

# It Pays to Care

Small team of passionate part time people advocating for improved outcomes using the It Pays to Care policy collaborating with industry to influence its practices.



# It Pays to Care

## About us

We receive philanthropic funding through the Orford foundation and co-funding through the Heads of Workers' Compensation as well as support from many stakeholders.



# It Pays to Care

## About the policy

The Royal Australasian College of Physicians through the Faculty of Occupational and Environmental Medicine has produced an **evidence-based policy: *It Pays To Care*** promoting a national discussion about **fair and efficient work injury systems** to improve outcomes.

Evidence shows that caring systems that are respectful, engaging, transparent and collaborative help both workers and their employers.



# Why should we care?

**“Work absence and long-term disability rates are higher in compensable settings”**



# Evidence-informed policy paper

## APPROACH TO DOMAINS

- Strong focus on available evidence (364 references)
- Narrative review, non-systematic
- Strong evidence early good quality care helps people and saves money
- Seek to increase the focus on science and evidence in work injury schemes

- The role
- How RTW is influenced
- Review of the evidence on good practices
- Barriers to improvement
- Our proposed areas for improvement

**Call for long term  
thinking**



It Pays to Care

*Bringing evidence-informed practice to work injury schemes helps workers and their workplaces*

An imperative for change and call to action

April 2022

# Values and principles papers

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## The evidence shows that values matter

*Injury insurance systems that are fair, respectful, engaging, transparent and collaborative support recovery and return to work.*

## Key elements for collaboration

<b>Trust:</b>	<i>More sharing and willingness to commit</i>
<b>Reciprocity:</b>	<i>Give and take, responsiveness</i>
<b>Mutuality:</b>	<i>Collective over self-interest</i>
<b>Governance:</b>	<i>Not too loose, not too tight</i>
<b>Systems:</b>	<i>Explicit focus, arrangements to facilitate collaboration</i>



# What IPTC has been doing:

- Psychosocial factors: guidelines for risk identification/action
- Scheme: regular appearance at HWCA meetings
- Insurers/case management: IECCC, PIEF super SME cm standards
- Employers: government, EML union project, developing material
- Providers: GP CPD module, articles written with APA, ESSA



# 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%	*



# It Pays to Care Messaging Matters

Communications approaches have a measurable impact on recovery and RTW. The [IECCC Framework](#) provides a flexible, adaptable approach for clear, compassionate interactions between personal injury professionals and injured workers.



## I ntroduce

Deliver key information in a clear and concise manner. Ensure the other person understands the situation or the main point you are trying to convey. Be direct and approachable.

## E ducate

Explain the why, how, or background behind the initial information. Provide context to help others fully understand the reasoning or the process behind what you've informed them about.

## C larify

Check for understanding and address any concerns or uncertainty. This is a chance to ensure that all parties are aligned.

## C ollaborate

Work together to find solutions, next steps, or a shared path forward, promoting cooperation and ensuring others feel involved in the decision-making or resolution process.

## C oordinate

Organise the details, set timelines, and ensure everyone is aligned on the actions, and has a shared understanding of what to expect and when.



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**Psychosocial factors  
are common and  
modifiable**

# — Why should I focus on psychosocial factors?

The research indicates that psychosocial factors  
**DOMINATE** return to work outcomes

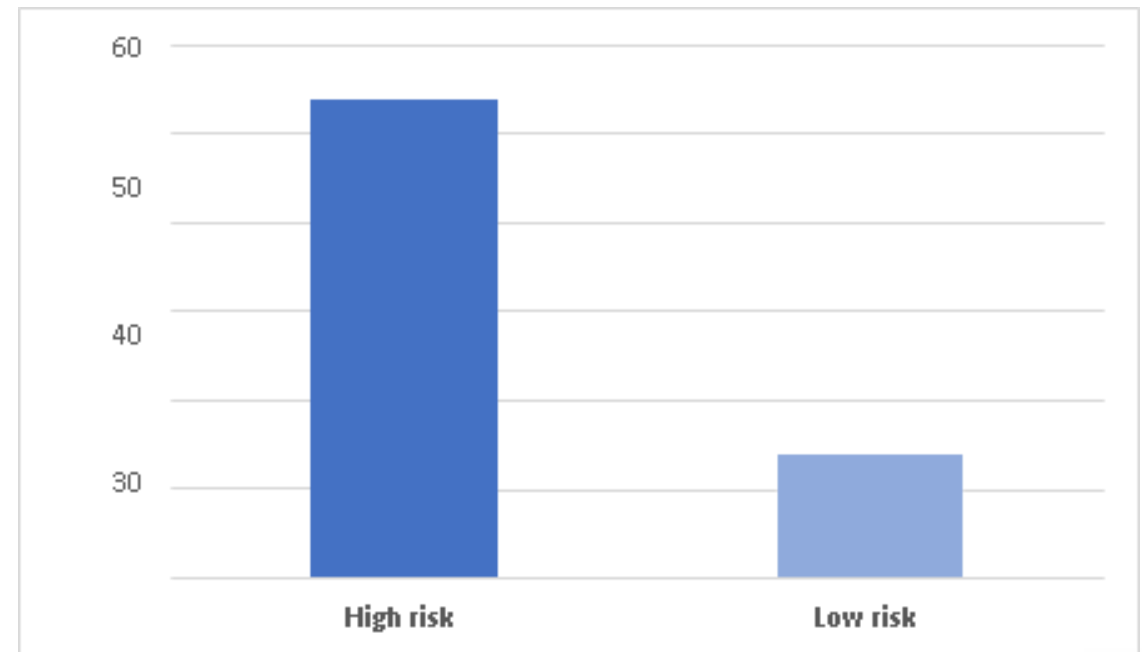


# Psychosocial factors

Psychosocial factors  
account for up to  
85% of prolonged work disability

Every 1-point ↑ in the ÖMPSQ-SF  
score - chance of RTW ↓ 4%

Average days paid by psychosocial risk



## Workplace psychosocial barriers

- Workplace issues
- Delays and disputes
- Psychosocial work environment
- Poor communication

## Healthcare psychosocial barriers

- Over investigation, diagnosis and treatment
- Insufficient advice and explanation
- Focus on 'fixing' a condition, including quick fixes

## Personal biopsychosocial factors

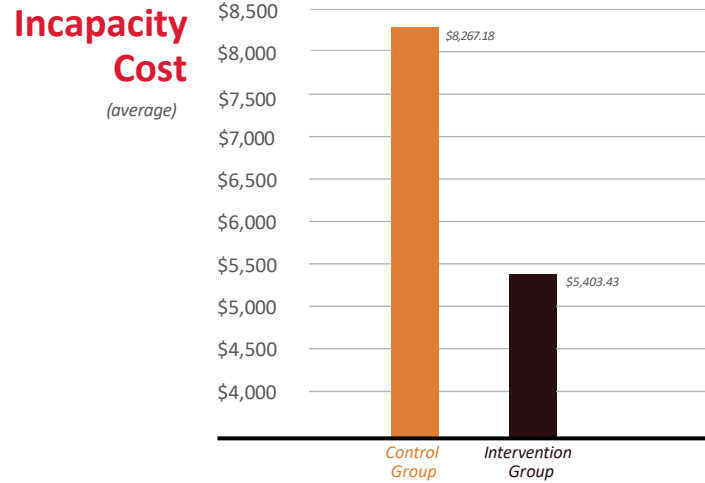
- Low self-efficacy
- Co morbidities
- Low recovery expectations
- Beliefs about health condition
- Passive approach to treatment
- Adverse childhood experiences
- Perceived injustice
- Fear avoidance behaviours

## Scheme psychosocial barriers

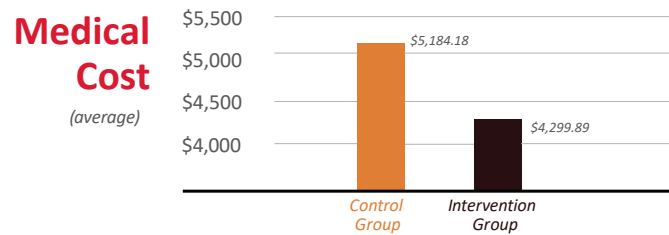
- Delays and disputes
- Locus of control shifts
- Perceived injustice – sense of fairness
- Poor communication
- Passive or inadequate case management



# Reduction in costs



A 34% reduction  
in incapacity costs



A 17% reduction  
in medical costs





## **It Pays to Care**

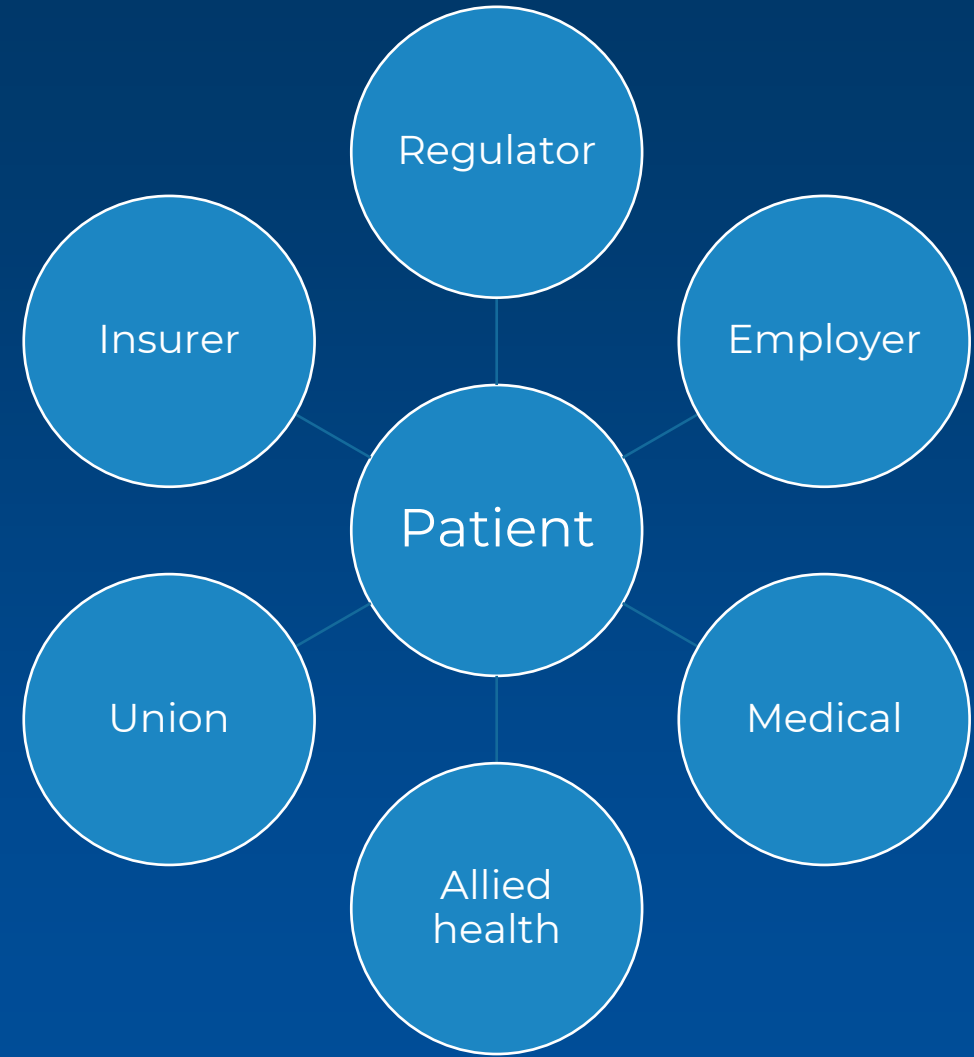
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# The key roles you play



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# Who is Who in Workers Compensation

<b>EMPLOYER</b>	<p>Often the first point of contact at work, they explain the process and help plan return to work.</p> <p>Contacts include: supervisor, manager, workplace HR team or Health and Safety Representative.</p>
<b>CASE MANAGER</b>	<p>Works for the insurer handling claim. They coordinate between all parties, make decisions about the claim and organise payments and service entitlement.</p>
<b>RETURN TO WORK COORDINATOR</b>	<p>The Return To Work Coordinator is based in the workplace, if it is large enough to have one. They help injured workers plan for a safe return to work, identifying suitable duties and workplace adjustments.</p>
<b>DOCTOR &amp; HEALTHCARE PROVIDERS</b>	<p>The doctor and other healthcare providers treat the injury, provide Workers' Compensation Capacity Certificates and advise what work activities can be performed. Patients have the right to choose their own providers.</p>
<b>UNION</b>	<p>The union can support with issues around return to work.</p>



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# Regulators, Insurers & Lawyers

# Regulators and Insurers

- Regulators and insurers can influence the culture, attitudes and behaviour of work injury schemes via their approaches, communication styles, and policies and procedures.
- Regulators set standards through policies and expectations, and through approaches to enforcement. Insurers' policies regarding case management, as well as their interactions with scheme participants, also influence scheme culture.



# Insurers

- It Pays to Care highlights the critical role of insurers as policymakers and underscores the importance of research in shaping work injury management.
- Insurers play a pivotal role in influencing the culture, attitudes, and behaviours within work injury schemes through their policies and stakeholder interactions.



# Lawyers

- Lawyers are important stakeholders in a scheme.
- One report highlighted the influence of psychosocial factors in long-term disability, and encouraged medical practitioners, scheme designers, professionals involved with RTW, lawyers and others, to work together to overcome barriers to recovery.

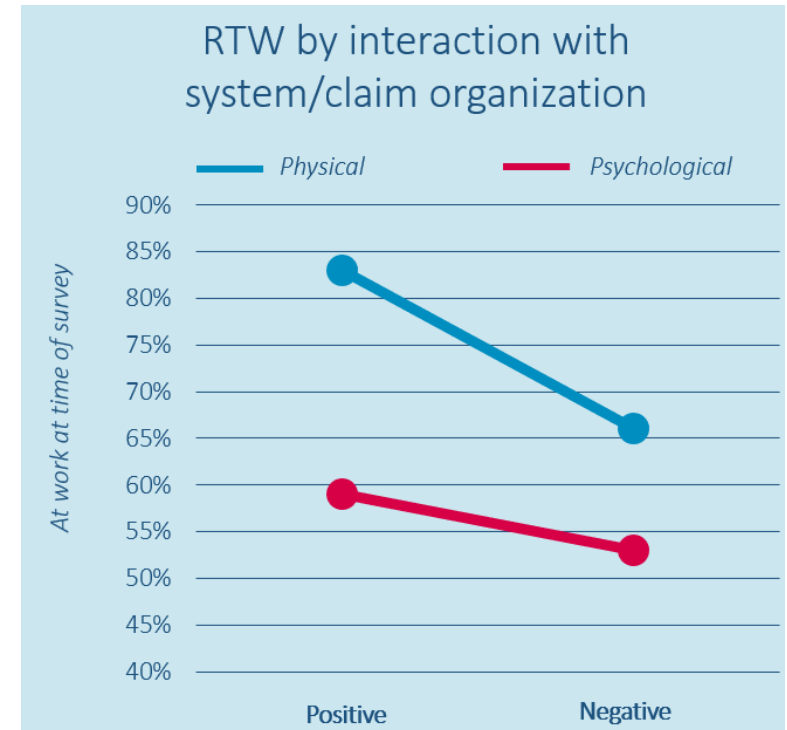


# Case management



# Insurance case management

- Workers who describe positive interactions with their case manager have **higher** rates of **RTW**, report **less pain**, **greater** perceived **health**, **quicker recovery** from traumatic injury and **improved quality of life**
- Positive case management interactions with the injured worker
  - ▶ 25% more likely to RTW from a physical injury
  - ▶ 13% more likely for a psychological claim.



# Golden Opportunities

Be like this case manager.



[Redacted Name]

[12 reviews](#) · [3 photos](#)

★★★★★ 5 years ago

My case manager [Redacted] has been nothing but professional and warm. Yes, the process can be frustrating and drawn out due to the bureaucracy involved however maybe I have been lucky with my case manager? I have been kept well informed of developments and appointments and the reasons for same. I have voiced multiple questions and objections and occasionally vented and been heard and listened to with compassion and understanding so I am very thankful to [Redacted] for making the whole process that much easier.





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# Health Care and rehabilitation

# Allied Health in the RTW Ecosystem

- Allied health professionals are an essential part of the multi-disciplinary team supporting and guiding an injured worker toward an effective and sustainable Return-To Work.
- The It Pays to Care policy stresses the importance of early, evidence-based allied healthcare in work injury management.



# Allied Health in the RTW Ecosystem

- Allied health professionals that may be involved in RTW include, but are not limited to:
  - Physiotherapists
  - Exercise Physiologists
  - Occupational Therapists
  - Psychologists
  - Vocational Rehabilitation Specialists
  - Rehabilitation Counsellors



# Health Care providers

- Treating practitioners, while not the primary influence on return to work and recovery outcomes for compensable patients, can significantly impact both, particularly within the first six months of a claim.
- A study on workers with back pain found that practitioners who address personal psychosocial issues, like attitudes toward pain, and empower patients to self-manage their conditions, reduce sickness absence and long-term disability.



# The role of doctors vs RTW Coordinators

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## 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



# The vital role of the workplace

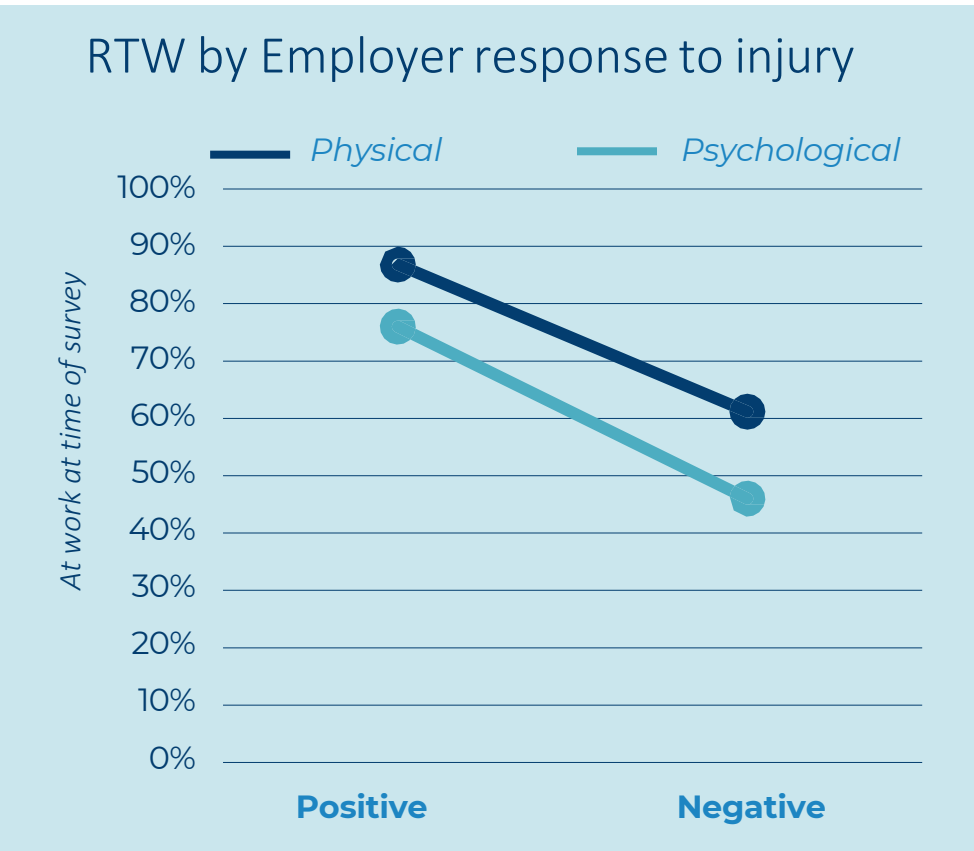


# Employer response the greatest influence on RTW

## Positive response from employer, RTW:

- 43% higher in **physical** claims (87% versus 61%)
- 52% higher in **psychological** claims (79% versus 52% )

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](http://www.safeworkaustralia.gov.au/doc/return-work-comparison-psychological-and-physical-injury-claims)



# Supervisor engagement and response

- 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

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
- Cost calculator

## How they can lead

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



# In The Workplace

## Injury reporting systems

- Timely and comprehensive reporting and collection of essential information
- Prompt initiation of appropriate healthcare and rehab measures

## Early constructive intervention

- Early intervention to identify and address psychosocial barriers
- Collaboration between workplaces and insurers

## Psychosocial

- Prevention psychosocial hazards
- Early post injury psychosocial care
- Join the dots



# Prevention psychosocial hazards

Psychosocial Safety Climate (PSC) -organisational climate for employee psychological health, wellbeing, and safety

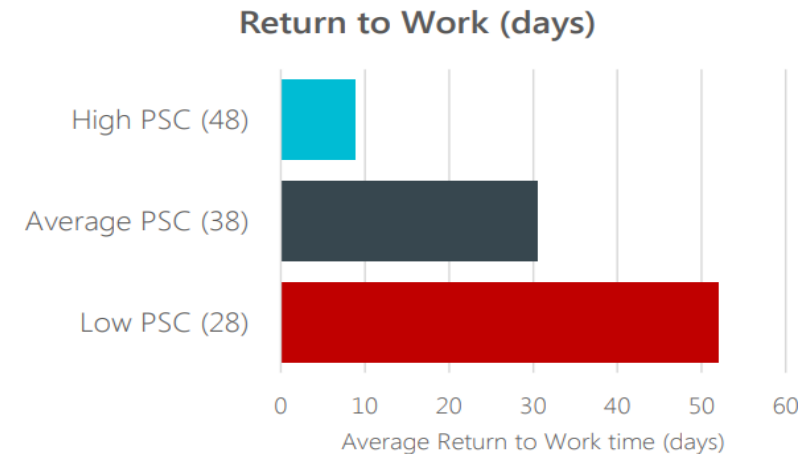
The PSC survey explores employee perceptions

- management commitment, communication, employee participation and involvement and the priority of mental health.

It can predict

- Future work conditions, psychological health and engagement with other workers
- Injury likelihood and under-reporting of work injuries.
- Sickness absence
- Prosocial procedures (job design, social relations) that prevent bullying
- Productivity loss.

Organisations with a low or moderate PSC have significantly more average days lost per workers' compensation claim than those with high PSC scores



# Prevention psychosocial hazards and RTW

Improving workplace climate reduces physical and psychological injuries and claims

- Poor culture associated with more musculoskeletal injuries AND psychological injuries

Improving workplace climate fosters early RTW

- More welcoming
- Respect and trust more likely
- Collaboration enhanced

Prevention psychosocial hazards is best done as a collaboration – HR, OH&S, RTW team

- Worthwhile setting up SYSTEMS of work
- Care more likely to occur
- Supervisors are seeking training





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# In short:

# Key outtakes:

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- It Pays to Care gives evidence for how to achieve better outcomes
  - Psychosocial factors dominate return to work outcomes.
  - Regular and effective communication improves outcomes
  - Identify and manage psychosocial factors early
  - Provide access to evidence-based treatments and intervention
  - Encourage employers to care, communicate and coordinate RTW.





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[itpaystocare.org](http://itpaystocare.org)



[IPTC on LinkedIn](#)





## **It Pays to Care**

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# **IPTC: Where to from here?**



As an independent not for profit organisation, we're working to support the transformation of compensation systems: connecting people and policy to create a future where it truly Pays to Care.

**Our Vision:** To deliver best evidence-based care for the whole worker, improving outcomes in the personal injury industry.

**Our Purpose:** to help drive change in the personal injury industry by embedding the *It Pays to Care* policy and fostering collaboration to improve outcomes for all.

## STRATEGIC FOCUS

### Collaboration, Projects and Partnerships

To strengthen purpose-driven partnerships by collaborating to identify, implement and share best practice, and support research and communication that drive system-wide improvement.

### Thought Leadership

To shape national thinking across schemes by influencing policy, promoting evidence-based culture change, and embedding *It Pays to Care* as a priority for improving care outcomes while reducing system costs and increasing efficiency.

### Supporting Capability

We use our expertise to contribute to building knowledge and confidence in the personal injury sector through evidence-based resources that enable professionals to aid worker recovery and return to work.

## PLANS

- Work as a trusted partner, providing advice and assistance to the industry
- Run collaborative symposiums
- Collaborate on projects with key industry organisations and contacts

Influence/educate large employers, insurers, government departments, self-insurers, regulators, healthcare providers and policy makers to move towards evidence-based best practice.

- Develop a best practice guide for case management
- Deploy the RTW Matters AI tool for use by practitioners
- Ensure the IPTC policy is accessible in different formats
- Create resources for use with employers

## INITIATIVES

### Starting Points:

- Collaborate on PIEF training, insurer claim approaches, provider practices, regulator communication campaigns.
- Work with Government entities to improve injury management practices.

### Starting Points:

- Present widely to H&S groups, conferences, symposiums
- Engage with key gov't stakeholders
- Work with insurers to reach employers
- Invite key stakeholders to events, or host an industry forum with VIP guests
- Leverage regulator's relationships

### Starting Points:

- Expand use of already created resources e.g. GP CPD modules, IECCC messaging matters, PS triage guidelines
- Leverage stakeholder's communication channels to expand reach
- Continue to engage guest experts who can reinforce benefits of implementing the policy



# Return to Work (RTW) Employee Satisfaction Survey

Very satisfied      Satisfied      Neither satisfied or dissatisfied      Dissatisfied      Very dissatisfied

Return to Work

- 1. The RTW coordinator explained his/her role and responsibilities  Very satisfied  Satisfied  Neither satisfied or dissatisfied  Dissatisfied  Very dissatisfied
- 2. My role and responsibilities in return to work have been explained  Very satisfied  Satisfied  Neither satisfied or dissatisfied  Dissatisfied  Very dissatisfied
- 3. I am satisfied with my RTW plan  Very satisfied  Satisfied  Neither satisfied or dissatisfied  Dissatisfied  Very dissatisfied
- 4. I have been involved in the development of my RTW plan  Very satisfied  Satisfied  Neither satisfied or dissatisfied  Dissatisfied  Very dissatisfied
- 5. I have been assisted to return to work  Very satisfied  Satisfied  Neither satisfied or dissatisfied  Dissatisfied  Very dissatisfied
- 6. I am satisfied with the medical care I received.  Very satisfied  Satisfied  Neither satisfied or dissatisfied  Dissatisfied  Very dissatisfied
- 7. My supervisor has been helpful in my return to work program  Very satisfied  Satisfied  Neither satisfied or dissatisfied  Dissatisfied  Very dissatisfied
- 8. Those involved with my return to work have been polite and have responded in timely fashion  Very satisfied  Satisfied  Neither satisfied or dissatisfied  Dissatisfied  Very dissatisfied

Did you return to your normal job?  Yes  No

What was the most helpful information or service provided to you?

What can we do to improve our system?

Thank you for your time.

Optional

Name:  Phone Number:

Would you like a follow-up phone call?  Yes  No

