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Report by Alex Collie
2010 Churchill Fellow

To study the impact of personal injury compensation on work and health outcomes - Switzerland, Netherlands, United Kingdom, Canada, United States

1st February to 7th March 2011

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Signed        Alex Collie        Date        14th April 2011
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INTRODUCTION

There is now very strong evidence that people receiving compensation following work or transport injury are slower to recover their health, less likely to return to work and have poorer quality of life than people with matched injuries but who are not receiving compensation. The impact of this 'compensation effect' is striking, with a prominent recent study showing that it was the largest single predictor of recovery following transport or work injury.

Australia is one of the few countries internationally to have state-based transport and work-related injury compensation schemes. Within Australia, there are eleven workers’ compensation schemes (6 state, 2 territory and 3 commonwealth) and eight transport injury compensation schemes (6 states and 2 territories). In 2006-7, the various Australian schemes provided compensation for more than 150,000 thousand new injuries per annum at a direct financial cost of approximately $8 billion. These injuries range from minor strains and sprains to debilitating conditions such as severe traumatic brain injury and spinal cord injury.

Internationally, there is a 30+ year history of studying the impacts of compensation on work, health and wellbeing. This has led to the establishment of centres of research excellence in compensation health in a number of European and North American jurisdictions. Compensation research is a new field of endeavour in Australia with a limited number of practitioners. In 2009 the nation’s first research institute with a specific focus on improving outcomes for people with compensable injury or disease was established at Monash University via a partnership between WorkSafe Victoria, the Transport Accident Commission and Monash University – the Institute for Safety Compensation and Recovery Research (ISCRR). I was appointed the ISCRR’s first Chief Research Officer, with responsibility for design and management of the institute’s research program. The purpose of the fellowship was to visit international centres of excellence involved in research regarding the impact of personal injury compensation on work and health.

The fellowship was a wonderful opportunity to develop strong collaborative links with these international research centres. A number of opportunities have arisen...
from this fellowship that will substantially influence the research program of the ISCRR and compensation health research more broadly in Australia. My thanks to the Churchill Trust for supporting this fellowship.

My thanks also to those people who supported my application for the fellowship particularly Professor Edwina Cornish (deputy vice-chancellor research at Monash University) and Ms Janet Dore (CEO of the Transport Accident Commission in Victoria). I would also like to acknowledge the support of my colleagues at Monash University, the individuals and organisations that hosted me during the fellowship, and of course my wife and family.
EXECUTIVE SUMMARY

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To study the impact of personal injury compensation on work and health outcomes – Switzerland, Netherlands, United Kingdom, Canada, United States.

Highlights

- Two intensive weeks developing collaborative research projects with the Institute for Work and Health in Toronto, Canada.
- Visiting the world-leading EMGO Institute for Health and Care at VU University in the Netherlands.
- The opportunity to have detailed discussions and interaction with international compensation health research and policy experts in five countries.

Conclusions & Recommendations

- There are a number of international research centres of excellence conducting research that is highly relevant for the Australian personal injury compensation sector.
- There are opportunities to bring research insights and expertise from these international centres to Australia and to positively influence the work and health outcomes of many tens of thousands of Australians with work and transport injury.
- Some aspects of our local research landscape are internationally unique and provide a basis for high quality research projects.

Implementation & Dissemination

- I am an active researcher within the compensation sector in Australia. The fellowship has assisted the development of an international network of potential collaborators who can inform and participate in future Australian compensation research projects.
- Dissemination of research evidence from the fellowship and future research projects arising from the fellowship will occur via both conventional academic channels (eg, in peer-reviewed scientific literature) and direct interaction with compensation regulators.
- A number of collaborative research projects have already been established as a result of the fellowship. These will involve visits from international experts to Australia and interaction with local compensation regulators and researchers.
# PROGRAMME

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<td>3-4 Feb</td>
<td>Swiss Social Accident Insurance Fund (SUVA)</td>
<td>Lucerne, Switzerland</td>
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<td>7-8 Feb</td>
<td>Institute for Health and Care Research (EMGO Institute), VU University</td>
<td>Amsterdam, Netherlands</td>
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<td>8 Feb</td>
<td>Interdisciplinary Centre for Law and Health, VU University</td>
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<td>10 Feb</td>
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<td>14-25 Feb</td>
<td>Institute for Work and Health</td>
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<td>28 Feb</td>
<td>Workers’ Compensation Research Institute</td>
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<td>1 Mar</td>
<td>Liberty Mutual Research Institute for Safety</td>
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<td>3-4 Mar</td>
<td>Centre for Health Services &amp; Policy Research, University of British Columbia</td>
<td>Vancouver, British Columbia, Canada</td>
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There is now strong evidence that people receiving compensation following work or transport injury are slower to recover their health, less likely to return to work and have poorer quality of life than people with matched injuries but who are not receiving compensation (Gabbe et al, 2007). In the past two decades, a number of meta-analyses have described this phenomenon following head injury (Binder & Rohling, 1996) and mild brain injury (Caroll et al, 2004), orthopaedic trauma (Harris et al, 2005), and in those suffering chronic pain (Rohling et al, 1995). The magnitude of the difference in outcomes following compensable and non-compensable injury is striking. A 2005 report including data from more than 20,000 patients found that the odds of an unsatisfactory outcome following surgery was 3.79 time higher for those receiving compensation than for non-compensated patients (Harris et al, 2005). Of the 211 studies included in this meta-analysis only one described improved outcomes in the compensated patients, with 175 describing a worse outcome, 30 describing no difference and five not commenting on the difference. In many of the studies reviewed, compensation was found to be the strongest predictor of poor outcome.

Legislation governing compensation systems is reviewed regularly and adjusted from time to time. Just as legislative changes to improve road safety has resulted in reduced mortality and morbidity (McDermott & Hough, 1979), and alterations to the acute health care system have similarly improved patient outcomes (Cameron et al, 2008), there is now evidence that changes to compensation legislation can have significant impact on the health and work of those receiving compensation following injury. For example, on 1 January 1995 the tort (common law) compensation system for transport injuries in the Canadian province of Saskatchewan was changed to a no-fault system. The tort system included payments for pain and suffering whereas the no fault system did not. The change to compensation scheme design resulted in a substantial reduction in the incidence of claims for whiplash, a reduction in claim duration, and improved prognosis for whiplash injury (Cassidy et al, 2000). Changes to the motor accident compensation legislation in the Australian state of New South Wales in 1999 resulted in improved health outcomes for those injured in a transport accident (Cameron et al, 2008). Specifically, an improvement in function and decrease in pain ratings was observed
at 2 years post injury for independent cohorts enrolled after the legislative change, compared to those injured prior to the change.

**Types of personal injury compensation**

According to the Organisation for Economic Cooperation and Development (OECD) there are two major policy approaches to compensation for disability. First, some countries have an emphasis on social and workplace reintegration and restrict access to compensation and disability benefits. Second, other nations have broad access to disability benefits via compensation systems coupled with less emphasis on reintegration. Within those nations that follow the second approach, there is substantial variation between compensation schemes with respect to common law entitlements, payment for medical and rehabilitation expenses, incapacity and income benefits, and eligibility to apply for compensation, among other factors (Anema et al, 2009). There are also vast differences in the management and delivery of the compensation schemes that may impact the financial viability of the schemes, the injured person, their community and society more broadly (SafeWork Australia, 2009).

There have been very few studies comparing the impact of these different policy approaches on the health and well-being of individuals and society, although some are emerging. In a study sponsored by the International Social Security Agency (ISSA), Anema and colleagues (2009) compared features of workers’ compensation policy in six countries, the prevalence of medical and workplace interventions occurring in these systems, and described the work disability (measured as days absence from work) arising in each system. This paper demonstrated vastly different periods of sickness absence from work between nations, and found that specific compensation system factors were the largest predictors of return to work, followed by health system factors and employment factors. A greater degree of disability was observed in nations that emphasised access to compensation over workplace and social reintegration.


**Australian personal injury compensation**

Australian compensation schemes can be broadly categorised as belonging to the second approach (those with broad access to disability benefits and less focus on social and workplace reintegration). Australia is one of the few countries internationally to have state-based transport and work-related injury compensation schemes. Within Australia, there are eleven workers’ compensation schemes (6 state, 2 territory and 3 commonwealth) and eight transport injury compensation schemes (6 states and 2 territories).

In 2006-7, the various Australian schemes provided compensation to more than 150,000 thousand new injuries per annum at a direct financial cost of approximately $8 billion. These injuries range from minor strains and sprains to debilitating conditions such as severe traumatic brain injury and spinal cord injury. The compensation schemes are major purchasers of healthcare services, particularly following major trauma, where more than half of cases are the result of transport and work accidents.

**Interaction between compensation systems and other systems**

Compensation organisations are only one party involved in the management of disability and the recovery of the individual following a compensable injury or disease. In the arena of work disability, Loisel and colleagues (2001) has conceptualised the return to work process as a complex set of interactions between four main systems, being (1) the personal system of the injured worker including their physical and cognitive abilities, affective state and social relationships; (2) the healthcare system including the attending physician and other healthcare professionals and the often multidisciplinary and inter-organisational team involved in the treatment and rehabilitation of the injured person; (3) the workplace system including the injured persons job, their colleagues and the internal and external working environment; and (4) the compensation system including the compensation agent and case worker, the medical evaluations office and the legal actions of compensation authorities.
Purpose of the fellowship

The fellowship was designed to gather the latest knowledge and establish collaborations with international centres of research excellence. Specifically I visited research centres with expertise in the following key areas:

- The impact of compensation claims management processes on the injured person (claims management)
- The injured persons experience of being involved in the compensation claims management process (claimant experience)
- Workplace based interventions for returning the injured person to work (return to work)
- Approaches to managing and alleviating work-related disability (disability management)
- The attitudes and behaviours of health care practitioners regarding their role in the return to work process (return to work)
- Analysis of compensation system administrative data (secondary data analysis)
- The ability to use linked health and compensation administrative data to understand the interactions between the compensation and health care systems (data linkage)
- The uptake and use of research evidence amongst policy makers and healthcare professionals (evidence translation)

The following is a summary of the activities of the various centres visited during the fellowship, with an example of relevant research activity where possible.
**Swiss Social Accident Insurance Fund (SUVA), Lucerne, Switzerland**

The purpose of my visit to SUVA was to study a new approach to personal injury claims management and the evaluation of that approach.

SUVA provides compensation for occupational and leisure (transport and sporting) accidents in Switzerland. SUVA was established in 1918 as a government monopoly. SUVA insures approximately 22% of all companies in Switzerland and about 49% of all employees, and provides insurance for any injury requiring medical treatment and any injury requiring at least 3 days off work. Work accidents account for approximately 42% of injuries.

In 2003, SUVA introduced a new approach to the management of personal injury claims that aims to align the complexity of the claim with the expertise of claims managers. An evaluation of the impact of the new claims model was also organised. More recently, the Transport Accident Commission (TAC) in Victoria has implemented a new approach to managing claims that shares some aspects of the SUVA approach, and I am leading the evaluation of the TAC model. This visit was an opportunity to learn more about the SUVA claims management model and the accompanying evaluation.

The SUVA claims management model seeks to align claim complexity with staffing resources. Approximately half of SUVA claims are for medical costs only (ie, they do not result in time away from work) and these are managed electronically (payments are simply made on the receipt of invoices). Of the remaining half of claims, the majority (60%) are very simple in nature, resulting in only minimal time away from work. A small fraction (5%) of claims are complex, result in a prolonged period of time away from work and account for approximately 80% of the total costs of the organisation. The remaining claims are moderately complex (ie, they are neither very simple to manage nor very complex). The case-load of a SUVA claims manager depends on the type of claims they manage. Simple claims are allocated to less experienced claims managers who have a high volume of claims. Very complex claims are managed by specialist case managers who have substantial experience and
training and have a relatively low volume of claims to manage (N=35 at any one time; n=10 new claims per annum).

The SUVA claims management model also includes a triage system which attempts to identify complex claims very early in the claim process so that early intervention can occur and appropriate rehabilitation practices be put in place as soon as possible. At present SUVA employs a manual triage system that is reliant on the judgment of the claims managers. This is to be supplemented by a data-based triage system that uses claim information to identify complex cases. The evaluation of the SUVA system essentially involves a Randomised Controlled Trial (RCT) comparing the 'old' and 'new' claims management approaches. Results are yet to be released.

**EMGO Institute for Health and Care Research (EMGO Institute), VU University, Amsterdam**

The purpose of my visit to EMGO was to learn about the Institute’s research program in return to work and disability management.

The EMGO Institute for Health and Care Research is an 'interfaculty' research institute that brings together researchers from departments of three faculties of the VU University in Amsterdam (Medicine, Psychology and Education, Earth and Life Sciences). The aim of the EMGO Institute is to further improve public and occupational health, primary care, rehabilitation and long-term care, by means of trans-disciplinary research.

The Department of Public and Occupational Health of the VU University Medical Centre is one of the departments involved in the EMGO Institute. The department has approximately 130 staff working in five different research groups: (1) Work and health; (2) Sport, lifestyle and health; (3) Youth and health; (4) Public health at the end of life; (5) Quality, risk and safety in health care. I spent most time with the work and health research group which is most closely aligned with the research activities of the ISCRR. This group has approximately 40 researchers undertaking five streams of work, being:
• Health promotion
• Economic evaluations
• Musculoskeletal disorders
• Return to work
• Insurance / Compensation medicine

Research projects carried out at the Institute typically have a health outcome or health determinants as primary endpoints of interest. Many studies are executed within large population-based cohorts and many projects are carried out in general practices, in occupational settings and in outpatient departments, or survey a sample of the general population. The institute typically seeks to engage the end-users of their research throughout the research process. For example, they have developed a process called ‘intervention mapping’ which is essentially the co-operative design of an intervention to be studied by a group of researchers and those likely to be impacted by the intervention (patients, caregivers, healthcare workers etc…). This process helps to ensure that interventions are feasible and more likely to be implemented on a wide scale should they prove to be effective.

The research program of the Work and Health group has evolved over the past decade from an initial focus on RTW interventions (mainly participatory workplace interventions for particular conditions, at which they have been very successful) to workplace health promotion in which they are now very active. More recently they have begun to conduct projects that utilise the medical setting as the setting for the intervention rather than the workplace.

Examples
Some examples of research projects that may be particularly relevant to the Australian context include:

Workplace based interventions for returning injured and ill employees to work
Development of screening tools for identifying employees with stress and mental health conditions

Communications about work between general practitioners and patients seeking treatment for musculoskeletal conditions

**Interdisciplinary Centre for Law and Health (AGER), VU University, Amsterdam**

The purpose of my visit to the AGER was to learn about the Centre’s research program focussing on the experience of individuals involved in the personal injury compensation system.

The Amsterdam Interdisciplinary Centre for Law and Health (AGER) is based in the Faculty of Law at the VU University in Amsterdam and is led by Professor Arno Akkermans. The Centre is a collaboration between the Faculty of Law and the Faculty of psychology of the VU University medical centre. The Centre has a small team of five academics with either legal or psychological backgrounds.

The research program of the centre focuses on the impact of law and legal procedure on the wellbeing and health of individuals, in the context of civil procedure in general and of the settlement of personal injury claims in particular. Individual members of the centre focus on particular aspects of the compensation process, including:

- Identifying points of tension in the medical assessment process and identifying ways to improve this process.
- The interaction between the personal injury ‘victim’ and the insurer throughout the claims process.
- The importance of acknowledgment or apology in promoting recovery following a compensable injury.

The AGER uses a variety of methods to conduct its research projects. These include systematic and qualitative reviews of the literature, qualitative interviews
and focus groups of personal injury ‘victims’. More recently they have embarked on a randomised controlled trial of an internet-based intervention to improve the sense of the control of the personal injury ‘victim’ following a compensable injury.

**Example**
Some examples of research projects that may be particularly relevant to the Australian context include:

Reforming personal injury claims settlement: paying more attention to emotional dimension promotes victim recovery
http://vu-nl.academia.edu/ArnoAkkermans/Papers/85711/Reforming_personal_injury_claims_settlement [link to article]

Empowerment of personal injury victims through the internet: a randomised controlled trial

**Health Information Research Unit, Swansea University, Wales**

The purpose of my visit to the HIRU was to learn about the data linkage procedures established at the HIRU and the research possibilities arising from linked administrative datasets.

The HIRU is a group within the medical faculty of Swansea University in Wales. The main activity of the HIRU is maintaining the Secure Anonymous Information Linkage (SAIL) project, a substantial data linkage program that has core funding from the National Institute of Social and Health Research (NISHR) in the UK. SAIL has linked a number of major databases across Wales and the UK including health datasets, registry data, births deaths and marriages, and some social/community databases. It has produced a substantial amount of public policy relevant research.
SAIL operates an 'honest-broker' data linkage system. Essentially this means that when two databases are to be linked the following steps are undertaken: (1) each of the identifiable datasets are split into two separate data files, the first containing a local/study ID and the identifying information only (ie, name, DOB, address) and the second containing the local/study ID and the content information; (2) the identifying datasets are sent to the Department of Health (the Honest Broker) who matches the datasets using the identifying information and generates a new non-identifying ID for each case in the matched dataset; (3) the content datasets are held by the HIRU; (4) the Department of Health sends to the HIRU the local/study ID and the linked new non-identifying ID, which the HIRU uses to link the two content datasets. This approach means that: (a) only the honest broker has access to the identifying information and that the research team do not have that information, but also that (b) the honest broker does not have access to any content information so they are effectively blind to any content data that may be contained in the data.

The linked datasets are used in four main ways:

- To provide information to assist with the design of trials
- To evaluate of public policy initiatives
- To enhance large population based Randomised Controlled Trials (RCTs) and cohort studies
- To conduct e-trials using administrative datasets only

The major barrier to establishing this system was not technical but involved gaining the trust of the data custodians (ie, the organisations that ‘own’ the data) in order that they would provide information to the Department of Health and to HIRU.

Example

A description of the establishment of the SAIL linked databank can be found in a number of research publications:

Centre for Psychosocial & Disability Research, Cardiff University, Wales

The purpose of my visit to the Centre was to learn about the Centre’s research in the field of return to work.

The Centre was established in 2002 as part of the Faculty of Medicine at Cardiff University. The research activity of the centre has been funded via a variety of means including via a private Anglo-American insurer and more recently by a variety of competitive government and industry grants. It is a small research centre with 5-6 research staff. The centre has focussed on developing interventions to impact the attitudes and behaviours of two of the key parties involved in the return to work process, being (1) General Practitioners (GPs) and (2) Managers.

The Centre has undertaken two major research initiatives to date:

- A project to develop and evaluate the impact of a GP education tool on the attitudes of GPs towards RTW consultations with patients. This is a collaborative piece of research undertaken with the Royal College of GPs and the College of Occupational Physicians.
- A project to develop and evaluate the impact of a workplace education tool aimed at line managers attitudes to managing sick-listed employees. This is a collaborative project undertaken with the Royal Post.

The research process for both of these projects has been as follows:

- Literature review of the area in question.
- Development of intervention using qualitative methods and engaging end-users in the development of the intervention.
- Pilot study of the intervention to assess feasibility.
- Evaluation of the intervention in practice.

The research program of the Centre has led to a number of practical tools and products aimed at improving return to work among sick listed employees (for example www.healthyworkinguk.co.uk). The research of the Centre has been very influential in impacting the policy debate in the UK regarding the role of GPs in return to work.
Example

Some examples of research projects that may be particularly relevant to the Australian context include:

The role of general practitioners in the return to work process

Common health problems and work

Institute for Work and Health (IWH), Toronto, Canada

The purpose of my visit to the IWH was to learn about the Institute’s research in return to work, disability management, evidence translation, claimant experience and secondary data analysis; and to identify and develop collaborative research projects

The Institute for Work & Health (IWH) is considered a world leader in work-health research. Established in 1990 as the Ontario Workers’ Compensation Institute, it was the first independent research organization of its kind. When the Institute was founded, researchers focused on three broad areas: the clinical management of work-related injury and disease: the training of rehabilitation professionals; and the quality of community-based rehabilitation services. The institute’s research mandate expanded throughout the 1990’s to include factors underlying workplace injuries. The organization was renamed the Institute for Work & Health in 1994 to reflect this broadened mandate.

The IWH is an independent, not-for-profit research organization. The Institute has been described as one of the top five occupational health and safety research centres in the world. The Institute operates with financial support from the Ontario Workplace Safety and Insurance Board (WSIB). In addition to this core
funding, IWH scientists also seek competitive research grant funding from funding agencies across North America.

The IWH has a very substantial research program including studies in the following areas:

- Preventing musculoskeletal disorders
- Effective occupational health and safety practice (eg, development of lead indicators of occupational health and safety performance)
- Vulnerable workers (eg, older workers, immigrants)
- Regulation of occupational health and safety systems
- Working conditions and health
- Return to work practices
- Clinical treatment of work-related injuries and diseases
- Compensation benefits (eg, the adequacy of compensation benefits for injured workers)
- Measuring health and function

In addition to the research program, the IWH has a substantial program in knowledge translation and exchange (KTE). The aim of the KTE program is to put research findings into the hands of key decision-makers in a timely, accessible and useful manner. The decision-makers could be workers, employers, OHS professionals, policy-makers, clinicians or other researchers. Practically, this is achieved by ensuring stakeholders are involved early in the research process to provide guidance to shape the research questions and information about the context in which research results are likely to be used.

I spent two weeks in discussions with senior research staff and management of the IWH. A number of opportunities for collaborative research were identified and these include:

- A systematic review of return to work
- A project identifying lead indicators for occupational health and safety performance
- A project using compensation system data to study the impact of aging on work-related injury.
- Collaboration on some practical knowledge translation tools.
The IWH has a substantial research output and I refer the reader to their website (www.iwh.on.ca) which includes many plain language descriptions of their research activities, and is an excellent resource for those interested in this area.

**Workers’ Compensation Research Institute (WCRI), Boston, MA, United States.**

The purpose of my visit to the WCRI was to learn about the Institute’s program in compensation scheme research and analysis of compensation system data.

The Workers Compensation Research Institute (WCRI) is an independent, not-for-profit research organization established in 1983. The WCRI provides information about public policy issues involving workers' compensation systems to a variety of audiences including legislators, workers' compensation administrators, industry groups and others interested in workers' compensation. The institute is a membership based organisation with research activities funded primarily by annual membership fees. Members include state workers compensation boards, large employers and trade unions.

The Institute's research program focuses on public policy issues confronting workers' compensation systems, health policy and disability management. The WCRI currently has three research programs, being: (1) system evaluation (2) CompScope™; and (3) Disability and medical management.

The system evaluation program aims to evaluate workers' compensation systems and identify "best practices", identify opportunities for system improvement, measure outcomes experienced by injured workers and measure the impact of reform. The CompScope™ program is a benchmarking program that compares the performance of a substantial number of state-based workers' compensation systems. This program provides annually the opportunity both to examine the changes in performance of individual state systems and to make comparisons between states. The disability and medical management program aims to improve public and private decision making about the quality and cost of medical care, the management of occupational and non-occupational disability, and the
potential integration or coordination of workers' compensation and non-workers' compensation delivery systems.

Centre for Disability Research (CDR), Liberty Mutual Research Institute for Safety, Hopkinton, MA, USA

The purpose of my visit to the Liberty Mutual Research Institute for Safety (LMRIS) was to learn about the Institute’s research program in disability management and return to work. Owned and operated by Liberty Mutual Insurance Company, Boston, MA, the Liberty Mutual Research Institute for Safety has conducted research into the occupational safety and health of workers for more than 50 years. The Institute is comprised of four Centres operating across a number of research disciplines, including:

- Centre for Injury Epidemiology – conducts original epidemiological research into risk factors for occupational injury and studies the burden of workplace injury.
- Centre for Behavioural Sciences – studies the impact of behavioural, cognitive, and organizational factors surrounding workplace injuries and highway collisions.
- Centre for Physical Ergonomics – studies the causes and mechanisms of occupational injuries with a focus on musculoskeletal disorders.
- Centre for Disability Research – investigates worker disability and ways to achieve safe and sustained return-to-work for injured or disabled workers

I spent a day with the Centre for Disability Research (CDR). Established in 1999, the CDR studies worker disability and return-to-work for injured or disabled workers. The Centre seeks to reduce the consequences associated with occupational disability by improving the understanding of the return-to-work process and developing effective strategies for the safe and sustained return to work of injured workers. Centre research scientists examine factors associated with prognosis, re-injury, and job retention, as well as the impact of case management, clinical treatments, and other post-injury interventions on
work disability. The findings from these investigations help to improve understanding of the disability process and improve return-to-work outcomes.

Example
Some examples of research projects that may be particularly relevant to the Australian context include:

Return to work

Lower back pain in workers
http://www.ncbi.nlm.nih.gov/pubmed/19209040 [link to abstract]

Centre for Health Services and Policy Research (CHSPR), University of British Columbia, Vancouver, Canada

The purpose of my visit to the CHSPR was to learn about the Centre’s research program and data linkage capabilities, and to explore potential collaborative research opportunities.

The University of British Columbia Centre for Health Services and Policy Research (CHSPR) is part of the School of Population and Public Health at UBC. The Centre was launched in 1990, has approximately 30 staff and 10 graduate students, with a much larger group of associate and affiliate researchers. The CHSPR’s research focuses on improving the quality, accessibility, effectiveness and efficiency of health care: helping to ensure that people get the right treatment at the right time.

In 1996, CHSPR spearheaded the development of the BC Linked Health Database (BCLHD). In 2009, the BCLHD transitioned to Population Data BC, and CHSPR’s role shifted away from data management. As a major partner in Population Data BC, the Centre now emphasizes support for development of and access to new data resources.
The research partnership between CHSPR and WorkSafeBC (BC’s Workers’ Compensation Board) aims to address current and emerging issues of work-related health in British Columbia. The partnership has taken the lead in work-related health research by developing and promoting the use of routinely collected health and compensation data from multiple sources via Population Data BC. The data allows us to conduct research on the entire working-age population over a 20-year period, providing a unique insight into the health and well-being of the British Columbia workforce.

The CHSPR conducts a number of projects of relevance to workers’ compensation, including in work-related respiratory disease, work related injuries, and compensation policy.

*Example*

Some examples of research projects that may be particularly relevant to the Australian context include:

**Work-related respiratory disease**


**Use of administrative data for research**

CONCLUSIONS

Within Australia, the burden of compensable injury is substantial, with more than 150,000 compensable injuries occurring every year at a direct financial cost of approximately $8 billion. There is now strong evidence that people receiving compensation following work or transport injury are slower to recover their health, less likely to return to work and have poorer quality of life than people with matched injuries but who are not receiving compensation. Interaction with a compensation scheme is among the most significant predictors of outcome following injury.

There is a rich history of compensation research in Europe and North America. Although the compensation systems vary greatly between jurisdictions, there are a number of international research centres of excellence conducting research that is relevant in the Australian context. These centres have decades of experience in issues such as return to work, disability management, data linkage, secondary data analysis, claimant experience and evidence translation within a compensation environment. These centres use a variety of methodological approaches to achieve their goals, ranging from qualitative interview based methods to analysis of administrative datasets and conduct of randomised controlled trials and cohort studies. Every centre I visited used multiple methodologies to achieve their aims. Similarly, most centres were multidisciplinary in nature and included researchers with backgrounds in law, psychology, economics, medicine, allied health, biostatistics or epidemiology among others.

Most centres had some direct engagement with the government or policy agency responsible for delivering workers’ compensation or unemployment benefits to the population, the jurisdictional health department or both. This included engagement throughout the research process, from project design and development, then throughout the project and in the analysis and translation of research findings upon completion of a project. Most centres received at least some funding from such sources, and had explicitly or implicitly identified the translation of research evidence to these policy organisations as a priority for the centre. Despite this strong engagement with the public policy arena, many
centres also maintained a strong academic focus with an emphasis on publication of research findings in peer-reviewed literature and attracting competitive academic grant income. Most centres were part of a larger academic institution, although there were some notable exceptions, including the Institute for Work and Health in Toronto and the Liberty Mutual Research Institute for Safety in Boston.

There are opportunities to bring research insights and expertise from these international centres to Australia and to positively influence the work and health outcome of many tens of thousands of Australians affected by compensable injury every year. In some cases research projects and products of research are virtually directly transferrable to an Australian setting and a number of opportunities to collaborate with international research groups to bring these approaches to Australia have been identified. In other cases the concept or rationale for a research program are applicable in Australia but contextual factors mean that the research approach may need to be modified prior to local application.

During the course of the fellowship I gave four keynote presentations describing research that had been undertaken in Australia at the Institute for Safety, Compensation and Recovery Research (see appendices). These presentations and the discussions I had during the fellowship led me to conclude that there are some aspects of our local research landscape that are internationally unique. These are opportunities for Australia to take a leadership position internationally in this field. For example, I have established at the ISCRR a compensation research database comprising the compensation system data from Victoria from the mid 1980’s through to the present day. There are very few other similar data sources available internationally in this field. Similarly, the positioning of ISCRR as a research provider to the two Victorian government organisations responsible for the provision of personal injury compensation in the state is unique internationally and provides an opportunity to undertake cutting-edge research and practice in the translation of research evidence into policy.

Dissemination of research evidence from the fellowship and future research projects arising from the fellowship will occur via both conventional academic
channels, direct interaction with compensation regulators and via a range of other opportunities that arise in the course of my employment (eg, conference presentations, ‘corridor’ conversations with senior executives in the Australian compensation sector, academic collaborative research projects etc...).
RECOMMENDATIONS

- Establish collaborative research relationships between international research centres of excellence and the growing Australian research community in the field of compensation health. This may be facilitated via my position as Chief Research Officer at the Institute for Safety Compensation and Recovery Research (ISCRR) at Monash University and as an active research in this field in Australia. Note that a number of such collaborative relationships have already been established as a result of this fellowship.

- The Australian approach to compensation health research must engage researchers from multiple disciplines and using multiple methodological approaches in order to address the very complex set of issues in this field.

- Researchers must engage with the end-users of research (in this case compensation ‘regulators’, injured persons and their carers) throughout the research process to ensure that research outcomes are implemented. This is perhaps most crucial in the research design/development phase and in the analysis and interpretation of research findings, but preferable throughout the entire process.

- Exploit the potential of the substantial compensation system data sources (claims management and administrative databases) by conducting high quality secondary data analysis studies and linking these data sources to health and other relevant datasets.

- Continue with the ISCRR’s existing proposal to establish a substantial program in the translation of evidence into policy and practice.
REFERENCES


# APPENDICES

## Research presentations given during the fellowship

<table>
<thead>
<tr>
<th>Date/s</th>
<th>Title of Presentation</th>
<th>Audience</th>
</tr>
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<tbody>
<tr>
<td>7 Feb</td>
<td>The 5 year research strategy of the Institute for Safety Compensation and Recovery Research, Melbourne, Australia.</td>
<td>Institute for Health and Care Research, VU University, Amsterdam, Netherlands</td>
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<tr>
<td>22 Feb</td>
<td>Repeat workers’ compensation claims – who is at risk?</td>
<td>Institute for Work and Health, Toronto, ON, Canada</td>
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<tr>
<td>28 Feb</td>
<td>Repeat workers’ compensation claims in the state of Victoria, Australia.</td>
<td>Workers’ Compensation Research Institute, Boston, United States</td>
</tr>
<tr>
<td>1 Mar</td>
<td>Sub-acute health service utilisation following compensable traumatic injury.</td>
<td>Liberty Mutual Research Institute for Safety, Hopkinton, MA, United States</td>
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