

# Return to Work Plans for Injured Australian Workers: Overview and Association with Return to Work.

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- These organisations are all represented on the project advisory group, in addition to the Australian Council of Trade Unions and the AiGroup.
- The COMPARE project team, and report authors, include Professor Alex Collie, Dr Tyler Lane, Dr Shannon Gray, Ms Dianne Beck and Mr Luke Sheehan of the Insurance Work and Health Group at Monash University. Please refer to the final page for contact details.
- The views expressed in this document are those of the authors and do not necessarily represent those of the project funders, data providers or members of the project advisory group.

- A Return to Work (RTW) Plan is a mandatory requirement for employers of injured workers in all Australian workers' compensation jurisdictions.
- Having a RTW Plan has been associated with improved RTW outcomes in previous studies (see following slide for examples).
- Existing studies have had small samples, been from a single jurisdiction or have not focused on a RTW Plan as a primary outcome.
- The National RTW survey provides an opportunity to assess how frequently a RTW Plan was developed and what impact a RTW Plan has on RTW, using a large sample of Australians with a range of work-related conditions.

- **Lane et al (2017)** prospectively studied 632 injured Victorian workers to assess the impact of RTW co-ordinators. Having a RTW Plan doubled the odds of a sustained RTW at the time of the interview.
- **McLaren et al (2017)** studied 17,000 Californian workers' compensations claims from 40 self-insured companies and found that workers in a RTW program returned to work 1.4 times sooner than those not in a program.
- **Durand et al (2014)** reviewed 17 studies and identified the development of a RTW Plan as a key tool in planning for RTW.

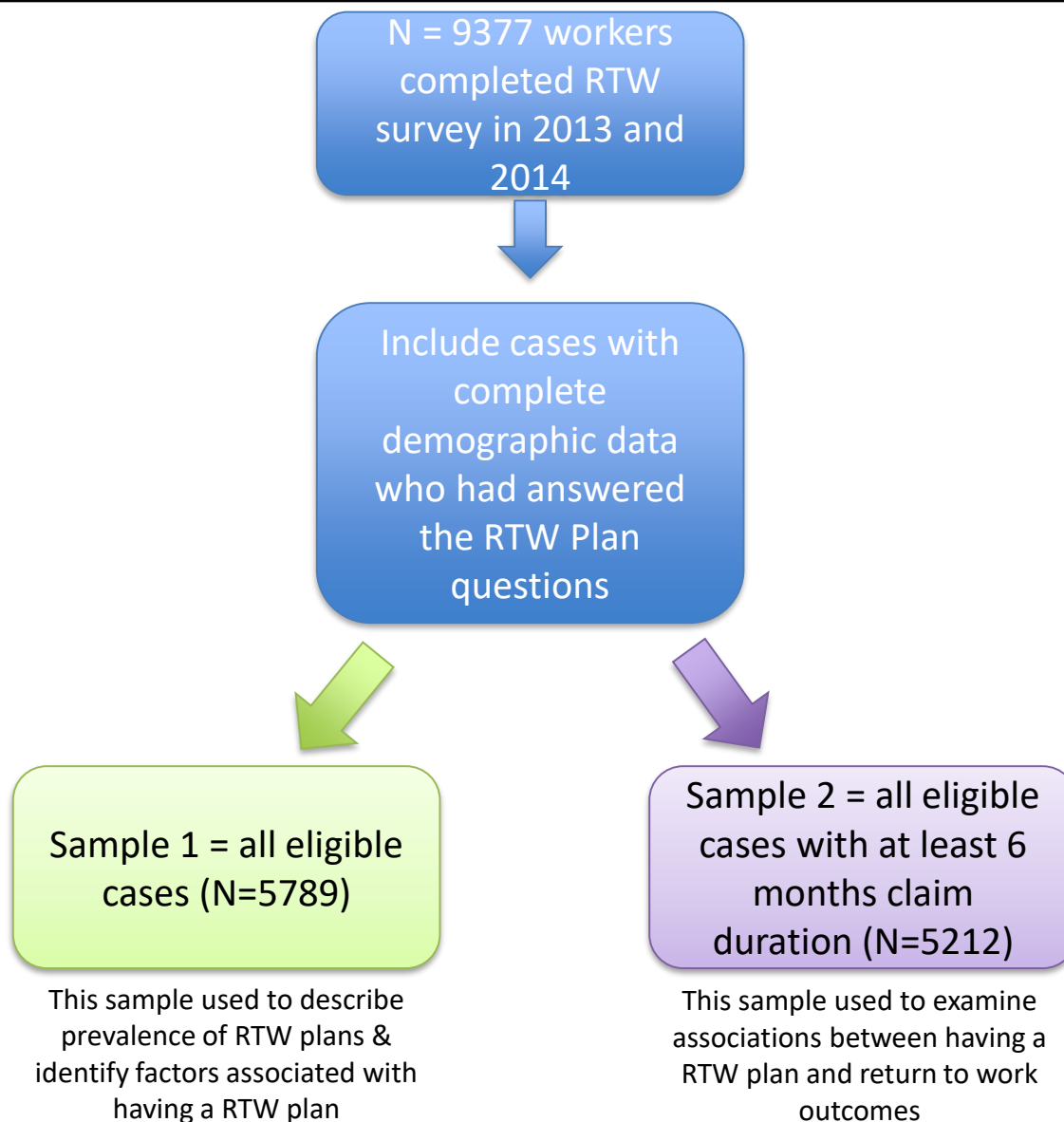
# Overview of RTW Plan Requirements by Jurisdiction

State	Who	Is plan compulsory?	Minimum expected injury time before a RTW plan becomes compulsory
Comcare	Employer	When required by a rehabilitation authority	Not applicable
NSW	Employer	Yes	7 days
NT	Employer	Yes	28 days
QLD	Insurer	Yes	Not specified
SA	Insurer	Yes	28 days
Seacare	Employer	Yes	28 days
TAS	Injury management co-ordinator	Yes	5 days
VIC	Employer	Yes	Not specified
WA	Employer	When required by treating doctor	Not applicable

This project sought to answer the following questions via analysis of the National Return to Work Survey:

1. What proportion of injured Australian workers report that they had a RTW plan?
2. What worker, workplace, injury and claim factors are associated with having a RTW plan?
3. Is having a RTW plan a significant, independent predictor of return to work, and if so what is the magnitude of the effect?

# Sample selection for RTW plan analysis





- For each group of questions two samples were used.
  
- Analysis of sample 1 focussed on:
  - Determining the proportion of respondents with a RTW plan (study objective 1). For this analysis we calculated counts and proportions and used chi-square statistics to compare across demographics.
  - Determining the association between worker, injury, workplace and claim factors and having a RTW plan (study objective 2). For this analysis we used binary logistic regression.
  
- Analysis of sample 2 focussed on:
  - Determining associations between having a RTW plan and return to work outcomes (study objective 3). For this analysis we used binary logistic regression.
  
- Results of analysis have been converted to figures to demonstrate major / significant findings.

The 2013 and 2014 waves of the National RTW survey included the following questions:

*“Did/Do you have a return to work plan? A return to work plan is an agreement setting out the steps to achieve a return to work. It is usually developed with your employer or insurer.”*

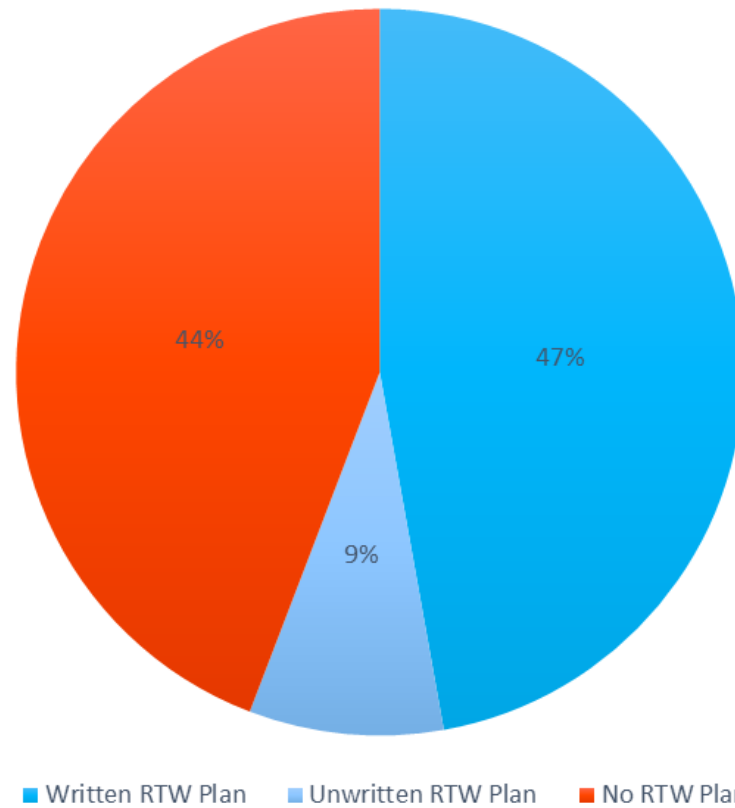
*If answer is Yes:*

*“Was/Is this a written plan?”*

Responses were yes or no.

The same set of questions were asked in the 2013 and 2014 surveys.

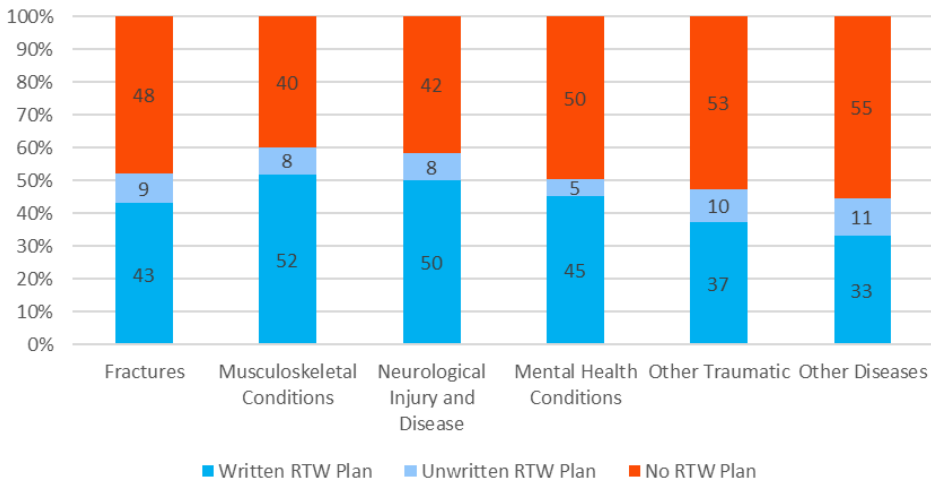
## Did You Have a RTW Plan?



Just over half of injured workers surveyed reported having a RTW plan and 84% of these were written plans.

# Injury Type and Employer Type were Significantly Associated with having a RTW Plan

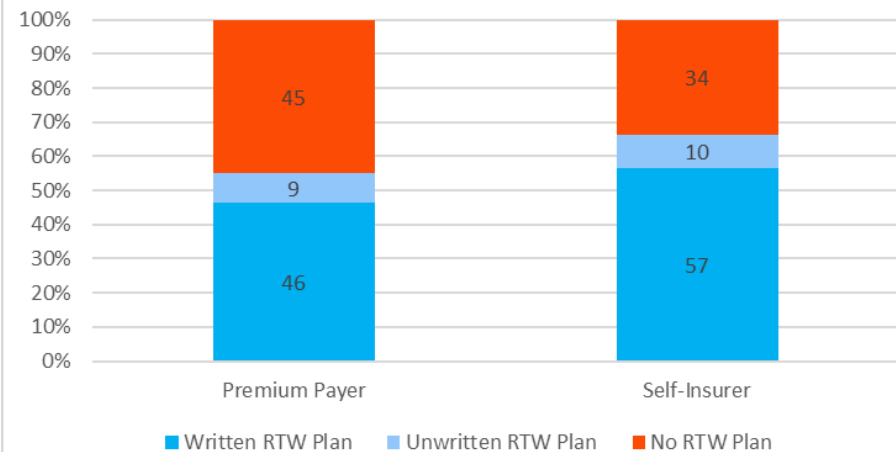
### Injury Type



Workers with musculoskeletal and neurological conditions were the most likely to have a RTW plan.

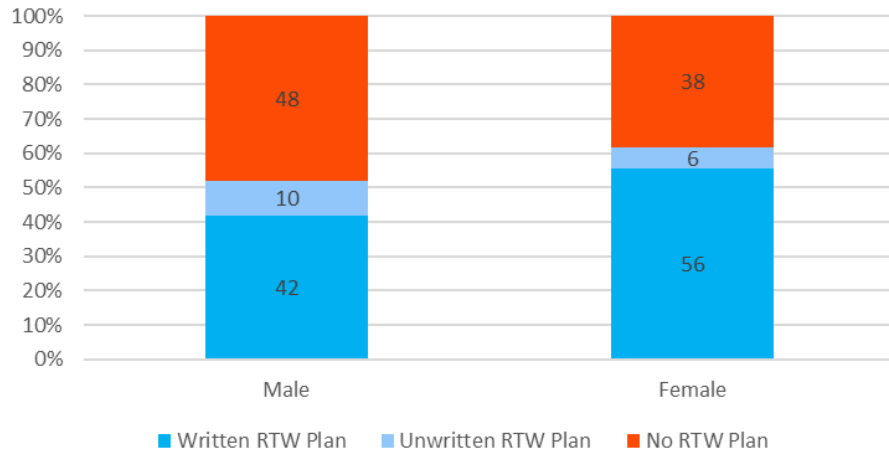
Workers employed by premium payers were 33% more likely to have not had a RTW plan than those employed by self-insurers.

### Employer Type



# Gender was Significantly Associated with having a RTW Plan but Self-Rated Health was not

### Gender

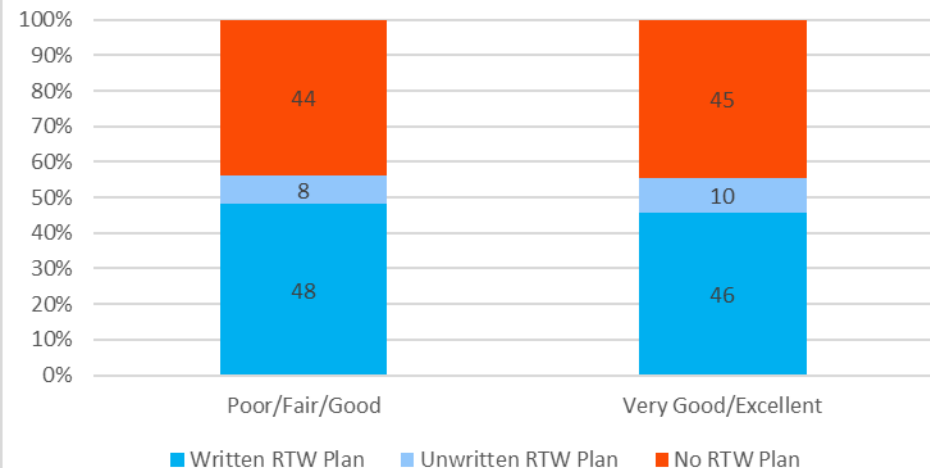


Female workers were more likely to have had a RTW plan than males and also had a greater proportion of written plans.

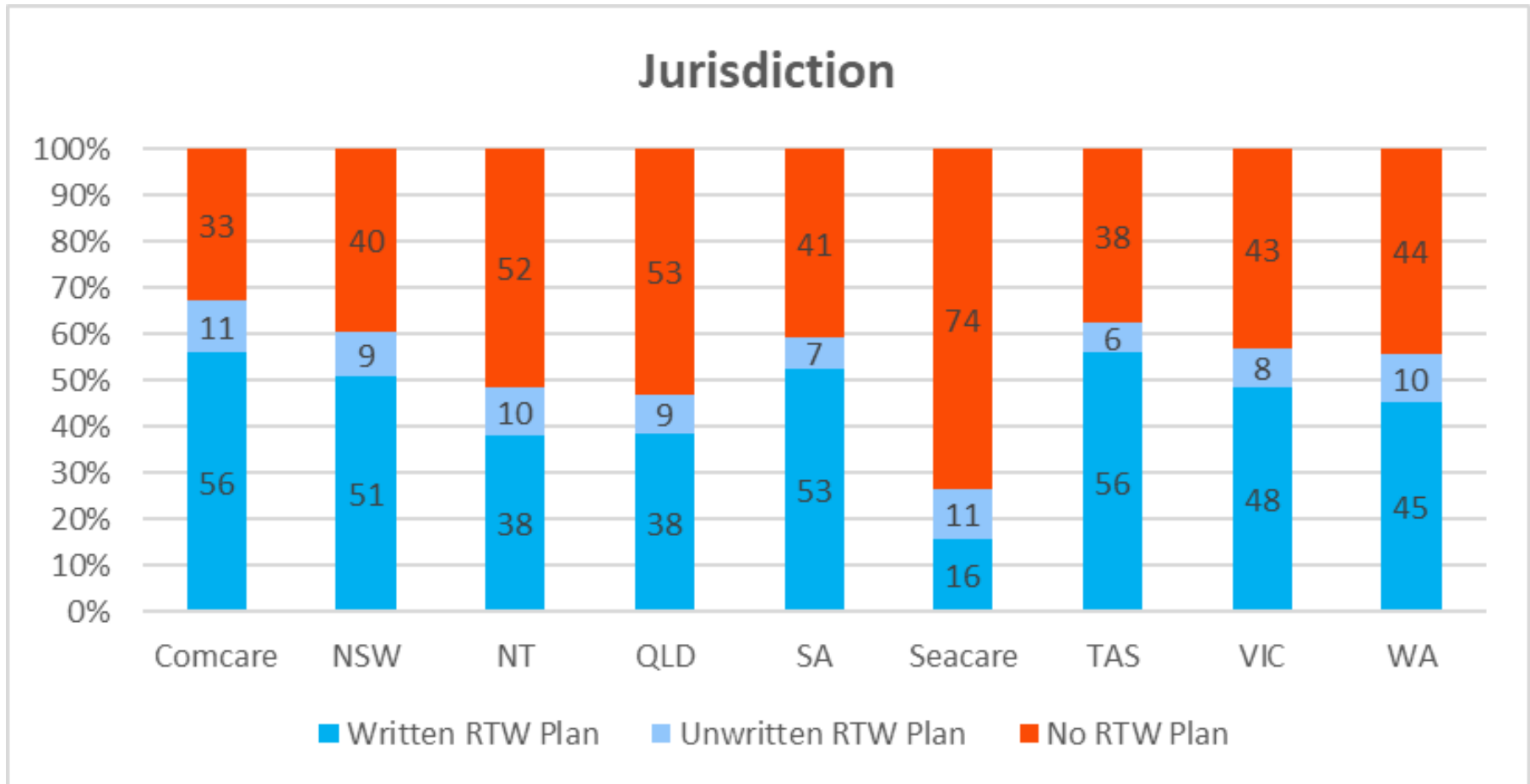
The worker's self-rated health at the time of the interview was **not** associated with them having had a RTW plan.



### Self-Rated Health

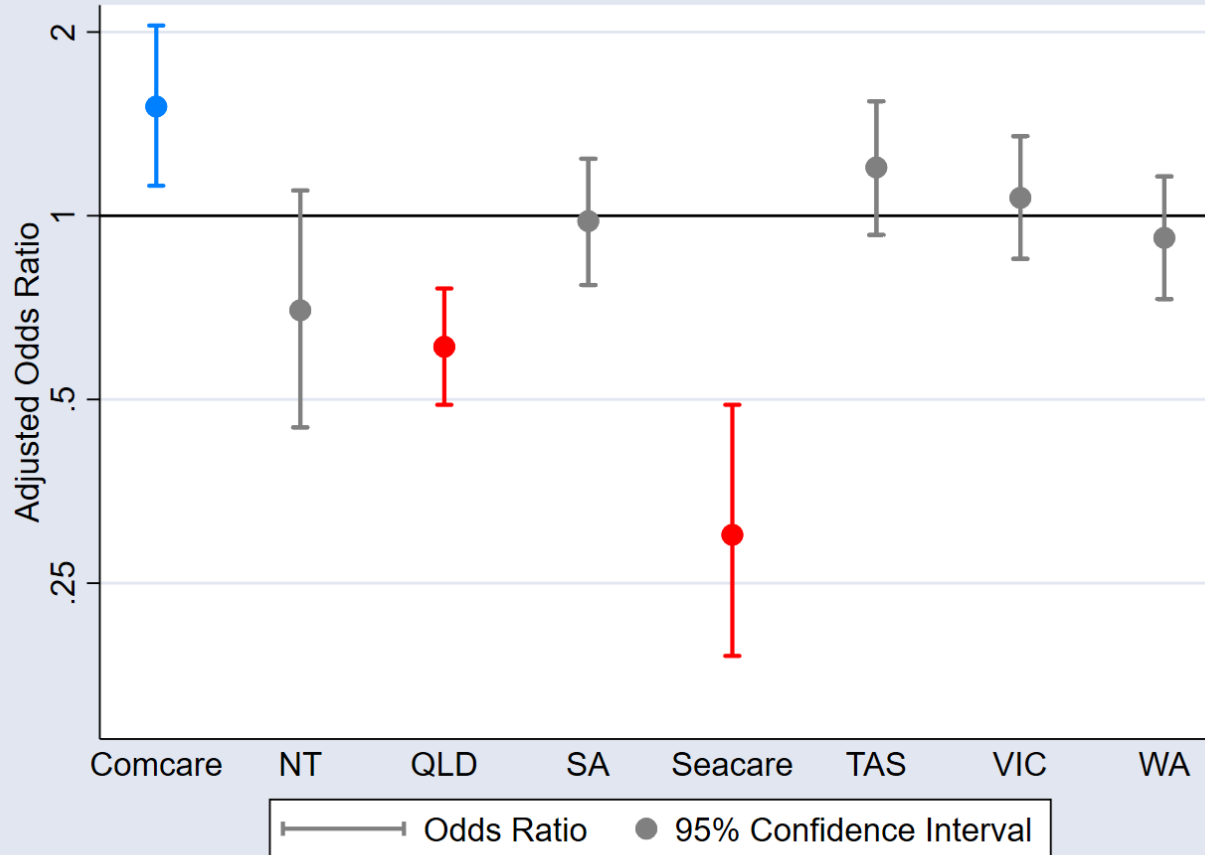


# The Percentage of Workers with a RTW Plan Varied by Jurisdiction



Comcare workers were the most likely to have had a RTW plan. Seacare workers were the least likely to have had a RTW plan and had the largest proportion of plans that were unwritten.

# The Odds of Having a RTW Plan varied by Jurisdiction



Using a binary logistic regression model, the odds of having a RTW plan (either written or unwritten) were determined for each jurisdiction.

NSW was the reference jurisdiction that all other jurisdictions were compared to.

Comcare workers were 1.5 times more likely to report having had a RTW plan than NSW workers. QLD and Seacare were significantly less likely than NSW workers to report having a RTW plan.

The odds ratio compares the likelihood of a worker in a particular jurisdiction having a RTW plan to the likelihood of a worker from NSW having a RTW plan. An odds ratio larger than 1 indicates that a worker in that jurisdiction was more likely than a worker from NSW to have a RTW plan.

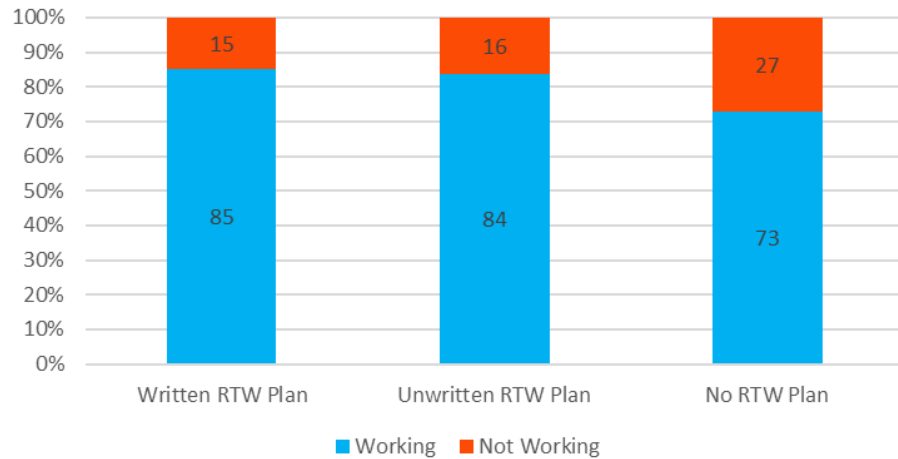
Odds ratios are statistically adjusted for the influence of other factors including age, gender, injury type, self-rated health, claim duration, year of interview, employer type, and time from injury to claim lodgement.

- Compliance with requirements to have a RTW plan appears to vary greatly between jurisdictions
- Comcare workers were significantly more likely than NSW workers to have a RTW plan, while Queensland and Seacare were significantly less likely.
- Comcare is unique in being composed only of large employers who may have greater capacity to provide RTW plans (we did not have sufficient data on employer size to include it in the regression model).
- Queensland requires insurers to develop a RTW Plan, despite this workers were significantly less likely to report having a RTW Plan.
- Seacare requires a RTW Plan when the expected time off from injury is 28 days or more, however only 27% of workers who had exceeded this time had a RTW plan.



# Return to Work Outcomes are associated with having a RTW plan

### RTW Status

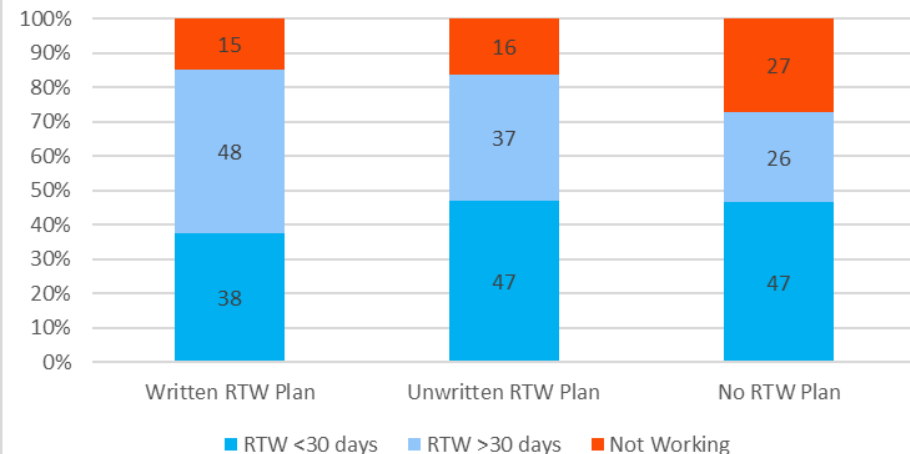


Workers who did not have a RTW plan were less likely to have returned to work at the time of interview. The results were very similar between those with written and unwritten RTW plans.

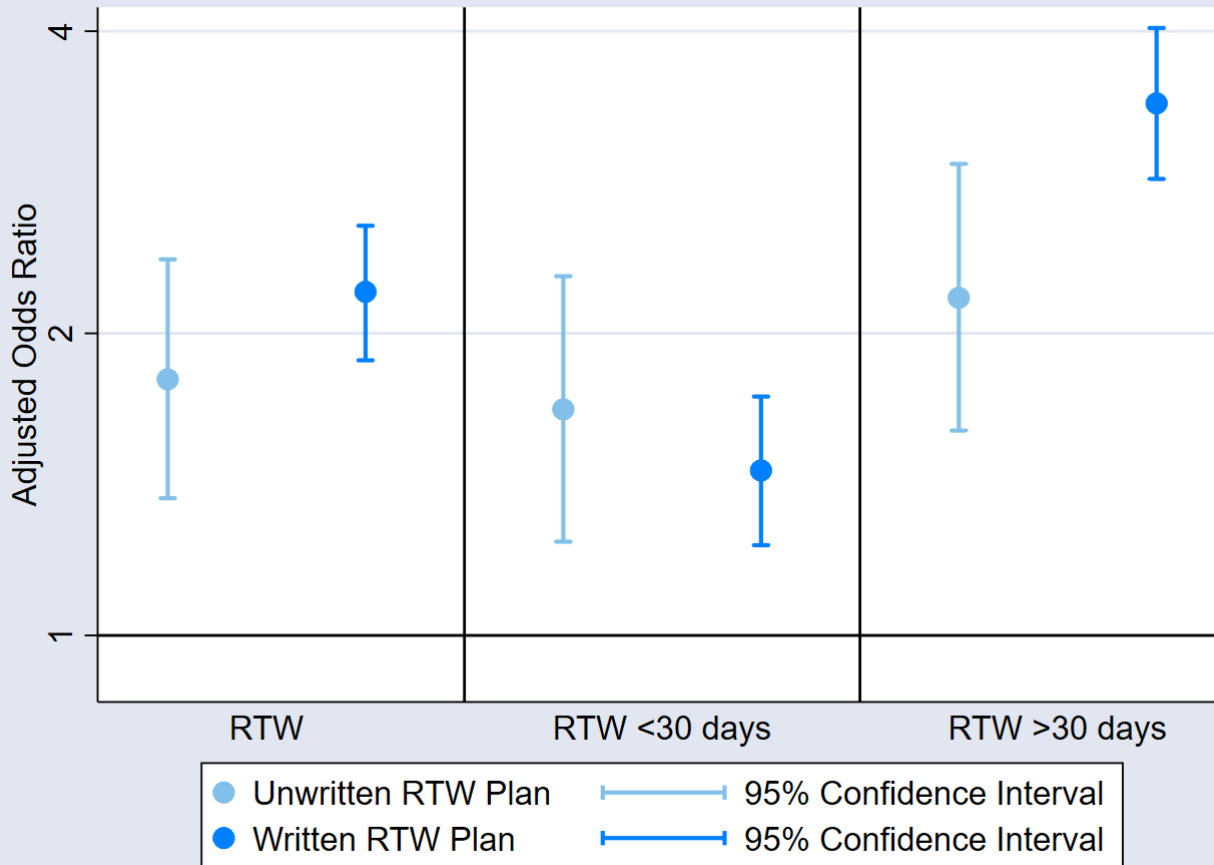
Although those with a written RTW plan were the most likely to have returned to work at the time of the interview, they were the least likely to have returned within 30 days from when the claim was made.



### Time Taken to RTW



# The Odds of RTW were higher for Workers with a RTW Plan



Workers who reported having a RTW plan had increased odds of RTW.

In the first 30 days after the claim, whether the plan was written or unwritten did not impact RTW, but was significantly better than having no RTW plan.

However, after 30 days, having a written plan was most effective, increasing the odds of RTW 3.4 times, while an unwritten plan increased the odds of RTW 2.2 times.

The odds ratio compares the likelihood of RTW among workers who have an unwritten or written RTW plan to the likelihood of RTW among those with no RTW plan. An odds ratio larger than one indicates a worker is more likely to RTW than a worker with no RTW plan.

Odds ratios are statistically adjusted for the influence of other factors including age, gender, injury type, jurisdiction, self-rated health, claim duration, year of interview, employer type and time from injury to claim lodgement.

## Strengths

- Large national dataset with a consistent data collection method.
- All major workers' compensation jurisdictions represented.
- Sample includes workers with a range of mild to moderate injury and illness typical in a workers' compensation environment.
- Multiple worker, injury, demographic, claim and employer factors recorded.

## Limitations

- Cross sectional data means we can only investigate associations at a point in time.
- Missing data for some variables (e.g., gender, employer size) meant that some cases and some predictor variables were excluded.

- Just over half of workers reported having had a RTW plan and 5 in 6 of these were written plans.
- There were major differences between jurisdictions in the proportion of injured workers with RTW plans and these mostly appeared to do with compliance to policies, rather than the policy itself.
- Written and unwritten plans were equally associated with increased odds of 1.5-1.7 for RTW in the first 30 days post injury.
- Written plans were most strongly associated with RTW in workers with more than 30 days absence, increasing the odds of RTW 3.4 times.
- This association with RTW occurs despite there being no long term association between RTW plans and self-rated health.
- Findings are consistent with prior research indicating improved RTW outcomes for workers with a RTW plan.
- This is the first study to demonstrate these outcomes with a large sample from all Australian jurisdictions.
- Enforcing or encouraging the legislative requirement for RTW planning could be a simple yet effective RTW intervention.

Durand, M. J., Corbiere, M., Coutu, M. F., Reinharz, D., & Albert, V. (2014). A review of best work-absence management and return-to-work practices for workers with musculoskeletal or common mental disorders. *Work*, 48(4), 579-589. doi: 10.3233/wor-141914

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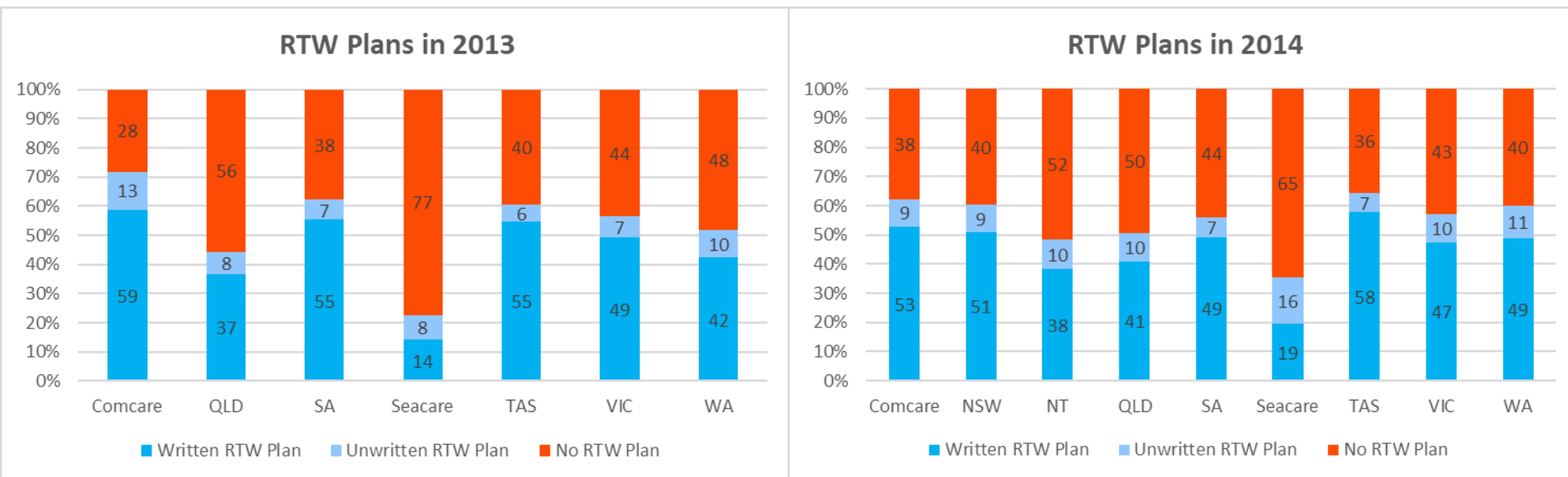
McLaren, C. F., Reville, R. T., & Seabury, S. A. (2017). How effective are employer return to work programs? *International Review of Law and Economics*, 52(Supplement C), 58-73. doi: <https://doi.org/10.1016/j.irl.2017.08.003>

Link - <http://www.sciencedirect.com/science/article/pii/S0144818817300339>

Safe Work Australia (2016) Comparison of workers' compensations arrangements in Australia and New Zealand.

Link - <https://www.safeworkaustralia.gov.au/doc/comparison-workers-compensation-arrangements-australia-and-new-zealand-2016>

- More detailed data tables can be accessed through contacting the first author Luke Sheehan ([luke.sheehan@monash.edu](mailto:luke.sheehan@monash.edu) or 03 9903 0794).



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