

High risk worker cohorts

Dr Shannon Gray

Post-doctoral Research Fellow, Insurance Work and Health Group,
Faculty of Medicine Nursing and Health Sciences, Monash
University



Job stress compo claims surge to \$273 million

Emergency workers pay high price for being first on the scene

Mental illness workers' compo claims cost 'toxic' businesses double

Teachers, school staff rack up \$7.4m in WorkCover claims for injuries and mental health issues

Violence against healthcare workers 'unnecessary and preventable', auditor general's report finds

WHY WOULD WE BE INTERESTED IN HIGH-RISK COHORTS?

- High-risk cohorts generally have:
 - a greater risk for injury and/or
 - a slower recovery
- These are not evenly distributed throughout jurisdictions
- Might be considered high-risk due to their:
 - Type of injury
 - Occupation and/or industry
 - Personal circumstances (e.g. social support, knowledge of the compensation system)
- Costly to employers and insurers
- Need to understand these groups in order to assist with both prevention and recovery

HOW ARE THESE CHOSEN FOR ANALYSIS?

- Data set contains a number of different variables that allow for the selection of particular subgroups within the dataset based on:
 - Type of condition
 - Occupation
 - Industry
 - Time loss
 - Jurisdiction
 - Employment status
 - Self-insurer status
 - Mechanism of injury
- Consultation with the Advisory Group



MENTAL HEALTH CLAIMS

WHY MENTAL HEALTH CLAIMS?

- Mental health claims (MHCs) cost almost three times the typical compensation claim
- MHCs spend almost three times as long on compensation than typical compensation claims
- Have a different profile to most other claims (e.g. gender, occupation)



Safe Work Australia (2015). Work-related mental disorders profile, Safe Work Australia.

1. Who has received compensated time loss due to a mental health condition?
2. What are the factors associated with duration of time loss?
3. How does the duration of time loss from work following mental health conditions vary by workers' compensation jurisdiction?

JURISDICTIONAL DIFFERENCES

Jurisdiction	Definition of 'injury' for purposes of coverage	Employment contribution	Impairment threshold to access common law	Diagnostic methodology of assessment
New South Wales	'... personal injury arising out of or in the course of employment ...'	No compensation is payable under this Act in respect of an injury unless the employment concerned was a substantial contributing factor to the injury.	15% WPI for a primary psychological injury.	Ch 11 WorkCover Guides for the Evaluation of Permanent Impairment, using the Psychiatric Impairment Rating Scale (PIRS).
Victoria	'... an injury arising out of, or in the course of, any employment ...'	A significant contributing factor for heart attack or stroke, disease, a recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease.	30% WPI – not arising secondary to physical injury.	The Guide to the Evaluation of Psychiatric Impairment for Clinicians (GEPIC).
Queensland	'... a personal injury arising out of, or in the course of, employment ...'	Significant contributing factor.	None.	AMA Guide (4th Edition).
Western Australia	'... a personal injury by accident arising out of or in the course of the employment ...'	To a significant degree (for diseases only).		WorkCover WA Guides 2nd Ed. Psychiatric Impairment Rating Scale (PIRS).
South Australia	"... disability arises out of, or in the course of employment..." – s30.	'... not compensable unless it is established on the balance of probabilities that it arises from employment.' Substantial cause (for psychiatric disabilities only).		
Tasmania	'An injury, not being a disease, arising out of, or in the course of employment'.	'An injury, which is a disease, to which employment contributed to a substantial degree '. For diseases, employment must have contributed to a substantial degree, i.e., employment must have been 'the major or most significant factor'.	10% WPI.	WorkCover WA Guides 2nd Ed. Psychiatric Impairment Rating Scale (PIRS).
Northern Territory	'... a physical or mental injury ... out of or in the course of employment ...'	Includes...'a disease and aggravation, acceleration, exacerbation, recurrence or deterioration of a pre-existing injury or disease.' To a material degree, ie, employment was the real, proximate or effective cause. (for diseases and gradual process injuries only)		
Australian Capital Territory	'a physical or mental injury...includes aggravation, acceleration or recurrence of a pre-existing injury...arising out of, or in the course of, the worker's employment'.	A substantial contributing factor.	0% WPI.	Ch 11 WorkCover Guides for the Evaluation of Permanent Impairment, using the Psychiatric Impairment Rating Scale (PIRS).
Comcare	'... a physical or mental injury arising out of, or in the course of, the employee's employment ...' or	... an aggravation of a physical or mental injury (other than a disease) ...' To a significant degree.	10% WPI.	American Medical Association Guidelines to the Evaluation of Permanent Impairment (2 nd edition).

MENTAL HEALTH CLAIMS – WHO AND WHAT TYPE OF CONDITION?

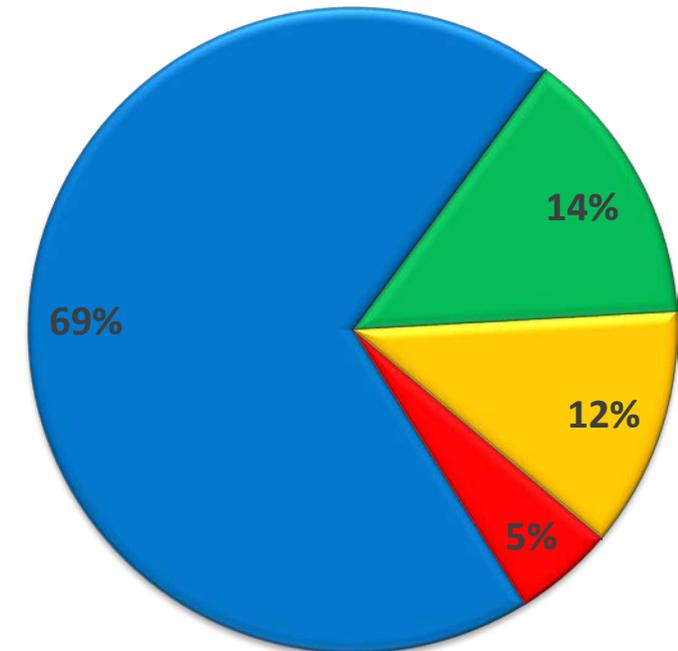
- Median age 44 years
- 60% female (compared with ~33% for all other claims)
- 78% work full time

Occupations commonly represented:

Clerical and administrative workers
Protective service and emergency workers
Teachers and education aides
Road and rail drivers

Industries commonly represented:

Public administration and safety
Health care and social assistance
Education and training



- Stress/anxiety
- Depressive disorders
- Post-traumatic stress
- Other

MENTAL HEALTH CLAIMS – WHAT FACTORS ARE ASSOCIATED WITH TIME LOSS?

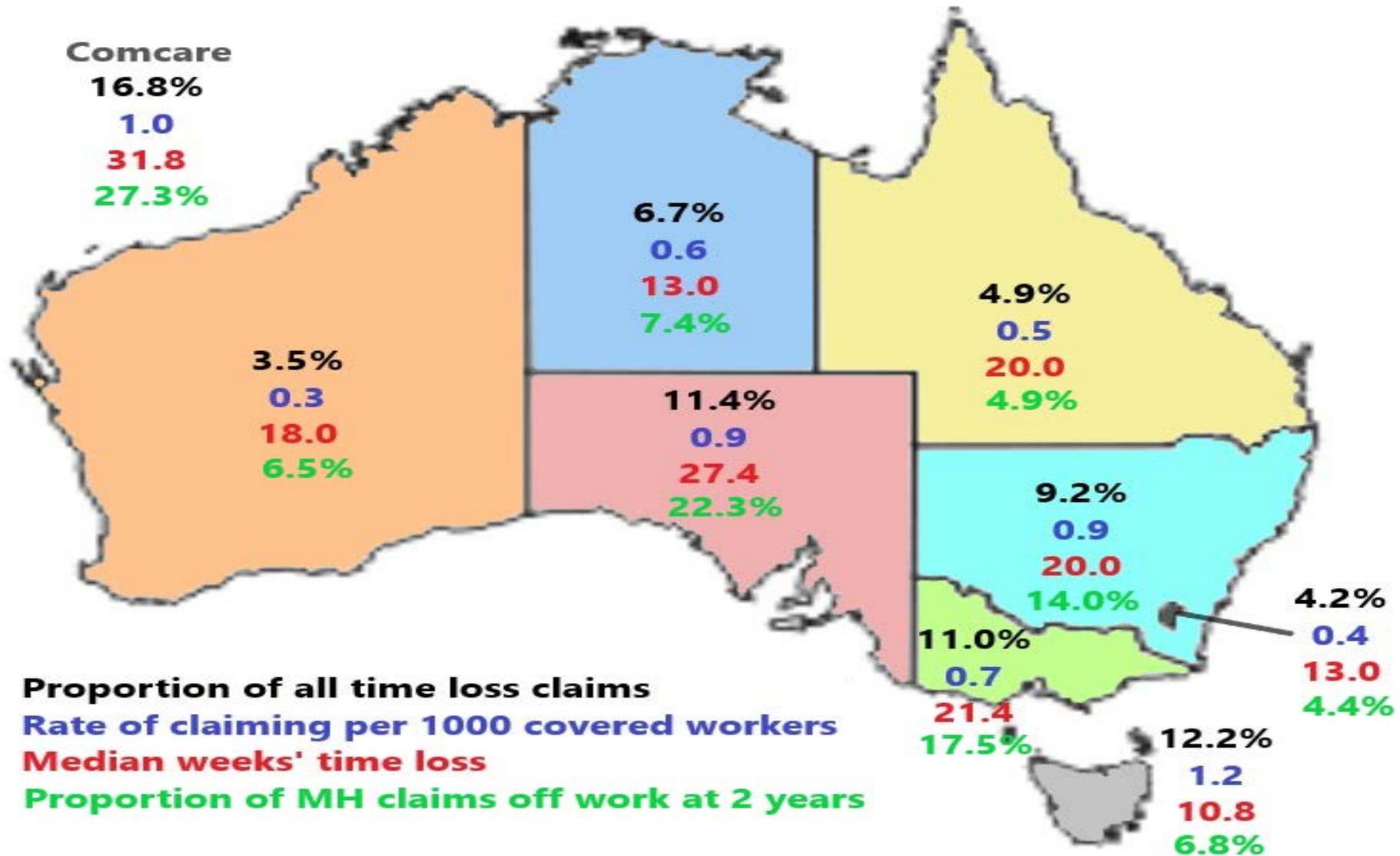
LESS TIME LOSS

REFERENCE

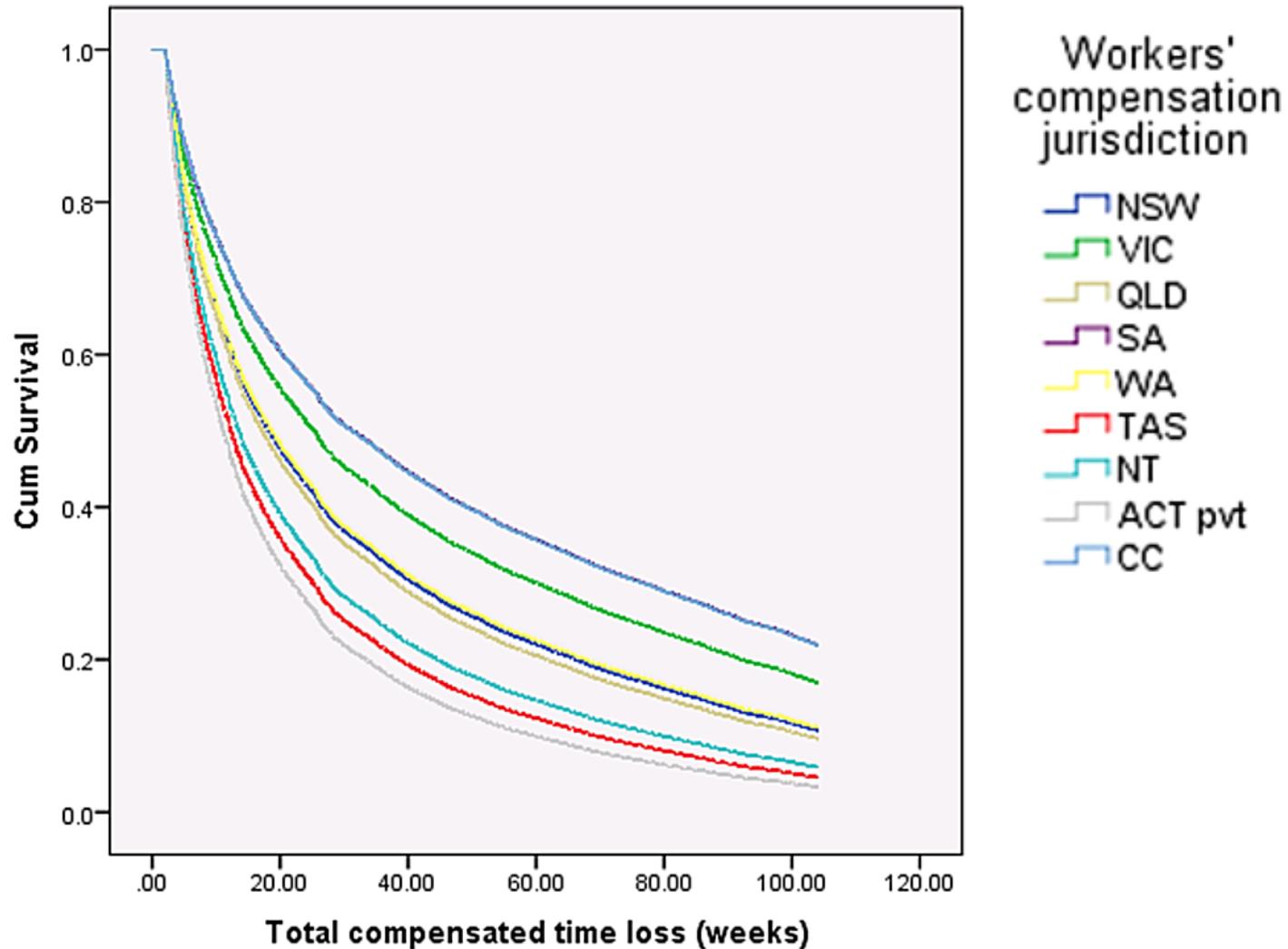
MORE TIME LOSS

←	REFERENCE	→
Younger age (15-34 years)	45-54 years	
Transport, postal and warehousing Education and training Health care and social assistance	Public administration and safety	Agriculture, forestry and fishing industry Construction industry Wholesale trade industry Financial and insurance services
Nursing and nursing support workers Technicians, tradespeople and farmers Community and personal service workers Road and rail drivers	Clerical and administrative workers	Protective service and emergency workers
	Stress/anxiety	Depressive disorders Post-traumatic stress
Tasmania Northern Territory Australian Capital Territory	New South Wales	Victoria South Australia Comcare

MENTAL HEALTH CLAIMS – WHERE?



MENTAL HEALTH CLAIMS – JURISDICTIONAL VARIATION



Controlling for other factors, there are still differences between jurisdictions.

These variations likely driven by:

- Differences in industry profiles between jurisdictions
- Variations in policies to successfully make a claim

Found that there are some factors associated with prolonged duration of time off work following a work-related mental health condition.

These results may help define at risk groups and can aid in the development of interventions to prevent sick leave or reduce sickness absence due to mental health conditions.

Provides further justification for future research into jurisdictional policy and practice differences given the varying durations of time loss between jurisdictions.



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LONG-TAIL CLAIMS

WHY LONG-TAIL CLAIMS?

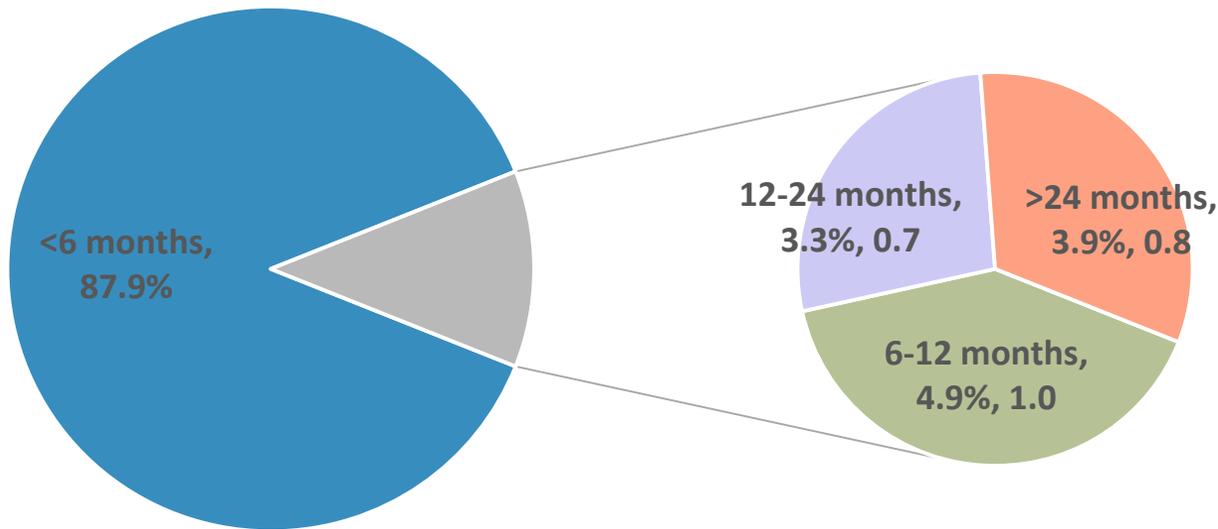
- Long-tail claims (for this study) are defined as those with a time loss of at least 6 months
- Make up a small percentage of claims but are very costly to insurers and employers
- Detailed understanding of the characteristics of these workers was required



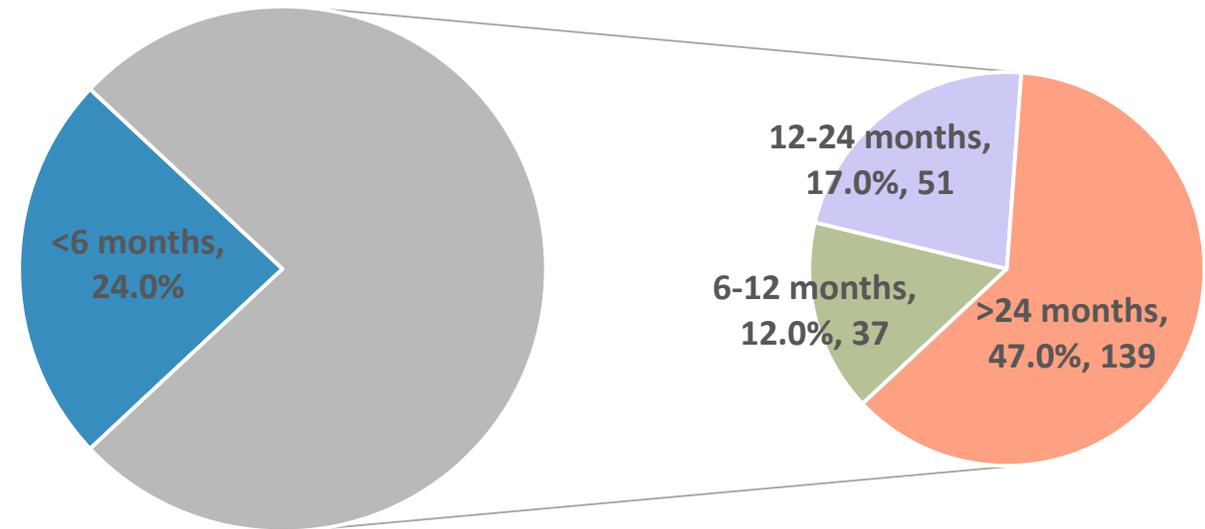
1. How frequent are long-tail claims in the Australian working population?
2. What proportion of total national compensated time loss can be attributed to long-tail claims?
3. What are the jurisdictional differences for long-tail claims?

LONG-TAIL CLAIMS – DESCRIPTION OF COHORT

Percentage of all claims and rate of long-tail claims per 1000 covered workers



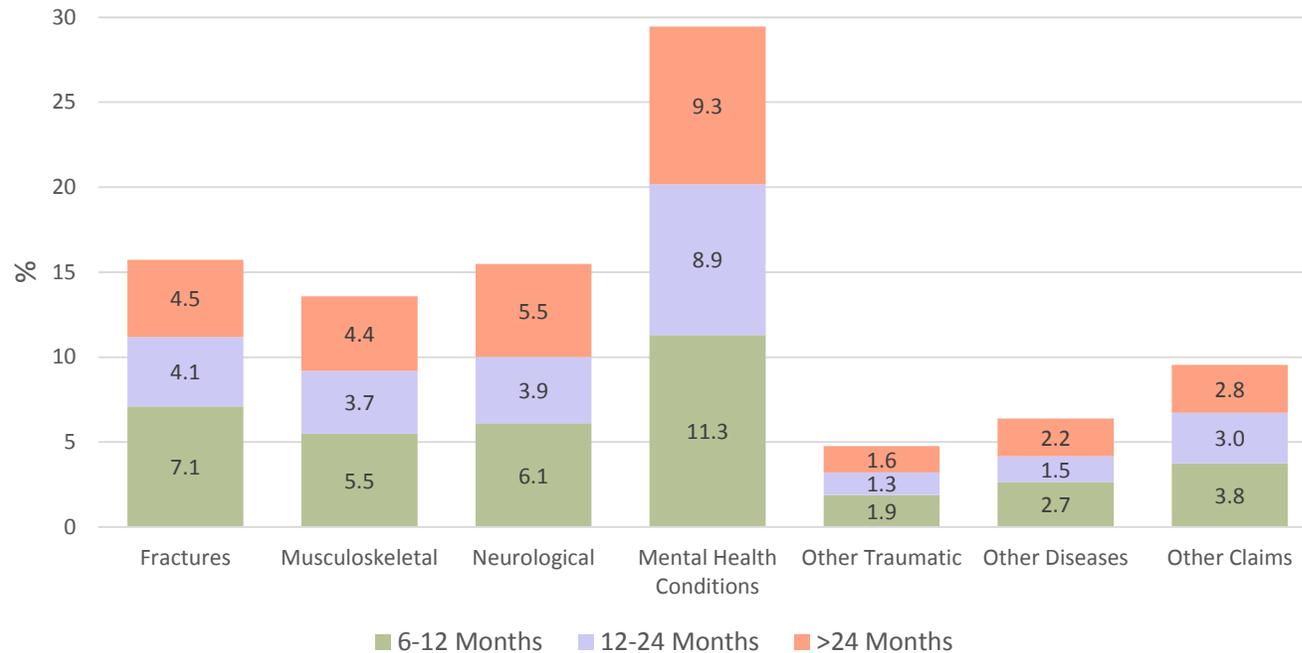
Proportion of all weeks compensated and the number of compensated weeks per 1000 covered workers



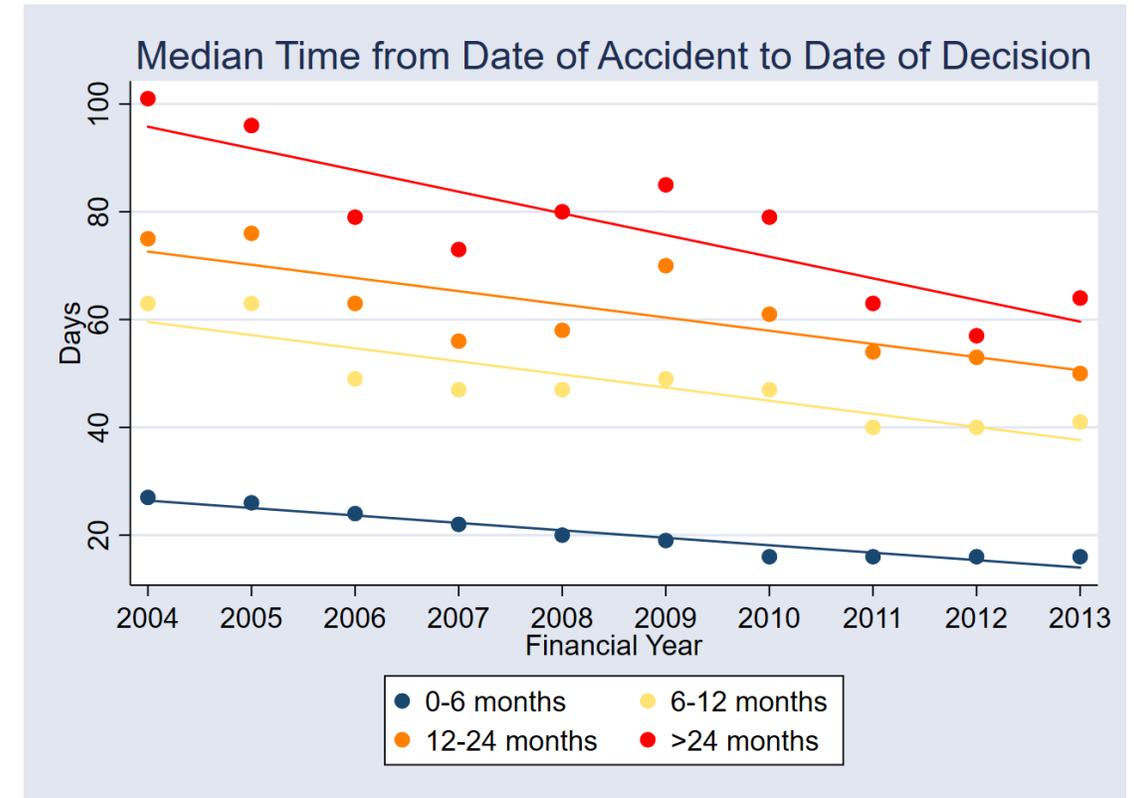
- Long-tail claims were responsible for 76% of total time compensated, despite representing just 12% of claims.
- Almost half of all time compensated was in those whose claims lasted more than 24 months.
- Rate of long-tail claims higher among males and older workers.

LONG-TAIL CLAIMS - ASSOCIATIONS

PERCENTAGE OF CLAIMS THAT WERE LONG-TAIL BY CONDITION TYPE



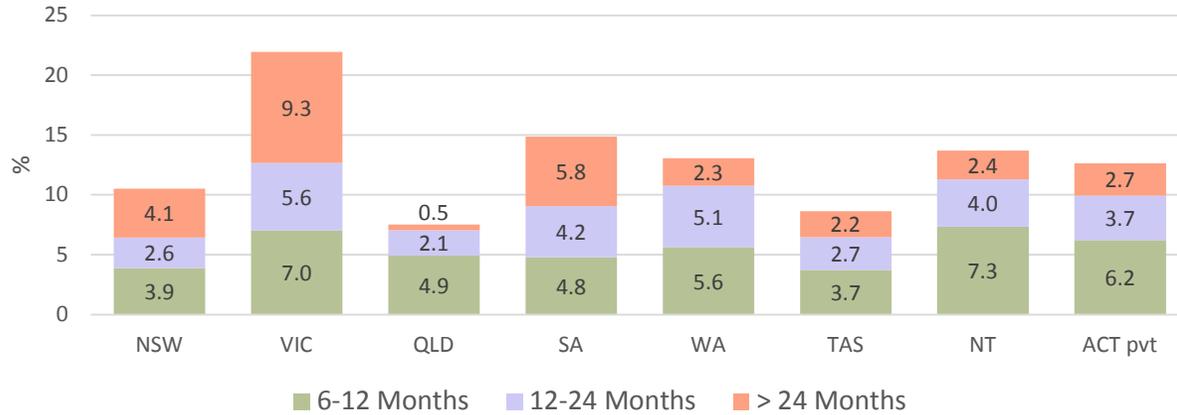
- 29% of MHCs lasted longer than 6 months, 9.3% longer than 24 months
- 84% of all weeks compensated for MHCs were for claims greater than 6 months



→ Longer duration claims have on average longer times between accident and decision dates.

LONG-TAIL CLAIMS – BY JURISDICTION

PERCENTAGE OF CLAIMS THAT WERE LONG-TAIL



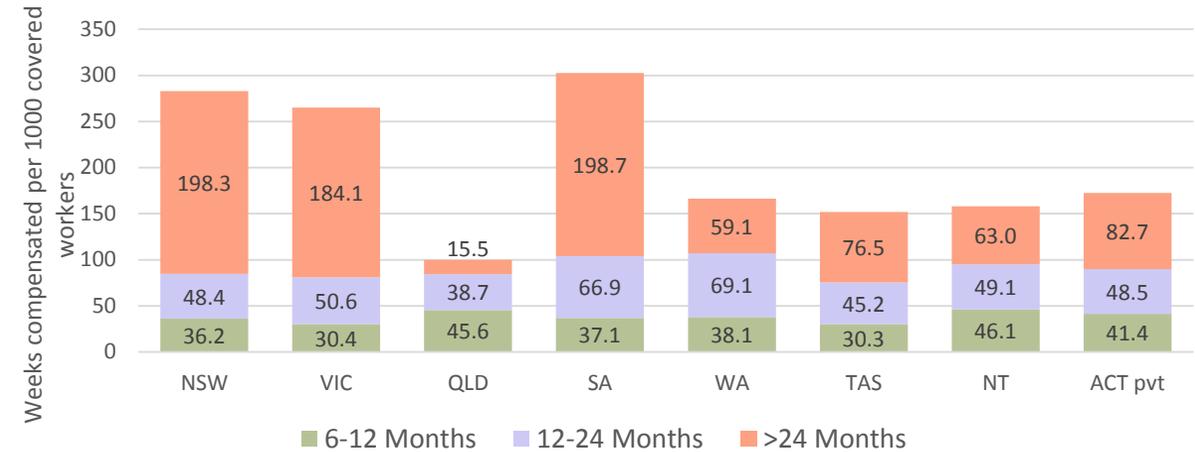
LONG-TAIL CLAIMS PER 1000 COVERED WORKERS



PROPORTION OF WEEKS COMPENSATED DUE TO LONG-TAIL CLAIMS



WEEKS COMPENSATED PER 1000 COVERED WORKERS



Long-tail workers' compensation claims persist to represent a major cost to compensation systems.

There were large variations in the pattern of long-tail claims between jurisdictions.

Long-tail mental health claims stood out as an area of concern.

There is a strong association between the time from date of accident to date of decision and the subsequent duration of time loss, suggesting an opportunity for earlier intervention.



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FIRST RESPONDERS

WHY FIRST RESPONDERS?

First responders (ambulance officers/paramedics, police, firefighters, emergency services personnel) are an important group of workers to society, and the nature of their jobs can mean that they are at a heightened risk for injury.

Physical and psychological hazards can include:

- heavy lifting
- vehicle accidents
- physical altercations
- direction interaction with drug or alcohol-affected people
- exposure to:
 - extreme temperatures
 - communicable diseases
 - chemicals
 - biological factors
 - trauma
 - violence



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1. What are the occupational risks of injury compared to all other occupations?
2. What factors are associated with injury?
3. What is the burden of injury-related disability compared with other occupations?

FIRST RESPONDERS – DESCRIPTION OF COHORT



Rate per 1000 covered workers	150.3	101.4	90.7
Relative risk (compared to all other occupations)	4.67	3.38	3.16
Sex with the highest risk	Female (47% higher risk)	Male (50% higher risk)	Female (16% higher risk)
Age group with the highest risk	45-54 years	45-54 years	25-34 years
Age group with the lowest risk	<24 years	<24 years	55+ years

FIRST RESPONDERS – RISK OF INJURY

Averaged hazard ratios (likelihood that an individual would experience the event) across three time periods: 2004-2006, 2007-2009, 2010-2012

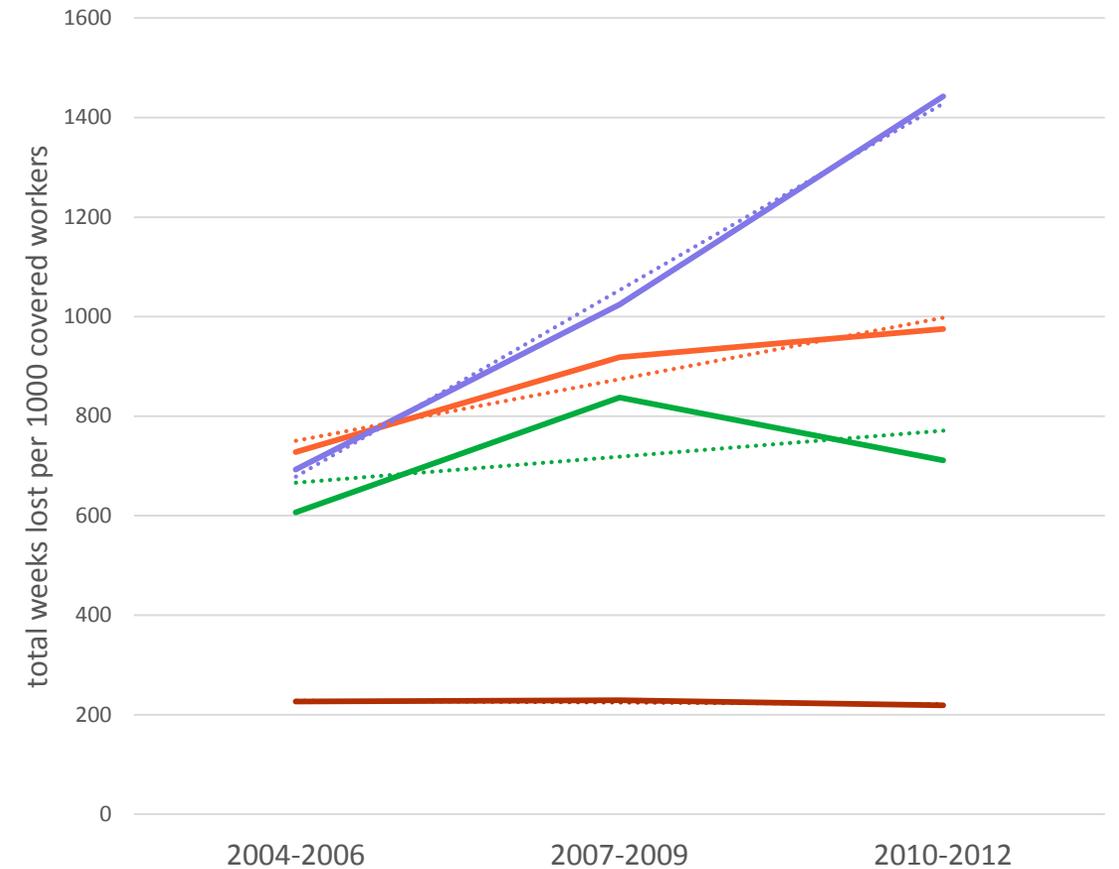
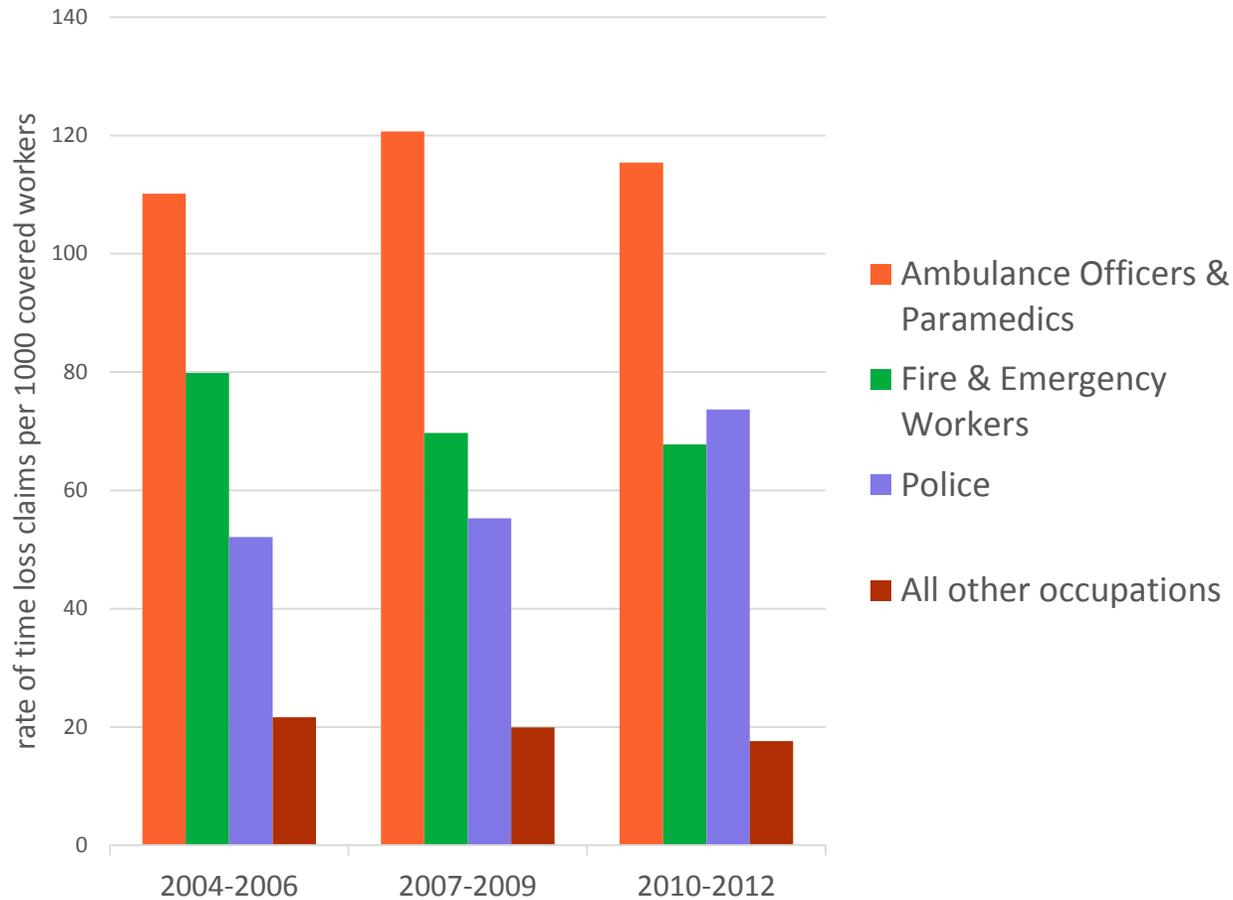


Upper body musculoskeletal	21.5	5.4	3.2
Lower body musculoskeletal	8.9	11.7	5.4
Mental health conditions	10.3	4.8	15.5
Other traumatic injury	4.2	3.6	3.0

*Compared to all other occupations, e.g. Police are 15.5 times more likely to claim for mental health condition than all other occupations.

FIRST RESPONDERS – INCIDENCE OF TIME LOSS CLAIMS AND BURDEN OF INJURY

injury burden (total weeks lost per 1000 covered workers) = $\frac{\text{number time loss claims} \times \text{mean weeks lost}}{\text{number covered workers}} \times 1000$



First responders record significantly higher rates of occupational injury claims than other occupations.

Not only are first responders exposed to a significantly higher rate of occupational injury than all other occupations combined, but they experience differential injury patterns depending on their occupations.

These results suggest that injury prevention efforts should reflect these differences and be targeted to occupation-specific patterns of injury.

Increasing burden of injury (particularly among Police) suggests opportunities for interventions that reduce time spent away from work.

- **COMPLETED:** Nurses and ambulance officers
 - Including occupational violence
- **UNDERWAY:** Government employees
- **TO DO:** Self-insured organisations

Thank you!

Please feel free to make contact
with our research group or view our
website.



www.monash.edu.au/med/iwhgroup



med-IWHGroup@monash.edu