



SUMMARY OF RESEARCH FINDINGS

The Victorian Injured Workers Outcomes Study was a three phase study that sought to understand what factors influence the development of longer term claims and the experiences of injured workers during and after a long term claim. Together the three studies included both qualitative and quantitative research. The research involved a number of methods including; interviews with people across all areas of the workers' compensation system, analysis of claims data at different stages of a claim, a review of local and international evidence, a scan of leading organisations in the field and a survey of injured workers.

This research summary provides an overview of Study 1 which was completed by the Monash University Centre for Occupational and Environmental Health (MonCOEH) and funded through the Institute for Safety, Compensation and Recovery Research (ISCRR). For more information, visit the ISCRR website at www.iscrr.com.au

WHAT WAS THE PURPOSE OF THIS STUDY?

While the majority of injured workers recover and return to work in a short period of time, some take longer and may become long term (more than 12 months) claimants. This study aimed to identify factors that contribute to claims becoming long term, as well as key events or practices in the compensation process that may impact on how long claims last. The study also sought to identify what could be changed to improve outcomes for injured workers, and what happens to injured workers once they leave the workers' compensation system.

WHAT WAS DONE IN THIS STUDY?

The study was conducted in two stages. Stage 1 involved interviews with 16 key informants (healthcare providers, workers' compensation insurance agents, medical examiners, mediators, conciliation officers and lawyers) who had extensive experience working with injured workers who had longer-term claims. Stage 2 involved interviews with 36 injured workers, from both metropolitan and regional Victoria, who had a claim that had lasted from 1 year up to 6 years at the time of interview.

WHAT ARE THE STRENGTHS AND LIMITATIONS OF THIS STUDY?

We used one-on-one interviews as a qualitative method of data collection. One strength of the one-on-one interview is that it allows the researcher to understand the meanings of individuals' experience, from their own perspective and in great depth. As with all qualitative studies, this research does not tell us about how often a particular event occurs, or about how many longer-term injured workers experience certain problems. Instead, this type of study gives an in-depth understanding of why and how certain situations and difficulties can develop. Many of the findings were reported by both longer-term injured workers and key informants which gives confidence in the findings.

In line with the study aims, only injured workers who had claims longer than 12 months, and key informants who had extensive experience working with longer-term injured workers within the workers' compensation system, were selected for this study. This means that the findings from this study concentrate on the experiences of injured workers who have longer-term claims, and are not representative of the views and experiences of the larger proportion (around 80%) of injured workers who recover quickly and return to work.

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WHAT WAS FOUND?

Factors related to the development and experience of long-term workers' compensation claims

- **System delays and process times:** Delays and long waiting times were reported by both key informants and long-term injured workers. Delays seemed to be due several factors including; injured workers and employers postponing lodgment of claims, disputing claims, waiting periods for healthcare services and/or approvals for ongoing treatments, and extended processing times for payments and reimbursements to injured workers and healthcare providers. Both key informants and injured workers described lengthy and difficult processes involved in dispute resolution, including conciliation, medical reviews, and court hearings. Independent medical examinations were reported to be problematic however medical panel assessments were considered more thorough, and fair.
- **Frequent changes in claims management:** All injured workers experienced changes in claims managers throughout their claim. Many injured workers reported frustration with these changes as they required them to repeatedly explain their injury experience and needs. When claims managers changed, treatment requests often needed to be re-submitted since some knowledge of case history was lost. New claims managers could place injured workers benefits on hold while their treatment needs or capacity for work was being re-assessed via independent medical examinations. When income and medical treatment entitlements were put on hold, this increased the chances of disputes, delaying recovery and return to work.
- **Difficulty in accessing healthcare services:** Finding healthcare providers who would provide treatment under the workers' compensation system was difficult for some injured workers. Healthcare providers in this study reported frustration with repeated filling in of forms and payment delays. Some felt there was interference from workers' compensation agents in treatment plans and return to work recommendations.
- **Difficulties with occupational rehabilitation:** Both key informants and long-term injured workers reported that occupational rehabilitation consultants and employers didn't work well together to create modified jobs or new work opportunities for injured workers. At times, the modified duties identified were considered unrealistic by both key informants and injured workers, and direct help to obtain new or modified jobs was inadequate. Resume' preparation and job search training sessions were considered unhelpful by some injured workers who had pre-existing skills. Similarly, key informants and injured workers also reported a lack of awareness and use of the incentives available for employers to assist injured workers return to work.

Suggested changes for reducing the length of claims and/or improving recovery and return to work outcomes for injured workers

Both key informants and injured workers provided suggestions for positive changes that could be made to the management of claims and the compensation system more broadly. Benefits could be achieved through:

- Change to claims management practices to speed up the delivery of healthcare services and payments. For example, allowing injured workers or healthcare providers to lodge certificates of capacity via email directly to workers' compensation insurance agents.
- Reduction in the frequent changes of claim management staff. Have claim managers manage claims from start to finish, and ensure detailed hand-over of claim histories when claims managers must change during the course of a claim.
- Improved co-ordination of rehabilitation services and return to work programs. For example, by hosting regular case conferences with all parties.
- Implementation of strategies to reduce the psychological distress that system processes have on injured workers. For example, reducing numbers of independent medical examinations; discouraging workers' compensation insurance agents from progressing disputes that are unlikely to be successful; and ensuring entitlements that have been awarded are not later changed or re-contested.
- Review of how occupational rehabilitation providers work with injured workers, healthcare providers and employers. Modify occupational rehabilitation services to better meet individual needs. Allow injured

workers who feel they have adequate skills not to participate in occupational rehabilitation services without risking possible benefit termination.

- Support for injured workers to undertake volunteer work or retraining without risking their existing benefits, in order to test whether jobs are suitable and to develop their capacity to return to work.
- An increased public awareness of the WorkSafe Incentive Scheme for Employers (WISE) program and other incentives for employers.
- Provision of information to employers and healthcare providers to increase understanding of the compensation system. For example, provide a dedicated information “hotline” and a “process map document” to answer questions regarding return to work programs or clarify roles and responsibilities.

The experiences of injured workers after claim cessation

Only four of the 36 injured workers who were interviewed had claims that had finished completely and were entirely independent of the workers’ compensation system. However, a further 28 injured workers had only partial involvement with the compensation system (such as receiving only medical services while disputing termination of wage benefits) and were able to provide some insight on life outside of the workers’ compensation system.

Returning to work gradually and changes to the workplace were found to help injured workers return to work. Injured workers who were not back at work and no longer received income payments, or only received medical services experienced ongoing challenges including:

- Uncertainty of job suitability and/or limited ability to work due to their injury
- Difficulty finding suitable job opportunities
- Negative attitudes from employers about workers who had made a compensation claim
- Ineligibility for Federal Government payments after workers’ compensation payments had finished
- Ongoing financial hardship
- Use of superannuation and personal insurance policies, and/or sale of assets, to repay debt and fund medical treatment

WHAT ARE THE IMPLICATIONS OF THE FINDINGS?

Based on these findings, the experience of long-term injured workers could be improved by;

- Reduction of delays in claim administration
- Improvement in how disputes are resolved
- Detailed hand-over of claim histories when claims managers change during the course of a claim
- Access to more healthcare providers who will accept patients whose treatment is funded by the workers’ compensation system
- Tailored occupational rehabilitation services, including improved help to find realistic job options, and active job seeking assistance from occupational rehabilitation providers
- Better communication between injured workers, healthcare providers, employers and occupational rehabilitation providers
- Allowing injured workers to undertake volunteer work and/or training without changes to income payments.

PROJECT OVERVIEW

Report title Study 1 – A qualitative enquiry into outcomes for injured workers in Victoria who have longer term claims

Project title Victorian Injured Worker Outcomes Study (ISCRR Project 146)

Themes Long-term injured workers, key stakeholders, claims management, return to work

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