

Change • Challenge • Opportunity

Injury & Disability Schemes Seminar



12 - 14 November 2017 • Sofitel • Brisbane





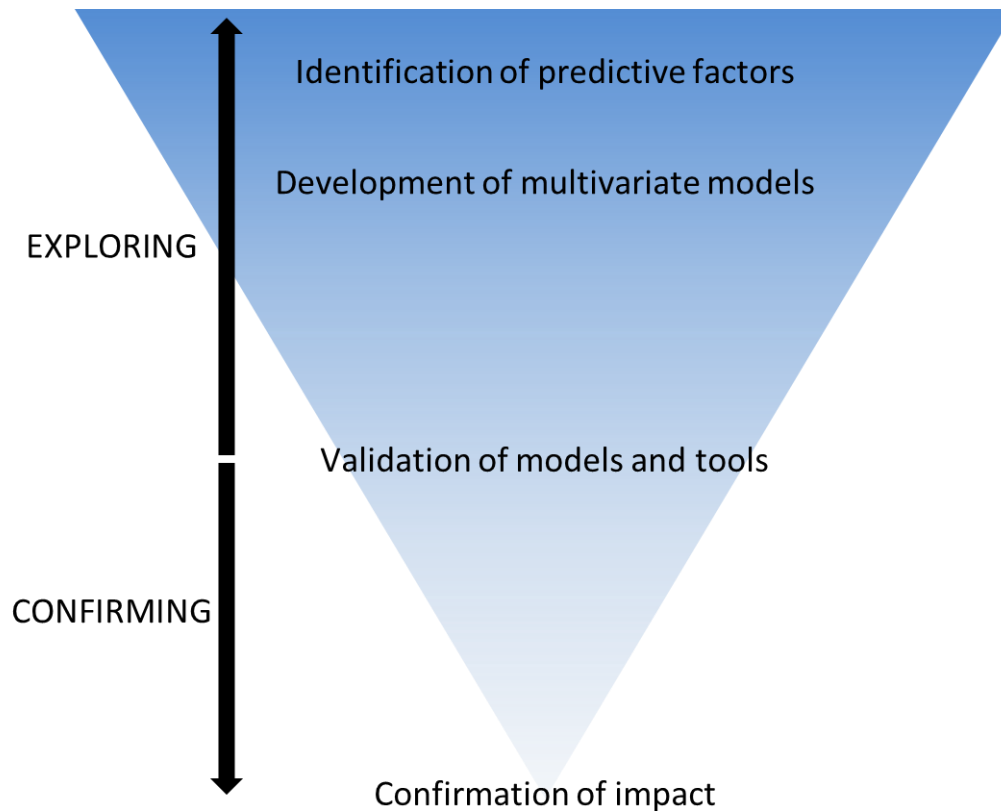
Risk profiles of workers' compensation claimants: the PACE protocol

Ross Iles, Karen Munk, Cameron
Gosling



Presentation outline

- What we knew before
- Development of the PACE tool
- Application of the PACE protocol
- What we know so far
- What we look forward to...





Examples

- Start Back
- WISE study
- Plan of Action and CasE (PACE) project

Comparison of stratified primary care management for low back pain with current best practice (STarT Back): a randomised controlled trial

Jon Eliz
Su Ba
Lancet 2011; 378: 1560-71
Published Online September 29, 2011
DOI:10.1016/S0140-6736(11)60937-9
See Comment page 1530
Arthritis Research UK Primary Care Centre, Primary Care Sciences, Keele University, Stoke-on-Trent, UK (J C Hill PhD, D G T Whitehurst PhD, M Lewis PhD, K M Dunn PhD, Prof N E Foster DPhil, K Konstantinou PhD, Prof C J Main PhD, E Mason MSc, S Somerville MSc, G Sowden MSc, K Viohora BSc, Prof E M Hay MD); School of Population and Public Health, University of British Columbia, Vancouver, BC, Canada (Prof S Bryan PhD, D G T Whitehurst); and Centre for Clinical Epidemiology and Evaluation, Vancouver Coastal Health Research Institute, Vancouver, BC, Canada (Prof S Bryan, D G T Whitehurst)
Correspondence to: Dr Jonathan C Hill, Arthritis Research UK Primary Care Centre, Primary Care Sciences, Keele University, Keele, ST5 5BG, UK
j.hill@cpch.keele.ac.uk

Work Injury Screening and Early Intervention (WISE) Study

Preliminary Outcomes

Professor Michael Nicholas, PhD MAPS FPMANZCA
Pain Management Research Institute, University of Sydney
And Collaborators



have important implications for the future management of back pain in primary care.

Funding Arthritis Research UK.

Introduction
Back pain remains a major international health problem, with a lifetime prevalence of 80–85%¹ that poses substantial challenges for clinical management.² For example, in the UK each year 6.0% of adults consult their general

with back pain for treatment, is generally thought to be unnecessary, impractical, and inefficient because of the high numbers and costs.^{3,4-12}
A one-size-fits-all primary care strategy¹³ is suboptimum because it ignores the heterogeneity in patients' A novel

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ten general are randomly up. Primary 2 months. In d health-care 7113406.

justed mean at 4 months] vs 3·3 [6·2], t 12 months, l cost savings

athways, will



Development of the PACE tool

- Based on 3 key sources
 - Published literature
 - Focus groups with case managers, team leaders and RTW specialists
 - Analysis of existing claims data



READY

Interpreter required

Previous/current claim

Orebro short form

Recovery expectation at 1 month

Job satisfaction

Concerns related to RTW

Workplace conflict

Workplace/home support

Coping with day to day activities

SET

Company size

Availability of suitable duties

Worker performance issues

Employer's recovery expectation

Employer contact with worker

GO

Injury type

Treatment so far

Claim lodgement time

Diagnosis

Certificate status

Certificate length

Mismatch between certificate and diagnosis

Communication between stakeholders

Different expectations



PACE interventions

- Mobile case management
- Referral to psychologist
- External intervention at the workplace
- Case conference
- Skilled conversations



PACE study information

Inclusion criteria

- Allocated to a project team
- Liability accepted
- No return to PID within 5 days
- Catastrophic injuries excluded
- 3,172 claims allocated to PACE teams
- 559 complete data sets
 - 299 Intervention
 - 260 control
- Reasons for incomplete data
 - PID achieved before data collection ended
 - Notification only claim

Case 1: Michael

- Anthony works in a food processing plant
- He aggravated a shoulder injury that has been around for some time (but he has not previously reported to his supervisor)
- Is generally anxious about the injury and is worried about the consequences of not mentioning it sooner

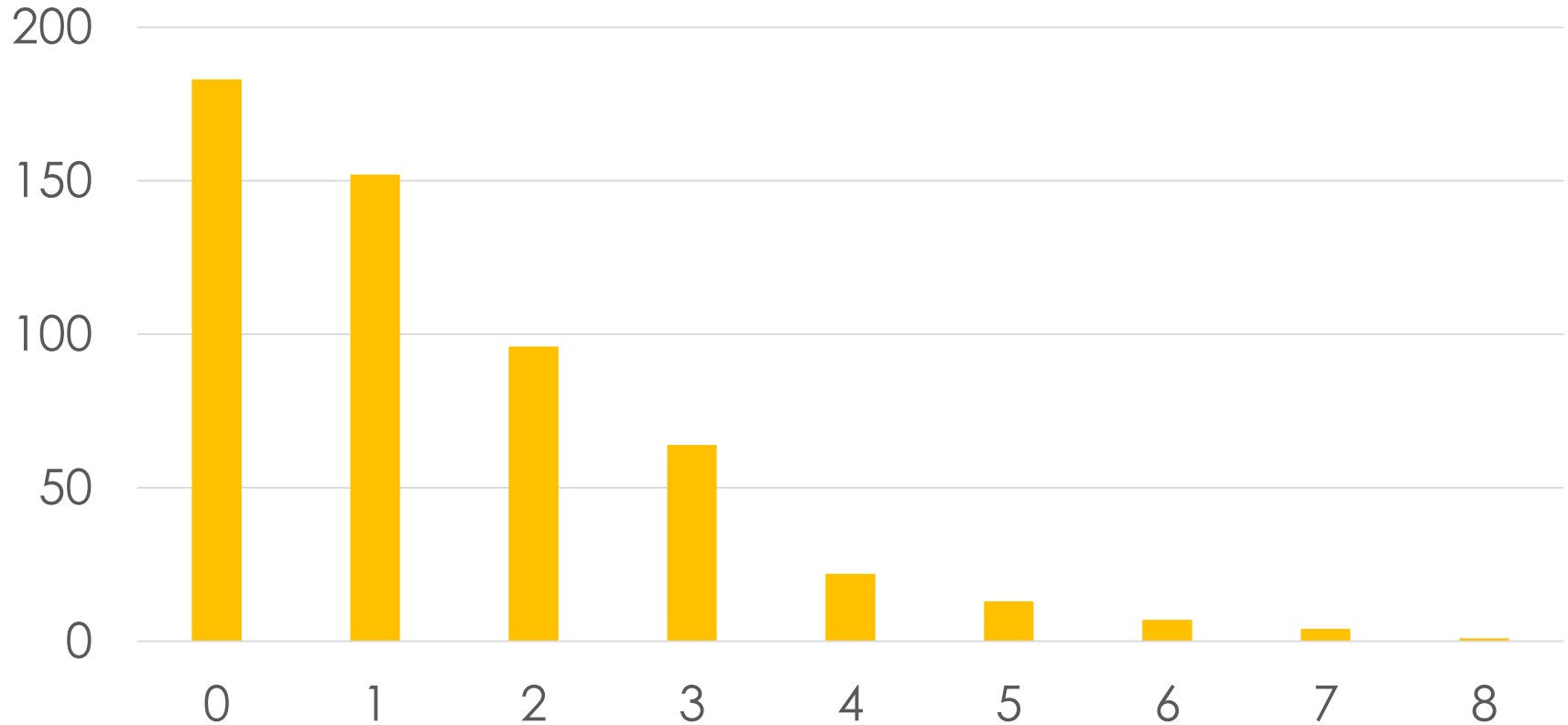
PACE risk factors identified

- Low recovery expectation (<8/10)
- High score on the Short Form Orebro (>50)

Recommended Intervention

- Skilled conversation
- Referral to psychologist

Total number of READY high risk flags



Case 2: Bruce

- Bruce works as a delivery driver and storeman for a small warehousing company
- He was involved in an accident where a pallet fell on his foot. No fracture was found, but there is suspected ligament damage and he cannot bear weight on it comfortably for long

PACE risk factors identified

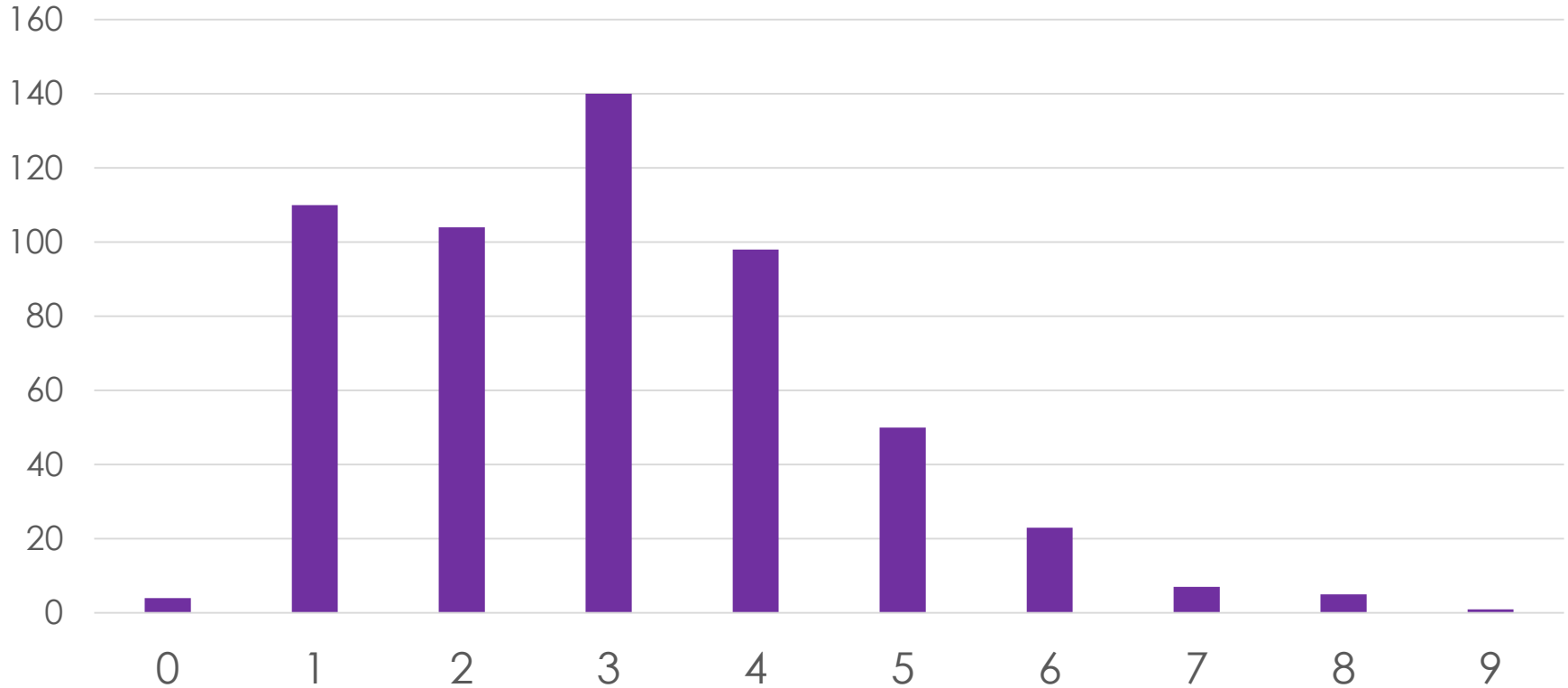
- Employer unable to provide suitable duties
- No RTW coordinator at work
- Employer not confident developing a suitable duties plan

Recommended Intervention

- Mobile case management



Total number of SET high risk flags



Case 3: Emma

- Emma injured her back at work helping to unload a delivery of stationery supplies when things were a little busier than usual
- She is now struggling to sit for longer than 15 minutes before getting pain
- She has been seeing the same GP for the last 20 years (who also sees the rest of the family)

PACE risk factors identified

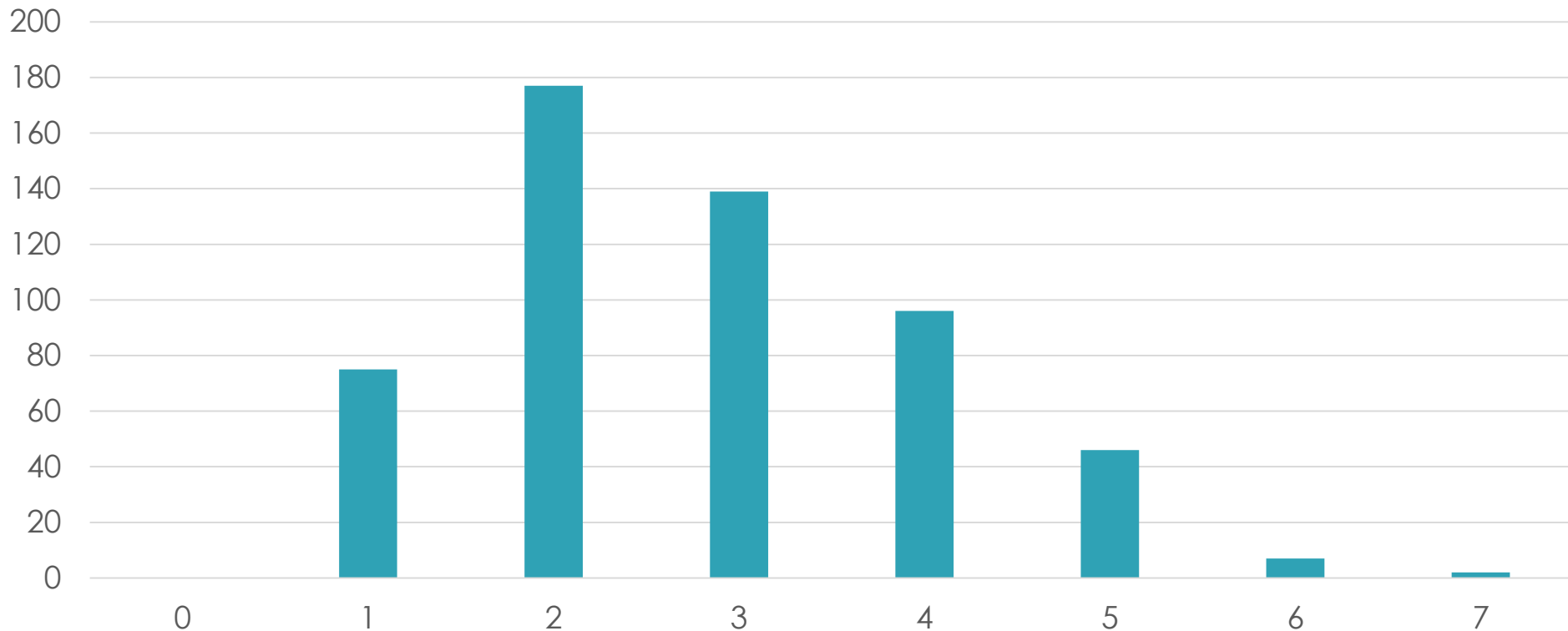
- Certified unfit for >2 weeks
- No upgrade in certificate in 2 weeks

Recommended Intervention

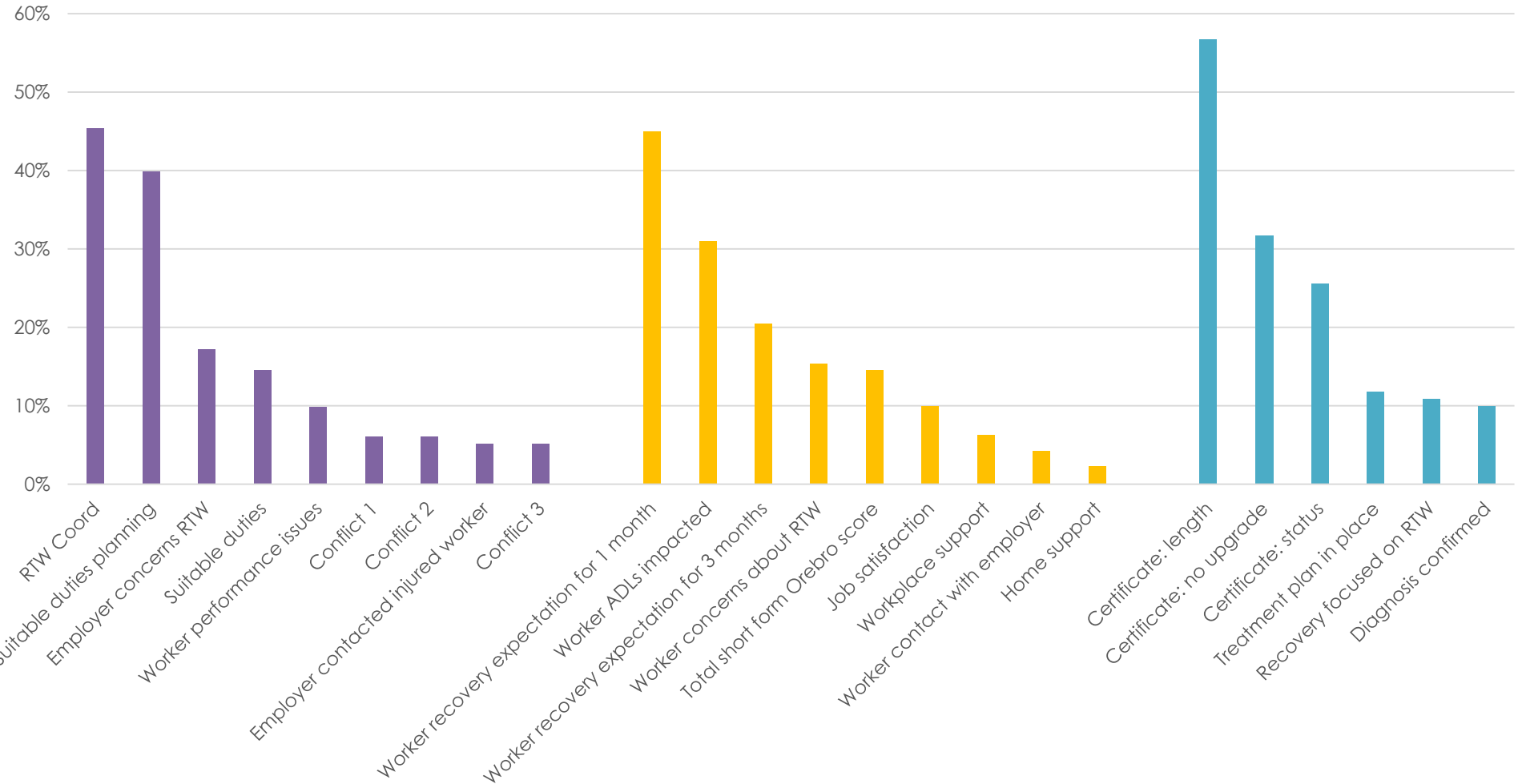
- Skilled conversation
- Case conference with GP



Total number of GO high risk flags

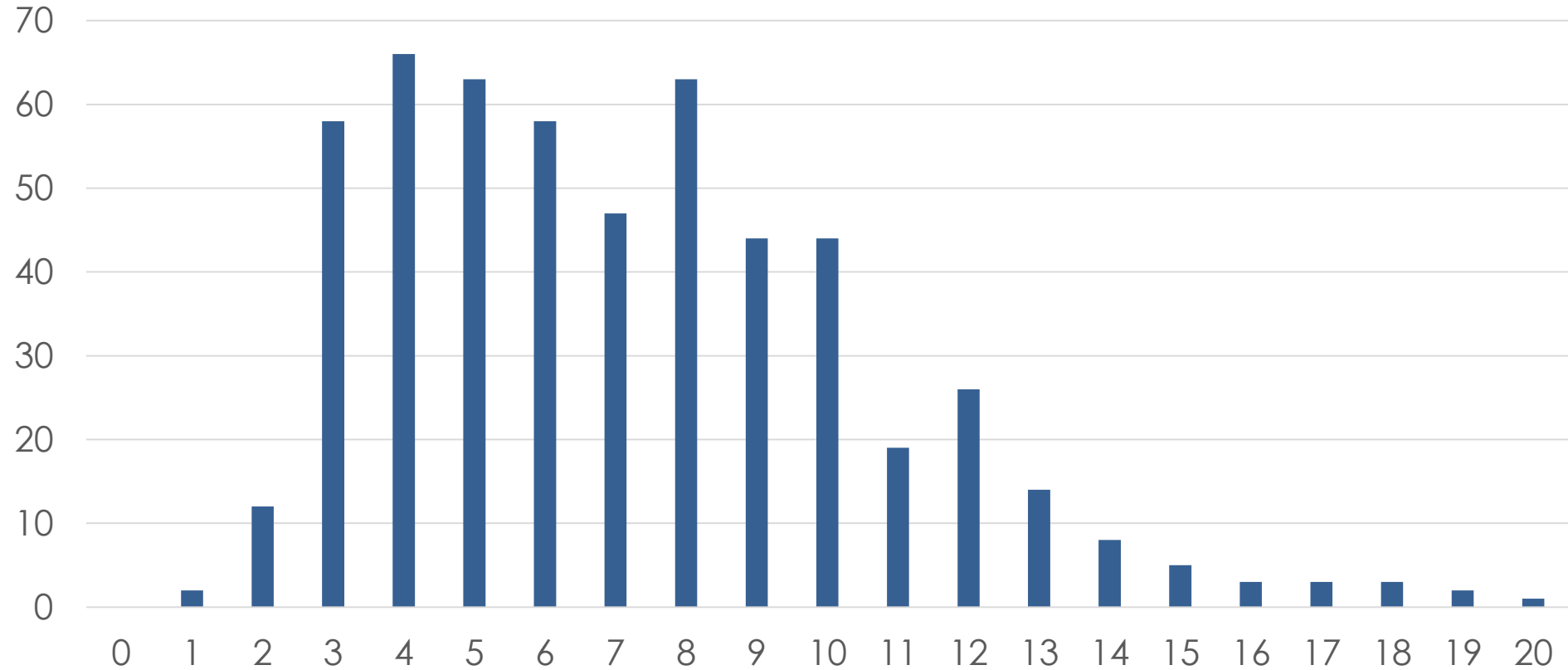


Proportion of claims with high risk elements





Combinations of high risk flags





What PACE will tell us

- Does the PACE tool identify high risk claims?
- What are the key combinations of risk factors to look for?
- Does suggested intervention improve outcomes?



Watch this space...

- Analysis of the data is underway
- This is the very pointy end of the triangle!

Please contact me to discuss further

Ross Iles

Senior Research Fellow

Insurance, Work and Health Group

Monash University

ross.iles@monash.edu

0410 525 595