Recovery at Work: Engaging Large Employers in Best Practice

2nd Strategic Roundtable • Sydney, 23 May 2017

Global Access Partners
NSW Family & Community Services
State Insurance Regulatory Authority (NSW)
Insurance & Care NSW (icare)
WorkSafe Victoria

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Cover Photo: GAP Second Roundtable participants in the Preston Stanley Room, NSW Parliament House
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Recovery at Work: Engaging Large Employers in Best Practice

2nd Strategic Roundtable presented by Global Access Partners
Tuesday, 23 May 2017
NSW Parliament House, Sydney

Organised by the institute for active policy Global Access Partners and supported by the GAP Standing Committee on Productive Ageing, NSW Family and Community Services, State Insurance Regulatory Authority (SIRA), Insurance & Care NSW (icare) and WorkSafe Victoria, the Second Roundtable *Recovery at Work: Engaging Large Employers in Best Practice* discussed strategies to encourage recovery at work after soft tissue injuries.

Fifty-five participants from academia, government agencies, the health service, employers, insurers and industry associations engaged with workplace rehabilitation specialists in an open and constructive debate of issues raised by the recent return-to-work studies in NSW and Victoria.

Attendees were welcomed by **the Hon. Tanya Davies** MP, the Minister for Mental Health, Minister for Women and Minister for Ageing in the NSW Government. The discussion was facilitated by **Dr Norman Swan**, host of *The Health Report* on ABC Radio National.

Speakers included **Christine Callaghan**, Health Engagement, Office of the Chief Medical Officer at icare NSW; **Carmel Donnelly**, Acting Chief Executive of SIRA; **Prof Michael Nicholas**, Director of the Pain Management Research Institute at the Royal North Shore Hospital and The University of Sydney; **Prof Alex Collie**, Director, Insurance Work and Health Group, Faculty of Medicine Nursing and Health Sciences at Monash University; **Chanelle McEnallay**, Chief Risk Officer (Australia), National Safety, Property & Environment Manager, Ramsay Health Care; **Michele Murphy**, Manager, Insurance and Risk at NSW Health; and **Catherine Fritz-Kalish**, Co-Founder & Managing Director of Global Access Partners.

The event built on the outcomes of the First Roundtable *Recovery at Work: A New Way of Thinking About Work Injuries* held on 5 May 2016.

Disclaimer

This document represents a diverse range of views and interests of the individuals and organisations involved in the Roundtable. They are personal opinions that do not necessarily reflect those of the organisers and sponsors of the event. Given the different perspectives of participating individuals, it should not be assumed that every participant would agree with every argument or recommendation in full.

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Executive Summary

The NSW Government is committed to improving opportunities for older workers as part of its Ageing Strategy[1] and will work with business and other stakeholders to improve outcomes for all. It is keen to learn from the strategies employed by the business community and of any barriers they face in implementing effective return-to-work (RTW) solutions.

The State Insurance Regulatory Authority (SIRA) oversees the workers' compensation system in NSW and supports evidence-based, proactive and effective treatment and rehabilitation. Good work has positive psychological and social benefits, but negative experiences with the compensation system can adversely affect worker health and social outcomes. As nuances of service behaviour have a tangible influence on rates of return, stakeholders must improve their client interactions to minimise their absence from work. A strong relationship between the injured worker and their supervisor and prompt contact after injury can prove vital to recovery. Coordinated, evidence-based, multicomponent programmes improve returns to work, particularly when tailored to the worker and workplace. SIRA has reviewed its self-insurance licensing conditions and is now offering a new model, in which high-performing insurers are rewarded, middle-ranking insurers are helped to improve and low-performing insurers will be exited from the system.

The Work Injury Screening and Early Intervention (WISE) Study: Prof Michael Nicholas reported that injured worker outcomes for 2017 appear to continue the trends outlined at the first GAP Roundtable on Recovery at Work[2], and NSW Health has now adopted the protocol in every public hospital. The WISE protocol includes early screening after injury to identify workers at risk of poor recovery and early psychological and workplace help to pinpoint and overcome barriers to their return to work. Prior to the WISE study, NSW Health data showed that while the number of claims was declining, the amount of time injured workers stayed off work was increasing. The WISE study demonstrated that this trend could be reversed, underlining the importance of recovery-at-work protocols to identify and treat the at-risk injured workers. The WISE protocol mandates the timely collaboration between employers, clinicians, insurers and injured workers towards the common goal of a return in employment.

Literature Review - A review of 36 high-quality international studies of workplace interventions[3], conducted by Monash University in association with the Institute for Work and Health in Toronto, concluded that an integrated programme of workplace modifications, health interventions and service coordination can reduce time off work due to musculoskeletal injuries. Absence and costs caused by mental health conditions can be reduced by work-focused cognitive behavioural therapy, although cognitive behavioural therapy without consideration of the workplace does not improve recovery timeframes. While the

studies revealed moderate evidence for the efficacy of workplace accommodations in themselves, there was insufficient evidence to support a host of other isolated activities, from health interventions to service coordination. These principles should be tailored to particular circumstances, but rolling out these programmes at scale can be difficult, and more examples of their efficacy in Australia are required.

Key issues discussed at the Roundtable

- WISE study findings may not produce the same results when rolled out on a wider scale if implemented poorly.
- Workplace RTW coordinators and health professionals may oppose change and require education in new processes. 'Soft skills' training can encourage them to make the all-important initial contact, while simplifying paperwork benefits the worker as well.

- The support of senior management is required to embed new recovery schemes into the organisation and overcome resistance to change. Helplines and roundtable discussions between senior figures, case managers and workers can be effective. Senior managers can be encouraged to implement recovery-at-work protocols by proving their financial benefits to the organisation as a whole, as well as health gains for particular individuals.
- Some doctors are reluctant to encourage return to work as a treatment protocol, and education for both clinicians and the public about the benefits of recovery at work is required.
- Psychological factors play a key role in the treatment of physical, as well as psychological, injuries and should be addressed in the care for identified high-risk workers from the outset.
- Reducing paperwork helps, rather than hinders, client understanding, and stakeholders may have more scope to simplify their communications than they realise. Streamlining and coordinating communication with injured workers and improving their sense of psychological safety can ease the claims process, reduce stress and promote recovery.
- Social factors, such as caring responsibilities, can also have an effect.

- Spending more money on identifying and supporting at-risk workers reaps greater savings over time.
- Face-to-face contact with their recovery-at-work coordinator is vital to ensure an injured worker's commitment and understanding, as this establishes the framework in which all stakeholders must subsequently work.
- Employers and recovery schemes must genuinely place working with the injured employee at their core, rather than merely pay lip service to the notion in provider-centric conversations.
- The aim of restoring the worker's previous life can offer ground for all stakeholders to agree on and work towards.
- Being clear about the longer-term nature of recovery from some injuries will help the worker cope.
- Simpler and more accurate ways to report the results of recovery schemes are required by senior executives, just as clearer communication benefits the injured workers.
- More effort should be made to prevent psychological injuries, and the obligations of employers should be clarified.

Welcome & Acknowledgement of Country

Dr Norman Swan, host of *The Health Report* on ABC National Radio, welcomed participants to the second GAP Roundtable on Recovery at Work. Improving rates of return to work after injury is an important topic, as many people remain unnecessarily disabled despite domestic and international efforts to improve support. Complacency over the performance of other Australian states is not warranted, and efforts to improve the system must be pursued. The GAP Roundtable aims to encourage open discussion and data sharing, and brings the needs of large employers to the fore to encourage implementation.

Christine Callaghan, who bears responsibility for Health Engagement in the Office of the Chief Medical Officer at Insurance & Care NSW (icare), acknowledged the traditional custodians of the land, the Gadigal people of the Eora Nation, and paid respect to Aboriginal and Torres Strait Islander people at the event and Aboriginal elders past and present. She stressed the importance of recovery at work, rather than waiting to recover at home, as absence from work can cause isolation, anxiety and depression. The failure to encourage people back promptly can see injured workers fall into a downward spiral of hopelessness. She praised the commitment of attendees and hoped they would share the strength, resilience and passion exhibited by Indigenous peoples to find a way forward.

Ministerial Address

The Hon. Tanya Davies MP, NSW Minister for Mental Health, Minister for Women and Minister for Ageing, thanked GAP for organising the event and senior representatives from the business, government and non-government sectors for focusing on this important issue.

The NSW Government has supported several GAP initiatives over the years, and the Roundtable forms part of the first year of implementing the State's Ageing Strategy[4]. The Government has committed significant resources to give older people opportunities to remain in or re-enter the workforce. The Government recognises it cannot solve this problem on its own, and the best way to support older workers is through open dialogue with affected individuals, employers, employees, insurance agencies and experts in the field. Positive change for older

workers will depend on strong and constructive partnerships, underlining the importance of events such as this. The NSW Government is engaging with stakeholders to develop innovative solutions and improve outcomes for older employees.

The importance of the issue will continue to grow, given NSW's ageing population, and the ideas generated by the Roundtable will directly benefit every participant, as well as those they represent. By 2031, half the State's population will be over 50, and one in five will be over 65. This is an unprecedented demographic issue, but it also offers excitement as such problems stimulate creative thinking.

The NSW Government is determined to ensure that people not only live longer, but enjoy healthier lives, and will provide opportunities and support for both employers and employees. Injury is a major cause of absence from the workforce, particularly for those over 50, and returning safely, but quickly to work after injury benefits the worker, their families, their employer and the community.

Research shows that older workers enjoy the same benefits from working as the young. People enjoy being recognised and valued for their skills, connecting with the culture and values of their company and having support, friendship and collaboration with colleagues. The opportunity to be challenged and stretched and learn new things is always valuable. The NSW Government will work with the business and community sector to pursue cultural change and meet the desire of older workers to continue working as well as demand for labour in the future.

This objective ties with the Roundtable's aims, as attendees share the same goal of helping workers to remain healthy, happy and able to make meaningful contributions. The Government is keen to hear of strategies to retain and support older workers and of any barriers which must be overcome.

Minister Davies thanked attendees once again for their commitment to promoting the health and retention of older employees, underlined the NSW Government's willingness to work with the business community and looked forward to hearing their recommendations.

State Insurance Regulatory Authority

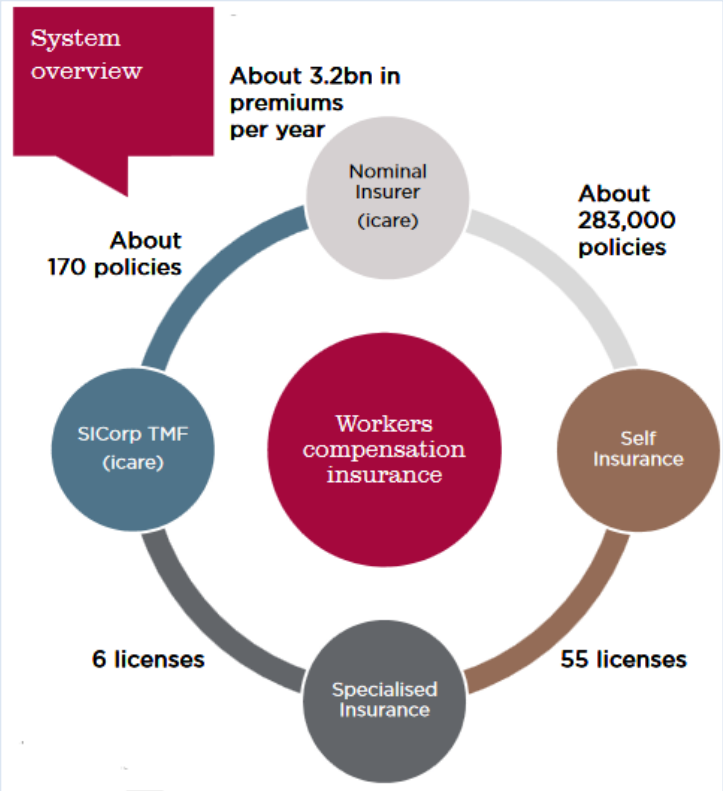
Carmel Donnelly, Acting Chief Executive of the NSW State Insurance Regulatory Authority, outlined SIRA's role and objectives regarding workers' compensation.

SIRA was established in September 2015 to steward a number of insurance systems that build community wellbeing and confidence, including workplace injury compensation, road accidents and insolvency due to home building. SIRA has supported government reforms in these areas, but its approach to workers compensation remains guided by the objectives outlined in Section 3 of the relevant *Workplace Injury Management and Workers Compensation Act 1998* to provide for health, safety and wellbeing of workers. SIRA funds SafeWork NSW and uses the data from workers compensation to inform its prevention programmes.

SIRA advocates proactive and effective treatment and rehabilitation and supports evidence-based medical and rehab services. SIRA supports prompt income support and the payment of treatment expenses for recovery for injured workers, but accepts the system must be efficient and financially viable for the State, as well as fair to injured workers. It must ensure that employer contributions are commensurate with risk and has a growing role in supervising premiums.

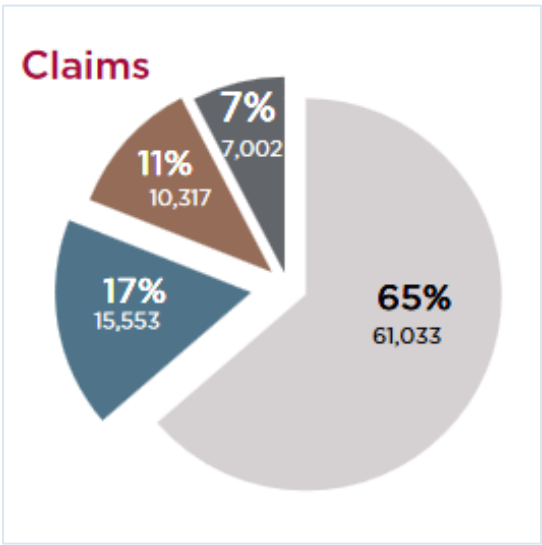
The NSW Government separated the system's regulator (SIRA) and operator (icare). SIRA's role is to oversee the workers compensation insurance system in NSW. Most licensed insurers are large Australian companies with self-insurer licences, and such companies play a pivotal role in the system. A smaller number of specialised insurers and icare are also regulated by SIRA.

The NSW workers compensation system that SIRA regulates



NSW receives around 90,000 new claims a year, with around 30,000 serious injuries. There are currently 84,000 open claims, with 40,000 claimants receiving weekly payments.

Sixty-five per cent of all claims are covered by the nominal insurer icare, with 17 per cent covered by SICorp TMF[5] (icare), 11 per cent by self-insurance, and 7 per cent by specialised insurance policies.



SIRA acknowledges the confronting fact that compensation systems can not only fail to meet individual's needs, but may exacerbate, rather than ease, their condition and circumstances.

Adverse experiences with compensation can affect people's health[6] as lengthy claims processes, medico-legal assessments and poor claims information[7] can prove stressful.

A perception of injustice can increase claimants' perception of pain, which, in turn, is associated with poor or delayed recovery[8]. The strong evidence that adversarial relationships lead to negative outcomes[9] means that people with a workers compensation claim may suffer poorer health and social outcomes than people without entitlement to compensation. This uncomfortable finding challenges every stakeholder in the system to analyse and improve their operations. The manner in which stakeholders interact with injured workers is as important as the compensation system itself, and Ms Donnelly called for stakeholders to respect their clients, as the retention of dignity and optimism will produce a better life experience in the future. Legislation cannot impel better interactions, as these stem from organisational innovation, culture and the provision of evidence-based services.

Benefits of Good Work

SIRA accepts an ethical imperative to help people recover at work as it improves general health and wellbeing and reduces psychological distress. Good work can expedite healing, reduce symptoms, promote an active lifestyle and foster connectedness with the workplace. However, long-term absence, disablement or unemployment erodes health and wellbeing, and unnecessary delay in returning to work after injury is often associated with delayed recovery. SIRA therefore encourages the creation of inclusive workplaces which allow people with disabilities to work. Working benefits the health as well as the financial standing of most people, and unwarranted delays in returning after injury can reduce the likelihood the worker will return at all.

National RTW surveys show that workers see their direct supervisor as the most important person influencing their return. Returns have more positive outcomes if the injured worker is contacted by their supervisor in a positive, constructive and respectful manner within the first few days. People recover more quickly if the system treats them with dignity, and more research, guidance and support should improve interactions and therefore outcomes for all stakeholders. Coordinated, evidence-based, multicomponent programmes are the most effective ways to improve returns to work, particularly when tailored to the worker and workplace. As nuances of service behaviour have a tangible influence on client health and rates of return, greater attention must be paid to the tone in which interactions are conducted.

SIRA – Regulation, influence and support

SIRA accepts that merely administering compliance will not achieve the legislation's objective and is shifting its energy to supporting people in the system to improve its performance. SIRA has reviewed its licensing conditions and is now offering a new model for self-insurance, in which high-performing insurers are rewarded, middle-ranking insurers are helped to improve, and low-performing insurers are exited from the system. SIRA engages with insurers about their performance on a range of different aspects, from conduct to claims management and premiums, shares research findings to encourage best practice and employs data analytics to improve system results. It conducts studies, employs targeted strategies and offers guidelines, tools and advice for employers. SIRA's vocational rehabilitation programmes include work trials, training, equipment modifications and employer incentives to employ injured workers. SIRA also provides guidelines and frameworks for compliance and enforcement.

SIRA has welcomed stakeholder contributions to a number of its reviews and has published its findings. Participation in the GAP Roundtable highlights its willingness to learn from stakeholders, and Ms Donnelly looked forward to the event's outcomes and partnering in mutual progress.

Prompted by Dr Swan, Ms Donnelly explained that SIRA's new self-insurance supervisory model examines how insurers conduct themselves in terms of privacy and best practice as well as legislative compliance. This system will motivate, incentivise and support continued improvement, rather than merely record compliance or non-compliance, and help share best practice. Although insurers may be reluctant to innovate for fear of breaching complex legislation, they often have more leeway than they think, and SIRA will advise government of any legislative changes required to enable productive reform.

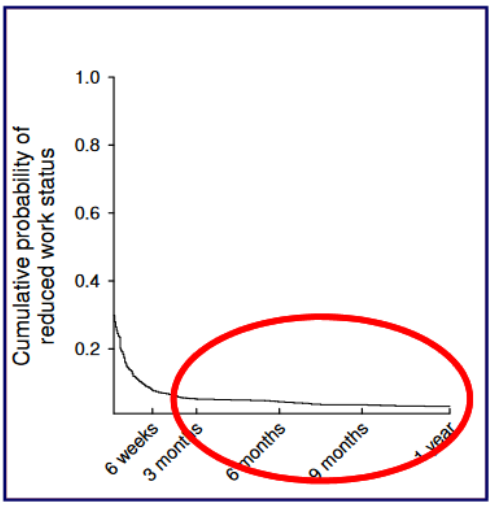
Work Injury Screening and Early Intervention (WISE) Study Update

Prof Michael Nicholas, Director of Pain Education and Pain Management Programs at the Pain Management Research Institute of the Royal North Shore Hospital and the University of Sydney, offered an update on progress since the last GAP Roundtable[10].

The WISE Study

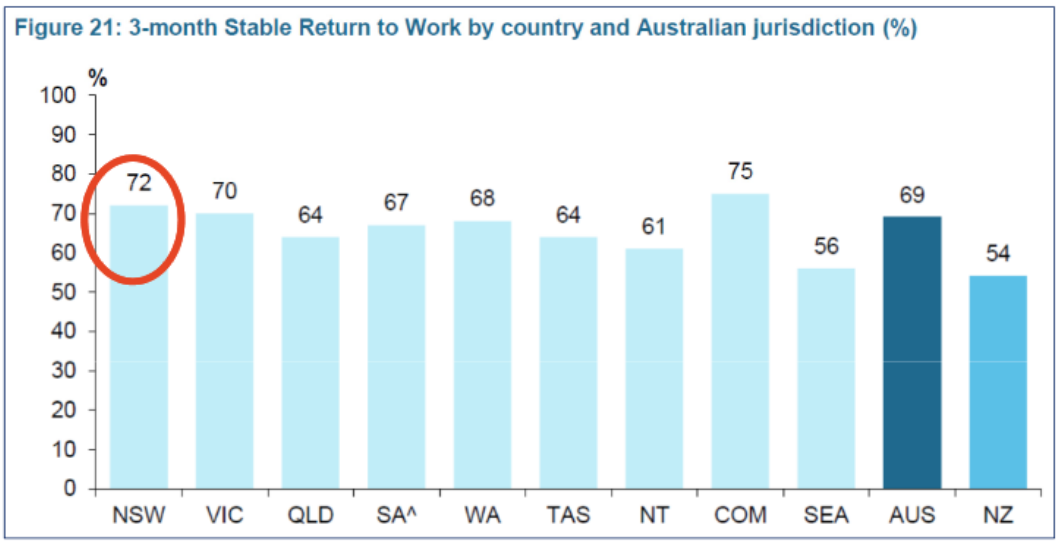
The WISE study was launched in mid-2013, after NSW Health's 2012-2013 workers' compensation premium increased by 15 per cent, or $24 million, to $181 million, due in large part to an increase in the length of time injured workers stayed off work. 2017 data from Western Australia's workers compensation scheme shows a 30 per cent decline in claims over the last decade, but costs have remained constant because injured workers on average took more time off work.

Research into the RTW rate after a back injury[11] shows that most people take little or no time off, but a small proportion – the 'tail' – stay away from work for weeks or months afterwards. While their numbers are relatively small, they incur considerable and ongoing expense.

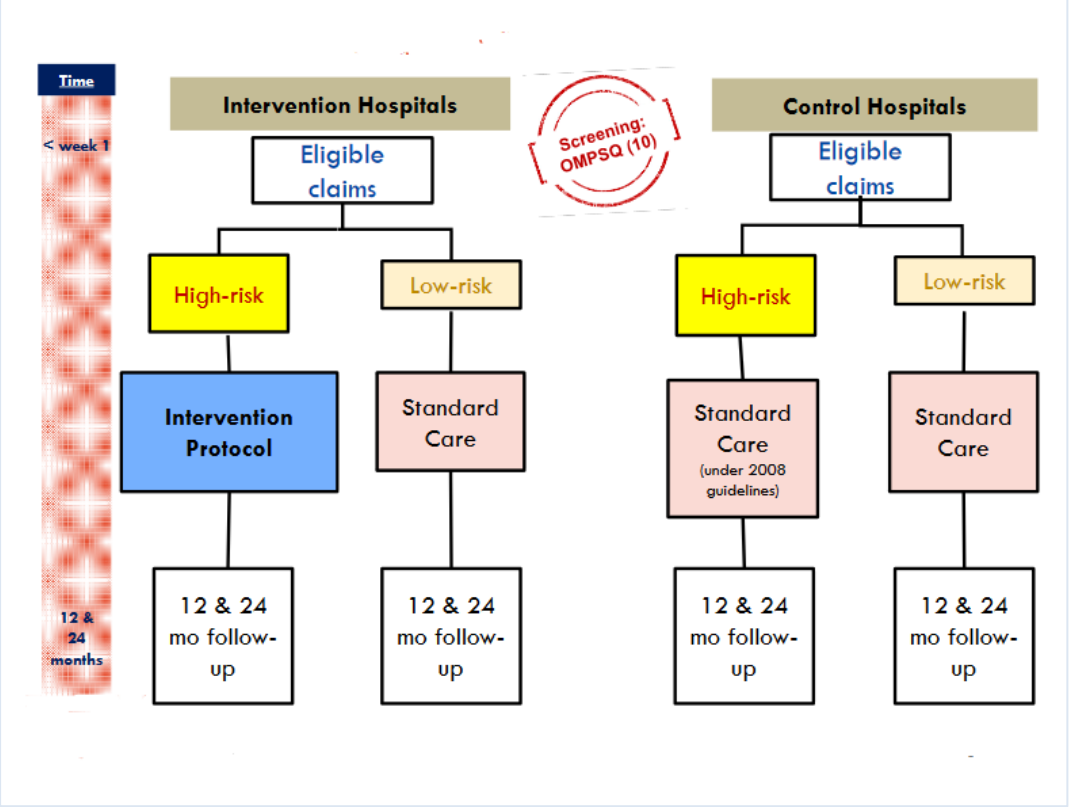


A 2016 survey[12] by Safe Work Australia found that although 87 per cent of workers in NSW returned to work in good time, those who did not had poor prospects of doing so.

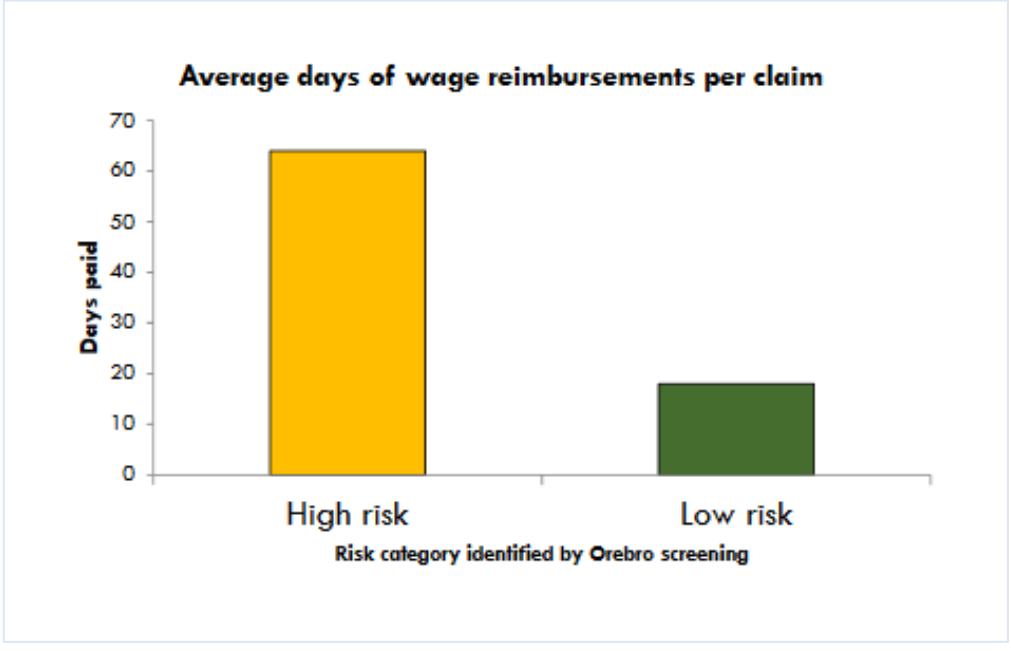
The WISE protocol aims to identify and help workers at risk of poor recovery by offering this group psychological as well as physical therapy as soon as possible after the injury occurs. This also required the active and coordinated involvement by the workplace to assist in overcoming identified barriers to RTW. Its rationale is based on evidence that return to work after injury is influenced by many modifiable factors. While the nature of the injury itself is important, the severity of pain reported by the worker is a key predictor of employment outcomes, as well as the workplace response to the injured worker, claims management and the treatment process. The psychological, behavioural and social characteristics of the injured worker strongly influence their prospects of recovery, and a brief screening process to identify at-risk cases within a few days of the injury allows targeted support to be delivered promptly when it has the greatest chance of success.



The WISE study saw injured NSW hospital employees who had stopped work screened by the EML claims team within five days of their injury and assigned to high- or low-risk categories as a result. Groups in both categories were monitored in both the control and intervention hospitals where high-risk workers received additional support.

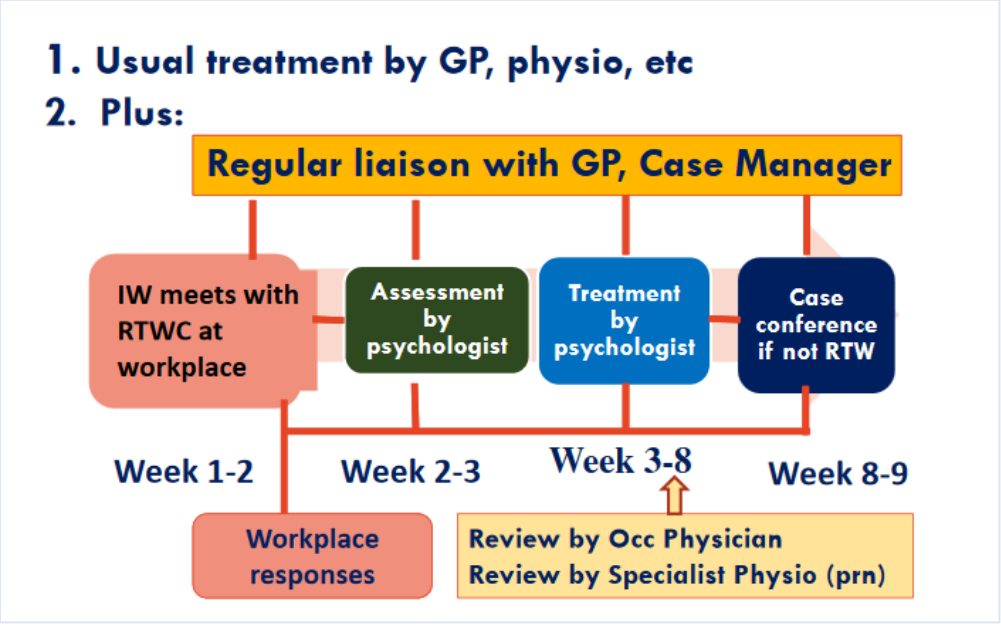


The workers in the WISE study have now been followed for nearly two years, and their results demonstrate the efficacy of the protocol. The screening instrument makes it possible to identify the vast majority of people likely to take more time off work, as there is significant difference in outcomes between those who score more or less than the cut-off (50/100) on the assessment scale.



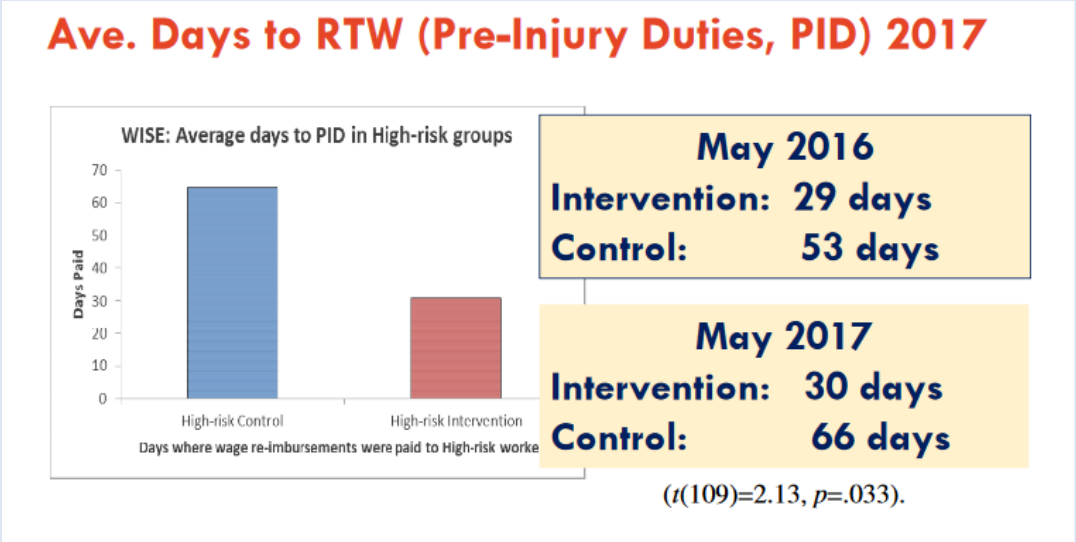
No injured worker was denied the usual standard of care recommended by their treating doctor; however, those in the high-risk intervention group received extra help from both the RTW coordinator at their workplace and a selected psychologist. Once identified, the high-risk workers were assessed by the psychologist, as screening only suggests there may be a problem, rather than defining what it is. The worker was given an appointment with a local psychologist through the RTW coordinator. If the psychologist believed they could help, up to six sessions of treatment were made available, although an average of only five sessions were needed. The psychologist was required to work closely with the treating doctor and workplace to ensure the management was consistent.

Despite the importance of the psychological element, the key element in the WISE protocol is the workplace response. The WISE protocol is an integrated process involving client screening, psychological help and claims support working with the client and workplace towards the shared objective of a return to work (see figure of protocol).

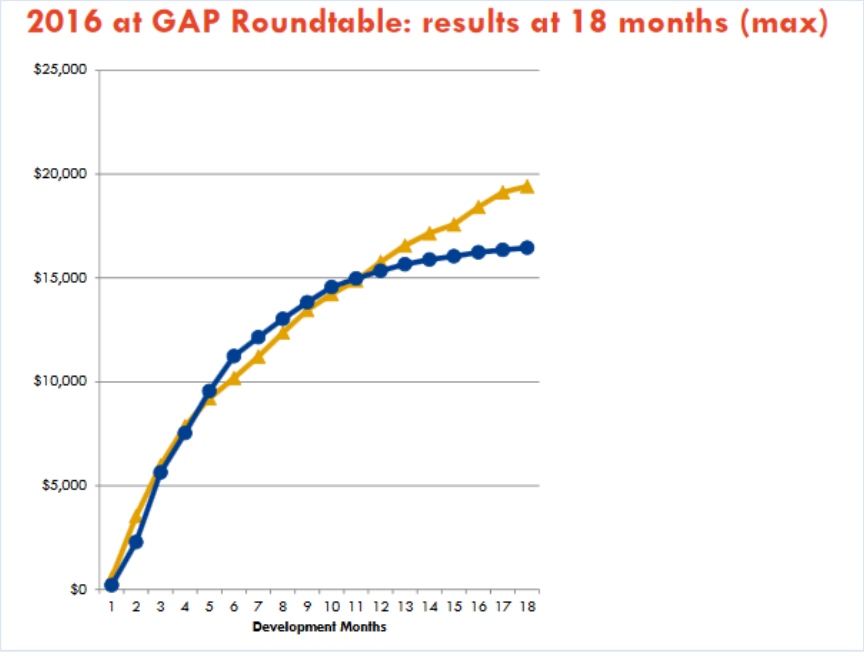


Update on Outcomes

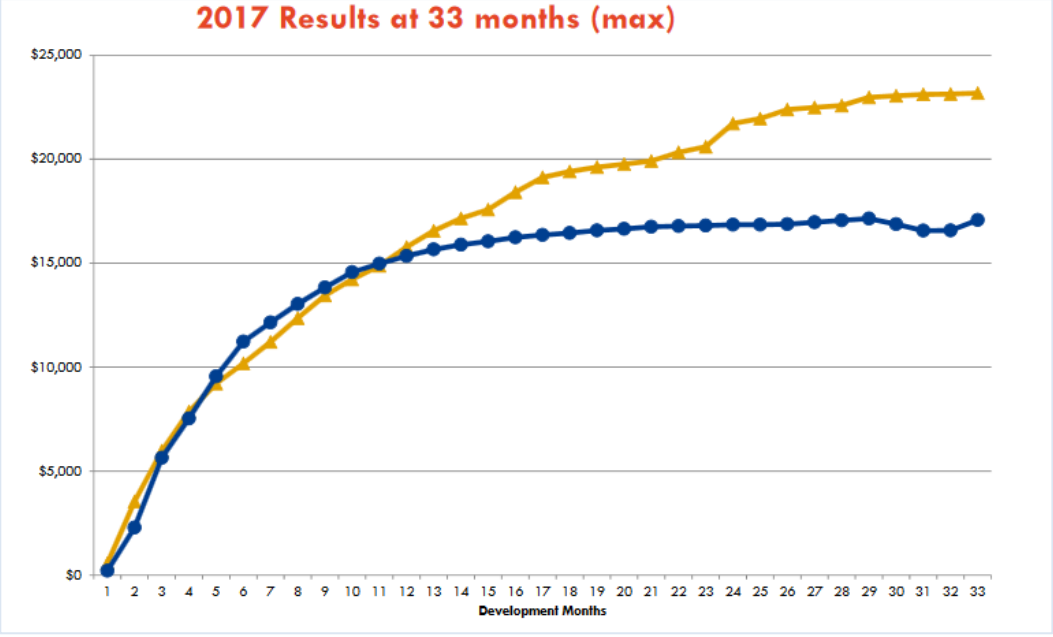
The study's outcomes were measured in objective terms by the average number of days taken to return to pre-injury duties (PID), rather than less definable psychological or self-reported findings. In May 2016, an average of 29 days off work had been taken by the intervention group, compared to 53 by the control group, and these gains have been maintained to March 2017. The latest figures show the intervention group had taken only one more day off (to 30 days) over the year, while the control group's average absence continued to increase to 66, as some individuals have still to resume their original duties.



If the 'problem' cases in the 'tail' are considered (those still off after 90 days), the data show that while just three people out of 54 (5%) in the intervention group had not returned to PID, there were 11 such cases out of 57 (19%) in the control group. As noted at the 2016 GAP Roundtable, average costs of injuries in the two groups began to separate sharply after about 11 months.



Results updated to March this year show this trend continuing, with the average costs of workers in the intervention group remaining stable, while those in the control group continue to climb.

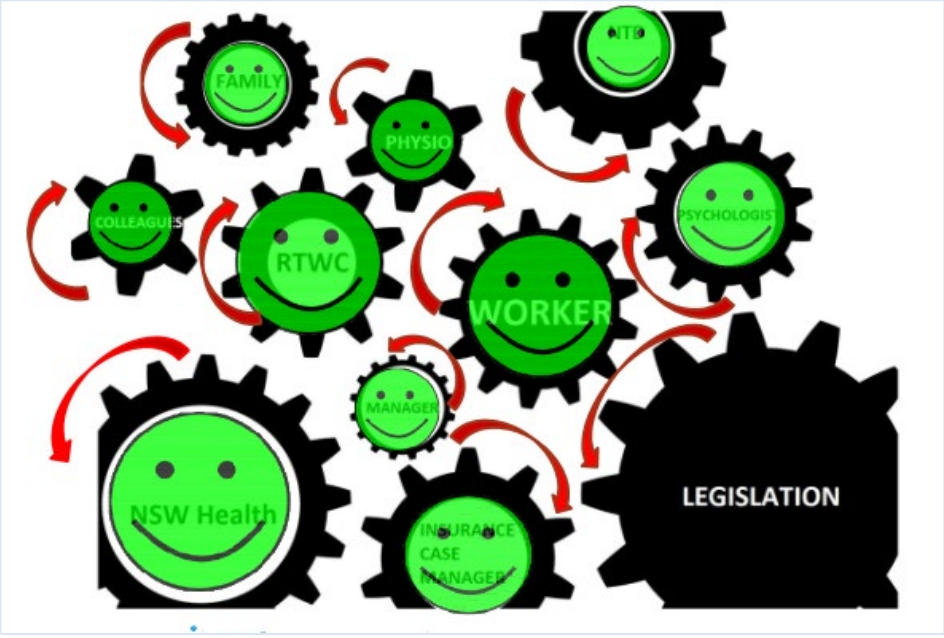


While national surveys have shown the problem getting worse in many jurisdictions, the WISE study indicates that improvements can be made and sustained, in the public health sector at least. An indication of its acceptance to those at the 'coalface' is reflected by the fact that every hospital in the intervention programme chose to maintain the WISE protocol after the study ended in July 2015, and NSW Health has since implemented the protocol for injured health workers in all public hospitals across NSW since July 2016. Interestingly, in late 2016, far from continuing to increase, NSW Health premiums actually declined. This would not be all due to the WISE study, but it is consistent with earlier RTW outcomes.

Next Steps

NSW Health was already outperforming the state average, but the WISE study showed that improvements are still possible and that following a dedicated protocol will prevent most of the troublesome 'tail' claims. The protocol requires the prompt screening of injured workers to identify those at risk due to modifiable psychosocial factors, and the use of a standard procedure to address their risk factors agreed by all stakeholders, including the workplace, the insurer, clinicians and the worker themselves. This is not easy to arrange, as local control and dedicated RTW coordinators are preferred. Despite support from the icare Board in May 2016, there has been no progress in extending the implementation of the protocol further in NSW.

As in any complex engine, there are many 'cogs' in the system which must mesh and turn in unison for results to be achieved. As depicted below, these include legislation, employers, insurers, workers and their families, work colleagues, RTW coordinators and treatment providers. Each must cooperate towards a common goal and do their bit for success to be achieved. If any particular element refuses to move or does not play their part, the whole system can be imperilled. While every element is important, it is the collaboration between them which is the key to success.



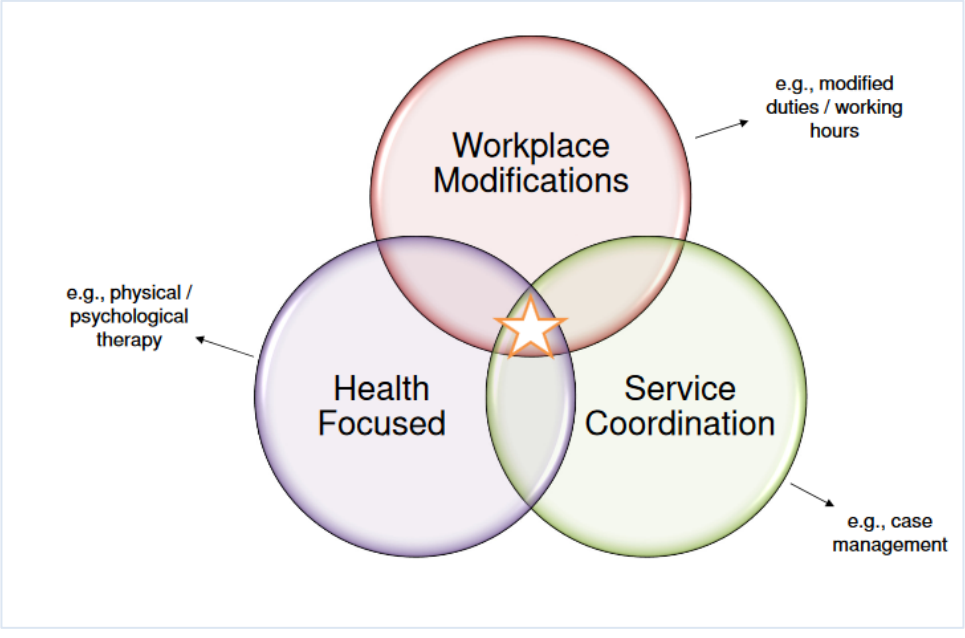
Prof Nicholas thanked his collaborators[13], before Dr Swan introduced the next speaker.

Findings from a Global Systematic Literature Review of Workplace-Based RTW Interventions

Prof Alex Collie, the Director of the Insurance Work and Health Group at the Faculty of Medicine Nursing and Health Sciences at Monash University, discussed the findings of a recently published literature review[14] conducted in association with the Institute for Work and Health in Toronto. The review provides an update to a review the Institute published in 2005 which offered 'seven principles for a successful return to work'.

The review examined a range of programmes which employers and workplaces could run to encourage a successful return to work. While many studies have examined health care interventions over the last dozen years, the review focused on practical workplace schemes where return to work was a measurable outcome. It concentrated on controlled, high-quality studies on musculoskeletal and mental health conditions, as these affect workplaces the most. The researchers sifted through 25 years of international research to whittle 9,000 potentially relevant studies to 1,000 candidates and chose 36 high-quality, workplace-based RTW intervention studies for people in 13 countries with musculoskeletal or mental health conditions. The team then assessed and synthesised their findings to find some common principles of success.

The selected studies involved over 70 different interventions, which the review team placed in three domains of employer action – workplace modifications, health interventions and service coordination.



Workplace modifications included changes to duties and working hours and ergonomic adjustments to work stations. Health interventions ranged from physical and psychological therapy to pharmaceuticals and surgery. Service coordination involved RTW case management run by the workplace, insurer or health care sector. While some studies concentrated on just one of these domains, most, like the WISE study, included two or all three of these areas. Most programmes featured screening or early intervention approaches, and nearly all included elements of workplace modification, such as changes to working hours and access to health services.

Fourteen studies in the review suggested that multi-domain approaches can reduce time off work for people with musculoskeletal conditions, while work-focused cognitive behavioural therapy proved effective for people with psychological conditions. However, while cognitive behavioural therapy that is not work-focused may reduce mental health symptoms, it had no measurable effect on RTW outcomes. The studies revealed moderate evidence for the efficacy of workplace accommodations and graded activity in isolation, but multi-domain approaches were preferred. There was insufficient evidence to support a host of other isolated activities, from health interventions to service coordination on its own. For example, there were limited quality studies examining supervisor training and education programmes.

The review therefore recommended a multi-domain approach for employers, health care providers, insurers and policy makers to reduce time away from work for people with musculoskeletal conditions and work-focused cognitive behavioural therapy for those with mental issues. Only one of the included 36 studies was published in Australia, with most originating from Europe and North America. The lack of such programmes in Australia underlines the importance of the WISE trial. While the review shied from prescriptive recommendations, its broad principles can be tailored to fit particular circumstances. Most of the studies involved around 100 people, and applying such programmes at scale is difficult, with NSW having 90,000 claims a year. While the approaches work in tightly controlled study environments, the quality of their implementation on a larger scale will be more challenging. The principles of success in studies around the world are known, but more examples of implementation at scale are required in Australia.

Panel Discussion

Dr Norman Swan moderated a panel discussion involving **Prof Collie**, **Prof Michael Nicholas, Chanelle McEnallay**, the Chief Risk Officer at Ramsay Health Care (Australia), and **Michele Murphy**, the Manager of Insurance and Risk at NSW Health. The discussion was noted under the Chatham House rule of non-attribution.

The evidence shows that **combining a range of measures is effective**, while any one measure in isolation is not. An employer must do more than merely pay for health care, for example, if it wants to encourage a return to work. Caution over particular prescriptions comes from the lack of Australian examples of these approaches in action, as study findings have failed to translate to practical implementation in other sectors. **More studies into interventions and outcomes achieved are required** to demonstrate effective rollout in Australia. The studies examined in the review covered a comprehensive range of industries and a broad range of mental and musculoskeletal conditions, as their definition differed between each piece of work.

The response of the workplace was a critical element of the WISE study and similar schemes. The largest barrier at NSW Health was encouraging the relevant workplace professional to adopt the WISE protocol. If the RTW coordinator failed to make the initial face-to-face contact in the first week after the injury then impetus was lost. Their title has now been changed to **'recovery-at-work coordinator'** to reflect the new approach and they were trained in 'soft skills' to encourage them to be proactive and make that difficult first phone call to the injured worker, rather than wait for the doctor's certificate and undertake a review. The recovery-at-work plan now includes a communication agreement whereby the supervisor phones the worker on a fortnightly basis. As a minority of workers do not want to be contacted, alternative arrangements can also be made. NSW Health recognises that prompt action is vital and has incorporated the need for psychological input in its Early Stakeholder Intervention programme. This ensures there is face-to-face contact between the injured worker and the recovery-at-work coordinator within the first week.

A behavioural insight review into NSW Health's communication with injured workers was prompted by the WISE study and undertaken with PricewaterhouseCoopers (PwC). Its behavioural insights were informed by the Nudge programme developed by the NSW Department of Premier and Cabinet.

Workers are now asked how they would like to be contacted, for example, as there is no point sending emails to a work email address if the employee is not using it. Letters are kept to one page and written in plain and simple language, with the initial letter acknowledging the lodging of the claim and offering a claim number, the name of the recovery coordinator and the level of payment to be received.

The principles of the WISE protocol are highly applicable to other industries, as the protocol is entirely consistent with all three of the domains identified in Prof Collier's literature review. However, a focus on maintaining and improving quality is always required. The structure of the organisation or industry involved is also important. Some organisational structures need to change, rather than the protocol adapting itself to existing structures, for it to be effective. Merely repeating the failed policies of the past will not lead to improved results. There is always resistance to change from the status quo, and some practitioners think merely handing out a questionnaire will suffice. There must be buy-in from every level in the organisation, including strong messages from senior levels of management, as well as RTW coordinators, to ensure success. The quality of implementation is vital, and the journal of implementation science should be required reading for anyone trying to make changes in their organisation. Results will not be achieved without the backing of the employer, but if the scheme is driven by one person alone, it will collapse when that individual leaves. Senior management must involve themselves in RTW schemes and bake them into the organisational structure.

One attendee, who had suffered an injury and endured a 'horrendous' adversarial relationship with her supervisor and case manager, asked where a worker could turn if they felt the system was failing. NSW Health now has **a first contact coordinator** in every health district, which any worker can call on a 1800 number to lodge a claim and seek treatment. The first contact coordinator will then refer the case to **a recovery-at-work coordinator** who then conducts **a face-to-face meeting** with the worker.

Ramsay Health has claims supervisors in every state jurisdiction to whom injured worker can complain if necessary. Ramsay Health Care's injury management system gained further traction eight years ago when roundtables involving senior managers as well as the worker and their case manager were instigated. The worker initially explains how the injury occurred and, in subsequent meetings, how their recovery is progressing. Creating a relationship between the worker and the head of the organisation makes a significant difference. While some feared it would appear confronting, injured workers want to engage with senior figures, and CEOs now hear the stories they have to tell. Injured workers have a more positive attitude to the claims process as a result, and only a small percent of injured Ramsay workers remain off work after three months.

The average number of days taken by the intervention group in the WISE study plateaued at 30, while the average taken by the control group increased from 53 to 66 because the workers from the intervention group returned to work and stayed there, while some workers from the control group have still not resumed pre-injury duties and continue to incur a wage replacement and treatment costs.

Mental and behavioural factors flagged by screening are not an immutable factor of personality, but relate to some measure of distress. These may include high pain scores and an expectation of delayed recovery, but are amenable to change.

The integration of the protocol at NSW Police would mesh with its focus on post-traumatic stress disorder (PTSD), as the same people may be affected. These psychological problems need not be severe enough to require a psychiatric diagnosis, and although the EML claims team initially feared the screening would uncover such cases in the WISE study, none were reported. The screening may also uncover factors at home which are less amenable to change, but the psychologists in the WISE study were asked to identify and deal with any obstacle which might slow the return to work, whatever it may be. Workers compensation has previously taken a purely bio-medical approach to workers with slow recovery, but psychological factors may be more important. **The problem should not be seen as an injured back, but a worker with an injury.** The family can influence recovery, but years of family therapy will not be required. Workers had the same family before they were injured and still managed to work, therefore family factors should not preclude a recovery. The recovery-at-work protocol has to be work-focused, but encouraging family support will obviously help the process.

Another attendee emphasised the importance of **senior management backing**. The strong link between organisational wellbeing and performance and health at work is seldom discussed, but the benefits to the bottom line will get the attention of CEOs. CEOs seldom know much about the details of recovery protocols, but will implement any scheme which demonstrably improves organisational performance. Implementation in larger firms can therefore be sold to senior management by tying wellbeing and recovery at work to commercial returns for the organisation as well as better health outcomes for individuals. The factors which keep people at work are well known, and have been discussed for years, but the commercial benefits for organisations derived from keeping people at work in a positive working environment are often overlooked. While there is a plenty of evidence of commercial benefits for both primary health and return to work and rehabilitation, communicating this to CEOs is a different issue.

The head of human resources at NSW Police runs three physiotherapy clinics which have helped reduce the average RTW delay from 48 weeks down to 16 weeks. The organisation emphasises team building and pursues cultural change, and the clinics have helped officers affected by psychological issues, or even on the brink of suicide, resume their careers and recover in their personal lives. The police service works with Black Dog Institute, the NSW Mental Health Commissioner, EML and treating doctors to help affected officers, but it struggles to convince some doctors that recovery at work can be healthy for an employee. The Police therefore educate doctors about the range of non-stressful administrative or alternative duties an officer can perform upon return to work, but some clinicians still refuse to cooperate, leaving injured officers languishing at home, ruminating on their problems, which can lead to family difficulties and distress and estrangement from the workplace.

Reviews of the attitudes expressed by Victorian general practitioners (GPs) in RTW processes show that many organisations can struggle with similar issues. It can be difficult to engage the primary health workforce in the recovery-at-work process, particularly in psychological and mental health claims. With support from SIRA and a number of other state bodies, as well as the Royal Australian College of General Practitioners, Monash University is creating a set of guidelines for clinical GPs for work-related mental health conditions which should be completed within the next year.

A major media and clinical professional campaign was run in Victoria in the 1990s on the importance of getting back pain sufferers back to work. Billboard on motorways told the public that a caring doctor encourages a swift return to work after injury. When compared to NSW as a control state over a three-year follow-up period, analysis produced compelling data that **a public health approach which educated the community as well as the doctor** was important. GPs are not employed by the workplace, and if their clients want to stay at home, the doctor may be swayed by that preference.

GPs, orthopaedic surgeons and other health professionals do not always follow the best approach, and the recovery-at-work intervention must save injured workers from clinical attitudes which are only making them sicker. Ramsay Health Care has successfully educated rural GPs about the approach, and their initial resistance to encouraging early returns to work has evaporated. Ramsay's RTW coordinators ask to attend their client's GP appointments and almost no injured workers refuse them admittance despite initial fears they would be reluctant to do so. When doctors are confused or unaware of the support offered in the workplace, the coordinator is then able to explain the system face to face and reassure them of its effectiveness.

WorkSafe Victoria has found that early contact from the psychologist to the GP on the client's clinical panel to discuss the certification and functional capacity of the patient has proved effective. GPs are reluctant to change certification for a mental injury, while psychologists are reluctant to engage with certification itself, and cooperation between them can improve RTW rates dramatically.

The WISE study shows that physical as well as psychological injuries can benefit from psychological intervention. Victorian physiotherapists who suspected psychological or workplace barriers to recovery in their clients can alert WorkSafe, who will then contact a psychologist and GP to obtain the right certification. WorkSafe Victoria is now looking to involve psychologists at an earlier stage regardless of injury.

While evidence supporting the early identification of risk has been well known for years, there is still little sign of implementing it across the system. A line in the sand should be drawn, and no more tolerance should be shown to non-best practice. It is pointless for case managers to contact injured workers to have a meaningless discussion, as this wastes the opportunity to improve their health outcome. The lessons of early intervention and recovery at work are still not filtering through to regular practice, hence the need for this Roundtable.

One self-insurer was struck by **the effectiveness of single-page communications** written in plain and simple language. Many case managers still send seven- or eight-page letters to clients to inform them of the claims procedure. They believe this level of detail is prescribed by SIRA regulations, but NSW Health is also covered by SIRA and has successfully reduced it to one page. Insurers often have more licence to innovate and change procedures than they realise. NSW Health used the behavioural insights team to help simplify its letters. NSW Health consulted injured workers and found they do not want to read long, complex letters in their first week off work. The only information they look for is who to phone, what their claim number is, and how much they are going to get paid. Additional information is then drip-fed to the injured worker through the RTW coordinator as required. While insurers need more details, such as the treatment clients are allowed to have, NSW Health first contact coordinators can approve treatment over the phone from day one. Attendees were assured the

requirements laid out in legislation can be covered in a staged approach which suits the injured worker.

The MyCareSpace website offers information for people with disabilities and injuries. Falling out of work can lead to people becoming socially isolated, and loneliness can exacerbate their condition. People who are not working may feel they should not socialise and be seen out and about undertaking recreational activities, and employers might reassure injured workers this would benefit them, rather than be used against them. While some attendees argued such socialisation should be centred on the workplace, others felt a less prescriptive approach was required.

Scaling WISE to a wider population could be problematic for a number of reasons. Social factors such as caring responsibilities could impinge an injured worker's return, and identifying and dealing with these issues could be as important as other physical or psychological barriers. Some Australian organisations are developing **broader-based early screening tools** which include social risk factors as well as elements such as pain. However, screening for such points must be linked to intervention which, in turn, will require insurers and employers to fund a wider range of services to address them, such as caring responsibilities.

NSW Health will launch its Progress Goal Attainment Programme at the end of the year for people who remain medically unfit eight to ten weeks after an injury. The PGAP scheme will reintegrate them with life activities outside employment and invite them back into the workplace for meetings with their recovery-at-work team. This should improve their quality of life, and therefore their prospect of return, at a stage when they might otherwise be withdrawing from life. The PGAP will help reintroduce them to their normal lives as well as occupation.

WISE involved a two-step process. Its initial screening was by necessity brief, covering 10 items to pick up clear distress signals. Screening cannot pick up every problem, but **identifies the minority of people with problems** and leads to a prompt appointment with a psychologist with the skills and expertise required to tease out the work and home issues, allowing effective treatment to be decided. A relationship must be built with the injured worker through the psychologist, and appointments must be local and convenient to allow this to blossom, underlining the importance of local organisation.

Roundtable Discussion - Engagement Strategy for Early Adopters

Attendees discussed the cost of creating an integrated recovery-at-work process.

Ramsay Health Care has not costed the process as a whole, as it has evolved over the last 13 years and has been developed completely in house. Its costs were absorbed from year to year, and no additional resources were devoted to it. The Ramsay scheme is continually evaluated and improved by the internal team who manage the scheme, with a RTW coordinator in each facility for its 33,000 employees.

NSW Health has 130,000 employees and its recovery programme is run by 5–15 people in 23 local areas. No additional resources were allocated to the new recovery scheme as existing recovery-at-work coordinators were retrained. The use of psychologists adds to the cost of a client's claim, but the point of **early intervention** is to invest a little more upfront to generate much greater savings later on. This increased spending is more than justified by the results and covers necessary costs for early treatment.

While not every study in the Monash literature review outlined its costs, there was enough data to show that work-focused cognitive behaviour therapy for mental health conditions reduced costs as well as time off work. However, academic studies tend not to follow costs in great detail. All these studies involved some additional spending for screening and early assessment to varying degrees.

Other speakers agreed that spending more money on vulnerable workers straight away will reap greater benefits later on. However, there has always been resistance to this notion, as companies adopt a 'wait and see' approach and hope that long-term injured workers will return by themselves. Screening to identify the small group of vulnerable workers and targeting additional resources at them offers a much better return on investment. NSW Health reported that the recent fall in health premiums in NSW Health allowed more money to be spent on other areas, with hospitals reporting savings of between $8 million and $150,000, depending on their size and circumstances. Early intervention and recovery-at-work protocols can be promoted to accountants and decision makers as a commercial, as well as a health, proposition.

Large employers can make the business case to adopt this approach, but up to 70 per cent of Australians are employed at small firms where an economic case is much harder to make. This would complicate its application across the entire small business sector.

A PhD student at the University of Sydney is currently examining the costs of these schemes. While most programmes require sacrifices of some kind to save money, the RTW protocol is one of the few which deliver 'policy gold', as it demonstrably improves health and social outcomes while reducing long-term costs for the price of a smaller upfront investment. Whatever the problems of rolling out the scheme, failure to do so will make things worse for employers, employees and government, rather than saving them money.

Encouraging the Use of Recovery-at-Work Protocols

The discussion progressed to reasons why recovery-at-work programmes have not already been adopted, if they benefit all stakeholders. Attendees debated the approach required to encourage the prompt use of screening, identification and psycho-social intervention.

Optus, for example, is a self-insurer with 10,000 employees, and in 2015 It decided to **accept responsibility for any worker with a mental or physical issue** regardless of whether they had a claim and treat them **without any paperwork whatsoever**. The number and costs of claims have dropped by half over the last two years, as people do not feel impelled to make a claim as they know the company will care for them. Optus realises that mental health is becoming critically important in a dynamically changing world and that early intervention can prevent much larger problems developing. Optus encourages individuals to make claims for serious injuries, such as those sustained in motor accidents; however, for most problems they are able to intervene early enough to quickly restore workers to health. Optus has treated around 300 people more than it would have done under the previous system, due to its low hostile injury rate of 0.4 per million man-hours. As Optus offers a comparatively safe working environment, most problems are brought to work by employees, rather than caused there. Despite this, Optus believes these problems are still its responsibility, as the workers are its employees, regardless of the origin of the injury, and treats them accordingly.
The next speaker noted the separation of musculoskeletal and mental health issues in the literature review, rather than the holistic model discussed in the first GAP Roundtable. Rather than focus on discrete issues, the worker should be treated as a whole person in a holistic way.

The Monash literature review was categorised in musculoskeletal and mental health sections because those were the terms in which the authors described them and common factors had to be identified according to some criteria. An effective intervention, whatever condition it is for, involves a response in **the three domains of health care, workplace and service coordination**. Implicit in that holistic service approach is the idea that the whole person must be cared for, rather than any particular health condition in isolation. All the chosen studies had some form of initial screening process, and most treatments were tailored to the individual, rather than following a generic approach.

The two-stage psycho-social assessment in the WISE protocol was also holistic in nature. Psychologists were told to focus on obstacles to the patient's return to work, whatever they might be. While workplace-centred cognitive based therapy was required, psychologists had freedom to match it to the needs of the individual they were dealing with.

The main challenge faced by NSW Health in refining its communication with injured workers down to its essentials was that, although NSW Health is a self-insurer, it uses an insurance agent whose claims managers also send out their own letters and injury management documents. Most recipients did not read the information they were sent, or became adversarial if they felt the letters were hostile in intent. NSW Health commissioned PwC to liaise with its team and both claims managers to streamline their communications. They compiled a flowchart of who sent out what at which stage and realised they were all sending out the same material at the same time. The group went through each process, assessed what was required, and removed everything that was superfluous. They redesigned their letters, and instead of being at loggerheads, all stakeholders now communicate and coordinate their activities. PwC are consultants with a strong track record in behavioural economics, but change was achieved by confronting the claims managers and other stakeholders face to face and insisting they changed their processes. The claims managers were set in their ways, and NSW Health was not their only client, but reforms were agreed over time. A couple of local health districts still resist the new approach and would prefer to cleave to their traditional methods, but are being brought around.

The next speaker raised the concept of **'psychological safety'** in the traditionally adversarial claims procedure. Removing psychological fear from the claims process for a physical or psychological problem increases the likelihood of a good outcome. Google recently conducted a study of 218 of its teams around the world and assessed 88 data fields to understand the drivers of best performance. They found that the most productive teams were not a product of diversity, skillset or experience, but had a sense of **psychological safety within their team environments**. A good managerial and organisational environment also creates a healthy environment if workers are injured as well.

Ramsay Health Care employed a prescriptive system a decade ago, with information kits, formal letters and strict instructions. Most of the staff on its recovery-at-work team are now nurses or other workers who have changed professions to become workers compensation specialists. Ramsay also evaluate the injured workers at the end of the claim by asking them about the service they have received and the way they were treated. The process is streamlined with a minimum of paperwork, with injured workers given a one page leaflet on day one to explain what will happen to them and their roster, what they will get paid and other aspects which will affect their day-to-day life. Multiple changes were made over a long period of time to refine the approach to its fundamentals. Change to the prescriptive system began by assessing where claims were creating expense, which led to the services being brought in-house. No consultants were employed during the reform, as Ramsay preferred to use

the experience of its own injured workers to tailor the most appropriate response. Ramsay's early intervention programme starts immediately after an incident, with people being asked at the end of their shift, and the next day, about their condition. Workers are taken under the company's wing immediately, and the small minority who develop long-term problems tend to be those who slip through the net and lose confidence in what Ramsay can do for them. Every supervisor in Ramsay's 72 hospitals is met every year for an hour-long 'top-up' meeting to ensure best practice is maintained.

SIRA's recent stakeholder consultations emphasise the importance of the first point of contact, as this establishes the framework in which everyone must subsequently work. An empathetic initial point of contact, whether they are a claims solicitor or the employer, can make all the difference to the way the claim unfolds. It shapes the way the employee perceives their injury and therefore the journey of their return to work.

Attendees discussed whether **immediate intervention** was preferable to early intervention within the first week. The timing of initial intervention is determined in part by practicality. In case of the WISE protocol, a qualified person must be available to conduct the initial screening. Whatever system is used, careful thought must be given to who does what and when they do it. Most people who suffer an injury do not take any time off, and screening them all immediately after an injury, but before they had taken time off would be a waste of resources. As a result, the WISE study only screened people who were absent from work. Insurers in NSW stress the concept of a 'three-point contact' between the worker and the case manager, the workplace and the treating doctor, and contact the worker by phone in the first week of absence. This approach was built on by the WISE study, as there must be confidence that provisions in the system, such as early contact by the insurer, will happen. There is little evidence regarding the benefits of assessment within one day to five days, but it must be done at some point within that timeframe.

The McDonald's fast food chain insists on its franchises contacting the company about absence caused by accident at work or face a $1,000 fine. Its restaurant crew tend to be young and are given health and safety training to prevent accidents. Each McDonald's has a safety team to help create a caring culture and prevent injuries. If an employee suffers a significant injury at work, they are given support and amended working hours. This approach has significantly reduced time lost to injury and relies on communication at every level in the company, from the senior leadership to the youngest workers.

While the human component is vital, people live in a digital world, and many apps can help people coordinate their care. **Immediate digital access to health professionals or advice can reduce stress**, and more large employers could use digital technology in their health programmes. A retail business with around 2,000 employees noted the importance of demographics in its workforce, as most of them are young. Its health and wellbeing approaches are therefore carried out through

apps and gamification and have enjoyed take up of over 90 per cent. The challenge of having the right conversation with the right people at the right time starts with asking them about their needs and requirements. Employees who are male and over 50 were interested in specific conditions, and while they did not initially see the need for bowel cancer screening, for example, a few positive tests increased the engagement rate from 20 per cent to 76 per cent in three weeks. Such preventive health measures can complement a RTW scheme by sharing a culture approach. Success relies on education, information and giving workers **a sense of control**, as without it they feel helpless, threatened and stressed.

While Ramsay Health Care has several apps, it still finds that talking to people face to face is the best way to manage them, with paperwork and technology following, rather than driving, the interaction.

All companies talk about putting workers, or consumers, at the centre of their activities, but few of them actually do, as the ambition is easy to advocate, but far more difficult to achieve. Recovery at work often becomes a provider-centric conversation, in which companies assume they are doing the best for their employees, but ways must be found to **genuinely make it about the individual**. Ramsay's roundtable brings the worker into the centre of the discussion, as these brief meetings with their supervisors, senior leaders and work coordinator can uncover issues such as ineffective physiotherapy sessions. The experience drawn from handling thousands of claims over the last decade means that Ramsay Health's claims managers know when to change approaches which are not working and so alternatives can then be agreed. The roundtables only cost two hours of their executives' time every month and, although they are busy, the executives soon become invested in achieving results.

There are limits to building the system around the worker, as realistic expectations of results must also be set, and there needs to be a limit to what they system can provide. Workers generally want their pre-injury life back, and using this aim as the point of agreement when speaking to a GP about certification can be effective in encouraging a return to work. This aim can be used to find common ground with health professionals, insurers, employers and the worker and allow the worker to stay in the driving seat, although they may not know what intervention will help them get back to work as they cannot be expected to be an expert on their own treatment. This approach allows the worker to define their desired outcome, if not the best way to achieve it, but health professionals are notoriously poor at working with patient-defined outcomes, as they want to define their own.

The families of injured people will always want every effort made to achieve a full recovery and would not want their loved one treated anywhere where that was not the final goal. One of the most powerful strategies to improve results is to give the client realistic expectations at the start of the claim. If an injury is predicted to take four months to heal, that should be made clear from the start, to avoid people becoming dispirited if they do not feel better after a week.

Next Steps to Meet the Needs of Large Employers

Major employers were asked what they would need from the network of attendees and other stakeholders to move forward in their organisations.

One organisation stressed the need for **meaningful reporting to senior executives**. Lost time injury frequency rates (LTIFR) are measurements of failure, rather than success, and the number of compensable injuries and RTW rates at 6, 12, and 18 months may be more significant.

More should be done to produce **a one-page dashboard report** which could go to boards every month to demonstrate the efficacy of the programme. Senior executives are not workers' compensation experts, and so a snapshot is required. Safe Work and SIRA need to re-educate management about better statistical measures, as they discuss LTIFR without knowing what these measurements mean.

Many large employers already have systems in place which have improved over recent years. Better health and safety training is preventing injuries, and supervisors are taught about the need for early intervention if a problem occurs. Large employers need **'authentic leadership'** to drive further change, while smaller firms could benefit from hearing from large employers and other stakeholders about best practices for prevention, early intervention and embedding **a culture of care**.

A model which recognises the multiplicity of contact points between individuals, supervisors, managers, regulators and external stakeholders has been adopted in some firms as they are all valid. Early identification from whatever source is valuable, as it allows an early intervention to be made. Measuring lost time is a measurement of failure, and one firm has abandoned safety targets – although this initially caused a furore at senior levels – because they had become meaninglessly low. Zero fatalities is the only target in that firm now, as **measurement of individual incidents and outcomes**, rather than general figures, is more important.

There should be more focus on prevention in high-stress occupations, as once a claim is made for psychological injury – which accounts for 12 per cent of all reported police claims – then the damage has already been done, and a long, drawn out recovery is likely. Police officers can be cynical about their management, but will trust the testimony of their peers, and so NSW Police

recovery-at-work managers are using short videos, accessible on a range of platforms, in which fellow officers explain the intervention strategies which benefited them. Methods of recruitment, training and promotion in such organisations must also be examined, as poor experiences in these aspects will colour an injured officer's perception of recovery at work as well. The biggest barrier for police recovery-at-work teams is to make contact with the officer's families, as they will see changes in behaviour and personality long before their colleagues, while care officers are restricted by privacy legislation from discussing a problem or encouraging an officer to come forward. NSW Police now hold **a family connect day** when new recruits bring their families into the police station to challenge bleak media stereotypes. However, the police service remains a male-dominated culture where people are reluctant to admit to mental health issues at an early stage. There must be strategies for every cog in the machine, and the role of the family remains underrated. The NSW Ambulance service is developing a psychological first aid kit for new recruits to take home, which offers contact information for their families.

An insurer questioned the apparently increasing breadth of the employers' remit, as only five years ago the NSW Parliament abrogated employers from responsibility for accidents during workers' commute to work, or health issues related to smoking. Large employers want to know where their obligations cease, as they draw their employees from every section of society and so experience the full range of social, rather than work-related, problems as a result, including mental issues and substance abuse. These companies want to help their employees, but also want to know where their obligations start.

Wrapping up the session, Dr Swan asked attendees to consider future discussions and reaching out to those who were not in the room.

Vote of Thanks

Catherine Fritz-Kalish, Co-Founder and Managing Director of Global Access Partners, thanked the attendees for an enlightening discussion. She offered to meet companies interested in Global Access Partners' work to bring people with a common problem together to discuss and implement solutions. These recovery-at-work roundtables stem from the GAP Taskforce on Productive Ageing, and further moves towards implementation of recovery-at-work schemes can be made to generate economic outcomes.

Ms Fritz-Kalish thanked Dr Swan, the event's sponsors, speakers, hosts and steering committee, before the session closed.

Speakers

Christine Callaghan
Health Engagement
Office of the Chief Medical Officer, icare NSW

Christine Callaghan is the Health Engagement lead for icare in the Office of the Chief Medical Officer. She is working on the delivery of initiatives with health providers to ensure people injured at work get access to the right treatment at the right time. Christine has experience in executive roles in government, non-government and private sectors, including roles in health service delivery and commissioning, child protection, homelessness and disability. Christine's focus is on making a difference to the lives of those who are most vulnerable and disadvantaged, and she is passionate about finding ways to improve outcomes for injured workers.

Prof Alex Collie
Director, Insurance Work & Health Research Group
Faculty of Medicine Nursing & Health Sciences
Monash University

Alex is a senior Australian work and health and injury researcher. He currently leads numerous large applied research projects in the fields of workplace health and injury compensation, within Australia and internationally. These include Compensation Policy And Return to Work Effectiveness (COMPARE) project, a national comparative policy effectiveness project supported by nine Australian workers' compensation regulators. He is Chief Investigator on the National Health and Medical Research Council funded Centre of Research Excellence in Recovery after Road Traffic Injury; and the NHMRC funded REcovery after Serious Trauma: Outcomes, Resource use and patient Experiences (RESTORE) project. He established the Victorian Compensation Research Database, an internationally unique population-based database containing detailed information from over 2.5 million injury compensation claims in the state of Victoria over a 30-year period. He established and co-lead the General Practitioners and Return to Work project which established an evidence base regarding the role of GPs in the RTW process in Australia. He previously established and was CEO and Chief Research Officer of the Institute for Safety, Compensation and Recovery Research (ISCRR), a partnership between Monash University, the Transport Accident Commission and WorkSafe Victoria. He was also Executive Director of the Victorian Neurotrauma Initiative (VNI) Pty Ltd, a major Victorian state government brain and spinal cord injury research funding organisation; and Senior Clinical Researcher with CogState Ltd, an ASX-listed technology company. Alex is a Churchill Fellow, is on the Editorial Board of the Journal of Occupational Rehabilitation and the Executive

Committee for Work Disability of the International Commission of Occupational Health. He has held numerous board positions on non-profit health sector organisations and is a Graduate of the Australian Institute of Company Directors. He has a PhD in psychology and has published over 120 peer-reviewed journal articles, book chapters and technical reports.

The Hon. Tanya Davies MP
Minister for Mental Health
Minister for Women
Minister for Ageing
NSW Government

As the granddaughter of a displaced Polish migrant from World War Two and, as a working mother, Tanya understands the importance of resilience to achieve success, both in one's personal and professional life. As Minister for Women, she is responsible for the 3.8 million women across NSW. She is committed to hearing first-hand about the issues that affect them every day and is passionate about being a tireless advocate for the rights of all women. As a young women seeking to be the first person in her family to attend university she experienced first-hand many of the obstacles facing women in this state; from bullying at school, to harassment in the workplace and, then the struggle of finding secure housing as she embarked on a career as a physiotherapist. In 1996 Tanya married her husband, Mark, and they are raising their two young children in Western Sydney. As a mother, she has a genuine interest to ensure sure all children across this State grow up in strong, safe and caring communities where their individual potential flourishes. Prior to her election as the Member for Mulgoa at the 2011 NSW State Election, Tanya worked tirelessly for her local community as a Councillor on Penrith City Council. Following her re-election to Parliament in March 2015, she was promoted to Parliamentary Secretary for Youth Affairs and Homelessness. In January 2017, she was honoured to be sworn in as the NSW Minister for Mental Health, Minister for Women and Minister for Ageing.

Carmel Donnelly
Acting Chief Executive
State Insurance Regulatory Authority (NSW)

Carmel is an experienced senior executive with a strong track record in strategy, general management, review and regulation of service delivery in public health and safety, emergency management and insurance sectors. Carmel's previous roles include General Manager, Strategy and Performance, for the Safety, Return to Work and Support (SRWS) agencies in NSW Government, General Manager and Deputy General Manager at the Motor Accidents Authority of NSW, and Director Strategy and Planning with Fire and Rescue NSW. She has also been a Review Director in the NSW Department of Premier and Cabinet and an Associate Director in NSW Health. Carmel holds a

Bachelor of Arts with Honours in Psychology, a Master of Public Health and an Executive Master of Business Administration from the Australian Graduate School of Management. She is a Graduate Member of the Australian Institute of Company Directors and an Associate Fellow of the Australasian College of Health Service Management.

Catherine Fritz-Kalish
Co-Founder & Managing Director, GAP

Over the last 17 years, under Catherine's guidance, GAP has grown to be a highly respected and influential public policy and implementation institute, with over 600 active members and a 3,500-strong broader network. It initiates and facilitates high-level discussions at the cutting edge of the most pressing commercial, social and global issues of today. GAP's current initiatives span the industry sectors of Health, Education, Security, Energy and the Environment, and Digital Engagement. Catherine's broader business experience includes coordination of a number of international initiatives as part of the annual programme for the small and medium-sized enterprise unit of the Organisation of Economic Cooperation and Development (OECD), at headquarters in Paris, France; marketing and brand management within all seven divisions of the George Weston Foods Group; and just prior to establishing GAP, working within the TCG Group of companies, particularly in the area of start-up incubator establishment.

Catherine sits on the board of social justice charity Stand Up; co-founded *Thread Together* which provides brand new clothing to those in need across Australia; is a member of the Board of the Fritz Family Office; and is part of a significant giving circle which engages whole families in the act of giving to those in need. She holds a Bachelor of Science degree from the University of New South Wales and a Masters of Business in International Marketing from the University of Technology, Sydney.

Chanelle McEnallay
Chief Risk Officer (Australia) Ramsay Health Care Limited

Chanelle McEnallay is the Chief Risk Officer of the Australian business of Ramsay Health Care Limited and sits on both the Australian Executive and Australian Risk Management Committee. Chanelle manages a wide portfolio which includes the risk management framework of Australia, work health and safety, workers' compensation, property and infrastructure, environment, staff health and the national public liability portfolio. Chanelle is also the Executive lead for the National Vanderbilt Roll Out, a promoting professional accountability framework. Ramsay is Australia's largest private hospital operator and currently employs over 33,000 staff in Australia alone, more than 60,000 worldwide. Chanelle has been a safety and workers' compensation professional for 22 years and began her safety career in the construction

industry specialising in rail and coal mining before moving to health in 2004. Chanelle is passionate about robust and innovative risk management systems that actually add value and perform their function to reduce risk. Chanelle is an experienced Risk Professional, Work Health and Safety Professional, Injury Manager, Advanced Rehabilitation and Return to Work Manager, Workers' Compensation Specialist, Workplace Trainer and Assessor, Auditor, holds advanced qualifications in OHS and Corporate Governance and is an admitted NSW Supreme Court Solicitor. Chanelle also holds a Master of Laws from ANU.

Michele Murphy
Manager, Insurance & Operational Risk
NSW Health

Michele Murphy joined NSW Health from the private sector in 2010. The Insurance & Operational Risk portfolio within NSW Health covers all lines of risk including property, motor vehicle, medical liability and worker's compensation. With over 120,000 employees across 220 sites in all parts of NSW, the worker's compensation portfolio is one of the largest in Australia. Michele has managed work health and safety and worker's compensation portfolios in both the insured and self-insured areas for company's such as Mayne Nickless, Nestle, GPT and Primo Smallgoods with a stint in the late 1990's within WorkCover Appeals just to round off her knowledge. Whilst at Workcover Michele was also instrumental in the self-insurer audit program. Michele holds accreditation in Advanced Rehabilitation and Return To Work across NSW, Victoria and Queensland, is also an accredited mediator, investigator, facilitator and risk assessor, as well as Workplace Trainer and Assessor. Most recently, Michele completed graduate studies in Public Sector Administration. Michele is committed to innovation and best practice in recovery at work programs and continues to deliver education and training to the network of Health Coordinators across NSW to achieve the best outcomes for injured workers.

Prof Michael Nicholas
Director of Pain Education and Pain Management programs
Pain Management Research Institute, Royal North Shore Hospital

Professor Michael Nicholas is a Clinical Psychologist and Director of Pain Education and Pain Management programs at the Pain Management Research Institute (PMRI) at the Royal North Shore Hospital. PMRI is part of the Kolling Institute of Medical Research and Northern Clinical School of the University of Sydney. Prof Nicholas has an international reputation in the field of pain management, as a clinician, researcher and educator, with over 150 publications in journals and book chapters. A major focus of his research has involved psychological and environmental factors influencing the development of persistent pain and its impact on quality of life. This work has led him to investigating

effective ways of preventing ongoing pain and associated disability. Prof Nicholas was part of the working group with WorkCover that developed the current guidelines for the management of soft tissue injuries at work in 2005 and 2008. He is also a member of an international group of researchers based at the Liberty Mutual Research Centre in Massachusetts (US) and Orebro University (Sweden) and Keele University (UK) who have been addressing the problem of work-related pain and disability, and their management for the last 12 years. At the GAP Roundtable on 23 May 2017, Prof Nicholas presented the final results of a ground-breaking research conducted by icare, NSW Health, EML, and the University of Sydney. The study, run within the context of the NSW Government's workers compensation scheme, demonstrates that injured workers at risk of delayed recovery can be identified within days of the injury and returned to work sustainably in half the usual time.

Dr Norman Swan
Host, The Health Report
ABC Radio National

Dr Norman Swan hosts *The Health Report* on the Australian Broadcasting Corporation's Radio National, and *Tonic* on ABC News24 (Television). The Health Report is the world's longest running health programme in the English-speaking world and Norman has won many awards for his work including Australia's top prize for journalism, the Gold Walkley. Norman trained in medicine in Scotland and paediatrics in London and Sydney before joining the ABC and has hosted many other programmes on radio and television. Norman is also co-founder of Tonic Health Media, an integrated health television channel and production company which has over 10 million viewers per month.

Participants

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Notes and References

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