

Productivity Commission's Inquiry into National Workers' Compensation and Occupational Health & Safety Frameworks

Our Submission

By Kate Harrison, Gordon Siebel & Shelley Allen, Occupational Therapists from the Work Special Interest Group, OT AUSTRALIA – Queensland.

Our Interest

We would like to state our interest in this inquiry and define our roles as stakeholders in the fields of occupational health and safety, workers' compensation and injury management.

Occupational therapists are employed in the positions of advisors, case managers, clinicians, consultants and researchers. We are employed in the private and public sector by workers' compensation insurers, small, medium and large employers, regulatory authorities, academic institutions, government departments and rehabilitation providers. We also operate in a self-employed basis in a variety of consultancy roles.

Services delivered are diverse and include case and injury management, treatment of injured workers, medico-legal personal injury assessments, workplace-based rehabilitation, functional capacity evaluations, development of return-to-work programs, rehabilitation counselling, education (for injured and non – injured workers, students and other stakeholders), training, policy development, research, advisory services, job analysis, prevention activities and risk management audits.

We have a point of view on the issues raised for discussion as a professional body as well as an understanding of the issues from the perspective of the workers, employers, insurers, regulatory bodies and the legal profession. We are interested to participate in a process that would lead to improved outcomes for the stakeholders.

We support the move to a national framework to deliver comprehensive and consistent occupational health and safety and workers' compensation services and to better integrate prevention, compensation and injury management. This is in keeping with current research about the spectrum of disability management (e.g. G.C. Murphy, P. Foreman and A.E. Young, Differences in the organizational behavior beliefs held by Australian employer representatives and health professionals involved in occupational rehabilitation: Implications for workplace disability management, *International Journal of Human Resource Management* 8 (1997), 18-28.).

Issues Paper

We have considered the Issues Paper (April 2003) and wish to raise the following points:

1. National Frameworks

We welcome a cooperative approach among the jurisdictions for workers' compensation and OHS and the development of a national regime. We suggest that:

- There are currently discrepancies between State and Commonwealth workers' compensation and OHS schemes. Employer organisations are clearly more informed and responsive to OHS than they are to workers' compensation.
- Some key elements that need to be incorporated into frameworks include standard accreditation for rehabilitation providers, registration of health professionals, uniform schedules of fees for medical practitioners and allied health providers, accreditation of case managers, consistencies regarding the benefits to the injured workers (at the statutory and common law level) and incentives for employers and insurers to contribute to effective scheme management.

- Funding and financial incentives and disincentives would be necessary to facilitate scheme compliance.
- Workers' compensation and OHS areas should be combined in one framework as the processes and outcomes impact on each other in many areas.

2. *The OHS Model*

One model that deserves consideration is the primary, secondary and tertiary prevention model that has been extensively adopted by health care professionals (e.g. Hoffman, B. H. (1993). Blueprint for health surveillance: Occupational health departments identify primary, secondary and tertiary objectives in illness prevention. *Occupational Health & Safety*, 62(4), 50-56.)

Under this model prevention has three components: primary, secondary and tertiary. Interventions at each stage focus on prevention. Primary prevention aims to prevent a disease or injury from occurring. Secondary prevention refers to early recognition of a condition such as chronic low back pain attributable to manual handling and focuses on intervention before symptoms appear. "The goal is to reverse, halt or retard the progression of a disorder" (Hoffman, p. 50). Tertiary prevention refers to minimizing the condition and its effects after onset. In this way occupational and vocational rehabilitation for injured can be viewed as prevention strategies.

3. *Access and Coverage*

- We suggest that the definition of a "worker" needs to be more consistently and clearly defined.
- This might influence the extent that data are collected for the purposes of making policy or business decisions. This would affect the administration and compliance costs of employers operating in more than one jurisdiction e.g. QLD Worker's Compensation and Rehabilitation Act 2003, Occupational Health and Safety Act 1991 and the Safety, Rehabilitation and Compensation Act 1988. This in turn impacts on our profession's ability to facilitate favourable

change for all stakeholders.

4. *Benefits Structures*

- Employees and employers are often not fully familiar with the benefit structures. This can often be a source of difficulty during the rehabilitation process.
- One suggestion is to educate employees about other means of maintaining their income such as income protection insurance to make up for the portion of pay they do not get paid when claiming for lost wages (e.g. overtime, penalty rates).
- Incentives to expedite a workers' compensation claim, through professional and timely coordination, would contain costs most effectively. This is well established in the contemporary literature.

5. *Cost Sharing and Cost Shifting*

- Cost sharing between government and employers/insurer would be more appropriate at the prevention stage. That is, before, an injury occurs.
- One suggestion for management of lump sum payments at the statutory and common law level is payment in instalments, e.g. annually, to the injured person. The funds could be managed by an accredited financial organisation or public trust. Adequate financial and rehabilitation provisions should be made for clients with long-term disability as a result of work-related accidents.

6. *Early Intervention, Rehabilitation and Return to Work*

- There is abundant research that points towards early rehabilitation intervention contributing to the most functional, work and financial oriented outcomes.
- A range of financial incentives and disincentives may be appropriate to encourage key stakeholders in this regard.

7. *Dispute Resolution*

- Disputes often contribute to a considerable delay in an injured person's functional recovery and return to work. These impact significantly on the economic component of a worker's compensation claim.
- The use of effective dispute resolution, internally or externally, needs encouragement to reduce costs.

A couple of pages of references are attached.

We look forward to the interim report at the end of September 2003 and to providing further comment subsequent to that.

**SAMPLES OF JOURNAL ARTICLES ON OCCUPATIONAL THERAPY -
SUPPORTING PROFESSION'S INTEREST IN PRODUCTIVITY
COMMISSION'S INQUIRY INTO NATIONAL WORKERS' COMPENSATION
AND OHS FRAMEWORKS.**

Occupational therapy and workers' compensation

- Harrison, K., & Allen, S. [in press]. Features of occupational rehabilitation systems in Australia: A map through the maze. Work: A Journal of Prevention, Assessment and Rehabilitation
- Joss, M. (2002). Occupational therapy and rehabilitation for work. British Journal of Occupational Therapy, 65(3), 141-148.
- Armstrong, F. J., & Lyth, J. R. (1999). The occupational therapist's role with Workers' Compensation and the ADA: Successful work accommodations and strategies for employer and service provider partnership. Occupational Therapy in Health Care, 11(4), 9-21.
- Gibson, L., & Strong, J. (1998). Assessment of psychosocial factors in functional capacity evaluation of clients with chronic back pain. British Journal of Occupational Therapy, 61(9), 399-404.
- Wright, M. (1997). Early return to work and occupational therapy, OT Practice, 2(5), 36-42.
- Hartcher, C. M. (1997). Workers' compensation in New South Wales Australia: The OT's role. Work: A Journal of Prevention, Assessment and Rehabilitation, 9(3), 233-235.
- Gibson, L., & Strong, J. (1996). The reliability and validity of a measure of perceived functional capacity for work in chronic back pain. Journal of Occupational Rehabilitation, 6(3), 159-175.
- Fast, C. (1995). Repetitive strain injury: An overview of the condition and its implications for occupational therapy practice. Canadian Journal of Occupational Therapy, 62(3), 119-126.

Occupational therapy and injury prevention or ergonomics

- Lee, D. L., & Jacobs, K. (2001). Perspectives in occupational therapy: Bridging computer ergonomics with work practice. Work Programs Special Interest Section Quarterly, 15(4), 1-3.
- O'Connor, S. M. (2000). OTs and office ergonomics consulting. O.T. Practice, 5(10), 12-7.
- Jundt, J., & King, P. M. (1999). Work rehabilitation programs: A 1997 survey. Work: A Journal of Prevention, Assessment and Rehabilitation, 12(2), 139-144.
- Taylor, S., & Hoelscher, D. (1999). Occupational therapist's unique contribution to ergonomics consultative services. Work Programs: Special Interest Section Quarterly, 13(4), 1-3.
- Rice, V. J., & Gerardi, S. M. (1999). Part II. Work hardening for warriors: Training military occupational therapy professionals in the management of combat stress casualties. Work: A Journal of Prevention, Assessment and Rehabilitation, 13(3), 197-209.
- Innes, E. (1997). Education and training programs for the prevention of work injuries: Do they work? Work: A Journal of Prevention, Assessment and Rehabilitation, 9(3), 221-232.
- Position statement on ergonomics. (1997). Canadian Journal of Occupational Therapy, 64(4), 229.
- Stuckey, R. (1997). Enhancing work performance in industrial settings: A role for occupational therapy. British Journal of Occupational Therapy, 60(6), 277-278.
- Lysaght, R. (1997). Job analysis in occupational therapy: Stepping into the complex world of business and industry. American Journal of Occupational Therapy, 51(7), 569-575.
- Lawler, A. L., James, A. B., & Tomlin, G. (1997). Educational techniques used in occupational therapy treatment of cumulative trauma disorders of the elbow, wrist, and hand. American Journal of Occupational Therapy, 51(2), 113-118.
- Spalding, N. (1996). Health promotion and the role of occupational therapy. British Journal of Therapy and Rehabilitation, 3(3), 143-147.