ARPA

Australian Rehabilitation Providers Association

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Australian Rehabilitation Providers Association Incorporated

Submission

to

House of Representatives

Standing Committee on Employment and Workplace Relations

Inquiry into Aspects of Australian

Workers' Compensation

August, 2002

Introduction

The Australian Rehabilitation Providers Association Incorporated (ARPA) represents the occupational rehabilitation (OR) industry nationally. ARPA is a council of representatives of the executives of each state and territory OR association and was formed in 2001.

ARPA is pleased to offer comments on the existing arrangements for providing occupational rehabilitation services to injured workers under the workers compensation jurisdictions of each state and territory of Australia. In this submission, ARPA also recommends alternatives for improving performance and strategies for achieving optimum return to work outcomes based on best practice.

It is not the intention of ARPA to comment on the existence, detection or management of fraudulent workers compensation claims in Australia. This submission responds exclusively to the third of the three published terms of reference, dealing with:

"The factors that lead to different safety records and claims profiles from industry to industry, and the adequacy, appropriateness and practicability of rehabilitation programs and their benefits."

In particular, this submission responds to the second part of that reference, as underlined above.

Industry Safety

Safety performance varies across industries and reflects a range of factors generic to each industry as well as reflecting broader cultural and attitudinal factors.

Injury profiles vary between industries according to factors such as:

- degree of inherent risk;
- extent of reliance on physical labour;
- extent of reliance on repetitive or monotonous activity;
- degree of control workers exert over their work;
- degree of satisfaction workers derive from their work.

Industries that are in high-risk categories for the above factors include agriculture, forestry, fishing, transport, construction and production/processing. These industries generate significant numbers of workers compensation claims and are familiar territory for the practice of occupational rehabilitation providers.

However, there are also other, apparently low-risk areas which generate significant claims, e.g. organisations providing public services, and clerical/administrative environments. These areas of activity can involve high levels of stress relating to contact with the public as well as tensions relating to organisational structure.

Without doubt, one of the most significant factors contributing to industry injury profiles is management culture and competence. Organisations that are managed with a high degree of care and concern for employees' safety typically see expenditure on safety as an investment rather than a bottom-line cost. The yield from such investment is reduced injury, reduced workplace disruption, with reduced workers compensation claims frequency, claims costs and premiums.

Conversely, management that reflects unenlightened, rigid and subjective decision-making achieves far higher costs on the above measures.

Another factor that has affected safety outcomes in recent years has been the increasing trend towards contractor, subcontractor and casual employment relationships. These relationships entail a weaker link between the employer and employee/worker, resulting in a tendency to a reduced duty of care perceived by employers towards their employees/workers.

Structural change in the economy can also result in increased workplace change that includes downsizing and increased levels of uncertainty and anxiety for both management and employees. There is a direct relationship between the onset of such events and an increased frequency of workers compensation claims.

Not surprisingly, those factors outlined above which contribute to higher or lower levels of workplace injury, also directly impact on the effectiveness of occupational rehabilitation (OR). Workplaces that place a high emphasis on care for employee health and safety correlate highly with a management culture that accepts responsibility for employee rehabilitation. Such workplaces participate positively and constructively in return-to-work programs and achieve higher return-to-work rates and lower associated costs. Workplaces with low commitment on these measures achieve poorer outcomes.

Current Effectiveness of Rehabilitation

As can be seen from the comparison of state and territory occupational rehabilitation arrangements in Appendix 1, the systems of operation and control on OR vary enormously. Victoria, New South Wales, South Australia and Western Australia have relatively high levels of control on the access of injured workers to OR service providers and are prescriptive of the manner in which OR services are delivered. Tasmania, ACT and Northern Territory are generally less regulated. Queensland has only recently begun to open its system to input from the OR industry. Unfortunately, there is little objective data that allows accurate comparison of system characteristics and their effects on outcomes.

The only readily available national data comes from the 'Return to Work Monitor', which is authorised by the Heads of Workers Compensation Authorities. The Return to Work Monitor focuses on outcome measures, and is based on a telephone sample survey that involves interviews with randomly selected claimants. While this is useful, it falls far

short of a meaningful analysis of occupational rehabilitation activity and provides few indicators that lead to deeper knowledge and certainty about strategies for improvement. The most recent Monitor (2000/2001) has published return to work rates showing a national average of 84%, with Tasmania the highest state at 90%, and South Australia the lowest at 79%. Comcare Australia reports a 93% return to work rate. The figures quoted for the average cost of a rehabilitation program vary by more than 300% between the different schemes, as they include or exclude a range of different costs – the result is that these figures are of little use when attempting to measure the effectiveness of occupational rehabilitation nationally.

ARPA has identified this lack of measurement as a serious issue, which undermines the decision-making of all participants in the management of the rehabilitation system. Consequently, ARPA has commenced the establishment of a national database, designed to capture objective outcome measures from all OR providers in Australia. We estimate that it will be at least a year or more before a useful picture will emerge from the collection of this data.

Although the state and territory authorities collect a variety of statistics, Appendix 1 illustrates the lack of available information for decision-makers on even the most basic measures such as return to work rates and costs. Only New South Wales, South Australia and Western Australia provide some information on these measures but direct comparisons are not reliable because of the differing underlying assumptions that apply in each of those states.

Comcare Australia provides adequate statistical measures of OR performance but again uses different assumptions and procedures.

Adequacy, Appropriateness and Practicability of Rehabilitation Programs

The provision of rehabilitation services within the workers compensation schemes of each state and territory is underpinned by specific references within the relevant legislation. The legislation generally refers to employer obligations and specific commitments such as resourcing in-house management of the return to work process (e.g., appointing a rehabilitation/return to work coordinator). The legislation also usually determines the mechanisms for payment of rehabilitation services by funding authorities.

Referral to OR Services

In practice the most effective OR programs that achieve the best results are those operated within larger employer organisations and worksites. Frequently, such large employers are self-insured. Large employers, particularly self-insurers, have the experience that demonstrates the logic and cost-effectiveness arising from high levels of commitment to effective rehabilitation, including early intervention strategies. Such employers closely manage the rehabilitation of their injured employees, using internal or external rehabilitation resources or a combination of the two. It is not uncommon for some of these employers to extend OR services to employees with non-work related

illness or injury -- Forestry Tasmania (approximately 600 employees), and BHP Steel at Port_Kembla (approximately 6000 employees) are just two examples of this practice. Centrelink, which is part of the Comcare system, also provides this service to all its employees.

Most small or medium sized employers have very limited experience, knowledge or resources to devote to the rehabilitation of their injured employees. The effectiveness of the return to work process in such environments often reflects the mix of personalities involved, apart from the nature of the injuries and available work.

Without question, the most significant determinant of successful rehabilitation outcome is delay in referral to OR services. It is a maxim of the OR industry that early referral results in the optimum rehabilitation outcome at the lowest cost. Conversely, delayed referral leads to multiple complications, reduced potential for return to work and higher costs. A common consequence of delayed referral is that the injured worker is not only unable to return to gainful_employment, but_he/she eventually becomes a burden on the federal welfare system. Achieving early referral and streaming injured workers into appropriate occupational rehabilitation services is the biggest challenge confronting the workers compensation OR system today.

Insurers
Insurers play a critical role in steering the referral of injured workers into the occupational rehabilitation process and its ongoing management and funding. This role is most critical in regard to small to medium-sized workplaces. Insurers have more recently begun to employee OR expertise to assist their claims managers in making appropriate decisions in this regard. This trend has not yet had a significant effect on improving the use of rehabilitation services.

Just as early referral is critical for effective rehabilitation outcomes, early reporting of injuries and claims to insurers by employers has a similar impact on claims costs from the insurer perspective.

Doctors
The role of the medical practitioner in regard to the injured worker is to provide medical treatment. Only a small percentage of general practitioners and specialists have embraced the use of OR services as a routine option within the larger injury management picture. Even with the facilitation and urging of state authorities, treating doctors and workplace management still rarely communicate about the return to work process. Treating doctors have demonstrated they do not have the time, the inclination or the expertise to deal with injury management outside their treatment facilities, much less in the workplace.

Bureaucratic Control
Some state and territory authorities have invested significant effort in controlling the rehabilitation process to ensure consistency of outcome. Such controls have included accreditation procedures, specifying OR provider competencies and standards, fee setting

and various operational controls. There appears to be no clear benefit derived from such controls. In fact, there is ample evidence to support the view that excellent results can be achieved through a less bureaucratic approach, such as in the examples of the Comcare and Tasmanian schemes. These two schemes have the highest return to work rates (Return to Work Monitor 2000/2001), and minimal controls over professional practice.

Legal Aspects

The adversarial environment of most workers compensation schemes clearly works against focusing the motivation and commitment of the key participants on the earliest possible return to work of the injured worker. Common law actions focused on negligence generally encourage injured workers and their lawyers to maximise apparent disability in order to achieve the maximum financial settlement of their claims, while insurers and employers conversely seek to minimise apparent disability. Meaningful rehabilitation cannot occur in such a competitive and uncooperative environment. Recent trends to restrict access to common law using such measures as disability thresholds have helped to reduce this problem although adequate and affordable compensation must remain available to injured workers.

Similarly, disputes about liability can delay the commencement of rehabilitation and distract injured workers from committing to rehabilitation during the dispute period. Some insurers utilise OR services on a "without prejudice basis" during the dispute period and this is a preferable alternative to no rehabilitation at all.

Ironically, the Commonwealth's compensation scheme, Comcare Australia, is so heavily committed to occupational rehabilitation that it copes poorly with those claims where no realistic rehabilitation goal is achievable. Whereas the state schemes have exit points (i.e., settlement) for those injured workers whose disabilities render them unable to return to the workforce, Comcare has no such option. This sometimes results in the wasteful continual application of OR resources and becomes no more than a control measure for long term claimants in that scheme.

Redeployment

Many injured workers cannot return to their original jobs because they have ongoing disability related to their injury or because their original workplace is unable to accommodate their changed work capacity. Such injured workers usually retain significant employability but are faced with a reluctant employment market which takes a negative view of the risk of employing them while they remain on workers compensation and with a disability. Intensive redeployment efforts can be successful, however, the majority of such injured workers become demotivated and give up the search for new work even with continuing OR assistance.

Rehabilitation

The role of the OR service provider is vital in the workers compensation injury management process. By its very nature the injury management process in this

environment requires impartial, professional expertise which is able to help injured workers navigate the maze of legal, medical, personal adjustment and occupational challenges and guide them back to meaningful employment as soon as possible following injury. No other party involved in workers compensation schemes has this capacity. All other parties tend to have a narrower focus, according to their specific expertise or their role within the schemes.

Unfortunately, in the state jurisdictions, occupational rehabilitation has been a secondary consideration and has often been overtaken by legal or medical considerations. Without doubt, it is the goal of all participants to see the injured worker return to work as soon as possible. Therefore it is imperative that a more effective balance is developed between the competing forces within Australian workers compensation in order to allow occupational rehabilitation to more quickly achieve that goal.

The Future
ARPA believes there have been both successes and failures in the utilisation of OR services across Australia during the past two decades. It is now time to seriously measure and assess strategies employed within each state and territory and move to a less fragmented approach that draws together the strengths and discards the weaknesses of the current situation.

The benefits of occupational rehabilitation are accepted in terms of both economic and social justice arguments. Many large employers and, most particularly, self-insured employers, operate now on the basis that they accept these arguments and are committed to their OR programs because of the demonstrated benefits they provide. The most critical issue really revolves around how to ensure that the relevant workers compensation systems manage the provision of OR services to obtain maximum benefit for injured workers, employers and the community generally.

Recommendations for Improvement

1. ARPA recommends the removal of existing systemic barriers to the early referral of injured workers to appropriate professional rehabilitation services. This will maximize the effectiveness of efforts to get injured workers back to work as soon as possible and minimize the loss (in both human and financial terms) to injured workers and employers.

2. ARPA is absolutely committed to the principle that the most effective occupational rehabilitation is and should remain workplace based. This process involves seeking the return of the injured worker to the workplace on a return to work program based on suitable duties as soon as is practicable following injury.

3. ARPA is committed to the principle of a market-driven system that utilises public and private occupational rehabilitation services on a fee for service basis.

4. ARPA welcomes the management role of the relevant state and territory workers compensation authorities, however, it recommends that performance standards be outcome driven rather than process (i.e., input) driven.

5. To this end, ARPA recommends increased emphasis on national data gathering and statistical analysis in order to measure the effectiveness of occupational rehabilitation processes. Such analysis should be structured in order to focus on realistic and meaningful comparisons of OR services and outcomes between state and territory jurisdictions.

6. ARPA supports the continuing emphasis on educating employers, and facilitating their assumption of responsibility for the injury management of their own employees. Employers must be the first line of detection of the need for injury management. However, to achieve this, employers require input from the treating Doctor and this communication process must be fostered.

7. However, ARPA acknowledges that this will take longer to achieve amongst smaller employers and as a consequence, ARPA supports the role of insurers at the claims management level to be the second line of detection for the early referral of injured workers to OR services.

8. Many injured workers are unable to return to their former employment because of factors associated with the extent of their disability or restricted opportunities for work in their original workplace. Such injured workers would benefit enormously, as would insurers, employers and community, if a national second injury scheme could be implemented. Such a scheme would facilitate the redeployment of workers with a disability (and a continuing claim liability) to a new workplace, while offering some form of time limited premium protection as an incentive for the new employer. Examples of current incentive schemes are RISE (SA), WISE (Vic), JobCover (NSW) and the Alternative Employer Incentive Scheme (NT).

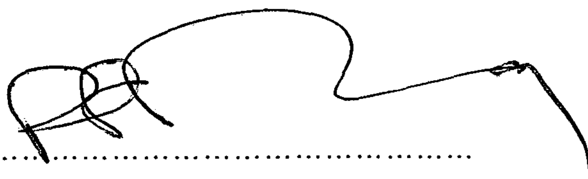
9. Maintaining a capacity to settle claims is an important option that must remain available to insurers and injured workers in those instances where no positive occupational rehabilitation outcome is realistic. Mandatory ongoing requirements to participate in rehabilitation where there is no achievable goal is demeaning of permanently disabled workers and wasteful of resources.

10. Insurers should be encouraged to increase their in-house OR expertise in order to better manage injury claims, refer to OR services earlier and more appropriately and be better able to communicate effectively with OR service providers.

11. ARPA acknowledges its responsibility to continue working to improve the competence and expertise of its members and to improve the self-regulation processes within the OR industry.

This submission has been prepared for the exclusive use of the House of Representatives Standing Committee on Employment and Workplace Relations' Inquiry into Aspects of Australian Workers Compensation.

It has been prepared by the Executive of the Australian Rehabilitation Providers Association. ARPA would be pleased to provide personal representation before the Committee in order to answer any questions and elaborate on the information contained within this submission.



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Appendix 1

Table of Comparison of State and Territory

Occupational Rehabilitation Arrangements

Issue	Victoria	Tasmania	New South Wales	Queensland	South Australia	Western Australia	ACT	NT
1. Accreditation								
a) Is there a system of Accreditation of ORP's	Yes – now company based	No	Yes	No	Yes	Yes	Yes	Yes
b) Who is responsible for the process	Victorian Workcover Authority - VWA	N/A	WorkCover NSW	N/A	WorkCover SA	WorkCover WA	WorkCover ACT and Comcare	NT Work Health Authority - WHA
c) Requirements for initial accreditation	Recognition of qualifications - OT, PT, Speech, Psych, Social Work, Voc'tl Psych, Voc'tl Counsellor. Others by acknowledgement of experience in OR. Demonstrated knowledge of Act & Regs, - list of staff reviewed quarterly	N/A	Companies assessed against ability to satisfy - Minimum Quals for staffing, existence of Organisational Philosophy, systems for data collection & other admin activities, internal QA system, ability to provide OR services as legislated, can request accred for both streams of OR or just one (RTW pre-injury employer, RTW new employer)	N/A	Companies contracted to WorkCover SA - need to meet criteria covering: code of conduct, understanding &compliance with relevant laws, Admin responsibilities (eg. data collection), internal QA system, insurance and security requirements. Individuals must meet minimum qualification and experience criteria	Six standards to meet: service provision, recognition of injured workers rights and responsibilities, data submission, internal QA standards, business and financial management, HR Management.	Approved status issued to those who hold WorkCover NSW and/or Comcare accred. Requirements currently changing	Companies demonstrate staff have appropriate quals and experience, have processes to coordinate services, adhere to professional & ethical standards, proof of a coordinated multidisciplinary case mgt approach, performance data supplied, Comcare accreditation.
d) How is it maintained	Licences reviewed every 3 years - VWA may change the rules at any time, Licence removed if malpractice identified	N/A	Achieve minimum RTW rates for areas accredited to: 80% pre-injury employer cases, 50% new employer cases; minimum number of cases closed per year,	N/A	Quarterly review of stats – costs, outcomes, durations. Response times, reporting standards & file management also assessed.	Standards applied subjectively by an accreditation & monitoring committee - currently no benchmarks for performance	Must have current standing with WorkCover NSW or Comcare - no other requirements	Initial application form. Annual request for staff change details in renewal application
e) How reviewed	New system in place does not indicate how this will be done	N/A	Annual review of RTW rates, closure numbers, and number of complaints made against company – if fail to meet requirements, a 'risk management' approacgh used by WorkCover to ask provider company to 'show cause' as to why they should remain accredited.	N/A	Quarterly reviews with face to face meetings on statistics, monthly review of standards by agents, ad hoc audits - including internal audits conducted, monitoring and evaluating targeted service providers, investigation of complaints against providers, every 3 years letting of contracts to providers who met criteria decided by WorkCover SA	performance reviewed by Accred and Monitoring committee - subjectively. Agency providers must have at least 2 members on staff with at least 5 years experience	No WorkCover review. (Comcare 2 yearly)	Only review through renewal application process.

2. Fees

Issue	Victoria	Tasmania	New South Wales	Queensland	South Australia	Western Australia	ACT	NT

a) Are fees regulated	Base rate $105.91, and recommended rate $115 per hour. In theory, no max rate – in practice, $115 seen as the maximum by most stakeholders.	No	No – although some licensed insurers (fund managers) are setting fixed rates for certain OR services and/or for all services provided. Otherwise, individual companies set their own rates – market driven.	Yes	Discipline based maximum even for the same services. Rehab $90 per hour, OT $96, Physio $98, and Psychology $132. All are GST exclusive rates but are charged with GST.	Yes	No	No
b) if so, by whom	Negotiated with insurers	Negotiated with insurers on individual basis	See above remarks	Q-Comp -the regulator of WorkCover Insurer	WorkCover SA and the State Govt, depending on provider discipline.	Medical & Allied Services Commitytee established by WorkCover WA	N/A	N/A
c) How are they reviewed & by whom	reviewed with insurer based on performance	N/A	See above	Reviewed 30/7 each year by Q-Comp - not necessarily by those with rehab experience	Workcover SA – not done for Rehab Providers for 8 years, but OT/Physio/Psychs have had increases	Annually by Workcover WA - but no standard or formula in place. Mostly based on "political climate" of the time	Market forces	N/A
d) Increases linked to CPI	Yes, in the past, when rates were set by VWA.	N/A	See above	Yes - results in figures like $115.95 per hour	No	This year - yes. No increase for previous 6 years	No	N/A
e) Are the fees the same for all services provided	The same for all OR services. Different rates apply to allied health services – apart from Psychology services, most of these are lower than the OR rates	Up to individual service providers	up to the individual company - some providers negotiate fixed price services with individual insurers, and now some insurers are setting specific rates for specific services.	Registered Providers - OT/PT/Psych - have basically the same prices, non-registered providers - Exercise physiologists, RC's, Job Placement Officers - vary and can negotiate prices	Maximum amount gazetted by Govt - indiv companies decide own fee structure up to these amonts. Most services charged at the same rate	Yes - standard flat rate	No	No

Issue	Victoria	Tasmania	New South Wales	Queensland	South Australia	Western Australia	ACT	NT
3. Services Provided								
a) What services under OR are provided	All RTW related services, using 9 OR codes: Initial Asst Functional Asst Advice re Vocational re-education Job Seeking Work Conditioning Occ Rehab Counselling Functional Education Workplace Asst Vocational Asst	No restrictions on type or extent of OR services provided. If insurer/employer accepts them as reasonable, they will pay for them	Services paid as OR by insurers – Initial Asst, Functionals, Workplace Asst, Job Analysis, Job Modifications, Rehab Counselling, Voc asst & counselling, Assistance with job seeking, reports, work conditioning, functional education, monitoring, aids and equipment, travel.	No case mgt by providers – done by case managers through WorkCover – look after claims mgt and rehab case mgt. Refer for one-off services only.	Critical Incident debriefing, Occ Stress management, Activities of Daily Living assts, job analysis, work hardening/simulation, Functionals, worksite assts, Vocationals, external case coordination, initial needs asst, RTW management – pre injury employer, RTW maintenance, employment targetting, retraining, employment transition, travel	Support counselling, vocational counselling, asst of aids and appliances, case management, training and education, workplace activities, placement activities, functionals, vocationals, ergonomic assts, job analysis, work site assts, travel, medical costs – doctors bill providers for medical reports, reports	Initial needs asst, case management, functionals, workplace assts, voc asst and counselling, functional education, disability injury management, adjustment to disability asst and counselling, job preparation – search and placement, physical conditioning program, cognitive/communication asst, employment placement support	Coordination of services/case management, initial asst services, injury management & education services, vocational rehab, voc asst/counselling/job search assistance, advisory services, RTW programs, OT programs – functionals/aids & equipment, liaison services, work hardening programs, injury prevention training and services, reports, travel
b) Are these based in legislation	Yes	Only in a general sense	Yes	Workcover are legislatively responsible for administering rehab, but all rehab could be outsourced and still meet the legislative requirements	Yes – although split in the Act over 2 sections	Yes – a rehab entitlement under the Act that authorises 7% of the statutory entitlement to be used for voc rehab – approx $9000 at the moment	No (Comcare yes)	Only in a general sense

c) what is the process of RTW followed by ORP's	Generic OR model of RTW process. Compared to NSW, SA and WA, Vic scheme is non prescriptive in terms of protocols, forms, and process – ie. focussed on outcome rather than process of achieving the outcome	Same as for NSW – a generic OR model of service delivery. Process not prescribed though	Initial asst(s) completed, barriers to RTW - upgrading if at work - identified, RTW goal developed after prognosis clarified and RTW goal agreed to by all parties, plan of service delivery – including time and costs sent to insurer, plan approved and services delivered with reports monthly on progress towards goal. Case closed when goal achieved or agreed that no further rehab will assist.	If claim exceeds 2 weeks, WorkCover case manager develops a rehab plan after a phone call to worker, employer and info from doctor. Then refer for a specific service – such as a worksite asst – then provider needs to recommend additional services that need to be approved before delivered. As the case can be closed as soon as the doctor notes 'stable and stationery" little rehab occurs unless pushed by the employer. This means outcomes are hard to measure as often rehab not completed before case is closed – leaving unhappy workers and employers, but a happy common law system!	Same as per Tas/NSW – generic model of identifying services required to effect a RTW - in consultation with all parties, services delivered as per agreed plan, monitored, reported on and closed when appropriate or as agreed	As per NSW example	Same as per generic model, however noted that ergonomic training can be provided for if a RTW is expected, functional education provided for the management of self-care, leisure, work and home duties. It is all focussed on workplace RTW.	Same as per generic RTW model of others
4. Insurance System								
a) Is it privately underwritten or publicly funded	Public funded from premiums. Central premium fund controlled by VWA.	Privately insured – a "risk" state	Publicly funded	Publicly funded	Publicly funded	Privately underwritten	Publicly funded	Privately underwritten
b) "at fault" or "no fault" system	No Fault	No Fault	No Fault	No Fault	No fault	No fault	No fault	No fault
c) How many private insurers, self insurers, and specialised insurers	7 insurers ('agents') and 37 self insurers. One small insurer – JLT, specialise in Local Govt coverage.	8 insurers, 16 self insurers, 1 specialised insurer	7 licensed insurers, 6 specialised insurers, approx 65 self insurers	35 self insurers, all other employers must be under WorkCover QLD for insurance	5 agents – on behalf of WorkCover SA, 65 self insurers plus all state govt departments	10 insurers, 15 self insurers,	8 insurers plus Comcare	5 insurers, 5 self insurers
Issue	Victoria	Tasmania	New South Wales	Queensland	South Australia	Western Australia	ACT	NT

5. Referrals								
a) Referral sources	Any one can refer, but ultimate approval for funding rests with the insurer.	Any party – majority from insurers. Workers have the right to choose provider	Any party	Workcover case managers, employers	Any party	Any party	Insurer, GP or employer	Insurers or doctors – others with insurer approval
b) Do referrals need to be approved by a particular party	Insurers approve funding. Workers have a nominal right to choose their provider, but in practice this means nothing.	Insurer has ultimate say	Insurer and employers can approve – insurer usually has final say. Workers have the right to choose their provider. Some insurers now setting up 'preferred provider panels' and often overriding employer and/or worker choice of provider.	WorkCover case manager	Agents or self insured employer can okay rehab. Worker does have the right to choose provider, but WorkCover can refuse to pay	All parties must agree – results in delays for referral out to 240 days from 118	Insurer and employer – mostly insurers	insurer
c) Decisions for ongoing service provision	Input from different stakeholders, but in practice, decision rests with insurer.	Insurer and employer. Insurer has most power, but the larger employers have more say, especially if interested in rehab	Insurers	WorkCover case manager	Insurers or exempts, but workers can decide to continue when an agent decides to cease intervention	Insurer, doctor, employer	insurers	insurers
6. State Body Issues								
a) Is there a state/territory body	Yes – Victorian Council of Occupational Rehabilitation Providers	Yes – Tas Assoc of Vocational Rehab Providers Incorporated	Yes – Assoc of Rehab Providers in the Private Sector	No – initial meeting planned for August	Yes – SA Rehab Providers Assoc	Yes – Rehab Providers Assoc	Yes – Assoc of Rehab Providers in the Private Sector	Yes – Northern Territory Assoc of Rehab Providers
b) How many providers in your state/territory	Approx 110	16 companies, 16 sole practitioners	Approx 115 companies, 169 accredited sites	N/A	185 accredited individuals in 24 companies, and 21 single owner businesses	20 agency providers, 8 single providers, 12 employer based providers	21 accredited providers	9
c) How many are members of the State/territory body	Currently 39 companies	Only individual practitioners can join (Not companies): 30 full members, 40 assoc members as Workplace Rehab Coordinators	75	N/A	Only businesses can join. Those that are members represent about 80% of the WorkCover work.	13 Agency providers, 1 single provider	11 paid and 2 unpaid	8
d) What are the fees paid to the body	Sliding scale based on size – current max rate is $330 per year (inc GST)	$120 per individual member, $60 per assoc member	$275 per year (inc GST)	N/A	Depends on the number of 'full time equivalent' providers. About $100 per associate plus joining fees.	$500 per annum per company – irrespective of size	$250 per annum	$50 Application fee $100 Annual fees

e) What are the membership requirements	Pay the fees, be accredited with VWA and/or Comcare, and abide by the Constitution	Appropriate professional qualifications, willingness to subscribe to the aims and purposes of TAVRP	Accredited to WorkCover NSW and/or Comcare, and abide by the Constitution	N/A	Business providing rehabilitation services in SA	Accreditation with WorkCover WA and/or Comcare	WorkCover and/or Comcare accreditation	Open to those who subscribe to the Purposes of the Association, possess appropriate qualifications as per the Constitution, and pay the fees.

Issue	Victoria	Tasmania	New South Wales	Queensland	South Australia	Western Australia	ACT	NT
7. Employer Issues								
a) Do employers have RTW/Rehab Coords in place	Mandatory for employers with remuneration of $1m or more. Other employers must nominate someone for the role if they have a claim involving 20 or more calendar days off work.	Yes – mandatory with more than 50 employees	Yes – mandatory if base premium greater than $50,000 per year	Yes – legislated if more than 30 workers	Not generally – but self insured employers do	Yes – although not required to by legislation	No, but new legislation will soon require this	Those with more than 20 workers are supposed to have one
b) Are they trained, and if so, is it government backed or private	No specific training requirements – usually offered by insurers. Role is usually ineffectual except for employers with excellent track records in OHS and Injury Management.	Yes – run by a private company but authorised by Workplace Standards Authority	Yes – training supported by WorkCover NSW	3 day training and 1 day refresher every 3 years – backed by the government	Some training through WorkCover SA and TAFE – not compulsory	At discretion of employer	Private training is available, but not yet required	No formal training required
8. Provider Results								
a) What are the outcome rates for RTW new employer and pre injury employer cases	Authority cannot access data	No stats produced	87% Pre injury employer cases 53% new employer cases (to April 2001)	Not measured	79%	A cumbersome and confusing process exists. Almost 80% of closures are excluded due to exclusion criteria established – eg. delay to referral greater than 121 days - with average delay now 270 days!	No ACT stats available	Not available
b) What are the average plan costs for ORP's	Matter for speculation. May average approx $1500, but no accurate figures available.	No stats produced	$3610 for all plan cases – no break up yet for different goal types	Not measured	$566 median	$2600	No ACT stats available	Not available