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Injury & Disability Schemes Seminar

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Actuaries Institute
Return to Work Coordinators: Two pathways to improve return to work outcomes in a workplace intervention

Tyler J Lane*, Rebbecca Lilley, Sheilah Hogg-Johnson, Anthony D LaMontagne, Malcolm R Sim, Peter M Smith

*School of Public Health and Preventive Medicine, Monash University
Return to Work Coordinators

• Globally
  – RTW Coordinators manage injured workers through RTW process
    • Workplace assessment, RTW planning, communicating with injured worker and other stakeholders
  – Can be based in workplace, hospital, government agency, or independent consultant
  – Research suggests Coordinators improve RTW outcomes, but rarely tested as independent intervention (i.e., generally part of larger interventions) (Franche et al 2005)
    • Exception: Tan et al (2016), RCT of Coordinators, improved outcomes
• Coordinators believe both managerial and interpersonal skills necessary for success in the role (Gardner et al 2010, Bohatko-Naismith et al 2015, Pransky et al 2010, Shaw et al 2008)
RTW Coordinators in Victoria

- Required (WorkSafe Victoria 2013)
  - At all times if remuneration > $2 million
  - Only for period of employer’s RTW obligations if < $2 million
- Employer based
- Selected for RTW competency and seniority within organisation
- Must assist employer with RTW obligations, including planning of RTW
  - Planning should start with employer’s receipt of Certificate of Capacity or claim for weekly payments, or notified their Agent has received these
- WorkSafe Victoria offers two-day training
  - Non-mandatory
  - One-quarter do not attend (27%) (Cooney & Mwila 2013)
Question

• Do Coordinators’ interpersonal and functional activities improve RTW outcomes?
• Do their effects vary over time?
• Are they observed over and above other workplace factors?
METHODS
Injured worker survey

- $n = 632$ injured Victorian workers
  - Compensated for $\geq 2$ weeks of time-loss
  - Responded to both baseline and follow-up survey
  - Upper-body MSK (80%) or mental health condition (20%)

- Two post-injury interviews:
  - Baseline (~4 months)
    - Collected Jun 2014 – Jul 2015
  - Follow-up (~10 months)
    - Collected Jan 2015 – Feb 2016
Analysis

• Outcome: sustained RTW
  – Back at work > 1 month
• Main exposures: Coordinator activities
  – Stressfulness of interaction with a Coordinator
    • Good, poor, and no interactions
  – RTW plans
• Logistic regression
  – Odds ratio with 95% confidence interval
  – >1 = better odds, <1 = lower odds, ~1 = same odds / can’t differentiate statistically
• Model variable selection:
  – ≥ 10% impact on crude association between Coordinator activity and RTW outcome
• Adjusted for demographics, injury type, supervisor reaction to injury and social support
  – Selected based on >10% impact on crude associations between either Coordinator activity
  – Tested: Demographics, injury type, supervisor & co-worker response to injury & social support, sense of community, physical and mental workplace demands, job autonomy, recovery expectations, RTW status at baseline (for follow-up analysis)
  – Included: Demographics, injury type, supervisor injury response & social support, RTW at baseline (for follow-up analysis)
RESULTS
Sample characteristics

- RTW increased over time
- Poor interaction: 1/6th
- No interaction: 2/5th
  - Majority of these said they had no Coordinator (28% of sample)
- Half did not have RTW plan
Coordinators & RTW

- Without adjustment, both good interactions and plans predictive of RTW
- Poor interactions no better than no interaction
- But when adjusting for other factors...
Coordinators & RTW

- Adjusted (red), only one activity predictive:
  - Only plans significant at baseline
  - Only good interactions at follow-up

- Blue = crude, red = adjusted
DISCUSSION & CONCLUSIONS
Interpretation

• Coordinators effective in achieving RTW
  – Dependence on performance of activities

• Result of two types of claims
  – Short-duration and long-duration
  – Injury factors important in period shortly after injury, psychosocial factors important in long-term (Krause et al 2001)

• RTW plans significant for RTW <4 months
  – May address functional needs, catalyst for claimants who were probably doing fine

• Good interactions significant for RTW >4 months <10 months
  – May mitigate or prevent psychosocial factors from becoming an issue
  – Could provide support that long-duration claims need to RTW
Implications

• Activities of workplace-based Coordinators improve RTW outcomes

• Findings could be used to inform targeted RTW Coordinator interventions based on likely trajectory
  – Reiterates existing research suggesting psychosocial factors become more important over life of claim
Implications

• Revise Coordinator training
  – Include interpersonal skills training
  – Australian Coordinators say current training too focused on legislative requirements, would like counselling training (Bohatko-Naismith 2016)
  – But, interpersonal skills may be generally immutable

• Revise Coordinator selection criteria
  – Currently based on competence in RTW and seniority within organisation
  – Consider personality traits

• High degree of non-compliance
  – Half did not have RTW plan
  – 2/5 had not been in contact with Coordinator
    • 1/4 said they did not have a Coordinator!
  – Both required
Strengths & limitations

• Strengths
  – Some prospective outcomes
  – Stable RTW outcome (>1 month)

• Limitations
  – Survey, subject to bias
  – Not exhaustive list of Coordinator activities
    • E.g., contact with other stakeholders
  – Survey starts somewhat late in process
  – May not generalise
    • Coordinators were workplace-based, criteria of two weeks time off work for eligibility, only upper-body MSK and mental health conditions
Peer-reviewed version:

Free online link: [https://tinyurl.com/RTWC-Study-TLane](https://tinyurl.com/RTWC-Study-TLane)

Study information

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- **Ethics approval:**
  - Monash University Human Research Ethics Committee on 19 November 2013


