about incentives in Workers Compensation?



Engaging employers in SAW/RTW

EVIDENCE AND INNOVATION REVIEW:

- Engage employers in developing before claim options
- Consider incentives for SAW/early RTW – currently perceived as a risk and a cost; build business case
- Address stigma.

Case study – early intervention for worker mental health issues in Canada

- Provision of support at time of need, not crisis, when they first seek assistance
- FeelingBetterNow – web-based self help resource based on mental health guidelines
- Used confidentially and anonymously
- Assessment of emotional and mental health
- Advice on evidence based care
- Patient specific risk map
- Patient specific care map
- Follow up maps
- Information for doctors
- Decrease in sickness absence, decrease in work disability.



www.feelingbetternow.com

Source: Don Thomson, SOS Resource Group, Canada

Recording progress

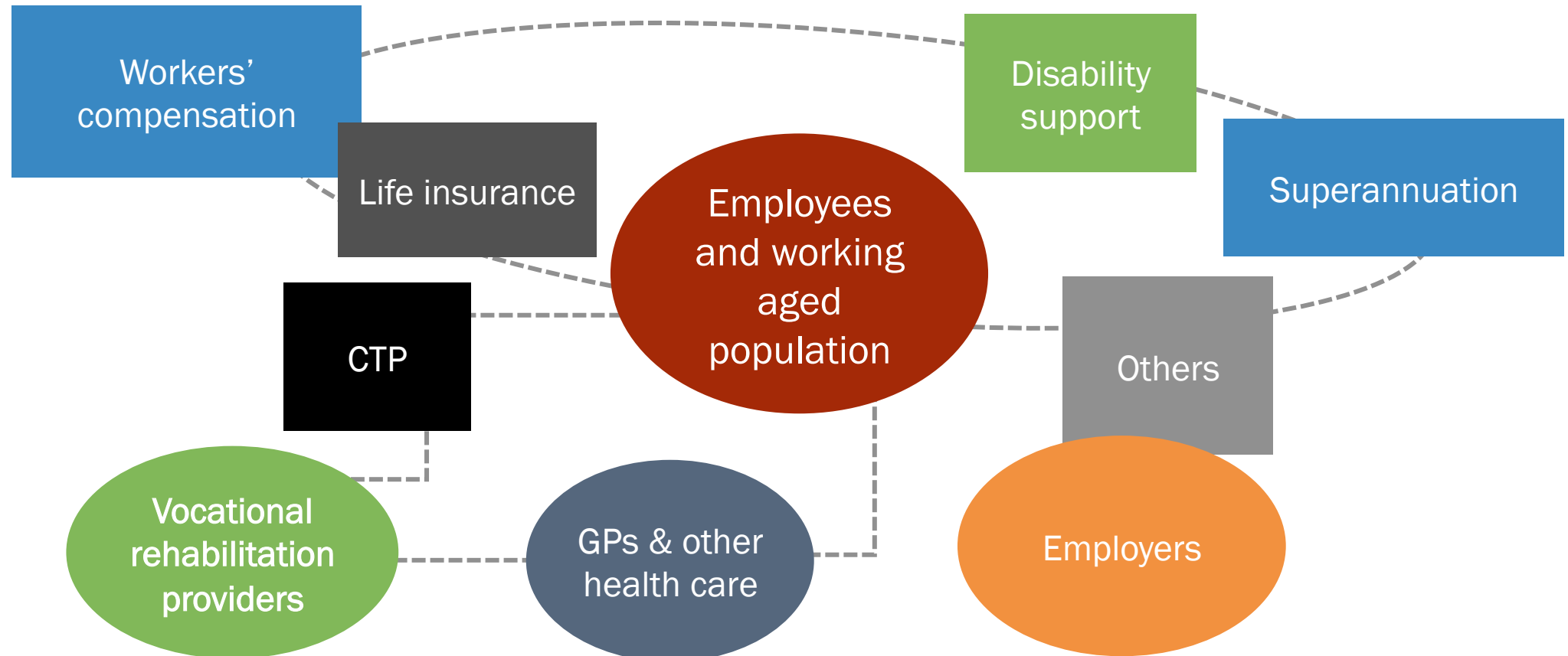
EVIDENCE AND INNOVATION REVIEW:

Measurement of outcomes for all stakeholders:

- Claimant – health and social outcomes
- Insurer – staff competency, performance, satisfaction, costs
- Superannuation Funds – member satisfaction, costs
- Employers – absenteeism and presenteeism.

Acknowledgements for SuperFriend project:
Anne-Marie Feyer, Jane Palmer, Barbara Saltmann

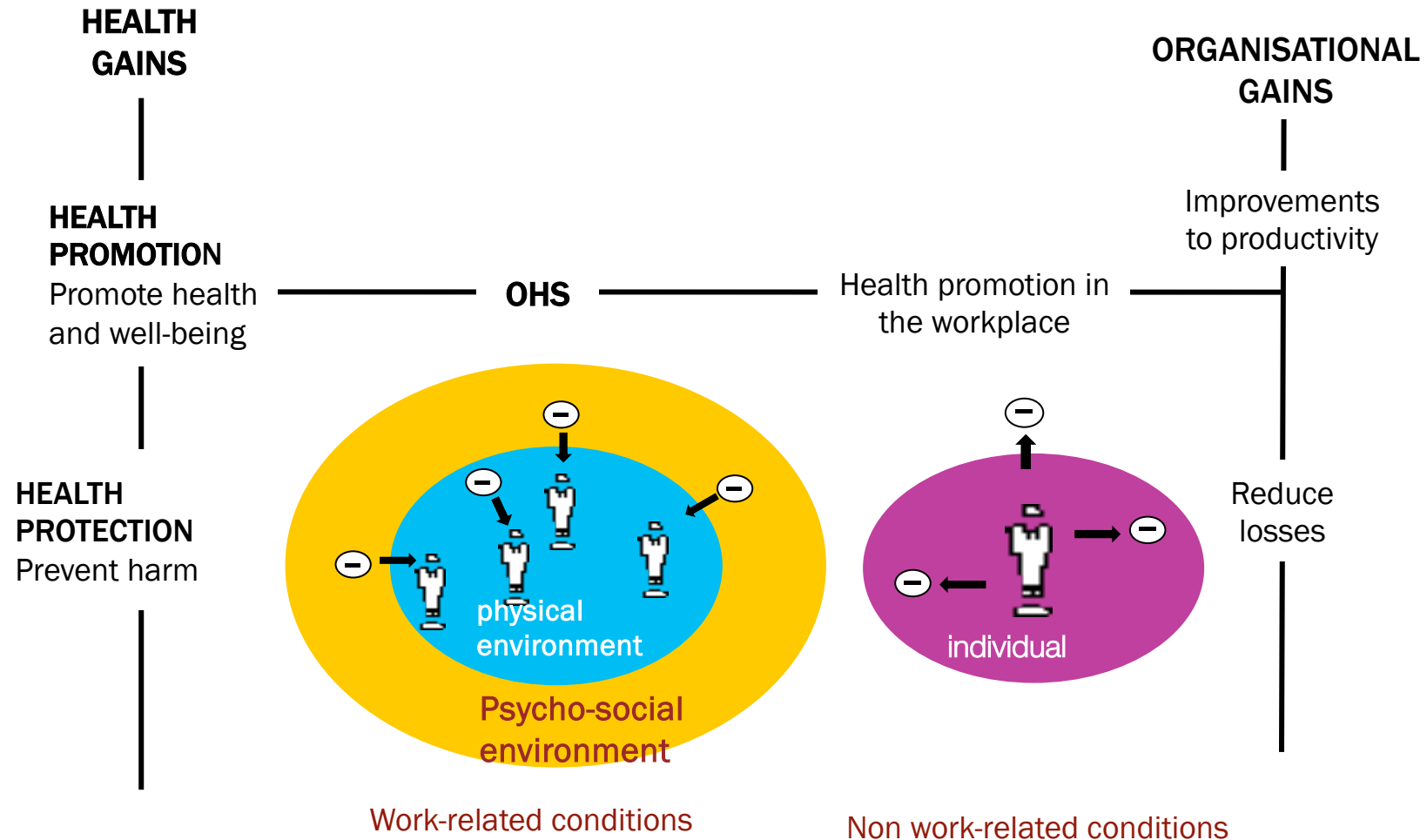
Cross sectoral collaboration to improve work participation



Proposed Program for Collaborative Partnership

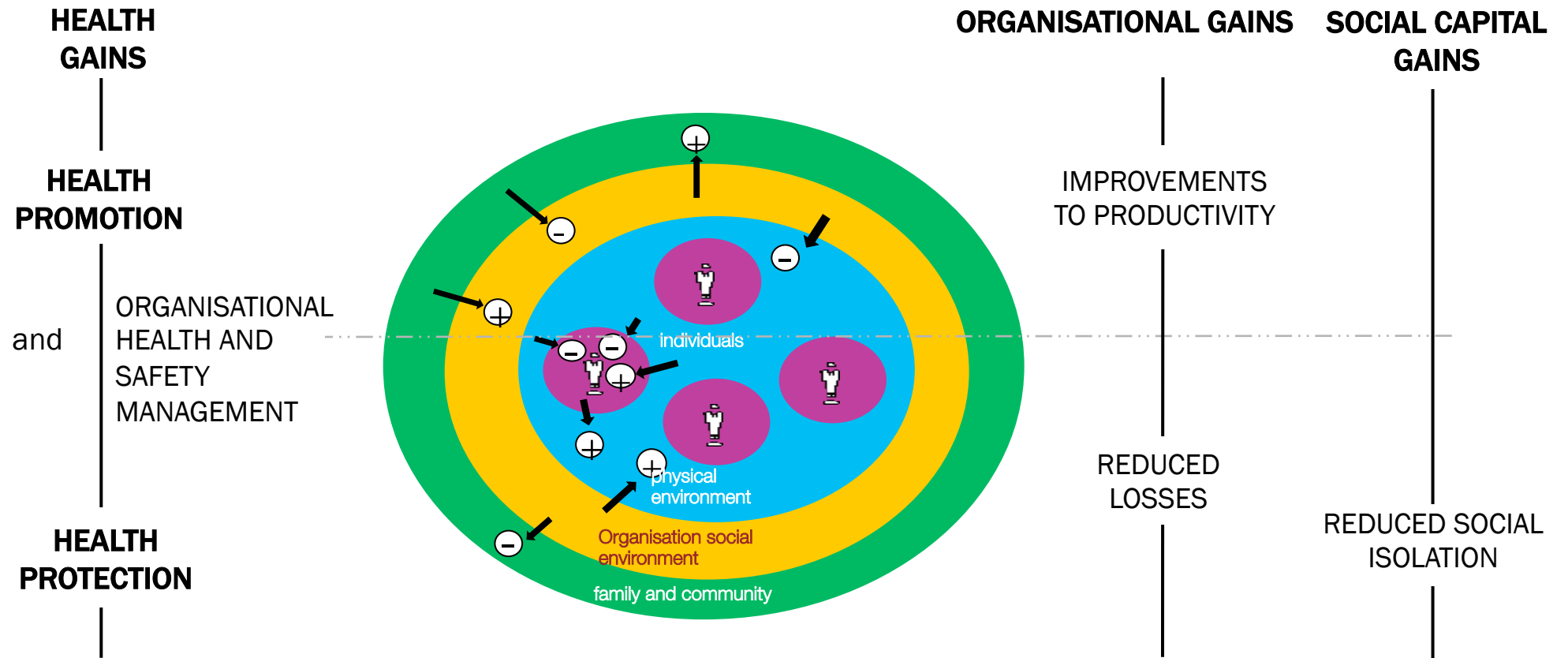
1. Work across sectors to align service provision for return to work.
2. Improve employer capability to implement effective return to work programs.
3. Improve employee understanding of the health benefits of work and promote their role in recovery at work.
4. Improve the consistency of rehabilitation service provision (in particular for psychological injury)
5. Provide support to GPs through nationally consistent approaches.

Traditional OHS: Injury prevention



Ellis, OUP, 2001

Integrated approach to WHS



Ellis, OUP, 2001

Conclusions on future trends in RTW

1. Empowered workers
2. Improved workplace support
 - New, shared narrative based on total worker health
 - Innovative services delivery:
 - Tele-health, especially for mental health
 - New partnerships
 - Work-focused treatment
3. Clarified and better co-ordinated roles in RTW
 - GP focus on diagnosis, treatment and assessment of work ability
 - Better co-ordination between rehab practitioners (insurers and employers) and GPs

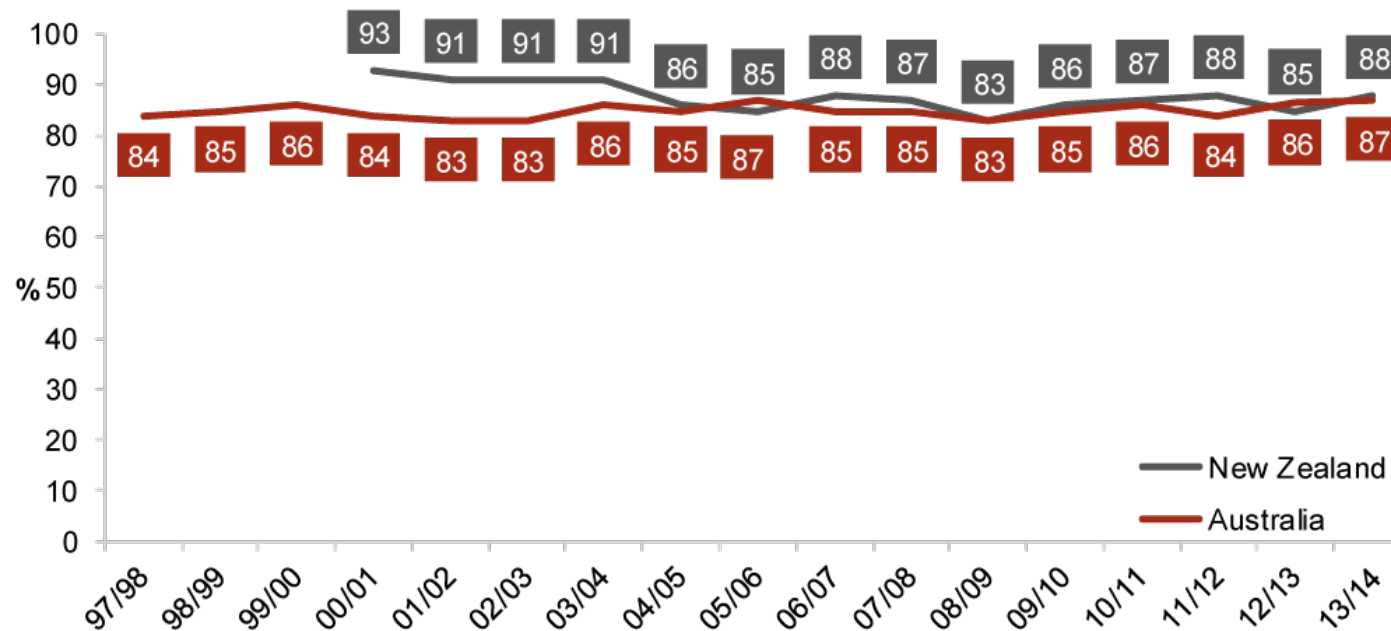
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Conclusions on future trends in RTW

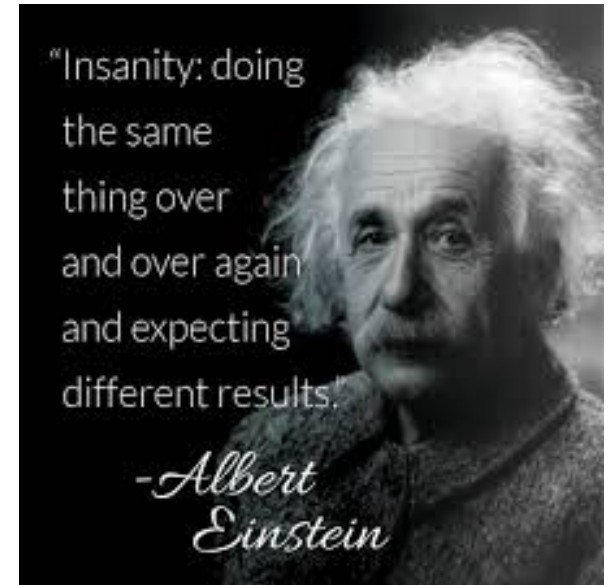
4. E-claims processing and empowered claims (case managers)
5. More of a vocational focus, less medical model, better use of incentives
6. Outcomes focus across range of stakeholders
7. Integration across work ability system as a whole.

RTW Performance over the past decade

Figure 1.10 Returned to Work Rate (national regional trend) (%)



Base: Historic Cohort – those with 10+ days off work and whose claim was submitted 7-9 months prior to the survey.



Source: Safe Work Australia, (2014),
Return to Work Survey, 2013/14
Summary Research Report
(Australia and New Zealand)

Big question



When it comes to mental health,
does Workers Compensation do
more harm than good?



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