

Better Practice for Vocational Rehabilitation

Conclusions from a Systematic Review

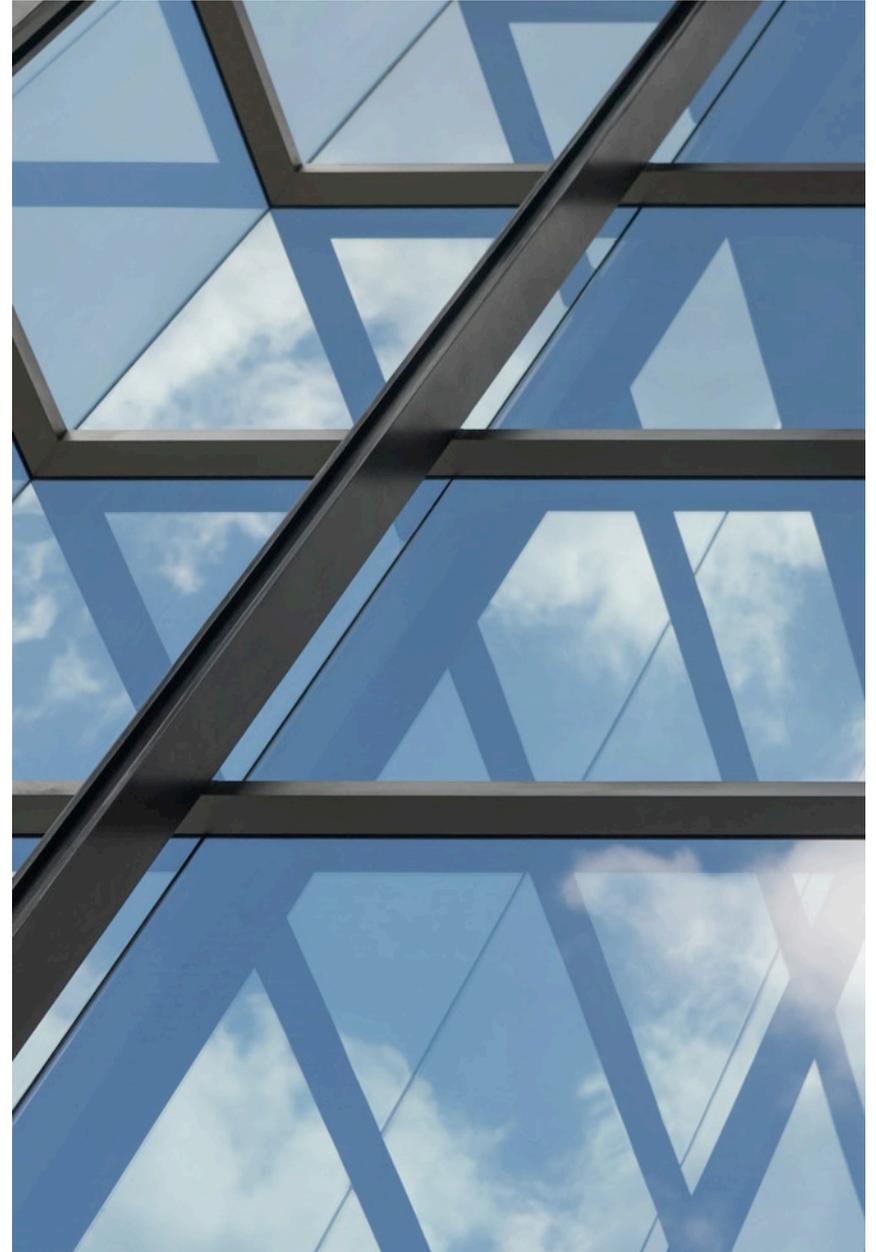
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Background

- SIRA commissioned the John Walsh Centre for Rehabilitation Research to conduct a “rapid review” on vocational rehabilitation
- What is vocational rehabilitation?
 - Vocational rehabilitation (VR) programs or services aim to support individuals with disability, or workers with an injury or other health problem (such as a mental health related condition), to obtain or return to work after their injury or illness
 - Occupational rehabilitation assists people already at work
- What is a rapid review?
 - **Rapid reviews** are a form of knowledge synthesis in which components of the systematic **review** process are simplified or omitted to produce information in a timely manner
- Literature search – 2009 to 2019
 - Medline, EMBASE, CINHAL, EconLit

Background

AIM OF THE PROJECT

To identify best practice for vocational programs that are designed to support worker's rehabilitation and recovery.

- Review question 1: What is the current and emerging best practice for vocational programs/initiatives/support in the compensation systems, for both the injured worker and the employer?
- Review question 2: What components do these best practice programs/initiatives/support cover?
- Review question 3: What are the needs of the target groups they address?
- Review question 4: What are the similarities/differences of the groups they target and who are the people that are most likely to benefit?

www.sira.nsw.gov.au/_data/assets/pdf_file/0006/869568/Best-practice-for-vocational-programs.pdf

Return to work after injury or illness

- First thought is about injury at work
- However, includes injury outside work or illness generally



John Walsh Centre for Rehabilitation
Research

BEST PRACTICE FOR VOCATIONAL PROGRAMS

Rapid review

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Background



- The impact of delayed return to work on injured people is a serious concern.
- There is a strong body of empirical evidence that shows the longer an injured worker is away from work, the less likely they are ever to return.

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(Good) work is beneficial for health



Australasian Faculty of Occupational & Environmental Medicine (AFOEM)
Royal Australasian College of Physicians

Australian Consensus Statement on the Health Benefits of Work

At the heart of this consensus statement regarding the health benefits of work is a shared desire to improve the welfare of individuals, families and communities.

Realising the health benefits of work for all Australians requires a paradigm shift in thinking and practice. It necessitates cooperation between many stakeholders, including government, employers, unions, insurance companies, legal practitioners, advocacy groups, and the medical, nursing and allied health professions.

https://www.racp.edu.au/docs/default-source/advocacy-library/realising-the-health-benefits-of-work.pdf?sfvrsn=fca12f1a_10

“Best Practice” Vocational Rehabilitation

Summary and take home messages

- Start early
- Multiple components that are linked up
 - Healthcare component
 - Coordination component
 - Workplace component
- Individualised
- Allow modification of work and may incorporate different routines or equipment

Two workers – contrasting experience

- Mary, age 59
- Stroke
- Cleaner



- Bruce, age 35
- Traumatic brain injury
- Technical assistant



Issues to consider

- Best practice programs can increase rate of return to work, and have other benefits (including less cost)
- Worker is the focus but employers have important roles
- Workplace expertise can vary markedly – larger employer versus small business
- Cooperation and collaboration between workers, employers and other stakeholders is needed
- Note differing perspectives and inevitable friction
- Particular issues if injury occurred at work and if perception of “unsafe” practices or environment
- Remember **social determinants of health** (World Health Organisation - these are conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels)

The evidence

- Many studies show evidence of effectiveness of vocational rehabilitation programs
- Most effective programs start early and are **multicomponent** (ie link health services, workplace and provide coordination)
- Need to embrace work modification
- A number of workers will require psychological and social support
- Emerging evidence that workers at greater risk of delayed return to work can be identified early and assisted to recover (WISE study)

Nicholas MK et al. *Implementation of Early Intervention Protocol in Australia for 'High Risk' Injured Workers is Associated with Fewer Lost Work Days Over 2 Years Than Usual (Stepped) Care.* Journal of Occupational Rehabilitation (2020) 30:93–104.

Assessment

– Orebro (Short Form)

Score > 50 predicts
future work disability

www.aci.health.nsw.gov.au/__data/assets/pdf_file/0004/212908/Orebro_musculoskeletal_pain_questionnaire_Final.pdf

Orebro Musculoskeletal Pain Screening Questionnaire (Short-form) (Linton et al, 2010)

Name: _____ Date: _____

1. How long have you had your current pain problem? Tick (✓) one.

- 0-1 weeks [1] 1-2 weeks [2] 3-4 weeks [3] 4-5 weeks [4] 6-8 weeks [5]
 9-11 weeks [6] 3-6 months [7] 6-9 months [8] 9-12 months [9] over 1 year [10]

2. How would you rate the pain that you have had during the past week? Circle one.

0 1 2 3 4 5 6 7 8 9 10 []
No pain *Pain as bad as it could be*

For items 3 and 4, please circle the one number that best describes your current ability to participate in each of these activities.

3. I can do light work (or home duties) for an hour.

0 1 2 3 4 5 6 7 8 9 10 (10-)[]
Not at all *Without any difficulty*

4. I can sleep at night.

0 1 2 3 4 5 6 7 8 9 10 (10-)[]
Not at all *Without any difficulty*

5. How tense or anxious have you felt in the past week? Circle one.

0 1 2 3 4 5 6 7 8 9 10 []
Absolutely calm and relaxed *As tense and anxious as I've ever felt*

6. How much have you been bothered by feeling depressed in the past week? Circle one.

0 1 2 3 4 5 6 7 8 9 10 []
Not at all *Extremely*

7. In your view, how large is the risk that your current pain may become persistent?

0 1 2 3 4 5 6 7 8 9 10 []
No risk *Very large risk*

8. In your estimation, what are the chances you will be working your normal duties (at home or work) in 3 months?

0 1 2 3 4 5 6 7 8 9 10 (10-)[]
No chance *Very Large Chance*

9. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.

0 1 2 3 4 5 6 7 8 9 10 []
Completely disagree *Completely agree*

10. I should not do my normal work (at work or home duties) with my present pain.

0 1 2 3 4 5 6 7 8 9 10 []
Completely disagree *Completely agree*

SUM: _____

Two workers – the issues

- Mary, age 59
 - Stroke
 - Cleaner
 - Unsure about return to work
 - Employer has complicated return to work processes
- Bruce, age 35
 - Traumatic brain injury
 - Technical assistant
 - Very keen to return to work
 - Employer able to readily modify work
 - Excellent coordination from brain injury rehab service



The components

- Health care
 - models vary greatly - general practice, specialized vocational rehabilitation services, rehabilitation at work programs
 - In Australia health care component often removed from vocational or work rehabilitation programs
- Service Coordination
 - improve communication *within* the workplace (between workplace colleagues/employer and the injured worker)
 - coordinate healthcare providers and other stakeholders (such as insurer or agency managing work-related disability supports)
- Workplace
 - requires active engagement and commitment from the workers' employer.
- How to link them up?
- Personal factors are also important
 - personal factors issues related to pre-vocational factors, such as attitudes to return to work, and social factors, such support from family, friends and work colleagues including managers

Examining the components

- Health care
 - Variety of health care professionals may be involved
 - Individualised based on worker's needs
 - Should work as interdisciplinary team
 - Medical involvement important
 - Need appropriate certification of capacity
- Service Coordination
 - Linking up systems and processes
 - Knowledge of vocational systems important
 - Link between health care and work / workplace
 - Fosters excellent communication
- Workplace
 - Flexibility
 - Modification of work (if needed)
 - Provide additional training, supervision or support (if needed)
 - Flexibility – more workers will need more support than others
- All components should be linked up

- **Think about the system in which you work**
- **How does it measure up?**
- **What can you do to improve it?**

Why might multi-component programs work?

- Integrate the perspectives of the various return to work stakeholders
- Facilitate cooperation and commitment to the common goal of work disability reduction

Why are their results?

- Improved and sustained work reintegration
- Reduction of costs associated with work-related injury or illness
- May enhance overall recovery

www.sira.nsw.gov.au/_data/assets/pdf_file/0004/875326/Literature-review-vocational-programs.pdf

Who will benefit from vocational rehabilitation?

- Everyone, potentially
- However, workers with severe disabilities or adverse psychosocial circumstances will be more challenging to assist

- Examples
 - Office worker with university degree, slips and breaks arm at work
Good prognosis
 - Laborer run over by forklift in factory (second day at work), with lower extremity fractures
Difficult prognosis (complex issues)
 - Self employed accountant with spinal cord injury
Good prognosis
 - Carpentry apprentice high fall with severe brain injury
Difficult prognosis (complex issues)
 - Laborer with back injury at work, Orebro score 30 / 100
Good prognosis

Recommendations

All vocational rehabilitation programs should:

- Incorporate healthcare, service coordination and workplace/ employer components
- Commence early after injury / illness
- Be individually tailored
- Target workers who at higher risk of delayed return to work
- Involve employers and other stakeholders
- Encourage stakeholder awareness of the value of work for health and recovery

www.sira.nsw.gov.au/_data/assets/pdf_file/0004/875326/Literature-review-vocational-programs.pdf

Best practice for vocational programs June 2020

This report outlines the published evidence on vocational programs between 2009 and 2019.

TYPE OF PROJECT

Literature review

AIM OF THE PROJECT

To identify best practice for vocational programs that are designed to support worker's rehabilitation and recovery.

PUBLICATION DETAILS

This research report was prepared by the John Walsh Centre for Rehabilitation Research.

STAKEHOLDERS INVOLVED

- SIRA
- John Walsh Centre for Rehabilitation Research

Background



- The impact of delayed return to work on injured people is a serious concern.
- There is a strong body of empirical evidence that shows the longer an injured worker is away from work, the less likely they are ever to return.

Results



Best practice for VR programs:

- incorporate multiple components i.e. healthcare, service coordination and workplace/employer components
- have early intervention
- are tailored to meet the individual worker's needs

Workers injured at firms with employer RTW programs were more likely to return to work

Modifying work equipment was associated with the greatest reduction in injury duration relative to any other stand-alone program component.

Discussion



Multi-component, comprehensive VR programs:

- seemed more able to integrate the differing perspectives of the various RTW stakeholders
- facilitate cooperation and commitment to the goal of work-disability reduction
- demonstrate improved and sustained work reintegration, and reduce costs associated with work-related injury or illness.

Service coordination components play a critical role in keeping all stakeholders informed keep them working together toward a common goal.

Recommendations



All vocational rehabilitation programs should:

- incorporate healthcare, service coordination and workplace/employer components
- commence early after injury/illness
- be individually tailored
- target workers who are at a higher risk of delayed return to work
- involve employer and other stakeholders
- encourage stakeholder awareness of the value of work for health and recovery.

SIRA funded



State Insurance Regulatory Authority

www.sira.nsw.gov.au/_data/assets/pdf_file/0004/875326/Literature-review-vocational-programs.pdf

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