

STAKEHOLDER IMPACT ON RETURN TO WORK: RTW & COORDINATORS AND HEALTHCARE PROVIDERS

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BACKGROUND

TOPIC

- How do stakeholders in the return to work (RTW) process affect RTW outcomes?
- Focus on two:
 - RTW Coordinators
 - Healthcare providers (HCPs)
- Emphasis on interpersonal and functional components of the role
 - Functional as pertains to RTW (rather than treating for injury)

WORK INJURY COHORT STUDY

- Survey of $n = 869$ injured workers in Victoria
 - Either upper-body musculoskeletal or mental health condition
 - At least two weeks of time loss
 - Requirement to for claim to be managed by WorkSafe Victoria
 - Longitudinal, three survey periods:
 - Baseline (T1): ~ four months post-injury
 - Follow-up (T2): ~ ten months post-injury
 - Follow-up (T3): ~ 16 months post-injury
 - Not much affected T3, excluded from this presentation

- Funded by Australian Research Council Linkage Grant (LP130100091)

METHODS

- **Logistic regression analyses**
 - Evaluating impact at baseline (T1) and follow-up (T2) on return to work (RTW) outcomes
 - RTW: being back at work for at least one month
- **Adjusting for confounders**
 - Confounders selected for theoretical association
 - Filtered for having actual impact on association between main exposure and outcome (threshold: 10%)
- **Results reported as Odds Ratio (OR)**
 - 1 = 1:1 = same odds; 2 = 2:1 = doubled; 0.5 = 0.5:1 = halved
 - Graphed: OR with 95% confidence interval as error bar



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RETURN TO WORK COORDINATORS

RETURN TO WORK COORDINATORS (VICTORIA)

- Employer appointed and based, assist w/ RTW obligations
 - Required
 - Consult w/ injured worker
 - Coordinate w/ other stakeholders
 - Plan RTW
- Evidence suggests successful Coordinators have both managerial and interpersonal skills*

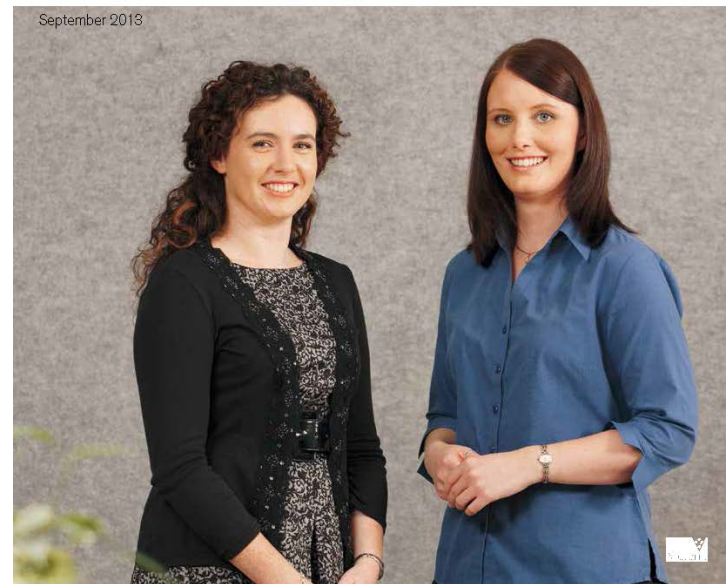
*Pransky, G., Shaw, W. S., Loisel, P., & Hong, Q. N. (2010). Development and validation of competencies for Return to Work Coordinators. *J Occup Rehabil*, 20(1), 41-48.

*Bohatko-Naismith, J., James, C., Guest, M., & Rivett, D. A. (2015). The role of the Australian workplace return to work Coordinator: Essential qualities and attributes. *J Occup Rehabil*, 25(1), 65-73.



The basics you need to know

Return to work coordination

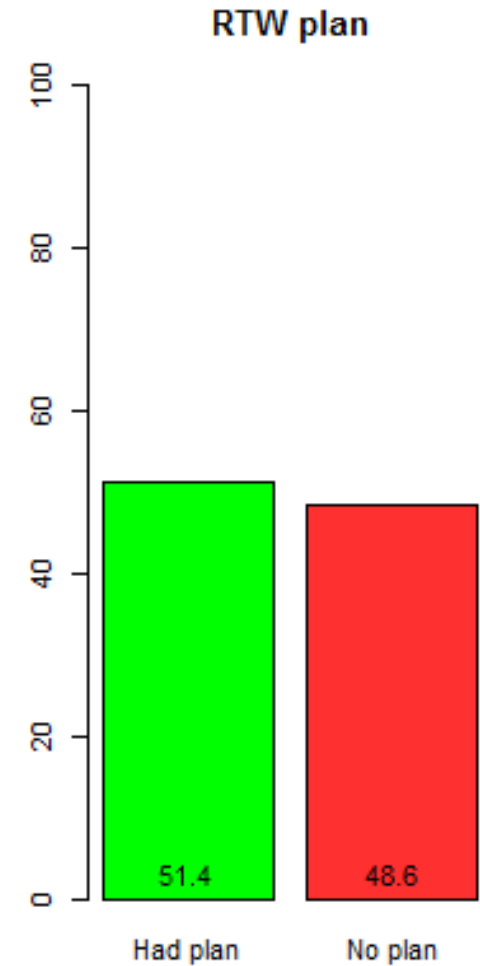
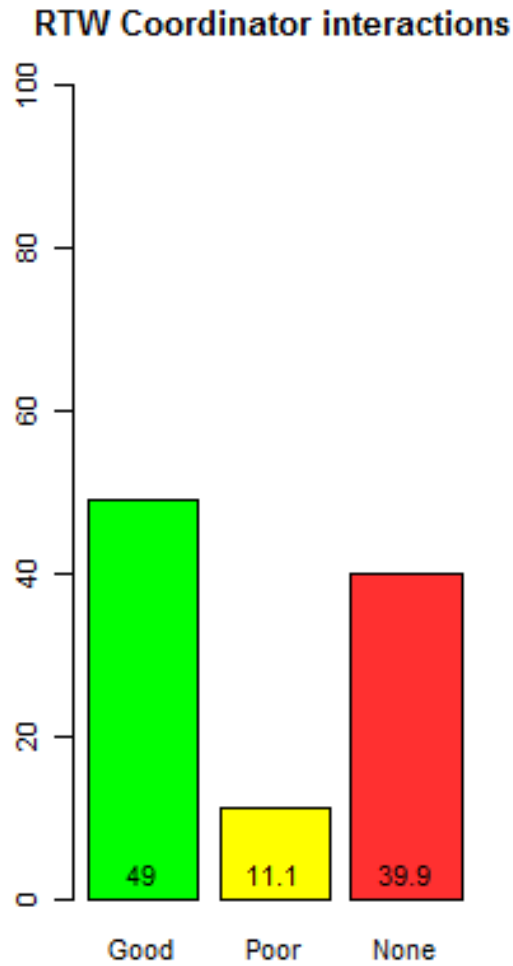
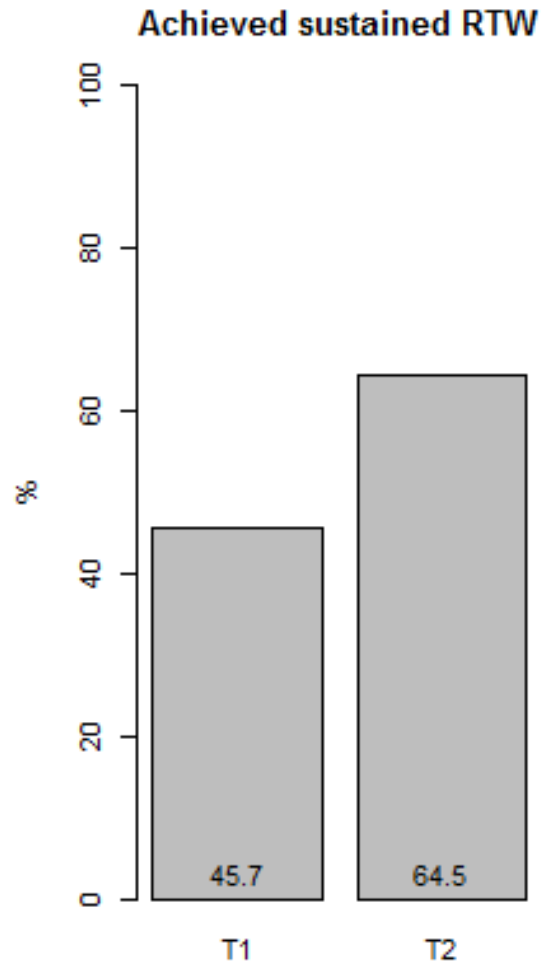


THIS STUDY

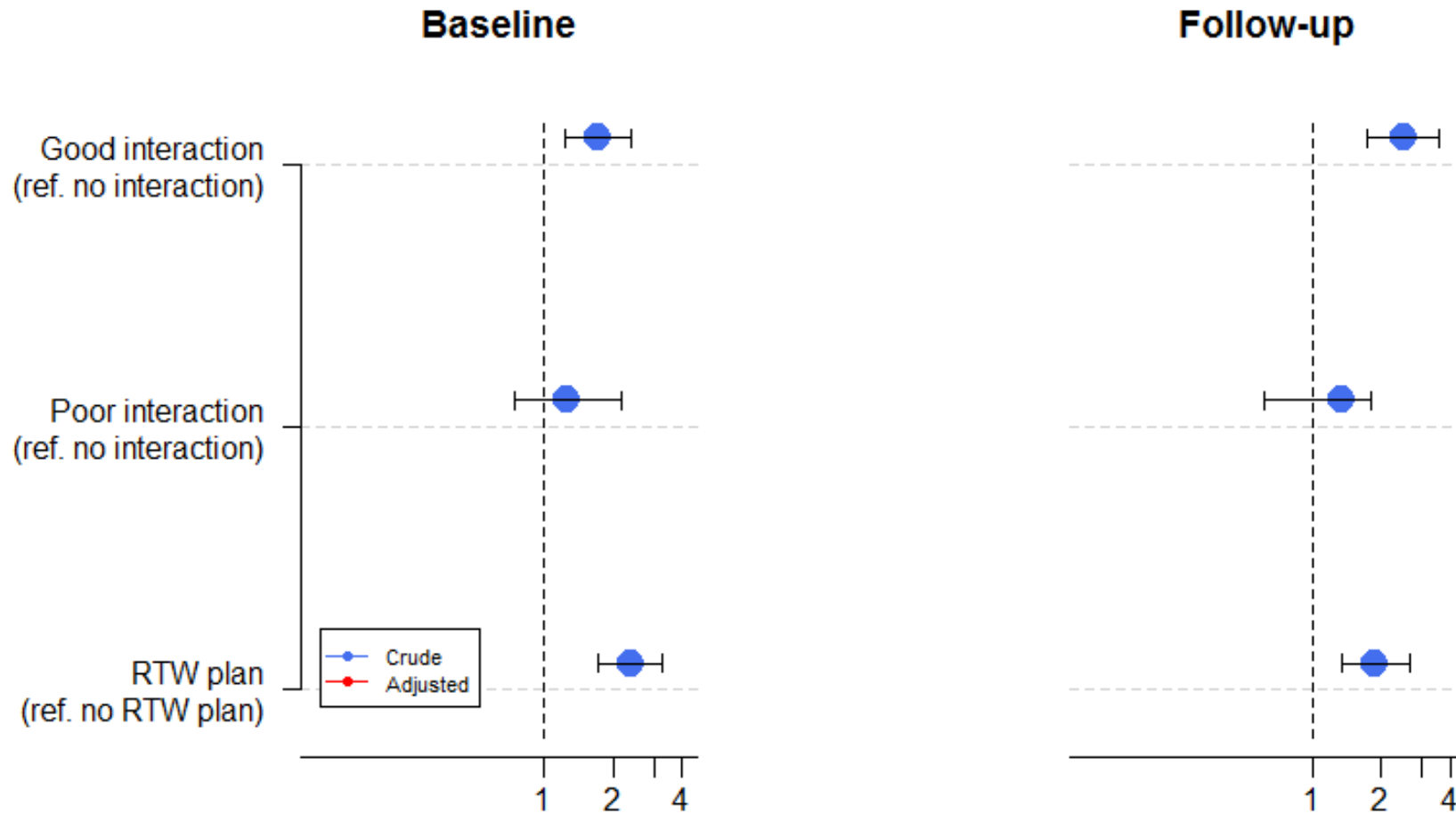
- Question: Do interpersonal and functional aspects of the Coordinator role affect RTW outcomes?
 - Over and above other workplace factors?
 - Over time?
- Main exposures: aspects of Coordinator role
 - Interpersonal -> stressfulness of interactions
 - Functional -> RTW plans

RESULTS:
RETURN TO WORK COORDINATOR

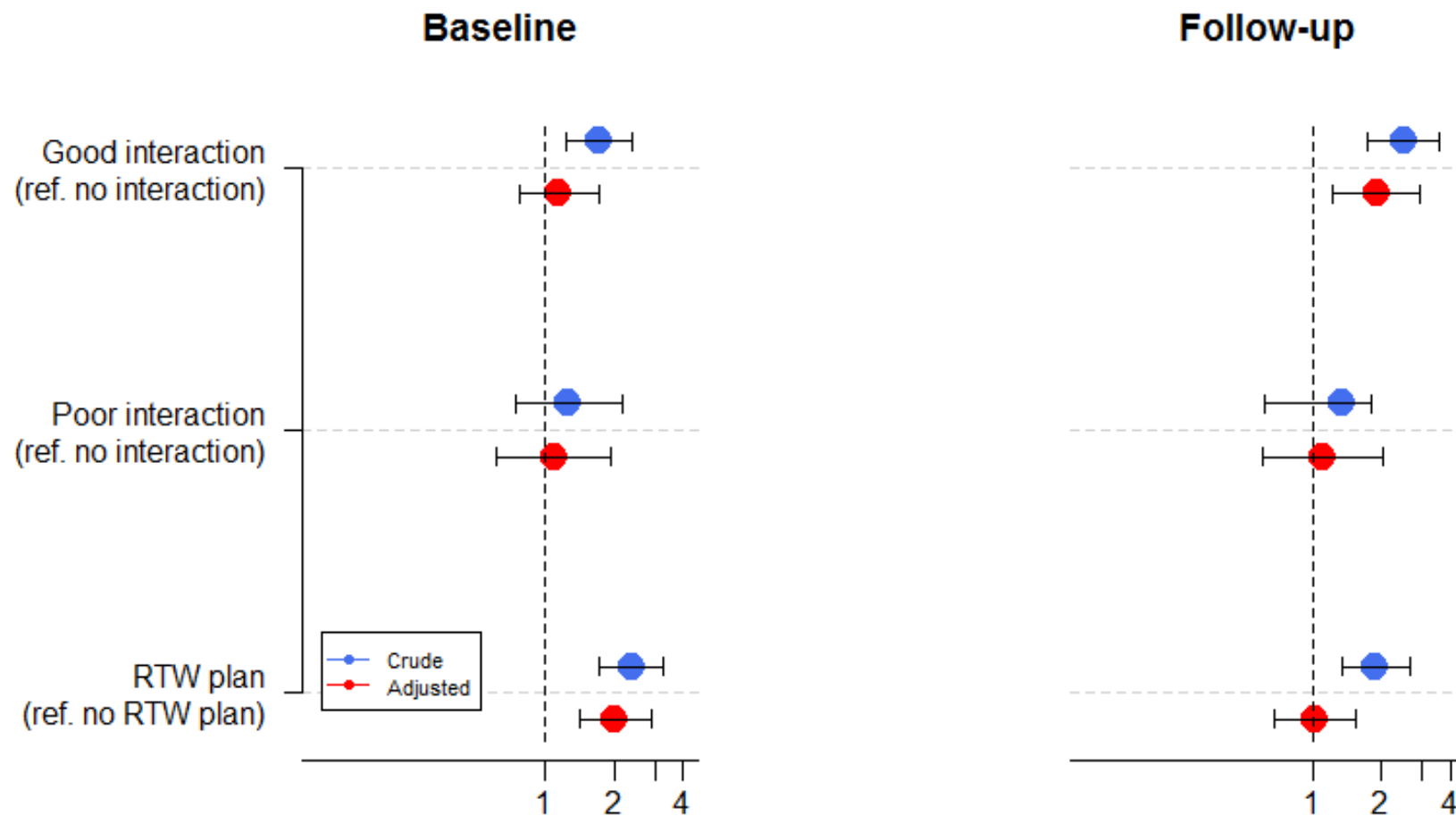
RESULTS: DESCRIPTIVES



COORDINATOR IMPACT ON RTW OUTCOMES, CRUDE



COORDINATOR IMPACT ON RTW OUTCOMES, CRUDE & ADJUSTED



- Functional activities benefit shorter-duration claims
- Interpersonal activities benefit longer-duration claims
- Aligns with research on factors affecting claim duration*
 - Injury-related factors important for shorter-duration claims
 - Psychosocial factors important for longer-duration claims

- Complexity in Coordinator impact on RTW

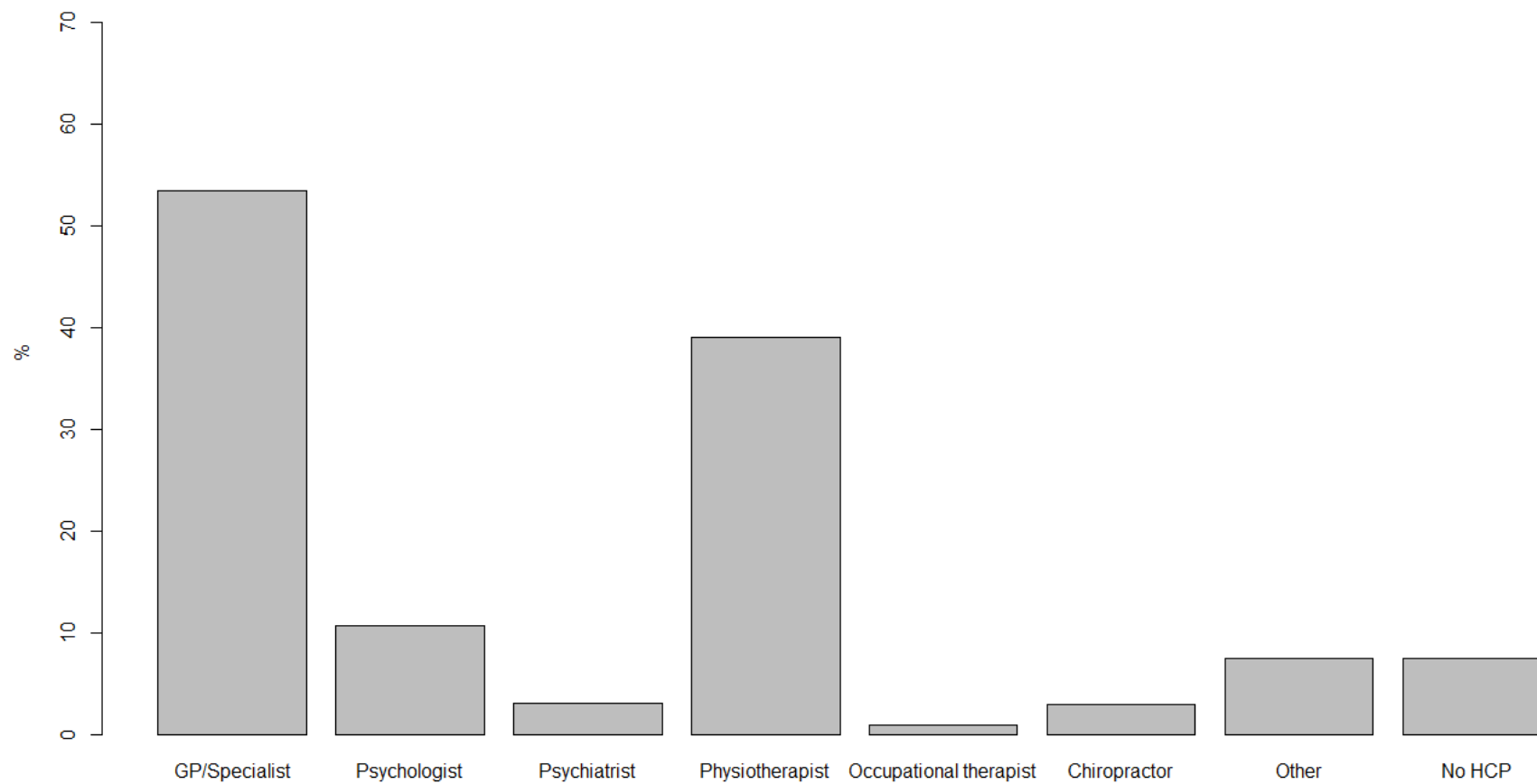
- Opportunities to improve Coordinator impact on RTW:
 - Reform Coordinator selection and training to consider good interpersonal skills
 - Australian Coordinators feel training is irrelevant*
 - Targeted interventions
 - Based on injured worker's likely trajectory
 - Monitor employers' adherence to obligations
 - Are they planning for RTW (via Coordinator)?
 - Are they appointing Coordinators?

*Bohatko-Naismith, J., Guest, M., Rivett, D. A., & James, C. (2016). Insights into workplace return to work coordinator training: An Australian perspective. *Work, 55*(1), 29-36. doi: 10.3233/WOR-162304

BACKGROUND: HEALTHCARE PROVIDERS

WHO ARE MAIN HCPs?

Main healthcare provider



COMPONENTS OF HCP ROLE

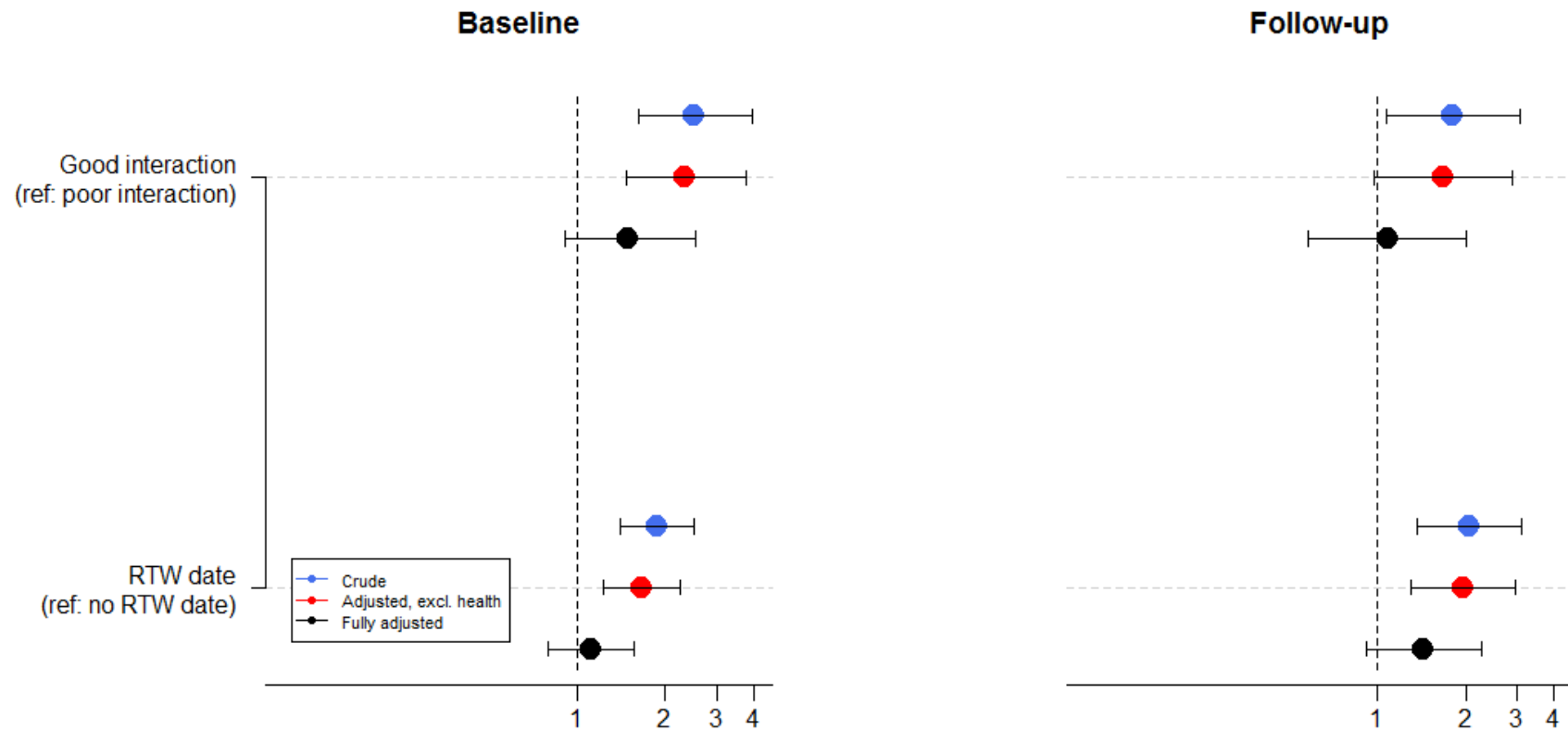
- Main exposures:
 - Functional: gave estimated RTW date
 - Evidence that expected time to RTW correlated with actual RTW*
 - Interpersonal: stressfulness of interaction
 - Based on findings of RTW Coordinator study, seems important

- What about impact of treatment?
 - Injured worker disability, general health, and serious mental illness (SMI) status treated as mediator
 - Included in models to determine direct effect, excluded for total effect
 - Could be considered third path

*Young, A.E., E. Besen, and J.L. Willetts, *The relationship between work-disability duration and claimant's expected time to return to work as recorded by workers' compensation claims managers*. J Occup Rehabil, 2017. 27: p. 284-295.

RESULTS:
HEALTHCARE PROVIDER

HCP IMPACT ON RTW OUTCOMES, CRUDE, ADJUSTED, ADJUSTED FOR HEALTH



INTERPRETATION

MADE WITH EXTREME TREPIDATION

- Possible explanation:
 - Effect of injured worker health/disability suggests HCPs main contribution to the RTW process mainly via treatment of injured workers
 - Other components of role (interpersonal, functional for RTW) less important
 - Doesn't exclude possibility that HCPs cannot contribute beyond providing treatment
 - Effect may be small; larger samples may be able to detect association
 - E.g., RTW Coordinators still need accurate information about injured worker's abilities in planning RTW

■ Strengths

- Longitudinal findings, stronger inference of causality
- Objective outcome, sustained RTW
 - Versus point-in-time RTW outcome
 - Assessed at two time points
- Adjustments for other factors

■ Limits

- Standard limits of self-report survey
 - Recall bias, etc.
- Channeling bias
 - Differences between those contacted by Coordinator, given RTW plan, receive healthcare

- Findings suggest RTW Coordinators make important contributions to RTW process
- HCP impact non-significant when controlling for worker health
 - Could be that HCP's main contribution is in providing treatment
- Complex associations between RTW stakeholders and RTW outcomes
- Promising opportunities to improve RTW outcomes
 - Particularly among longer-duration (and much costlier) claims