

Facing the past and the future –
What influences return to work for
Australian claimants
A review of the current evidence

Dr Mary Wyatt



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We know what to do, the challenge is implementation

1. The workplace

2. Case / claims management

3. Treaters

Positive approaches increase RTW

Results from the RTW Survey of 9400 claimants

Key influencing factors	Physical	Psychological
Positive / fair 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%	*

The workplace

Workplace response is the key RTW driver

Evidence discussed in this talk:

1. Implementation studies x 2
2. Systematic review of research
3. RTW Survey - workplace response has the strongest influence on RTW
4. Vic study following 630 people with an injury
5. Experience as an occupational physician

Implementation study 1

Implementation can work

- Workplace based intervention
- Early reporting and proactive supportive approach
- Avoidance of disputes
- Supervisor involvement
- Skilled RTW Coordinator / injury managers
- Engaged senior managers
- Streamlined medical care (avoiding delays and aiding the treater)

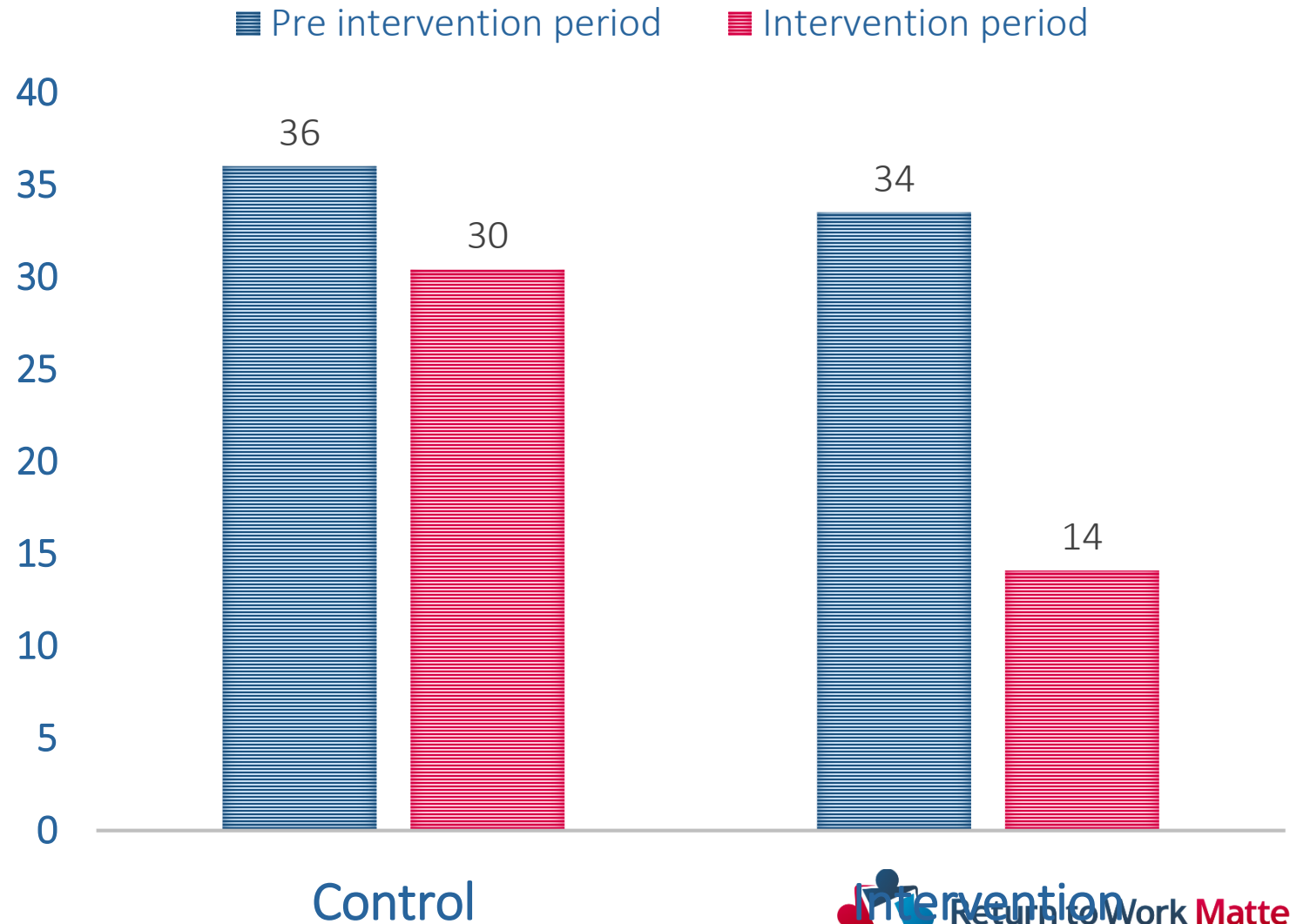
➤ *IAIABC Journal Spring, 2013 Vol. 50, No. 1. Improving Return to Work Results: It Pays To Care*

➤ *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.*



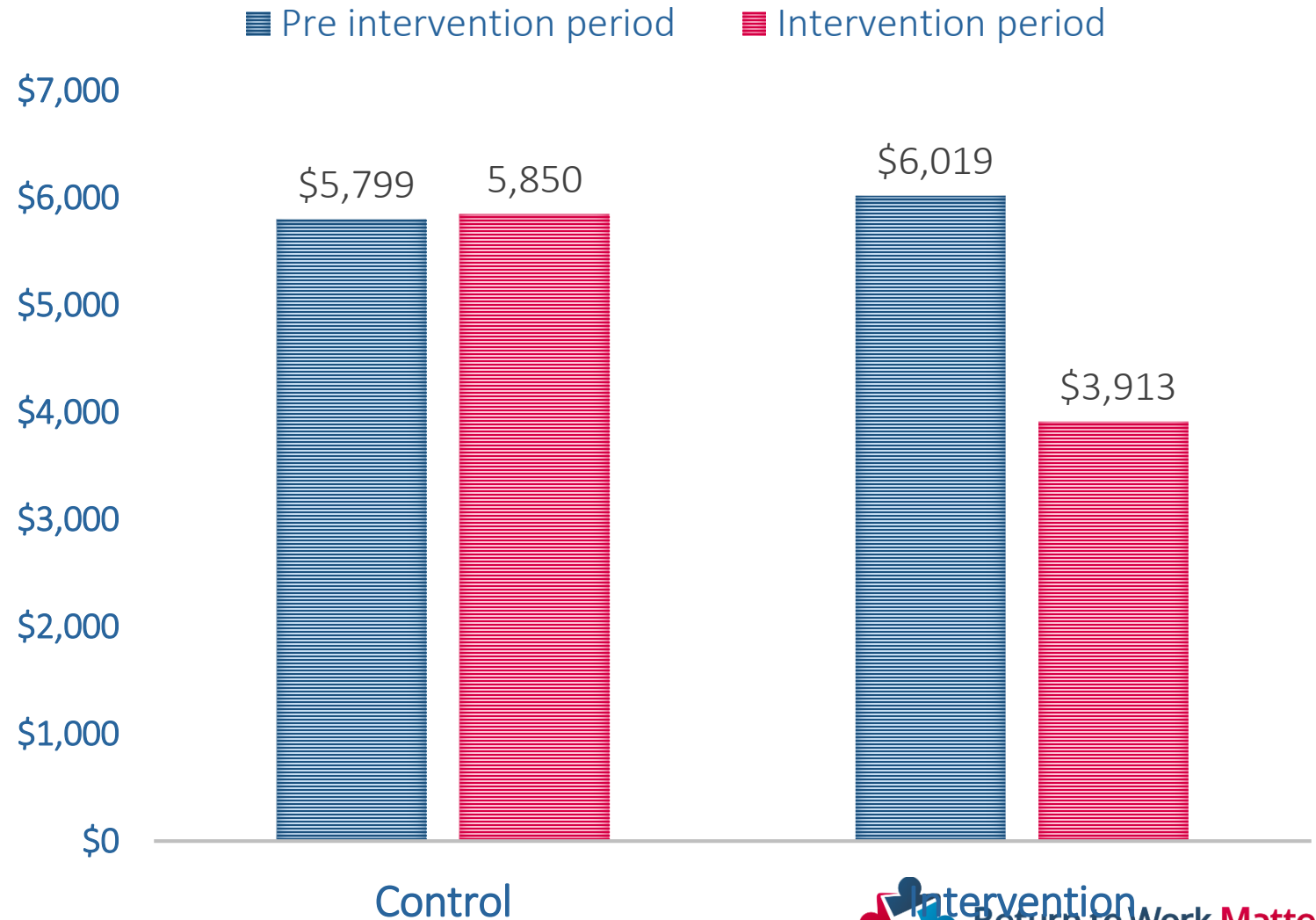
Workplace intervention

Days lost from work



Workplace intervention

Average claims costs



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

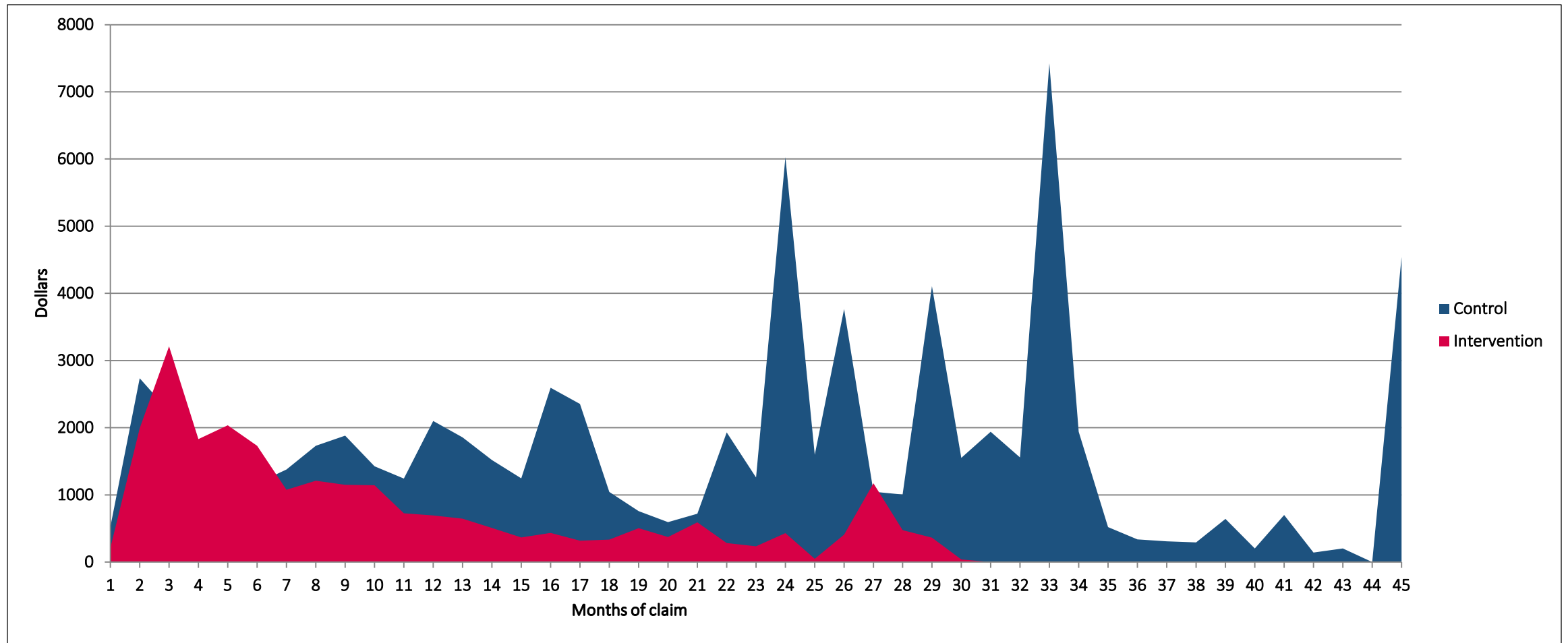
With kind permission from Professor Michael Nicholas, publication due shortly

- 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

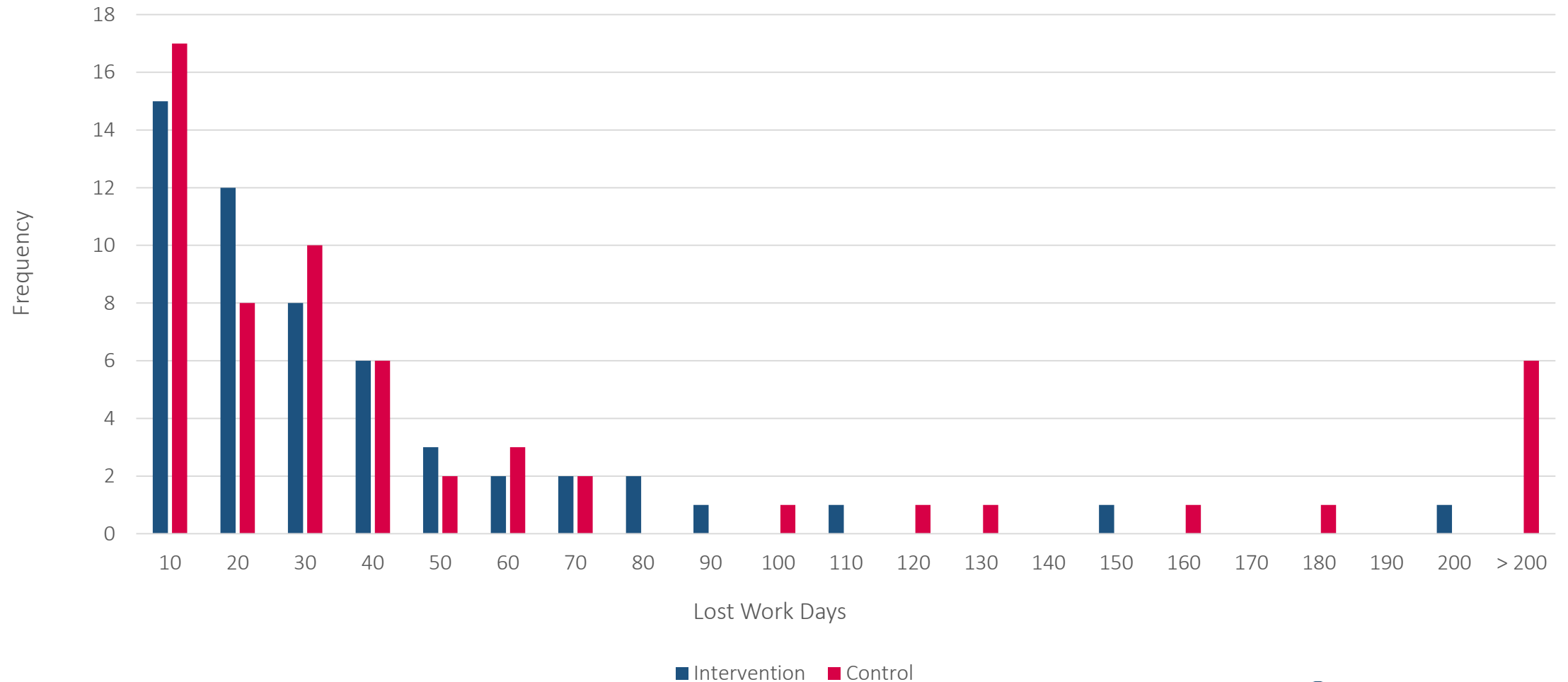
Key aspects of implementation for high risk cases

- 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



3. Major review of the literature

- *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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4. The influence of Drs 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.*

Who and what

- RTW Coordinators
- Line managers
- Senior management
- Injury reporting systems
- Provision of suitable work duties

Injury reporting systems

1. Be easy to use and reliable
2. Be personable
3. Avoid delays
4. Elicit the right information
5. Share relevant information
6. Foster employee satisfaction
7. Trigger early rehabilitation
8. Collect information about cost centre allocation

Influencing the (line) manager – why?

Study one – IWH systematic review

- Educating supervisors and managers
- One of the seven workplace based interventions that makes a difference (IWH)

Study two – Liberty Mutual

- 47% reduction in new claims and an 18% reduction in active lost-time claims
- Versus 27% and 7%, respectively, in the control group

Supervisor engagement and response

Benefits

- Reduces claim numbers
- Improves supervisor satisfaction
- Reduces days off work
- Alters their perspective on their role
- Reduces claims and time lost
- Common law claims – anecdotal evidence

Why is the supervisor key

In pivotal position to observe

- changes in behaviour
- physical, mental and personal problems
- for employees returning to work

Early

- recognition of problems
- intervention and support

Senior manager engaged = *organisation engaged*

How to engage

Understand the costs and benefits of managing employee health

- Premium costs
- Indirect costs
- Claims costs dashboard
- Impact on premium calculator
- Reports to senior management

How they can lead

- Leading by example – eg calling the worker
- Ask managers about key issues
- Practicing active safety leadership.

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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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

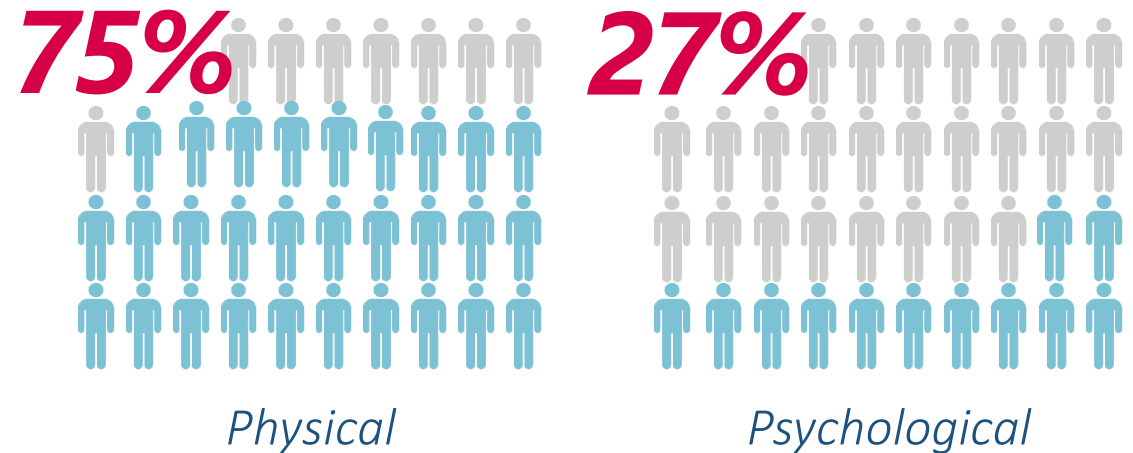
Your employer helped you with your recovery

Employer provided enough information on rights and responsibilities

Your employer treated you fairly DURING and AFTER the claims process

Contact, especially early contact

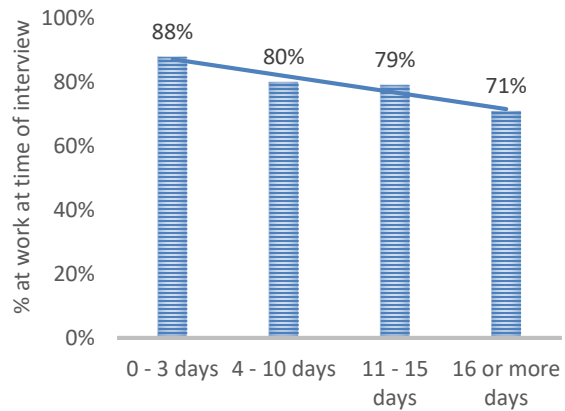
Percent reporting positive employer response



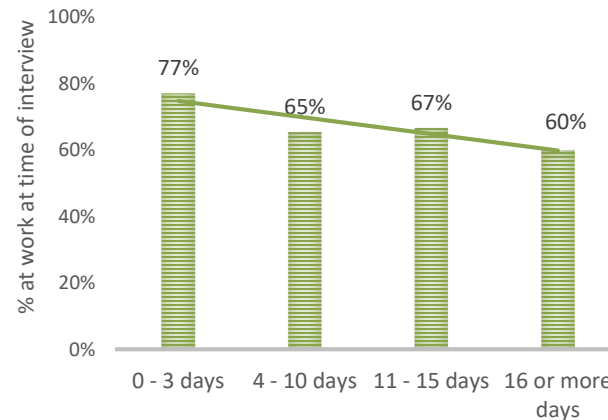
Are we there? Contact after report of injury

RTW by time to contact

RTW BY DAYS AFTER INJURY FIRST CONTACTED? - PHYSICAL



RTW BY DAYS AFTER INJURY FIRST CONTACTED? - PSYCH



% of employees who advise their workplace made contact



Physical

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



Psychological

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

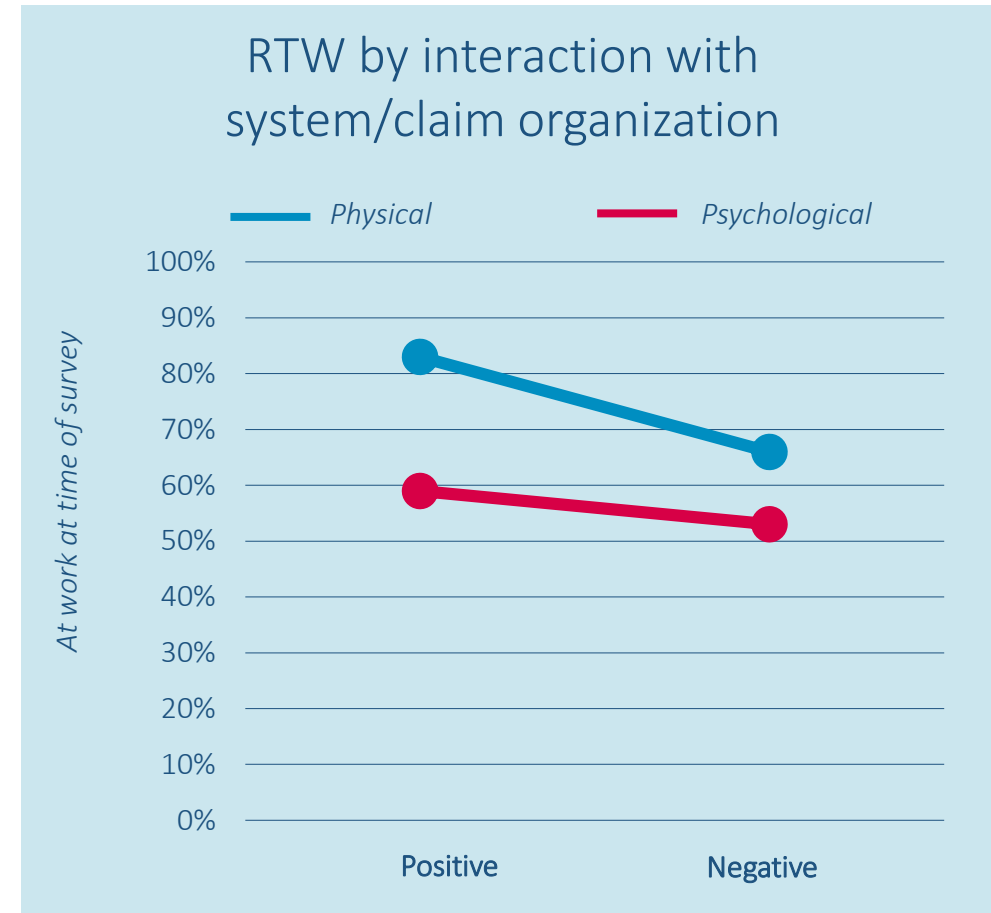


Claims management

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%



Research

- Avoid
 - Delays
 - Disputes
 - Disharmony
- Active and supportive case management
- Identify and manage high risk cases

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

Screening for high risk

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Screening with OMPSQ-SF provides early detection of who is likely to have more days lost

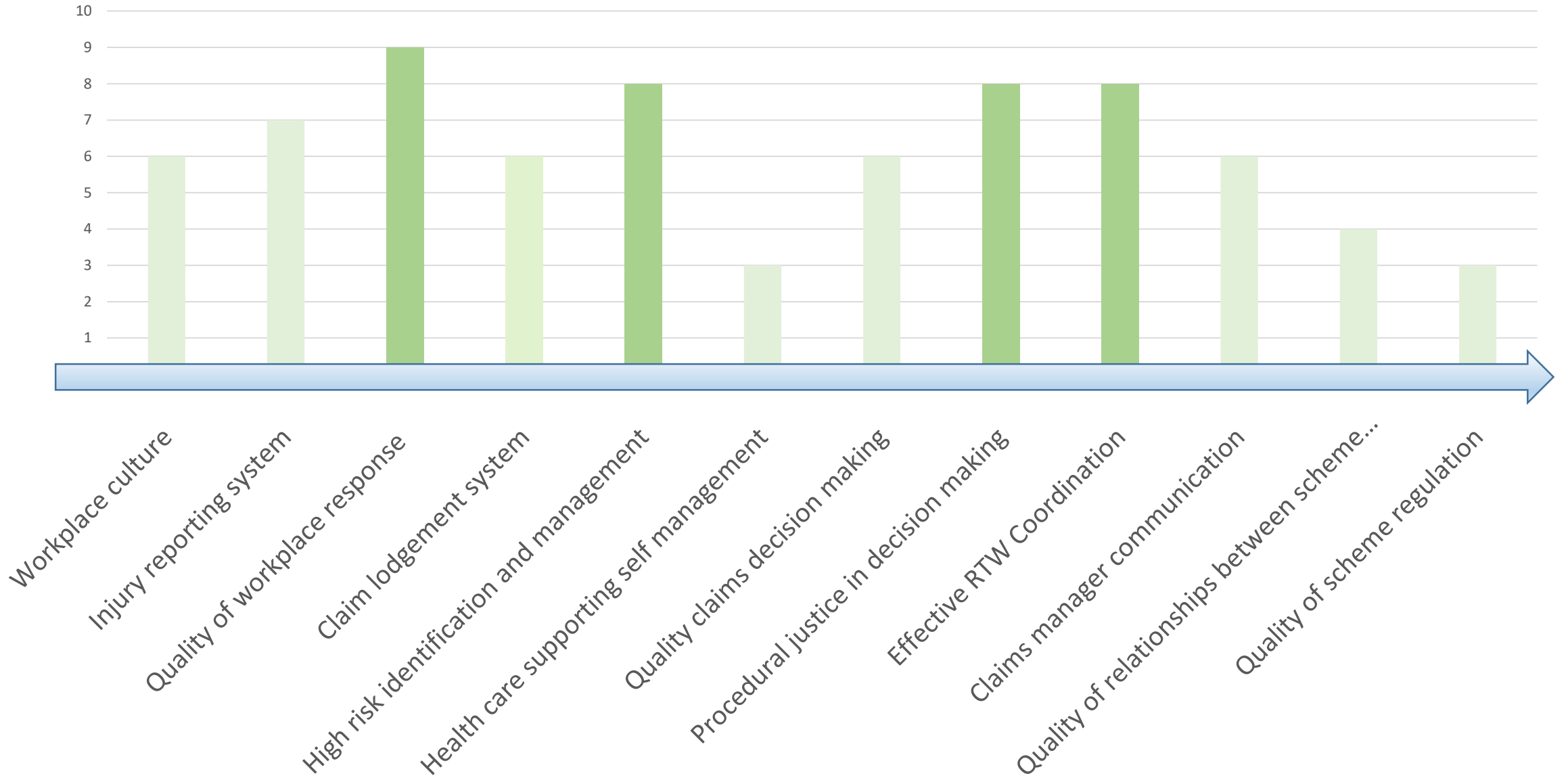
(Nicholas, Pearce et al., J Occ Rehab 2018)



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

Bringing it all together

Bang for buck to improve



Challenge is implementation

We know how to make a difference
But we are not there yet

Refs on RTW Coordinators / Injury managers

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.

Bohatko-Naismith, J., Guest, M., Rivett, D., & James, C. (2016). Insights into workplace Return to Work Coordinator training: An Australian perspective. *Work*, 55(1), 29-36.

Bohatko-Naismith, J., James, C., Guest, M., & Rivett, D. (2014). The Role of the Australian workplace Return to Work Coordinator: Essential Qualities and Attributes. *Journal of Occupational Rehabilitation*, 25(1), 65-73.

Bohatko-Naismith, J., Rivett, D., Guest, M., & James, C. (2012b). A review of the role and training of return to Work Coordinators in Australia. *Journal of Health , Safety and Environment*, 28(2), 173-190.

Franché, R. L., Baril, R., Shaw, W., Nicholas, M., & Loisel, P. (2005). Workplace-based return-to-work interventions: optimizing the role of stakeholders in implementation and research. *J Occ Rehab*, 15(4), 525-542.

Institute for Work & Health. Institute for Work & Health. Seven 'principles' for successful return to work. Retrieved from http://www.iwh.on.ca/files/seven_principles_rtw_2007.pdf.

MacEachen, E., Clarke, J., Franché, R. L., & Irvin, E. (2006). Systematic review of the qualitative literature on return to work after injury. *Scandinavian Journal of Work, Environment and Health*, 32(4), 257-269.

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

Supervisor references

- Supervisor Competencies for Supporting Return to Work after a Mental Health or Musculoskeletal Disorder: A Mixed-Methods Study of Australian Supervisors and Rehabilitation Professionals. Johnston V, Way K, Gibson L, Long M, Wyatt M, Journal of Occupational Rehabilitation, J Occup Rehabil. 2015 Mar;25(1):3-17.
- Linton SJ, Boersma K, Traczyk M, Shaw W, Nicholas M. Early Workplace Communication and Problem Solving to Prevent Back Disability: Results of a Randomized Controlled Trial Among High-Risk Workers and Their Supervisors. J Occup Rehabil. 2016 Jun;26(2):150-9.
- Williams-Whitt K, Kristman V, Shaw WS, Soklaridis S, Reguly P. A Model of Supervisor Decision-Making in the Accommodation of Workers with Low Back Pain. J Occup Rehabil. 2016;26(3):366-81.
- 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.