The Festival of Safety

Work Safe Week,
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The Health Benefits of Early Return to Work After Injury

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Presentation Outline

• The Health Benefits of Work
• Progress in the UK, USA and Australia
• The Importance of Early Return to Work following Injury
• Appropriate certification by Doctors and Allied Health Professionals
• Communication
  - With injured workers and their families
  - With treating doctors
• WorkSafe GP engagement
• Getting help
“Is work good for your health and well-being?”
The Health Benefits of Work

- The evidence is compelling that, for most individuals, working improves health and well-being and reduces psychological distress.

- Long-term work absence, work disability and unemployment are harmful to physical and mental health and well-being.
Waddell and Burton

Is Work good for your health and well-being?

Gordon Waddell, A. Kim Burton, Great Britain: Department for Work and Pensions
The Stationery Office, 2006 - Psychology – 255 pages
Health Effects of Unemployment on the Individual

Increased rates of overall mortality, specifically from:
- Cardiovascular disease
- Suicide
- Poorer overall general health

Including increased rates of:
- Cardiovascular Disease
- Lung Cancer and respiratory infections
- Somatic Complaints
- Poorer Mental health
The Health effects of Re-employment

- Improves markers of general health and well-being
- Reduces psychological distress and minor psychiatric morbidity
- Leads to lower morbidity rates overall
- Improves physical functional and mental health in older workers
- These positive effects are dependant upon job security and on the individual's motivation, desires and satisfaction

(AFOEM Position Statement)
Health Effects of Unemployment on Children of the Unemployed

- Higher likelihood of chronic illness, psychosomatic symptoms and lower well-being
- Increased likelihood of unemployment themselves in the future
- Increased likelihood of psychological distress, resulting in withdrawal, anxiety and depression or aggressive or delinquent behavior and substance abuse.
Making it Happen

Dame Carol Black

Dr. Jennifer Christian
Dame Carol Black- U.K.

- Reviewed health of the UK working population for HM Government.
- “Working for a Healthier Tomorrow”³
- Found much needless disability
- Concluded that work is good for health
- Coined the term “Fit note”
- Changed the medical certificate in UK to indicate what an injured person could do.
Dr Jennifer Christian – U.S.A.

- Leading occupational physician in U.S.
- Chair of the ACOEM guideline development for “Preventing Needless Work Disability by Helping People Stay at Work.”¹
- Developed the concept of “Medically unnecessary disability”
Medically Unnecessary Disability

Time away from work due to the interplay of the following non-medical features:

• employers and physicians communicate poorly about injured and ill employees' ability to work

• employers fail to address environmental and motivational problems, causing injured employees to stay out of work longer than medically necessary

• physicians do not see disability as an outcome for which they are responsible.²

(webility.com)
Australasian Faculty of Occupational and Environmental Medicine

- Position Statement;
- “Realising the Health Benefits of Work”
- Consensus Statement
Realising the Health Benefits of Work

Position and Consensus Statements on the Health Benefits of Work
Position Statement – Recommendations

• Governments obtain and publicise accurate data about the level of work incapacity in Australia and New Zealand
• Governments launch public health campaigns, directed at employers, workers, medical practitioners and the general public, to promote the message that “Work, in general, is good for health and well-being”; and
• Employers move beyond legislative requirements to embrace the spirit of inclusive employment practices, workplace safety, health and well-being, and best practice injury management.
Position Statement – Recommendations

• The medical community develop a consensus statement regarding the positive relationship between health and well-being and the negative consequences of long term work absence and unemployment;

• The education of treating practitioners incorporate training in workplace occupational health and vocational rehabilitation, and sickness certification practices, and that the medical community provides leadership on these issues;

• Health professionals responsibly promote the health benefits of work to their patients;
Consensus Statement

• A clear articulation of the motivation behind the Consensus Statement, which is “a shared desire to improve the welfare of individuals, families and communities”

• Acknowledgement that “Work practices, workplace culture, work-life balance, injury management programs and relationships within workplaces are key determinates, not only of whether people feel valued and supported in their work roles, but also of individual health, well-being and productivity.”
Consensus Statement

• Acknowledgement that, for health professionals, patient advocacy “includes, but is not limited to,” awareness of the health benefits of work

• A simplification of the call to action present in the first iteration of the Consensus Statement, accompanied by an acknowledgement that signatories only agree to take actions relevant to their various areas of responsibility and action.
Some Barriers

• Acknowledgement of the health benefits of work does not mean that all work is good. The Faculty understands that some work can be harmful to health

• The Faculty knows that more work is essential, and future policy direction will directly address these issues.
Work Related Injuries

Victorian and International Experience
Victorian Workplace Injuries

- 10.58 per 1000 workers made claim (~ 26,500)
- 4.15 per 1000 workers off work >4 weeks (~10,000)
- 0.38 per 1000 workers hospitalised >2 days (~800)
- ~60 life threatening injuries
- 26 deaths

(Adapted from VWA Annual Report 2009/10)
(ABS: Vic Workforce at 2.5 million)
Context

![Bar chart showing total claim numbers by weeks of compensation paid.]

- **Less than 4 weeks**: 23,000
- **4 weeks**: 12,000
- **13 weeks**: 5,400
- **26 weeks**: 3,300
- **52 weeks**: 2,200
- **134 weeks**: 550

**Weeks of compensation paid**

**Total Claim Numbers**
Why is Return to Work Important?

- More than 4 weeks away from work ~40% of claims
- More than 13 weeks away from work ~20% of claims
- Injuries requiring more than 2 days in hospital ~7% claims

(VWA Annual Reports)
Overview

The chance of a person ever returning to work after a workplace injury is:

- 70% if off for 20 days
- 50% if off for 45 days
- 35% if off for 70 days

The Injured Worker’s Message

• You don’t have to wait until you are 100% recovered to return to work. The sooner you start planning to return, the better your chances of getting back earlier.

• It is important to stay positive and motivated - focus on what you can do rather than on what you can’t.

• Getting back to work after injury or illness isn’t always easy but it can help you recover and gain a normal life.
Predictive Factors for RTW Worker 1

- The strongest predictive factors for a return to work concern the individual’s expectations, the number of days of sick leave taken in the past, somatic disorders and a high level of life satisfaction and sense of coherence.
- If an individual expected to return to work they were much more likely to do so.


Factors relevant to a return to work: A multivariate approach. Work; 26(2):179-190
ACT Changes

There are five key return to work obligations for employers:

• Provide employment
• Plan return to work
• Consult about the return to work of a worker
• Nominate a return to work coordinator
• Make return to work information available
Consult About the Return to Work of a Worker

Employers are required to consult with:

- the worker
- the worker’s treating health practitioner
- and, if involved, the provider of occupational rehabilitation services to the worker.
BUT

• The act makes no provision or obligation for a Treating Health Practitioner to consult with the employer or, if involved, an Occupational Rehabilitation Provider.
The Communication Triangle

Employer

Injured Worker

Treating Health Practitioner
A Doctor’s Perspective

• Doctors are human
• Doctors act in the perceived best interest of their patients. This is often interpreted as what the patient wants
• It is far easier to write a certificate for total incapacity than to think about suitable duties let alone the doctor ringing the employer!!
• Doctors are always busy and often running late
• Confidentiality and privacy issues
• Payment issues
The Doctor’s Role

- If a healthcare provider gave their patient a date after which they could return to work, they were more than three times as likely to return to work soon after injury.
- If a patient was given guidance on how to prevent recurrence and re-injury they were more than twice as likely to return to work.
- If the health care provider contacted their patient's workplace it was about twice as likely that an injured worker would return to work early.

Kosny1,2, R-L. Franche1,2, J. Pole1,2, N. Krause1,2,3, P. Côté1,2 and C. Mustard1,2 (2006).

Early healthcare provider communication with patients and their workplace following a lost-time claim for an occupational musculoskeletal injury. *Journal of Occupational Rehabilitation;* 16( 1): 27-39
Barriers to Helping Patients Return to Work:

- Lack of light duties available at work (identified as a problem by 73% of doctors)
- Conflict between the patient and their employer (57%)
- Job dissatisfaction (55%)
- Excessive requests for time off by the patient (64%)
- Economic incentives to stay away from work (58%)
- Psychological problems, including physical symptoms caused by psychological distress (64%)
- Lack of clear guidelines for the doctor about when to return a patient to work (58%)

Treating Doctor Contact Made Easier for Employers- Acute Injury

- Accompany injured worker to GP
- Have standard letter of referral to go with worker to GP
- Be sure that GP knows that you have range of suitable duties available. Speak to GP if you can.
Treating Doctor Contact Made Easier for Employers - Acute Injury

- Know your workplace and duties available
- Provide GP with pictures, etc, of workplace and be able to describe the physical requirements of duties
- Assure GP that worker will be appropriately supervised, monitored and supported while on restricted duties and will comply with any restrictions.
- Afterwards, remain in touch with GP even if you don’t always get through.
Treating Doctor Contact Made Easier for Employers – Ongoing

- Prepare for contact with introductory fax or letter
- Include copy of Worker’s medical authority from claim form
- Include a short list of key issues you wish to discuss
- Ask for a suitable time for the doctor to be available
- Be prepared to address payment issues
- Keep your appointment time
Treating Doctor Contact Made Easier for Employers—Building Relationships

- Best practice is to have your own doctor or clinic
- If you have multiple worksites, set up network of clinics
- Clinic or doctor identified as being interested in occupational medicine
- Consider paying retainer for being able to bring in injured workers with alerting phone call and take phone calls from you.
- Invite doctor(s) to your worksite(s) to familiarise them with environment and work duties and meet key stakeholders
- Specifically invite doctor to inspect proposed suitable duties
Key Questions to Ask Doctor

- What is the injury? (diagnosis in layman’s terms)?
- What is the treatment plan?
- How can I (employer) assist recovery?
- When do you think patient could be able to do .....?
- What is patient doing at present? i.e. what is the current activity level?
- Is a referral to ... likely to be required?
Key Questions to Ask your Injured Worker

• What do you understand is the problem?
• What has your doctor told you that you should do to recover?
• How can I/we/employer assist recovery?
• When does your doctor think you might be able to return to some work?
• What are you doing at present? (activity level)

AVOID: Any emphasis on words like injury, hurt, harm, rest, disability, don’t hurry back
WorkSafe has joined with the Victorian Divisions of General Practice and the Australasian Faculty of Occupational and Environmental Medicine to educate G.Ps about the value of work to health and well-being and the importance of early return to work after workplace injury.
Questions?