Harmonising Help

Good day to you, and thank for the opportunity to talk.

I want to make three points, they are:

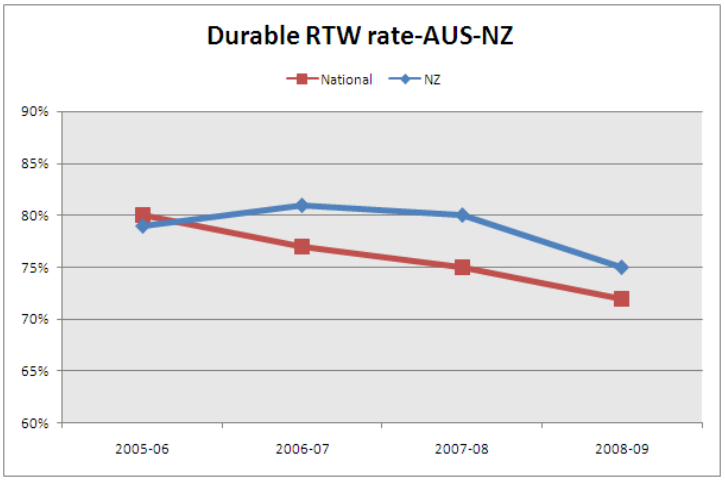
1. Return To Work is important, but it is not going well.

2. Harmonisation as it has been discussed won't improve return to work.

3. The creation of harmonised tools and techniques is an opportunity not to be missed.

1. Return To Work is important, but it is not going well.

The RTW Monitor surveys employees across Australia and NZ at six months post claim lodgement. According to the RTWMonitor Reports available on the HWCA website, return to work rates over the last 15 years ebb and flow. In Australia, 05-06 was a good year, but the decline since then has been steady.



As well as the costs to the community and employers, the impact on employees, (or patients as we refer to them), is substantial. I want to touch on three recent patients.

1. On the other side of the country a patient, university educated and working as a teacher in Malaysia took on a call centre role on her arrival in Australia. She developed non-specific arm pain; this was then complicated by a disjointed approach in which her employer and the workers' compensation system responded with an underlying tone of distrust.

   She followed the typical pattern of an employee with such a condition, putting up with the problem, seeking some treatment herself, but when the condition didn't improve, she formally reported the condition at work. Her HR officer advised she needed to go to the doctor, but as the case hadn't been proven as work related, they wouldn't be paying for treatment until it was proven to be work related. She went to the doctor, which led to a series of medical investigations, treatments and time off work that in turn created more concern and anxiety.

   Her non-specific musculoskeletal problem then became a sore arm associated with significant uncertainty and distress. She was at that point where you sense things are not going well, but don't have clarity and confidence to articulate the issues. The type of situation where you have conversations in your mind over and over, often at 3am when you should be sleeping.

She had a typical pattern of muscle soreness seen when people use a mouse a lot and they are tense. A few discussions at the workplace with early modification of her job would likely have sorted the problem out.

Her parting comment was that in her home country they didn't have a compensation system. She said her employer would have paid for her treatment and asked her what was needed. She understood changing the way the job was done would have sorted the problem out. In the end, she said she was sorry she had chosen to report her condition.

2. At a conference a few months ago we were talking about the challenges of comp claims. An audience participant, an HR manager who had a team of six reporting to her, raised her hand and talked of her own situation. She developed a tennis elbow from one part of her job. Her worry about lodging a claim actually led her to seek EAP assistance to decide on whether to lodge a claim.

3. A month ago I saw a 20-year-old man who had come to Australia to study for a bachelor of commerce.

   In the six weeks before he began his studies he took a job at a recycling plant. Three weeks after starting he sustained a traumatic amputation of his left hand an inch above the wrist. His hand was reimplanted, but unfortunately left him with negligible function in his non dominant hand. He arrived in Australia alone, no family and no friends. His housemates who had known him for a few weeks before the incident helped him with many things. They did the cooking and cleaning, helped with personal care as needed, but eventually the demands on them wore thin. He moved house, and his new housemates are again providing assistance.

   He went on to his studies, and has received wage replacement. He received the medical care expected in a country such as Australia, but not the basic care or rehabilitation assistance expected for someone in such a situation. No home help, little in the way of offers of assistance, and he was aware his wage replacement would cease at 2.5 years.

   A common-law payout will no doubt assist financially, yet this young man has missed out on both the support people receive, and the way they are cared for, in the early stages of an injury that is such an important part of our system.

These are not isolated cases. The impact is on the individual, their family, and the workplace. The costs of a poor outcome impact morale, productivity and an organisation's bottom line.

Of course most people return to work smoothly, yet at six months we have around 25% of patients still out of the workforce.

Health outcomes for employees:

The outcomes for compensable injuries are significantly worse for the same health condition dealt with in a non compensable situation. The clearest evidence of this is from the surgical field, where the odds of a poor outcome in a compensation case is about 4 compared to the non compensable case. This is not something that can be left unattended.

Many of you will be aware of the Faculty of Occ Med's position statement, to be launched in May. The position statement reviews the evidence on the health consequences of being out of work in the long term. The evidence has been available for decades, however the medical and general community's awareness has been poor.

Isolation, depression, increased heart, lung, and other diseases, earlier death are impacts on the individual. Marriage breakdown, the poorer health of children of those off work. Being out of work in the long term is more dangerous to an individual's health than working in any of the known dangerous industries, such as forestry or working on an oil rig.

Impact on organisations and the economy:

Distrust, poor morale, direct and indirect costs, and cynicism increase with poor return to work outcomes. The costs to organisations are often measured in millions of dollars, and the costs to the economy are measured in billions.

2. Harmonisation as it has been discussed won't improve return to work and the health of employees

Harmonising rules across Australian jurisdictions is a sensible and practical approach. It will benefit a number of organisations that work at a national level.

Yet it is likely to become and all consuming exercise. Stakeholders may be resistant to giving up hard-won concessions in the name of national consistency. According to the Institute of Actuaries of Australia finding 'the common ground between states on each of the variations...may involve, in some instances, protracted consultation with stakeholders, lawmakers and actuaries'.

Despite the vast resources required to make harmonisation of rules and regulations happen, return to work and health outcomes are not likely to change as a result.

The major concern with harmonisation is that the focus stays on process, not people. Yes, whether a benefit level is 80% or 85% is important, and whether an average premium rate is 1.6 or 1.9% is important for the economy and employer functioning.

It is imperative improvements in health and return to work be front and centre of any reform.

I put it to you that harmonisation is important and should be undertaken, however, the process will inevitably focus on the differences between authorities and systems and this will create interminable debate.

I suggest that the harmonisation process needs to include something new. Something that focuses on a need we have in common that is not fully satisfied within our existing rules and systems.

3. Harmonising tools and techniques is an opportunity not to be missed.

Return to work is increasingly a problem. It is a problem every authority has in common.

The process of return to work is not about the rules in place. It is about the relationship between the employee and the employer. It is about the support offered to these people, and a system where those involved are facilitated to work together in partnership. I ask you to think about how you might have your children, partner, workmates etc do what you want. Rule and regulations are important, but they are not the basis of achieving outcomes in most complex situations.

I propose that the harmonisation initiative focus on a national project to develop a standard set of tools and techniques to support and enable return to work.

I propose a harmonisation project that focuses on what needs to be our core focus in the 21st century – returning people to health and activity as quickly as possible.

In preparation for today I reviewed one authority website. For health and safety I counted 428 publications - guidance notes, educational material, codes of practice, tools, checklists. For return to work there were 14 pieces of educational material and guides.

In my experience managing return to work is one of the most challenging jobs a person can take on. Yet we are only beginning to develop a professional basis for this workplace based role. Yes, most people come back to work quickly and without complication, really, there is little that needs to be done for them. But managing a difficult case - and many of these become long term and expensive - is significantly harder than being a doctor.

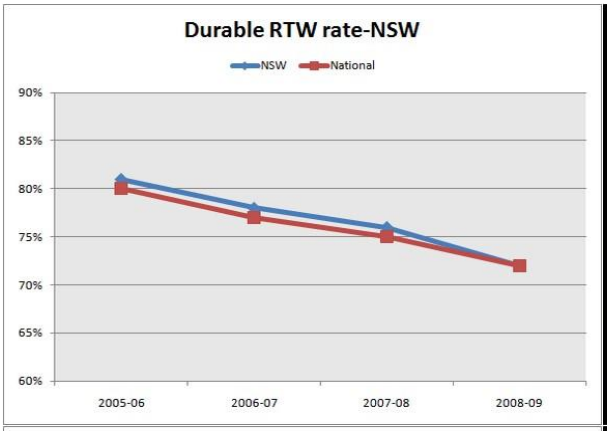
Influencing a workplace to develop good systems is hard, and the resources available to return to work professionals do not match the challenges of the job. I edit an online publication rtwmatters.org that supports people who work in this field. Last year we ran a survey and 82% percent of respondents, who work in the industry, indicated return to work was becoming harder

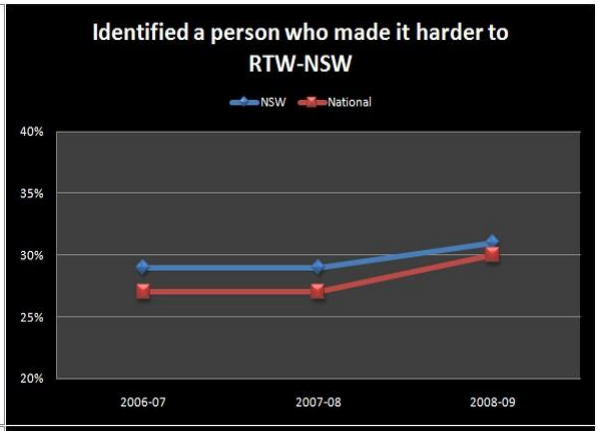
The following graphs have been developed using data from the four years of RTW monitor available on the HWCA site. They illustrate our current direction. The graphs on the left illustrate the durable return to work rates. The graphs on the left show the percentage of people with claims who identify a person who made the return to work harder.

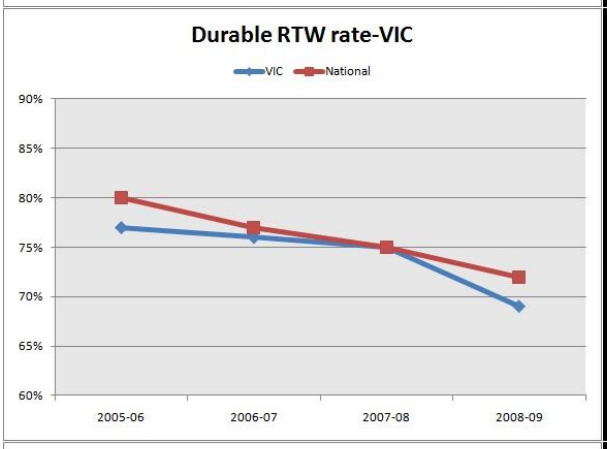
The graphs include the local jurisdiction, as well as the national average.

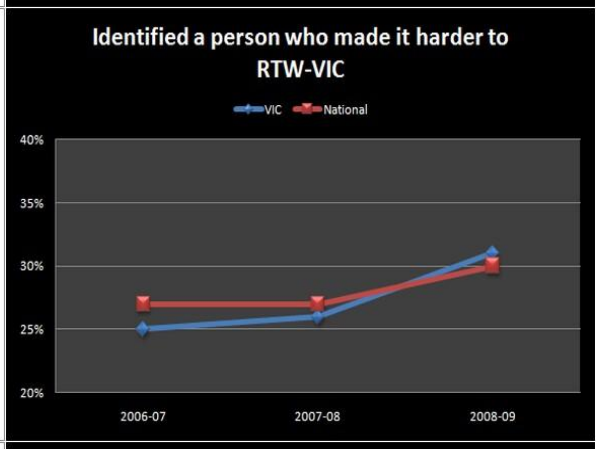
There is a strong correlation between reducing performance and the percentage of employees with a claim identifying someone who made RTW harder. <With Comcare being the outlier>

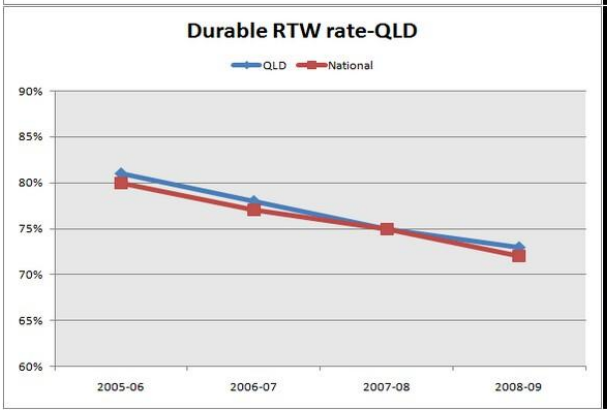
Deteriorating return to work rate

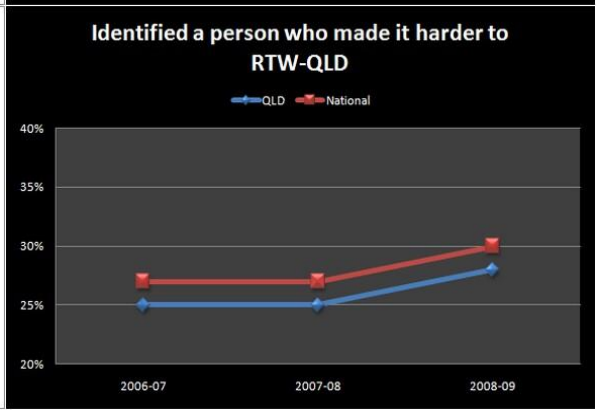






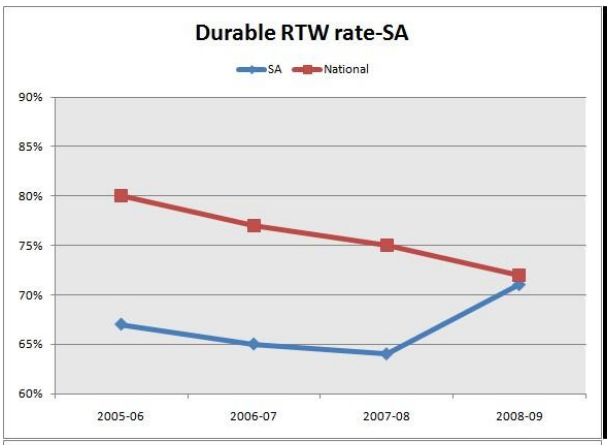


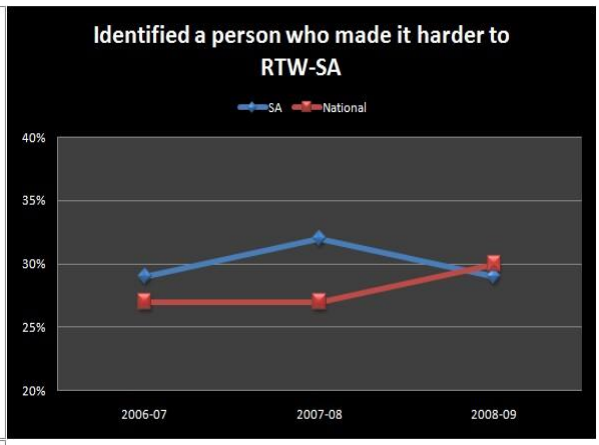


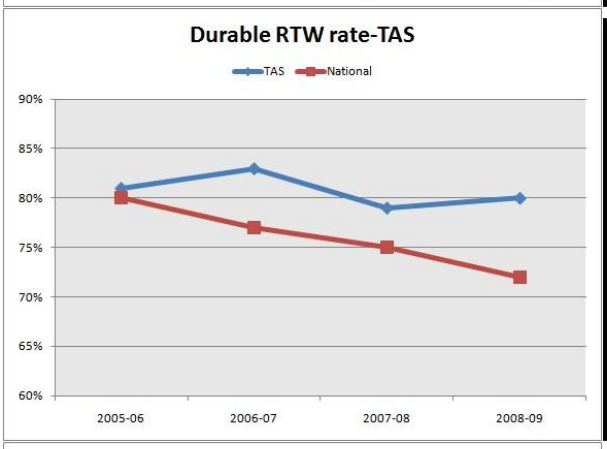


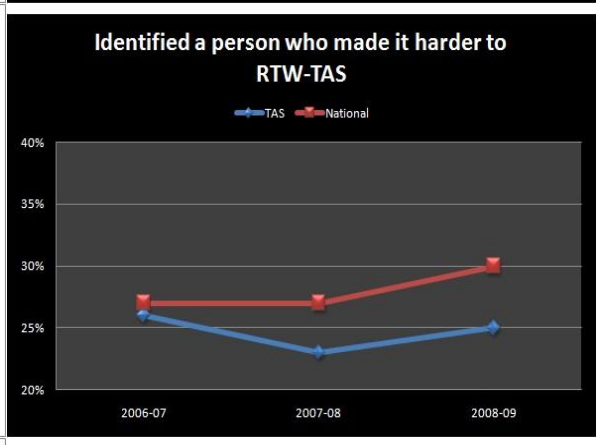
And conversely,

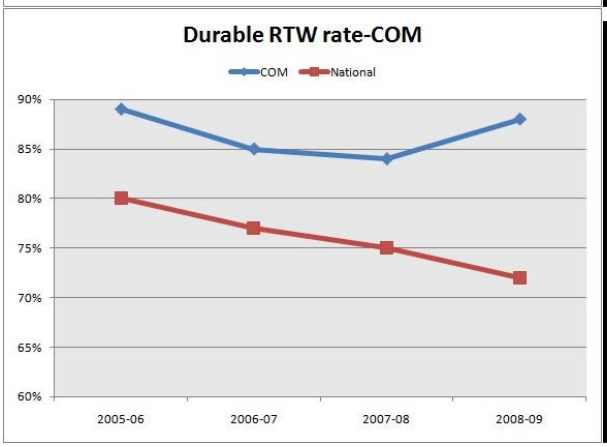
Static or improving durable return to work rates

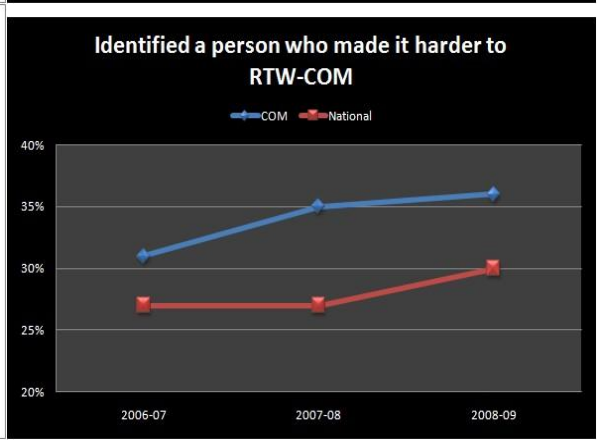












Various jurisdictions currently provide a range of resources. Western Australia runs sessions for employees, Victoria and Queensland provide consultant input for small businesses in return to work. Victoria is working on a number of return to work initiatives. South Australia has useful web resources for employees and an online forum for rehabilitation and return to work coordinators. Tasmania has web material that focuses on a partnership approach to return to work. Comcare is working on initiatives to improve organisational management practices. The Personal Injury Education Foundation offers online courses, and some jurisdictions have return to work networks where people can discuss issues and learn and develop from each other.

No one authority yet addresses this filed with the number and quality of materials that is needed.

Developing a standard set of tools and techniques that can be used across the country offers the opportunity of improving resources available, developing a world leading set of tools, and shifting the focus from rules and regulations to tools that will persist.

It also offers the opportunity for Harmonisation to focus on an unresolved problem that is common to all authorities.

Return to work guides, short and long versions, two and three day courses and networks are useful starts. However how does a human resources officer in a company of 200 people, new to the job, take on dealing with a distressed patient who constantly complains about the severity of her back pain, a production manager who is not keen to have the employee back, and a doctor who is offside? Getting to the heart of the matter, developing a relationship with the employee, influencing the grumpy production manager, and then dealing with the complexities of the process, forms, pay issues, needs more than a guide or a three-day course.

As some of you may be aware, we have endeavoured to do some of this work at RTWMatters.org. With three effective full-time staff, we don't have the resources to do the job as it deserves to be done. However, we offer what we can to assist, including our national and international reach.

Developing a national set of tools and techniques starts with asking people at the coalface, the employees, coordinators, general practitioners, supervisors and claims offices what they need and what is workable. The harmonisation project can oversee and coordinate this.

Input from the various jurisdictions would lead to a standard set of tools and techniques that can then be developed. These are not complex things to complete, although they do require people with experience and skills to develop the tools.

What would a national set of tools and techniques look like? I suggest a starting point for discussion should cover the following topics as a minimum:

- Supervisor training,
- Basic ergonomic training for coordinators,
- Information on telephone communication techniques,
- Practical tools to address motivation,
- Ways of influencing senior management to improve workplace culture,
- A tool to clarity the costs to the business,
- Ways of talking to the Finance manager,
- A bank of videos of employees who have done well with return to work, and how they've achieved that,
- Information for employees about how to get the best out of their situation,
- A national curriculum for doctors and allied health professionals about return to work

These are some of my thoughts. Yet the principles that underpin successful return to work need to lay the ground for the development of such as set of tools. The list needs to start from those at the coalface.

At the moment, people are mistrustful of workers compensation. Many people try to avoid lodging a claim because of the system's reputation. Employers are increasingly trying to avoid employing people who have a health conditions such as back pain, and the financial bottom line at the policy level seems to be more important than the health of those the system is said to serve. (At least one might infer that from the focus within the annual reports). Claims staff often say they are overloaded, and work in a negative environment that ultimately results in high staff turnover.

Social capital, trust, and improved return to work rates may be hard to achieve, but it is time they became our focus.

A national bank of systems and approaches to support return to work is a major opportunity to make a difference to those who have had injuries, and to those who work with them.