

# Vocational Rehabilitation – The Role of the Rural GP

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# Conference Theme

- Rural Health – No. 8 Wired
  - Innovation
  - Connections

# Why?

- Personal Experience
- Evidence
  - Work & Health
  - Compensation & Health
  - Early Intervention

# Without Work all Life Goes Rotten – Albert Camus

- BMJ Editorial October 1992 Richard Smith
- “Unemployment raises the chance that a man will die in the next decade by about a third, and for those in middle age – with the biggest commitments – the chance doubles. The men are most likely to die from suicide, cancer, and accidents and violence.”

# Work & 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 (Aylward, 2007)

# Is Work Good for your Health & Well-Being? (Waddell & Burton 2006)

There is a strong association between worklessness and poor health. This may be partly a health selection effect, but it is also to a large extent cause and effect. There is strong evidence that unemployment is generally harmful to health including:

- Higher mortality
- Poorer general health
- Poorer mental health
- Higher medical consultation, medication consumption and hospital admission rates.

# Work & Health

## – Working for a Healthier Tomorrow – UK – 2007

- Dame Carol Black noted:

“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”

# Work & Health

- Dame Carol Recommended:
  - New Fit for Work service be piloted for early stages of sickness
  - Service extended to those on incapacity and other out of work benefits
  - Outdated paper based sick note be replaced with “fit note” stating what people can do, not what they can’t

# Work & Health

Preventing Needless Work Disability by Helping People stay  
Employed – ACOEM 2006

- Introduced “SAW” language
- Noted the incidence of long absence associated with minor injuries
- Recommended focus on the process
- “Common sense evidence abounds that keeping people productively employed is good for them and society”

# Compensation & Health

- Compensable Injuries & Health Outcomes – AFOM 2000
  - Compensation associated with poorer health outcomes
- “Realising the Health Benefits of Work” AFOEM 2010

# Early Intervention Evidence

Systematic Review of Quantitative Literature –  
2005 Canada (Franche et al)

“Work based RTW interventions can reduce work  
disability duration”

# Early Intervention in Primary Care (Universities of Exeter & Plymouth 2007)

- “Successful rehabilitation requires effective communication and active collaboration between health care professionals, the workplace and the worker.”

# Vocational Rehabilitation – What Works, for Whom, and When? (Waddell, Burton, Kendall 2008)

“The advice and management given in primary care has a major and lasting impact on the individual’s (and their family’s and employer’s) beliefs about the health condition and how it should be managed”

# COHE – Washington State

- Commenced 2003 (Renton) & 2004 (Spokane)
- Follow up over 4 years
- Average of 17 fewer time loss days
- Fewer reopened claims, fewer protests, less frequent use of attorneys, lower pension rate.

“Employment is nature’s physician, and is essential to human happiness”

Claudius Galen  
131 – 201AD

## Better @ Work

is a “No. 8 Wire” program that is both innovative & uses “connections”.

# ACC Expenditure

- Treatment 41%
  - Hospital Acute 13%
  - Hospital Elective 7%
  - Medical Treatment 20%
  - Dental 1%
- Social Rehabilitation 16%
- Vocational Rehabilitation 2%
- Weekly Compensation 32%
- Other 9%

# Medical Expenditure

- 72% expenditure involves medical practitioners.
- 44% of this is from the prescribing of time off work
- Medical practitioners must understand the relationship between work and health to safely prescribe time off work

# General Practice

- General Practitioners & Nurse Practitioners are key professionals in the provision and coordination of treatment, vocational and social rehabilitation
- General Practitioners & Nurse Practitioners directly control approximately one third of ACC's scheme expenditure by their certification of work capacity or incapacity.



PREVENTION. CARE. RECOVERY.

Te Kaporetihana Āwhina Hunga Whara

# What is Better @ Work?

# Better @ Work

- Evidence based
- Paradigm Shift
- Behaviour change through Outcome Based Payments
- Collaboration

# Paradigm Shift

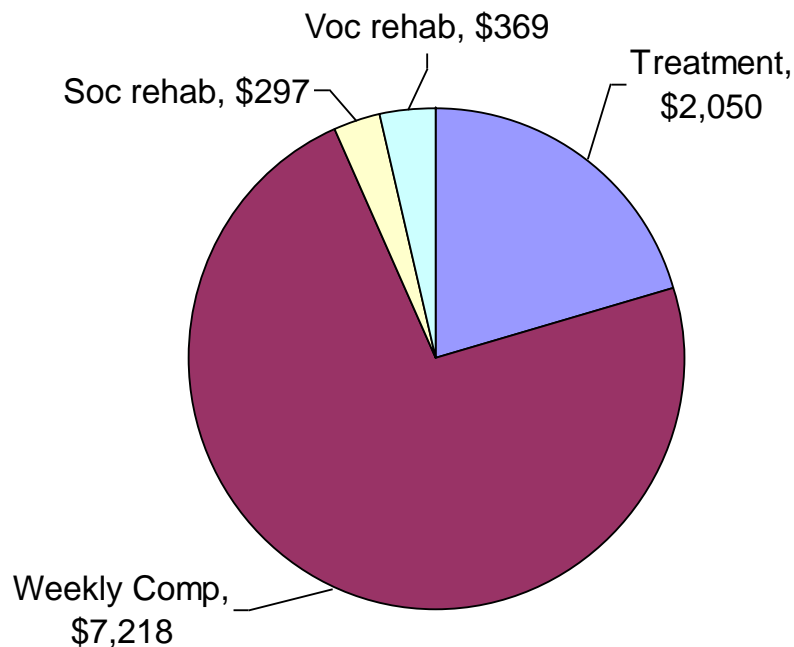
- Upcoming release of ACOEM position paper –  
“Realising the Health Benefits of Work”

# Collaboration

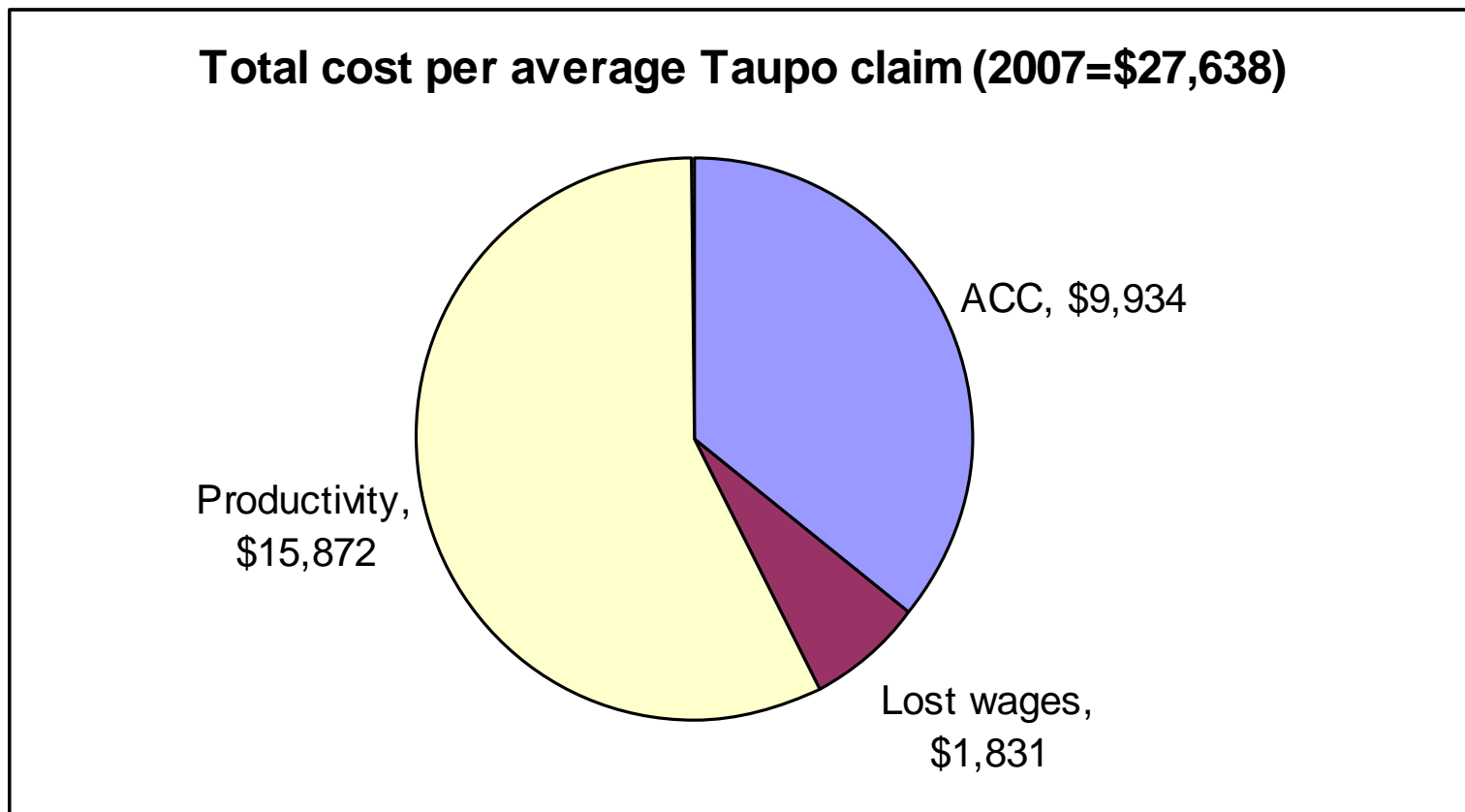
- Employers
- Employees/Unions
- Practitioners
- International Input

# ACC Cost of being off work

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



# Total cost of being off work



# Better @ Work Process

- GP consultation
- Referral & Certification eACC18
- Local Coordinator
- Handover from coordinator to case manager at negotiated time if incapacity ongoing
- Local agreements with Emergency and A&M clinics
- Outcome & Fee for Service payments



**MOUSE Mickey (130292.1)**  
12344 Disney Land, 112233445, 234234

**A 3 - C**  
01 Jan 1945 64 yrs Male

**JDR1234** **DU**  
10.00

**SFE**  
BD

babyadam - new look (bestpractice)

Web



ACC18 - Medical Certificate



Patient Details Injury Details Work Capacity Declaration

October 2009							November 2009						
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
			1	2	3	4							1
5	6	7	8	9	10	11	2	3	4	5	6	7	8
12	13	14	15	16	17	18	9	10	11	12	13	14	15
19	20	21	22	23	24	25	16	17	18	19	20	21	22
26	27	28	29	30	31		23	24	25	26	27	28	29
							30						

December 2009							January 2010						
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	1	2	3	4	5	6					1	2	3
7	8	9	10	11	12	13	4	5	6	7	8	9	10
14	15	16	17	18	19	20	11	12	13	14	15	16	17
21	22	23	24	25	26	27	18	19	20	21	22	23	24
28	29	30	31				25	26	27	28	29	30	31

Work Capacity

Unfit  
Restricted  
Restricted2  
Clear  
Edit

Events

Review  
Return to work  
Clear

Key

- Unfit
- Restricted
- Restricted2
- Today's date
- Review
- Return to work

**ACC Case Review**

Complications / assistance required

Discuss with Case Manager

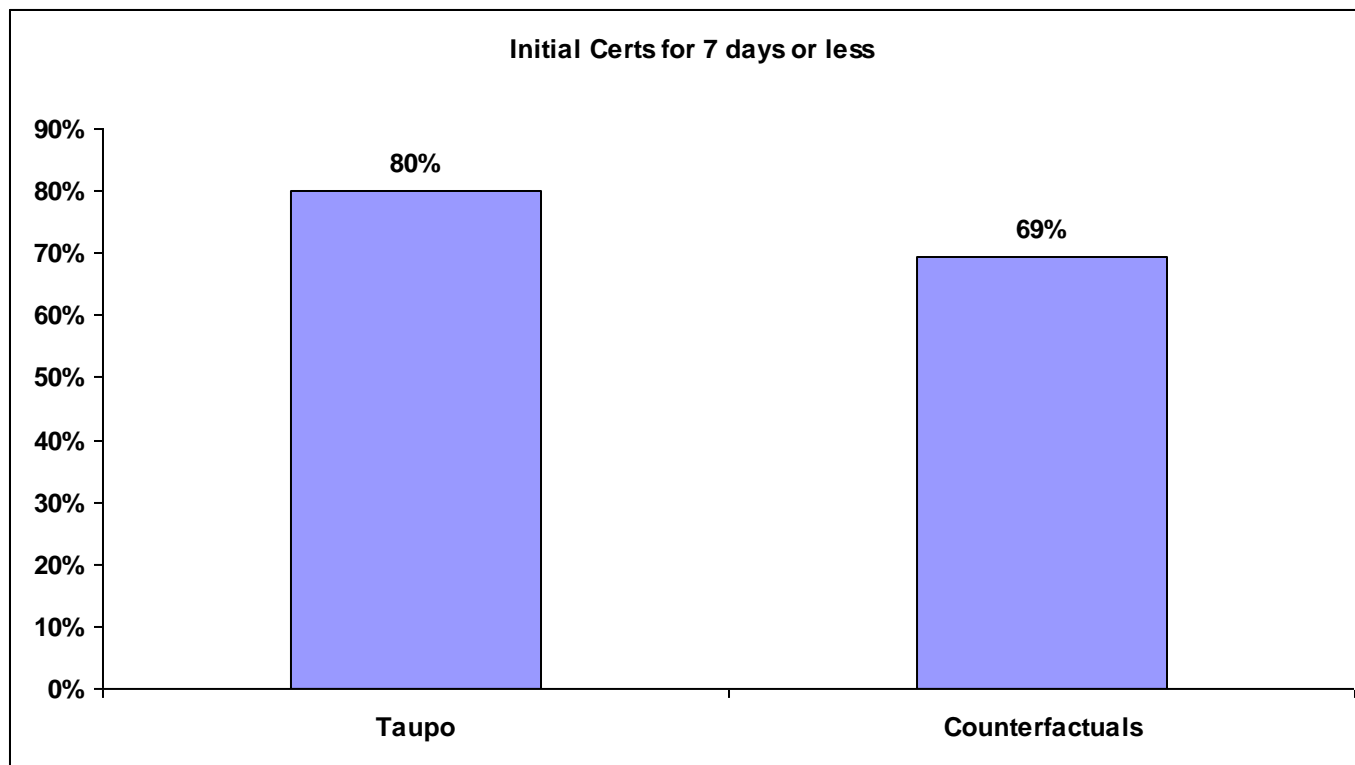
Patient eligible for Better@Work?  Yes  No

Patient will go back to their employer to identify alternative duties.

Patient referred to the Better@Work Coordinator for assistance in identifying alternative duties.

**Employer Details**

# Reduction in TOW certificates



# Days saved

Taking into account the change in claim volumes, the total days saved is now

2000

This is a reduction in days paid of 10%

# Satisfaction

“She really helped me with knowing what to do and say  
.... When I wasn't at my best” - client

“I've enjoyed the process and the approach, it should  
become the blueprint for a new way of working” – GP

Client Survey – 82% satisfied or very satisfied with the  
service provided by their B @ W GP

# Rural Challenges & Opportunities

- Self Employment
- Manual/Heavy Work
  
- Motivation
- Innovation
- Flexibility
  
- Reverse the question
  
- Cannot win them all

# Summary

- Careful and informed prescribing of modified work or time off work will improve clinical outcomes for people (and have financial benefits for workers and employers)
- Better @ Work is a new system that supports the delivery of safer and appropriate care to patients