Submission to the Inquiry into Australia Post's Treatment of Injured and Ill Workers

Submitted in support of InjuryNet by: Dr. Jennifer Christian

Date: 20 November 2009

I am a physician specialist in occupational medicine with expertise in work disability prevention from the U.S. I am familiar with InjuryNet and the services it provides to Australia Post. (For my credentials, see page 3). The purpose of this submission – and the two attached documents – is to provide you with a broader background and context from which to view InjuryNet's (and Australia Post's) programs to prevent needless work disability. In my opinion, the programs are on the right track.

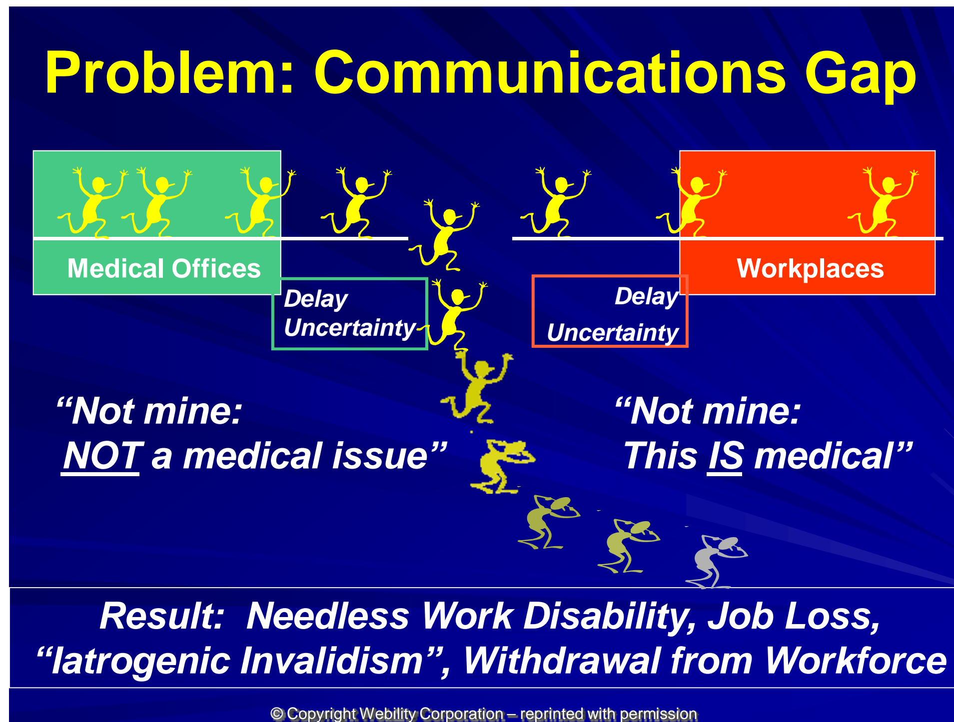
Averting needless time off work related to medical conditions improves overall outcomes of health-related episodes, and it helps people stay employed and businesses remain vital, all of which is usually good for all parties and for society. The attached reports also highlight the fact that a large fraction of today's absence from work attributed to medical conditions (work disability) is not actually medically-required in industrialized countries such as Australia, Canada and the U.S. Rather, it is the result of the poor functioning of the process that determines whether an injured, ill, or aging person will stay at work or return to work. Importantly, the likelihood of an optimal eventual outcome is falling steadily with every additional day away from work.

Under the aegis of the American College of Occupational & Environmental Medicine (ACOEM), I led the development of a 2008 report entitled *"The Personal Physician's Guide to Helping Patients with Medical Conditions Stay at Work or Return to Work"* (see attached). Previously, I had led a group of 21 North American physicians[1] in developing a 2006 ACOEM report entitled *"Preventing Needless Work Disability by Helping People Stay Employed"* (see attached). We felt compelled to speak out about the insights we had gleaned about the preventable nature of much work disability and the harm that needless work disability can do to people, to employers, and to society.

The fundamental precept for medicine is "first, do no harm." However, physicians in practice see daily the contrast between well- and poorly-managed health-related employment situations and the harm that results. Identical medical problems end up having very different impacts on people's lives. The differences in impact cannot be explained by the biology alone. Physicians see devastating psychological, medical, social, and economic effects caused by unnecessarily prolonged work disability and loss of employability. They also see wasted human and financial resources and lost productivity.

[1] Seven medical specialties were represented in the group that developed the work disability prevention report within ACOEM: emergency medicine, family practice, internal medicine, occupational medicine, orthopedics, physiatry, and psychiatry. Eleven had additional post-graduate degrees. They were in private medical practice, government, academia, heavy industry, as well as workers' compensation and disability insurance companies. They worked in Canada and 15 of the United States. The report was developed without any outside financial support.

Until now, the distinct nature and importance of the stay at work and return to work process (SAW/RTW) has been overlooked. Finding better ways of handling key non-medical aspects of that process will support optimal health and function for more individuals, encourage their continuing contribution to society, help control the growth of disability program costs, and protect the competitive vitality of local and national economies. Our primary goals were to draw attention to the SAW/RTW process and to shift the way many people think. Our intent was to open a dialogue with all stakeholders in the workers' compensation and non-work-related disability benefits systems: employers, unions, working people, the insurance industry, policymakers, the healthcare industry, lawyers, and healthcare professionals, especially all physicians.



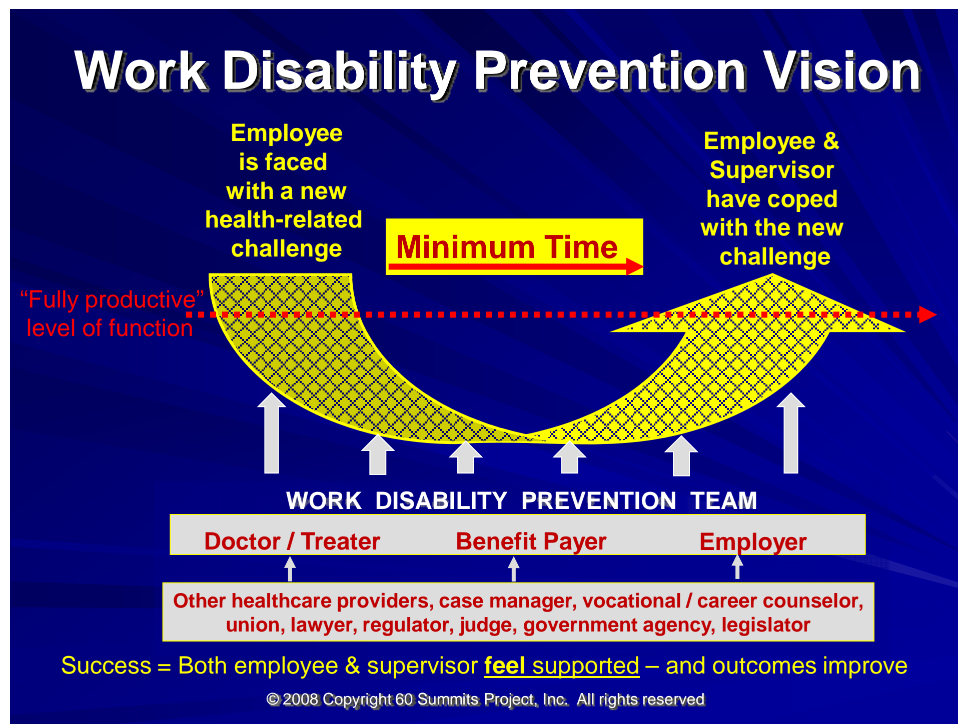
The first half of "*Preventing Needless Work Disability by Helping People Stay Employed*" provides the groundwork for readers to understand the second half. Most importantly, the first half describes the SAW/RTW process, how it works and how it parallels other related processes. The second half discusses factors that lead to needless work disability and what can be done about them. In all, 16 sections with observations and specific recommendations are grouped under 4 general headings (see next page).

In the report ACOEM invites everyone to use "*Preventing Needless Work Disability by Helping People Stay Employed*" as a framework for discussion about how to work together towards solutions.

Subsequent to the publication of the 2006 report, I founded The 60 Summits Project, a non-profit organization, with the purpose of spreading awareness of these things. Our vision is to hold multi-stakeholder Summit meetings throughout North America's 50 US states and 10 Canadian provinces (50+10=60). The Summits are in a workshop format, and participants include physicians and other healthcare providers, employers, both workers' compensation and private disability benefits payers, labor organizations, representatives of the disabled community, governmental agencies, elected representatives, and so on.

At the Summits, the attendees sit in small multi-stakeholder groups. They are introduced to the new work disability prevention model, and offered a chance to decide if they like ACOEM's recommendations, and if so, what they want to do with them. They are then challenged to make plans for how they are going to take these general ideas and recommendations and turn them into realities throughout the continent. To date, 17 Summits have been held in 12 jurisdictions (11 US and 1 Canadian) with 2 more US and 1 more Canadian Summit scheduled for next year.

Out of the Summits are arising multi-stakeholder action groups inspired and ennobled by the new multi-stakeholder collaborative approach called for under in the new paradigm, and committed to making positive changes in the way the SAW/RTW process operates in their own practices, workplaces, communities and jurisdictions. They are committed to mitigating the disruptive – and potentially destructive – impact of illness, injury and aging on working peoples' daily lives.



Credentials: I received both my MD and MPH degrees from the University of Washington in Seattle, Washington, and am board-certified in occupational medicine. I am president of Webility Corporation as well as founder and chair of the award-winning The 60 Summits Project both headquartered in Massachusetts, USA. I also chair the Work Fitness & Disability Section of the American College of Occupational & Environmental Medicine. I run a free internet discussion group with 1200 multidisciplinary members called the Work Fitness & Disability Roundtable. I first became familiar with InjuryNet's principals through professional circles and consider their philosophy and approach very responsible and forward-thinking. I have visited Australia and InjuryNet twice. Most recent was this past September when I keynoted a conference organized by InjuryNet in Melbourne and Sydney. I also gave a presentation in Brisbane to some physicians in InjuryNet's network who take care of Australia Post employees.

16 RECOMMENDATIONS FOR PREVENTING NEEDLESS WORK DISABILITY
from the
AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE

I. ADOPT A WORK* DISABILITY PREVENTION MODEL

1. Increase Awareness of How Rarely Work* Disability is Medically-Required
2. *[Instill a Sense of Urgency.*]* Urgency is Required Because Prolonged Time Away from Work is Harmful

II. ADDRESS BEHAVIORAL AND CIRCUMSTANTIAL REALITIES THAT CREATE OR PROLONG WORK DISABILITY

3. Acknowledge and Deal with Normal Human Reactions
4. Investigate and Address Social and Workplace Realities
5. Find a Way to Effectively Address Psychiatric Conditions
6. Reduce Distortion of the Medical Treatment Process by Hidden Financial Agendas

III. ACKNOWLEDGE THE POWERFUL CONTRIBUTION THAT MOTIVATION MAKES TO OUTCOMES, AND MAKE CHANGES TO IMPROVE INCENTIVE ALIGNMENT

7. Pay *[or Otherwise Reward*]* Physicians for Disability Prevention Work to Increase Their Professional Commitment to It
8. Support Appropriate Patient Advocacy by Getting Treating Physicians Out of a Loyalties Bind
9. Increase "Real-Time" Availability of On-the-job Recovery, Transitional Work Programs, and Permanent Job Modifications
10. Be Rigorous, Yet Fair in Order to Reduce Minor Abuses and Cynicism
11. Devise Better Strategies to Deal with Bad-Faith Behavior

IV. INVEST IN SYSTEM AND INFRASTRUCTURE IMPROVEMENTS

12. Educate Physicians on "Why" and "How" to Play a Role in Preventing Disability
13. Disseminate Medical Evidence Regarding Recovery Benefits of Staying at Work and Being Active
14. Simplify/Standardize Information Exchange Methods between Employers/Payers and Medical Offices
15. Improve/Standardize Methods and Tools that Provide Data for SAW-RTW Decision-Making
16. Increase the Study of and Knowledge about SAW/RTW

For further information, see attached "**Preventing Needless Work Disability by Helping People Stay Employed**", produced by the American College of Occupational and Environmental Medicine (ACOEM), 2006

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* This clarifying text has been added by The 60 Summits Project. It was not part of the original ACOEM report.