

SIRA

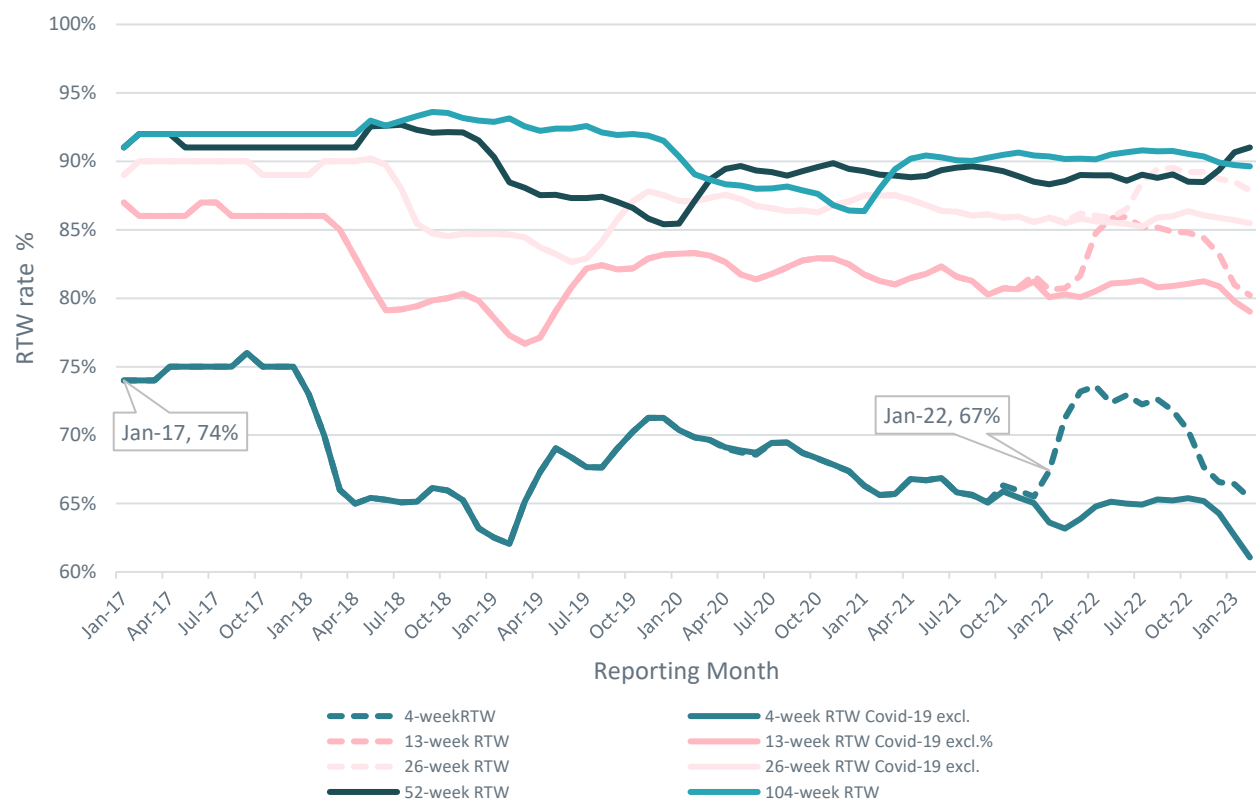
# Regulatory approach to early intervention

Assessing risk

# Why embarked

## Declining return to work (RTW) and stay at work (SAW) rates affect injured people and employers

Scheme RTW performance, by 3 month rolling, date of injury, as at 28 February 2023



Qlik Recovery through work App, as at 28 February 2023

Scheme 13-week Recovery through work performance, Fixed FY, DOI, as at 28 February 2023

	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020	2020/ 2021	2021/ 2022	Total change
RTW rate	87%	83%	80%	83%	82%	81%	6 %↓
SAW rate	42%	43%	43%	34%	33%	31%	11 %↓
WR rate	92%	90%	89%	89%	88%	87%	5%↓

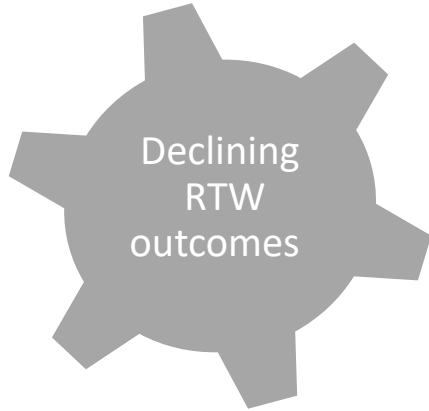
\*COVID-19 claims have been excluded from 2021/22 performance rates above, but are RTW (84%), SAW (28%), WR (89%) . Rounded to nearest whole %.

Based on approximately 9,000 new claims per month:

- a 6% decline in RTW means unnecessary work disability for over 30,240 additional workers who are now ‘not working’.
- a 11% decline SAW means unnecessary work disability for over 5,400 additional workers who are now ‘not working’.

# Background

## Problem



- Declining trend in RTW outcomes, particularly 4-week RTW rates.
- The longer a worker is off work the less likely they are to ever return.

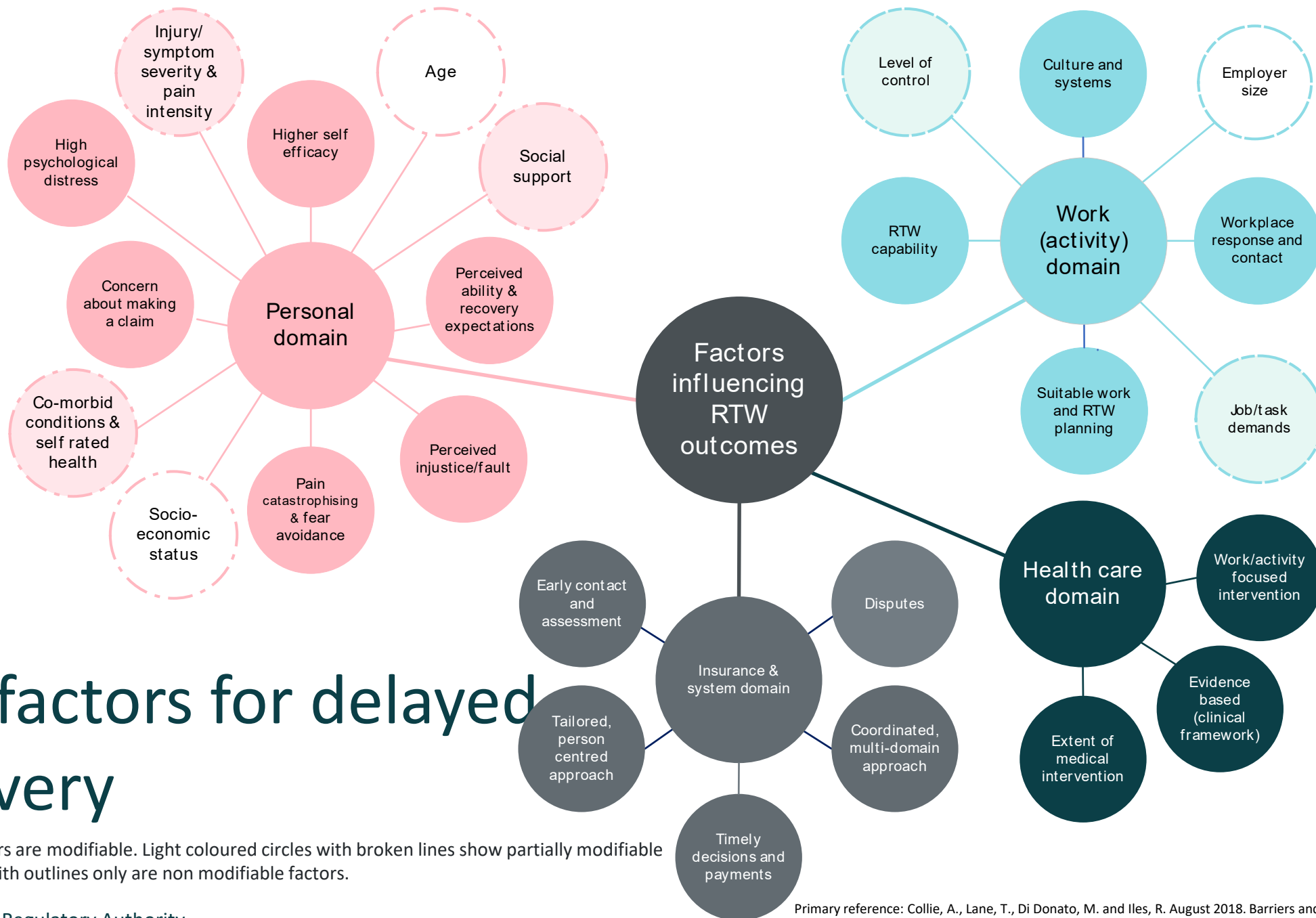
## Exploration



## Solution

### RTW strategy

- Insurer action area
- Employer action area
- Injured person action area
- Health action area
- SIRA action area
- Measurement

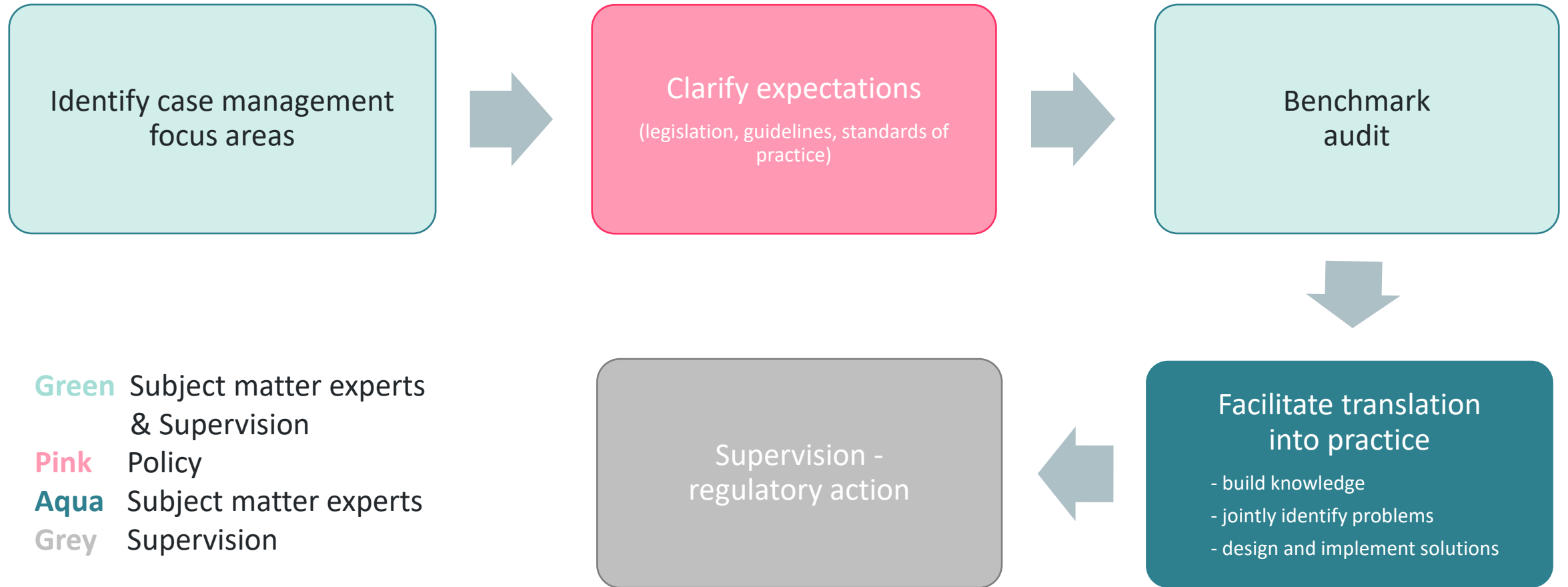


# Risk factors for delayed recovery

Majority of factors are modifiable. Light coloured circles with broken lines show partially modifiable factors. Circles with outlines only are non modifiable factors.

# Insurer case management program

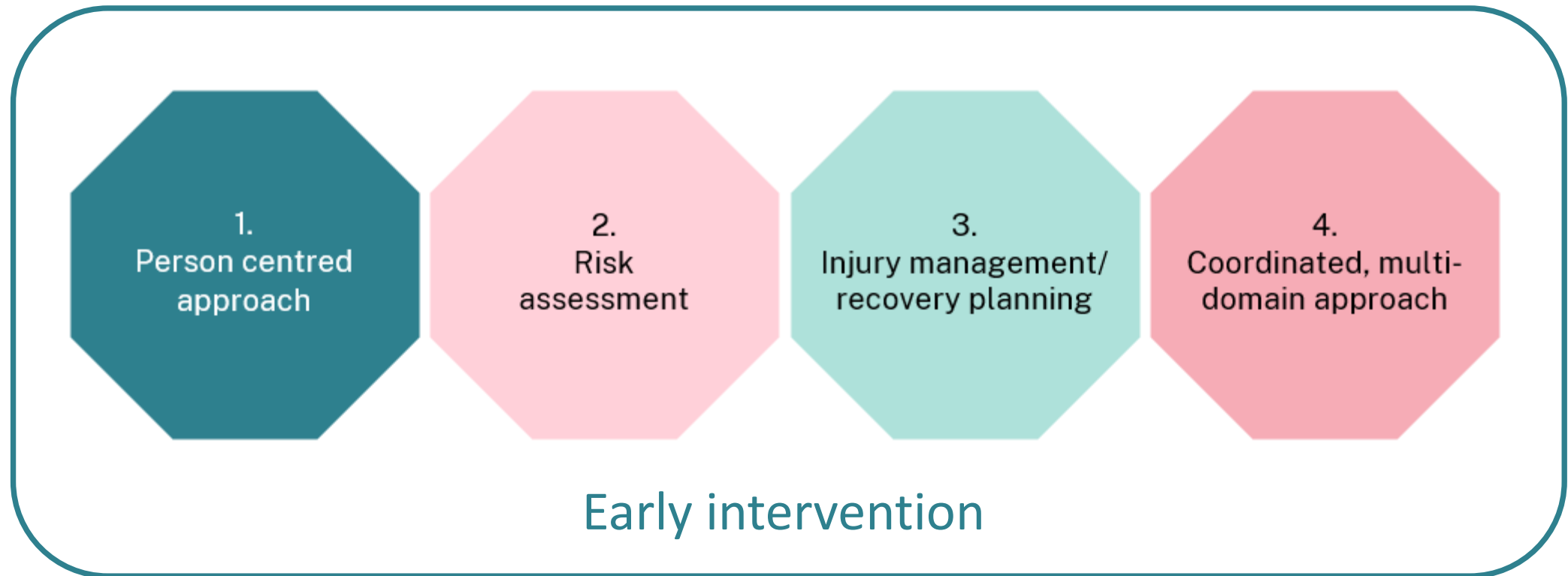
## Translation and capability model



# Case management

## Focus areas 2023

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# Set expectations

## Assessing risk

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### Standard of Practice 34: RTW – early intervention

1. Early, supportive contact
2. Identify risk factors for delayed recovery
3. Match actions to risks (in plan)
4. Equip and support injured person
5. Support employer
6. Coordinated multi domain approach
7. Review.

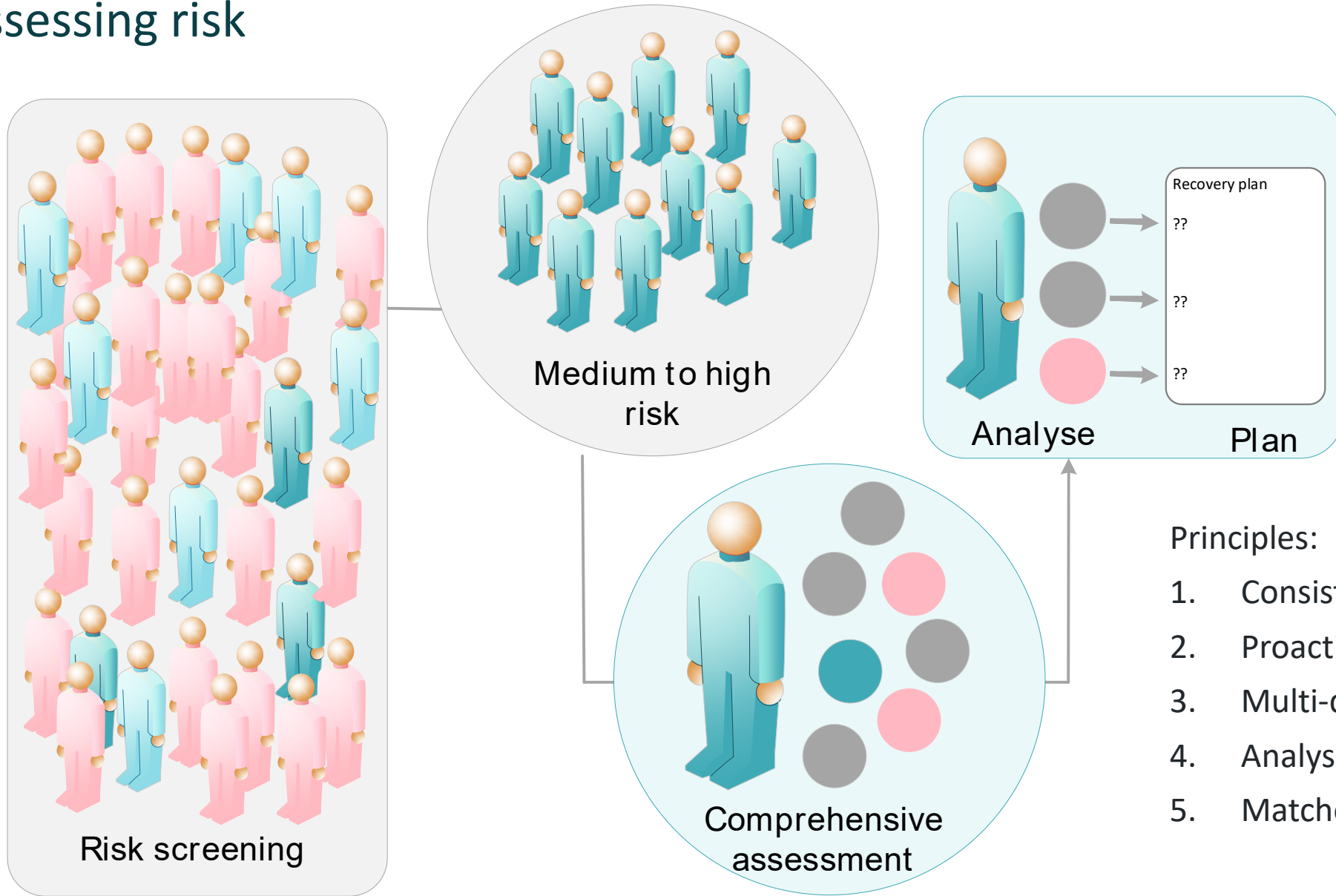
#### Identify risk factors

Insurers are to

- gather information about risk factors for delayed recovery across four domains (personal, workplace, insurance and healthcare) eg using a risk screening tool/checklist.
- analyse information gathered to appropriately allocate and/or prioritise the claim, and identify key risk factors most likely to affect recovery and work outcomes (for planning).

# Clarify expectations

## Assessing risk



### Principles:

1. Consistent approach
2. Proactive, case manager led
3. Multi-domain
4. Analysis
5. Matched actions in the plan.



# Benchmarking

## Assessing risk

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Only 56% (45 insurers) of the 80 workers compensation insurers had some consistent approach to assessing and documenting risk of delayed recovery

July 2022

Stakeholder

# Facilitate translation into practice

## Assessing risk

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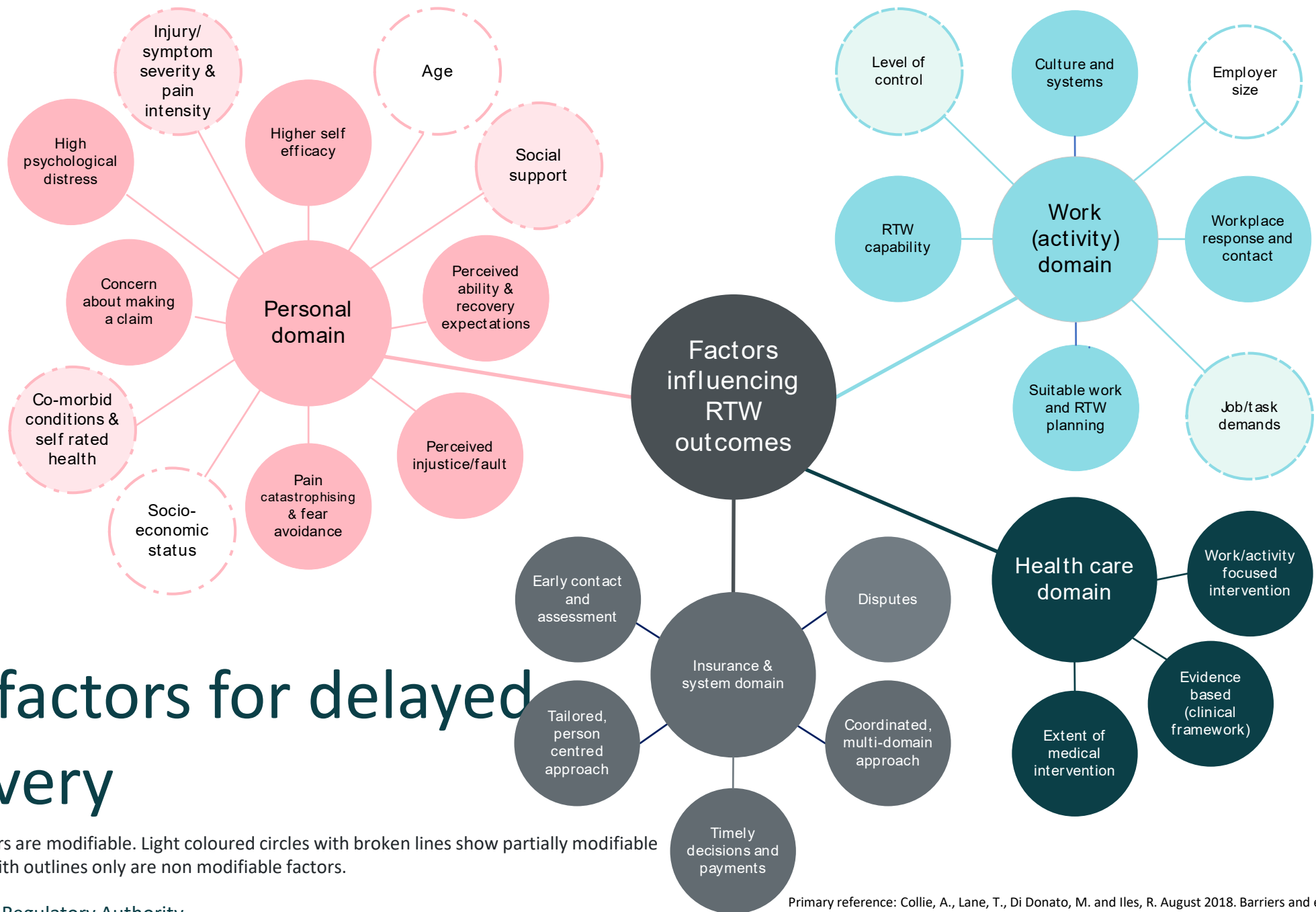
### 1. Translate research

- webinars to convey and explain the evidence base for best practice principles and practice
- question and answer sessions with insurers.

### 2. Guidance material and resources

- one page risk factor guide
- risk screening checklist tool
- integrated approach with healthcare providers.





# Risk factors for delayed recovery

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# Identifying risk factors for delayed recovery

## SIRA guide

### Checklist for Insurers: Risk factors for delayed recovery and return to work – full version

This checklist can be used by insurer case managers to screen for risk factors for delayed recovery across four domains - personal, workplace/community, insurance/system and health care, and consider potential actions to address identified risks.

Personal risk factors					
	Factors influencing recovery and RTW	Indicators	Prompting questions when speaking with <b>injured person</b>	Indicative risk rating	Examples of potential matched actions
1	<b>Injury and function</b>  Some injuries (e.g. psychosocial injury, intense and/or radiating pain or involving multiple body areas) are associated with a longer time to RTW.  People who describe high levels of pain, feel unable to manage their pain, and/or avoid activities that may cause pain typically have poorer RTW outcomes.	Severe or multiple injuries Hospital admission/ surgery Injury significantly impacts function e.g. require self-care or domestic assistance Significant functional impairment/ disability Fear of re-injury, self-limiting behaviour/s	How is your injury affecting your ability to perform your usual activities? How would you rate your symptoms over the past week? (0=none, 10 = as bad as could be) What can you do to manage or reduce your symptoms? Can you think of anything else (treatment or supports) that might help you manage or reduce your symptoms?	High  Moderate  Low	<ul style="list-style-type: none"> <li>Discuss administering injury and function standardised questionnaires</li> <li>Organise case conference with nominated treating doctor</li> <li>Refer to an approved workplace rehabilitation provider (WRP)</li> </ul>
2	<b>Coping and self-efficacy</b>  Higher levels of emotional distress (including distress due to pain) are associated with poorer RTW outcomes.  Greater belief in ability to manage recovery and achieve goals is associated with better RTW outcomes.	Emotional distress Psychological injury States 'not coping' or 'overwhelmed' Difficulty understanding or managing claims process Difficulty with caring responsibilities	How are you coping with your injury? What is causing you to be upset/ worried/frustrated? What would assist?  What do you understand about the claims process and what you and others need to do?  Is there any additional information or support to help you with the claims and RTW process?	High  Moderate  Low	<ul style="list-style-type: none"> <li>Discuss additional support with injured person, doctor and/or treatment provider, ensuring privacy obligations.</li> <li>Encourage injured person to consider peer-support line Hear2talk, or talk with doctor about additional support</li> <li>Organise a case conference with nominated treating doctor</li> <li>Contact employer to facilitate additional support in workplace</li> <li>Refer to a WRP (coaching to equip to take an active role in recovery including problem solving, decision making, goal setting, self-regulation, self-advocacy skills)</li> </ul>

#### Useful resources

- Checklist for Insurers - Risk factors for delayed recovery and RTW - short version
- Checklist for Insurers - Risk factors for delayed recovery and RTW - full version

<https://www.sira.nsw.gov.au/workers-compensation-claims-guide/insurer-guidance/claims-and-injury-management/gn-3.14-return-to-work-early-intervention>

# Assessing risk

## An integrated approach

1. Risk screening checklist v standardised tools
2. Role of insurer
3. Role of healthcare providers
4. The need for a coordinated approach.

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2	Coping and self-efficacy	Emotional distress Psychological injury States 'not coping' or 'overwhelmed' Difficulty understanding or managing claims process Difficulty with caring responsibilities	How are you coping with this? What is causing you to be worried/frustrated? What can you do to manage this? What do you understand of the claims process and what do you need to do? Is there any additional information or support to help you with the RTW process?		

**Örebro Musculoskeletal Pain Screening Questionnaire (Modified) (Linton & Hallden, 1998)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you: ☐ Male ☐ Female

1. How long have you had your current pain problem? Tick (✓) one.  
☐ 0-1 weeks [1] ☐ 1-2 weeks [2] ☐ 3-4 weeks [3] ☐ 4-5 weeks [4] ☐ 6-8 weeks [5] ☐ 9-11 weeks [6] ☐ 3-6 months [7] ☐ 6-9 months [8] ☐ 9-12 months [9] ☐ over 1 year [10]

2. How would you rate the pain that you have had during the past week? Circle one.  
0 1 2 3 4 5 6 7 8 9 10 [ ]  
No pain Pain as bad as it could be

Please circle the one number which best describes your current ability to participate in each of these activities.

3. I can do light work for an hour.  
0 1 2 3 4 5 6 7 8 9 10 (10-) [ ]  
Can't do it because of the pain problem Can do it without pain being a problem

4. I can sleep at night.  
0 1 2 3 4 5 6 7 8 9 10 (10-) [ ]  
Can't do it because of the pain problem Can do it without pain being a problem

5. How tense or anxious have you felt in the past week? Circle one.

**NECK DISABILITY INDEX**

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR NECK AFFECTS YOUR ABILITY TO MANAGE EVERYDAY -LIFE ACTIVITIES. PLEASE MARK IN EACH SECTION THE ONE THAT MOST CLOSELY DESCRIBES YOUR PRESENT -DAY SITUATION.

ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECTION RELATE TO YOU, PLEASE MARK THE BOX THAT **MOST CLOSELY** DESCRIBES YOUR PRESENT -DAY SITUATION.

SECTION 1 - PAIN INTENSITY	SECTION 6 - CONCENTRATION
<input type="checkbox"/> I have no pain at the moment.	<input type="checkbox"/> I can concentrate fully without distraction.
<input type="checkbox"/> The pain is very mild at the moment.	<input type="checkbox"/> I can concentrate fully with slight distraction.
<input type="checkbox"/> The pain is moderate at the moment.	<input type="checkbox"/> I have a fair degree of difficulty concentrating.
<input type="checkbox"/> The pain is fairly severe at the moment.	<input type="checkbox"/> I have a lot of difficulty concentrating.
<input type="checkbox"/> The pain is very severe at the moment.	<input type="checkbox"/> I have a great deal of difficulty concentrating.
<input type="checkbox"/> The pain is the worst imaginable at the moment.	<input type="checkbox"/> I can't concentrate at all.

SECTION 2 - PERSONAL CARE	SECTION 7 - SLEEPING
<input type="checkbox"/> I can look after myself normally without causing extra pain.	<input type="checkbox"/> I have no trouble sleeping.
	<input type="checkbox"/> I have trouble sleeping.

**IMPACT OF EVENTS SCALE-Revised (IES-R)**

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to \_\_\_\_\_ (event) that occurred on \_\_\_\_\_ (date). How much have you been distressed or bothered by these difficulties?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Any reminder brought back feelings about it	0	1	2	3	4
2. I had trouble staying asleep	0	1	2	3	4
3. Other things kept making me think about it.	0	1	2	3	4
4. I felt irritable and angry	0	1	2	3	4
5. I avoided letting myself get upset when I thought about it or was reminded of it	0	1	2	3	4
6. I thought about it when I didn't mean to	0	1	2	3	4

# Facilitate translation into practice

## Assessing risk

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1. Prioritised insurers based on benchmark results
2. Engagement meetings with priority insurers (30) to:
  - verify approach to assessing risk
  - identify opportunities to improve early RTW practices and outcomes.





# Supervision - regulatory action

## Assessing risk

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### Early results/themes:

- all insurers (70) assessed to date have some form of consistent, multi-domain approach to assessing risk
- limited analysis of information gathered
- matching of actions to address identified risks in injury management plans is not consistent/well developed

### Next steps:

- re-audit and regulatory action Aug-Nov 23.



# Summary

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- **Why you embarked** – poor early intervention and therefore declining RTW
- **How you have gone about implementation** – reset expectations, translated these expectations and supervised implementation
- **How you are evaluating the program** – reaudit, early RTW outcomes
- **Results so far** – procedurally implemented, needing consistency and maturity in approach
- **Any barriers and facilitators** – keep an eye on the things that matter.



