

**Deloitte.**



**Evaluation of Comcare  
Early Intervention Service Pilot**

**Executive Summary**

May 2020

# 1 EXECUTIVE SUMMARY

## 1.1 Context

Good work is good for our mental and physical health and wellbeing<sup>1</sup>. Satisfying, safe work contributes to financial security and greater engagement in society. It can also enhance recovery from injury<sup>2</sup>. In Australia in 2017-2018 there were 563,600 reported work-related injuries or illnesses<sup>3</sup>, with a total of 107,355 serious workers' compensation claims for the same period (ABS, 2018, Safe Work Australia)<sup>4</sup>.

The main causes of serious claims were:

- Body stressing (36%)
- Fall, trips and slips (23%)
- Being hit by moving objects (16%)<sup>5</sup>.

Work-related injury and illnesses cost employers, workers and the community. These include both direct costs and indirect costs:

- Direct costs include workers' compensation premiums paid by employers or payments to injured or incapacitated workers from workers' compensation jurisdictions.
- Indirect costs include items such as lost productivity, loss of current and future earnings, lost potential output and the cost of providing social welfare programs for injured or incapacitated workers.
- The cost levels borne by each party varies with the severity of the injury or disease. While measures of direct costs are understood and reasonably simple to measure, these costs cover only a fraction of the total cost of work-related injury and disease.
- Work-related injury can also impact workers' mental health; studies show higher rates of anxiety and depression among injured workers. There's also a ripple effect created by injury that extends well beyond the injured person – to their family, workmates and employers.

If an employee becomes injured or unwell, in addition to being away from the workplace for a significant period, they may also:

- Become isolated and depressed<sup>6</sup>

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<sup>1</sup> RACP, 2013, What is Good Work? Position Statement, October 2013, [https://www.racp.edu.au/docs/default-source/advocacy-library/pa-what-is-good-work.pdf?sfvrsn=beab321a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/pa-what-is-good-work.pdf?sfvrsn=beab321a_4)

<sup>2</sup> Department of Social Security, 2013, A New System for Better Employment and Social Outcomes - Interim Report, <https://www.dss.gov.au/review-of-australias-welfare-system/a-new-system-for-better-employment-and-social-outcomes-interim-report>

<sup>3</sup> Australian Bureau of Statistics, 2018, 6324.0 - Work-Related Injuries, Australia, Jul 2017 to Jun 2018, <https://www.abs.gov.au/ausstats/abs@.nsf/mf/6324.0>

<sup>4</sup> Safe Work Australia, no date, Australian Workers' Compensation Statistics 2017-18, [https://www.safeworkaustralia.gov.au/system/files/documents/2001/australian-workers-compensation-statistics-2017-18\\_1.pdf](https://www.safeworkaustralia.gov.au/system/files/documents/2001/australian-workers-compensation-statistics-2017-18_1.pdf)

<sup>5</sup> Ibid

<sup>6</sup> Carroll LJ, Cassidy JD, Côté PT. The Saskatchewan Health and Back Pain Survey. The Prevalence of depressive symptomatology and its association with pain in Saskatchewan adults. Canadian Journal of Public Health 2000;91:4 59-64. Cited in AFOEM and RACGP, Helping people return to work: Using evidence for better outcomes. A position statement. <https://www.racp.edu.au/docs/default-source/resources/afoem-helping-people-return-to-work-using->

- Suffer adverse socioeconomic consequences
- Become unemployable in the long-term
- Experience family disruption, loss of self-esteem and quality of life<sup>7</sup>
- Have higher rates of many health conditions and an increased risk of death<sup>8</sup>.

Providing early support to injured employees to enable their recovery and return to work is critical.

## **Comcare**

Comcare is the national authority for work health and safety (WHS), and workers' compensation. They are a government regulator, workers' compensation insurer, claims manager and scheme administrator.

Comcare works with employees and other workers, employers, service providers and organisations to:

- Minimise the impact of harm in the workplace
- Improve recovery at work and return to work
- Promote the health benefits of good work.

## **The Early Intervention Program**

Comcare was interested to test whether the delivery of a structured, clinically effective early intervention service resulted in improved:

- Recovery at and return to work
- Employee support, engagement and productivity.

## **What is early intervention?**

Early intervention aims to minimise the impact and duration of emerging symptoms of ill health and/or injury or illness. It aims to achieve this through the provision of early and appropriate clinical and self-management treatment and support to employees to treat their symptoms, injury or illness and mitigate the development of a chronic and/or secondary condition.

Evidence suggests that a focused early intervention program can drive a positive safety culture and environment through the earlier identification and reporting of injury, illness or symptoms, access to support services and secondary prevention efforts to stop an incident from occurring again.

## **Early Intervention Program partners**

Comcare partnered with three Australian Public Service (APS) agencies to trial a structured clinically effective Early Intervention Program (EIP).

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[evidence-for-better-outcomes.pdf?sfvrsn=57ae3e1a\\_8](https://www.racp.edu.au/docs/default-source/resources/afpem-helping-people-return-to-work-using-evidence-for-better-outcomes.pdf?sfvrsn=57ae3e1a_8)[https://www.racp.edu.au/docs/default-source/resources/afpem-helping-people-return-to-work-using-evidence-for-better-outcomes.pdf?sfvrsn=57ae3e1a\\_8](https://www.racp.edu.au/docs/default-source/resources/afpem-helping-people-return-to-work-using-evidence-for-better-outcomes.pdf?sfvrsn=57ae3e1a_8)

<sup>7</sup>Charmaz K. Loss of self: A fundamental form of suffering in the chronically ill: *Sociology of Health & Illness* Vol 5(2) Jul 1983, 168-195; 1983. Cited in AFOEM and RACGP, HELPING PEOPLE RETURN TO WORK: Using evidence for better outcomes A POSITION STATEMENT , [https://www.racp.edu.au/docs/default-source/resources/afpem-helping-people-return-to-work-using-evidence-for-better-outcomes.pdf?sfvrsn=57ae3e1a\\_8](https://www.racp.edu.au/docs/default-source/resources/afpem-helping-people-return-to-work-using-evidence-for-better-outcomes.pdf?sfvrsn=57ae3e1a_8)

<sup>8</sup>Waddell G, Burton K, Aylward M. Work and Common Health Problems. *Journal of Insurance Medicine* 2007;39:109-20. Cited in: AFOEM and RACGP, Helping people return to work. Using evidence for better outcomes: A position statement, [https://www.racp.edu.au/docs/default-source/resources/afpem-helping-people-return-to-work-using-evidence-for-better-outcomes.pdf?sfvrsn=57ae3e1a\\_8](https://www.racp.edu.au/docs/default-source/resources/afpem-helping-people-return-to-work-using-evidence-for-better-outcomes.pdf?sfvrsn=57ae3e1a_8)

InjuryNet, a provider of injury management services, was procured to deliver the early intervention service. The Early Intervention Program (EIP) was independently evaluated by Deloitte.

## 1.2 The evaluation

The evaluation focused on nine key areas of assessment:

1. Any reduction in the impact and duration of actual, or emerging symptoms of, injury or illness that may affect an employee's ability to work.
2. Provision of early access to self-management supports and appropriate clinical treatment to employees.
3. Reduction of the likelihood of development of a chronic and/or secondary condition.
4. Improved employee support and return to work/recovery at work experience.
5. Promotion of a positive and responsive safety culture.
6. Provision of earlier opportunities to identify, report and address health issues affecting employees.
7. A positive actuarial or cost benefit analysis as a result of the EIP, potentially through the following measures:
  - a. Certification practices
  - b. Claim lodgement (including days to lodge), medical and like costs, weekly payment costs, return to work at four and eight weeks
  - c. Absenteeism.
8. Any differences in outcomes between internally and externally provided early intervention programs.
9. A greater understanding of the use of guidance tools to implement an early intervention program within a workplace (e.g. Comcare's evaluation guidance for employers).

## 1.3 Evaluation findings

Overall the outcomes of the evaluation were favourable, supporting the success of the objectives. In the section below key findings are noted for each objective.

### **1. Early intervention supports workers to recover at and return to work through reduced impact and duration of injury or illness**

The EIP showed strong results that early intervention supports workers to recover at and return to work through reduced impact and duration of symptoms of injury or illness.

The EIP participants had particularly favourable recovery rates, with two of the three Departments achieving double the recovery rates compared to the control groups, which was used as a proxy for Business as Usual (BAU). Of the 347 participants, 15 were able to self-manage their recovery with a further five participants initially triaged to self-management, but only requiring a couple of physiotherapist appointments to manage their injury/illness.

A high proportion (just over 60%) of all participants were treated by physiotherapists with approximately 20% seeing psychologists and less than a quarter seeing general practitioners (GPs) and with the majority of these participants being initially triaged to those service providers. Very few participants (less than 10%) required services beyond the four appointments with any practitioner provided under the EIP.

**Recommendation:** Early intervention programs support workers to recover at and return to work – some participants achieved double the recovery rate compared to a control group. Employers should consider implementing a structured early intervention program.

## **2. Early intervention reduces the likelihood of developing a chronic condition.**

Injured workers who have recovered are considered less likely to progress to develop a chronic condition. With EIP participants having favourable recovery rates, their likelihood of developing a chronic condition was estimated to be around half the likelihood for the control group for physical injuries and around 10% to 30% lower for psychological injuries.

**Recommendation:** With the EIP significantly reducing the likelihood of developing a chronic condition, employers should consider implementing a structured early intervention program.

## **3. The Early Intervention Program provided timely access to self-management and clinical treatment**

The EIP demonstrated timely access to self-management and clinical treatment and achieved faster notification of illness/injury compared to the control group, enabling employers to address any health issues in a timelier manner. Strong results were evident in the Injurnet reporting showing that not only did the EIP improve employee support but Injurnet achieved fast access to treatment providers for all three agencies with 80% of participants accessing treatment within three days for physical injuries and between two to eight days for psychological injuries.

Twenty participants (6%) were triaged to self-manage their injuries, with the majority (75%) able to sustainably manage their injuries. The remaining 25% only required one to two physiotherapy treatments to assist their injury management.

**Recommendation:** The EIP provided fast access to appropriate treatment providers, thus early intervention programs should include a triage service.

## **4. The Early Intervention Program provided earlier opportunities to identify, report and address health issues affecting employees.**

The EIP provided earlier opportunities to identify, report and address health issues, achieved faster notification of illness/injury, enabling employers to address any health issues in a timely manner. Outcomes supporting this included:

- The time from injury to triage call was one to two weeks faster for physical injury in the EIP group compared to the time from injury to agent notification date for the control group.

- Time from injury to triage call for psychological injuries was six to ten weeks faster for the EIP group compared to the time from injury to agent notification date for the control group.

Further, the monthly Injurynet reporting included high-level information on characteristics of injuries (mechanisms of injury, type of injury as well as location of injury), providing early indications of emerging themes of injuries and potential “hotspots”.

**Recommendation:** The EIP results in faster notification of injury and illness enabling employers to address any health issues in a timely manner. Early intervention programs should include a triage service, notification to employers at the time of the triage call and be underpinned by robust data collection frameworks.

## **5. The Early Intervention Program improved employee support and recovery at and return to work experience.**

The outcomes confirm that the EIP improved employee support and recovery at and return to work experience. This was evident in the following:

- Participants had faster recovery rates, approximately double that of the control group
  - Participants had fewer days off work compared to the control group.
- High proportions of participants (93% to 97% for physical injuries and 85% for psychological injuries) were able to manage their conditions utilising the services provided under the EIP.
- High levels of satisfaction with the triage process were noted by Injurynet’s survey of participants, with 83% responding that their experience with Injurynet and the practitioners was “very good” (highest rating).
- The EIP improved employee support as reflected in participants ratings in the survey which indicated that there was a high level of satisfaction with the treatment processes and employees’ sense of trust in their employer’s ability to support their injury.

**Recommendation:** Early intervention programs should be offered to any employee who sustains an injury/illness at work or developed symptoms that impacted on their ability to work, regardless of the cause of the injury/illness or symptom.

## **6. The Early Intervention Program promoted a positive and responsive safety culture**

Across the three agencies, the EIP participants' responses in the post EIP survey to questions around “employees’ sense of trust in their employer’s ability to support their injury” and “level of corporate engagement” were favourable and suggested the EIP improved these cultural measures. Responses to other questions in the post EIP survey around “level of awareness/engagement of safety protocols available in the workplace” and “ability to identify workplace issues leading to injuries or hotspots” were not markedly different to control group. The success of this objective was difficult to ascertain, based on the responses received.

**Recommendation:** The EIP promoted a positive and responsive culture with high levels of satisfaction with the triage and treatment process and increased corporate engagement. The impact of the EIP could be further enhanced by employers improving the safety protocol awareness and hazard identification through feedback mechanisms and enhanced monitoring processes.

## 7. Early intervention has a positive cost benefit to the scheme and employers

In estimating the actuarial cost/benefit outcome, a range was calculated to reflect the uncertainty in the recovery assumptions. Notwithstanding this, actuarial cost savings based on the high estimate were estimated for the scheme across experience from all three agencies.

- Agency 1 – cost savings of between \$284,000 and \$1.5M for 213 triage cases (\$1,340 to \$7,210 per case).
- Agency 2 – cost savings of \$27,000 to \$393,000 for 92 participants (\$300 to \$4,270 per case).
- Agency 3 – results ranged from a small cost of \$16,000 to a cost savings of \$78,000 for 42 cases (cost of \$380 to a saving of \$1,900 per case).

The actuarial cost/benefit estimate takes into account the cost of the EIP incurred by both Comcare and the agencies, and the estimated longer-term impact on benefits payments made by the scheme. A range was estimated to reflect the inherent uncertainty in the recovery rates (as described in section 5.3.1). The high-level saving estimate reflects an increase in the number of participants that recover and a reduction in the likelihood of participants developing chronic conditions. The low end of the savings range allows for the possibility that some of the “recovered” participants may require further treatment and/or time off work. The range is wide because ideally the program needs time to mature and outcomes to manifest. The savings per participant reflected shorter times of incapacity and lower treatment requirements. The savings per participant for psychological recoveries were greater than for physical recoveries.

This experience will translate into savings for the employer through reduced premiums reflecting the scheme benefit savings, reduced time off work of injured workers and lower back-fill requirements.

Of the 25% of participants that were triaged to see a GP, 93% were certified ‘fit for work’.

**Recommendation:** The EIP generated a net saving benefit to the scheme and employers and accordingly the implementation of a structured EIP program should be considered as part of the delivery of a cost effective response to support the health and wellbeing of employees.

Notwithstanding this, a more rigorous cost/benefit analysis is recommended measuring experience over longer durations, with a minimum of twelve months.

## 8. Comparison of outcomes between internally and externally provided early intervention programs

While all three agencies had internally provided programs, the particularities of the program meant they were not useful for comparison to this externally provided early intervention program.

## 9. There were several tools that supported the Early Intervention Program's implementation within a workplace

Feedback from stakeholders through workshops and interviews, identified several EIP elements that lead to greater success. These included:

- The liaison between the agencies and Comcare was a critical factor for success. Sharing of experiences, learnings and templates between the different agencies was particularly useful for agencies and enabled better delivery of the EIP.
- Proactive promotion of the program internally was an important aspect, particularly through promotional material/flyers, promoting the EIP at internal meetings and through each agency's intranet.
- Providing information to employees to help them understand the intent and value of the EIP was important. Using case studies made the EIP relatable to employees. Developing and promoting frequently asked questions was a particularly useful tool to communicate the program within the agencies. The Intranet was a good source of information for participants.
- Workshops run by Deloitte to discuss and define what success looked like for the objectives of the EIP were crucial for engagement and understanding with coordinators of the EIP within agencies, communicating to senior leadership and assisted in articulating outcome expectations and refining aspects of the program.
- All agencies reported that engagement with Injurnet was smooth and positive. All agencies also reported that a simplification of invoice processing for treatment practitioners is required.

**Recommendation:** Several guidance tools were identified as useful in supporting the EIP's implementation within a workplace. In rolling out an early intervention program further, these tools should be adopted.

### 1.4 Evaluation limitations

Due to the small scale and short duration for the trial a number of limitations were imposed. The evaluation explored short-term outcomes and attempted to measure the outcomes of what the program is expected to achieve over time by comparing outcomes to a control group for similar durations. Limitations that were taken into consideration when analysing the data and providing recommendations are noted below:

- For participants with shorter time in the evaluation period, interpretation of their experience was limited and hence difficult to interpret and so could not be included in the outcome measurement.
- A number of data issues were identified and resulted in some metrics being unable to be measured. These data issues included unavailability of data and some control group data fields being unsuitable for evaluation purposes. To address these issues, we used different data fields and undertook additional analysis to enable us to undertake the evaluation
- While we undertook the analysis for the three to four broad injury cohorts and compared outcomes for the EIP and control groups, there is a possibility that less severely injured employees accessed the EIP, thus distorting outcomes. Metrics impacted could include the lower number of days off work and higher numbers deemed "recovered".

With evaluation outcomes supporting the objectives being met and the actuarial analysis of the cost/benefit of this program suggests cost savings would be achieved, these results indicate this program would be viable to continue.

## 1.5 Recommendations

In addition to the key recommendations made for each objective, several other recommendations were ascertained from the evaluation and should be considered in continuing this program or implementing the EIP in another agency. These are summarised in Table 1.

Table 1: Summary of Recommendations

Recommendation	Details
<p><b>Employers should consider implementing a structured early intervention program</b></p>	<p><b>Successful achievement of objectives</b></p> <p>The evaluation of the EIP has concluded that early intervention programs support workers to recover at and return to work – some participants achieved double the recovery rate compared to a control group, and participants were less likely to go on to develop a chronic condition. Very few participants required services beyond the four appointments with any practitioner provided within the pilot.</p>
<p><b>Early intervention programs should include a triage service</b></p>	<p><b>Timely notification and appropriate services</b></p> <p>The use of a triage process, delivered by a nurse and underpinned by an evidence-based protocol is effective in ensuring injured or unwell workers receive appropriate treatment. It also ensures the employer is notified about WHS issues in a timely manner, enabling them to address and identify any emerging health or systemic issues.</p>
<p><b>Early intervention programs should be underpinned by a robust data collection framework</b></p>	<p><b>Data collection and monitoring frameworks</b></p> <p>Capturing data from the EIP enabled the Agencies to accurately monitor and measure employee outcomes, experiences and recovery rates. This information and analysis is useful to evaluate outcomes of the program and enable refinement and finetuning of the program. It is also useful to complement existing reporting on injury management to senior management.</p> <p>The process for collecting data for the EIP was quite manual and time consuming, with potential for data entry error or misalignment. A more automated collection process would be more rigorous and enable more complete and accurate data to be collected. Templates are useful to ensure appropriate and accurate data is collected.</p>
<p><b>Early intervention programs should be offered for work and non work-related</b></p>	<p><b>EIP to be offered for work and non work-related injuries/illnesses</b></p> <p>The EIP results showed that over half of all participants sought treatment for work-related conditions. The evaluation concluded that the treatment and recovery process should be aligned for similar injuries,</p>

Recommendation	Details
<b>injury/illness that impacts an employees' ability to work</b>	<p>regardless of where the injury took place. For example, in the case of a back injury resulting from lifting a heavy object, the time off work and treatment required could be expected to be the same regardless of whether the injury took place at work or at home.</p>
<b>Employers should use the early intervention data for prevention and monitoring purposes</b>	<p><b>Utilisation of EIP data</b></p> <p>The data collected should be lodged as WHS incident data within workplace WHS systems and used for monitoring injury trends, potential incidence hotspots and health outcomes. This would enable emerging trends to be identified and policies and practises developed to ensure that further injury or illness is prevented.</p>
<b>Early intervention programs are cost effective for the scheme and employers</b>	<p><b>EIP cost effective</b></p> <p>The EIP resulted in an actuarial cost saving to the scheme based on the high estimate. This would translate into savings for the employer through reduced premiums reflecting the scheme benefit savings, reduced time off work of injured workers and lower back-fill requirements.</p> <p>Notwithstanding this, a more rigorous cost/benefit analysis is recommended measuring experience over longer durations, with a minimum of twelve months.</p>
<p><b>To successfully implement an early intervention program, employers should:</b></p> <ul style="list-style-type: none"> <li>• <b>Develop promotional and communication tools</b></li> <li>• <b>Engage with senior stakeholders</b></li> <li>• <b>Evaluate the program</b></li> </ul>	<p><b>Development of promotional and communication tools</b></p> <p>It is important to develop several mechanisms to promote and communicate the EIP, including information on the intranet, flyers, discussion at team meetings, case studies, frequently asked questions. Promotional and communication tools are key in the sharing of participant experiences and learning. Providing information to employees to help them understand the intent and value of the EIP is important to build engagement from participants. Further, having a collaborative approach and constructing opportunities for stakeholders, including Comcare, participating agencies and the third-party triage service provider to liaise and collaborate together, enables stakeholders to identify and understand the impact of any risks and issues, how to address them.</p> <p><b>Engagement of senior stakeholders</b></p> <p>Engagement of senior leadership for each agency and department is critical in ensuring the EIP requirements are supported. This further helps to drive organisational awareness of the program and ensure the internal mechanisms are in place to enable the roll-out to be effective for all participants and providers involved. Having dedicated resource(s) is also important to ensure the program is promoted and that participants are</p>

Recommendation	Details
	<p>appropriately supported. This allows for any issues raised to be addressed immediately, data collected and all feedback to be monitored and actioned appropriately so that elements of the program can be developed and refined. Agencies participating in the EIP program should engage senior stakeholders at the onset and ensure that appropriate resources are put in place to drive successful outcomes for all involved.</p> <p><b>Key milestone evaluation</b></p> <p>It is recommended that undertaking evaluations at key milestones targets such as every six, 12 and 18 months post entry into the program enables like with like comparison of participants and allows experience to emerge, enabling more rigorous and accurate analysis of key metrics such as recovery rates. This analysis would provide useful insights to feedback into the refinement of the program and would overcome some of the key limitations of the current EIP.</p>

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