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WELCOME

It is my great pleasure to welcome you to the second Australasian Compensation Health Research Forum.

Last year in Melbourne, the first Australasian Compensation Health Research Forum was held as a response to a growing interest in compensation health research from both the academic research community and compensation policy organisations. This coincided with an increasing level of interaction between scheme practitioners and researchers, and an increase in the compensation health research activity in Australia and New Zealand. By hosting this second Forum, here in Auckland, we aim to provide further opportunities for interaction and to increase the capacity for policy-relevant research in Australasia.

The Forum theme of "Evidence into Policy – Directions in Compensation Scheme Management" supports this purpose, and has been reflected in every aspect of the Forum, from the joint sponsorship by a research organisation and two compensation policy organisations, the membership of the organising and program committees, the mix of speakers and attendees, and most importantly the program, which is designed to offer plenty of opportunity for discussion, debate and interaction. Attendance has been limited to maximise opportunities for interaction between attendees, both during the sessions and the coffee and lunch breaks.

Our program committee have put together two days focussing on the most important issues in compensation claims management. This includes sessions on claims management on the ground, impacts of ageing, comorbidities and other non-injury factors, international perspectives on compensation health, engaging employers and workplaces in return to work and intervening early to prevent unnecessary disability. We will workshop together how to improve the results of research and policy interaction and we will also debate whether research is a waste of levy-payers money, shouldn't we just get on with it?

You will have the opportunity to hear from some world-leading experts in the field, as well as many prominent national practitioners and researchers.

This second Forum marks the culmination of 12 months hard work by researchers and compensation system practitioners on both sides of the Tasman Sea. I want to convey my sincere thanks to fellow members of the organising and program committees for their input over the past 12 months, and to my colleagues at NSW MAA, ISCRR and the ACC for their support and advice.

Thank you for attending and I look forward to speaking with you during the next two days.

Grant Pittams, Chair of Organising Committee

JOINT

CONVENORS



Accident Compensation Corporation

The Accident Compensation Corporation (ACC) is the Crown entity set up under the Accident Compensation Act 2001, to deliver New Zealand's accident insurance scheme (the Scheme). It is governed by a board appointed by the Minister for ACC. The purpose of the Scheme is to deliver no-fault personal injury cover for everyone in New Zealand, including overseas visitors. Under the Scheme individuals forego the right to sue for compensatory damages following an injury, in return for receiving personal injury cover. ACC's role is to manage the Scheme in a cost-effective, outcome-focused way that ensures the Scheme is financially sustainable for future generations.



Institute for Safety, Compensation and Recovery Research

The Institute for Safety, Compensation and Recovery Research (ISCRR) is a joint initiative between WorkSafe Victoria (WorkSafe), the Transport Accident Commission (TAC) and Monash University.

Established in 2009, ISCRR conducts research aligned with compensation scheme issues and objectives and facilitates the translation of research evidence into policy and practice. In this way, our research contributes to reducing the incidence and severity of workplace harm, improving outcomes for compensation scheme clients and supporting scheme viability.

ISCRR has developed a collaborative research model with ongoing stakeholder consultation and engagement at every stage of the research endeavour, from setting the research agenda, through facilitating and conducting excellent research, to translating the research findings into best practice in WorkSafe and TAC operations. ISCRR has also developed an impact assessment framework which tracks the impact of research and assesses both financial and other returns on investment in research. Last year, with support from the ACC, ISCRR hosted the Inaugural Australasian Compensation Health Research Forum and shortly afterwards led the establishment of the Compensation Health Network with a view to enabling greater cross-jurisdictional research activity. We are delighted that this year, the Motor Accidents Authority NSW has joined with ACC and ISCRR to jointly organise the 2012 Forum.



Motor Accidents Authority of NSW

The Motor Accidents Authority of NSW is a statutory authority that regulates a privately underwritten Compulsory Third Party (CTP) personal injury insurance scheme in NSW.

The Authority's purpose is to ensure people injured in motor vehicle accidents receive appropriate treatment and benefits from a sustainable and affordable insurance scheme.

A key organisational objective is reducing the social and economic impacts of motor vehicle accidents and the promotion of better and earlier post injury recovery. To achieve this objective, the Authority funds research with a focus on injury management and translational activities leading to improved health and social outcomes for the injured.

The Authority's key academic partner is the University of Sydney Rehabilitation Studies Unit.

The MAA is an agency within the Safety, Return to Work and Support Division. The Division includes Workcover NSW and the Lifetime Care and Support Authority of NSW.

KEYNOTE

SPEAKERS



Dr Cameron Mustard

Keynote presentation

International directions in compensation scheme management

Thursday 8 November 9.00am

Dr Mustard is a Professor in the Dalla Lana School of Public Health, University of Toronto. He is also President and Senior Scientist, Institute for Work & Health. Dr Mustard has active research interests in the areas of work environments and health and the epidemiology of socioeconomic health inequalities across the human life course.

Dr Mustard is a past member of the Board of Directors of the Canadian Institute for Health Information, a Fellow of the Population Health Program of the Canadian Institute for Advanced Research and a past recipient of a CIHR Scientist award.



Tracey Slatter

Keynote presentation

The TAC 2015 claims model transformation

Friday 9 November 9.00am

Tracey commenced with the Transport Accident Commission (TAC) in January 2009 as the Head of Claims. In this role Tracey leads the provision of claims and legal services to 40,000 TAC clients to support them in their recovery and independence following injury from a transport accident.

Tracey holds a Master of Commerce and has extensive senior executive and CEO experience in the health, community, insurance and government sectors.

Tracey enjoys leadership challenges and is passionate about achieving excellent outcomes for clients.

SESSION

CHAIRS

Thursday 8 November 2012



Professor Niki Ellis

Keynote: International directions in compensation scheme management

9.00am

As the CEO, Professor Niki Ellis ensures ISCRR's mission to conduct research aligned with the needs of WorkSafe Victoria and the Transport Accident Commission, and with potential for broader application, is fulfilled. She oversees ISCRR's program of research covering OHS, return to work, compensation health, health and disability services delivery, research translation and neurotrauma and has specific responsibility for the Health and Disability Services Delivery research program.

Professor Ellis is one of Australia's leading occupational physicians.

Her previous roles include Foundation Director and Professor, Centre of Military and Veteran's Health and the University of Queensland; working in Government developing public health and occupational health and safety policy, managing her own organisational health and safety consultancy and then, when it was sold to PricewaterhouseCoopers, as a consultant with PwC; working in London on the history of well-being with an honorary appointment at the Wellcome Trust Centre for the History of Medicine; and on health modernisation for the Department of Health and London Southbank University.

In 2008, Professor Ellis utilised her consultancy experience in organisational stress management to co-develop and present the four-part "Stressbuster" series for ABC TV.



Dr Alex Collie

Panel: Australasian compensation scheme management: current development and future challenges

10.00am

Dr Alex Collie is Chief Research Officer of the Institute for Safety, Compensation and Recovery Research (ISCRR). His research program focusses on injury compensation systems and their health, vocational and social impact. He established and is lead investigator for the Victorian Compensation Research Database (CRD). Dr Collie is leading a 5 year evaluation of the injury compensation claims management practices of the Transport Accident Commission.

Dr Collie has held numerous competitive research grants including from the NHMRC and ARC. He is also Adjunct Senior Research Fellow in the Department of Epidemiology and Preventive Medicine at Monash University.

Prior to joining Monash University, Alex spent 4 years as Executive Director of the Victorian Neurotrauma Initiative, a state government brain and spinal cord injury research fund. Dr Collie has a PhD in psychology and has published more than 70 journal articles, reviews and book chapters. He is a Churchill Fellow and recipient of a 2010 Australian Leadership Award.



Margaret Macky

Concurrent session 1 - providers

Engaging GPs in successful return to work

11.30am

Margaret is an Occupational Physician and Fellow of the Australasian Faculty of Occupational and Environmental Medicine. She has a background in General Practice and currently holds a regional position with ACC as Workwise Director Wellington where she works mainly in the areas of rehabilitation, gradual process conditions and pain management services.



Verna Smith

Concurrent session 1 – employers

Engaging employers and workplaces in return to work

3.30pm

Verna Smith leads the implementation of ISCRR's Neurotrauma Research Strategy. Working closely with the Transport Accident Commission and neurotrauma community, Verna oversees programs of research to improve outcomes for those affected by brain and spinal cord injury in Victoria.

Prior to moving from New Zealand to take up her role at ISCRR, Verna managed a review of services for people with spinal cord injuries, and has had extensive experience in the Department of Child, Youth and Family Services. Verna holds a Master of Public Policy from Wellington's Victoria University and is currently completing a PhD in primary care for performance funding policy.



Professor Ian Cameron

Concurrent session 2 – comorbidities

Impacts of comorbidities and other pre-injury factors on recovery

3.30pm

Ian is a Consultant Physician in Rehabilitation Medicine who has particular interests in musculoskeletal injury, and research and education in the area of injury related disability. He is Head of the Rehabilitation Studies Unit, Faculty of Medicine, University of Sydney and has the Chair in Rehabilitation Medicine at the University of Sydney. He is conducting a number of studies investigating recovery after motor vehicle crashes. His other major research interest is disability and injury in older people.



Rob Hodgson

Concurrent session 3

How do we know we're measuring the right things?

3.30pm

Rob manages the Labour Research & Evaluation team at the Ministry of Business, Innovation & Employment. The team works in the areas of Workplace Health and Safety, Accident Compensation Policy and Employment Relations. Prior to this Rob was a Principal Analyst in the Migration Research team at the Department of Labour focusing on the economic impacts of immigration and working with Immigration New Zealand on issues such as business cases for funding and initiatives to systematically measure and improve the quality of decision making. Rob focuses on maximising the impact that research and evaluation has in informing quality policy and operational decision making.



Mai Chen

Dinner Speaker

7.30pm

Mai Chen is a founding partner of Chen Palmer New Zealand Public and Employment Law Specialists, Barristers and Solicitors, which has won the best Boutique Law Firm in 2010, and the best Public Law Firm in the New Zealand Law Awards in 2007, 2008, 2009, 2010 and 2011, and 2011 Finalist in Employment Law.

Mai is also Professor (Adjunct) in Commercial and Public Law at the University of Auckland Business School as of 1 January 2011.

Mai is a best-selling author and her latest book is *Public Law Toolbox* published by Lexis Nexis in March 2012. Mai has published about 100 articles and conference papers and contributed to 7 books and major reports, mainly in the public law area.

Mai won Next Magazine's Business Woman of the Year in 2011. She is the inaugural Chair of New Zealand Global Women. Mai is a World's Best New Zealander in the Kiwi Expatriates Network and has been named as one of New Zealand's leading Public Lawyers in ALB Magazine, Legal 500, Asia Pacific Law Directory and the Chambers International Law Directory.

Mai was in the 2009 and 2010 Unlimited magazine's top Influencers List. Mai has a First Class Law Honours degree from Otago University, a Masters degree from Harvard Law School, is a Fellow of the New Zealand Institute of Management, and an Honorary Associate of Auckland University of Technology.

Formerly a senior lecture at Victoria University Law Faculty in Wellington, Mai has also sat on the Securities Commission, the New Zealand Board of Trade and Enterprise's Beachheads Programme, the Asia New Zealand Foundation, the Advisory Board of AMP Life Limited (NZ), and was Chair of the Advisory Board of New Zealand Global Women until February 2012, and President of the Harvard New Zealand Alumni Association (NZ). Mai also sits on the New Zealand Law Society Public and Administrative Law Committee.

PROGRAMME **THURSDAY** 8 NOVEMBER 2012

7.30am	Registration opens		
8.15am	Welcome and Forum Opening		Cole Theatre
9.00am	Keynote presentation: International directions in compensation scheme management Dr Cameron Mustard , <i>President and Senior Scientist, Institute of Work & Health Toronto, Ontario, Canada</i> Chair: Professor Niki Ellis, CEO, ISCRR		
10.00am	Panel: Australasian compensation scheme management: current development and future challenges Chair: Dr Alex Collie, Chief Research Officer, ISCRR The New Zealand experience. Phil Riley , <i>Change Director, Enterprise Planning and Information Technology, ACC</i> National Disability Insurance Scheme and National Injury Insurance Scheme. Sarah Johnson , <i>Director, PwC</i> Worksafe 2017 Strategy. Glenn Ockerby , <i>Executive Director, Corporate Strategy & Business Performance Management, Worksafe Victoria</i>		
11.00am	Morning tea		Promenade
11.30am	Concurrent Sessions		
	Session 1 – providers Engaging GPs in successful return to work Banquet Room 1 Chair: Margaret Macky, ACC Promoting GP certification behavior change and early return to work: insights from the ACC 2011 better@work evaluation. Dr John Wren , ACC The Health Services Group GP Strategy. Clare Amies , TAC	Session 2 – comorbidities Impacts of comorbidities and other pre-injury factors on recovery Cole Theatre Chair: Professor Ian Cameron, <i>University of Sydney</i> Predictors of poor outcome amongst injured workers – results from the POIS study. Dr Rebecca Lilley , <i>University of Otago</i> The predictors of post-injury PTSD among ACC claimants. Professor Shanthi Ameratunga , <i>University of Auckland</i> Predictors of psychological and physical health following a road traffic crash. Michelle Delaney , <i>University of Queensland</i>	Session 3 – scheme management Intervening early to prevent unnecessary disability Banquet Room 2 Chair: Glenn Ockerby, <i>WorkSafe Victoria</i> Risk segmentation approach in the TAC recovery claims division. David Gifford , TAC Intervening early to prevent unnecessary disability – the ACC experience. Christine Bloomfield , ACC Risks of poor outcome from the prospective outcomes of injury study (POIS). Dr Sarah Derrett , <i>University of Otago</i>

1.00pm	Lunch	Promenade			
1.45pm	<p>Workshop: Opportunities to improve the result of research and policy interaction – building on the consensus statement</p> <p>Facilitators: Jo Esplin, <i>Consulting Principal, Sapere Research Group</i> and Anne Dowden, <i>Principal, REWA</i></p>	Cole Theatre			
3.00pm	Afternoon tea				
3.30pm	<p>Concurrent sessions</p> <table border="1"> <tr> <td> <p>Session 1 - employers Engaging employers and workplaces in return to work</p> <p>Banquet Room 1 Chair: Verna Smith, <i>ISCRR</i></p> <p>The supervisors role in Return to Work. Venerina Johnston, University of Queensland</p> <p>ACC's employer-centric services. Tania McFarlane, Emily Mason and Mel Pande, ACC</p> </td> <td> <p>Session 2 - ageing Impacts of the ageing population and workforce on compensation schemes</p> <p>Cole Theatre Chair: Dr Cameron Mustard, <i>Institute of Work and Health</i></p> <p>Ageing populations: impact on compensation schemes. Professor Ian Cameron, University of Sydney</p> <p>Impacts of an ageing workforce on claim rates and work disability - Australian and Canadian perspective. Dr Peter Smith, Monash University</p> <p>Results of ACC modeling of comorbidity and ageing effects on the scheme to 2025 – what does this mean for policymakers? Dr Barry Gribben, CBG and Lauren Prosser, ACC</p> </td> <td> <p>Session 3 How do we know we're measuring the right things?</p> <p>Banquet Room 2 Chair: Rob Hodgson, <i>Ministry of Business, Innovation and Employment</i></p> <p>What should we measure and when should we measure it? A scheme perspective. Julie Evans, Worksafe Victoria</p> <p>What should we measure and when should we measure it? An academic perspective. Associate Professor Belinda Gabbe, Monash University</p> <p>The family, community and societal impacts of compensable injury – a measurement framework. Dr Alex Collie, ISCRR</p> </td> </tr> </table>		<p>Session 1 - employers Engaging employers and workplaces in return to work</p> <p>Banquet Room 1 Chair: Verna Smith, <i>ISCRR</i></p> <p>The supervisors role in Return to Work. Venerina Johnston, University of Queensland</p> <p>ACC's employer-centric services. Tania McFarlane, Emily Mason and Mel Pande, ACC</p>	<p>Session 2 - ageing Impacts of the ageing population and workforce on compensation schemes</p> <p>Cole Theatre Chair: Dr Cameron Mustard, <i>Institute of Work and Health</i></p> <p>Ageing populations: impact on compensation schemes. Professor Ian Cameron, University of Sydney</p> <p>Impacts of an ageing workforce on claim rates and work disability - Australian and Canadian perspective. Dr Peter Smith, Monash University</p> <p>Results of ACC modeling of comorbidity and ageing effects on the scheme to 2025 – what does this mean for policymakers? Dr Barry Gribben, CBG and Lauren Prosser, ACC</p>	<p>Session 3 How do we know we're measuring the right things?</p> <p>Banquet Room 2 Chair: Rob Hodgson, <i>Ministry of Business, Innovation and Employment</i></p> <p>What should we measure and when should we measure it? A scheme perspective. Julie Evans, Worksafe Victoria</p> <p>What should we measure and when should we measure it? An academic perspective. Associate Professor Belinda Gabbe, Monash University</p> <p>The family, community and societal impacts of compensable injury – a measurement framework. Dr Alex Collie, ISCRR</p>
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4.50pm	<p>Review of day one</p> <p>Grant Pittams, Manager Research, ACC</p>	Cole Theatre			
6.00pm	Pre dinner drinks	Promenade			
7.00pm	Conference dinner	Banquet Rooms			

FRIDAY 9 NOVEMBER 2012

8.30am	Pre session coffee		Promenade
8.50am	Outline of Day 2 Grant Pittams , <i>Manager Research, ACC</i>		Cole Theatre
9.00am	Keynote: The TAC 2015 claims model transformation Tracey Slatter , <i>Head of Claims, Transport Accident Commission, Victoria, Australia</i> Chair: David Andrews, Motor Accident Authority, NSW, Australia		
10.00am	Case Studies: How research, policy and claims management work together to deliver a result How a research response takes time to build – designing a research programme to address the fundamental issues of whiplash. Professor Michele Sterling , <i>University of Queensland</i> The WorkSafe Victoria / TAC Clinical Framework. Marion Nagle , <i>Transport Accident Commission</i>		
11.00am	Morning tea		Promenade
11.30am	Concurrent sessions		
	<p>Session 1 - claims management on the ground</p> <p>Banquet Room 1 Chair: Hans Verberne, ACC</p> <p>The injured persons perspective on claims management practices – a qualitative study. Associate Professor Belinda Gabbe, <i>Monash University</i></p> <p>The health effects of compensation systems study – preliminary findings. Genevieve Grant, <i>University of Melbourne</i></p> <p>Senior Focus: an indepth study on issues around older people's health and claims management at ACC. Hayden Prosser and Lisa Hess, ACC</p>	<p>Session 2 – impacts of ageing, comorbidities and other non-injury factors</p> <p>Cole Theatre Chair: Elizabeth Bartlett, ACC Research</p> <p>How patient expectations shape outcomes in health and why this matters. Professor Keith Petrie, <i>University of Auckland</i></p> <p>Social epidemiology insights into the drivers of change in ACC claims rates. Dr John Wren and Grant Pittams, ACC</p> <p>Apportioning hearing loss entitlements based on work and age / disease factors. Mike Playle, ACC</p>	<p>Session 3 – international perspectives on compensation health</p> <p>Banquet Room 2 Chair: Grant Pittams, ACC</p> <p>The role of health care providers in long term and complicated workers' compensation claim. Dr Agnieszka Kosny, <i>Monash University</i></p> <p>The impact of an internet intervention on the health of injured persons: a study from the Netherlands. Nieke Elbers, <i>VU University</i></p>

1.00pm	Lunch	Promenade
1.30pm	<p>Poster Idol</p> <p>Chair: Tracey Slatter, <i>TAC</i> and Dr Cameron Mustard, <i>Institute of Work & Health, Toronto</i></p>	Cole Theatre
2.30pm	<p>The Great Debate. Research is a waste of levy-payers' money. We should just get on with it.</p> <p>Chair: Kurutia Seymour, <i>General Manager, Governance, Legal, Policy and Research, ACC</i></p> <p>The affirmative team: Lauren Prosser, <i>ACC</i>; Professor Niki Ellis, <i>ISCRR</i>; Paul O'Connor, <i>Comcare</i></p> <p>The negative team: Dr John Wren, <i>ACC</i>; Tracey Slatter, <i>TAC</i>; Professor Kathryn McPherson, <i>AUT University</i></p>	
3.30pm	Afternoon tea	Promenade
3.45pm	<p>Panel Discussion: The biggest challenges of our compensation scheme to tackle over the next 12 – 24 months are...</p> <p>Facilitator: Dr Alex Collie, <i>Chief Research Officer, ISCRR</i></p>	Cole Theatre
4.45pm	<p>Closing comments</p> <p>Grant Pittams, <i>Manager Research, ACC</i></p> <hr/> <p>Forum Close</p> <p>Hon Judith Collins, <i>Minister for ACC</i></p>	



SESSION
CHAIRS

Friday 9 November 2012



David Andrews

Keynote: The TAC 2015 claims model transformation

9.00am

David practiced as a nurse, principally in the emergency and intensive care setting, for over 15 years prior to moving into hospital management and then spent a further 5 years establishing and managing the NSW State Spinal Cord Injury Service.

Over the past four years David has been responsible for the management of the Motor Accidents and Lifetime Care and Support Authorities grant programs.



Hans Verberne

Concurrent session 1 – Claims management on the ground

11.30am

As the Northern Area Manager, Hans leads a group of case owners along with professional and support staff that co-ordinates and provides rehabilitation services to ACC clients in the north half of the North Island. The team covers 10 sites and supports clients recovering from both lower and higher complexity injuries.

Elizabeth Bartlett

Concurrent session 2 – Impacts of ageing, comorbidities and other non-injury factors

11.30am

Elizabeth Bartlett is a principal advisor in the ACC Research Group. She has worked as a quantitative analyst in the data analysis, research and evaluation areas across the public sector. Her academic background is in economics and econometrics supplemented with advanced courses in statistics, demography, and public policy.



Kurutia Seymour

The Great Debate. Research is a waste of levy-payers' money. We should just get on with it
2.30pm

Kurutia has been General Manager, Governance, Legal, Policy and Research since July 2012, and has been a part of The Executive since November 2011. He has worked for ACC for 23 years, holding management roles in Policy, Claims Management, Insurance and Prevention Services, and Information Technology before taking up the role of Board and Corporate Secretary in 2009.

The Governance, Legal, Policy and Research group comprises of the legislative and operational Policy functions for ACC, the programme of Research undertaken and funded by ACC, the area responsible for engaging with other key government agencies and supporting the Ministers for ACC and management of ACC's internal and external legal requirements.



Glenn Ockerby

Panel Discussion. The biggest challenges of our compensation scheme to tackle over the next 12 – 24 months are.....
3.45pm

Glenn joined WorkSafe Victoria as the Director of Strategy and Planning in August 2006. He previously worked for both KPMG Consulting and KPMG Australia, as their National Practice Leader in Strategy Implementation and Business Performance Management. Prior to his 7 years as a management consultant he held senior finance, corporate planning and commercial management positions, in a number of major gas and electricity utilities

Glenn holds a Bachelor of Business in Accountancy, a Master of Business Administration and is a CPA and Member of the Australian Institute of Company Directors.



PRESENTERS

Professor Shanthi Ameratunga	<i>Professor of Epidemiology, University of Auckland</i>
Clare Amies	<i>Head, Health Services Group, Worksafe / Transport Accident Commission</i>
Christine Bloomfield	<i>Rehabilitation Practice Manager, ACC</i>
Professor Ian Cameron	<i>Head of the Rehabilitation Studies Unit, Faculty of Medicine, University of Sydney</i>
Dr Alex Collie	<i>Chief Research Officer, ISCRR</i>
Michelle Delaney	<i>Research Fellow, University of Queensland</i>
Dr Sarah Derrett	<i>Senior Research Fellow, University of Otago</i>
Anne Dowden	<i>Principal, REWA</i>
Nieke Elbers	<i>PhD Researcher, VU University</i>
Professor Niki Ellis	<i>CEO, ISCRR</i>
Jo Esplin	<i>Consulting Principal, Sapere Research Group</i>
Julie Evans	<i>Manager, Actuarial Services, WorkSafe Victoria</i>
Associate Professor Belinda Gabbe	<i>Associate Professor, Monash University</i>
David Gifford	<i>Acting Head, Strategic Intelligence and Planning, TAC</i>
Genevieve Grant	<i>Research Fellow, University of Melbourne</i>
Dr Barry Gribben	<i>Manager, Employer Centre Service, Claims Management, CBG</i>
Sarah Johnson	<i>Director, PwC</i>
Venerina Johnston	<i>Lecturer in Physiotherapy, University of Queensland</i>
Dr Agnieszka Kosny	<i>Research Fellow, Monash University</i>
Dr Rebbecca Lilley	<i>Research Fellow, University of Otago</i>
Emily Mason	<i>Acting Policy Manager, ACC</i>
Tania McFarlane	<i>Manager, Employer Centric Service, Claims Management, ACC</i>
Professor Kathryn McPherson	<i>Professor of Rehabilitation (Laura Fergusson Chair), AUT University</i>
Marion Nagle	<i>Senior Manager, Business Engagement, WorkSafe / TAC</i>
Glenn Ockerby	<i>Executive Director, Corporate Strategy & Business Performance Management, Worksafe Victoria</i>
Paul O'Connor	<i>CEO, Comcare</i>
Mel Pande	<i>Research Advisor, ACC</i>
Professor Keith Petrie	<i>Professor Psychological Medicine, University of Auckland</i>
Grant Pittams	<i>Manager Research, ACC</i>
Mike Playle	<i>Policy Manager, ACC</i>
Hayden Prosser	<i>Business Manager, Claims Management Network, ACC</i>
Lauren Prosser	<i>Senior Policy Analyst, ACC</i>
Phil Riley	<i>Change Director, Enterprise Planning and Information Technology, ACC</i>
Dr Peter Smith	<i>Research Fellow, Monash University</i>
Michele Sterling	<i>Associate Director, CONROD</i>
Dr John Wren	<i>Principal Research Advisor, ACC</i>



POSTERS

** Presenting in Poster Idol Session, Friday 1.30pm*

Linda Barclay

Lecturer, Department of Occupational Therapy, Monash University

Social and community participation following spinal cord injury: barriers and facilitators

Background

Following introduction of the International Classification of Functioning, Disability and Health (ICF) in 2001 by the WHO, it has become widely accepted that measuring outcomes of rehabilitation following a traumatic injury such as a spinal cord injury (SCI) should include not only evaluation of the ability to manage basic daily living tasks, but also evaluation of participation in social and community life. This is a new area of research, the findings of which are vital for policy makers, service providers and health professionals.

Research question

What are the social and community participation outcomes following acquired SCI (as defined by the ICF), and does participation in these domains impact on life satisfaction?

Methodology

Multiple databases were searched electronically, and hand searches were conducted. Articles were rated for quality by two independent raters. Of the initial 2965 articles located, 16 were reviewed in detail, and the results synthesized and analysed.

Conclusions

Overall participation in social and community life was reduced following SCI. Participation was found to be a significant predictor of life satisfaction. Areas of social and community participation that people were least satisfied with were: employment, leisure and sexual relationships. The main barriers to participation were: transportation; help in the home; access to healthcare services; pain; and the physical environment, while the main facilitator was social support. Findings were of a general nature, and specific areas of information relevant to compensation scheme management and clinical practice were found to be lacking.

Fiona Berry*

Senior Policy Analyst, ACC

ACC traumatic brain injury strategy

J Payne, N Hardaker, F Berry

Aim

The aim was to develop a traumatic brain injury strategy to help provide a clear direction for the treatment, rehabilitation and support of people with a traumatic brain injury, to ensure that the right systems and services are in place to achieve optimal client outcomes.

Methodology

How the strategy was developed:

Research→Policy→Strategy→Operations

The strategy development process focused on adults with moderate to severe traumatic brain injuries. It involved:

Stakeholder engagement with key external stakeholders, including clients, their families/whānau or carers, and service providers (this involved running focus groups and workshops)
Client interviews (small group discussions and face-to-face, in-depth interviews with ACC clients)

Best-evidence literature reviews covering a series of topics important to ensuring that people with a traumatic brain injury receive effective and quality services

Analysis of key themes and identification of strategic principles and objectives

Identification of operational initiatives to give effect to the Strategy.

Conclusion

Taking an overarching view of traumatic brain injury enabled ACC to take into account best-evidence research, as well as the perspectives of key stakeholders in developing the final Strategy.

Gerry Coyle*

Principle Research Officer, Comcare

Work ability in the workplace

G Coyle, R Parton

Background

Australia's growing and ageing population is causing increased pressure on health and social services, as well as workplaces. This change, together with the forecasted decrease in labour supply, reinforces the need to improve wellbeing at work, and increase the opportunity for people to work into later life. Thirty years of longitudinal research on the Work Ability model has shown that, when applied effectively, the model provides a framework to extend working life and increase productivity. It does this by adopting a holistic view of wellbeing at work and focusing on: physical and mental health; skills and capabilities; values and motivations; work environment and design; and, support from family, friends and close community.

Aim of research

To assess the work ability model in an Australian context and improve wellbeing at work.

Methodology

The Work Ability survey was piloted in two separate workplaces (a government agency and a private organisation). A total of 799 employees completed the survey in December 2012.

Conclusions

The results indicated that higher work ability scores were predicted by better mental health, higher values alignment, and greater skills and experience. This poster will outline the Work ability model, the approach used to apply it to the Australian context, some recommendations about what to do differently, its wider application, and opportunities to use it in other workplaces to help improve the wellbeing of workplaces and ability of people to work into later life.

Gerry Coyle

Principle Research Officer, Comcare

The Three R's of Recovery – the impact of resilience, responsibility and readiness

Background

Comcare is committed to improving the services we provide to people who are injured or become ill at work. One of the strategies used to assist with this has been the implementation of a new Survey Research Program. The intention of this program of work is to better understand the attitudes, perceptions and experiences of key stakeholders, including injured workers.

Aim of research

One of the key aims is to better understand the factors that influence and support the recovery of injured workers.

Methodology

Data was collected from 1,420 injured workers employed by premium paying and self-insured employers within the Comcare scheme. The Comcare Injured Worker Survey was conducted as a Computer Assisted Telephone Interview by an independent research company in November 2011 and May 2012.

Conclusions

The data showed that people with high resilience were: less likely to have time off following an injury; more likely to recover and RTW quickly; more emotionally and physically ready to RTW; and less likely to feel that someone else was responsible for their injury /accident. These results provide greater insights into why some injured workers have different recovery and RTW trajectories. This poster will explore why identifying resilience levels at the beginning of a claim may provide an opportunity to manage and support injured workers in a way that best suits their recovery needs.

Jessica Fullarton

Senior Research Officer, Comcare

Optimal RTW – RTW from an injured worker's perspective

T Wardrop, J Fullarton

Background

Workers' compensation schemes around the world have used a range of measures to assess Return to Work (RTW) following a workplace injury or illness that has resulted in time away from work. The vast majority of these measures, however, do not provide insights into the subjective experiences of injured workers. As part of Comcare's Survey Research Program, a new measure has been developed called 'Optimal RTW' – which aims to provide insights into the quality of an injured worker's RTW.

Aim of research

To better understand how the three separate, yet related, constructs of Personal Wellbeing, Functional Capacity, and Work Environment can be combined to provide insights into the quality of an injured worker's RTW from their perspective.

Methodology

Data was collected from 1,420 injured workers within the Comcare scheme through the Injured Worker Survey. Analysis to determine the factor structure and construct validity was conducted within SPSS.

Conclusions

The factor analysis has shown that the items associated with the Optimal RTW measure are loading well and have the potential to provide greater insights into the recovery and RTW of an injured worker. It is intended to test this measure further and to explore the potential for including additional support items, as well as how to best use the measure to support an injured worker's RTW. This poster will outline the analysis undertaken, unpack the different constructs and provide insights into how this measure may be used to promote the strategic management of claims.

Brent Habgood

Policy Analyst, ACC

Support for Family Members and Whānau

Background

The support of family/whānau plays a pivotal role in supporting the rehabilitation of a client. However, supporting the family / whānau themselves, giving them the skills needed to cope and adjust to the injury of their family member, and therefore better enabling them to support the injured person's injury, is often overlooked by government agencies.

Aim of research

To investigate options for how ACC can best support the family / whānau of an injured client to promote stable home/support environments that foster successful rehabilitation outcomes.

Methodology

Review of ACC publications and practice guidelines, and international research, incorporating a broad range of stakeholder views. Extensive meetings and consultation with subject matter experts within ACC.

Conclusions

The impact of a significant injury on a family / whānau is wide reaching and enduring. Strong family units are integral to successful rehabilitation outcomes. The needs of families / whānau differ with the injury type and the age of the client. A service design was developed that recognises this and offers a degree of flexibility. The proposed design has been agreed on and is in the implementation phase. The service is due to be rolled out in mid 2013.

Beth Kilgour*

PhD Candidate, ISCRR, Department of Epidemiology and Preventive Medicine, Faculty Medicine Nursing and Health Sciences, Monash University

Key interactions between injured workers, healthcare providers and insurers in workers compensation schemes. A systematic review.

A Collie, A Kosny, D McKenzie, B Kilgour

Background

Substantial research evidence indicates that injured workers who have compensation claims have a slower recovery than non-compensable clients. Mental health plays an important role in recovery of both physical and psychological injuries and can be compromised by the difficult relations injured workers experience with both healthcare providers and insurers.

Healthcare providers often find their own interactions with compensable systems challenging, reporting frustration with insurers and the high administrative burden. As a result some practitioners decline to service compensable clients many of whom present with multiple and complex issues.

Aim of research

The aim of this systematic review was to identify, synthesize and report on published qualitative research that focused on the interactions between clients, healthcare providers and insurers in workers compensation systems in order to identify processes or interactions which impacted client recovery.

Methodology

A search of eight electronic library databases for literature published between 1985 -2012 was conducted and the quality of the research was evaluated against set criteria. Thirteen qualitative research studies met the inclusion criteria. Study results were summarised into themes which highlight the issues that injured workers and healthcare providers see as crucial in compensable systems.

Conclusions

International research revealed difficult and stressful interactions for injured workers which were interwoven with both insurers and healthcare providers. Themes included adversarial relations, the issue of legitimacy, difficulty with diagnosis and access to treatment. There was little research into mental healthcare providers or insurer experiences or perspectives. This review sets the agenda for further qualitative research to ascertain whether similar issues exist for psychologists and insurer personnel involved in Australian workers compensation systems.

Sara Liu*

Monash Injury Research Institute (MIRI), Monash University

Effectiveness and application of remote mental health services towards compensable injury recovery

E Kerr, M Fitzharris, A Collie, S Liu

Background

Research consistently demonstrates that the psychological functioning and wellbeing of people injured in road and workplace accidents is compromised. This can manifest as reduced motivation to seek, utilise and persist with appropriate treatment services. Such disposition can represent a substantial barrier toward recovery for clients, resulting in a range of challenges for compensation schemes. Remote mental health services, which can include on-line, telephone and video-conference delivery methods, may successfully overcome a number of these barriers for clients, thus representing a potentially cost-effective channel to facilitate recovery following injury.

Aim of research

The aim of the current research is to define and investigate the evidence-base for existing "remote mental health services". More specifically, the objectives include identifying effectiveness in terms of applicability to presenting symptoms, treatment outcomes, and associated costs.

Methodology

A systematic review of studies conducted within the last 10 years examining the effectiveness of remote mental health services was undertaken. Programs were assessed against a range of pre-defined criteria, including target health condition, mode of delivery, efficacy and cost. The findings are interpreted in the context of the Transport Accident Commission (TAC) Recovery Claims model with consideration given to their applications in compensation schemes more generally.

Conclusions

Research findings will 1) define the nature of remote mental health services; 2) highlight the potential value of each approach; 3) inform their application and delivery in the context of the Recovery Claims Initiative within the TAC; and 4) offer avenues for future application throughout national and international compensation schemes.

Sue McAllister

Otago University

Comparison of socio-economic and life satisfaction outcomes following a stroke or an injury in New Zealand

S Derrett, R Audas, P Herbison, C Paul, S McAllister

Background

In New Zealand, people unable to work due to an illness may be eligible for a means-tested benefit whereas injured people are eligible for no-fault accident compensation (ACC), including compensation of 80% of their pre-injury income. This study aims to compare the effect of this difference on socio-economic and life satisfaction outcomes of individuals who experienced a stroke with those who had an injury.

Methods

A comparative cohort study was undertaken of individuals aged 18-64, who had a first-stroke (n=109). Participants were matched by age, sex and functional impairment to injured individuals (n=429) participating in the Prospective Outcomes of Injury Study. Demographic, health, socio-economic, and life satisfaction data were collected by interview 3.5 and 12 months after stroke or injury. Logistic regression adjusting for the matching variables was undertaken.

Results

At 12 months, the odds of being back at work were 3.1 times greater for the Injury Group compared to the Stroke Group (OR=3.1; 95%CI 1.7-5.6). The Stroke Group exhibited significantly greater decline in their income; the mean personal (\$29,167) and household (\$59,640) income in the Stroke Group was significantly lower than the Injury Group (\$40,000 & \$87,295 respectively). The odds of reporting low standard of living (OR=0.64; 95%CI 0.39-1.0), and income insufficiency (OR=0.52; 95%CI 0.34-0.81), were less for the Injury Group. For both Groups, life satisfaction decreased at 3.5 months and increased by 12 months, but not to the pre-event level.

Conclusions

Financial and rehabilitative support available to injured people, via ACC, is likely to be the main factor influencing better economic outcomes for the Injury Group.

Celia Neilson

Work-related versus non work-related personal injury: Is the distinction sufficiently robust?

Background

The need for a robust definition of "work-related personal injury" (WRPI) in New Zealand was highlighted by the 2011 accident insurance context in New Zealand, and a recent case in Australia that determined an injury that occurred at home to be work-related.

Aim of research

ACC commissioned research to define the terms "work" and "workplace", and determine the work/non-work boundaries in seven other OECD countries. The aim of the research was to see whether ACC could learn from other jurisdictions' policies or legislation.

Methodology

Two main methodological steps were followed to compile the review: data collection and data analysis. First an online Google search was conducted to identify the relevant government-related and government-sanctioned websites. These websites were then used to guide further research. Secondary data was gathered for each country's scheme, including definition of key terms, what is covered in legislation/policy, and any relevant case law. For federations, such as Canada and Australia that have state laws and schemes, information from the states with the largest working populations was used (Victoria, New South Wales and Queensland in Australia, and Alberta, British Columbia and Ontario in Canada).

Conclusions

Key conclusions were that definitions and boundaries vary between jurisdictions, but similar criteria are considered when determining whether an injury is work-related. These include whether the client was (when the injury occurred) under employer control/direction, completing work tasks, somewhere or doing something in connection with work, on the employer's premises, being paid, or engaged in serious or wilful misconduct and/or under the influence of alcohol or illicit drugs.

Rasa Ruseckaite

*Institute for Safety, Compensation and Recovery Research,
Monash University*

Trends in Medical Certification of Injured Workers by General Practitioners in Victoria, Australia

A Collie, R Ruseckaite

Background

There is a growing recognition of the health benefits of work. General Practitioners (GPs) are encouraged to ensure injured workers return to the workplace, on the premise that return to work (RTW) aids recovery.

Aims of research

To determine if GPs' medical certification behaviour has changed over the 14 year period to 2010 in Victoria, Australia.

Methodology

We analysed a WorkSafe Victoria compensation research dataset of 223,856 working age individuals with "lost-time" claims over the period of 1997-2010. Only the initial post-injury GPs' certificates were included. Poisson count and linear regression analysis was conducted to describe overall annual changes in amount and duration of "unfit for work" and "alternative duties" certificates.

Conclusions

A total of 169,754 "unfit for work" and 47,416 of "alternative duties" certificates were analysed. We observed a statistically significant decrease in the number of "unfit for work" certificates; equal to 2,703 (or 5.7%) fewer such certificates in 2010 than in 1997. A number of "alternate duties" certificates raised by 393 (or 4.7%) in 2010 than in 1997. The amount of "unfit for work" GP certificates decreased on average by ~3% (95%CI [2.89; 3.37]) per annum. The "alternative duties" certificates were ~5.7 (95% CI [4.9 6.4]) days longer than "unfit for work" certificates. The duration of the certificates remained constant over the years. Our findings indicate that injured workers in Victoria remain less and less totally incapacitated and are offered an alternative solution to return to work on modified duties. This suggests that GPs play an important role in returning injured workers back to their workplace.

Swati Shourie

Monash Injury Research Institute, Monash University

Evaluating implementation of a screening tool within the compensation system: a qualitative analysis

M Fitzharris, A Collie, S Shourie

Background

Within the Transport Accident Commission (TAC) Recovery Branch, it is known that a proportion of clients experience psychological health, return-to-work (RTW) and on-going pain difficulties post-crash. Recognising that early identification of these clients could lead to a tailored claims management experience and provide opportunities to deliver early interventions, the TAC implemented an early support screening tool as a means to identify these clients as early as possible. The Client Conversational Tool (CCT) assesses client needs in the domains of pain, trauma and RTW, and is delivered as a guided conversation with new clients.

Aim of research

To examine the integration of the CCT into routine practice within the TAC Recovery Branch.

Methodology

Seventeen 'one on one' in-depth semi-structured interviews and six focus groups were conducted with management staff, the CCT development group and claims staff. Themes examined were staff perceptions of the purpose of the CCT, integration with existing work practices, administration time, necessary skills for the successful use of the tool, capability development and training needs, understanding of scoring procedures and face validity considerations.

Conclusions

The integration of the CCT as a routine claims management practice was generally successful. It was determined that refinement was required to ensure the tool was more aligned with client needs, whilst further training would improve staff capabilities in the use of the tool. The research points to a number of recommendations for the CCT specifically, but also provides insights into the introduction of a new claims management process in the compensation setting.

Jason Thompson*

Senior Analyst – Health Outcomes

Territory Insurance Office MVA

Background

The Territory Insurance Office is the sole no-fault injury insurer for clients injured in MVA's within the Northern Territory and deals with the highest per-capita rate of road trauma of any state or territory in Australia. Despite this, a comprehensive understanding of TIO clients and MVA survivors' levels of recovery and satisfaction with compensation services among the TIO's client base had not previously been undertaken.

Aim of research

This study sought to provide an understanding of this injured population in order to inform claims management processes and practices.

Methodology

Two hundred and forty four TIO clients at various stages and times post-accident were interviewed February 2012 to assess their level of satisfaction with the TIO and their level of recovery since their accident.

Results

Results demonstrated that;
Approximately 75% of TIO clients reported chronic pain as a result of their accident;
TIO clients demonstrated elevated levels of depressive symptoms, anxiety and stress in comparison to 'normal' Australian and selected 'injured' populations;
Almost 40% of TIO clients who were non-drivers reported being 'a lot more' anxious around traffic since the accident, with 28% of drivers no longer driving at all;
Satisfaction with the TIO was strongly associated with levels of recovery, with 'healthier' clients reporting significantly higher levels of satisfaction with services;
All health outcomes under study were strongly associated with perceptions of responsibility for the accident with those who claimed responsibility more likely to be satisfied and healthy;
Generalised self-efficacy was strongly positively associated with health and RTW outcomes and also associated with perceptions of satisfaction with the TIO.
These results reiterate that common themes run through various no-fault injury insurance schemes across jurisdictions that can be used to predict the likely course of recovery from MVA's for insurers.

Tim Wardrop*

Assistant Director Research, Comcare

Measuring RTW: Looking through a different lens

J Fullarton, T Wardrop

Background

For the past 15 years, two measures of return to work (RTW) (RTW Rate and Durable RTW Rate) have been used by the Heads of Workers' Compensation Authorities and individual jurisdictions to provide an indication of performance on RTW outcomes for workers' compensation claimants in both Australia and New Zealand. These two measures have been based on a narrow population and provide very little insight into the quality or length of an individual's RTW.

Aim of research

To consider how RTW can be effectively measured in a way that provides insights for workers' compensation schemes, and enables them to better understand what they could change in order to improve return to work and recovery for injured workers.

Methodology

A new RTW construct, Stable RTW, was developed to measure whether an injured worker had returned to work and remained at work for 3 months or more. Data was collected from 1,420 injured workers through the Comcare Injured Worker Survey and was used to test the validity and usefulness of the measure.

Conclusions

The new measure appears to be providing greater insights into the longevity of RTW, when contrasted with historical RTW measures, and will be included in the new National RTW Survey. This poster will outline the new concept, present Comcare scheme findings, contrast it with existing measures, and discuss how it might be used to provide researchers, policy makers and claims managers with greater insights into RTW and recovery for injured workers.

VISITOR

INFORMATION

Auckland

Auckland is New Zealand's largest city, with a population of approximately 1.5 million people. Home to many diverse cultures from the Pacific and around the world, Auckland is a modern, welcoming community with an exciting future. Set on three sparkling harbours, it's an exciting combination of lively city culture and stunning natural beauty. It's no wonder Auckland was rated third on the Mercer scale of global lifestyle cities in 2012.

Don't leave Auckland before you:

Get out on the Harbour. Climb the bridge over it, bungee jump into it, jet boat around it, or hire a kayak and join an evening paddle to Rangitoto Island. If you'd like to try your hand at sailing, participate as crew on an ex-America's Cup yacht.

Go fishing. Jump aboard a charter fishing boat and reel in fish including snapper and terakihi, or hook a big marlin.

Visit Waiheke Island. Take a half hour ferry across to the island's golden beaches, vineyards and olive groves.

Explore the waterfront areas of Viaduct Harbour and Wynyard Quarter.

With a superb selection of cafes, bars and restaurants, the waterfront is the perfect place to dine or simply relax and watch the world go by with a chilled glass of wine.

Shop. Auckland offers outstanding shopping. The downtown and Britomart area is home to the boutiques of New Zealand labels. Put Newmarket, Ponsonby and Parnell on the shopping list too.

View. Visit the summit of Mt Eden for breathtaking panoramic views of the city and harbour or take a tour of the Waitakere Ranges and the stunning west coast beaches.

Sky Tower. The country's tallest man-made structure at 328 metres high. Enjoy stunning views in all directions and a buzzing entertainment complex. Visitors can 'skywalk' around the tower's 192 metre high pergola, or 'skyjump' all the way down.

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