Taking Action:

A best practice framework for the management of psychological claims in the Australian workers' compensation sector

Super**friend**®
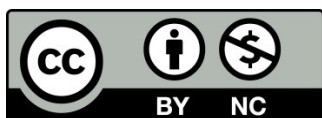
safe work australia

Disclaimer

Safe Work Australia provides the information in this publication to raise awareness of work health and safety. This information is general guidance only and does not replace any statutory requirement contained in any relevant state, territory or Commonwealth legislation. It is not a substitute for independent professional advice. Users should exercise their own skill and care to evaluate the accuracy, currency, completeness and relevance for their purposes of any information contained in the publication. Users should obtain appropriate advice relevant to their particular circumstances.

While Safe Work Australia makes every effort to ensure information is accurate and up-to-date, Safe Work Australia does not provide any warranty regarding the accuracy, currency or completeness of the information contained in this publication and will not be held liable for any loss, damage, cost or expense incurred or arising by reason of any person using or relying on the information in this publication.

This publication may incorporate views or information from third parties, which do not necessarily reflect the views of Safe Work Australia. The inclusion of such material does not indicate an endorsement of that material or a commitment to any particular course of action. The views in this publication should not be taken to represent the views of Safe Work Australia unless otherwise expressly stated.

ISBN 978-1-76051-302-3 (Print)

ISBN 978-1-76051-303-0 (Online)

Important Notice

Safe Work Australia provides the information given in this document to improve public access to information about work health and safety information generally. The vision of Safe Work Australia is Australian workplaces free from injury and disease. Its mission is to lead and coordinate national efforts to prevent workplace death, injury and disease in Australia.

Foreword

Taking Action: A best practice framework for the management of psychological claims for the Australian workers' compensation sector.

Making a workers' compensation claim can be a confusing and stressful experience, especially for someone with a psychological injury. However, if the process is managed well, it can provide a pillar of support to the injured worker and support recovery and return to work.

To improve the claims experience and ensure it is managed well, Safe Work Australia partnered with SuperFriend to develop *Taking Action: A best practice framework for the management of psychological claims for the Australian workers' compensation sector (the framework).*

The framework provides practical and evidence-based guidance to assist workers' compensation insurers and claims managers to better support workers with a psychological injury or who are at risk of developing one. This framework builds on SuperFriend's TAKING ACTION Framework which was developed for the Life Insurance Industry and responds to the important role of the insurer and employer in a person-centered claims management process.

We undertook in-depth consultation with injured workers, insurers and employers to develop the framework and ensure it met their needs. An expert advisory group also provided guidance throughout this process. We would like to thank these groups for their time and valuable contribution.

Psychological injury claims often present unique challenges that are not seen with physical injuries. Best practice claims management begins with understanding this complexity and ensuring an injured worker feels empowered and supported throughout the claims process. We believe this framework will promote best practice and continuous improvement in the management of psychological injury claims within the Australian workers' compensation sector.

We encourage insurers, claims managers and others involved in supporting injured workers to take action. The ultimate aim is to ensure our workers' compensation system effectively supports workers experiencing psychological illness to lead healthy, safe and productive working lives.

Margo Lydon
CEO, SuperFriend

Michelle Baxter
CEO, Safe Work Australia

Contents

Introduction

Psychological illness claims tend to be inherently more difficult or complex than claims for physical injuries or illness, partly because the symptoms and treatments for various psychological illnesses can vary from individual to individual. Two individuals may share the same 'diagnosis' but the way in which it impacts the individual, the recovery period, and the appropriate treatment may differ significantly. In contrast, physical injuries and illnesses tend to be more predictable and consistent in terms of symptoms and treatment. The root cause for, and contributing factors of, psychological illness may also not be entirely clear, and often it is a combination of factors that can lead to psychological illness. Relapses are common, and various life events can have a cumulative impact on individuals' psychological functioning.

Psychological illness can also result from the psychological impact of a physical injury. It can often be this secondary psychological illness that prevents or limits individuals from returning to work, rather than the primary physical injury, and so the motivational and psychological impacts must be considered and explored to support individuals in maintaining or returning to work.

Psychological and physical injury or illness can often lead individuals to feel a lack of control over their circumstances as well as a sense of helplessness, which creates further harm to individuals' psychological wellbeing. From a claims management perspective then, it is important to understand these differences and use good management practices to help individuals feel empowered and supported. The evidence cited throughout this framework indicates that the end result will be positive outcomes for all stakeholders involved, including the person on claim (PoC), employer and insurer or agent.

About SuperFriend's TAKING ACTION Framework

This framework has been adapted for the worker's compensation sector from SuperFriend's TAKING ACTION Framework for the group life insurance sector.

In 2012, SuperFriend's Insurance Reference Group proposed a project that would enhance understanding of superannuation fund members' experience while on claim and identify ways to improve that experience, particularly for those affected by psychological illness or at risk of developing a psychological illness. The result is TAKING ACTION: *A Best Practice Framework for the Management of Psychological Claims*. The development of the TAKING ACTION Framework began with a rapid review of existing evidence in the published literature along with gathering information on what people are doing in practice that is new, innovative and apparently effective. As a result, the Framework includes case studies of innovation in Australia and internationally.

The TAKING ACTION Framework was also informed by two steering groups: one comprising industry expertise and the other technical expertise in mental health and workplace rehabilitation. Broader workshops were held to which members of these groups were invited, along with broader representation from the group life insurance and superannuation sector. The first workshop considered the themes from the research and determined priorities for this industry; while the second was held to consider a draft framework and provide feedback on feasible action to apply the guidance in the context of psychological claims management.

While the Framework was developed with a focus on psychological injuries, many of the Framework's best practice principles can also be applied to the treatment of physical injury claims—both as a means to better claims management practices and also to aid in preventing injured workers developing a secondary psychological injury.

Adapting SuperFriend's Framework for the Australian workers' compensation sector

With the support of SuperFriend, in 2016 Safe Work Australia agreed to undertake a project to develop best practices for claims management of psychological injuries for the Australian workers' compensation sector by modifying SuperFriend's existing TAKING ACTION Framework.

Safe Work Australia commissioned a review to update the evidence that had been synthesised in the SuperFriend project and formed a working group to guide the adaptation of the Framework. Broader consultation was conducted with insurers, injured workers (PoC) and employers at two stages: initially to clarify information needs and preferred formats; and later to obtain feedback on a draft framework. Although there was found to be much commonality in issues and best practice for psychological claims management between the workers' compensation and group life insurance sectors, three key differences between the group life insurance and workers' compensation sectors were identified. These are:

> In workers' compensation there are legislative requirements of the employer in relation to return to work (RTW). Accordingly the relationship with employers is more developed than in the group life sector. It was decided the advice on engagement with employers needed to be further developed, and an advisory group was convened specifically to adapt and further develop this aspect throughout the framework. Because this action area was considered to be so important it was positioned earlier in the framework as well.

> Group life insurance is usually offered in partnership with superannuation funds. The relationship between these two parties is of major importance in this sector, with potential for it to

be strengthened to bring significant improvement and scope for innovation to support prevention and provision of support at a time of need rather than crisis. This relationship does not currently exist in the workers' compensation sector. Therefore the content of Action Area 5 in the SuperFriend document was incorporated into Action area 3 'Engaging and supporting employers in the recovery at work/return to work process' in this version of the framework, reducing the number of action areas to six. However it was noted that integrated disability management is becoming more common in workplaces, meaning increased services to support early intervention and recovery at work (RAW) and RTW, no matter what the cause of injury or illness. Furthermore, conversations, innovations and partnerships are now occurring between workers' compensation, group life insurance, superannuation, health insurance and disability support as the benefits to individuals, their families, employers, insurers and community of increased work participation by people with long term health conditions and disability are better understood.

> Workers' compensation premiums paid by employers are used to fund medical treatment as well as support for RTW, while group life insurers are prevented by legislation from funding medical treatment. In practice this has little effect on best practice which is for insurers to use their influence to increase evidence based practice. In the case of workers' compensation this can include approval or otherwise for certain medical treatments; whereas in group life insurance this can only comprise information and persuasion in relation to medical treatments (including provision of information on evidence based treatments to the PoC as well as directly to practitioners), and the use of provider quality management for rehabilitation services.

The workers' compensation six action areas are shown below:

1. Developing the management practices for psychological claims
2. Optimising claims management teams
3. Engaging and supporting employers in the recovery at work/return to work process
4. Bringing evidence to treatment and rehabilitation
5. Effective decision making supported by analytics and automation
6. Recording progress

All organisations can do better by identifying some priority areas, measuring baseline performance, making changes, measuring performance again, and adjusting action as necessary. With the support of the TAKING ACTION Framework and the individual action area guides being developed, workers' compensation insurers or agents working with other stakeholders are encouraged to take a continuous improvement approach to adopting best practice in the management of psychological claims.

The Australian workers' compensation sector

Overview and operation

Australian workers' compensation schemes exist to support workers in the event of a work-related injury. Employers in each state or territory are required to have workers' compensation insurance to cover their workers. Premiums paid by employers are used to cover a range of entitlements and services including medical treatment and support for RAW and RTW. There are 11 main workers' compensation schemes operating in Australia. The acts and regulations in place for each scheme vary. These differences are outlined in the *Comparison of Workers' Compensation Arrangements in Australia and New Zealand*, which is published annually by Safe Work Australia[1].

Coverage of psychological injuries

In most schemes, a compensable injury is defined as one arising out of, or in the course of employment with many schemes qualifying this for diseases (including psychological illness) by specifying that employment must be the main or major contributing factor[2]. In addition, most Australian schemes exclude psychological injury if it was caused by reasonable management action taken in a reasonable manner.[3]

Employer requirements in rehabilitation and return to work of an injured worker

While workers' compensation legal requirements differ between schemes, generally the employer has a duty to:

> consult with the worker and other involved parties including rehabilitation providers
> develop or be involved in the development of a RTW plan, aimed at achieving the timely, safe and durable RTW of the injured worker, and
> provide suitable duties which must be meaningful.

Employers also have duties under work health and safety (WHS) laws to ensure the health and safety of workers so far as is reasonably practicable.

---

1   Safe Work Australia was established by the Safe Work Australia Act 2008 with primary responsibility to lead the development of policy to improve work health and safety and workers' compensation arrangements across Australia
2   Safe Work Australia (2016) *Comparison of Workers' Compensation Arrangements in Australia and New Zealand.* Table 2.4d
3   As above. Table 3.14

Provisional liability

Some schemes offer provisional liability for the injured worker which provides for the payment of benefits and medical expenses before a decision is made on liability under the relevant legislation. This can reduce delays of an injured worker gaining access to the appropriate medical attention and reduce other potential stressors while the decision of liability is being determined.

Regardless of whether you are working in a scheme that offers provisional liability, access to early medical treatment and an expedited claims determination process can have positive impacts on injured workers.

Note on terminology

Throughout the framework, a worker with a compensable work-related injury is referred to as a person on claim (PoC).

Psychological illness in Australia

> Psychological health conditions are the fastest growing cause of disability in Australia[4].

> There is a high prevalence of psychological health disorders in the Australian population with 45 per cent of Australians aged 16–65 experiencing a psychological health disorder in their lifetime[5].

> Suicide is the leading cause of death for Australians aged between 15 and 44, with around 3,000 people dying by suicide every year or an average of eight people every day[6].

> beyondblue's 2014 Depression and Anxiety Monitor showed that people with depression and anxiety experience significant levels of perceived prejudice and discrimination:

  – Fifty one per cent had concealed or hidden their mental health problem from others – which may relate to a fear of discrimination, and

  – Twenty six per cent had stopped themselves from applying for work.

Workers' compensation statistics

> On average each year there are nearly 10,000 accepted claims for psychological injuries in Australia with about three quarters of those resulting in more than one week time off work or 'time lost'. In comparison only 42 per cent of all claims result in more than one week time lost.

> The median time lost for serious claims* for mental disorders was the highest of any injury type and was more than double the median time lost for all serious claims (15.4 working weeks in 2013-14).

> The median compensation paid for serious claims that arose from mental disorders was significantly above the median cost of all claims ($25,800 compared to $10,100 in 2013-14 respectively).

Source: National dataset for Compensation-Based Statistics, Safe Work Australia

* A serious claim is an accepted workers' compensation claim for an incapacity that results in a total absence from work of one working week or more.

---

4   Medibank Private Limited and Nous Group (2013) *The case for Mental Health and Reform in Australia: a Review of Expenditure and System Design*
5   AIHW Australia's Health 2012
6   Australian Bureau of Statistics, *Causes of Death*, Australia 2016, Cat no. 3303.0

Improving outcomes for people on claim with a psychological illness

One of the driving factors behind the framework was the acknowledgement within the workers' compensation sector that people on claim (PoC), particularly for psychological causes, often present with unique challenges not seen with physical injuries and as a result may not achieve the best possible health, social and employment outcomes. Comments from PoC's that highlight these difficulties include:

'I was just a number, there was no individual consideration'

'I could tell from their tone that the claim assessor had no empathy for what I was going through'

'I had no support to return to work or help accessing better medical advice'

'I had different assessors and no continuity'

'I was confused about where to send my documents and who to speak to'

'No one wanted to speak to me'

'I didn't know what was happening and it made my anxiety worse'

'I had to pay to get forms completed by my doctor every month even though the insurer knew I couldn't return to work'

'I didn't understand why information was requested'

Glossary of abbreviations

RTW Return to work, **RAW** Recovery at work, **PoC** Person on claim/people on claim, **GP** General practitioner

Framework overview

The framework seizes the opportunity presented by new thinking internationally and in Australia within the insurance, including workers' compensation, and health sectors on the management of psychological injury claims.

Taking Action is based on three pillars:

1. the philosophy of 'centering the person on claim' (PoC)

2. acknowledgement that there are three levels of intervention, and hence improvement, in any system: the macro, the meso and the micro, and

3. the principle of Continuous Improvement.

The framework is the outcome of research and consultation processes within the workers' compensation sector in Australia and overseas to adapt a framework developed by SuperFriend for the group life insurance sector in Australia.

Pillar 1: Centering the person on claim

The underlying philosophy of the framework is that claims management and the systems that support it should be focused on the PoC. The PoC's social and economic wellbeing, including wherever possible recovery at work (RAW), or return to work (RTW), should be a central outcome of best practice claims management. This means that claims management teams, insurers or agents and employers have a responsibility to understand the health benefits of good work and of early intervention, have a commitment to collaboration, and take an evidence-based approach to ensuring the best outcomes for the PoC. Under Australia's various workers' compensation schemes the employer has legal obligations to consult with the PoC and other stakeholders, develop or be involved in the development of a RTW plan and provide suitable duties. These obligations and their finer details vary between schemes.

It can be expected that improvement in the PoC's outcomes will be followed by benefits for other stakeholders: specifically the employer and the insurer or agent. The framework's evaluation Action area 6: Recording Progress supports organisations to develop specific outcome measures for all stakeholders.

Pillar 2: Levels of intervention[7]

The framework recognises that best practice for the management of psychological claims can be achieved, and indeed ultimately will require, change at different levels in the system: micro, meso and macro levels. Micro, in the framework, refers to the team of claims managers and the PoC, meso includes workers' compensation insurers or agents, and macro includes the workers' compensation regulators, and increasingly partnerships with industry bodies, superannuation funds, health insurance and disability support organisations.

In Australia, at the time of writing, significant reform is underway at the micro level. The need to create a more trusting and helpful relationship with the PoC has been recognised, and the role of claims managers and the structure of claims teams are being overhauled. Change to support this at the meso level has been slower. Not all organisations at the micro, meso and macro levels will have progressed or reached the same levels of maturity in managing workers' compensations claims and more specifically, psychological claims. Triaging of claims and streaming into levels of service has begun, but the triaging models have tended to be based on information held by insurers and agents, whereas the modelling would benefit from linkages to other sources of data (e.g. health and psychosocial factors). Furthermore the models require validation. Automation has not yet been carried through to ongoing claims management, but future-oriented commentary would indicate there is potential for further automation or semi-automation. Product design has barely been touched apart from provisional liability and tweaking eligibility and benefits. However, evidence would suggest that there is scope for further consideration of the use of incentives and improvement to support for self-management by workers and for employers for workplace support.

Finally, at the macro level, as mentioned above, the exploration of the alignment and possibilities for improvement at the interface of workers' compensation, group life insurance, superannuation, health insurance and disability support has only just begun.

---

7   Australasian Faculty for Occupational and Environmental Medicine 2010

The practices, policies and systems at each level influence, and in turn are influenced by, those at the next level. For example:

> Insurers or agents (meso) have the opportunity to collaborate and partner with the wider industry sector (macro) to improve early intervention and psychological support for PoC (e.g. through shared goals, collaboration and better coordination across schemes and with employers), to improve and expand data systems and analytics, and, at a still broader level, to conduct their own research, and advocate for changes to policy and legislation.

> While organisational systems, structures and policies (meso) will frame the practice of claims managers, claims managers' (micro) experience, knowledge and data collection can drive wider organisational systems, the design of training and development programs, ICT development, research and product design.

> Collaboration within and across levels for example between several insurers or agents and Heads of Workers' Compensation Authorities (HWCA), as is common in this sector, enables development of significant sector wide resources (e.g. information repositories or expert reference panels unable to be resourced and maintained within an individual organisation).

Figure 1 Macro, meso, micro levels of change in a PoC-centric system

Person on claim

Claims management (micro)

Organisation (meso)

Sector (macro)
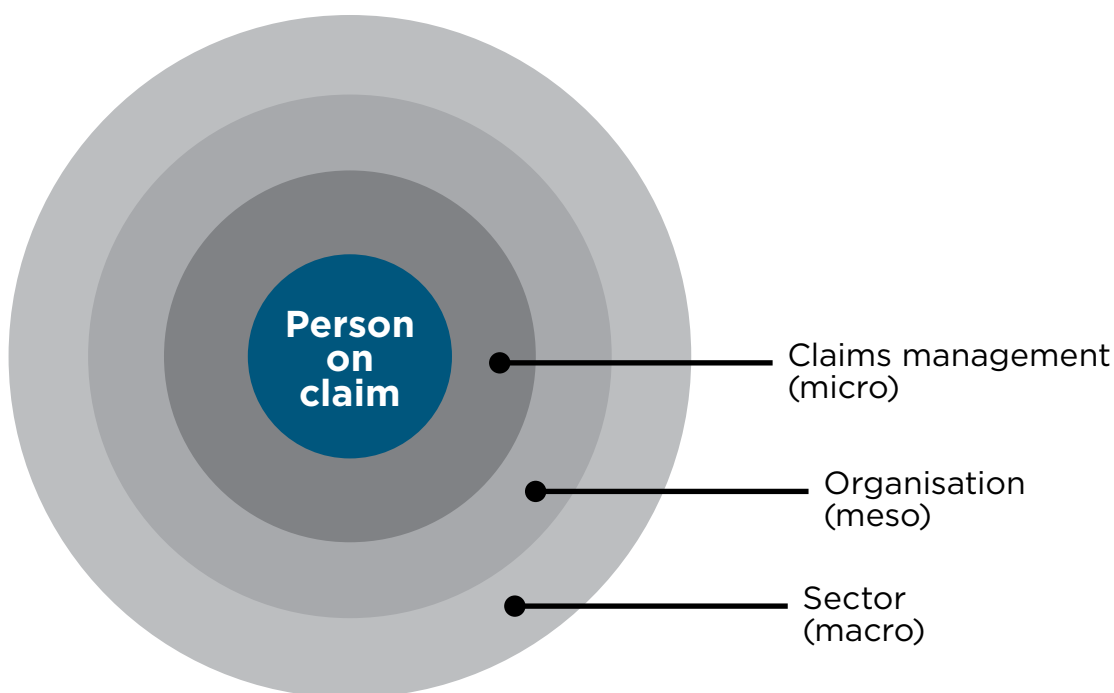
Pillar 3: Continuous improvement in four outcome spaces

Continuous improvement is always desirable, but particularly in the case of the management of psychological claims, as the research for this project has revealed a steep change is occurring, and new evidence and better practices are emerging. It is expected that insurers or agents will select from the action areas outlined in this framework, determine how to implement the recommended practice in their business

and then measure, and hopefully share, the results. The principle of Continuous Improvement has been built into the framework through Action area 6: Recording progress, with a focus on four outcome spaces for evaluation and review:

> PoC outcomes
> employer outcomes
> claims team and insurer outcomes, and
> workers' compensation scheme outcomes.

How to use the framework

Six action areas: a modular approach

The framework takes the form of six action areas. The action areas have emerged through the framework development process as agreed points of traction towards better practice in psychological claims management.

Rather than a chronological 'step-by-step' guide to innovation, the action areas described below are a series of 'loose leaves', each of which may be picked up separately and acted upon, depending on organisational context. Context here includes interest in innovation, readiness for change, level of proposed change, capacity to partner across the sector, and the size, role and structure of the organisation.

As can be seen in Figure 2, the 'loose leaf' structure of the framework incorporates a set of action areas for improving practice. Each action area is informed by a process of continuous improvement through Action area 6: Recording progress, which addresses the four outcome spaces described earlier.

Each of the action areas that follow represent best practice based on the available evidence and case studies of innovation. Evidence and innovation are however continually evolving, and Action area 6: Recording progress is intended to ensure that less than optimal outcomes are used to inform a process of continuous improvement – 'intelligent failure' is key.

Action area guides

A series of user-friendly guides that will expand on the action areas defined in the framework for workers' compensation will be developed during 2018 and beyond.

Figure 2 Overview of the framework and best practice action areas
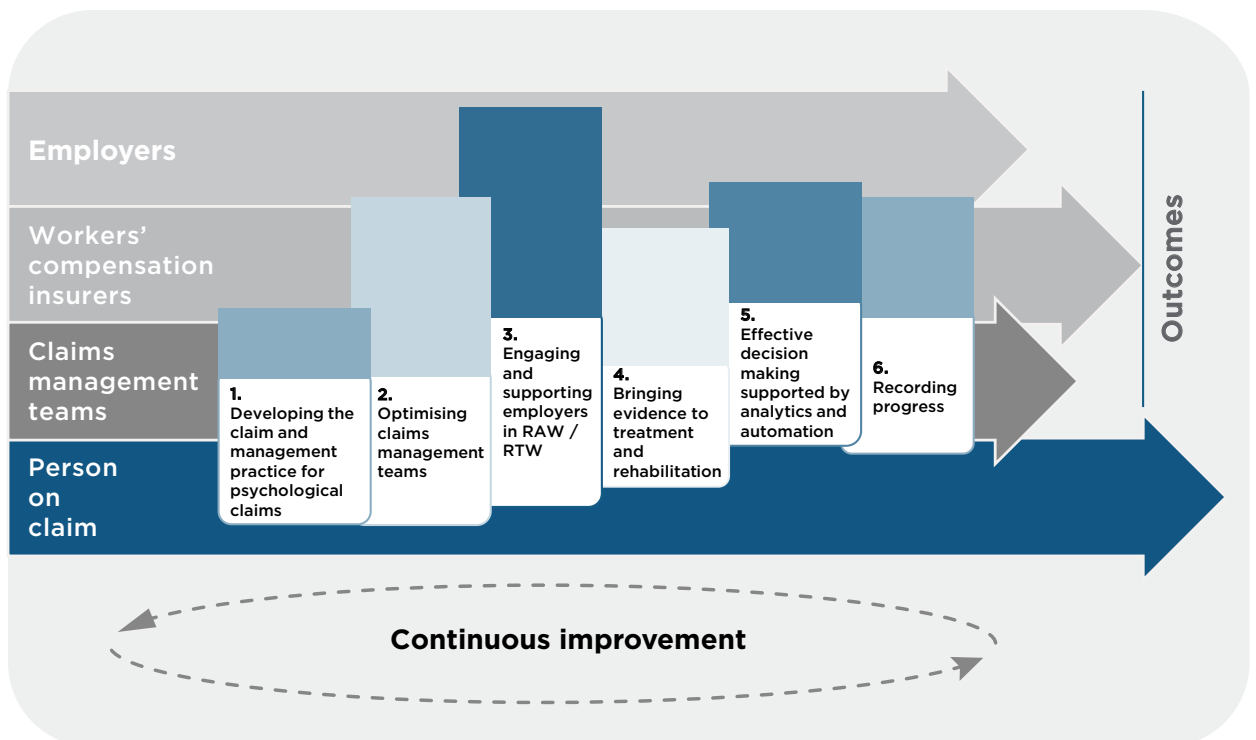
Developing management practices for psychological claims

Evidence-based best practice processes for managing psychological claims are based on a set of principles that need to guide the entire claims management process, from pre lodgement to completion.

> Issues
> Current best practice
> How to get there
> Key changes for best practice in each domain
> Measurement
> Additional resources
> Case study

Issues

The evidence base for best practice claims management is well developed. However, while you may have internal guidance for managing psychological claims, there is currently no nationally agreed best practice model for psychological injury claims.

Currently, claims management activity can be characterised by:

> claims and injury management activity occurring in isolation
> a focus on disability rather than ability
> ambiguous and overly technical communication and forms, and
> a focus on eligibility decisions taking priority over rehabilitation resources and delaying early access to treatment and rehabilitation programs.

International research has identified widespread issues in workers' compensation systems, including inconsistencies regarding claims management practices and access to evidence-based treatment and injury management or rehabilitation. These can result in variable outcomes for a person on claim (PoC).[8]

Within the Australian context, there are particular factors that currently inhibit best practice:

> Delays in notification: people with work-related psychological injuries rarely report their injury within the 6–12 weeks of onset 'window'[9] identified as necessary for early intervention.
> The early experience of a PoC is one of their eligibility being questioned, rather than of trust and immediate support.
> Employers sometimes lack the information and guidance they need to support a PoC.
> Insurers or agents do not consistently take a proactive approach to addressing any relationship breakdown between an employer and a PoC (see Action Area 3).
> The dispute resolution system is slow and may create anxiety for the PoC, which can complicate the claim.
> There is a need to improve communication and collaboration between stakeholders involved in the return to work (RTW) process.[10]

---

8   See Reavley et al (2016) *A synthesis of recent evidence supporting a best practice approach to psychological claims management*
9   Palmer et al (2015) *Best Practice Framework for the Management of Psychological Claims Project: Evidence Review and Examples of Innovation*
10   Brijnath et al (2014) *'Mental health claims management and return to work: Qualitative insights from Melbourne, Australia'*

Current best practice

Optimum claims management practice is characterised by the following principles. You should try to apply these throughout the whole process—from the functions of claims management teams through to the business systems that support them at the organisational level:[11]

> greater focus on the PoC as part of a case management approach to handling claims[12]
> engaging with the PoC as an active contributor and collaborator in RTW planning
> supporting employers
> proactive claims management
> sophisticated use of data supported by sound governance arrangements, and
> active provider management framework.

Workers' compensation stakeholders view best practice in claims management as follows:

> There is collaboration between all stakeholders with clearly defined areas of responsibility.
> The claims manager provides end-to-end case management[13] and a continuous single point of contact for the PoC, the employer, the treating practitioner and other service providers throughout the claims process (see Action Area 2 and Action Area 3). It's important to note, in some schemes it is the employer that has primary responsibility for the rehabilitation process.
> Claim determination is streamlined, including through the use of analytics and automation where appropriate (see Action Area 5). During the claim determination period:
  – communication with the PoC is positive and supportive
  – PoC and employers are provided with clear information about the claim determination process
  – the PoC is informed by their regular GP about how to access treatment and community services outside the workers' compensation system

– the employer is provided with strategies to address any interpersonal issues and facilitate RTW, and advised of the benefits of doing so during this period of time
– barriers to RTW are identified and addressed where possible, and
– financial support payments may be initiated on a without prejudice basis, in schemes where this is a possibility.

> In cases where liability is disputed:
  – expedited dispute resolution processes are in place for psychological injury claims
  – there is continued engagement with the PoC and the employer during the dispute resolution process, and
  – the employer is encouraged to continue to pursue opportunities for RTW.
> Claims management is focused on the PoC and meets guaranteed turnaround times.
> The PoC's individual circumstances, including the nature of their psychological injury, are taken into account throughout the claims process.
> The claims manager is made accountable for outcomes through a process of continuous evaluation and improvement informed by measurement of PoC, employer, insurer or agent and workers' compensation system outcomes.
> The PoC and employer understand the process and likely time frames for managing the claim.
> The PoC and employer understand that a core objective of the claim process is to provide support for recovery at work (RAW) or RTW.
> The employer is supported by the insurer or agent to be actively engaged in the RAW/RTW process.
> The PoC has ownership of the outcomes of the claims process and there is a sense of mutual responsibility with the insurer or agent and employer for achieving a successful RAW or RTW.
> The PoC is empowered and motivated to make evidence-based and informed decisions that promote wellbeing, including about early intervention, treatment and rehabilitation, and how and when to RTW.

---

11   Casey (2014) *Principles of Best Practice in Occupational Rehabilitation for AIA Australia*
12   Reavley et al (2016) *A synthesis of recent evidence supporting a best practice approach to psychological claims management*: KPMG case study p. 24–25
13   Reavley et al (2016) *A synthesis of recent evidence supporting a best practice approach to psychological claims management*: KPMG case study p. 24–25

Domains of best practice claims management

The evidence for best practice claims management focuses on four domains and applies the above principles, rather than discrete functions within the claims management process:

> PoC-centered processes: procedures, documentation, communication, processing of compensation or entitlements and activities need to be focused on the experience and outcomes of the PoC.

> Collaboration with stakeholders: communication and collaboration with employers and other key stakeholders such as medical practitioners must be proactive, to ensure there are consistent support mechanisms in place for the PoC.

> Right support/intervention for the PoC: A biopsychosocial approach is used to understand the PoC, identify barriers to desired outcomes and put in place the appropriate support, including treatment and rehabilitation, which are tailored to the PoC and take into account the nature of their injury. A biopsychosocial approach (see Figure 1) takes a holistic view of disability, understanding that social and environmental factors also influence disability alongside biological factors.

> Outcome-focused decision making: The claims management process must support outcome-focused decision making and includes an evaluation component. An outcome-focused, PoC-centered claims and injury management/rehabilitation strategy must be established early and regularly reviewed.

Figure 3 The biopsychosocial approach
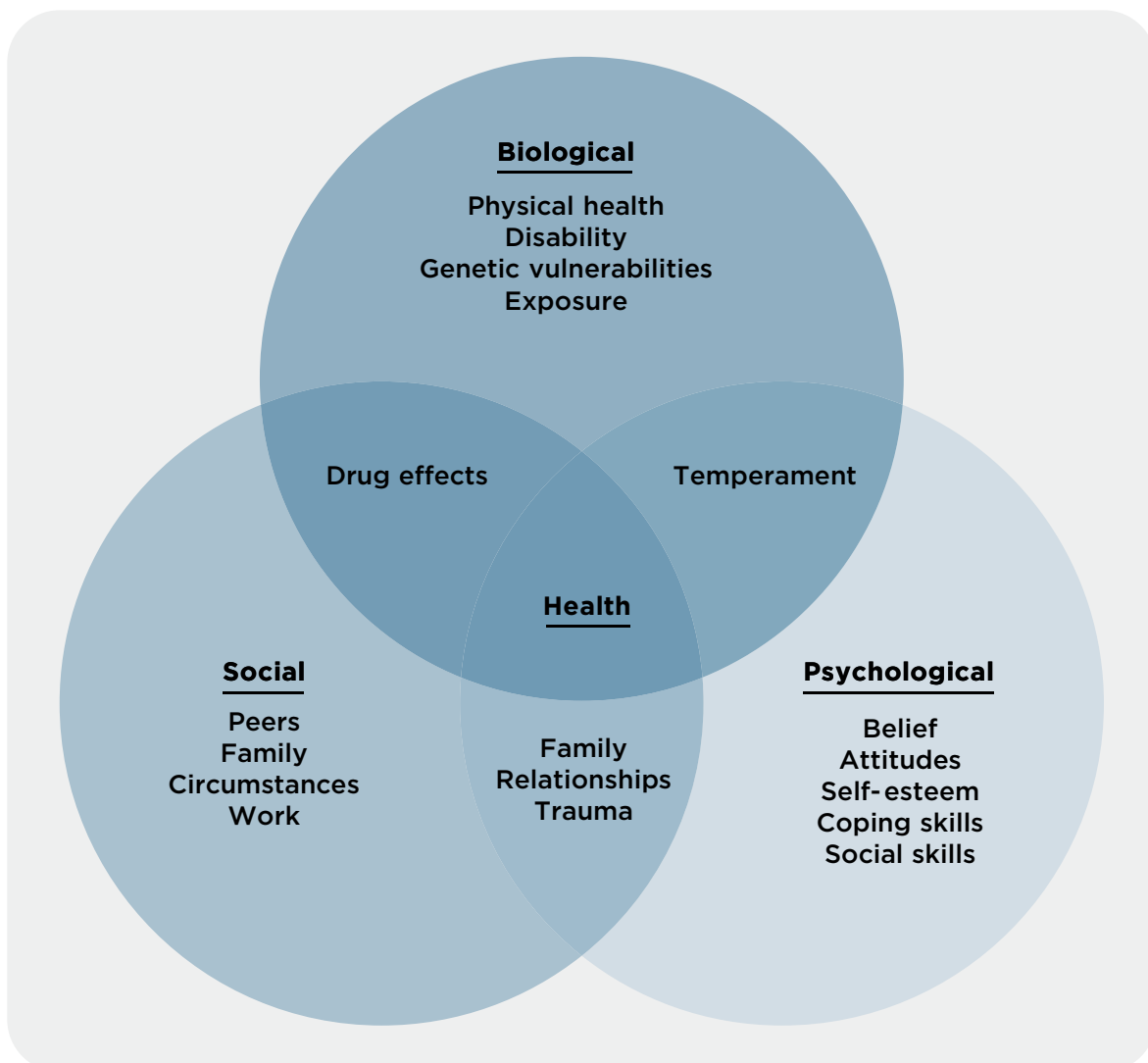
How to get there

To move to best practice, you should aim to apply the four domains of change identified in the evidence base across the entire value chain of claims management functions, as shown in Figure 4.

You are more likely to have success by applying all the key domains of change across the value chain rather than taking a piecemeal approach.

> Implementing best practice locally recognises that you will have customised claims management functions and organisational approaches.

> The best practice domains provide a reference point to capture the intent of activity in all claims management functions, and can be continuously up dated with evidenced best practice.

Figure 4 maps the four key domains of best practice onto the value chain of claims management functions. It shows how many of these will be performed across more than one domain.

Figure 4 Four domains of change across the chain of claims management functions

Lodgement / eligibility → Screening/ triage to determine response → Early claims and injury management response to triage output → Ongoing claims management → Health, RTW, and injury management support and service → Accounts, payments and benefits

PoC centered processes: Procedures, documentation, communication, benefit processing and activities are focused on the PoC experience and outcomes

Collaboration with stakeholders: Communication and collaboration with key stakeholders (Employer/Superfund/Medical/Other) is proactive, to ensure consistent support mechanisms for the PoC

Right support/intervention for the PoC: a biopsychosocial approach is used to understand the PoC, identify barriers to required outcomes and implement tailored support including treatment and rehabilitation

Outcome-focused decision-making: the claims management process supports an outcome-focused, PoC claims and rehabilitation strategy, established early and regularly reviewed

Key changes for best practice in each domain

The key changes needed to achieve best practice claims management span the entire claims management value chain—from lodgement and initial contact, assessment and treatment, to compensation or entitlement processing.

PoC-centered approach to claims management value chain

> Establish protocols and the expectation that claims managers have direct communication with the PoC at claim lodgement and proactively through the life of the claim.

> Establish communication with the PoC and employer that includes a description of the roles the various parties involved in the claim will play in the determination and RTW processes, including a clear explanation of the internal and external processes for dispute resolution.

> Focus on empowering the PoC to take part in their RAW/RTW by applying case management principles (see Action Area 2) and targeted mental health literacy education.

> Focus on ensuring everyone's expectations are aligned throughout the process; that all parties understand their mutual obligations.

> Ensure claim documentation and reporting forms for the PoC are written in plain English, and that the needs of people with low literacy skills and culturally and linguistically diverse groups are met.

> Review the number of reports needed and remove those not directly focused on positive outcomes for the PoC: ability rather than disability, psychological wellbeing and RTW.

> In conjunction with rehabilitation and treatment experts, develop a protocol for communicating with the PoC that:

  – identifies critical timing points and style of contact, for example motivational, RTW-focused, to optimise PoC outcomes

  – includes follow-up communication with the PoC face-to-face or by telephone, focusing on milestones and turning points, and

  – if necessary, enables the claims manager to communicate with the PoC through a family member, union representative or other support person if preferred by the PoC or in the event they are unable to participate effectively or without support.

Collaboration with stakeholders across the claims management value chain

> Develop and maintain communication with the PoC's employer to discuss RAW/RTW, reasonable work adjustments such as modified/partial duties, and absence management (see Action Area 3).

> Develop reporting and advice protocols between claims managers and other specialist support units within the organisation that enable claims managers to obtain prompt access to expert health, legal or financial advice.

> Develop guidelines for carrying out case conferencing with employers and other stakeholders, including face-to-face meetings.

> Establish direct lines of communication between the claims manager and the treating practitioner, and review forms required of the treating practitioner to ensure a focus on RAW/RTW and ability rather than disability.

> Ensure all documentation to be completed by employers and other stakeholders is user-friendly and fit for purpose.

> Ensure guidelines for referral to external parties are in place. Referral documentation should contain relevant information such as identified risks, and ask information that will inform the claim or injury management/rehabilitation strategy.

Right support/intervention for the PoC across the claims management value chain

> Establish a systematic case management and biopsychosocial approach to understanding the PoC, their abilities and identifying any barriers to recovery or RTW.

> Ensure procedures are in place to minimise the risk of secondary psychological injuries and provide early support for the PoC when they happen. This may involve:

  – analytics or screening tools to assess which physical illness or injury claims are likely to escalate into secondary psychological claims (see Action Area 5)

- reviewing claims processes to minimise delays, stress and uncertainty for the PoC, and

- managing some high-risk physical injuries as potential psychological injuries from the start.

> Establish joint protocols between workers' compensation schemes, insurers or agents, and through them with employers, that encourage early reporting.

> Establish processes to ensure information is gathered from the employer and other relevant stakeholders where it can be used to support the claim and injury management/rehabilitation strategies.

> Develop reporting and advice protocols between claims managers and other specialist support units within the organisation. This will help claims managers promptly access expert health, legal or financial advice, including knowledge of best practice services available in the community, through private health insurance and other health, legal and financial services the insurer or agent can cover, or is happy to refer to.

> Establish protocols that ensure the active involvement of the employer in RTW planning and interventions.

> Establish protocols for internal case conferencing between the claims manager and internal staff, for example injury management advisors in cases where there are risks to recovery or RTW, or where outcomes have not been achieved within expected timeframes.

> Screen for biopsychosocial factors that may impact on recovery and RAW/RTW. These factors could include pre-existing health conditions, chronic pain, physical symptoms of a psychiatric condition, and socio-economic factors such as financial stress.

Ensure that the output of the biopsychosocial screening process is utilised as a basis for evidence based intervention matched to the PoC (see Action Area 4).

Focus on the outcome across the claims management value chain

> Ensure timely access to intervention, treatment and rehabilitation.

> Establish a review and evaluation cycle that is based on agreed goals and anticipated events along the claim pathway (see Action Area 6). Ensure it has clearly defined processes for internal escalation and review.

> Establish the expectation and protocols to support each PoC having a documented claim and injury management/ rehabilitation strategy with agreed goals. Involve the PoC in the development of these strategies.

> Ensure the effectiveness of claim and injury management/rehabilitation strategies are regularly assessed and progress towards goals is recorded and communicated to the PoC, and where appropriate the employer, pending the PoC's consent.

> Ensure that outcome focused decision making criteria are documented and defined for claims managers and other internal staff. These criteria should be linked to claims manager accountability and responsibility (see Action Area 5).

> Ensure all stakeholders are aware of their RTW obligations.

> Ensure RTW planning approaches and strategies have agreed goals and review points, timeframes for RTW and address any identified barriers.

> Establish an outcome based performance management system for external providers (see Action Area 4).

Measurement

Outcomes are multifaceted and take place in at least four spaces:

> PoC outcomes

> employer outcomes

> insurer or agent outcomes, for example cost-effectiveness of interventions and rehabilitation programs, and

> workers' compensation system outcomes.

PoC outcomes

> PoC empowerment and satisfaction.

> Timely access to treatment, injury management and rehabilitation services.

> RTW outcomes and health and social outcomes.

> PoC perception of communication: proactive, timely, responsive, collaborative.

Employer outcomes

> Reduced premiums.
> Increased worker productivity.
> Reduced costs associated with making reasonable work adjustments.
> Satisfaction with claims process and communication.
> Reduced disputation level.
> Reduced number of days between lodgement and eligibility decision.
> Increased proportion with an appropriate claim and injury management/ rehabilitation strategy in place.
> Increased proportion with sustainable recovery/RTW.

Insurer or agent outcomes

Measuring claims outcomes needs to be balanced with other performance measures such as:

> communication and relationships
> assessment and risk identification
> RTW planning
> implementation of services
> timely and appropriate assistance for the PoC
> monitoring and review, and
> disputation and dispute resolution.

Doing this will give you early information on whether innovations are progressing as planned, and what early impact they are having.

Workers' compensation system outcomes

> RTW rate.
> Claims costs.
> Number of days between lodgement and eligibility decision.
> Proportion with an appropriate claim and injury management/rehabilitation strategy in place.
> Proportion with sustainable recovery/ RTW.
> Proportion of claims with GP/employer case conferences.
> Affordability, efficiency and sustainability of the scheme/self-insurance arrangements.

Additional resources

For information on how organisations can improve communication about health-related matters, see Health Literacy: A Summary for Executives & Managers and other resources produced by the Australian Commission on Safety and Quality in Health Care.

https://www.safetyandquality.gov.au

The Institute of Safety, Compensation and Recovery Research has a number of research projects and publications on the factors affecting recovery and RTW, including claims management.
http://www.iscrr.com.au

Case study
Behavioural Insights in Workers' Compensation –
Allianz and NSW Behavioural Insights Unit

Background

The Behavioural Insights Unit sits within the NSW Department of Premier and Cabinet, supporting NSW government agencies by applying the behavioural insights (BI) approach to policy problems.

The BI approach draws on research from behavioural economics, psychology and neuroscience to understand how people behave and make decisions. The approach assumes that if people are given access to information to assist them in making the right choice, they will use it. The BI approach involves subtle changes to the way decisions are framed and conveyed in order to have large impacts on behaviour.

Problem

Long-term absence from work can be harmful to both physical and mental health, and getting people back to work quickly and safely benefits the PoC, the employer, agent and insurer. Workers' compensation therefore needs to focus on RTW outcomes.

For good RTW outcomes to be achieved, processes need to be streamlined while also placing the PoC as an active contributor and collaborator in RTW planning alongside the claims manager, employer and medical professionals.

The BI trial in NSW

The NSW Department of Premier and Cabinet's Behavioural Insights Unit, the NSW Department of Education and Allianz (claims manager contracted by icare NSW) agreed to undertake a joint trial to apply BI to the RTW process.

The trial involved over 1,700 workers' compensation cases referred by the NSW Department of Education and Communities from September 2013 to July 2014. It used a four part framework to apply the principles of BI:[14]

> The process must be easy and reduce the 'hassle factor'.
> The process must be attractive to users.
> Social aspects must involve normalising behaviours, using social networks and gaining commitments from participants.
> It must be timely. It's important that participants are prompted at the point when they are most receptive; making clear the immediate costs and benefit. This approach helps participants plan their responses.

Applying this approach to RTW involved coordinating employer and Allianz processes, such as contact with the PoC and treating medical practitioners. The trial involved a range of interventions including:

> document redesign aimed at using clearer language and reducing the number of letters and requests for information
> case conferencing between the employer, insurer and nominated treating doctor to ensure coordination of service
> empowering communication to increase the PoC's feeling of ownership of the RTW process and remove messages that reinforce the 'injured condition'
> encouraging the PoC to make personal commitments based on average injury times and setting expectations and mutual obligations with the worker, and
> sending work and health plans to the PoC early, and ensuring plans are personalised and have a RTW focus.

---

14   Behavioural Insights Team (2014) EAST: *Four simple ways to apply behavioural insights*

Case study
Behavioural Insights in Workers' Compensation –
Allianz and NSW Behavioural Insights Unit

Outcomes

The trial results, based on survey responses from 350 workers, showed that the services jointly delivered by the employer and Allianz within the BI framework produced:

> increased clarity for the PoC in the area of roles, rights and obligations
> increased understanding of available support
> a more personalised service, and
> greater empowerment of the PoC.

Measurable impacts of the trial included:

> injured workers returned to full capacity 27 per cent faster in the first 90 days
> Injured workers returned back to work 17 per cent faster after 150 days, and
> claims were nearly three times more likely to be completed within 30 days.

The future

This case study highlights the significant benefits of centering care around the PoC and empowering them in the RTW process.

Through the trial six good practices were identified for all claims managers and scheme agents to apply to the RTW process:

1. simplify communications to injured workers
2. focus messaging on RTW, rather than injuries
3. empower workers to take control of their recovery
4. focus on people, not processes and ensure that case managers provide personalised support
5. engage doctors actively and early, and
6. develop an evidence base, particularly on what works for different types of injuries and sectors.

For more details about the trial visit: http://bi.dpc.nsw.gov.au/our-work/projects/helping-injured-education-workers-return-to-work/

Optimising claims management teams

> **Claims management is increasingly being conceptualised as a person-centred, goal-oriented process underpinned by case management principles and focused on the needs of the person on claim (PoC).**
>
> **To support this reorientation of the role, best practice development of claims management teams encompasses how roles are defined, recruitment and competencies, retention, team structure, training and development, and technical support.**

> Issues
> Current best practice
> How to get there
> Measurement
> Additional resources
> Case study

Issues

The principal issues in developing claims management teams concern defining the claims manager's role, and the skills and support required to perform it:

> Best practice claims management is more than simply a matter of processing. Claims managers need to be proactive, able to seek the expert, evidence-based advice they require and then make decisions on injury management or rehabilitation.

> Claims managers need to be competent in:
> – communication and negotiation strategies
> – setting expectations
> – empowering the PoC
> – educating and influencing stakeholders involved in the claim, and
> – implementing sound decisions to influence recovery at work (RAW) and return to work (RTW) outcomes.[15]

> To achieve this, claims managers need to be empowered through a reorientation of their role, enhanced recruitment practices, increased focus on training and development, retention, expert support, team structure, and decision-support tools.

> Team structure has been identified by insurers and agents as a contemporary issue. Two important questions with regard to team structure are:
> – whether or not to create dedicated psychological claims management teams, and
> – how to provide access to expert support and advice for claims managers on medical, psychological, rehabilitation, etc. matters. Options include having expert advisors integrated into the claims team; employing expert advisors in-house but not integrated into the team; or using contracted advisors as required.

---

15   Casey (2014) *Principles of Best Practice in Occupational Rehabilitation for AIA Australia*, pp.11

Current best practice

To achieve best practice when managing psychological claims, overseas evidence, advice from stakeholders and best practice principles in Australia, say a claims manager's role includes the following:

> Being the single point of contact for the PoC and the employer, and act as a case manager supported by a range of in-house and external specialists, as well as information in the following areas:
> – determining eligibility (carried out by the insurer or agent)
> – screening and triaging
> – ascertaining diagnosis, treatment and prognosis from the treating clinician
> – assessing the occupational environment
> – determining work capacity
> – reviewing RTW planning approaches and injury management/ rehabilitation strategies, and
> – determining any compensation or entitlements.

> Providing end-to-end case management and proactively moving each claim through to completion, and is responsible for achieving best practice claims management (see Action Area 1). While it is desirable to have one claims manager through the life of a claim, due to staff turnover robust handover systems should be in place to minimise disruption to the PoC.

> Building a relationship of trust with the PoC and their support networks; this is critical to success.

> The claims manager has soft skills in motivational interviewing, supportive communication, negotiation, empathy, as well as case management, but is not necessarily a technical specialist. The claims manager is PoC-focused and operates through a biopsychosocial lens, with a focus on RTW and RAW.

> Being given appropriate delegations, protocols and other decision support tools, to enable them to make decisions relevant to injury management or rehabilitation with the PoC.

> The claims manager is clear on the distribution of responsibilities between themselves and the many internal and external advisors including: assessors; medical practitioners; injury management advisors; rehabilitation providers; and other key stakeholders, especially the PoC's support network, employer and the workers' compensation scheme. In relation to the relative roles of clinical and rehabilitation providers the claims manager is operating with a robust provider management framework (see Action Area 4).

> It is important you work with the PoC's usual GP and psychological and psychiatric professionals when necessary. Medical practitioners can answer the following questions to assist in injury management and rehabilitation:
> – What is the diagnosis and prognosis?
> – What is the recommended treatment? Is it evidence based?
> – What is it the PoC can and can't do?
> – What is the PoC's attitude and situation in relation to RTW?

> Caseloads allow them time to be proactive and put case management principles into practice.

Other important points to note include:

> The claims management team is diverse and represents a wide range of life experiences, for example in age, gender, culture.

> Insurers or agents periodically review the evidence concerning whether dedicated claims managers should handle psychological claims. Given that psychological injuries commonly arise secondarily to physical claims, and that they are increasing, it can be argued that all claims managers should manage psychological claims and have the necessary skills. However, the case has also been argued[16] for claim segmentation according to staff skill and capability.

> If dedicated psychological claims teams are created, it is important to balance the associated risks and benefits:
> – ensure the creation of specialist teams does not result in a rigid or fragmented service delivery model
> – monitor dedicated psychological claims teams for signs of burnout, and

16   Casey (2014) *Principles of Best Practice in Occupational Rehabilitation for AIA Australia*

– minimise any perceived negative connotations associated with the involvement of specialist psychological claims managers, particularly for a PoC whose primary claim was for a physical injury.

> With claims managers ultimately responsible for PoC outcomes, there is close collaboration between them and injury management advisors with at least three possible models. These could see injury management advisors, both internal or external to the insurer or agent, either:[17]

– aligned within claims teams

– in a rehabilitation team, and

– in a team of specialists supporting claims teams.

NOTE: If developing enhanced roles for claims managers, there may be an attrition of claims managers who are not suited to taking on the additional responsibilities associated with these roles. Training, support and recruitment should focus on soft skills to ensure claims managers are prepared for this enhanced role.

Recruitment, competencies and retention

The following recruitment, retention and competency development strategies support best practice claims management teams:

> Claims managers are recruited for their soft skills and then trained in technical skills. The recruitment of claims managers should focus on selecting candidates with skills and characteristics such as strong communication skills, the ability to collaborate with diverse stakeholders, empathy, resilience, emotional intelligence, motivation and a willingness to be coached on their performance.

All prospective claims managers should be assessed on their demonstrated soft skills as part of the recruitment process.

> Technical competencies of best practice claims managers include negotiation, dispute resolution, decision making, communication, assessment and risk identification, planning for RTW, implementation of services, and monitoring and review.[18]

> Best practice assessment of claims managers during recruitment is rigorous and includes a practical component, for example responding to case study scenarios and role-playing conversations.

> Insurers and agents have strategies in place for retaining effective claims managers. Factors that support retention include:[19]

– shared vision, mission and objectives within the team and the organisation

– effective internal communication channels between management and claims teams

– organisational diversity and inclusiveness, and

– training, development and career advancement opportunities.

> Claims managers receive education and support to manage their own mental health at work. In addition to creating a psychologically healthy and safe workplace,[20] this may include reviewing the claims managers' case load and case mix to ensure they have a sustainable proportion of highly demanding cases.

> You may wish to consider secondment opportunities for claims managers, injury management advisors and others with providers outside the insurance sector, for example in health care, allied health and social work. This ensures knowledge of community services stays current within the workers' compensation sector.

Training and development

Evidence indicates that if claims managers are to perform the enhanced roles described above, they will need additional training and development in:

> the biopsychosocial model

> responding to specific biopsychosocial factors, for example physical health conditions, chronic pain and somatisation, expectations about recovery

> the role of the claims manager in screening and triage

> case management principles

17   Van Den Akker (2014) *Rehabilitation Watch* 2014 - Australia
18   Newnam & Collie (2013) Claims management in person injury compensation; Casey (2014) *Principles of Best Practice in Occupational Rehabilitation for AIA Australia*
19   Based on: Cloutier et al (2015) *The Importance of Developing Strategies for Employee Retention*
20   Harvey et al (2014) *Developing a mentally healthy workplace: A review of the literature*

> common psychological injuries and connections with physical health
> identifying and responding appropriately to a PoC at risk of self-harm or suicide, or harming others
> how diagnoses are made, including but not limited to, criteria in the Diagnostic and Statistical Manual of Mental Disorders
> best practice treatment and injury management/rehabilitation for psychological injury
> motivational interviewing skills in general, and in particular how to engage with people with psychological injuries[21]
> person-centered approaches, including addressing the needs of diverse groups
> long range and goal oriented planning
> use of informal supports and community services, and
> managing expectations.

Claims managers will also need additional knowledge and skill development relevant to their role and relationships in the management system in which they operate, in particular:

> understanding your service delivery improvement plan for psychological claims management and targets for improvements to PoC outcomes, employer insurer or agent outcomes, outcomes and worker's compensation system outcomes
> their enhanced role and its delegations, and accountabilities and individual key performance indicators
> expertise and decision support tools available to them to fulfil their role
> your management framework within which relationships with treating health providers and rehabilitation providers will be managed (see Action Area 4), and
> your policy on how you will work with the worker's compensation scheme on psychological claims management.

Training needs to be carried out to relevant standards, for example for vocational qualifications and the Standards for VET Accredited Courses.

> Evidence shows that training alone will not achieve sustained skills acquisition and behavioural change. For best practice claims management, claims managers should receive supervision and regular feedback or coaching to reinforce expectations, build skills and achieve performance.[22]
> Injury management advisors also need skills and experience in managing psychological claims, including knowledge of community services available to a PoC that are not funded by the claim (see Action Area 4).

Technical support

In order for claims managers to make appropriate and timely decisions they need immediate access to technical support.

Three aspects of support are described in the evidence and by insurers or agents:

> Access to specialist expertise in mental health, rehabilitation and RTW.
> Organisational technology platforms:
    – to enhance workflows, facilitate screening and automate aspects of decision making where appropriate, and
    – decision support tools (see Action Area 4 and Action Area 5).
> Organisational re-distribution of some functions such as eligibility determinations that can occupy a significant proportion of claims managers' time and training, and that may be either increasingly automated or transferred to a dedicated unit or third party.

---

21   Page & Tchemitskaia (2012) *Use of Motivational Interviewing by Non-Clinicians in Non-Clinical Settings*; Casey (2014) *Principles of Best Practice in Occupational Rehabilitation for AIA Australia*
22   Page & Tchemitskaia (2012) *Use of Motivational Interviewing by Non-Clinicians in Non-Clinical Settings*

How to get there

Although claims managers may have relevant tertiary qualifications, there is currently no requirement that they hold a professional qualification in claims management or injury management. However, workers' compensation authorities and insurers/agents are increasingly emphasising the role of education and training in workforce development.

An appropriately educated and qualified claims management workforce with relevant soft skills will foster best practice claims management in the workers' compensation sector.

International experience and advice from the local insurance sector indicates that achieving and supporting a new and empowered role for claims managers will involve a number of review and development actions:

> Review and redefine job descriptions for claims managers.
> Determine a team structure taking into account the evidence above and context of the workers' compensation scheme.
> Develop a broader recruitment strategy that includes:
  – updating human resources departments on the skills required of claims managers, particularly case management competencies and soft skills
  – different strategies such as university careers fairs
  – targeting diverse groups from graduates through to mature age employees, and from a range of professional and cultural backgrounds
  – 'recruit for attitude, train for skill': seek recruits with emotional intelligence and diverse life experience
  – promote the workers' compensation sector as a desirable industry, and
  – work towards increased professional standing for claims managers.

> Enhance training, development, coaching and performance management programs for claims managers within the organisation, noting the competencies described above, and in particular:
  – Ensuring claims teams have staff with an appropriate mix of education, skills and qualifications. For example, it may be desirable for team members in senior roles or specialist positions to hold nationally-recognised qualifications in claims management or injury management.
  – Greater investment in developing soft skills such as communication and negotiation, especially for those in the 'middle ground' who are not natural communicators but whose communication skills could be improved.
  – Training for all claims managers to identify and respond to a PoC at risk of harming them self or others, mental health first aid, and suicide prevention.
  – Ongoing coaching, for example practices such as conversation planning and debriefing. Coaching and day-to-day support for claims managers should be a regular practice, rather than limited to performance management.
  – Develop care plans and/or programs that support case managers in the work place and their own mental health.
> Ensure that protocols for provider management and engagement with the worker's compensation scheme and employers are consistent with best practice, and that claims managers are conducting relationships with internal and external advisors accordingly (see Action Area 3 and Action Area 4).
> In addition to providing in-house and external experts, ensure claims managers have the best possible online decision support through automated workflows and screening based on evidence (see Action Area 5) and other decision support, for example up-to-date guidance on evidence-based treatments for psychological injuries (see Action Area 4).

Measurement

You can expect that implementing this action area will result in:

> higher PoC satisfaction and social and health outcomes
> improved communication and collaboration with employers, treating practitioners and stakeholders
> higher staff satisfaction and reduced turnover among claims managers
> improved use of specialist expertise and decision-support tools to inform decision making
> reduced time spent on eligibility decisions, and
> more timely decisions and action on claims.

For claims managers, performance measurement should follow the balanced score card approach and include the full range of outcome dimensions, for example:

> communication and relationships
> assessment and risk identification
> case management
> planning for RTW
> implementation of services
> monitoring and review
> dispute avoidance and resolution, and
> improved claims performance.

Additional resources

Qualifications and training providers

There are currently three nationally-recognised vocational education qualifications available for claims managers:

> Cert III in Personal Injury Management
> Cert IV in Personal Injury Management
> Diploma of Personal Injury and Disability Insurance Management.

Postgraduate study options include:

> Graduate Certificate in Personal Injury Management
> Master of Personal Injury Management.

These qualifications are offered by education providers including Personal Injury Education Foundation (PIEF). For more information, visit:

> Training.gov.au, the National Register on Vocational Education and Training in Australia
> MySkills.gov.au, the national directory of vocational education and training organisations and courses
> Personal Injury Education Foundation http://www.pief.com.au/

In addition to offering nationally-recognised qualifications in claims management, PIEF runs complex case management workshops that cover psychological claims. It also offers an injury management workshop on the Flags model, which identifies the risk of non-recovery and how to develop and implement a goal-oriented recovery or RTW plan.[23]

Mental health first aid and suicide prevention training

> Mental Health First Aid Australia – Mental Health First Aid Australia has developed a number of training courses in mental health first aid, including e-learning and blended learning options. For a list of upcoming courses see its website: https://mhfa.com.au/
> Applied Suicide Intervention Skills Training (ASIST) – ASIST training is a suicide intervention model developed by LivingWorks and delivered by a number of Australian organisations. For a list of upcoming training workshops, see the LivingWorks website: http://www.livingworks.com.au
> MindHealthConnect is an Australian Government initiative that aggregates online mental health resources and tools. The website includes content for consumers, carers and professionals. http://www.mindhealthconnect.org.au
> The Australian Skills Quality Authority has further information on standards for training and education courses, including the Australian Standards for VET Accredited Courses. http://www.asqa.edu.au

---

23   PIEF (2014a) *Case Management*

Case study
Mobile Case Manager Model – ReturnToWorkSA

Background

ReturnToWorkSA is the South Australian Government's workers' compensation regulator. Gallagher Basset and Employers Mutual are the claims agents contracted by the regulator to manage claims.

In July 2015 ReturnToWorkSA introduced a new RTW scheme. This new scheme is characterised by a service-oriented approach focusing on early intervention and face-to-face support for the PoC and employer. The mobile case manager model is part of a raft of scheme changes including simplified insurance premiums, lifetime support for workers with a serious injury and improved compensation for injured workers with whole person impairments.

Problem

Traditionally, insurance case managers work from their desk, lacking regular face-to-face contact with the PoC, employer and treating doctor. This disconnection can create barriers to a more collaborative approach to case management, potentially causing delays in decision-making and approvals for treatment.

Furthermore, a disconnected case manager means claims management can become impersonal and result in a lack of understanding about the PoC's unique situation and needs. The mobile case manager model emerges in response to these case management challenges.

Mobile Case Manager Model

The mobile case manager model moves case management from behind the desk to a more personalised approach. Mobile case managers regularly meet face-to-face with the PoC, employer and medical practitioner to work collaboratively in the RTW process. Through in-person engagement, the case manager is able to make on the spot decisions, ensuring quicker approval times for engaging specialist medical and rehabilitative support. Workplace visits by the case manager also assist in risk management and prevention of future workplace injuries.

ReturnToWorkSA has worked with claims agents Employers Mutual and Gallagher Bassett to deploy mobile case managers in metropolitan and regional areas of South Australia. Many mobile case managers have been assigned to 'high-risk' claims that are particularly complex. These mobile case managers ensure that a PoC has timely access to:

> job analysis and worksite modifications
> support by an expert counsellor when a worker needs such support to participate in RTW activities or adjust to their injury
> treatment approvals recommended by the GP or treating specialist
> vocational guidance and assessment when a new job goal is required
> job preparation and 'fit for work' services
> job placement when a worker is fit and ready to find new employment
> recognition of prior learning assessments for skills training accreditation
> retraining either on-the-job or away from work when needed for RTW, and
> travel, accommodation or other temporary support that is needed for a worker to actively participate in an activity designed to assist with recovery, RTW or restoration to independence in the community.

Case study
Mobile Case Manager Model – ReturnToWorkSA

Outcomes

ReturnToWorkSA has reported improved scheme outcomes following the introduction of the new RTW scheme in 2015, of which the mobile case management mobile is a part of. These improved outcomes include:

> improvement to RTW outcomes

> significant reduction in the number of disputes and complaints

> improvements to customer satisfaction, and

> reduction to 'red tape' like forms and multiple approvals requirement.

The future

This case study highlights how the role of a claims manager can be significantly redefined to align with best practice principles of proactive case management and close collaboration with the PoC, employer and medical practitioner.

ReturnToWorkSA continues to build the capacity of the mobile case manager program since the initial deployment in 2015. Case manager interaction with the PoC, employer and medical practitioner will be monitored to identify areas for improvement.

The mobile case management model is gaining traction in other jurisdictions, with WorkSafe Victoria currently undertaking a pilot.

Action area 3

Engaging and supporting employers in the recovery at work/return to work process

Work design, culture, relationships and practices are important factors when it comes to how work related psychological injuries are caused, prevented and managed.

In the event of an injury, employers have legal obligations towards a person on claim (PoC), including providing suitable duties. There is also evidence that supportive supervisors and colleagues contribute to better outcomes for both the PoC and employer.

This action area looks at how insurers or agents, as well as claims managers, can work with employers to reduce barriers to recovery at work (RAW) and return to work (RTW) for a PoC with a psychological injury.

> Issues
> Current best practice
> How to get there
> Measurement
> Additional resources
> Case studies

Work design, culture, relationships and practices have an important influence on worker mental health[24], including RAW and RTW after psychological injury. However, work-related factors such as high work demand, low control and low support, can pose risks to mental health.[25]

Many psychological injuries develop over time and detecting early signs and putting a good early intervention program in place can reduce the frequency or severity of injury. While a preventative process is considered best practice, if an injury does occur, PoC engagement in good work promotes positive mental health outcomes.

Personnel within insurers or agents have a key role to play in supporting employers to respond effectively to work-related psychological injuries. This includes support employers with providing the PoC with reasonable work adjustments and eliminating any contributing

psychosocial hazards. The claims manager acts as an expert intermediary in this process, assisting the employer to identify how they can respond to the needs of the PoC.

The claims process can provide valuable insights on mental wellbeing for improving the workplace. Your role may include communicating these insights, which employers can use to improve the working environment more broadly.

Issues

Employer support, particularly from a PoC's direct manager, is one of the most important factors in ensuring a positive outcome for the PoC after psychological injury. According to National RTW Survey data, 79 per cent of employees who agreed that their employer responded in a positive and supportive manner were back at work at the time the survey was completed, versus 52 per cent of those who did not agree[26].

---

24 Australasian Faculty for Occupational & Environmental Medicine (2010) *Realizing the Health Benefits of Work: A Position Statement*

25 Hausser et al. 2010) '*Ten years on: A review of recent research on the job demand-control (-support) model and psychological well-being*'

26 Wyatt & Lane, *Return to Work: A comparison of psychological and physical injury claims*; Wyatt, Cotton and Lane, *Return to work in psychological injury claims*

However, there are a number of issues that can prevent employers engaging in RAW and RTW strategies:

> The size of the employer and resulting workers' compensation arrangements impact on the employer's role. For example, a small business compared to a large company will differ in both the resources they have available to support the PoC and also their possible previous experience in dealing with psychological injuries.

> Establishing timely and effective communication between all parties can be challenging. A flexible, tailored approach is required, as the needs and expectations of the PoC will vary according to the nature and circumstances of the injury. For example, different communication strategies are needed for a bullying-related injury compared to post-traumatic stress.

> Employers may believe they lack the skills to communicate effectively with a PoC or may be uncertain about how a PoC will react to being contacted.

> Employers may have difficulty in assisting in RAW or RTW when doctor's certificates can state either the employer cannot communicate with the worker, or that the worker can return to pre-injury duties but cannot have any contact with their manager.

> Employers may find it difficult to maintain or rebuild relationships with a PoC, particularly if the circumstances of the injury are disputed. In some cases, there may have been an irretrievable breakdown of the working relationship that stops the worker from returning to their pre-injury role or workplace.

> Employers are often uncertain about the relative risks and benefits of RAW or timely RTW for those with psychological injuries. Some employers may not be aware of the evidence about the health benefits of good work, or the steps they can take to mitigate risks associated with RAW and RTW.

> Some employers may not have the practical knowledge to support a PoC's RAW or RTW. This is particularly the case for smaller organisations with less experience of the workers' compensation system. For example, employers may not be familiar with the claims process or how to make reasonable work adjustments for a PoC with a psychological injury. They may not be up-to-date with the emerging evidence in this area.

> Delays between the onset of a psychological injury and a claim being accepted can see the relationship between an employer and a PoC deteriorate, particularly if there's been a breakdown in communication. Your role is to help facilitate timely communication and help explain reasons for delays to the PoC.

> Despite improvements in mental health awareness in society, people with poor mental health can still be subject to prejudice and discrimination due to their condition. This can create barriers for timely reporting of psychological injuries and RAW or RTW after they've occurred. Prejudice and discrimination can be a result of a range of factors, including attitudes to mental health in the wider community, the invisible nature of psychological injuries, how well employers understand mental health, and concerns about the legal, financial and reputational risks that can be associated with psychological injuries.

Current best practice

Employers have legislated obligations towards PoC's. While the requirements vary between schemes, employers are generally required to:

> consult with the PoC and other parties

> be involved in RTW planning approaches, and

> provide suitable duties for the PoC.[27]

Best practice for insurers or agents means helping employers provide support for the PoC that goes above and beyond these legislated requirements, such as supporting transitions to new employment, to ensure the best possible outcome for the PoC. It should be noted that workers also have legislated obligations regarding engagement in the RTW process. These obligations differ between schemes, and insurers or agents should ensure employers are aware of these worker obligations.

Both internationally and in Australia, best practice means providing early support for a PoC when they need it, rather than when everything has reached crisis point, and improving the employer's initial response

---

27   Safe Work Australia (2014) *Workers' Compensation Legislation and Psychological Injury*, Fact Sheet

to psychological injuries. Where a PoC can't return to their original role or employer, best practice means identifying the most direct path back to work as early as possible and supporting the PoC to transition to a new or modified job.

There are a number of jurisdictional, national and international guidelines and resources to help employers prevent and respond to psychological injuries in the workplace (see Additional reading). As an insurer or agent, you should aim to help employers draw on the guidelines most relevant to them to develop policies for RAW and RTW for psychological injuries.

The following principles and practices should underpin how you engage with employers about RAW and RTW:

> Ensure the most appropriate person is contacted to discuss the PoC. This is likely to be a RTW Coordinator if an employer has nominated one. If a RTW Coordinator is not present, the PoC's supervisor may be the most appropriate person, as opposed to Human Resource personnel.

> Encourage employers to start, maintain or re-establish supportive communication with a PoC following a claim. Timely and effective communication is key to maintaining positive relationships with a PoC and achieving successful RTW and RAW outcomes. This can include both informal communication and goal-oriented discussions about RTW planning. Recent Australian data has shown that timely contact and a supportive response by employers after a claim has been lodged is associated with significantly improved RTW outcomes for workers with psychological injury.[28]

> With the PoC's consent, give the employer appropriate information about the PoC's progress towards rehabilitation milestones, ability to perform work duties and expected RTW date. This may involve setting up case conferences with employers and treating practitioners.

> Make a timely assessment of the likelihood that a PoC will be able to return to their pre-injury role or employer in order to facilitate the RAW/RTW process.

This should take place with the input of the PoC, the employer and other relevant parties, such as treating practitioners. The PoC's individual situation and needs should be prioritised when deciding on future employment options.

> Emphasise the importance of resolving any workplace issues connected to the PoC's injury. If a PoC is concerned about an ongoing workplace issue that may have contributed to their injury, you can work with employers to make sure any psychosocial hazards are identified and addressed.

> Speed up dispute resolution processes for psychological injury claims to minimise the risk of the relationship breaking down and allow the employer and the PoC to focus on RAW/RTW. It's useful if you keep providing support to both the PoC and their employer while dispute resolution is underway.

> Address employer concerns about RAW and timely RTW for a PoC with psychological injuries. Make sure employers understand the health benefits of good work, how to create a psychologically safe and healthy workplace, and the positive role they can play in supporting the recovery of the PoC.

> Help employers identify or create suitable duties for injured workers. An integral part of this progress is making reasonable work adjustments that are appropriate for psychological injuries. This may involve you liaising with the PoC, the employer and the treating practitioner to identify practical modifications of the PoC's role, work environment and performance standards to support RAW or RTW. If a PoC is recovering at work or taking a graduated approach to RTW, you will need to revisit what constitutes reasonable work adjustments and update them as the PoC recovers from their psychological injury.

> Encourage employers to take an integrated approach to handling claims made under workers' compensation. You can achieve this by ensuring the same employer team or coordinator handles all claims.

---

28 Wyatt & Lane, *Return to Work: A comparison of psychological and physical injury claims*; Wyatt, Cotton and Lane, *Return to work in psychological injury claims*

> Collaborate with treating practitioners and employers to implement workplace-based and work-focused treatments that are relevant to the PoC's needs.[29]

> As an insurer or agent, you have an important role to play in championing evidence-based treatments and encouraging employers to facilitate their delivery. Your role may include a need to communicate the benefits of early access to treatment and address employer concerns regarding acceptance of liability and any financial impact.

How to get there (see Action Area 1 and Action Area 2)

You need to make sure that employers who are managing the RAW or RTW of a PoC have updated protocols and guidance materials (see Action Area 1 and Action Area 2). In addition, new forms of collaboration between you and employers are needed to develop innovative programs that address the issues raised above.

Insurer or agent protocols should:

> help employers start, maintain or re-establish supportive communication with a PoC

> encourage the PoC to stay in contact with workmates where appropriate to continue social interaction and connection

> ensure employers are appropriately informed of major developments in relation to the PoC's claim, with consent from the PoC

> work with employers to resolve psychosocial hazards identified as a result of the PoC's injury and ensure the workplace is psychologically safe and healthy for RAW/RTW, and

> manage cases where an irretrievable breakdown has occurred in the PoC's relationship with their employer. This may include RTW in a different role or workplace.

You should provide information materials for employers that:

> address their concerns about the risks of RAW and RTW

> promote the expectation that most PoC's with a psychological injury will RAW or RTW

> explain the claims process and the role employers play in supporting RAW/RTW

> advise them about making reasonable work adjustments, which may involve a graduated RAW or RTW in which a PoC's workload and/or hours are increased over time

> explain the benefits of an integrated injury management or rehabilitation approach for a PoC with claims under multiple compensation systems, for example superannuation and workers' compensation

> enhance employer knowledge of organisational risk and protective factors in relation to mental health, and how these can be addressed to prevent psychological injury in the workplace, and

> provide information about guidelines and other resources for addressing mental health in the workplace.

You may need to develop complementary resources to help small businesses communicate clearly to workers about workers' compensation matters, particularly as they relate to psychological injuries.

You should provide a single point of contact for the PoC, their employer and their health care providers. If current organisational structures don't allow for a single point of contact throughout the life of the claim, you should make sure processes are in place to maintain communication with the PoC and the employer.

Similarly, you should make sure employers have protocols in place to facilitate a seamless handover of a claim if there is a change of claims manager or insurer or agent.

You should also encourage employers to take up new workplace-based and work-focused treatments offered by health care providers (see Action Area 4).

In recent years there have been significant advances in mental health literacy and how to help workers (see Additional resources).

---

29 See Reavley et al (2016) *A synthesis of recent evidence supporting a best practice approach to psychological claims management*: Dewa et al. 2015 and Nieuwenhuijsen et al. 2014; Pomaki et al (2010) *Best Practice for Return-to-Work/ Stay-at-Work Interventions for Workers with Mental Health Conditions*

You should try to develop partnerships with employers to identify and implement promising programs that promote workplace mental health and provide support at the point of need, rather than crisis, and give managers the skills they need to promote mental health at work and manage RAW/RTW. In this way you can help employers prevent psychological injuries from occurring; as well as creating working environments where people with poor mental health feel supported and included in their workplace.

Measurement

PoC outcomes

> Better claims experience thanks to timely intervention, supportive interactions with employers, positive rehabilitation and treatment experience, as well as successful RAW/RTW.
> Satisfaction, recovery and wellbeing.

Employer outcomes

> Increased productivity and reduced absenteeism, staff turnover and separation costs.
> Reduced costs associated with reasonable work adjustments.
> Employers feeling supported throughout the process, including appropriate consideration of their views in determining liability.

Insurer or agent outcomes

> Improved claims metrics, including the number and duration of claims as well as the durability of RAW/RTW for a PoC. Metrics should be used as part of a holistic assessment of performance, taking into account the limitations of these measures.
> Stronger relationships between stakeholders that build capacity for developing alternative pathways for people with psychological injuries.

Additional resources

Publications

Australian and New Zealand Consensus Statement on the Health Benefits of Work. Position Statement: Realising the Health Benefits of Work

The Australasian Faculty of Occupational & Environmental Medicine, Royal Australasian College of Physicians, 2011 https://www.racp.edu.au/

Helping employees successfully return to work following depression, anxiety or a related mental health problem: Guidelines for organisations

Centre for Youth Mental Health, University of Melbourne, 2011 http://returntowork.workplace-mentalhealth.net.au

Working for Recovery: Suitable employment for return to work following psychological injury

Comcare, 2014
http://www.comcare.gov.au

Best Practices for Return-to-Work/Stay-at-Work Interventions for Workers with Mental Health Conditions, Final Report

Occupational Health and Safety Agency for Healthcare in British Columbia, 2010
http://www.ccohs.ca/

General resources

Safe Work Australia and workers' compensation schemes have information for employers about their legal obligations.

http://www.safeworkaustralia.gov.au

www.comcare.gov.au

www.worksafe.act.gov.au

www.worksafe.qld.gov.au

http://www.worksafe.vic.gov.au/

www.sira.nsw.gov.au

http://www.rtwsa.com/

www.workcover.wa.gov.au

www.worksafe.nt.gov.au

www.worksafe.tas.gov.au

Heads Up, a workplace mental health promotion campaign, has a variety of resources and programs to help employers. Heads Up is an initiative of the Mentally Healthy Workplace Alliance and beyondblue.

https://www.headsup.org.au/

http://www.mentalhealthcommission.gov.au/

https://www.beyondblue.org.au/

Sane Australia, a national mental health charity, has resources and advice for employers on topics including addressing prejudice and discrimination and how to help employees with psychological injuries or other mental health problems.

https://www.sane.org/employers

Background

Fire and Rescue New South Wales (FRNSW)
and Employers Mutual (EML) collaborated
to develop an integrated injury management
system for post-traumatic stress disorder (PTSD)
amongst firefighters. Other partners involved in
development of the injury management system
included the University of Sydney, University of
NSW, Black Dog Institute and Phoenix Australia.

Problem

The prevention and management of PTSD
requires a coordinated approach between employers, insurers/agents and other experts,
each contributing their unique knowledge and resources. Without a coordinated approach,
stakeholders can become siloed and lack strategic coherence, potentially resulting in a lack of
adequate support for workers at risk of, or suffering from, PTSD.

Integrated injury management system for PTSD

FRNSW, in close collaboration with EML, developed an integrated injury management system
for PTSD based on the Expert Guidelines for PTSD in Emergency Services.

The injury management system ensures the employer and claims manager work collaboratively
on every aspect of training and case management to ensure firefighters are supported through
incident, recovery and future injury prevention. Key components of the system include:

> Establishment of suitable duties lists for types of physical and psychological illness

> Extending counselling treatment sessions from 60 to 90 minutes

> Early assessment, diagnosis, treatment and rehabilitation processes involving
  Clinical Psychologists

> Development of a FRNSW PTSD Book providing practical information regarding
  management of PTSD for injured firefighters and their families

> A PTSD Seminar to launch the new injury management system and raise awareness in
  the workplace

> 'Lived panels' to highlight the lived experience of PTSD and gain feedback from firefighters.

Outcomes

FRNSW have received overwhelmingly positive feedback through the lived panels in relation
to the care and support provided to firefighters following injury. FRNSW continues to seek
feedback on the experiences of firefighters in the injury management system.

With regard to scheme outcomes, the average cost of mental stress claims in FRNSW is
over 27 per cent lower than other Emergency Services in NSW. Furthermore, FRNSW has
experienced a 21 per cent decrease in workers' compensation premiums over the past 5 years.

The future

This case study highlights the significant benefits of insurer/agents and other experts working
with employers to achieve the best outcomes for the PoC. The case study also illustrates how
an integrated and coherent injury management system can be created by aligning activities
to agreed guidelines that uphold the principles of early intervention and benefits of RTW. The
next steps for FRNSW involve investigating the emerging evidence supporting e-Mental Health
in the treatment of depression, anxiety and post-traumatic stress disorder, as well as improving
support to firefighters who have being medically discharged due to psychological illness.

Action area 4

Bringing evidence to treatment and rehabilitation

> **How can claims managers be assured of ongoing access to information on evidence-based treatment and rehabilitation that supports a biopsychosocial approach to recovery at work (RAW) and return to work (RTW), and early intervention to improve outcomes for a person on claim (PoC)?**

> Issues
> Current best practice
> How to get there
> Measurement
> Additional resources
> Case study

Issues

There is an important distinction between treatment—the effort to improve the health outcomes of a PoC by health care providers—and rehabilitation, which tries to minimise impairment and disability and improve social and vocational outcomes.

> Much of the established literature on mental health is focused on clinical management and health outcomes, with much less evidence on vocational rehabilitation and work outcomes.

> Clinical improvement does not necessarily improve work participation and productivity; there is poor correlation between the severity of symptoms and work capacity. There is acknowledgement that people with psychological injuries require additional help—over and above symptomatic treatment—to help RAW/RTW.

> In the workers' compensation sector, insurers are required to pay for both medical treatment and vocational rehabilitation for a PoC. They are able to influence treatment by providing information on evidence-based care to both healthcare providers and the PoC. For example, there is a focus in mental health on treatments such as cognitive behavioural therapy, which incorporate work-focused elements to support RAW/RTW.

> As an insurer or agent, you can use provider management frameworks and internal treatment approval guidelines to ensure treatments are evidence-based and appropriate. For example, you can establish the expectation that treatments funded by the claim are delivered in accordance with the Clinical Framework for the Delivery of Health Services.

> You need to ensure that claims managers have ongoing access to information on what is evidence-based treatment and rehabilitation for people with psychological injuries. There are two key issues:

 – Evidence for effective treatment and for rehabilitation regimes for psychological injuries are evolving constantly and rapidly changing. Claims managers and rehabilitation consultants need an informed approach to reviewing treatment regimes, and selecting rehabilitation interventions.

 – Inadequate treatment for psychological injuries is common. For example, Australian and international evidence indicates that only about a quarter of people with affective and/or anxiety disorders receive evidence-based

treatment.[30] Inconsistency in approach by medical practitioners, a lack of objectivity in reports, and treatment that is inadequate in duration, medication or evidence-base has also been noted.[31]

> When rehabilitation providers work in the insurance context for an extended time they may lose some of the community knowledge and contacts that can be a great asset in dealing with psychological claims. In-house rehabilitation teams do not replace the need for a proactive external rehabilitation network that includes specialist expertise in psychological claims.

> A coordinated approach to improving the uptake of evidence-based treatments and rehabilitation is needed. Fragmented efforts by individual insurers and agents are likely to be less effective than a whole-of-sector approach.

Current best practice

Based on available evidence and guidelines, best practice in promoting evidence-based treatment and rehabilitation has the following characteristics:

> Claims managers have access to a constantly updated pool of expertise—a repository of expert information and guidelines on effective treatment and rehabilitation of psychological injuries.

> Such a repository could be maintained by a third party, for example a government agency or a research institute, on behalf of the sector.

> Information on effective therapies is used to help automate the segmentation of psychological claims and determining claims management protocols (see Action Area 5).

> Easy streamlined access to expertise either from a consultant or a trusted in-house source would augment the information repository. A triage process for requests would make the process efficient.

> Improved independent health and RTW assessments helps claims managers better make decisions on injury management or rehabilitation.

> Informed claims managers are more able to proactively engage with service providers and avoid situations that see the PoC caught between differing health care provider views.

> Informed claims managers fully understand a PoC's needs and work collaboratively to advise them. Communication between the informed claims manager and the PoC is clear and easy to understand.

Recent best practice guidelines in Australia and overseas includes the following advice:[32]

– current evidence supports a biopsychosocial approach to treatment and rehabilitation, and early intervention to improve RAW/RTW outcomes.

> Selecting the best evidence-based interventions is a core requirement.

> Strengthening provider management requires:

– standardised processes designed to guide both claims management and rehabilitation staff

– working in partnership with contracted/ engaged allied and medical health providers to achieve outcomes

– provider management arrangements that specify the service delivery model, reporting requirements, performance, service standards and target levels and incentives, and

– arrangements that specify the minimum skill level and expertise to carry out specialist services.

The role of the treating medical practitioner is to manage the PoC's injury, determine their work capacity and issue medical (or work capacity) certificates. In addition, they take part in the RTW process by communicating with the insurer or agent, employer, and other health and rehabilitation service providers.

30 For Australian evidence, see Harris et al (2015) *Frequency and quality of mental health treatment for affective and anxiety disorders among Australian adults*. For international evidence, see Sledge & Lazar (2014) '*Workplace effectiveness and psychotherapy for mental, substance abuse and subsyndromal conditions*', pp. 499, citing Miranda et al 2008)

31 Emsley et al (undated) *Guidelines to the Management of Disability Claims on Psychiatric Grounds*

32 Emsley et al (undated) *Guidelines to the Management of Disability Claims on Psychiatric Grounds*; Casey (2014) *Principles of Best Practice in Occupational Rehabilitation for AIA Australia*; and the case study '*A pilot project on screening and early intervention in the British Columbia workers' compensation system*' in SuperFriends Taking Action Framework

The treating medical practitioner is a critical stakeholder and plays an important role in the RTW process. They may differ in their experience with the workers' compensation system. Your role may include assisting the medical practitioner to understand their role in the rehabilitation and RTW process.

In communicating with medical practitioners and psychologists, your objective should be:

> obtain objective reports
> provide relevant information about the workers' compensation system and processes
> have consistent processes for gathering and evaluating medical information, and
> make a fair decision on quality information.

You need to obtain advice from medical practitioners or psychologists on the following:

> What is the diagnosis and prognosis?
> What is the recommended treatment? Is it evidence based?
> What is it that the PoC can and can't do?
> What is the PoC's attitude and situation in relation to returning to work?

At an overarching level, beyond condition-specific treatments, four key themes are highlighted in current best practice:

> The evidence clearly highlights that all injury claims, early screening and intervention are essential:
  – Accurate diagnoses should be obtained from medical practitioners or psychologists in the early stages of a claim, to ensure the PoC can access appropriate treatment as soon as possible
  – Screening for psychosocial risk factors should occur as soon as practicable. The PoC should be screened for risk factors regardless of injury type (physical or psychological) to minimise the risk of secondary psychological injury.

  – Screening must be combined with appropriate risk mitigation responses, such as providing the PoC with tailored interventions and additional support.[33]
  – The therapeutic window for treatment is 6–12 weeks from the first day off work.[34]

> The interventions for psychological claims that add most value are focused on work and are holistic:[35]
  – There is strong evidence that health and RTW outcomes are improved by work-focused treatments. Cognitive behavioural interventions should be workplace based and work-focused.
  – There is strong evidence that multifaceted interventions—those across more than one domain (service delivery, healthcare, work modification)—are more effective in reducing time lost than interventions that focus on one domain only.

> Supportive employer engagement in the RAW/RTW process measurably improves outcomes (see Action Area 3). This includes:
  – timely and supportive contact from the employer following the initial injury or claim
  – the PoC perceiving that their work is valued
  – management being committed to the RTW effort (finding suitable duties and making reasonable work adjustments), and
  – support from peers and supervisors on RTW.

> In general, in the early stages of a claim the PoC's expectations about recovery and RTW are malleable. An optimistic outlook should be actively cultivated as part of any contact with health professionals and claims managers:
  – The evidence shows that if health professionals address low expectations of recovery early in the course of the illness, this may reduce the likelihood of the condition becoming chronic.

---

33 Franche (2014) *Innovative practices to improve recovery and RTW of workers: Psychosocial factors at the front end and tail end of the claim*
34 Ibid
35 Pomaki et al (2010) *Best Practice for Return-to-Work/ Stay-at-Work Interventions for Workers with Mental Health Conditions*; Collie et al (2014) *Workplace-Based Interventions for Improving Return to Work after Musculoskeletal and Pain Related Conditions: A Systematic Review*; Reavley et al (2016) *A synthesis of recent evidence supporting a best practice approach to psychological claims management*.

– There is good evidence that motivational interviewing skills can be learned by non-clinicians, including claims managers, and can be effectively applied in non-clinical settings to harness motivation of the PoC[36] (see Action Area 2).

> Telehealth is showing early promise as a way to treat mental health conditions and may be adapted for treating psychological injuries:[37]

– Patient-centered, clinician-led telehealth provides an efficient and effective model of care that complements but does not exclude face-to-face consultation.

– Telehealth and web-based delivery models have been shown to prevent delays in receiving care, support coordinated care, and facilitate collaboration across professions. These service improvements can be particularly beneficial to rural communities which face challenges in accessing appropriate treatment providers.

– Best practice includes ensuring telehealth services are appropriately matched to the needs of the PoC and the severity of their injury, as part of a multifaceted injury management/ rehabilitation strategy.[38]

– Web-based interventions (self-help resources, anonymous counselling services) and technology-assisted therapies offer significant benefits for clients and providers, although to date, cost-effectiveness evidence is inconclusive.

– Telehealth services should be delivered and evaluated in line with the same principles and quality standards applied to other interventions for a PoC.

How to get there

Elements that have already been incorporated into best practice guidelines in Australia include:

> A focus on access to specialist expertise, for example:

– Involving specialists early, obtaining input from a psychologist or psychiatrist rather than only the GP.

– Ensuring a qualified rehabilitation team, a sound provider management framework and monitoring specialist inputs.

– Accessing in-house experts including the rehabilitation team and other advisors, for example the mental health nurse and the occupational physician as part of the multidisciplinary team.

– Enabling professional peer-to-peer communication on cases.

> Developing a robust training and policy infrastructure, for example:

– Injury management is delivered in a way that is directed at enabling PoC to RTW.

– Treatment, rehabilitation, RAW and RTW requirements are laid out in policies and procedures that are continuously updated as new evidence comes to light.

– Training is provided and claims managers are updated regularly on new treatment and rehabilitation methods when further evidence is established (see Action Area 2).

The two significant issues where further progress is needed are:

> keeping claims managers up to date with current information on effective treatments and rehabilitation interventions for psychological injuries on an ongoing basis, given the speed at which treatments and rehabilitation approaches are evolving, and

---

36   Page & Tchemitskaia (2012) *Use of Motivational Interviewing by Non-Clinicians in Non-Clinical Settings*

37   See Cason J (2014) *Telehealth: A rapidly developing service delivery model for occupational therapy*; Chan (2014) *Mobile tele-mental health: Increasing applications and a move to hybrid models of care*; Kinley (2012) *Telehealth for Mental Health and Substance Use*: Literature Review. See also Liu et al (2013) *Effectiveness and Application of Remote Mental Health Interventions Towards Compensable Injury Recovery*

38   Liu et al (2013) *Effectiveness and Application of Remote Mental Health Interventions Towards Compensable Injury Recovery*

> ensuring evidence underpins treatment and rehabilitation.

To achieve best practice, a series of interconnected changes have been identified by workers' compensation stakeholders, in line with current evidence. They fall into three broad domains that may be pursued independently, although when combined the potential for change is greater. They are:

> cultural change
> investing in internal (to the insurer or agent) resources, and
> investing in workers' compensation sector resources.

Cultural change

There are two key areas for cultural change:

> Quality assurance:
  – Currently, quality assurance is generally focused on technical aspects of claims management (turnaround times and costs).
  – Quality assurance needs to be re-focused on outcomes for the PoC concerned, the quality of assessments, pro-active case management, and the sustainability of RAW/RTW. See Action Area 6 on developing an improvement plan for psychological claims management and measuring progress. See Action Area 2 for professional development and performance management of individual claims managers.
> Relationship with GP's:
  – Currently, the interaction with GP's can be formulaic and bureaucratic, may not be based on professional relationship building, and may not necessarily recognise the potential to build capacity for evidence-based practice in workers' compensation injury management and rehabilitation.
  – To achieve best practice, there needs to be investment in building relationships with GP's and building frameworks that assist them to develop their capacity. This might take a variety of forms at an individual insurer or agent or workers' compensation sector level, for example:
    – cultivating relationships with medical practitioners, recognising they may be interested in working with injury management experts
    – sharing information with medical practitioners on evidence-based care for work-related psychological injuries, especially vocational treatments
    – encouraging GP's to use the Clinical Framework for the Delivery of Health Services to guide care delivery, and
    – involving GP's in case conferences with other parties (such as the employer) where appropriate. Ensuring the GP's knowledge of the PoC's medical history and personal circumstances are valued and taken into account.

Investing in internal resources

Currently, training and skill levels of claims managers are not necessarily specific or up-to-date in relation to psychological claims management. Processes for claims managers can be similarly generic, focused on claims processing rather than identifying key alerts, and their follow-up activities. Training needs to better reflect the skills and knowledge required (see Action Area 2).

> Processes need to support identifying a high risk PoC early and directing people with appropriate expertise to manage them (see Action Area 1 and Action Area 5).
> Provider management frameworks need to be consistent with best practice as described above. Service standards should include considerations of evidence-based care. Job descriptions, workflows and training and development of claims managers need to be consistent with and support provider management policy.
> Evidence supports claims managers having access to mental health expertise. During the development of the SuperFriend TAKING ACTION Framework, various models for this were proposed in discussions with insurers, including:
  – mandatory review of all psychological claims by an expert in-house team, and
  – streamlining access to the expert panel by triaging to ensure cost-effectiveness and timeliness.

Investing in workers' compensation sector resources

Modern healthcare is dominated by treatment guidelines and protocols, developed and constantly updated by subject matter experts. Currently there is no easy way for claims managers in the workers' compensation sector to readily access the latest evidence-based guidelines/research/treatment protocols. One solution may involve creating or using an information repository that is regularly reviewed and updated. It should contain guidelines, treatment protocols, and could also include regular research/practice/trend alerts.

While such a repository may not be within the capacity of any one organisation, it should be supported at a collective level. There are numerous models for this sort of information resource across an industry, usually brokered by an independent but invested third party.

Measurement

Key indicators of success for this action area would include:

> increase in evidence-based interventions for psychological injuries and rehabilitation

> improved health, social and RAW/RTW outcomes

> improved cost-effectiveness for insurers and agents and the PoC concerned when it comes to health services (reduction in waste)

> improved collaboration with GP's, for example case conferencing

> increased PoC satisfaction with the quality and cost-effectiveness of treatment, and

> increased PoC satisfaction with quality of rehabilitation programs.

Additional resources

Clinical Framework

The Clinical Framework for the Delivery of Health Services has been endorsed in most workers' compensation schemes and by numerous health profession associations. It details five evidence-based principles to guide treatments delivered to injured workers that demonstrably improve health and RTW outcomes.

The Framework is available on workers' compensation scheme websites.

Telehealth for mental health conditions

The Australian Government's MindHealthConnect portal provides access to online mental health resources, including online tools, services and programs.

http://www.mindhealthconnect.org.au

Background

The Transport Accident Commission (TAC) is a Victorian Government organisation set up to pay for treatment and benefits for people injured in transport accidents, promote road safety and improve Victoria's trauma system.

As part of an organisational focus on understanding client outcomes, TAC conducted a longitudinal study that tracked the experience and outcomes of over 1,500 clients over a two year period as they journeyed through the TAC scheme on their return to health (and work, where relevant) following a transport accident.

Problem

Clients at risk of developing mental illness following a transport accident present significant challenges to the TAC compensation scheme, in terms of poor client outcomes, experience of the scheme and increasing costs. Post-traumatic stress disorder (PTSD) and depression are mental health conditions commonly seen amongst people who have experienced a transport accident. Persistent pain can also create a significantly protracted recovery for clients following a transport accident.

Early identification of TAC clients who are vulnerable to mental health and persistent pain conditions is important for appropriate case management and facilitation of treatment and rehabilitation.

Identifying predictors of mental health and persistent pain vulnerability

TAC analysed data from their longitudinal study to identify clients with mental health vulnerability following a transport accident. Utilising a clinically validated predictive screening index for PTSD and depression[39], TAC examined client interview data for the presence of PTSD and depression symptomology. This did not amount to a clinical diagnosis, but rather an indication of clients at risk of PTSD and depression.

Two key variables emerged as most predictive of mental health vulnerability – cognition and resilience. Clients with low cognition and resilience commonly fell into a high-risk category of vulnerability (approximately 20 per cent). Other clients were categorised into no or low risk (approximately 50 per cent) and moderate risk vulnerability (approximately 30 per cent). It was found that high-risk clients generally had poorer outcomes in health-related quality of life, pain, vocational outcomes and ability to get 'life back on a track' (LBoT, an over-arching measure of recovery).

TAC was able to further refine their risk segmentation by incorporating two other variables into analysis – likelihood of pain persistence and LBoT. This enabled clients to be categorised into four risk segments (low, medium, high and severe), based on their risk of developing mental health and/or persistent pain following a transport accident.

Developing a screening tool

Utilising the identified predictors and risk segmentation, TAC trialled a screening tool for early identification of clients at risk of developing mental health and/or persistent pain conditions.

The tool enables TAC staff to interview clients in a two stage screening process, asking questions related to cognition, resilience, social support, pre-existing mental health, persistent pain and LBoT.

While this is not a diagnostic or clinical tool, the screen allows early identification of at risk clients. Early trial findings suggest that the screening tool encourages discussions with clients regarding tailored claims management and potential interventions.
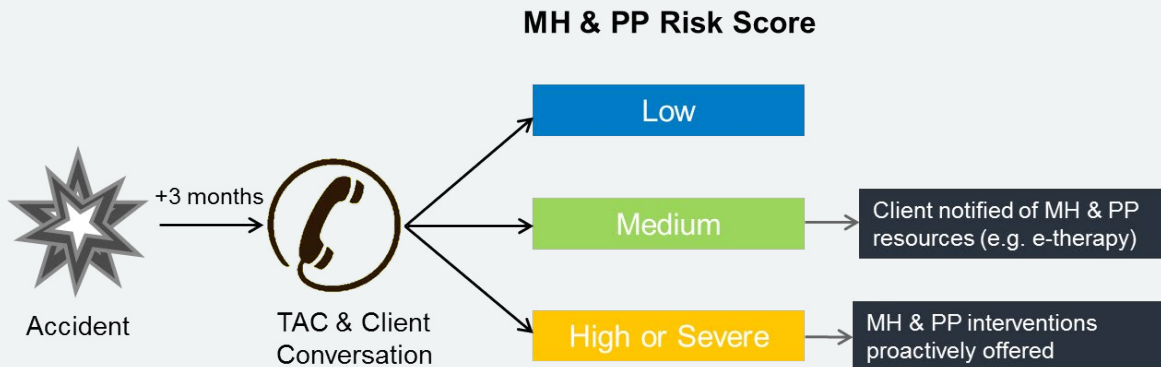
---

39   O'Donnell (2008) *A Predictive Screening Index for Posttraumatic Stress Disorder and Depression Following Traumatic Injury*

Figure 5 TAC screening

The future

This case study highlights the significant benefits of early screening for psychosocial risk factors to enable more sensitive claims management and facilitation of early intervention. Early screening by claims staff combined with accurate diagnoses from medical practitioners and psychologists will ensure a PoC's needs are fully understood. Evidenced-based treatment and rehabilitation can then follow to meet these needs.

TAC is continuing to use its longitudinal study findings to more deeply understand recovery trajectories and the complexities some clients face when attempting to get their life back on track following a transport accident.

Effective decision making supported by analytics and automation

Analytics, including predictive modelling, can be used by insurers or agents in triage and decision support, to ensure best practice in psychological claims management.

> Issues
> Current best practices
> How to get there
> Measurement
> Case study

Issues

The principal issues analytics and automation address include forecasting, handling complex claims and those requiring early input from expert advisors, and making systems more person on claim (PoC)-centric.

> Currently, forecasting to inform decision making is done by actuaries with an emphasis on financial outcomes and with modelling largely based on historical aggregate data from the insurer.

> Forecasting could be improved by widening the risk data that is used to inform it, and by extending the focus to include health and social outcomes, as well as financial ones. This recognises that health and social outcomes are major drivers of financial ones.

> Triaging claims based on risk, including psychosocial risk factors, is in its early stages. It is common practice to segment claims but few of the models are validated, that is tested using research methods.

> Matching claims managers' skills and experience to the complexity of claims is rudimentary and intervention pathways tend not to be clearly defined, and when they are, are not evidence-based. This is related to the challenge of capturing both the business rules and best practice treatment guidelines to identify cases that need early input from expert advisors (internal or external) or are at risk of slow or no return to work (RTW).

> Slow uptake of automation in claims management represents a missed opportunity to improve the quality and consistency of claims management.[40] Consequently, there is significant variation and a lack of consistency in claims management.[41]

> Unnecessary intervention by insurers or agents can cause unintended harm, in particular the psychological damage caused to a PoC when engaging with insurance systems.

> Current information and processes are not PoC-centric and can be perplexing and difficult to navigate. A PoC may not understand the roles of the various stakeholders and service providers involved in managing their claim and the RAW/RTW process.

> Insurance experts see 'leveraging data as a strategic asset for improved decision making' as a major opportunity, and legacy systems that prevent this as a major risk.[42]

---

40 See the case study in the SuperFriend's TAKING ACTION framework: '*Using analytics, especially predictive modelling, to improve decision-making: Findings from a conference in South Africa*'
41 ibid
42 ibid

Current best practice

The best practice development of analytics and automation involves:

> developing evidence-based models and automated processes with input from subject matter experts[43], and

> ensuring sound practices are in place to evaluate the performance of predictive analytic models and automated processes. For automated processes, evaluation should focus on ensuring claims management does not become rigid and impersonal.

Best practice in the application of analytics and automation, based on innovation overseas and available technology, includes:

> Strengthened predictive modelling to help identify claims that do not benefit from extensive intervention by the insurer or agent, followed by acceptance of eligible claims and quick compensation or entitlements.

> Predictive models for triaging claims are soundly based on the biopsychosocial approach;[44] the segmentation of claims is automated.

> Decision support and claims management tools ensure that managing claims is as consistent with best practice as possible, including matching complexity to team skills and knowledge (see Action Area 1 and Action Area 2).

> For high volume, high cost claims evidence-based intervention pathways are developed and incorporated into claims management and decision support tools.

> Ongoing monitoring of progress is automated against predicted models for that type of claim, categorised within a biopsychosocial model. Variation from expected progress is flagged by the system, and appropriate action prompted, for example a case conference.

> Predictive modelling is also being used to manage fraud. Cases can be assigned risk ratings based on type, treatment and other factors for post-approval audits or review, to mitigate the risk of fraud.

> eClaim[45] platforms provide for easy online claim application, with automatic updates as the claim moves through the assessment process; for many this will be very fast, as noted above. eClaim platforms give you ready access to help for a PoC. It should be noted however that people with psychological injuries in particular may require additional assistance, or may not be able to make a claim online. Other channels for lodging claims and communicating with agents and insurers should remain available for a PoC to use.

> An eClaims platform integrates the claims process between agents/insurers and workers' compensation scheme and makes the interface seamless.

---

43 For an example of the key role of expert subject matter knowledge in the development of predictive tools, see Lebedev et al (2015)

44 See for example the case study in the *SuperFriend's TAKING ACTION Framework*: 'Triaging mental health (and other) claims in the British Columbia workers compensation system'

45 An "eClaim" platform is an online rules driven system that enables immediate decision on the majority of straight forward cases and appropriate referral where needed on more difficult or complex claims

Figure 6 eClaim Processing
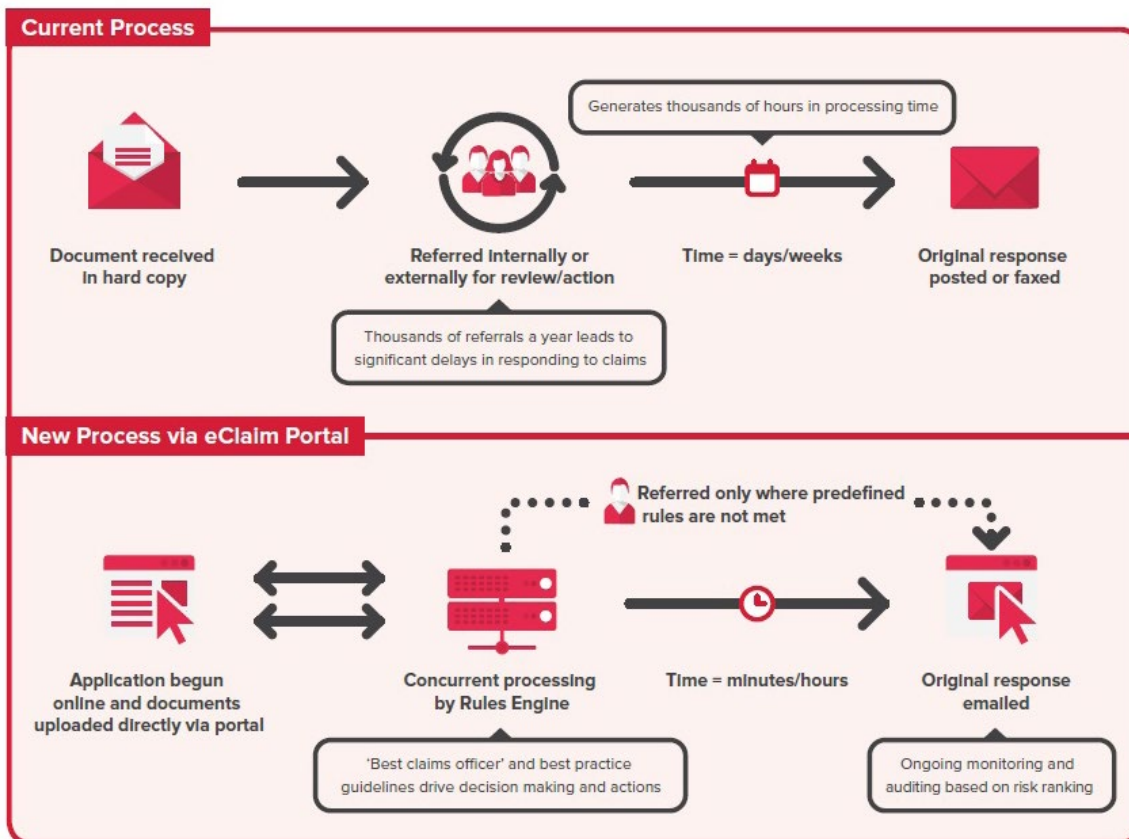
Source: John Wise, Wise Technology Management, www.wisetechnology.com

In the eClaim example shown in Figure 6:

> A PoC can easily lodge claims over the web and receive quick responses to straightforward claims.

> Claims business rules and best practice guidelines are captured in a rules engine that is then used to process new claims and monitor ongoing claims.

> Unnecessary interventions by claims managers are minimised with only complex or high risk claims referred for more intensive claims manager involvement.

> The rules engine should include analytic data, best practice rule sets and other decision criteria to be able to handle complex decisions, and also apply predictive analytics and machine learning to improve decision making and further reduce referrals over time.

> While a claim may have been approved, cases can still be flagged for investigative and other follow up based on risk ratings.

How to get there

During the development of SuperFriend's TAKING ACTION Framework, insurers in the group life insurance/superannuation sectors were consulted on what aspects of improving predictive modelling in relation to managing psychological claims would best be done collectively at sector level (macro level), and what aspects would best be done by individual insurers or agents to achieve a competitive advantage (meso level).

Workers' compensation insurers and agents indicated the outcomes of these discussions would be equally applicable to their sector. The proposed actions included:

> Collecting data from a broad range of sources, cleaning it, and to some extent doing the research to develop predictive models for triaging claims and defining evidence-based intervention pathways for high volume, high cost claims, would best be done collectively.

> Data would then be pooled from insurers and agents, workers' compensation schemes, employers as well as other types of insurers, for example through the Institute for Safety, Compensation and Recovery Research at Monash University, which does this for WorkSafe Victoria, the Transport Accident Commission and the health sector.

> A third party would undertake this work for the workers' compensation sector.

> The data and relevant analysis would be available as a service in the cloud to participating insurers or agents. Individual insurers or agents would access the data and analyses and use them to inform their business rules and claims management decisions.

Measurement

Benefits identified

> Timeliness of decisions, which would increase satisfaction for the PoC.

> Consistency in claims management and decisions, including those relating to evidence-based care, which would improve efficiency and effectiveness.

> Fewer unnecessary referrals to health and medical advisors, which would reduce costs and unintended harm.

> Integrated claims management amongst all parties, which would improve efficiency and effectiveness. This might also lead to improved relationships, which in turn might lead to greater capacity for upstream interventions to support people at time of need, rather than crisis (see Action Area 3).

Measures

> End-to-end turnaround time of claims.

> RTW metrics, claims costs and subsequently premiums.

> Quality of decisions, measured by:
  – PoC's health and social outcomes
  – satisfaction amongst the PoC, employer, staff and stakeholders, and
  – retained business.

Case study
Analytics-assisted Triaging of Claims – ReturnToWorkSA

Background

ReturnToWorkSA places significant emphasis on early identification of, and appropriate intervention in, high risk claims. Distinguishing between high and low risk claims is an integral workers' compensation scheme goal for ReturnToWorkSA.

Advanced data analytics techniques are widely used in the insurance industry to improve claims analysis and prediction. ReturnToWorkSA saw an opportunity to apply these advanced analytics to assist in high risk claims identification.

Problem

Identifying claims with a high risk of long duration is important in workers' compensation as long-tail claims can significantly drive up insurance costs. Triaging claims based on risk of long duration is desirable as it enables insurers and agents to distribute resources accordingly and improve claims management. However, identifying what types of claims are likely to have a long duration is difficult and involves understanding what claim factors contribute to extended claims duration.

Analytics-assisted triaging of claims

In 2015, ReturnToWorkSA began a joint project with Analytikk Consulting to apply advanced analytics techniques to historic claims data. The aim of the project was to develop claim triage capability at the time of phone reporting of an injury, to enable prediction of which claims would last more than 14 days. The project outcomes included:

> identification of claim characteristics that allow successful risk-based claims triage

> development of a predictive model to estimate the risk of claims becoming long-term

> expression of the predictive model in human and machine readable business rules, and

> segmentation of claims data into high and low risk categories.

Outcomes

Claims were successfully segmented into low and high risk categories, based on their risk of lasting more than 14 days. Low risk claims accounted for 61.5 per cent of claims. This group of low risk claims were about three times less likely to last longer than 14 days when compared to claims in the remaining 39.5 per cent of claims.

Based on this segmentation, the top claim characteristics considered to be 'drivers' of longer lasting claims were identified. The most significant drivers were characteristics of the injury (nature, bodily location and mechanism), followed by prior claim history, whether an ambulance was called, worker characteristics, employer characteristics and lag in reporting of an injury. Some of this information is gathered at the time of reporting, highlighting the importance of phone operators gathering this information with appropriate questions.

Business rules based on the identified drivers were developed for use by case management teams. These guided the definition of low and high risk claims based on the presence or absence of particular drivers for each individual case.

The future

This case study highlights current efforts in segmenting claims based on risk, and the potential to include a wide range of risk data in predictive modelling.

The business rules developed in this project can assist ReturnToWorkSA staff to allocate claims correctly at the time of reporting, as well as devise questions suitable for use during the telephone-based injury reporting process. ReturnToWorkSA aims to regularly test and recalibrate the business rules and predictive model to ensure continued relevance.

Case study
Triaging psychological injury claims to deliver better health and RTW outcomes – EML

Background

Psychological injury claims are inherently more complex than physical injury claims, often requiring close attention from case managers. EML has a triaging process for psychological claims to ensure injured workers and employers get access to the right services as quickly as possible.

Problem

Ensuring case managers identify the needs of a PoC early and understand the range of services available to support recovery and RTW is the key to success. A range of specialised services are required to address the different needs of these claims, and knowing which services to utilise can sometimes be difficult for case managers to navigate.

Service pathways for psychological injury claims

Case managers need to be supported with up-to-date information on what treatment and rehabilitation services are available to offer a PoC, as well as services available to employers to assist in RTW. To achieve this EML has developed 'service pathways', which case managers can refer to when identifying services and providers, which are tailored for each Australian workers' compensation jurisdiction. These service pathways are continually updated by EML through engagement with regulators and medical professionals.

Service pathways can differ significantly based on the causation and type of injury. For example, claims manager priorities for the below three types of claims differ significantly:

> Claim due to work overload: priority is to ensure relationships between the worker and workplace are maintained through regular contact, so a RTW with reduced workload can be implemented.
> Claim due to interpersonal conflict in the workplace: priority is to re-establish the worker-workplace relationship through mediation processes.
> Claim due to occupational violence: priority is to ensure the workplace is safe to return to, through WHS risk assessment.

The future

This case study highlights the benefits of developing triaging processes specifically for complex psychological injury claims.

EML will continue to develop triaging and service pathways to achieve its key objectives of:

> the PoC receiving evidence-based treatment and recovering as quickly as possible, and
> the PoC and employers are supported at the workplace to deliver a safe return to work.

Recording progress

> 'Learning results from being surprised: detecting a mismatch between what was expected to happen and what actually did happen. If one understands why the mismatch occurred (diagnosis) and is able to do things in a way that avoids a mismatch in the future (prescription), one has learned.'[46]

> Purpose of this action area
> Approach to continuous improvement within the action framework
> The Measurement Matrix
> Do's and don'ts
> Nine top tips
> Additional resources
> Case study

Purpose of this action area

This section is designed as a guide to help you measure the success or otherwise of changes made to improve the management of psychological claims. It uses a quality improvement model where monitoring and evaluation data is collected and analysed on a continuing basis to:

– inform insurers and agents on the effectiveness of changes they have made, and
– inform the wider workers' compensation sector of progress being made overall.

Reasons to test changes

According to the Institute for Healthcare Improvement in Massachusetts,[47] reasons to test (evaluate) changes include:

– increase your belief that the change will result in improvement
– decide which of several proposed changes will lead to the desired improvement
– evaluate how much improvement can be expected from the change
– decide whether the proposed change will work in the actual environment of interest
– decide which combinations of changes will have the desired effects on the important measures of quality
– evaluate costs, social impact, and side effects from a proposed change, and
– minimise resistance on implementation.

---

46   Jamshid Gharajedaghi (2011) *Systems Thinking: Managing Chaos and Complexity*
47   IHI (2015) *Science of improvement: Tips for testing changes*

Approach to continuous improvement within the action framework

The Plan Do Study Act model[48]

> Quality improvement is a participative management technique and was first described by Deming in the 1950s. It was developed in the manufacturing industry. The idea is to define a problem or an issue, support work teams to innovate, and provide them with feedback, that is data, to show whether their innovations are working or not.

> In the 1990s it was adopted by the health sector and has been used extensively in health since then across the world to drive a reluctant industry to reform. The health sector crystallised the method into Plan Do Study Act (PDSA).

Figure 7 The Plan Do Study Act model. After Langley G, Nolan K, Norman C, Provost L (1996) *The Improvement Guide: A Practical Approach to Enhancing Organisational Performance*, Jossy Bass Publishers, San Francisco

Act
- What changes are to be made?
- Next cycle?

Plan
- Objective
- Predicitons
- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection

Study
- Analyse data
- Compare results and predictions
- Summarise what was learned

Do
- Carry out the plan
- Document observations
- Record data

---
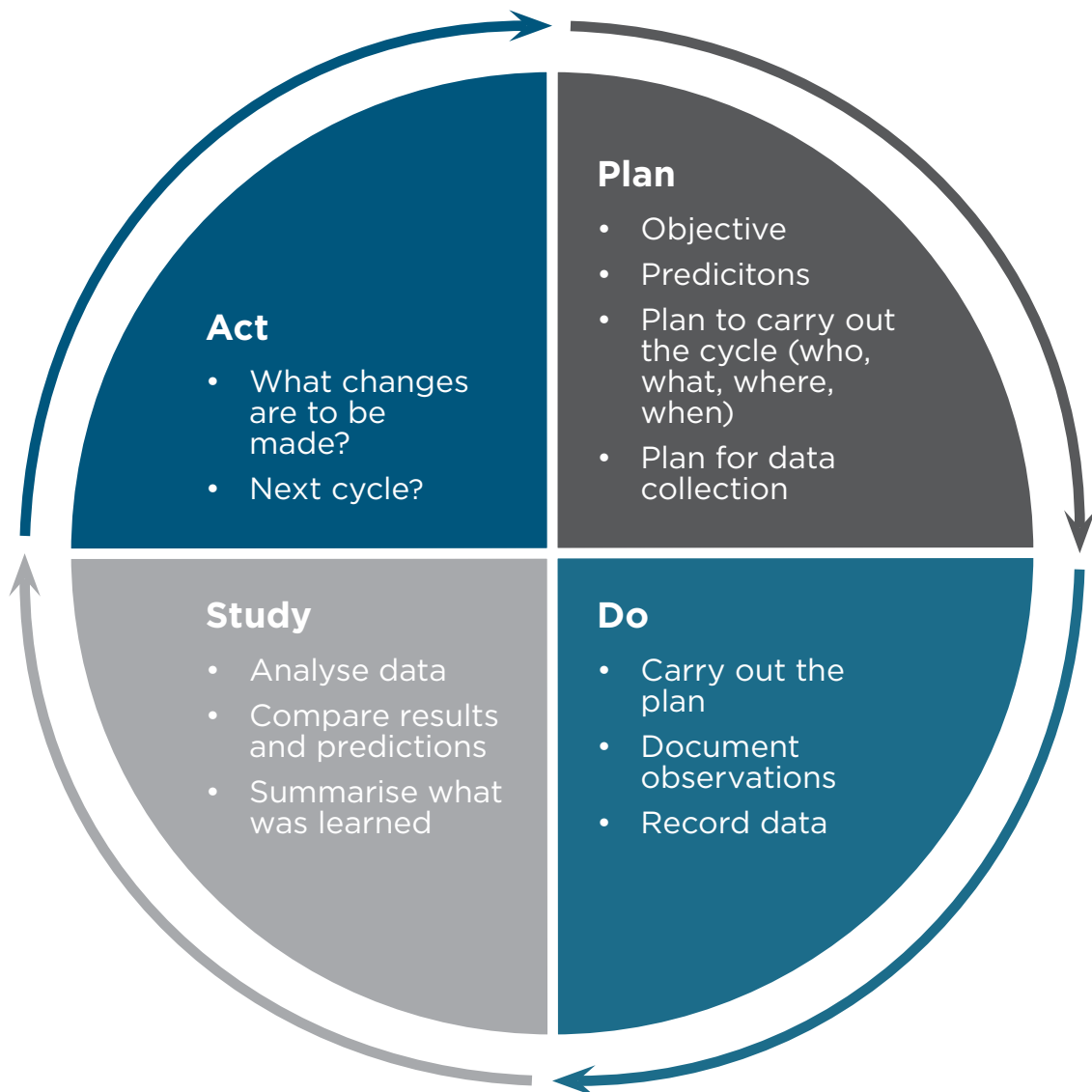
48   Adapted from the Victorian Department of Health (2010) *The Plan Do Study Act (PDSA) Model for Improvement*

Earlier action areas provide information to guide the plan and do phases. This one covers the reflective learning part of the PDSA model: study. Learnings should then be applied to refine changes; the act component of the model.

The PDSA model for improvement consists of two phases; thinking and doing:

The thinking phase before making the change

> What are we trying to accomplish? (Selecting which action areas to work on, and which components, and determining what are the desired outcomes.)

> How will we know that a change is an improvement? (How will we measure results of the change for a person on claim (PoC), employers, insurers or agents, workers' compensation system?)

> What changes can we make that can lead to an improvement? (Ideas for change).

The doing phase

Collect baseline data, make the changes, collect more data.

The thinking phase after the change has been made

Study the data and think about its impacts. Think about what could have been done differently.

> Where were we, and where are we now? Has it made a difference? To whom? Were expectations met in the real world?

> What further improvements could be made?

> What will be taken forward from this cycle? Or does it need to be run again, to gather more information?

PDSA is an incremental and ongoing process. However there is potential for rapid cycles within it, where changes are immediate, and longer ones where change is recorded over the medium or long term.

Facts about the PDSA model for improvement

> No PDSA is too small.

> You should expect to complete a series of PDSAs to reach your goal.

> You can achieve rapid results.

> It helps you to be systematic and to learn from your work.

> It can be used in almost any area.

> Aim big, test small.

> Selecting the correct measure is important—measures demonstrate effectiveness of any tested changes.

> Just do it (think 'what can be done by next week?' and so on).

> Involve people—teams can achieve a lot more than an individual.

> Most of all, keep it simple[49].

Managing the continuous improvement process

Implementing this action area effectively will require management systems that support constructive performance reviews of claims managers, analytics and data analysis, effective communication and staff motivation.

This will require management commitment to resourcing the continuous improvement program, to evidence-based practice, to proactively managing and developing relationships with other stakeholders such as employers, workers' compensation schemes, and potentially, in the longer term, advocating to change legislation or workers' compensation sector culture.

---

49   Victorian Department of Health (2010) *The Plan Do Study Act (PDSA) Model for Improvement*

The Measurement Matrix

Evaluating change in the PDSA method of continuous improvement requires a matrix to be developed that is made up of a set of areas for improvement, indicators and measures. These should reflect three key questions:

> How has the capacity for best practice been improved? (This is expressed in terms of the areas of improvement within the Action Areas 1–5.)
> Who has benefited from the impacts of change? (The outcome spaces: PoC, employers, insurers or agents, workers' compensation system.)
> What are the sources of evidence for improvement in the management of psychological claims? (Indicators, data sources).

Areas of improvement

The areas of improvement reflect the principal components of each action area; activity areas that jointly, under a cycle of continuous improvement, can be expected to result in best practice in that action area.

Who benefits?

In evaluating claims management processes and systems it is important to distinguish between a PoC outcome, insurer or agent outcomes, employer outcomes and workers' compensation scheme outcomes. Further research is needed, for example on the effectiveness of recovery at work (RAW)/ return to work (RTW) interventions for a PoC with psychological injuries,[50] despite the fact that the RTW rate is a key performance metric for the workers' compensation sector and for healthcare.[51]

Indicators

An essential part of the success of continuous improvement is selecting indicators that:

> actually measure the expected change, and are not unduly influenced by other changes (validity)
> are likely to show the same result if repeated at the same point in time (reliability)
> are likely to show change in the time the project is being carried out (sensitivity), and
> are accepted as relevant measures by the work teams making the improvements (extent to which they will motivate). Indicators are needed for measuring the impact of changes on the PoC, employer, insurer or agent and workers' compensation system.

A list of indicators that could be used for each of the four stakeholder groups in the workers' compensation claims management system is shown in Table 1.

Table 2 provides further detail by presenting indicators for each action area.

---

50   Harvey et al (2012) *Work and depression/anxiety disorders - a systematic review of reviews*, pp. 146–148
51   Waddell et al (2008) *Vocational Rehabilitation: What works, for whom, and when?*; Van Den Akker (2014) *Rehabilitation Watch 2014 - Australia*

Table 1 Indicators by stakeholder

Stakeholder	Indicators	
Person on claim	• Social and economic wellbeing: RAW/RTW, health outcomes, employment. • Duration of claims process, timeliness of decisions. • Consistency in claims management and decisions by claims managers. • PoC perception of relationship/communication with claims manager: proactive, timely, responsive, collaborative.	• PoC satisfaction with quality of injury management or rehabilitation. • PoC satisfaction with quality and cost-effectiveness of treatment. • PoC satisfaction with outcomes: health, social, financial and work outcomes. • Fewer unnecessary referrals to health and medical advisors, resulting in reduced unintended harm.
Employers	• Productivity: absenteeism, presenteeism. • Employee turnover, separation costs.	• Costs associated with making reasonable work adjustments. • Satisfaction of employers with relationship management. • Premium costs.

Insurer or agent (including claims management teams)	• Claims manager performance in:
	  - communication and relationships
	  - assessment and risk identification
	  - developing a claims and injury management or rehabilitation strategy
	  - implementing services
	  - monitoring and review
	  - dispute resolution, and
	  - realisation of improved claims impact.
	• Staff turnover and absenteeism in claims management and rehabilitation teams.
	• Claims manager job satisfaction.
	• Relative allocation of time to project management, communication and training and development vs form-checking.
	• Consistency of claims management and decisions with insurer or agent protocols.
	• Fewer unnecessary referrals to health and medical advisors, resulting in reduced costs, and reduced unintended harm.
	• Relevant, evidence-based education and training carried out by claims managers, including nationally recognised qualifications.
		• Appropriate utilisation of in-house expertise and external rehabilitation providers.
		• Length of claims, number of days between lodgement and eligibility decision.
		• Claims manager performance relating to PoC's:
		  - proportion who achieve a timely and sustainable RTW
		  - number with an appropriate (evidence-based) injury management/rehabilitation plan in place, and
		  - proportion with sustainable recovery/RTW
		• Disputation level.
		• Proportion of claims with GP/employer case conferences.
		• Cost-effectiveness of treatment and rehabilitation.
		• Strength of partnerships with workers' compensation schemes, and other stakeholders.

Workers' compensation system	• Performance against key performance indicators. • Stakeholder satisfaction with workers' compensation schemes.	• Strength of partnerships. • Affordability, efficiency and sustainability of the scheme/self-insurance arrangement.

Table 2 Indicators by stakeholder and action area

PoC indicators	Employer indicators	Insurer / agent indicators	System indicators
Action area 1: Developing management practices for psychological claims			
• Empowerment and satisfaction. • Timely access to treatment, injury management and rehabilitation services. • RTW as well as health and social outcomes. • PoC perception of communication: proactive, timely, responsive, collaborative.	• Premiums. • Worker productivity. • Costs associated with making reasonable work adjustments. • Satisfaction with claims process and communication. • Disputation level. • The number of days between lodgement and eligibility decision. • Proportion with an appropriate claim and injury management/ rehabilitation strategy in place. • Proportion with sustainable recovery/RTW.	• Communication and relationships. • Assessment and risk identification. • RTW planning. • Implementation of services. • Timely and appropriate assistance for the PoC. • Monitoring and review. • Disputation and dispute resolution rate.	• RTW rate. • Claims costs. • Number of days between lodgement and eligibility decision. • Proportion with an appropriate claim and injury management/ rehabilitation strategy in place. • Proportion with sustainable recovery/ RTW. • Proportion of claims with GP/ employer case conferences. • Affordability, efficiency and sustainability of the scheme/ self-insurance arrangements.
Action area 2: Optimising claims management			
• Higher PoC satisfaction and social and health outcomes.	• Improved communication and collaboration with employers, treating practitioners and stakeholders.	• Training provided to case managers. • Higher staff satisfaction and reduced turnover among claims managers. • Improved use of specialist expertise and decision-support tools to inform decision making. • Reduced time spent on eligibility decisions. • More timely decisions and action on claims.	

PoC indicators	Employer indicators	Insurer / agent indicators	System indicators
Action area 3: Engaging and supporting employers			
• Better claims experience thanks to timely intervention, supportive interactions with employers, positive rehabilitation and treatment experience, as well as successful RAW/RTW. • Satisfaction, recovery and wellbeing.	• Increased worker productivity and reduced absenteeism, staff turnover and separation costs. • Reduced costs associated with reasonable work adjustments. • Employers feeling supported throughout the process, including understanding of claim decisions and assistance in resolving interpersonal issues between a PoC and others in the workplace.	• Improved claims metrics, including the number and duration of claims as well as the durability of RAW/RTW for a PoC. Metrics should be used as part of a holistic assessment of performance, taking into account the limitations of these measures. • Stronger relationships between stakeholders that build capacity for developing alternative pathways for people with psychological injuries.	
Action area 4: Bringing evidence to treatment and rehabilitation			
• Improved health, social and RAW/RTW outcomes. • Increased PoC satisfaction with the quality and cost-effectiveness of treatment. • Increased PoC satisfaction with quality of rehabilitation programs.	• Improved collaboration with GP's, for example case conferencing.	• Increase in evidence-based interventions for psychological injuries and rehabilitation. • Improved cost-effectiveness for insurers and agents and the PoC concerned when it comes to health services (reduction in waste).	

PoC indicators	Employer indicators	Insurer / agent indicators	System indicators
Action area 5: Effective decision making supported by analytics and automation			
• Satisfaction of person on claim. • Quality of decisions measured by PoC health and social outcomes.	• Premiums. • Satisfaction amongst PoC, Employer, Staff and Stakeholders.	• Retained business. • Timeliness of decisions, end-to-end turnaround time of claims. • Consistency in claims processing and decisions, including those relating to evidence-based care, which would improve efficiency and effectiveness. • Fewer unnecessary referrals to health and medical advisors, which would reduce costs and unintended harm. • Integrated claims processing amongst all parties, which would improve efficiency and effectiveness. This might also lead to improved relationships, which in turn might lead to greater capacity for upstream interventions to support people at time of need, rather than crisis.	• RTW metrics, claims costs and subsequently premiums.

Data sources

Data sources can be either quantitative or qualitative. It is important to have indicators that will show change in the short and medium term, and these are often derived from qualitative data, such as changes in attitudes, knowledge and practice, and changes in satisfaction, as well as outcome indicators that will give the hard facts, in terms of improved claims' costs, productivity measures and health outcomes, but take much longer to be measured.

Do's and don'ts

Here are some basic do's and don'ts in recording progress.[52]

✓ Things to do:

> Monitor and evaluate at all stages of the claims management process.

> Recognise that although monitoring and evaluation have significant cost, time and human resource implications, they are essential for successful programs.

> Make sure those involved in the monitoring and evaluation are appropriately trained and understand the importance of monitoring and evaluation.

> Involve as many stakeholders as possible in monitoring and evaluation, including new recruits.

> Assess new recruits' learning.

> Make sure all monitoring, evaluation and assessment instruments are carefully pilot tested.

> Make sure you promote the idea that monitoring and evaluation is about learning from experience.

> Disseminate your findings so others can benefit from your experiences.

> Remember to keep the overall objectives of best practice in mind, including a PoC-centric, holistic (biopsychosocial) and RTW focus.

✗ Things not to do:

> Simply monitor and evaluate for the sake of it.

> Impose a punitive management structure that seeks to use monitoring and evaluation as a way of negatively criticising performance.

> Embark on monitoring and evaluation unless sufficient funding is in place.

> Try to rush implementation of new practices.

> Focus exclusively on the technology.

> Allow self-reporting to be the only way to ascertain learning in a target population; and only use external people for monitoring and evaluation.

> Forget that 'culture is local'.

> Forget to consider the unintended results of programs.

> Forget that change may involve a wide variety of technologies and systems.

> Forget to manage the buy-in process with key stakeholders.

> Forget the importance of contextual variation.

> Worry if you don't get it right the first time.

> Forget to include monitoring and evaluation as a funded component of the process.

---

52   Unwin & Day (2005) *Monitoring and Evaluation of ICT in Education Projects: A Handbook for Developing Countries*

Nine top tips

The Institute for Healthcare Improvement[53] offers these tips for implementing a continuous improvement model:

> Stay a cycle ahead
  – When designing a test, imagine at the start what the subsequent test or two might be, given various possible findings in the study phase of the Plan Do Study Act method.

> Scale down the scope of tests
  – Dimensions of the tests that can be scaled down include the number of people involved. Sample the next 10 instead of 200.

> Pick willing volunteers. Work with those who want to work with you.
  – 'I know Dr Jones will help us' instead of 'how can we convince Dr Smith to buy in?'

> Avoid the need for consensus, buy-in, or political solutions
  – Save these for later stages. When possible, choose changes that do not require a long process of approval, especially during the early testing phase.

> Don't reinvent the wheel
  – Replicate changes made elsewhere.

> Pick easy changes to try
  – Look for the concepts that seem most feasible and will have the greatest impact.

> Avoid technical slowdowns
  – Don't wait for the new computer to arrive; try recording test measurements and charting trends with paper and pencil instead.

> Reflect on the results of every change
  – After making a change, a team should ask: What did we expect to happen? What did happen? Were there unintended consequences? What was the best thing about this change? The worst? What might we do next? Too often, people avoid reflecting on failure. Remember that teams often learn very important lessons from failed tests of change.

> Be prepared to end the test of a change
  – If the test shows that a change is not leading to improvement, the test should be stopped. Note: 'failed' tests of change are a natural part of the improvement process. If a team experiences very few failed tests of change, it is probably not pushing the boundaries of innovation very far.

Additional resources

Every insurer or agent will have people with expertise within the organisation who may be able to help develop and then implement a measurement matrix. Actuaries, information technology specialists and human resource units are likely to have expertise in data collection and analysis, with capacity to design data collection systems, and identify and present trends and summary findings.

Insurers or agents are encouraged to survey the expertise and capacity within their organisation in the early stages of developing a matrix.

Other sources of expertise in evaluation might include the overseas branches of the insurer or agent, who may have trialled and evaluated innovations not yet in Australia.

External sources of help include publications referred to in this action area and other organisations such as:

> Personal Injury Education Foundation www.pief.com.au
> Case Management Society of Australia Limited www.cmsa.org.au
> Centre for Program Evaluation (University of Melbourne) www.education.unimelb.edu.au/cpe
> Australian Evaluation Society www.aes.asn.au
> Institute for Healthcare Improvement (Massachusetts) www.ihi.org

---

53   Adapted IHI (2015) *Science of improvement: Tips for testing changes*

Background

BT is an Australian wealth management company that helps Australians protect themselves and their families through its life insurance products.

As part of its claims management process, BT offers health support programs to customers who experience work-related illnesses and injuries. The Health Outcome Measure (HOM) was developed by BT in consultation with clinical psychologists, occupational therapists and health support experts to track the health conditions of customers.

Problem

Identifying appropriate benchmarks for claims management teams is an important but difficult task. Good benchmarks can encourage continuous improvement among claims teams and ensure customers are kept at the centre of claims management practices. The HOM was established as part of this ongoing development of appropriate benchmarks.

Health Outcome Measure (HOM)

The HOM is an industry-first tool that tracks the improvement in overall health of customers who have engaged in a support program from BT. Customers are given health and functionality scores at three points in time – pre-disability, at time of claim and when referral for health support ends. The pre-disability score is determined from customers' recollection of the level of their pre-disability health. The end score is compared to the pre-disability score to determine how successfully the customer has been returned to wellness.

Health and functionality scores are determined through the use of a 12-question survey which aims to elicit information about a person's health and functionality in a number of areas including cognition, self-care, participation, mobility and capacity to undertake everyday activities.

In addition to tracking health improvements, the HOM also assists in tailoring health interventions for an individual due to improved understanding of areas of impairment and disability.
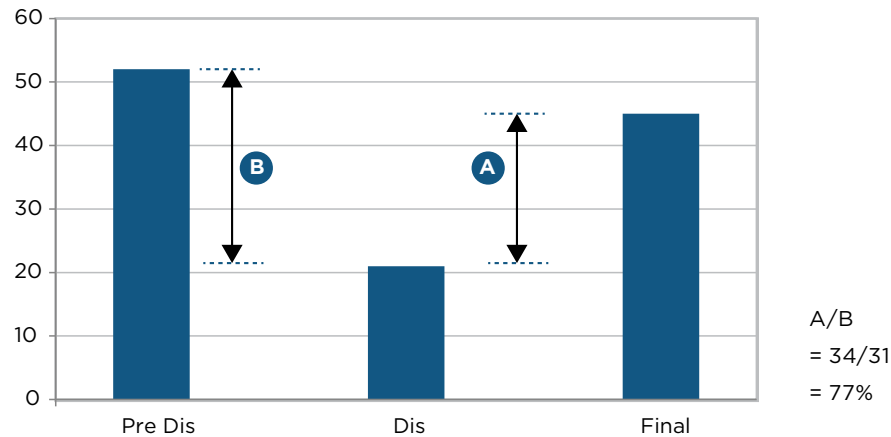
Outcomes

The HOM has played a key role in motivating the BT claims team to support customers and continue to strive to seek better health outcomes. This is because the HOM enables progress to be tracked in a more personalised and qualitative way, rather than relying on traditional quantitative measures such as claims incidence and frequency.

Figure 8 Overview of the HOM scoring stages

Health Outcome Measure

The *BT Claims Health Improvement Index* compares the health outcome **A** to the health gap **B** following a claim

In the first year of implementation in 2015, the HOM was used by BT to track the rehabilitation of 300 customers.

For the 68 customers who completed a health support program in the first year, on average they recovered 84 per cent of the health deficit caused by their disabling event. Furthermore, three out of four of these customers have returned to work. This indicates there is a correlation between the HOM scores customers achieve and the subsequent outcome of a RTW.

The HOM has generated insights for BT on how to tailor health support programs to the individual needs of customers at a level not previously achieved. For example, with regard to customers experiencing psychological illness, BT has learnt through the HOM that:

> customers with a primary psychological condition were among the groups that demonstrated the greatest amount of recovery, and

> customers experiencing psychological illness scored particularly low in the functions of 'setting realistic goals' and 'performing to schedules'. These functions are also critical to navigating the claims process. Therefore claims staff were better able to understand this difficulty and adapt accordingly in their interactions with the PoC.

The future

This case study highlights innovative ways that claims management success can be measured and subsequently used to gain insights into the claims management process.

BT is currently exploring how the evidence base provided by the HOM can further strengthen the health support services it delivers. This includes using the HOM to:

> engage treating professionals more holistically

> refine screening, profiling and claims triaging, and

> identify effective health interventions, utilising the evidence base built through HOM while acknowledging other factors influencing recovery.

Glossary

Table 3 Glossary

Term	Proposed definition
Agent	An organisation contracted to manage claims and perform other functions on behalf of licensed insurers.[54]
Biopsychosocial approach	An approach to health and illness that takes into account environmental, social and individual (psychological) influences, in addition to biological factors.[55]
Case conference	A meeting between two or more stakeholders to discuss matters related to the claim, injury management or return to work planning. Case conferences can be held face-to-face, over the phone, or by video link.[56]
Claim strategy	The insurer or agents plan for completing the actions which need to be performed throughout the claim.
Claims manager	A person employed by an insurer, agent or self-insurer to manage claims. This may include some or all of the following: developing a claim strategy; making decisions; processing compensation and entitlements; liaising with the person on claim, the employer, the treating practitioner and other stakeholders involved in the claim; and coordinating the injury management and rehabilitation strategy. In certain schemes, some of these responsibilities may belong to other roles (e.g. case managers).[57]
Clinical Framework for the Delivery of Health Services	The national clinical quality assurance reference for workers' compensation schemes. The Clinical Framework for the Delivery of Health Services has been endorsed in most schemes and by numerous health professional associations. It details five evidence-based principles to guide treatments delivered to injured workers that demonstrably improve health and return to work outcomes.[58]
Cognitive Behavioural Therapy	A type of psychotherapy aimed at helping the person on claim to change unhelpful patterns of thoughts, feelings and behaviours.[59]
Community services	Services available to the person on claim in the community and which are not generally paid for by the claim, including Medicare-funded treatment options.
Compensation and entitlements	Any financial benefits that a person on claim or their family is entitled to, which may include income replacement payments, the cost of medical care and rehabilitation, permanent impairment entitlements and death entitlements.[60]
Diagnostic and Statistical Manual of Mental Disorders (DSM-5)	The most recent edition of a publication of the American Psychiatric Association which provides a classification of mental disorders for clinicians to use when making a diagnosis. Australian clinicians may use other classifications.
Dispute resolution	Processes for resolving disputes between parties in the claims process.[61]
eClaims platform	A generic term for an online platform that integrates claim lodgement and straightforward claims management, decision-making and referral to claims managers for further action.

54 Based on NSW State Insurance Regulatory Authority (SIRA) (2017) '*Workers Compensation*', Webpage
55 SuperFriend, *Action Area 1: Developing the Management Practices for Psychological Claims*
56 Comcare (2014) '*Case Conference request form*', Webpage
57 Comcare (2013) '*Improving Outcomes, Glossary*', Webpage
58 TAC and WorkSafe Victoria (2012) *Clinical Framework for the Delivery of Health Services*
59 Better Health Channel, '*Cognitive behaviour therapy*', Webpage
60 Based on Safe Work Australia (2016) *Comparison of Workers' Compensation Arrangements in Australia and New Zealand, Chapter 4: benefits*
61 Safe Work Australia (2016) *Comparison of Workers' Compensation Arrangements in Australia and New Zealand*

Term	Proposed definition
Eligibility	Meeting the criteria for an accepted psychological injury compensation claim. Eligibility criteria differ between schemes.
Emotional intelligence	Cognitive skills related to the ability to recognise, understand and manage one's own emotions and respond effectively to the emotions of others.[62]
Employer	The person on claim's employer at the time of injury.
Evidence-based treatments	Treatments chosen based on the best available evidence and the clinician's expert judgement, in consultation with the person on claim.[63]
Injury management advisors	A person employed by the insurer or agent to provide expert advice on injury management, treatment, rehabilitation and return to work issues. Injury management advisors also liaise with health care providers to support the best-practice medical management of injured workers. Injury management advisors generally have a background in a medical, allied health or related area.[64] In certain schemes, some of these responsibilities may belong to other roles (e.g. return to work specialists).
Injury management or rehabilitation	The process of managing the person on claim's injury and rehabilitation (including vocational rehabilitation) in order to support recovery at work or return to work.
Injury management or rehabilitation strategy	The insurer or agent's plan for completing the actions related to injury management and rehabilitation.
Insurer	Licensed (approved) insurers are organisations that issue workers' compensation policies, manage the collection of premiums and assess and manage workers' compensation claims.[65]
Levels of intervention	Micro refers to the team of claims managers and the PoC. Meso refers to workers' compensation insurers or agents. Macro refers to the workers' compensation regulators, and increasingly partnerships with industry bodies, superannuation funds, health insurance and disability support organisations.
Macro	Refer to levels of intervention
Meso	Refer to levels of intervention
Micro	Refer to levels of intervention
Motivational interviewing	A counselling technique aimed at increasing a person's motivation and ability to make behavioural changes.[66]
Person on claim/people on claim (PoC)	A person with a compensable work-related injury.[67]
Presenteeism	Attending work despite not being able to function well in the work environment.
Provider management framework	The insurer or agent's policies, procedures and guidelines for the management of external service providers.

---

62 Based on University of New Hampshire, '*What is Emotional Intelligence?*'
63 Greenhalgh et al (2014) '*Evidence based medicine: a movement in crisis?*'
64 Adapted from: WorkSafe Victoria (2017) '*Types of Roles: Injury Management Advisor*', Webpage
65 NSW State Insurance Regulatory Authority (SIRA) (2017) '*Workers Compensation*', Webpage
66 Adapted from Royal Australian College of General Practitioners (RACGP) '*SNAP Guide: Motivational Interviewing*'
67 Adapted from the definition of 'injured person' in TAC and WorkSafe Victoria (2012) *Clinical Framework for the Delivery of Health Services*

Term	Proposed definition
Psychological Injury	Psychological injury includes a range of cognitive, emotional and behavioural symptoms that interfere with a worker's life and can significantly affect how they feel, think, behave and interact with others. Psychological injury may include such disorders as depression, anxiety or post-traumatic stress disorder.[68]
Psychosocial hazard	Psychosocial hazards are factors (also known as work-related stressors or organisational factors) in the design and/or management of work that increase the risk of stress-mediated psychological or physical harm. These are characteristics associated with the design and management of work including for example inappropriate work demands, low job control, low support, poorly managed organisational change, workplace conflict, or lack of appropriate recognition and reward for effort. There are also specific hazards which should be considered such as exposure to occupational violence, workplace bullying, work-related fatigue and very irritating or dangerous working environments.
Psychosocial risk factors	Factors that increase the likelihood of a poor outcome for the person on claim, for example unhelpful beliefs about injury and recovery, ineffective coping strategies, issues related to the employment situation and low expectations about return to work.[69]
Reasonable work adjustments	Reasonable changes to the work environment or processes to allow a person on claim to safely recover at work or return to work after a psychological injury.[70]
Recovery	An improvement in the person on claim's symptoms and ability to engage in normal activities, including work.[71]
Recovery at work (RAW)	Remaining engaged in work while recovering from a psychological injury and receiving compensation or entitlements under a claim.
Return to work (RTW)	When a person on claim returns to work after a period of absence due to a psychological injury (with the same employer or a different employer; in the same or a modified role). Return to work can be a graduated process in which the person on claim's workload and/or hours increase over time.
Return to work planning	Planning activities and decisions to assist a person on claim to remain at work or return to work. Return to work planning includes determining goals, time frames and services required to support recovery at work or return to work.[72] Depending on the workers' compensation scheme, it may involve the development of a return to work plan or injury management plan.
Secondary psychological injury	A new psychological injury associated with a previous compensable injury. Secondary psychological injuries are the result of a number of factors, including poor responses to the initial injury by the employer and the insurer or agent.[73]
Self-insurer	Employers who manage their workers' compensation arrangements themselves without having to pay annual premiums.[74]
Somatisation	Physical symptoms experienced as the result of psychological distress.

---

68 Safe Work Australia (2014) *Workers' Compensation Legislation and Psychological Injury, Fact Sheet*
69 Based on the description of 'risk factors' in TAC and WorkSafe Victoria (2012) *Clinical Framework for the Delivery of Health Services*
70 Victorian Equal Opportunity and Human Rights Commission, *'Reasonable adjustments in employment'*
71 Based on Comcare (2013) *As One Working Together: Promoting mental health and wellbeing at work*
72 Based on Comcare (2013) '*Improving Outcomes, Glossary*', Webpage
73 Brijnath et al (2014) '*Mental health claims management and return to work: Qualitative insights from Melbourne, Australia*', pp. 772
74 Safe Work Australia (2016) *Comparison of Workers' Compensation Arrangements in Australia and New Zealand*

Term	Proposed definition
Stigma	Unfounded negative beliefs about people with a particular characteristic (e.g. people with a psychological injury).
Suitable duties	Work that is suited to the workers' current capacity taking account of their medical condition, age, skills, work experience and pre-injury employment. Providing suitable duties is a legal requirement and may involve making reasonable work adjustments.[75]
Telehealth	Health services delivered via telecommunication technologies.
Timely return to work	Return to work at the earliest point in time that is healthy and safe for the person on claim, based on their individual circumstances and recovery.
Treating practitioner	The doctor with primary responsibility for coordinating the person on claim's medical care. In most cases, the treating practitioner is the person on claim's general practitioner. In some schemes, the person on claim must choose a nominated treating practitioner in order to receive compensation or entitlements.[76]
Triage	The process of ensuring that the person on claim has access to the right support at the right time, including expedited access to appropriate services when required.
Work capacity	A person on claim's capacity to engage in suitable employment, with the pre-injury employer or a different employer.[77]
Work design	How a job is performed in the work environment.
Work-focused interventions	Interventions that include a component directly related to work, such as an intervention to address workplace behaviours and relationships and to optimise reasonable work adjustments.[78]
Workplace-based interventions	Interventions delivered through the workplace.[79]

75 Safe Work Australia (2014) *Workers' Compensation Legislation and Psychological Injury*, Fact Sheet
76 Based on NSW State Insurance Regulatory Authority (SIRA) (2017) '*Nominated treating doctors (NTDs)*', Webpage
77 Based on WorkSafe Victoria (2017) '*Weekly payments and current work capacity*', Webpage
78 Based on p. 12, paragraph on '*workplace-focused versus individual-focused interventions*': Pomaki et al (2010)
79 Institute for Safety, Compensation and Recovery Research (ISCRR), '*Return to Work Interventions*', Webpage

Reference list

Australian Bureau of Statistics (2016) Causes of Death, Australia 2016, Cat no. 3303.0

Australasian Faculty for Occupational & Environmental Medicine (2010) Realizing the Health Benefits of Work: A Position Statement, Australasian Faculty of Occupational and Environmental Medicine, Sydney and Wellington, <https://www.racp.edu.au/docs/default-source/advocacy-library/realising-the-health-benefits-of-work.pdf>, viewed 2 February 2017

Australian Institute of Health and Welfare (2012) Australia's health 2012, Australia's health series No.13, Canberra: AIHW

Actuaries Institute Injury Schemes Seminar, 8–10 November 2015, Adelaide, http://www.actuaries.asn.au/Library/Events/ACS/2015/LebedevEtAlWorkersComp.pdf

Behavioural Insights Team (2014) EAST: Four simple ways to apply behavioural insights, <http://www.behaviouralinsights.co.uk/wp-content/uploads/2015/07/BIT-Publication-EAST_FA_WEB.pdf>, viewed 2 February 2017

Better Health Channel, 'Cognitive behaviour therapy', Webpage, https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/cognitive-behaviour-therapy, viewed 2 February 2017

Brijnath B, Mazza D, Singh N, Kosny A, Ruseckaite R and Collie A (2014), 'Mental health claims management and return to work: Qualitative insights from Melbourne, Australia', Journal of Occupational Rehabilitation, Vol. 24, No. 4, pp. 766-776

Casey P (2014) Principles of Best Practice in Occupational Rehabilitation for AIA Australia, <http://www.aia.com.au/en/resources/3b9ba88044c4d35380b1f40af27d2d40/Occ_rehab_best_practice_framework_0714.pdf>, viewed 2 February 2017

Cason J (2014) 'Telehealth: A rapidly developing service delivery model for occupational therapy', International Journal of Telerehabilitation, Vol. 6, No. 1, pp. 29-36.

Chan S.R., Torous J, Hinton L and Yellowlees P (2014) 'Mobile tele-mental health: Increasing applications and a move to hybrid models of care', Healthcare, Vol. 2, pp. 220-233.

Cloutier O, Felusiak L, Hill C and Pemberton-Jones E (2015) 'The Importance of Developing Strategies for Employee Retention', Journal of Leadership, Accountability and Ethics Vol. 12, No. 2

Collie A, Amick III B.C, Irvin E, Palagyi A, Clay F, Cullen K, Gensby U, Jennings P, Hogg-Johnson S, Kristman V, Laberge M, Mckenzie D, Ruseckaite R, Sheppard D, Shourie S, Steenstra I and Van Erd D (2014) Workplace-Based Interventions for Improving Return to Work after Musculoskeletal and Pain Related Conditions: A Systematic Review (draft), Institute for Safety, Compensation and Recovery Research, Melbourne.

Comcare (2014) 'Case Conference request form', Webpage, https://www.comcare.gov.au/Forms_and_Publications/forms2/injury_management_forms/injury_management_forms/case_conference_request_form, viewed 2 February 2017

Comcare (2013) 'Improving Outcomes, Glossary', Webpage, http://www.comcare.gov.au/rehab_management_systems/glossary, viewed 2 February 2017

Comcare (2013) As One Working Together: Promoting mental health and wellbeing at work, https://www.comcare.gov.au/promoting/Creating_mentally_healthy_workplaces/mental_health_and_wellbeing, viewed 16 October 2017

Emsley R, Allers E, Colin F, Ewart-Smith M, Coetzer P, Boshoff L, Lockyear I & Schom D (undated), Guidelines to the Management of Disability Claims on Psychiatric Grounds (2nd ed), Capetown: South African Society of Psychiatrists & Life Offices Association of South Africa

Franche R.L (2014) 'Innovative practices to improve recovery and RTW of workers: Psychosocial factors at the front end and tail end of the claim', paper presented to the *Australasian Compensation Health Research Forum*, Melbourne, 19 November

Gharajedaghi J (2011) 'Systems Thinking: Managing Chaos and Complexity: A Platform for Designing Business Architecture', Third Edition, Burlington: Elsevier

Greenhalgh T, Howick J, Maskrey N (2014) 'Evidence based medicine: a movement in crisis?' British Medical Journal, No. 348, g3725

Harris M.G, Hobbs M.J, Burgess P.M, Pirkis J.E, Diminic S, Siskind D.J, Andrews G and Whiteford H.A (2015) 'Frequency and quality of mental health treatment for affective and anxiety disorders among Australian adults', *Medical Journal of Australia*, Vol. 202 No. 4, pp.185–189

Harvey SB, Joyce S, Tan L, Johnson A, Nguyen H, Modini M and Groth M (2014) 'Developing a mentally healthy workplace: A review of the literature', Mentally Healthy Workplace Alliance: http://www.mentalhealthcommission.gov.au/our-work/mentally-healthy-workplace-alliance. aspx, viewed 16 October 2017

Harvey S.B, Joyce S, Modini M, Christensen H, Bryant R, Mykletun A & Mitchell P.B (2012) *Work and depression/anxiety disorders - a systematic review of reviews*, University of New South Wales, Beyondblue and Black Dog Institute, Sydney, < https://www.beyondblue.org.au/docs/default-source/research-project-files/bw0204.pdf?sfvrsn=4 > viewed 18 October 2017

Hausser J. A, Mojzisch A, Niesel M, and Schulz-Hardt S (2010) 'Ten years on: A review of recent research on the job demand-control (-support) model and psychological well-being' *Work & Stress*, Vol. 24, No.1, pp. 1–35.

Institute for Healthcare Improvement (IHI) (2015) 'Science of improvement: Tips for testing changes', Web page, Institute for Healthcare Improvement, Cambridge, MA, <http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTipsforTestingChanges.aspx> viewed 2 February 2017

Institute for Safety, Compensation and Recovery Research (ISCRR), 'Return to Work Interventions', Webpage, http://www.iscrr.com.au/recovery-and-return-to-work/factors-affecting-return-to-work/return-to-work-interventions, viewed 16 October 2017

Kinley A, Zibrik L, Cordeiro J, Lauscher H.N and Ho K (2012) *Telehealth for Mental Health and Substance Use: Literature Review,* BC Ministry of Health, Mental Health and Substance Use (MHSU) Branch, Vancouver, BC

Lebedev I, Kolyshkina I, Brownlow M, and Khoo C (2015) Analytics-assisted triage of workers' compensation claims, https://www.actuaries.asn.au/Library/Events/ACS/2015/LebedevEtAlWorkersComp.pdf, viewed 16 October 2017

Liu, S., Kerr, E., Fitzharris, M., and Collie, A. 2013. Effectiveness and Application of Remote Mental Health Interventions Towards Compensable Injury Recovery.

Medibank Private Limited and Nous Group (2013) The case for Mental Health and Reform in Australia: a Review of Expenditure and System Design

Newnam, S. & A. Collie 2013, Claims management in person injury compensation, Institute for Safety, Compensation and Recovery Research, Monash University, Melbourne.

NSW State Insurance Regulatory Authority (SIRA) (2017) 'Workers Compensation', Webpage, https://www.sira.nsw.gov.au/workers-compensation, viewed 2 February 2017

NSW State Insurance Regulatory Authority (SIRA) (2017) 'Nominated treating doctors (NTDs)', Webpage, http://www.sira.nsw.gov.au/workers-compensation/health-practitioners-workers-compensation/medical-practitioners-for-injured-workers/general-practitioners, viewed 16 October 2017

O'Donnell M, Creamer M, Parslow R, Elliott P, Holmes A, Ellen S, Judson R, McFarlane A, Silove D and Bryant A (2008) A Predictive Screening Index for Posttraumatic Stress Disorder and Depression Following Traumatic Injury, *Journal of Consulting and Clinical Psychology*, Vol.76, No. 6, pp. 923–932

Page, K. & I. Tchemitskaia 2012, *Use of Motivational Interviewing by Non-Clinicians in Non-Clinical Settings: Report No.22-021 (Summary)*, Institute for Safety, Compensation and Recovery Research, Melbourne, http://www.iscrr.com.au/reports-pubs/research-reports/one-page-summary-website-version-motivational-interviewing-october-2012.pdf , viewed 2 February 2017

Palmer J, Feyer A.M and Ellis N (2015) Best Practice Framework for the Management of Psychological Claims Project: Evidence Review and Examples of Innovation, SuperFriend, Melbourne

PIEF 2014a, *Case Management*, Web page, Personal Injury Education Foundation, Melbourne, <http://www.careersinpim.com.au/index.php/case-management> viewed 1 December 2014.

PIEF 2014b, *Return to Work Officer*, Web page, Personal Injury Education Foundation, Melbourne, <http://www.careersinpim.com.au/index.php/returntoworkofficer>, viewed 2 February 2017

PIEF 2014c, *Technical Case Management*, Web page, Personal Injury Education Foundation, Melbourne, <http://www.careersinpim.com.au/index.php/technical-case-management>, viewed 2 February 2017

Pomaki, G., R.-L. Franche, N. Khushrushahi, E. Murray, T. Lampinen & P. Mah 2010, *Best Practice for Return-to-Work/ Stay-at-Work Interventions for Workers with Mental Health Conditions: Final Report*, Occupational Health and Safety Agency for Healthcare in BC, Vancouver.

Reavley, N., Rossetto, A., and LaMontagne, T. (2016) A synthesis of recent evidence supporting a best practice approach to psychological claims management, Melbourne: Superfriend

Royal Australian College of General Practitioners (RACGP) 'SNAP Guide: Motivational Interviewing', Webpage, http://www.racgp.org.au/your-practice/guidelines/snap/2-approach-to-preventive-care-in-general-practice/22-motivational-interviewing/, viewed 16 October 2017

Safe Work Australia (2016) *Comparison of Workers' Compensation Arrangements in Australia and New Zealand*, Canberra: Safe Work Australia

Safe Work Australia (2014) Preventing psychological injury under work health and safety laws, Fact Sheet, https://www.safeworkaustralia.gov.au/doc/preventing-psychological-injury-under-work-health-and-safety-laws-fact-sheet, viewed 16 October 2017

Safe Work Australia (2014) Workers' Compensation Legislation and Psychological Injury, Fact Sheet, https://www.safeworkaustralia.gov.au/doc/workers-compensation-legislation-and-psychological-injury-fact-sheet, viewed 16 October 2017

Sledge, W.H. & S.G. Lazar 2014, 'Workplace effectiveness and psychotherapy for mental, substance abuse and subsyndromal conditions', Psychodynamic Psychiatry, vol. 42, no. 3, pp. 497-556.

SuperFriend (undated) TAKING ACTION: A Best Practice Framework for the Management of Psychological Claims

SuperFriend (undated) Action Area 1: *Developing the Management Practices for Psychological Claims*, Support document for *TAKING ACTION: A Best Practice Framework for the Management of Psychological Claims*, http://www.superfriend.com.au/app/uploads/2016/10/Action-Area-1-Developing-the-Management-Practices-for-Psychological-Claims.pdf, viewed 2 February 2017

TAC and WorkSafe Victoria (2012) *Clinical Framework for the Delivery of Health Services, State Government of Victoria*, https://www.tac.vic.gov.au/__data/assets/pdf_file/0010/27595/clinical-framework-single.pdf, viewed 16 October 2017

University of New Hampshire (2017) 'What is Emotional Intelligence?', https://mypages.unh.edu/sites/default/files/jdmayer/files/reveiwebsite-what_is_ei-2017-07-12-2017.pdf, viewed 16 October 2017

Unwin T and Day B (2005) 'Monitoring and Evaluation of ICT in Education Projects: A Handbook for Developing Countries' in D.A. Wagner, B. Day, T. James, R.B. Kozma, J. Miller & T. Unwin (eds), Do's and Don'ts in Monitoring and Evaluation, World Bank, Washington, DC. pp. 65-70. http://www.infodev.org/infodev-files/resource/InfodevDocuments_9.pdf, viewed 18 October 2017

Victorian Equal Opportunity and Human Rights Commission, 'Reasonable adjustments in employment', Webpage, http://www.humanrightscommission.vic.gov.au/index.php/employer-responsibilities/reasonable-adjustments-in-employment, viewed 16 October 2017

Van Den Akker, C. 2014, Rehabilitation Watch 2014 - Australia, Swiss Re, Sydney, <http://media.swissre.com/documents/Rehabilitation_Watch_2014.pdf> , viewed 2 February 2017

Victorian Department of Health (2010) The Plan Do Study Act (PDSA) *Model for Improvement: Project Workbook*, State Government of Victoria, Melbourne.

Waddell, G., A.K. Burton & N.A.S. Kendall (2008) Vocational Rehabilitation: What works, for whom, and when?, The Stationery Office, London, <http://www.kendallburton.com/Library/Resources/Vocational_Rehabilitation.pdf> viewed 2 February 2017

WorkSafe Victoria (2017) 'Types of Roles: Injury Management Advisor', Webpage, http://www.worksafe.vic.gov.au/pages/careers/careers-with-agents/types-of-roles/injury-management-advisor, viewed 16 October 2017

WorkSafe Victoria (2017) 'Weekly payments and current work capacity', Webpage, https://www.worksafe.vic.gov.au/claims/compensation/weekly-payments, viewed 16 October 2017

Wyatt M and Lane T (date forthcoming as of 17 October 2017) Return to Work: *A comparison of psychological and physical injury claims: Analysis of the Return to Work Survey Results*, Canberra: Safe Work Australia

Wyatt M, Cotton P, Lane T (date forthcoming as of 17 October 2017) *Return to work in psychological injury claims: Analysis of the Return to Work Survey results*, Canberra: Safe Work Australia