Development of a Standardised Measure of Return-to-Work in Workers’ Compensation

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Overview

- Introduction
- History of measuring Return to Work (RTW)
- Defining full recovery and Time to Stable Health (TTSH)
- The ideal TTSH measure
- Data sources and modelling
- Anticipated challenges
Introduction

• No standard measure exists – Affects quality of decision-making and policy setting
• Need for a standard. Long overdue
• TTSH:
  – Measures claimant’s recovery, not just RTW outcome
  – Consistent across schemes → Standardisation
• Provide different angle to analysing data
• A discussion of ideas → awaiting data
History of measuring RTW

• Duration of work disability:
  – Supplementation of data using claimant surveys

• Durable RTW:
  – Focuses on continuous employment post-RTW
  – Key challenge is to adopt standard definition
Development towards measuring recovery

• Recognition of the need to capture stakeholder (government, insurers, rehabilitation providers and general public) benefits (Melles et al, 1995)

• Social and emotional costs

• Lifestyle outcomes (health, social and mental)
The Australian & NZ RTW Monitor

- Published annually by Campbell Research
- Bi-annual survey on claimants across all state schemes and the NZ scheme
- Uses DRTW and considers post-RTW employer and duties
- Covers some psychosocial factors
- Simple analysis and easy-to-interpret results
- Not perfect but provides good starting point
RTW does not tell the full story

• Recent studies point to work status being a poor indicator of success

• Some incorporate outcomes besides claimant’s work status

• Diversity of outcome definitions hinder analysis and comparison across schemes
Defining full recovery

- Resuming of duties at original capacity
- No further relapses of injury
- Physical, mental and social well-being
- Measuring time to claimant achieving stable health $\rightarrow$ TTSH
Difficulties in measuring TTSH

• Censoring. Claimants still off work or working while still recovering
• Relapses of injuries do occur
• Partial work capacity or change of job duties
• Health and lifestyle factors
• No standard exists in analysing claims:
  – Varying sampling and exclusion criteria
  – Non-uniform approach to implementing surveys
The ideal TTSH measure

- Practical:
  - Data can be collected
  - Focuses on social costs as well as claims cost
- Incorporates important features:
  - Stability of RTW
  - Post RTW work capacity and employer
- Comparable over time, across schemes, medical factors and interventions
- Enables more effective government policy setting
Operationalising the ideal TTSH measure

• Stability of RTW outcome based on level of benefits and medical status
• Ordinal measure for partial RTW
• Psychosocial factors:
  – Myriad factors and surveying instruments
  – Further review required
• Standardisation:
  – Group claimants by age, gender, injury type, etc.
  – Adjust outcome measures by group
Data sources

• Combination of claims data with surveys

• Claimant surveys focus on functional capacity and lifestyle/health outcomes

• Employer payroll data for dates of absences?
Possible model

- Not working
  - No stable recovery
- Working
  - Stable partial recovery
  - Stable full recovery

Source: XIth Accident Compensation Seminar 2007
Modelling

• Multiple state survival model
• 3 final/stable recovery outcomes:
  – Full recovery, partial recovery and no recovery
• Temporary recovery treated as “Working”
• “Working” and “Stable partial recovery” are not single states
• Accounts for full RTW history
• Parameters fitted using regression models
TTSH measure

• Measures extent of recovery and the time taken to achieve it
• Recovery level is a ranked outcomes index
• Claimant’s outcome is ranked against claimants with similar characteristics
• Calculate ranked outcome for each significant characteristic
• Comparable across schemes, industries and injury types
Anticipated challenges

• Data reliability and relevance:
  – Claims data incomplete → limited information
  – Survey data can be unreliable and error-prone

• Comparison across schemes:
  – Standardising coding and outcome measures
  – Adjusting for different legislation
  – Difficult!!

• Accuracy and practicality tradeoff

• Psychosocial factors → Medical experts?
Comments and questions