Early Intervention, Injury Resolution & Sustainable RTW Outcomes.

Presented by:
Mr. Fred Cicchini, Chief Operations Manager
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Session Objectives

- Early Intervention in the RTW Context
- Injury Treatment Pilot project results
- EI in the Context of Psychological Injury
- Application of best practice EI in the Comcare context
- Next Steps
EI ‘Purpose’ Effective Barrier Management

- Medical Barriers
- Functional Barriers
- Workplace/Environment Barriers
- Psychological Psychosocial Barriers
EI Context & Benefits

IMPROVING
- Productivity
- Performance
- Employee Engagement
- Physical and Mental Employee Health

BENEFITS ANALYSIS
- Worker's Compensation Premiums
- Indirect Costs Associated with Workplace Injury and Illness
- Injury Rates Through Appropriate Employee Selection
- Injury Rates Through Appropriate Employee Fitness for Duty
- Absenteeism
- Staff Turnover

REDUCING
“Traditional” Approach to EI

- Focus on speed of notification Not speed or intervention
- Person Centred Intent that
  - Is seldom systemic
  - Delivered but not measured
  - Lacks clarity in expectation and responsibility
- Lack of uniformity can create delay in claim notifications
- Inconsistent focus on accurate diagnosis
- Lacks momentum for objective medical management
- Delays in obtaining clinical opinions & EBT
- Workplace not assessed and suitable duties not appropriate and/or progressive
- Extended periods of unfit certification
- Extended periods of claim durations
Best Practice Approach to EI

Injured person / Employer

NTD / Treating Health Professionals

Early Intervention Collaboration

Agency

Occupational rehabilitation
EI in the RTW Context
Industry Performance 2008 / 2009

- 45% of injured workers remained off work for more than 4 weeks
- For the 35% who were off work between 4 and 26 weeks.

### Table 3.4 Workplace Injuries
Time Lost and Cost for Temporary Disability Cases only: 2008/09

<table>
<thead>
<tr>
<th>Time lost</th>
<th>Number of Injuries</th>
<th>Percent of total</th>
<th>Time lost (weeks) (a)</th>
<th>Gross Incurred Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent of total</td>
<td>Total weeks</td>
<td>Percent of total</td>
</tr>
<tr>
<td>.up to 1 week</td>
<td>5,459</td>
<td>21.2</td>
<td>2,900</td>
<td>1.1</td>
</tr>
<tr>
<td>over 1 week to 2 weeks</td>
<td>4,544</td>
<td>17.6</td>
<td>7,012</td>
<td>2.6</td>
</tr>
<tr>
<td>over 2 weeks to 4 weeks</td>
<td>4,162</td>
<td>16.2</td>
<td>12,311</td>
<td>4.6</td>
</tr>
<tr>
<td>over 4 weeks to 26 weeks</td>
<td>9,022</td>
<td>35.0</td>
<td>100,334</td>
<td>37.7</td>
</tr>
<tr>
<td>over 26 weeks</td>
<td>2,569</td>
<td>10.0</td>
<td>143,885</td>
<td>54.0</td>
</tr>
<tr>
<td>Total</td>
<td>25,756</td>
<td>100.0</td>
<td>266,442</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(a) Time lost is included only for temporary disability cases resulting in less than 3 years off work.
Injury Treatment Early Intervention Pilot Study
Pilot Study

- Multi-national organisation employing over 30,000 staff nationally

- 200 claims registered per month nationally

- Staff work across a range of industries

- Partnered with Injury Treatment for their NSW business in January 2011 with rollout occurring in June 2011
## Pilot Study – 2011/12

<table>
<thead>
<tr>
<th></th>
<th>2010/2011</th>
<th>2011 / 2012</th>
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<tbody>
<tr>
<td>Total no of claims in NSW</td>
<td>162</td>
<td>174</td>
</tr>
<tr>
<td>Average days incident – notification</td>
<td>26.8 days</td>
<td>17.1 days</td>
</tr>
<tr>
<td>Average days unfit to SD’s (lost time)</td>
<td>19.2 days</td>
<td>5.19 days</td>
</tr>
<tr>
<td>Average days from notification – PID’s certification</td>
<td>138.67 days</td>
<td>45 days</td>
</tr>
<tr>
<td>Average weekly benefits</td>
<td>$1025.54</td>
<td>$942.17</td>
</tr>
<tr>
<td>Average total claims costs</td>
<td>$5836.18</td>
<td>$2790.55</td>
</tr>
</tbody>
</table>
Early Intervention in the Context of Psychological Injury
Psychological Framework

- The Australian population rated Mental Illness as the third most critical concern (behind the economy and environmental concerns) facing the nation.

- 1/5 adults and 1/4 adolescents have experienced a diagnosable illness in the last 12 months.

- Mental Health is the 3rd most prevalent injury / illness in Australia (1st = Cardiovascular; 2nd = Respiratory Disease). Depression is the 4th most common illness presented to GPs in Australia.

- It’s recognised that the vocational context “may” act as a ‘trigger’ for mental health concerns.

However...

As work is approx. 25% - 35% of our waking life statistically the employment context is one of the most likely domains where psychological dysfunction may manifest!
Risk Implications

Depression:

- 6.7% of Australian Employees suffer from a diagnosable Clinical level of depression each year;
  - 3 to 4 days off work per month for each person experiencing depression
  - $9,660 in absenteeism and lost productivity costs per full time employee with untreated depression each year ($650,000 per annum per 1,000 employees).

- 65% of these employees don’t disclose or seek treatment but do become involved in complicated conflict, performance or attendance issues;

- Statistically the duration of influence for those who went on claims was longer than those who did not (systemic reinforcement).

- Undiagnosed Depression accounts for $4.3 billion dollars or 12 million days in lost productivity. (Exclusive of the costs of compensable claims such as workers compensation or income protection).
Psychological Injury

Circumstance where one’s normal cognitive, behavioural or emotional functioning is overwhelmed by demands. Normative and effective strategies for self regulation become overwhelmed and prove less effective.

The EI Context

• **Reduce** Overwhelm;

• **Increase** access to normative and effective strategies for self regulation;

• Remain focused on a clinical, vocational and employment context
Application of best practice EI in the Comcare Context
Application Early Intervention?

Goal Directed Macro & Tactical System

1. Timely Identification & Notification;
2. Effective Categorisation of Risk;
3. Evidence Based Resources & Intervention;
4. Barrier Mitigation & Management

Cultural Commitment

1. Systemic Employee Engagement;
2. Effectively Informed Teams;
3. Prepared & Empowered Leaders
4. An Organisational Culture open to Early Intervention
Pre EI Cultural Platform

A Systemic Culture of Innovation, Continuous Improvement and Personal Accountability Supported through Clinical Education

- Management ‘Master Class’ on EI & Mental Health
- Leadership Resilience building
- Resilience Building
- Stressors V’s ‘Stress’ & Workplace ‘Stressor’ Management
- Accountable Interpersonal Communication
- Mental Health Awareness
- Managing Mood
- Managing Psychological Hygiene Factors (fatigue, sleep, lifestyle, addiction etc.)
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Access to Resources</strong></td>
<td>Available, predictable, reliable access to resources and attainable opportunities.</td>
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<tr>
<td>**Access to Supportive</td>
<td>A forum for relationships with significant others within and without the business</td>
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<tr>
<td>Relationships**</td>
<td></td>
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<tr>
<td>**Development of Desirable</td>
<td>Personal and collective sense of purpose, ability for self appraisal, aspirations beliefs and</td>
</tr>
<tr>
<td>Personal Identity**</td>
<td>values</td>
</tr>
<tr>
<td><strong>Experience of Influence</strong></td>
<td>The ability to influence and affect change in contextual and workplace environment</td>
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<td><strong>Adherence to Culture</strong></td>
<td>Knowledge of and adherence to expectations around culture, values and beliefs</td>
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<td><strong>Experience of Social Justice</strong></td>
<td>A meaningful role in a community that is characterised by acceptance and social equity.</td>
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<tr>
<td>**Experience a sense of</td>
<td>Balance of ones interests with a sense of responsibility for the greater good, feeling a</td>
</tr>
<tr>
<td>Cohesion with others**</td>
<td>part of something larger than ones self</td>
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## Necessary Leadership Qualities

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<tr>
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<th>Definition</th>
<th>Hallmarks</th>
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<tr>
<td><strong>Self awareness</strong></td>
<td>Ability to recognize and understand your moods, emotions and drivers, as well as their effect on others</td>
<td>Self confidence</td>
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<td>Realistic self assessment</td>
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<td></td>
<td>Self deprecating sense of humour</td>
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<td><strong>Self regulation</strong></td>
<td>Ability to control or redirect disruptive impulses and moods</td>
<td>Trustworthiness and integrity</td>
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<td></td>
<td>The propensity to suspend judgment – to think before acting</td>
<td>Comfort with ambiguity</td>
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<td>Openness to change</td>
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<tr>
<td><strong>Motivation</strong></td>
<td>A passion to work for reasons that go beyond money or status</td>
<td>Strong drive to achieve</td>
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<tr>
<td></td>
<td>Pursuing goals with energy and persistence</td>
<td>Optimism even in the face of failure</td>
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<td></td>
<td>Organisational commitment</td>
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<tr>
<td><strong>Empathy</strong></td>
<td>Ability to understand the emotional make up of other people</td>
<td>Expertise in building and retaining talent</td>
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<tr>
<td></td>
<td>Skill in treating people according to their emotional reactions</td>
<td>Cross cultural sensitivity</td>
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<td></td>
<td>Service to clients and customers</td>
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<tr>
<td><strong>Social skill</strong></td>
<td>Proficiency in managing relationships and building networks</td>
<td>Effectiveness in leading change</td>
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<td></td>
<td>Ability to find common ground and build rapport</td>
<td>Persuasiveness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expertise in building and leading teams</td>
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*Harvard Business Review on What makes a Leader*
Early Indicators

Physical

Behavioral

Emotional

Cognitive
Designing Early Intervention Models and Risk Identification
EI System Design

• Gap Analysis & Diagnosis of leadership and system capability
• Data Review
• Development & Design of clear policy and guidelines for early intervention
• Delivery of necessary training to people management skills and resources
• Monitor & manage external resource
• Review the results
PHASE ONE SYSTEM DESIGN

INCIDENT IDENTIFICATION & NOTIFICATION STAGE
Incident & Notification
The Organisation

- Are we engaging the employee?
- What is our process for identifying those at risk of injury or suffering from non-work related diseases / injuries?
- What is the skill level of supervisors to identify and raise a concern, what are the early warning signs?
- What do we consider to be a case risk?
- What is our process when somebody injures themselves or becomes unwell?
- What would be the best resource & when – EAP / MAP?
- What are our timeframes that this should occur within?
Incident & Notification

The Employee

• Can an employee self refer pre injury & how?
• What avenues do employees take and are they educated in reference to EI requirements?
• Are warning signs ‘acceptable’ in culture?
• Is an early notification framed as a collaborative or adversarial engagement?
• Are teams supported to be empathetic and functional should the need for disclosure arise?
• Is disclosure managed in a frame that demonstrates an employee focus?
• Do employees understand that RTW is not necessarily subsequent to treatment?
PHASE TWO SYSTEM DESIGN

CATEGORISATION & ANALYSIS OF CASE RISK
Case Risk Screening – The Organisation

- Are we engaging the employee?
- Are your Screening Tool accessible to all managers?
- Does our policy and processes on early intervention define how to administer screening tools?
- Have our leadership team been trained on how to administer tools?
- Have leaders been coached to correct for personal bias, discomfort and self interest?
- Do screening tools allow for targeted expenditure - treatment, EAP, rehabilitation?
- In review do screening tools deliver best practise interventions for the workforce?
Case Risk Screening
The Employee

- Personal Awareness?
- History?
- What has occurred leading up to this?
- What is the employees current work status?
- What key symptoms are present?
- Communication capability – employee & supervisor?
- Documentation & collaboration?
- +/- medical involvement?
PHASE THREE SYSTEM DESIGN

APPLICATION OF EVIDENCE BASED RESOURCE
Application Of Evidence-Based Resource – The Organisation

- Are we engaging the employee?
- Who makes this decision?
- Is our decision evidence based?
- What timeframe have we set?
- Does our policy define clear guidelines for type and duration of supplier engagement?
- Do we use early intervention assessments?
- Do our suppliers (medical, treatment, EAP, rehabilitation) understand our business and is their service customised?
Application Of Evidence Based Resource – The Employee

- Do we ask for multi axial diagnosis and diagnostic code?

- Are we curious and insightful about diagnosis?

- Do we engage treating professionals to empower through information?

- Do we ensure that viable RTW goals frame an accepted treatment plan?

- Ensure treatment goals are SMART
What Can We Influence?

Diagnosis

- Accurate and comprehensive diagnosis paramount
- Comprehensive medical management to minimise the duration of symptoms
- Return to work expectations managed through education regarding diagnosis and prognosis
- Subsequent return to work expectations managed
- The identification and management of relevant non-work related psychosocial factors through screening and counselling services
Ramifications Of Misdiagnosis

- Delayed recovery
- Inappropriate medical restrictions – time off work
- Unnecessary costs – medical and lost time
- Psycho-social implications
- Operational implications to the employer
Diagnostic Influence on Return To Work

- Accurate diagnosis guides appropriate treatment
- Diagnosis enables appropriate education regarding injury
- Diagnosis guides appropriate specialist referral
- Diagnosis guides selection of suitable duties
- Diagnosis guides appropriate response with regard to timeframes for absence from and return to work
Resilient in Injury Management

**Stage 1:** Assessment of Risk
- **1a – Presenting Issue:** What's real to them?
- **1b – Blind spots:** Analysis of other data
- **1c – Leverage:** Using Resilience factors to reframe adversity, relationships, management etc

**Stage 2:** Analysis of Risk
- **2a – Possibilities:** How are they viewing outcomes from an Identity, Justice, Empowerment
- **2b – Change Agenda:** Are Goals SMART & Supportive and easy to move too
- **2c – Commitment:** Clearly communicated, allowing access to resources & adequately perceived personal influence power and control

**Stage 3:** Mediation of Risk
- **3a – Possible actions:** Control and Social Justice
- **3b – Best fit:** Best Practice Rehab
- **3c – Plan:** Clarity, Communication and collaboration & Review

**Stage 4:** RTW Monitoring, Outcomes

**Stage 5:** Continuous Improvement
Expected Outcomes of Effective EI

- Diagnosis and medical intervention = RTW success
- Early psychosocial screening may identify those at risk of long term disability
- Subsequent early psychological intervention may curb long term disability
- Systematic identification of workers at risk of developing biological, psychological and social barriers to return to work
- Targeted / consistent referral for appropriate services
Expected Outcomes of Effective EI

- Minimisation of treatment and rehab costs associated with inappropriate or more intensive services than required;
- Removes the subjectivity of individual Case Managers’ = uniform system & consistency in barrier assessment and mitigation.
- Reduced suitable duties durations = reduced operational costs
- Reduced claims durations, durable RTW rates
- Maintaining / increasing productivity
Summary

Best Practice EI systems in a Psychological Injury context facilitates immediate identification, analysis and implementation of strategies to ensure:

- Clear responsibilities and communication
- Accurate diagnosis and evidence based treatment
- Appropriate and objective medical management
- Occupational rehabilitation / EI intervention
- Consistency in rehab, medical and treatment spend
- Quick resolution
Next Steps