



# Better@Work





## An ACC funded partnership between ACC, PHOs and local doctors to develop a service that will

- Support doctors to change the way they certificate time off work
- Support employers to have injured workers remain in or return earlier to the work place
- Support injured workers to recover at work
- Reduce average time off work



# Role of GPs

General practitioners are

- The gateway to time off work
- Key to workers expectations about being better off at work
- In need of assistance to support employers, especially small and medium sized employers, to assist injured workers to recover at work.



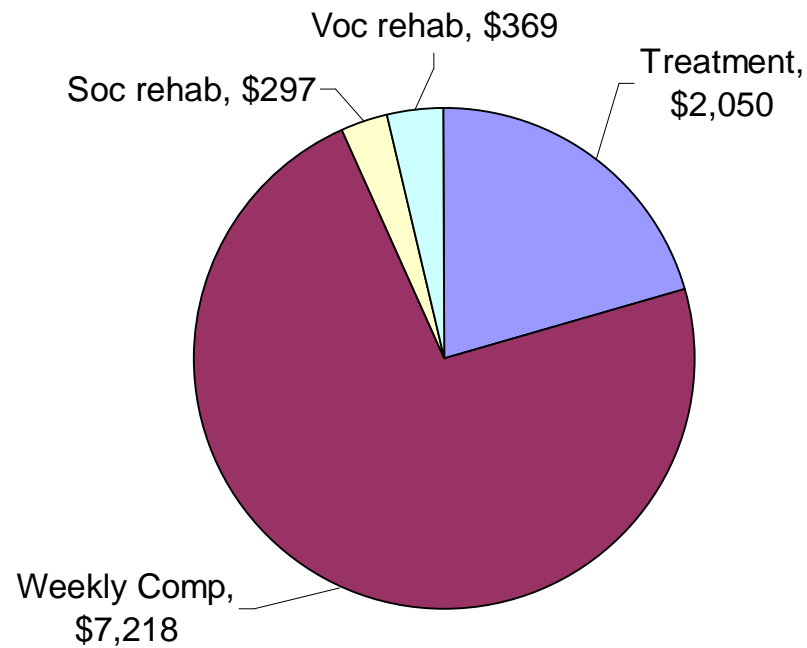
# Taupo Prototype

Lake Taupo PHO have been prototyping this service since 2 March 2009

- Five member general practices
- 21 doctors
- 1800 injured workers per year
- 600 injured workers per year claim weekly compensation
- Average time off work for non-serious injuries 82 days

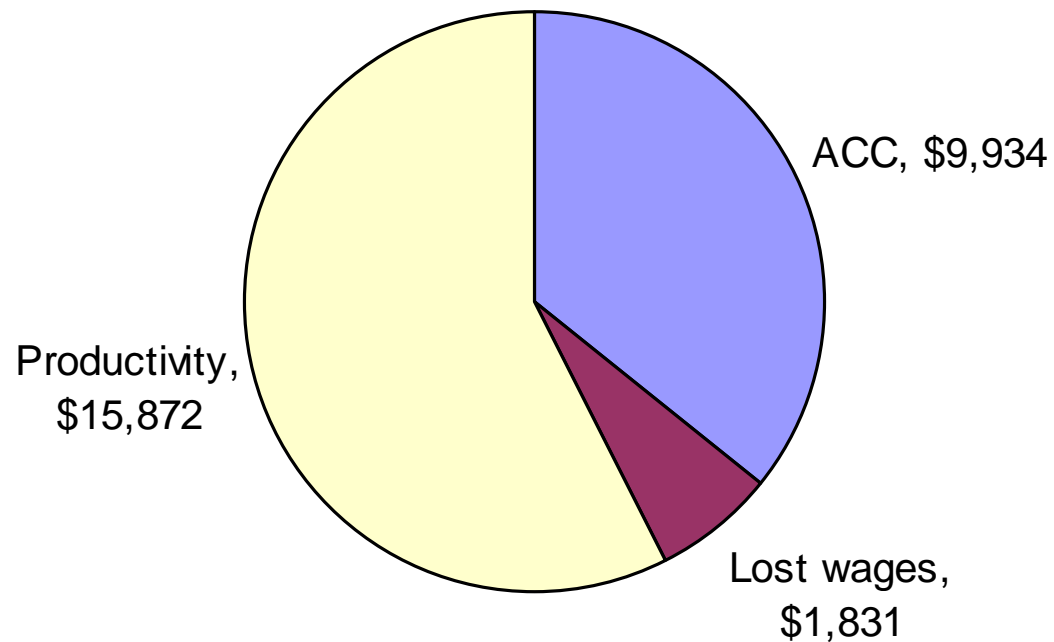
# ACC Cost of being off work

**Average Cost of a Taupo Weekly Comp claim  
(2007=\$9,934)**



# Total cost of being off work

**Total cost per average Taupo claim (2007=\$27,638)**





# Evaluation results: Clients

- Clients asked about satisfaction with the way the doctors talked to them about being at work with their injury; and about the Better@Work coordinator's help if they received it
- Findings from phone survey of clients (239 responses):
  - 9 out of 10 satisfied or very satisfied (87%)
  - 8 out of 10 satisfied or very satisfied with the coordinator (78%). Small sample of 23.
- Interviews with sample of clients:
  - Clients in B@W service very happy: a critical part of their return to work.



# Doctors

- Doctors interviewed (13)
  - Have changed the way they think about certification of time off work, and consequently how they discuss and set the expectations of their patients around time of work
  - Believe that injured workers should recover at work wherever possible
  - Have a very high level of trust in the coordinator to ensure the Better@Work plan is safe and effective





# Recovering at work

- NZIER Difference in Difference methodology applied to claims referred to Better@Work up to 31 December 2010.
- There is a statistically significant greater probability of getting a Fit For Selected Certificate issued and an abated weekly compensation paid.
- This means more workers are recovering at work because of Better@Work.
- Too early to see a statistically significant effect yet on number of weekly compensation days or amounts paid



# Expansion of prototype

- There are now five Primary Health Organisations delivering the prototype
  - To test different aspects eg: greater geographical area; urban setting with transport problems; urban setting with variety of primary care services
- Employers, Unions and the College of General Practice are advising ACC on the development of the prototype
- Expected to be evaluated in late 2010.

# Workplace rehabilitation

Why it works and how to make it happen

# Overview

- Dr Sara Souter- Occupational Medicine Specialist, Faculty of Occupational and Environmental Medicine
- Verna Smith- Program Manager- “Better at Work”, Accident Compensation Corporation
- Joanne Mintoft- Occupational Therapist, Lake Taupo PHO

# Work & Health

“Long term worklessness is one of the greater known risks to public health”

- Health Risk = smoking 10 packets of cigarettes/day (Ross 1995)
- Suicide in young men 6+ months out of work is increased 40 fold (Wessely, 2004)
- Suicide rate 6 times higher in long term out of work (Bartley et al, 2005)
- Health risk & decreased life expectancy impact more than many “killer” diseases (Waddell & Aylward, 2005)
- Greater risk than the most dangerous jobs e.g. construction/North Sea

# Why the concern now?

- Increasing requests for sickness certificates with no corresponding rise in morbidity in the population
- Increasing amount and cost of workplace absence
- Increase in sickness and invalid benefits- in 2007 1/8 households had no-one at work
- Biggest increase in conditions for disability support musculoskeletal and mild-mod mental health
- Declining return to work rates in Aust and NZ

# Health and Work- UK

- “Working for a Healthier Tomorrow” – Professor Dame Carol Black- 2007

“For most people their work is a key factor in their self worth, family esteem and identity. So if they become sick and are not helped quickly enough, they can all too easily find themselves on a downward spiral into long term sickness and a life on benefits”

# Health and Work- UK

- Summary of key recommendations:
  - The “fit note”
  - Fit for Work service
  - Accessibility of support to all workless people
  - Better use of Occupational Health services as part of mainstream healthcare
  - Health enhancing workplaces



# AFOEM (RACP) 2010- “Realising the Health Benefits of Work”

- Position statement, description of the issues with relevance to Australia and NZ
- Recommendations for health professionals, employers and government.
- Recommendation for a consensus from medical professionals about benefits of work and negative impact of workplace absence from ill health.



Joanne Mintoft, NZROT  
Better@Work Coordinator, Taupo



## Role of Better@Work Coordinator

- Review pre-injury duties; identify barriers to return to work.
- Contact employer.
- Worksite visit.
- Communicate with GP and ACC.
- Recommend required support.



# Better@Work Options

- Information
  - Definitions of terms e.g. “light” duties.
  - Investigate alternative duties or alternative hours options.
- Clinical support
  - Pacing and rebuilding tissue tolerance post injury.
  - Work station/ environmental/equipment assessment.
- Practical support
  - childcare, home help, taxis to and from work or equipment such as perching stools.

# Advantages of Better@Work

- Rehab starts on day one.
- Bio-psycho-social model and the Disability prevention model.
- Creates a link between GP and employer.
- Certify for “work ability not work availability”.





# Case Study One

## **Injury:**

Torn Gastrocnemius.

## **Occupation:**

Contractor maintaining 300 km of roading edge.

## **ACC 18:**

Initial fully unfit then fit for selected duties 10 hours per day:

no lifting or forceful movements, no heavy work,  
no prolonged walking, no prolonged standing.





## Better@Work actions/outcomes:

- Visit to the deport to discuss work tasks and graded return.
- Recommended to ACC purchase new work boots to support his calf.
- Passed on information regarding the worksite to the GP. follow up once fit for selected duties.



## Case Study Two

### **Injury:**

Lumbar disc prolapse. Felt a 'pop' while lifting at work and then sudden pain in his back.

### **Occupation:**

Laborer at landscape gardeners.

### **ACC 18:**

10 hours/day, 5 days/week for a week.

No lifting or forceful movements, no heavy physical work, no using the loader.





## Better@Work actions/outcomes:

- GP phoned B@W Coordinator to advise of the injured workers wishes to return tomorrow and of the restrictions.
- Visit to the work site to observe and advise re: lifting technique. Client not using the hand truck and lifting unevenly.
- Injured worker stayed and recovered at work and did not visit GP again.



# Case Study One

## **Injury:**

Torn Gastrocnemius.

## **Occupation:**

Contractor maintaining 300 km of roading edge.

## **ACC 18:**

Initial fully unfit then fit for selected duties 10 hours per day:

no lifting or forceful movements, no heavy work,  
no prolonged walking, no prolonged standing.



## Better@Work actions/outcomes:

- Visit to the deport to discuss work tasks and graded return.
- Recommended to ACC purchase new work boots to support his calf.
- Passed on information regarding the worksite to the GP. follow up once fit for selected duties.



## Case Study Two

### **Injury:**

Lumbar disc prolapse. Felt a 'pop' while lifting at work and then sudden pain in his back.

### **Occupation:**

Laborer at landscape gardeners.

### **ACC 18:**

10 hours/day, 5 days/week for a week.

No lifting or forceful movements, no heavy physical work, no using the loader.



## Better@Work actions/outcomes:

- GP phoned B@W Coordinator to advise of the injured workers wishes to return tomorrow and of the restrictions.
- Visit to the work site to observe and advise re: lifting technique. Client not using the hand truck and lifting unevenly.
- Injured worker stayed and recovered at work and did not visit GP again.