



It Pays to Care

An imperative for change
and call to action

While most people, around 70-80 per cent, return to work after injury or illness with little difficulty, a significant minority struggle to recover. They may remain off work for longer than expected for their medical condition, with poorer health and recovery outcomes. Some will never return to the workforce. The human and financial costs are immense and far reaching.

There is evidence that we can and should do better.

In particular, there is evidence that unmanaged psychological risks drive poor health and return to work outcomes. These risks occur at an individual level, as well as at a system level and through the case management process, the workplace and delivery of healthcare.

At the same time, there is evidence that:

- Having a positive claims experience is strongly associated with having returned to work after accounting for injury, worker, claim and employer factors.
- Early workplace support is associated with substantially higher rates of return to work.
- Non-stressful interactions with healthcare providers are associated with higher odds of return to work.

The evidence also indicates improvements will come through:

- Systematically capturing psychosocial information for individual claims, with proactive management of biopsychosocial risks.
- Ensuring that scheme cultures, systems and processes do not create unnecessary barriers to recovery.
- Scheme operations that are based on values and principles of fairness, including collaboration, timeliness, trust and reciprocity, personalised and respectful communication, and empowerment of stakeholders.

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) is leading the call to improve the health and recovery outcomes for people who experience a work injury.

Our challenge is to take what we know and apply it at multiple levels across all aspects of the system.

An imperative for change

The evidence of poorer outcomes associated with unmanaged psychosocial risk is driving the need for change. In healthcare, we are seeking to address contributing factors such as the lack of engagement of health professionals with work-related issues and return to work, the lack of collaboration and cooperation across the system, and the delivery of non-evidence-based healthcare for workers experiencing work-related injury.

Unmanaged psychosocial risk

Workers with high levels of psychosocial risk have over three times as many days off work as those exposed to low risk. The more psychosocial risk factors, the more likely recovery will be delayed and the more likely the worker will not recover from their injury or illness.

Personal

e.g., low coping ability, fear of re-injury, other health conditions



Systemic

e.g., real or perceived interaction with a system that is experienced as unfair, poor stakeholder engagement



Healthcare

e.g., lack of engagement with work issues and RTW, non-collaborative approach, non-evidence based healthcare



Case management

e.g., delays, poor communication, passive approach to case management



Workplace

e.g., lack of supportive contact with injured worker, poorly managed modified duties



Poorer health outcomes

When an injury or medical condition occurs in a compensation setting the chance of a poor health outcome is significantly higher than that of the same condition without compensation.

Poorer psychological outcomes

Around one in four people (28%) claiming compensation for injury or illness report moderate psychological distress and around one in eight (14%) report severe psychological distress, both much higher than normal community levels.

Poorer longer-term outcomes

The substantial negative impacts of long-term worklessness include poorer physical and psychological health, financial distress and higher rates of many health conditions. With longer term claims, there is often family breakdown, financial distress, and lives significantly impacted.

A call to action

Based on the evidence, there are clear ways forward to reduce work disability and to ensure work injury systems are fit-for-purpose. *It Pays to Care* is a drive to promote national discussion about core elements of fair and efficient workers compensation schemes, based on the following principles.

The principles of healthy injury insurance schemes



Leadership

Better outcomes are likely to be achieved if policymakers promote positive psychosocial influences on claims at the level of legislation, standards, culture, scheme oversight, and delivery and dispute systems.



Collaboration

Better outcomes are likely to be achieved if there is integration and collaboration between healthcare, workplace accommodation and case management.



Fairness

Better health outcomes and less long-term work disability are likely to be achieved if workers perceive they have been dealt with fairly.



Health of workers is the priority

Better outcomes are likely to be achieved if treatment is evidence-based; workers have access to appropriate, timely, high-quality care; workers have reliable information about the pros and cons of treatment options; self-management is fostered; and workers are encouraged to take primary responsibility for their health.



Active and responsive management of individual cases

Better outcomes, including less distress and less secondary mental ill-health, are likely to be achieved if case management is procedurally fair, timely, proactive and supportive.



Effective communication

Better outcomes, including improved RTW outcomes and reduced costs, are likely to be achieved where case management systems are underpinned by positive communication between stakeholders.



Long term thinking

Better outcomes are likely to be achieved through broader and deeper thinking and a focus on evidence informed practice. Long term approaches foster skill and career development within the industry and a cycle of continuous improvement.

A call to action for healthcare

What can you do?

You can help drive change in the system by actively promoting and practising the principles described in the IPTC policy - in particular by taking active steps to improve collaboration, communication and the delivery of evidence-based interventions.

Consider the following statements as guiding principles for your own practice to work by and messages that you can actively promote as you connect with workplaces, case managers and injured workers.



In alignment with AFOEM's [It Pays to Care](#), our practice supports a collaborative approach among stakeholders as the cornerstone of successful return to work.



Our practice is guided by AFOEM's [It Pays to Care](#), emphasising evidence-based interventions and case management to foster quicker, more sustainable returns to work.



In our practice we advocate for the cooperative spirit outlined in AFOEM's [It Pays to Care](#). When employers, healthcare providers and case managers work collaboratively, everyone benefits.



In alignment with AFOEM's [It Pays to Care](#), our practice recognises that effective case management is instrumental in promoting health outcomes and successful return to work for injured employees.



We echo the sentiments in AFOEM's [It Pays to Care](#), stressing that a supportive workplace is a cornerstone in the rapid and sustainable return to work for injured workers.



We support the principle that timely intervention by case managers can drastically improve return-to-work timelines, as emphasised in AFOEM's [It Pays to Care](#).



Our practice is rooted in AFOEM's [It Pays to Care](#) key principles, where a supportive workplace and proactive case management go hand-in-hand to achieve optimal health outcomes.

Find out more and get involved

Read AFOEM's new policy under the HBGW® agenda– It pays to care

- [Bringing evidence-informed practice to work injury schemes](#) presents evidence on psychosocial factors as barriers to return to work and how these can be addressed. It offers ways to improve scheme delivery in the 4 central work injury domains of leadership and regulation, case management, the workplace and healthcare.
- [A values and principles based approach to bringing evidence-informed practice to work injury schemes](#) covers the values and principles of healthy insurance schemes.
- [Key Messages summary](#)

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