The Greatest Influence on Return to Work: 
*The Workplace, Insurer or Doctor*

What the Evidence Says

Honouring Dr Peter Cotton
Research says

• We now know enough to identify good systems of care (at case, workplace, jurisdictional levels)

• Reciprocity
  Positive
  Negative

• Social capital – the *financial* benefits that come from trust
## What to influence – positive factors increase RTW

<table>
<thead>
<tr>
<th>Key influencing factors in RTW Survey</th>
<th>Physical</th>
<th>Psychological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive employer response to injury</td>
<td>42%</td>
<td>65%</td>
</tr>
<tr>
<td>Early contact from workplace versus no workplace contact</td>
<td>26%</td>
<td>63%</td>
</tr>
<tr>
<td>Employer pre-claim assistance provided</td>
<td>18%</td>
<td>33%</td>
</tr>
<tr>
<td>Absence of disagreement / dispute</td>
<td>22%</td>
<td>31%</td>
</tr>
<tr>
<td>Lack of concern about lodging a claim</td>
<td>24%</td>
<td>29%</td>
</tr>
<tr>
<td>Positive interaction with system / claims organisation</td>
<td>25%</td>
<td>11%</td>
</tr>
<tr>
<td>Positive workplace culture prior to injury</td>
<td>25%</td>
<td>2%</td>
</tr>
<tr>
<td>Higher personal resilience</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Medical care focused on RTW</td>
<td>8%</td>
<td>*</td>
</tr>
</tbody>
</table>
Implementation

1. It can work
2. It is difficult
3. Much more to be done
Implementation vs innovation

• Socks on the shelves at Target
• Vaccines as an example
• Innovation can serve / aid implementation
  – eg WorkCover Assist app – streamlining information sharing and communication
  – Case management software
  – Largely enhances efficiency and effectiveness
• RTW is much the same
  – One person / group within the system not on board
  – System can fall over or be much more difficult for those involved
Major review

• Strong evidence that duration away from work significantly reduced by multi-domain interventions encompassing at least two of the three domains.

• Moderate evidence that these multi-domain interventions had a positive impact on cost outcomes.”

Implementation study 1
Implementation can work

- Workplace based intervention
- Early reporting and proactive supportive approach
- Avoidance of disputes
- Supervisor involvement
- Skilled ‘RTW Coordinator’ (case management)
- Streamlined medical care (avoiding delays and aiding the treater)

IAIABC Journal Spring, 2013 Vol. 50, No. 1. Improving Return to Work Results: It Pays To Care
Workplace intervention

Days lost from work

<table>
<thead>
<tr>
<th></th>
<th>Pre intervention period</th>
<th>Intervention period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>36</td>
<td>14</td>
</tr>
<tr>
<td>Intervention</td>
<td>30</td>
<td>34</td>
</tr>
</tbody>
</table>
Workplace intervention

Average claims costs

<table>
<thead>
<tr>
<th>Pre intervention period</th>
<th>Intervention period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,799</td>
<td>$6,019</td>
</tr>
<tr>
<td>$5,850</td>
<td>$3,913</td>
</tr>
</tbody>
</table>
Comments on intervention

- Good workplace support developed over time, including from employees
- Difficult to implement – working against entrenched practices
  - eg early MRI for a swollen knee
- Change gradually occurred at the workplace, eg supervisors ‘loving’ levels
- At the claims management level difficulties persisted
  - Different approach – needed to engage CM over time
  - Turnover of claims staff
Implementation study 2
Early intervention protocol for ‘high risk’ cases

With kind permission from Professor Michael Nicholas, publication due shortly

- Sydney public hospitals (intervention and control groups)
- Time off work for work soft tissue injury
- Short form Orebro administered by claims manager 1-3 weeks post injury (once consent obtained)
- High risk workers – intervention varied according to identified obstacles
  - Those who declined to participate not included in results,
  - No material difference between consenting and non consenting participants on available measures
Key aspects of implementation for high risk cases

• RTW coordinators – aim to meet worker within a week
• Psychologists who were near the hospital engaged for appropriate high risk cases
• Case manager arranged early referral to independent medical consultant
• Independent Medical Consultants reviewed workers within 6-8 weeks and then to liaise with the GP, RTW Coordinator and CM.
Mean costs incurred each month
Days lost from work – intervention vs control
Are we there yet?

Return to work in psychological injury claims: Analysis of the Return to Work Survey results.
Dr Mary Wyatt, Dr Peter Cotton, Dr Tyler Lane. Report for Safe Work Australia, published 2017.

Dr Mary Wyatt, Dr Tyler Lane. Report for Safe Work Australia, published 2017.
Employer response the greatest influence on RTW

Positive response from employer, RTW:

- **43%** higher in **physical** claims (87% versus 61%)
- **52%** higher in **psychological** claims (79% versus 52%)
Are we there yet with employer response?

Responses based on

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent reporting positive employer response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your employer did what they could to support you</td>
<td>75%</td>
</tr>
<tr>
<td>Employer made an effort to find suitable employment for you</td>
<td></td>
</tr>
<tr>
<td>Your employer helped you with your recovery</td>
<td></td>
</tr>
<tr>
<td>Employer provided enough information on rights and responsibilities</td>
<td></td>
</tr>
<tr>
<td>Your employer treated you fairly DURING and AFTER the claims process</td>
<td></td>
</tr>
<tr>
<td>Contact, especially early contact</td>
<td></td>
</tr>
</tbody>
</table>

Physical: 75%
Psychological: 27%
Are we there? Contact after report of injury

<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological</th>
</tr>
</thead>
<tbody>
<tr>
<td>47% contact within 3 days</td>
<td>18% contact within 3 days</td>
</tr>
<tr>
<td>53% contact within 10 days</td>
<td>25% contact within 10 days</td>
</tr>
</tbody>
</table>
System / claim interaction

- Quality of interaction between claims organisation/system and employee impacts RTW for both types of claims
- Positive claimant views associated with higher RTW:
  - 25% higher for **physical** claims
  - 13% higher for **psychological** claims

<table>
<thead>
<tr>
<th>Interaction with the scheme / claims organisation</th>
<th>Physical</th>
<th>Psych</th>
</tr>
</thead>
<tbody>
<tr>
<td>The process was open and honest</td>
<td>82%</td>
<td>60%</td>
</tr>
<tr>
<td>Good communication between the various people I dealt with</td>
<td>72%</td>
<td>48%</td>
</tr>
<tr>
<td>System was working to protect my best interests</td>
<td>74%</td>
<td>45%</td>
</tr>
<tr>
<td>I believe the system treated me fairly</td>
<td>80%</td>
<td>56%</td>
</tr>
<tr>
<td>I feel that the system helped me with my recovery</td>
<td>80%</td>
<td>50%</td>
</tr>
</tbody>
</table>

RTW by interaction with system/claim organization

- Positive claimant views associated with higher RTW:
  - 25% higher for **physical** claims
  - 13% higher for **psychological** claims

Graph showing RTW rates for physical and psychological claims.
The role of doctors vs RTW Coordinators

**Doctors**
- Length of shorter-duration claims are influenced by injury related factors
- Docs play a greater role in short duration cases
- Less impact on longer term cases

**RTW Coordinators**
- At 6-month follow-up good interactions with the RTWC nearly doubled odds of RTW*
- RTWCs report their training is inadequate
- Legislatively heavy whereas soft skill training needed
- Role competencies outlined

Refs on RTW Coordinators


Southgate, E., James, C., Kable, A., Bohatko-Naismith, J., Rivett, DA., Guest, M. (2011). Workplace injury and nurses: Insights from focus groups with Australian return to work coordinators. Nursing Health Sciences, 13(2), 192-198
Some references


Claims management
Research

• Avoid
  – Delays
  – Disputes
  – Disharmony

• Active and supportive case management

• Identify and manage high risk cases
Injustice and chronic pain and disability refs


Identify high risk cases

• Appropriate tools for the situation
• Experienced case manager
• Tools
  – Orebro short form Questionnaire
    • Score predicted number of days to return to normal duties
    • for every 1-point increase in score predicted chance of returning to work reduced by 4% p < 0.001.*
  – WCQ developing risk identification tool
  – Pam Garton

Screening with OMPSQ-SF provides early detection of who is likely to have more days lost
(Nicholas, Pearce et al., J Occ Rehab 2018)

![Average days of wage reimbursements per claim](image)

Cut-off score > 50/100 predicted time off work, \( t(165)=4.78, p < .0005 \),
Bringing it all together
Bang for buck to improve

- Workplace culture
- Injury reporting system
- Quality of workplace response
- Claim lodgement system
- High risk identification and management
- Health care supporting self management
- Quality claims decision making
- Procedural justice in decision making
- Effective RTW Coordination
- Claims manager communication
- Quality of relationships between scheme...
- Quality of scheme regulation
Challenge

Meetings and discussions on implementation barriers and options
Implementation research
Skills training and development of all involved