Customer Centric Rehabilitation

Listening to our Customers & Providers

Investigating "What Good Workplace Rehabilitation Looks Like"

December 2017

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acknowledgement

This report "Customer Centric Rehabilitation - Listening to our Customers & Providers: Investigating 'What Good Workplace Rehabilitation Looks Like'"© was created by the Ufirst team, icare Health and Community Engagement (HACE) Section, December 2017.

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Page of Contents

01 EXECUTIVE SUMMARY

1.1. Executive Summary

- Customer at the Centre
- A Change for ‘Good’

1.1 Executive Summary

The formation of icare in September 2015 has been one of the most significant transformational changes in Workers Insurance in Australia since the establishment of the legislation in the early 1800s. Since the establishment of the 1987 Workers Compensation Act in NSW though, little change has been seen in the application or effectiveness of service provision to Workers Insurance claims.

The result over time has been a steady increase in claims cost, as well as service provision cost, however the cost increases to service provision on claims has not necessarily translated to an increase in return-to-work rates over time.

The implications of rising costs of claims and service provision is that over time premium rates for employers also increase.

In addition to increasing costs, ineffective return-to-work rates also have significant impacts on employer productivity, the injured worker and their family, as well as wider impacts on the community.

Customer at the Centre

icare is dedicated to working with its customers to provide world-class service experiences.

Over the past 12 months, icare has made consistent efforts to streamline services and bring the customer to the centre of all Workers Insurance transactions. As a social insurer, icare is there for people, not profits. However, to date there has been no internal evidence-based research that demonstrates how icare can best support workers with customer-centric rehabilitation services.

Contractual changes with providers provided icare with the opportunity to take a closer look at the current occupational rehabilitation system.

In keeping with its commitment to evidence-based practice, icare commissioned its internal Research and Design team, Ufirst, to launch an in-depth investigation into the positives and negatives of the workplace rehabilitation system.

icare understands the critical role rehabilitation plays in the return-to-work process, and the investigation is testament to its commitment to providing world-class, customer-centric insurance and care to the people and businesses of NSW.

COMMERCIAL MIND
SOCIAL HEART

A Change for "Good"

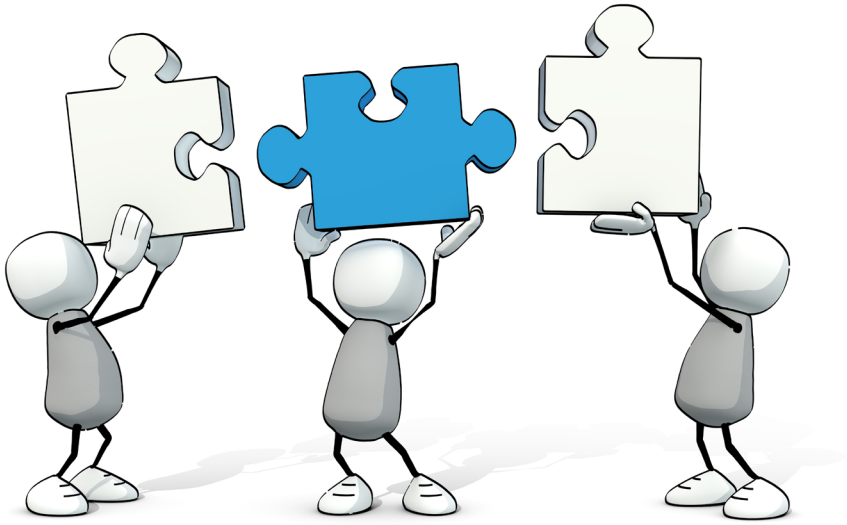
icare is exploring, in partnership with key stakeholders, 'what good looks like' for rehabilitation services.

As part of Ufirst's thorough examination of the current system, key stakeholders including workers, rehabilitation providers and employers have had the opportunity to define 'what good workplace rehabilitation looks like' to them.

Through the investigation, a wealth of data has been collected, and Ufirst has uncovered invaluable insights into the barriers to effective occupational rehabilitation, as well as excellent suggestions for improvement.

The concerns and recommendations are supported by the literature, validating the need to design a more effective, commercially viable, human-centred rehabilitation model that better meets stakeholder needs and ultimately, increases return-to-work outcomes.

What follows is a summary of 'what good looks like' for the key players in occupational rehabilitation.



There is an opportunity to work with providers and customers to achieve best practice services.

What 'good' looks like - for Injured Workers

What 'good' looks like for injured workers is rehabilitation consultants who:

- are genuine and caring, honest and professional, less pushy and more compassionate.
- communicate more clearly and have a deeper understanding of workers and their injuries.
- listen more to workers and to treating doctors, and provide tangible help for workers to get back to work, undertake training or find alternate employment.

What 'good' looks like - for Rehab Providers

What 'good' looks like for rehabilitation providers is:

- a consistent set of performance measures based on provider services not on claims outcomes,
- a reduction in administration and better education for all parties as to why rehab and return-to-work (RTW) is necessary.
- early referral for treatment and rehabilitation, for the focus to shift away from work capacity towards RTW.
- evidence-based practice as opposed to a process-driven, 'cookie cutter' approach.
- a partnership approach between case managers and providers, a stronger relationship with employers and for insurance agents to trust consultants to do their jobs.
- less reporting and more doing!

What 'good' looks like - for Employers

What 'good' looks like for employers is:

- improved communication, early engagement, better goals linked to work duties and RTW.
- for rehab consultants to have relevant experience, deep understanding of an employer, their business, their industry and a better understanding of workplace issues.
- more employer involvement in the process.
- nominated treating doctors need to be well-versed in Workers Insurance, engaged in the process and held accountable.
- to see rehabilitation like an extension of their business - timely, professional and consistently flexible.
- for rehab providers to be proactive and knowledgeable, experts in their field.
- less red tape - all key stakeholders are too concerned with SLA obligations rather than focused on RTW.

02

UFIRST INVESTIGATION

2.1. Ufirst Investigation

- Project Goals
- Key Stakeholders

2.1 Ufirst Investigation

In April 2017, the Ufirst team in icare's Health and Community Engagement Section was tasked with making connections with key stakeholders involved in Workers Insurance subsidised rehabilitation services (i.e. employers, workers and rehabilitation providers).

The team undertook eight (8) months of investigation, using a variety of research methods (discussed in Section 4) to achieve its goals:

Research & Analysis

Connection & Conversations

Data & Best Practice

Project Goals

1. Investigate the needs and current experience of each group (employers, providers, workers).
2. Collect data that assists the design and testing of new shared ways of working for icare and its rehabilitation providers.
3. Investigate "what good looks like" in workplace rehabilitation.

Key Stakeholders

- Action Workforce
- Anglicare
- APM
- ARPA
- City of Parramatta Council
- Goodman Fielder
- Greenlight
- Hammond Care
- Hanson
- Inchcape
- Injury Treatment
- Injury & Occupational Health (IOH)
- Interact
- IPAR Rehabilitation
- Kairros
- Keystone Professionals
- Konekt/Insite
- Macquarie University
- ORS Group
- Pinnacle Rehab
- Procare
- Prysmian
- Qantas
- Recovery Partners
- Recovre
- RehabCo
- Rehab Management
- Rehab Outcomes
- Rehabilitation Services (Altius)
- Resilia
- Salvation Army
- SnackBrands
- Star IMS
- Western Sydney University
- WorkFocus
- Work Options

03

DISCUSSION

3.1. Discussion

- Communication
- Participant Knowledge / Education
- Reduced Administration
- Quality of Relationships
- Responsive and Informed Decision-making (Early Referral)
- Role Clarity

3.1 Discussion

It is clear that work needs to be done to improve the occupational rehabilitation experience for all involved parties – injured workers, employers, rehabilitation providers and insurers.

This is not a new issue, it has been reflected upon for many years and evidence from the literature supports this, as does NPS data. What's more, many people from the rehabilitation space now work for icare and have shared their experiences and the limitations of the current system.

There is a great opportunity for change, born out of icare's new business initiatives. icare Workers Insurance is now contracted directly with appointed rehabilitation providers. Previously, rehabilitation providers operated under agreements with Scheme Agents.

Ufirst was tasked with 'testing the temperature' – making connections with key stakeholders (employers, workers, rehab providers) to understand the needs of each group and how services are currently used.

Data gathered through workshops, surveys and interviews demonstrate a high level of engagement and commitment to the development of Workers Insurance for the people and businesses of NSW. No one has said the current system is 'broken,' however, all respondents were very clear that there is a strong need to improve the way all parts of the system operate together.

Responses also revealed a number of **common themes** including :

1. communication,
2. participant knowledge / education,
3. reduced administration,
4. quality of relationships,
5. responsive and informed decision-making (early intervention), and
6. role clarity.

What follows is a summary of the common themes supported by both the literature and data from Ufirst's own research:

Communication

Respondents from all Ufirst investigations reported that poor communication was a source of conflict and inefficiency, while good communication supported timely and appropriate strategies for a successful return to work.

Good communication is frequently cited in research in Workers Insurance case management as critical to a successful outcome. The content, form and timing of communication needs further exploration, however, it is clear from Ufirst research and the broader literature that this area needs focus and strategy.

Diana Kenny (1995) identified the negative effect of poor communication on return to work,[1] while, more recently, the Heads of Workers Compensation Authority (2015) listed effective communication between all parties as one of the five principles of workplace based rehabilitation.[2] The Behavioural Insights Unit (2016) identified simplifying

1 Kenny, Diana. Barriers to occupational rehabilitation: an exploratory study of long term injured workers [online]. Journal of Occupational Health and Safety, Australia and New Zealand, Vol. 11, No. 3, June 1995: 249-256

2 Heads of Workers Compensation Authorities Australia and New Zealand (2015). Guide: Nationally consistent approval framework for workplace rehabilitation providers.

communication as essential to 'good practice.'[3] This involved reducing the volume and detail of communications as well as removing duplicate communication as this can be overwhelming and confusing for workers. The Unit also reported that communication that reinforced a worker's injury state and would likely result in a longer period of disability.

Research suggests that all communication should be personalised to increase the ownership the worker has over their own injury.

A local study by James et al. (2017) concluded that for best practice in return to work, there must be adequate communication between employers and healthcare providers about the demands of the work undertaken by the worker. [4] Jakobsen and Lillefjell (2014) found that good communication in the form of support and open dialogue between employees, their employer and their colleagues is a key success factor in promoting successful return to work following injury or illness.[5]

Results from Ufirst's Organisational Feedback and Rehabilitation Consultant Feedback studies called for better education for Nominated Treating Doctors (NTD) around Workers Insurance generally, the role of rehab consultants and a better understanding of 'Health Benefits of Good Work' (HBOGW). A study by Kosny et al. (2015) supports this: they reported that employers consistently reported difficulties in communicating with GPs.[6]

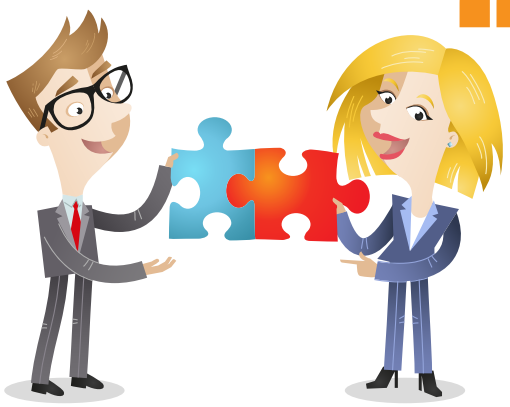
In summary, simple, frequent, goal-oriented communication that focuses on ability rather than disability was identified as a critical factor in successful return to work.

3 Behavioural Insights Unit, Dept of Education and Allianz (2016). Applying Behavioural Insights to Return to Work.

4 James C, Antoine M, Guest M, Rivett D & Kable A (2017) Practices and Processes Used in the Return to Work of Injured New South Wales nurses: Are These Consistent With RTW Best Practice Principles? Journal of Occupational Rehabilitation. DOI 10.1007/s10926-017-9700-7

5 Jakobsen K & Lillefjell M (2014) Factors promoting a successful return to work: from an employer and employee perspective, Scandinavian Journal of Occupational Therapy, 21:1, 48-57

6 Kosny, A., Brijnath, B., Singh, N., Allen, A., Collie, A., Ruseckaite, R., & Mazza, D. (2015). Uncomfortable bedfellows: Employer perspectives on general practitioners' role in the return-to-work process. Policy and Practice in Health and Safety, 13(1)



"Where we work with case managers within scheme agents who don't communicate well, we don't have clear goals, who add administration and complexity for no real benefit, whose (staff) dictate the strategy and/or services (often for other reasons) and who detract from our ability to collaborate with employers."

Participant Knowledge / Education

Respondents from the Ufirst studies said that knowledge (or lack thereof) of the Workers Insurance system had an impact on the participation levels of workers and employers as well as on the effectiveness of services by rehabilitation providers.

Employers and providers both said that the level of knowledge a NTD had made a significant impact on his or her ability to coordinate a successful return to work. They described the doctor's knowledge of his or her obligations, of HBOGW, of the type of work undertaken by the injured worker and their work environment as well as knowing how to complete forms. Many providers suggested only using doctors with specific training in Workers Insurance for medical certification, while employers reported better outcomes using doctors who specialise in occupational medicine, understand the system, have a knowledge of the workers' workplace and duties, or doctors with whom they already have relationships.

In their review of the Workers Compensation Legislation Amendment Act 2012, the Centre for International Economics (CIE) (2014) identified a number of issues that negatively impacted occupational rehabilitation including: a lack of knowledge of case managers resulting conflicting medical advice and approvals, and the lack of knowledge of treating doctors on the rules around service funding which resulted in late or no treatment.[1]

Kosny et al. (2015) also found GP knowledge impacting occupational rehabilitation and return to work. They reported that general practitioners' lack of engagement in the return to work process was due to the administrative complexity of the workers' compensation system, limited remuneration and lack of knowledge of the workplace.[2]

Ufirst research also found that employers who lacked an understanding of their obligations in relation to the provision of suitable duties and their obligations in general negatively impacted return to work.

This finding is supported by the literature: the Centre for International Economics (2014) cited employers not supplying suitable duties as a key barrier in successful return to work,[3] while James et al. (2017) concluded that a principle of best practice is that suitable duties are available.[4]

1 Centre for International Economics (2014) Final Report: Statutory review of the Workers Compensation Legislation Amendment Act 2012.

2 Kosny, A., Brijnath, B., Singh, N., Allen, A., Collie, A., Ruseckaite, R., & Mazza, D. (2015). Uncomfortable bedfellows: Employer perspectives on general practitioners' role in the return-to-work process. Policy and Practice in Health and Safety, 13(1)

3 Centre for International Economics (2014) Final Report: Statutory review of the Workers Compensation Legislation Amendment Act 2012.

4 James C, Antoine M, Guest M, Rivett D & Kable A (2017) Practices and Processes Used in the Return to Work of Injured New South Wales nurses: Are These Consistent With RTW Best Practice Principles? Journal of Occupational Rehabilitation. DOI 10.1007/s10926-017-9700-7

> **"Get 'wised up' in different employment areas and fields, especially the many areas of agriculture and associated industry. They seem to be city kids that have little idea [about] rural employment"**
>
> Worker NPS, April 2017

Reduce Administration

Perhaps one of the loudest, most consistent grievances heard from ALL respondents in all Ufirst investigations was the excessive administration required by the system that undermined the "real work" of helping workers recover and return to work.

Rehabilitation providers consistently spoke of a need to reduce the administrative burden in occupational rehabilitation due to the delay and cost (financial and human) it created. Administration tasks most frequently mentioned were reporting requirements for individual claims and reporting requirements against KPIs and SLAs.

There is a wealth of evidence from the literature on the heavy administrative burden across all parts of the system and the negative impact this has on all parties – workers, employers, rehabilitation providers, GPs and insurers, never mind the how much it detracts from successful return to work outcomes. Kosny (2015) speaks of "administrative complexity of the workers compensation system…"[1] and, in a later report (2016), "administrative hurdles… [and] challenges."[2] Kenny also identified "system complexity" as a barrier in the workers compensation system.[3]

1 Kosny, A., Brijnath, B., Singh, N., Allen, A., Collie, A., Ruseckaite, R., & Mazza, D. (2015). Uncomfortable bedfellows: Employer perspectives on general practitioners' role in the return-to-work process. Policy and Practice in Health and Safety, 13(1)

2 Kosny, A Lifshen M, Tonima S, Yanar B, Russell E, MacEachen E, Neis B, Koehoorn M, Beaton D, Furlan A & Cooper J (2016) The role of health-care providers in the workers' compensation system and return-to-work process: Final report. Institute for Work & Health.

3 Kenny, Diana. Barriers to occupational rehabilitation: an exploratory study of long term injured workers [online]. Journal of Occupational Health and Safety, Australia and New Zealand, Vol. 11, No. 3, June 1995: 249-256

> **"Endless reports taking me away from spending valuable time with my clients.. I feel like I 'work' for the insurers as opposed to being an allied health professional."**

Rehabilitation Consultant Survey, July 2017

Quality of the Relationships

The quality of the relationships between all parties is vital to how well the system works and determines whether things get done in an effective and timely manner. The quality of the relationships underpins everything and can result in success or failure.

In Ufirst studies, workers and employers agreed that the quality of their relationships was critical to the success of rehabilitation. Worker NPS results showed it was important to workers that the rehabilitation consultants be "professional, supportive, caring, genuine, empathetic and encouraging."

Ufirst investigations revealed the importance of employer engagement in the return to work process, and this is substantiated by the literature. One of the best practice return to work principles put forth by James et al. (2017) is "early and considerate contact is made by the employer with the worker."[1]

Jakobsen and Lillefjell (2014) found that (injured) workers needed dialogue and social support, and that a factor in promoting a successful return to work included "good communication between employees and their employer." Another factor that positively influenced successful return to work was "active participation [by the employer] in the RTW process – being involved and encouraging staff to return to work."[2]

In the Ufirst findings, rehab consultants spoke of the need for "a partnership approach between case managers and rehab providers" and stressed the need for the relationship to be respectful and professional.

There was the sentiment from the Rehabilitation Consultant Feedback that insurance agents and rehab consultants often had differing agendas and were not working towards a common goal, that some insurance agents wanted "to control the health process," "didn't "trust" the rehab consultant's advice and "wouldn't let us do our job." On the flipside, positive rehabilitation consultant feedback centred around "collaboration" and "all parties working together towards a common goal."

The literature corroborates the competence and quality of the players in the industry in achieving outcomes. Pruett et al (2008) affirms the "working alliance has strong empirical support as a primary influence on rehabilitation and counselling outcomes. This includes effective relationship and agreement to goal setting."[3] One of the seven principles for return to work policy and procedure set by the International Social Security Association (ISSA) for signatories to the United Nations Convention on the Rights of Persons with Disabilities which promote good practice in return to work programs is "collaboration – working together to achieve a common goal."[4] Finally, Maciver et al (2013) found that "positive perceptions of the service were linked to supportive relationships with staff."[5]

> **"If we were less confined by 'process' and had more of an ability to truly partner and support the client and employer… we could have a greater impact on successful outcomes."**
>
> Rehabilitation Consultant Survey, July 2017

1 James C, Antoine M, Guest M, Rivett D & Kable A (2017) Practices and Processes Used in the Return to Work of Injured New South Wales nurses: Are These Consistent With RTW Best Practice Principles? Journal of Occupational Rehabilitation. DOI 10.1007/s10926-017-9700-7

2 Jakobsen K & Lillefjell M (2014) Factors promoting a successful return to work: from an employer and employee perspective, Scandinavian Journal of Occupational Therapy, 21:1, 48-57

3 Pruett S R, Swett E A, Chan F, Rosenthal D A, Lee G K (2008) Empirical Evidence Supporting the Effectiveness of Vocational Rehabilitation Journal of Rehabilitation Vol 74, No 1, 56-63

4 International Social Security Association (ISSA) Guidelines (2013): Return to Work and Reintegration. ISSA, Switzerland

5 Donald Maciver, Susan Prior, Kirsty Forsyth, Mike Walsh, Allison Meiklejohn, Linda Irvine & Duncan Pentland (2013) Vocational rehabilitation: Facilitating evidence based practice through participatory action research, Journal of Mental Health, 22:2, 183-190

Responsive and Informed Decision-making (Early Referral)

Research shows that goal-oriented rehabilitation case management is the most effective.

Treatment and referral to providers needs to happen early and be based on medical evidence. Ufirst research found inappropriate referrals and delays in referral and approval negatively impacted return to work outcomes.

The literature identifies informed decision-making as significant for injured workers, rehabilitation providers and insurance agents. Jakobsen and Lillefjell (2014) highlight the importance for workers to have information in order to be able to take responsibility and make decisions.[1]

1 Jakobsen K & Lillefjell M (2014) Factors promoting a successful return to work: from an employer and employee perspective, Scandinavian Journal of Occupational Therapy, 21:1, 48-57

The Heads of Workers Compensation Authorities Australia and New Zealand (2015) included evidence-based decision making as one of the five principles of workplace based rehabilitation.[2] "Develop the evidence base" was identified by the Behavioural Insights Unit (2016) as one of the six return to work good practices.[3]

The International Social Security Association (ISSA) guidelines (2013) advocate early intervention,[4] as does a study by Larsson and Gard (2003) on how the quality and cost effectiveness of rehabilitation planning be improved. [5]

2 Behavioural Insights Unit, Dept of Education and Allianz (2016). Applying Behavioural Insights to Return to Work.

3 Behavioural Insights Unit, Dept of Education and Allianz (2016). Applying Behavioural Insights to Return to Work.

4 International Social Security Association (ISSA) Guidelines (2013): Return to Work and Reintegration. ISSA, Switzerland

5 Larsson A and Gard G (2003) How Can the Rehabilitation Planning Process at the Workplace Be Improved? A Qualitative Study From Employers' Perspective. Journal of Occupational Rehabilitation, Vol. 13, No. 3, September 2003

Role Clarity

In Ufirst studies, rehabilitation consultants reported there was a lack of clarity regarding the roles and expectations between all stakeholders, in particular between rehab consultants and case managers.

It was agreed that the lack of role clarity sometimes resulted in inconsistency in service. The literature supports this. Kosny et al. (2016) concluded that lack of role clarity impeded the meaningful engagement of health-care providers in return to work.[1]

1 Kosny, A Lifshen M, Tonima S, Yanar B, Russell E, MacEachen E, Neis B, Koehoorn M, Beaton D, Furlan A & Cooper J (2016) The role of health-care providers in the workers' compensation system and return-to-work process: Final report.

> **"Cookie cutter approach flies in the face of evidence-based best practice and stifles innovation."**
>
> Organisational Feedback Surveys, July 2017

04

TESTING THE TEMPERATURE

4.1 Testing the Temperature

The Ufirst team employed a number of research methods to gather both subjective and objective knowledge from the project's stakeholders. This was achieved by undertaking the following activities over a period of eight (8) months:

April to November 2017

Worker Net Promoter Score

NPS

Analysis and comparison of themes in worker NPS comments, focusing on promoters and detractors.

Organisational Feedback

22 Nominated Contacts / CRMs from rehab providers invited to provide feedback on behalf of their organisation's experience. Data is de-identified and collated to determine overarching themes.

Rehab Consultant Feedback

Rehabilitation Consultants (from the 22 providers) invited to participate in a short, anonymous survey. Created to understand current relationships, working practices, positive and negative experiences for each group.

Rehab Provider Workshop

Engagement workshop held with 22 provider contacts, focusing on discussion of research findings, identification of areas of opportunity for improvement and sharing priorities for improving services for NSW.

Employer Qual Feedback

Regional employers contacted by telephone and surveyed about supports for injured workers' RTW and potential barriers. Qualitative analysis done for rehab related data.

Survey: Looped In Sessions

Employer and broker contacts attending icare-run information sessions were asked to complete surveys which included questions on use of rehabilitation.

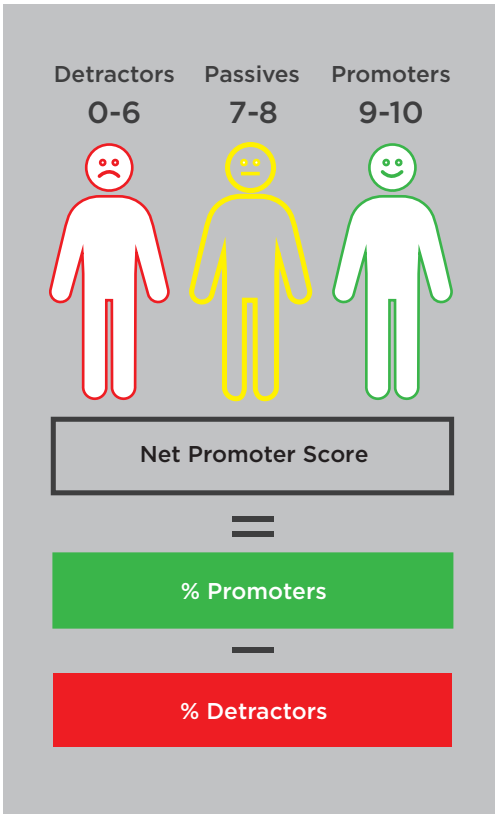
Employer Focus Groups

Employers were invited to a series of Employer Focus Group Workshops to share what worked best for them and how they would like to see things improved.

For more information about this research, contact ufirst@icare.nsw.gov.au

4.2 April 2017 Worker Net Promoter Score

Workers were surveyed directly on their experience with their allocated rehabilitation provider, asked to provide comments and suggestions for key improvements.



Questions:

1. "On a scale of one to ten, how likely would you be to recommend this rehabilitation provider to a friend or colleague?"
2. "What is the reason for your score?"

As is common for this measure, comments tended to be focused on the worker's personal emotional reaction to the services they received.

'Promoters'

Respondents saw their rehabilitation consultants as having the following qualities:

- Supportive, caring or kind
- Helpful
- Good communication / follow up / accessible
- Friendly, approachable or easy to deal with
- Knowledgeable or informative
- Professional / thorough
- Efficient or quick
- Listening / empathy
- Understanding
- Encouraging / positive

'Detractors'

Respondents saw their rehabilitation consultants as exhibiting these traits:

- Pushy / intimidating
- Giving nothing of value / lack of purpose / no outcome
- Poor communication / lack of follow up
- Not helpful
- Not focused on my interests / focused on process
- Poorly informed / lack of knowledge
- Did not listen / lack of understanding
- Not professional / thorough

4.3 July 2017 Organisational Feedback

In July 2017, Ufirst sent surveys to twenty two (22) rehabilitation providers. Responses were received from twelve (12) providers (55% of invitees).

The eight (8) survey questions aimed to uncover the barriers to effective occupational rehabilitation and sought recommendations for how it could be improved:

1. **What is working well for your organisation in terms of service delivery in workers insurance?**
2. **What is not working so well for your organisation in terms of service delivery in workers insurance – what needs to change?**
3. **What do you find is positive about working with employers in workers insurance?**
4. **What do you find is negative about working with employers in workers insurance – what needs to change?**
5. **Are there any adjustments (to business processes or other) required to enhance your organisation's ability to meet the objectives of the NSW workers compensation scheme?**
6. **What is your experience of workers insurance versus other compensable areas *(for example Comcare, CTP and Life insurance?)***
7. **In addition to those already mentioned, what challenges is your organisation dealing with in the scheme as a whole?**
8. **What would help mitigate these issues?**

Responses were reviewed and common themes were identified. A count of responses in line with the theme has been recorded along with sample quotes from providers that reflect the theme.

Comparisons

Rehabilitation providers were asked to compare occupational rehabilitation provided under other compensable areas, e.g. Life Insurance and CTP Insurance with Workers Insurance. Providers reported that under Life Insurance, rehabilitation was less constrained by policy and procedure which allowed for more flexibility in rehabilitation planning. They also reported a greater focus and understanding of the HBOGW.

When comparing CTP Insurance rehabilitation, providers reported that there were fewer incentives for a return to work than were in place for Workers Insurance. They also reported that they felt CTP required less administration and reporting.

Generally, it was reported that other schemes supported a more holistic approach to return to life than Workers Insurance.

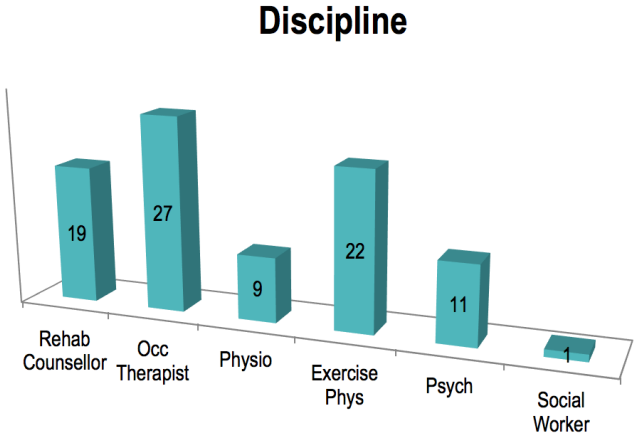
4.4 July 2017 Rehabilitation Consultant Feedback

Also in July, rehabilitation consultants from each of the 22 providers were invited to participate in a short, anonymous survey to shed light on the current relationships, working practices and the positives and negatives of their experiences.

Consultants were asked eight (8) questions which they gave qualitative responses to.

1. **What do you find is positive about working in the consultant role in workers insurance?**
2. **What do you find is negative about working in the consultant role in workers insurance – what needs to change?**
3. **What do you find positive or works well, in terms of providing services to injured workers in this scheme?**
4. **What do you find is negative or difficult, in terms of providing services to injured workers in this scheme?**
5. **What do you enjoy about working in the industry?**
6. **What do you dislike about working in the industry – what needs to change?**
7. **What do you see as being the main reasons for scheme agents choosing to engage a workplace rehabilitation provider?**
8. **Apart from those already mentioned, if you could change one thing about delivering rehabilitation services in workers insurance, what would it be and why?**

Eighty six (86) surveys were completed by consultants across NSW. The responses were analysed through thematic content analysis and then grouped into three main themes of positive, negative and "what needs to change", each with a variety of sub-categories.



4.5 July 2017 Rehabilitation Provider Workshop

The July 2017 Rehabilitation workshop was held with leaders from rehabilitation provider organisations.

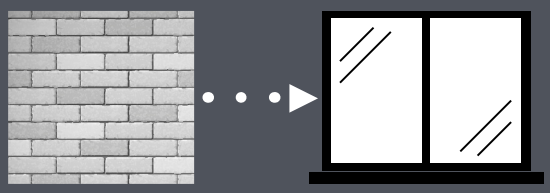
This program of work focused on creating an open dialogue with the rehabilitation community. Listening to the key communities involved, icare aimed to better understand their needs, concerns and proposed areas for change. Any decisions to make changes in the future would then come from an informed, evidence-based approach.

The workshop facilitators identified (5) themes for in-depth discussion.

I. Incentives
II. Documentation
III. Infrastructure
IV. Prevention & Treatment (***new***)
V. Roles

"There is the opportunity for rehab providers to act more as a partner in the process."

Rehab Provider Workshop, July 2017



"There needs to be the opportunity for all relevant parties to see where they are in the process and how they are tracking."

Rehab Provider Workshop, July 2017

4.6 August 2017 Employer Qualitative Feedback

To gain insights into a more regional perspective, telephone contact was made with fifty five (55) employers in the Hunter Valley area (focusing on Maitland, Muswellbrook and Scone).

Employers were from a range of industries including civil construction, disability services, motor trades, aged care, vocational education, domestic construction and hospitality. From the data set, 95% of the employers had fifty (50) or fewer employees.

Employers were asked broadly about the best support for returning injured workers to work as well as what were the greatest barriers. Prompting was minimal to avoid the interviewer influencing the responses provided

4.7 September 2017 Survey: Looped In Sessions

Employer and broker contacts attending icare-run information sessions were asked to complete surveys which included questions on the use of rehabilitation services.

Respondents were asked (open-ended) which rehabilitation service they considered to be the most useful. The most common responses (in order):

- Case Conferencing
- Same Employer Services
- Workplace Assessment
- Prevention
- Early Intervention
- Functional Assessment
- Vocational Assessment

Rehab Questions:

1. **On a scale of 0-10, how useful are rehab services to your organisation?**
2. **Most useful service and why?**
3. **If you could have any service, what would it be and how would you pay for it?**
4. **On a scale of 0-10, when an injury occurs how confident do you feel referring to a Rehab Provider?**

Broker Questions:

1. **What feedback do you frequently receive from clients regarding Rehab Providers? What would help you feel more confident?**
2. **How could service be improved?**

Mental Health Questions:

1. **My workplace maintains regular contact with employees when injured, this is regardless of a liability decision and length of claim - agree / disagree?**
2. **If an employee is having difficulties in the work place, whether they be work related or non work related, what steps does your workplace take to offer them assistance? (e.g. services such as EAP)**
3. **My workplace manages mental health claims differently to physical claims. For example, different policies and procedures or a way of managing workers or reporting requirements, please outline how?**

4.8 November 2017 Employer Focus Groups

In late November, Ufirst conducted a series of Employer Focus Group workshops. Employers were invited to participate in a short feedback session at icare offices to share what worked best for them and how they would like to see things improved.

Employers were encouraged to "bring stories of [their] experience and best practice expertise and/or questions to the conversation."

Three (3) workshops were run with thirteen (13) employers participating across a range of industries. Employers were posed the following questions in small groups:

1. What does good rehabilitation (rehab) look like for you?
2. What are the most effective uses of rehab services for an employer?
3. What's not working with rehab now?
4. If you could use rehab in any way possible, what would they be able to help you with?

Following the workshops, participants were sent a short, anonymous survey and invited to provide any further feedback they may have.

Engaging with employers and running such workshops was an important part of icare's commitment to improving the current rehabilitation service model to achieve better outcomes for all involved.

Good rehabilitation . . .

- "...understands the employer, their business and their industry..."
- "...is proactive with injury management..."
- "...is a problem solver for return-to-work..."
- "...keeps everyone connected and informed..."
- "...is getting in early..."
- "...is a process that works for all stakeholders..."
- "...is an extension of our business – professional, timely, knowledgeable, consistently flexible..."
- "...is proactive, confident in knowledge..."

05

SUMMARY

5.1. Summary

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Over the past eight months, in consultation with key stakeholders, icare's Health and Community Engagement team (Ufirst) has undertaken a thorough examination of the positives and the pain points of the occupational rehabilitation system as it currently stands.

Along the way, a rich repository of data has been collected, and a number of issues with the current system have been brought to light. Suggestions for improvements have also emerged from the data, and participants have offered up ideas as to what 'good' looks like for each of them.

- What 'good' looks like for injured workers are rehabilitation consultants who are genuine and caring, honest and professional, less pushy and more compassionate. They communicate more clearly and have a deeper understanding of workers and their injuries. They listen more to workers and to treating doctors, and provide tangible help for workers to get back to work, undertake training or find alternate employment.

- What 'good' looks like for rehabilitation providers is a consistent set of performance measures based on provider services not on claims outcomes, a reduction in administration and better education for all parties as to why rehab and return-to-work (RTW) is necessary. Early referral for treatment and rehabilitation, for the focus to shift away from work capacity towards RTW. Evidence-based practice as opposed to a process-driven, 'cookie cutter' approach. A partnership approach between case managers and providers, a stronger relationship with employers and for insurance agents to trust consultants to do their jobs. Less reporting and more doing!

- What 'good' looks like for employers is improved communication, early engagement, better goals linked to work duties and return-to-work. For rehab consultants to have relevant experience, deep understanding of an employer, their business, their industry and a better understanding of workplace issues. More employer involvement in the process. Nominated treating doctors need to be well-versed in Workers Insurance, engaged in the process and held accountable. To see rehabilitation like an extension of their business - timely, professional and consistently flexible. For rehab providers to be proactive and knowledgeable, experts in their field. Less red tape - all key stakeholders are too concerned with SLA obligations rather than focused on return-to-work.

There is strong evidence to support the need for change, both from the literature and from Ufirst's own comprehensive research. icare understands the need to capitalise on learnings that have emerged from those at the coalface, to better anticipate service gaps and explore how they can be improved.

The in-depth investigation that unearthed barriers and gave rise to recommendations for how things can be done better represents a golden opportunity to refine an imperfect system and improve the rehabilitation services for NSW's injured workers and all involved in their successful recovery pathway.

Thank you

icare™ Ufirst

For any queries or requests for further research information, please contact the Ufirst team in the Health and Community Engagement Section:

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