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

What the Evidence Says

Honouring Dr Peter Cotton

Dr Mary Wyatt

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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

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What to influence – positive factors increase RTW

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

Implementation

1. It can work

2. It is difficult

3. Much more to be done

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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

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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.**"*

| Health | Service coordination | Work modification |

Effectiveness of Workplace Interventions in Return-to-Work for Musculoskeletal, Pain-Related and Mental Health Conditions: An Update of the Evidence and Messages for Practitioners. Cullen KL, Irvin E, Collie A, et al. J Occup Rehabil. 2018 Mar;28(1):1-15.

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Implementation study 1
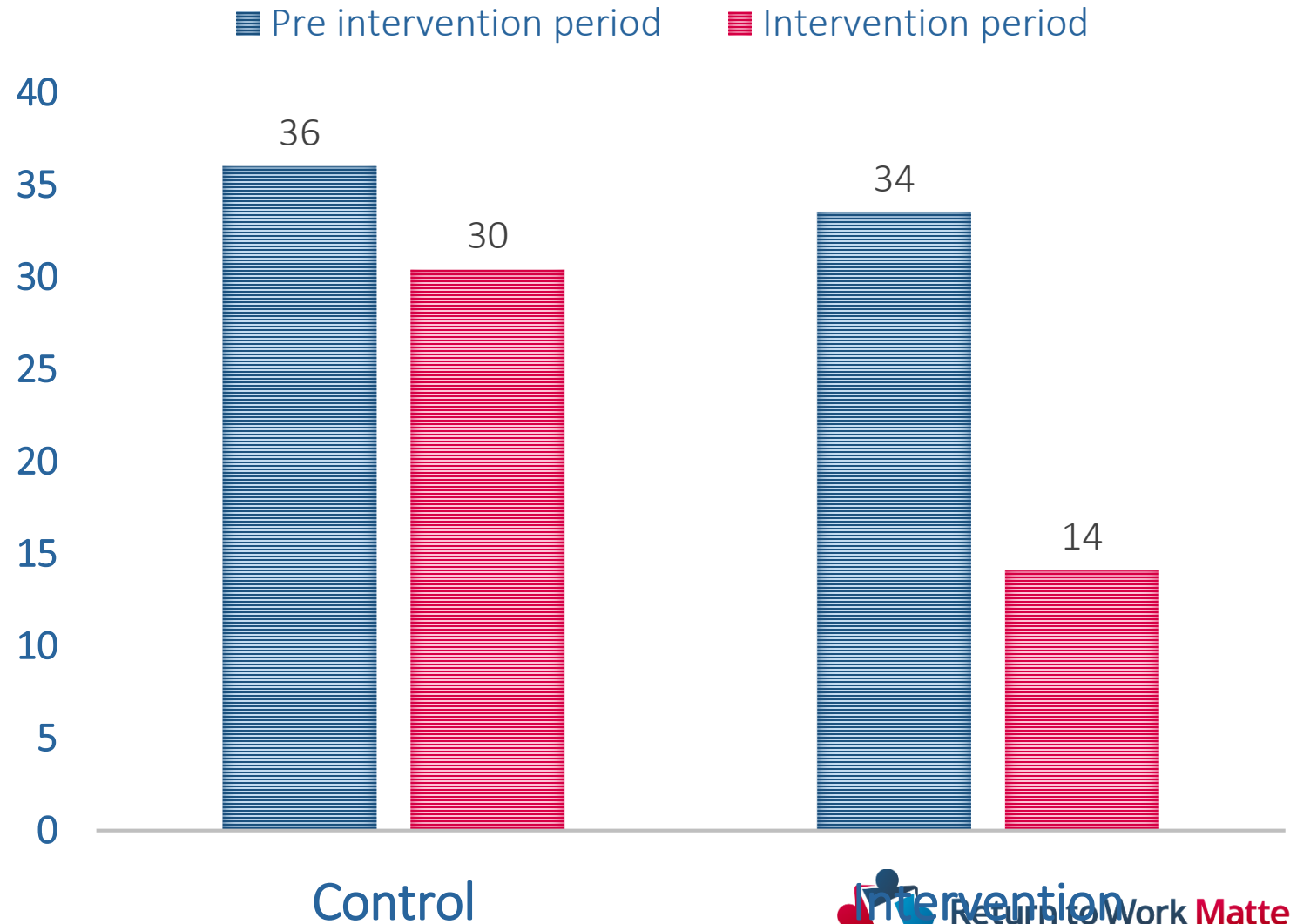
Implementation can work

- 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*

➢*Iles RA, Wyatt M & Pransky G (2012). Multi-faceted case management: Reducing compensation costs of musculoskeletal work injuries in Australia. Journal of Occupational Rehabilitation, 22(4), 478–88.*
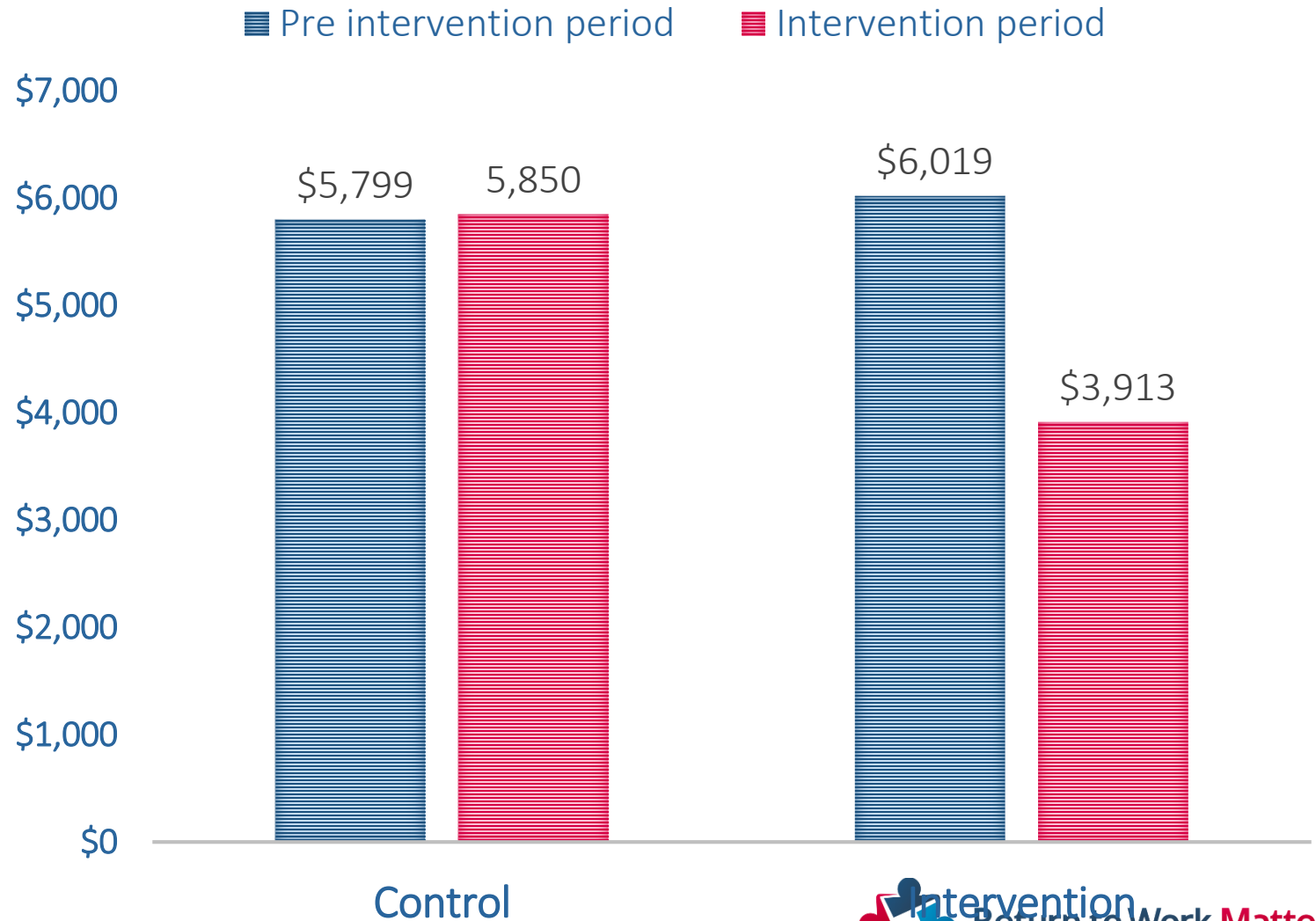
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Workplace intervention

Days lost from work

Legend: Pre intervention period (blue), Intervention period (pink)

Control: Pre intervention period = 36, Intervention period = 30

Intervention: Pre intervention period = 34, Intervention period = 14

Workplace intervention

Average claims costs

Legend: ▬ Pre intervention period ▬ Intervention period

- Control group: Pre intervention period $5,799; Intervention period 5,850
- Intervention group: Pre intervention period $6,019; Intervention period $3,913

Control

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

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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

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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.

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Mean costs incurred each month
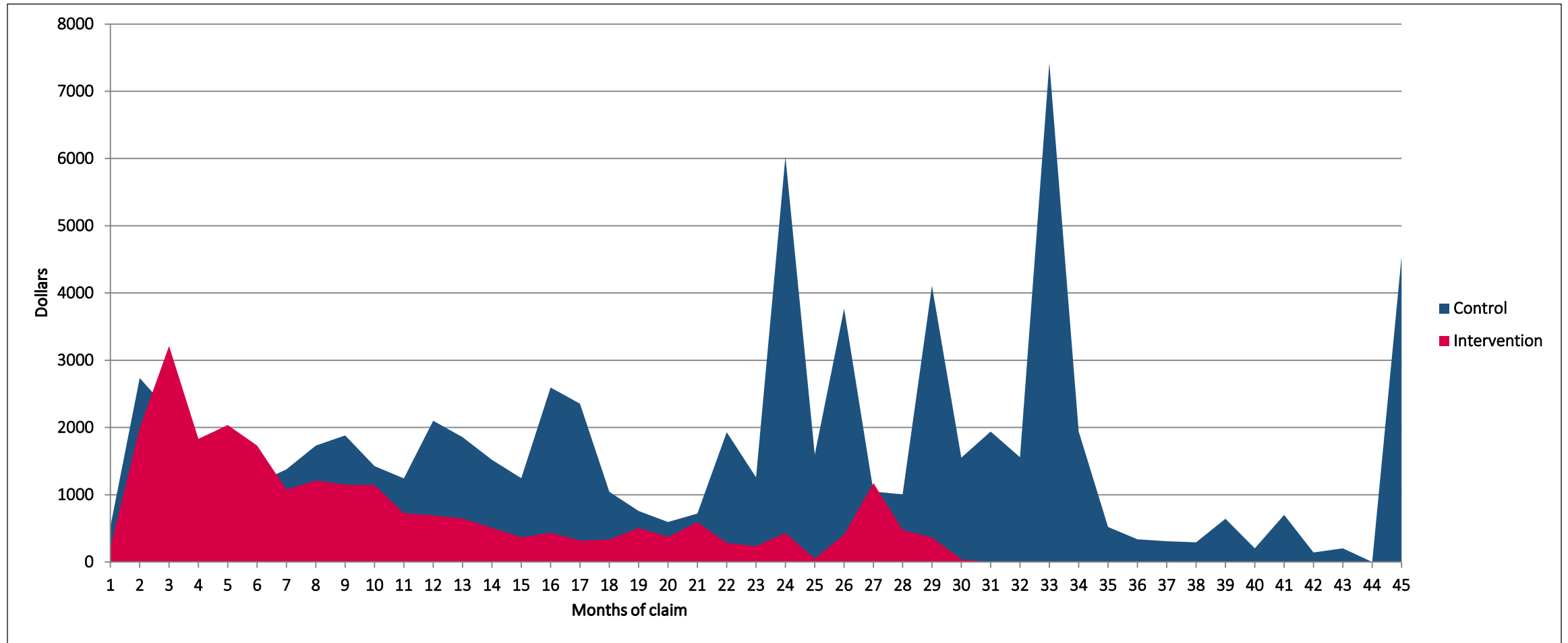
Days lost from work – intervention vs control
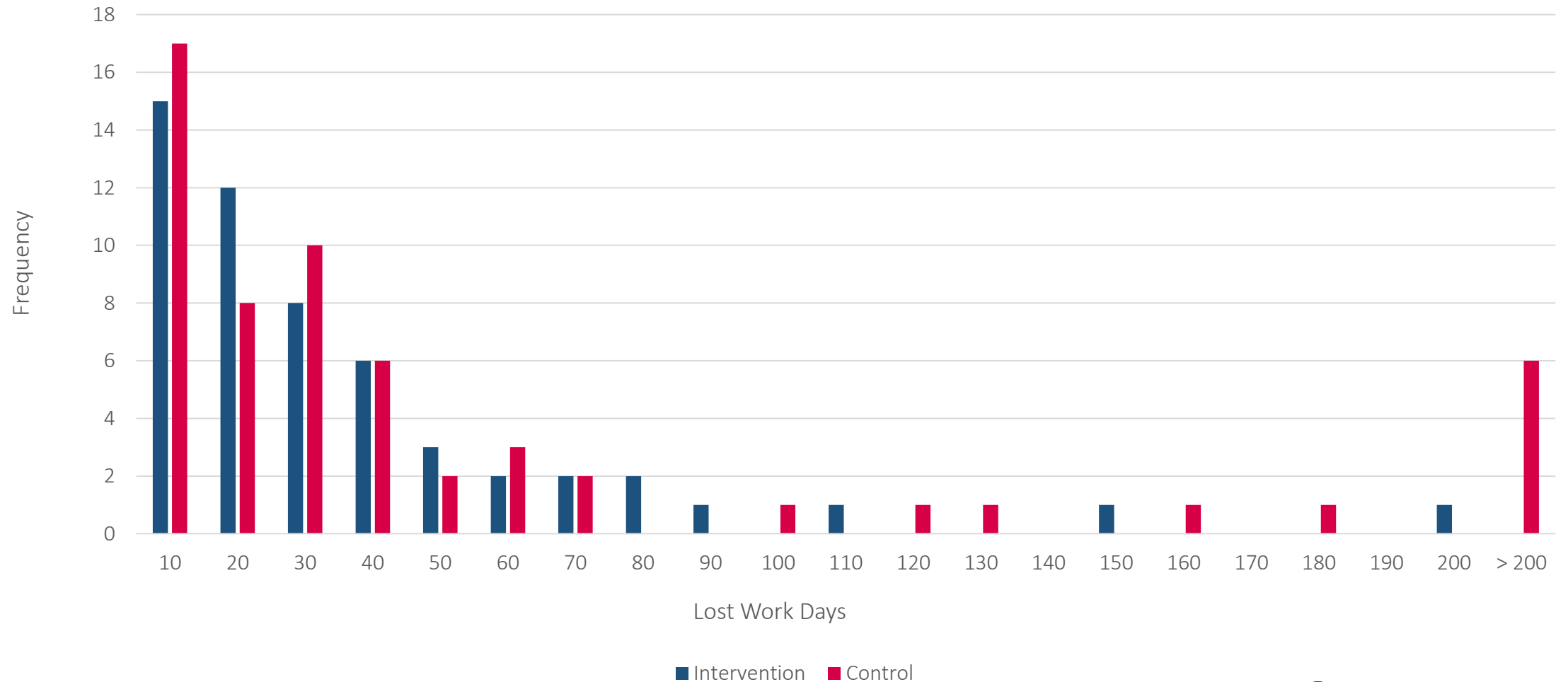
Are we there yet?

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.
www.safeworkaustralia.gov.au/doc/return-work-psychological-claims

Return to work: A comparison of psychological and physical injury claims: Analysis of the Return to Work Survey results.
Dr Mary Wyatt, Dr Tyler Lane. Report for Safe Work Australia, published 2017.
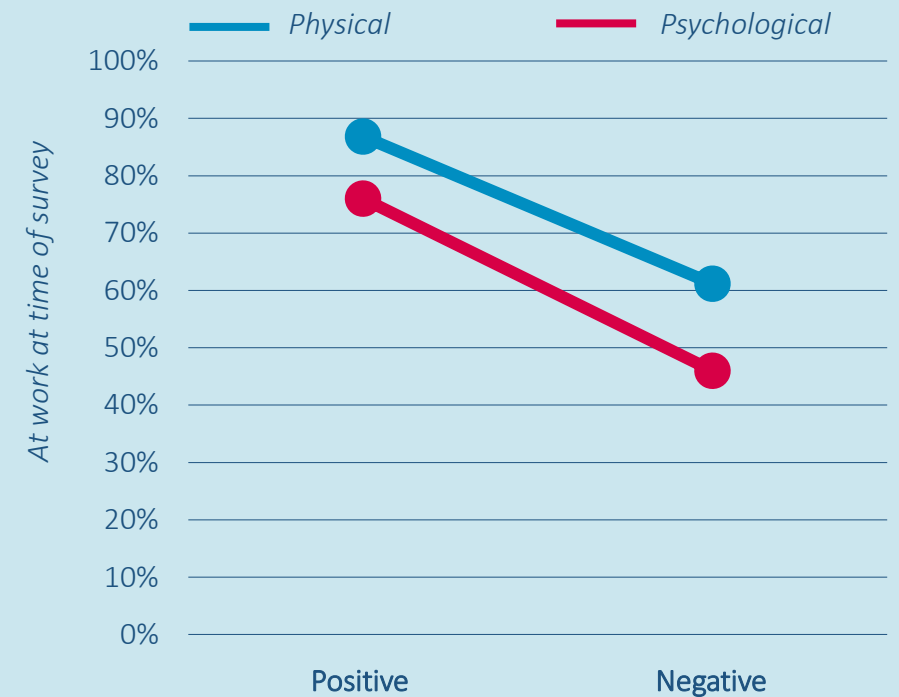*www.safeworkaustralia.gov.au/doc/return-work-comparison-psychological-and-physical-injury-claims*

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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%)

RTW by Employer response to injury

—— *Physical*   —— *Psychological*

At work at time of survey

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Positive   Negative

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Are we there yet with employer response?

Responses based on

- Your employer did what they could to support you
- Employer made an effort to find suitable employment for you
- Your employer helped you with your recovery
- Employer provided enough information on rights and responsibilities
- Your employer treated you fairly DURING and AFTER the claims process
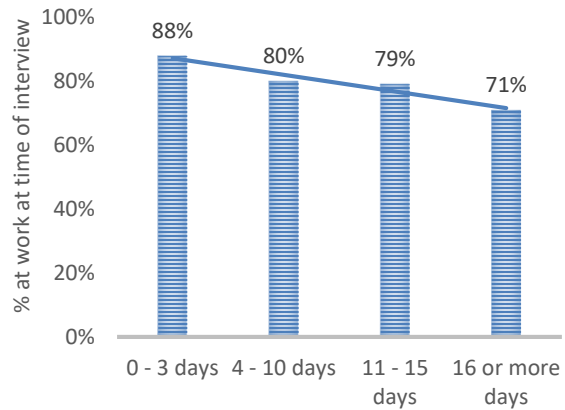- Contact, especially early contact

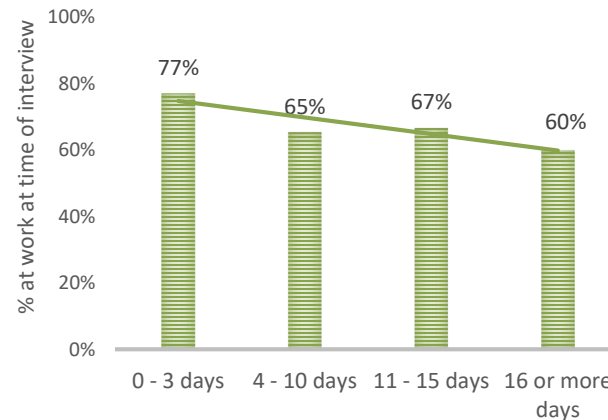## Percent reporting positive employer response

75% *Physical*

27% *Psychological*

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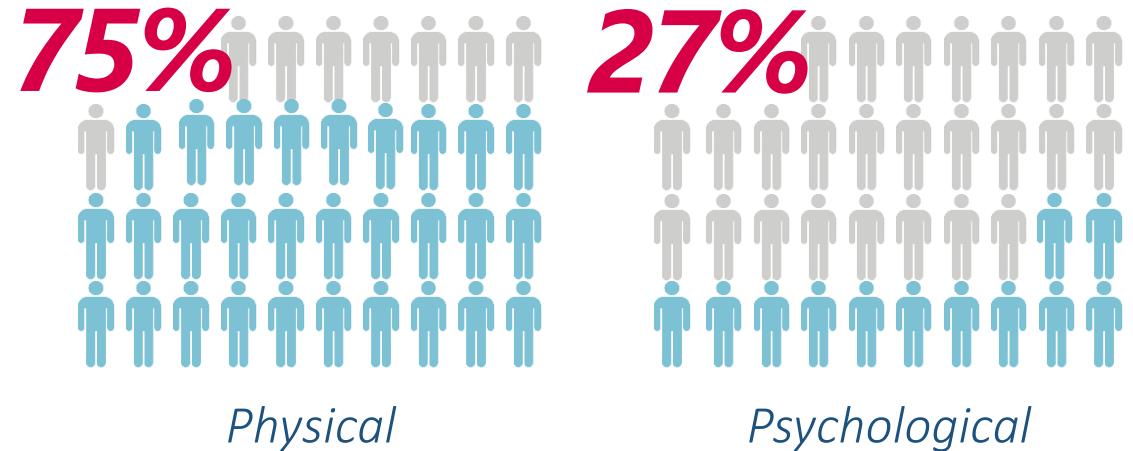
Are we there? Contact after report of injury

RTW by time to contact

RTW BY DAYS AFTER INJURY FIRST CONTACTED? - PHYSICAL

A bar chart showing % at work at time of interview:
- 0 - 3 days: 88%
- 4 - 10 days: 80%
- 11 - 15 days: 79%
- 16 or more days: 71%

RTW BY DAYS AFTER INJURY FIRST CONTACTED? - PSYCH

A bar chart showing % at work at time of interview:
- 0 - 3 days: 77%
- 4 - 10 days: 65%
- 11 - 15 days: 67%
- 16 or more days: 60%

% of employees who advise their workplace made contact

58%
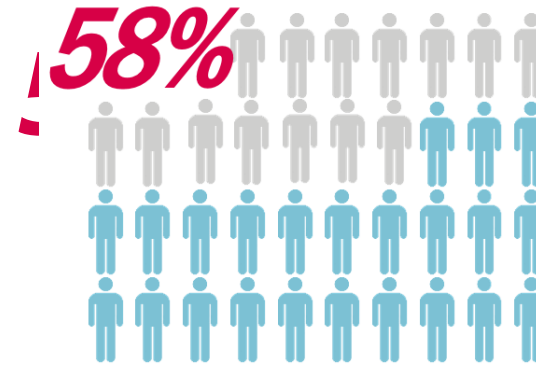
Physical

47% contact within 3 days
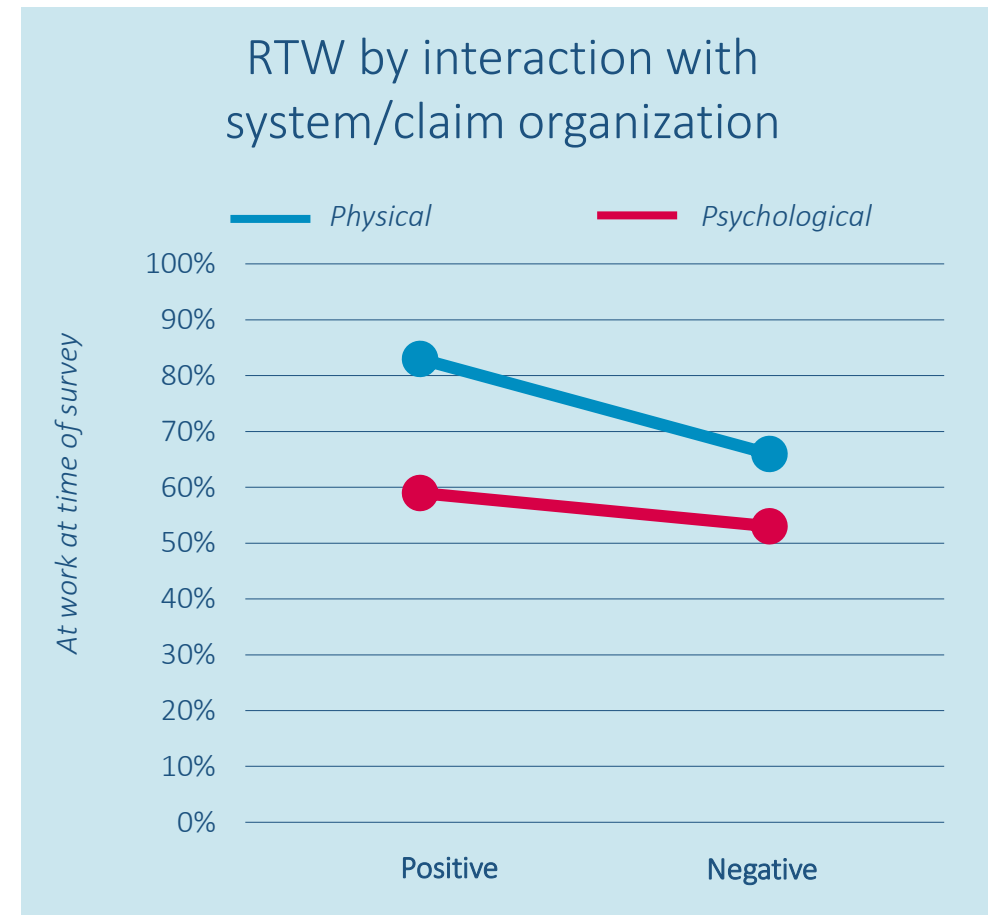*53% contact within 10 days*

35%

Psychological

18% contact within 3 days
25% contact within 10 days

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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

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

RTW by interaction with system/claim organization

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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

*A Prospective Cohort Study of the Impact of Return-to-Work Coordinators in Getting Injured Workers Back on the Job. Lane, T.J., Lilley, R., Hogg-Johnson, S. et al. J Occup Rehabil (2018) 28: 298.

Refs on RTW Coordinators

A Prospective Cohort Study of the Impact of Return-to-Work Coordinators in Getting Injured Workers Back on the Job. Lane, T.J., Lilley, R., Hogg-Johnson, S. et al. J Occup Rehabil (2018) 28: 298.

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Pransky, G., Shaw, W., Loisel, P., Hong, Q. N., & Desorcy, B. (2010). Development and Validation of Competencies for Return to Work Coordinators. *Journal of Occupational Rehabilitation, 20*(1), 41-48.

 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*

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- Supervisors' perceptions of organizational policies are associated with their likelihood to accommodate back-injured workers. McGuire C, Kristman VL, Shaw WS, et al. Disabil Rehabil. 2016;39(4):346-353.

- A controlled case study of supervisor training to optimize response to injury in the food processing industry. Shaw WS, Robertson MM, McLellan RK, Verma S, Pransky G. Work. 2006;26(2):107-14.

- Training to optimize the response of supervisors to work injuries--needs assessment, design, and evaluation. Shaw WS, Robertson MM, Pransky G, McLellan RK. AAOHN J. 2006 May;54(5):226-35.

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Claims management

Research

- Avoid
  - Delays
  - Disputes
  - Disharmony

- Active and supportive case management

- Identify and manage high risk cases

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Injustice and chronic pain and disability refs

- Perceived injustice: a risk factor for problematic pain outcomes. Sullivan MJ, Scott W, Trost Z. Clin J Pain. 2012 Jul;28(6):484-8.

- Reductions in Perceived Injustice are Associated With Reductions in Disability and Depressive Symptoms After Total Knee Arthroplasty. Yakobov E, Scott W, Stanish WD, Tanzer M, Dunbar M, Richardson G, Sullivan. MJL. Clin J Pain. 2018 May;34(5):415-420.

- Expectancies mediate the relationship between perceived injustice and return to work following whiplash injury: Carriere JS, Thibault P, Adams H, Milioto M, Ditto B, Sullivan MJL.A 1-year prospective study. Eur J Pain. 2017 Aug;21(7):1234-1242.

- Pain behavior mediates the relationship between perceived injustice and opioid prescription for chronic pain: a Collaborative Health Outcomes Information Registry study. Carriere JS, Martel MO, Kao MC, Sullivan MJ, Darnall BD. J Pain Res. 2017;10:557-566. Published 2017 Mar 7.

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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

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Screening for high risk

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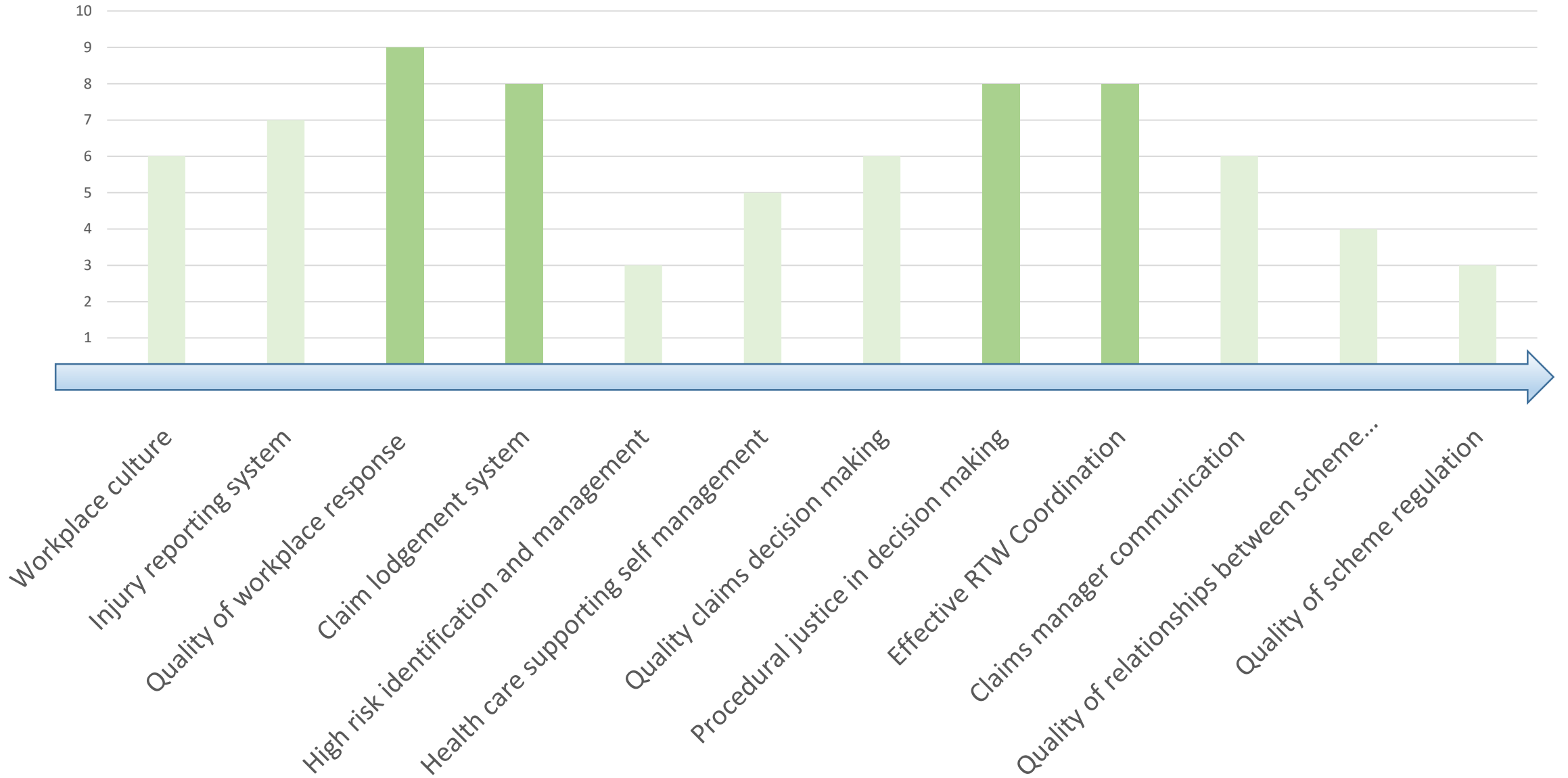
Average days of wage reimbursements per claim

Days paid (y-axis: 0 to 70)

High risk | Low risk

Risk category identified by Orebro screening

Cut-off score > 50/100 predicted time off work, $t(165)=4.78$, $p < .0005$,

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Bringing it all together

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Bang for buck to improve

Challenge

Meetings and discussions on implementation barriers and options

Implementation research

Skills training and development of all involved