

**Submission  
No 161**

## **INQUIRY INTO NSW WORKERS COMPENSATION SCHEME**

**Organisation:** Painaustralia

**Date received:** 17/05/2012

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**Parliament of New South Wales  
Legislative Council**

**Standing Committee on Law and Justice**

**Inquiry into Workers' Compensation System  
New South Wales**

**Submission by**

**pain**australia™  
working to prevent and manage pain

## **PAINAUSTRALIA – WHO WE ARE**

Painaustralia is a national network of health care, consumer and other organisations that are committed to improve the quality of life for people living with pain, their families and carers, and to minimise the burden of pain on individuals and the community.

We do this by working with our members, governments, employers, funders, insurers and other stakeholders to implement the recommendations of the National Pain Strategy.

Painaustralia member organisations represent people living with pain (and disability), and all health care disciplines working with pain, including pain medicine specialists, rehabilitation physicians, counsellors and service providers, clinical psychologists, physiotherapists and other allied health professionals.

**The National Pain Strategy** was developed by over 200 representatives of 150 health care, consumer and other stakeholder organisations, with input from employer, WorkCover and Insurer organisations. The strategy was unanimously supported by these bodies at the National Pain Summit, held at Parliament House Canberra in March 2010.

Painaustralia members are vitally interested in contributing to proposed WorkCover reforms, especially with regard to the way that workplace injuries are diagnosed and managed, so as to improve outcomes for all parties - employees, employers and insurers.

## **SUMMARY OF SUBMISSION**

The purpose of our submission is to advocate for the adoption by WorkCover of:

### **1. Best Practice Strategies for the assessment and management of workplace injuries and pain**

The adoption of current Best Practice protocols by WorkCover will ensure early assessment and management of workplace injuries to promote effective recovery, and prevent transition to chronic conditions and long term disability.

Best Practice strategies are recommended in the National Pain Strategy and these have already been incorporated into a NSW state-wide pain plan developed by the NSW Agency for Clinical Innovation and recommended to the Minister for Health, for implementation. The Minister has indicated she will make an announcement in relation to this within the next month.

### **2. A proposed large-scale trial of an early identification and intervention protocol recommended and detailed in the submission from the Pain Management Research Institute and George Institute**

The proposal is based on a pilot study conducted between 2004 – 8 among 160 injured workers at Concord Hospital, which demonstrated that early assessment

and intervention after injury, for workers at high risk of long term disability, can reduce lost time from work as well as compensation costs for this group.

In the first year alone, savings were up to 25 percent compared with similar 'high risk' individuals from an earlier cohort, leading to substantially reduced premiums for the hospital. The results of this study were consistent with several from overseas (Nicholas et al., 2011), but still need to be confirmed locally with a rigorous large-scale trial beyond one site.

There is strong support for the proposed study from Painaustralia members, including consumer groups and health care professional bodies working in occupational rehabilitation and also from employer bodies.

We believe that it is in all our interests, injured workers and their families, employers, and insurers, that well-founded studies of this sort be encouraged to ensure that we support world's best practice in work injury management and disability prevention. Ultimately, this will give us a better chance of providing a cost-effective workplace rehabilitation service.

### **3. Improved education and training opportunities for case managers, scheme agents and workplace rehabilitation officers, to ensure they are aware of, and can apply, best practice strategies**

In summary, we advocate an approach which focuses on:

- Early identification and appropriate help for the relatively small proportion of injured workers at risk of delayed recovery and long-term disability,
- Ensuring workers have access to these services, and that those responsible for delivering them have appropriate education and training,
- Introducing more efficient and effective case management protocols as a priority, rather than legislate for measures to curb worker benefits and access to effective programs.

Painaustralia members would welcome the opportunity to collaborate with WorkCover and other stakeholders to develop programs which meet these objectives.

## **SUBMISSION**

### **1. Best Practice Strategies for the assessment and management of workplace injuries and pain**

**Best practice strategies for the management of pain associated with injury or other causes are based on a fundamentally new understanding of the nature of pain, especially chronic pain**

The National Pain Strategy was developed in the context of this new understanding which is based on the remarkable advances in neuroscience and medical knowledge over the last decade.

A growing body of evidence here and internationally, demonstrates that if acute pain conditions are not adequately managed in a timely way, the pain can become chronic, and may persist, long after the injury has healed. At this stage, the chronic pain can be shown to be associated with changes within the brain and the central nervous system, which many is now considered to constitute a disease in its own right.<sup>1</sup>

Such changes are essentially permanent, not curable and not completely controllable with currently available treatment. Hence, Best Practice management of pain arising from injury or other cause, calls for early intervention in order to avoid progression to a chronic and irreversible condition.

In the context of this new understanding of pain, changes were made last year by the Federal Department of Families, Community Services and Indigenous Affairs, (FaCSIA) to the way that people with chronic pain conditions are assessed under the new Disability Support Pension Assessment Tables.

It is vital that other areas of Government and the community generally grasp this new understanding of pain, especially chronic pain, so that people experiencing pain are properly assessed and treated appropriately, with a multidisciplinary approach.

#### **Factors contributing to the experience of pain and transition to chronic pain:**

It is widely recognized that physical, psychological and environmental factors all contribute to the experience and impact of pain.

In cases of soft tissue (minor) work injuries sustained in the workplace, the available evidence from around the world is that the main obstacles to return to work are more related to personal factors (eg. distress and fears of re-injury) and unresolved workplace issues than actually physical injury.<sup>2</sup>

The vast majority of people return to work after such injuries with little or no time off, but some do not, and the longer they are off work the greater the chance that they will develop chronic pain and associated disability. This progression causes major losses to the worker, their family, and their employer.

However, this costly scenario can be prevented if pain is dealt with soon after the injury rather than waiting for all pain to resolve.<sup>3</sup>

## **2. A proposed large-scale trial of an early identification and intervention protocol recommended and detailed in the submission from the Pain Management Research Institute and George Institute**

The benefits of early assessment and intervention were demonstrated in the outcomes of a pilot study at Concord Hospital, between 2004-8 for managing soft tissue (minor) work place injury and associated pain.

The key elements used in the trial were completely consistent with current WorkCovers Soft-tissue injury guidelines. However currently there are often significant delays in implementation, with months passing before these steps are undertaken. After 6 months, if still unable to work, the injured worker can lose their job. Once that happens, finding another job (for a worker with a previous workplace injury) can be very difficult.

This situation has resulted in thousands of NSW workers ending up with chronic pain, severe disability and loss of income along with poor return to work prospects. This unsatisfactory outcome has a severe impact on the worker and their family, as well as upon our society.

Furthermore, this process is costing employers and insurers vast amounts for no tangible gain. It is especially sad when it is realized that much of this situation is avoidable by using methods already known, but inconsistently used, largely due to limited training of health care practitioners, and lack of relevant knowledge by employers and insurers.<sup>4</sup>

Essentially, a systematic approach is needed which involves all parties - worker, employer and health practitioner working in a collaborative manner to resolve problems, and avoiding senseless conflict which can arise if the treatment and rehabilitation period is prolonged unnecessarily.<sup>5</sup>

## **3. Improved education and training opportunities for case managers, scheme agents and workplace rehabilitation officers, to ensure they are aware of and can apply best practice strategies**

The knowledge that early intervention will improve recovery and increase return to work rates of individuals with significant injuries is not in itself new. There are numerous academic references which demonstrate how costly the consequences can be when this knowledge is not put into practice.<sup>6</sup>

Improved education and training for case managers, rehabilitation officers and scheme managers is needed to address this failing.

**The key principles and relevant action advocated in this submission are:**

- To provide appropriate case assessment and support and at the same time, empower individual workers to play an active role in their own rehabilitation and recovery, and so improve their quality of life (and that of their families).
- Ensure that all parties work collaboratively towards a common goal of effective recovery and return to work.
- Reduce the likelihood of long term disability
- Through this, reduce costs and long term insurance liabilities.
- By extension, this will provide a social benefit to the wider community through more targeted, efficient use of medical and rehabilitation resources
- Help reduce costs to the health system by preventing long term disability and associated health care costs.
- To contribute to an efficient and cost-effective Workers' Compensation Scheme

***For details of trial and associated recommendations, refer: Submission Pain Management Research Institute, George Institute.***

This submission has been prepared in consultation with:

- Professor Michael Nicholas, Director, Pain Education and ADAPT Pain Management Program, Pain Management Research Institute, University of Sydney, Royal North Shore Hospital, who would be available to provide evidence to the Inquiry.
- Dr. Guy Bashford, a representative of the Australasian Faculty of Rehabilitation Medicine
- Ms Ruth Ashfield Smith, Director Rehabilitation Counselling Association of Australia
- Ms Jenni Johnson, Manager Pain Network NSW Agency for Clinical Innovation

Contact: Ms Lesley Brydon  
Chief Executive Officer Painaustralia

Attachments:

1. Statement from Rehabilitation Counselling Association of Australia
2. Statement from Ms Narelle Caldwell, Former Director, Agent Operations, Workers Compensation Division, WorkCover NSW.

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1 Siddall PJ, Cousins MJ, Persistent Pain as a Disease Entity: Implications for Clinical Management. *Anaes Analg* 2004;99;510-520

Tracey I, Bushnell MC. How Neuroimaging Studies Have Challenged Us to Rethink: Is Chronic Pain a Disease? *The Journal of Pain* 2009; 10 (11): 1113-1120.

Fine PG. Long-Term Consequences of Chronic Pain: Mounting Evidence for Pain as a Neurological Disease and Parallels with Other Chronic Disease States. *Pain Medicine* 2011; 12: 996–1004

2 Waddell G, Burton AK. Concepts of rehabilitation for the management of low back pain. *Best Practice & Research Clinical Rheumatology* 2005; 19 (4): 655–670.

3 Waddell G, Burton AK. Concepts of rehabilitation for the management of low back pain. *Best Practice & Research Clinical Rheumatology* 2005; 19 (4): 655–670.

4 Williams CM, Maher CG, Hancock MJ, McAuley JH, McLachlan AJ, Britt H, et al. Low back pain and best practice care: A survey of general practice physicians. *Arch Intern Med* 2010;170:271-7.

5 Nicholas MK. Reducing disability in injured workers: the importance of collaborative management. In Linton SJ (ed). *New Avenues for the Prevention of Chronic Musculoskeletal Pain and Disability, Pain Research and Clinical management*, Vol 12. Elsevier Science BV (pp. 33-46) 2002.

Main CJ & George SZ. Psychosocial Influences on Low Back Pain: Why Should You Care? *Physical Therapy* Volume 91; Number 5 May 2011

6 Knowles, J, Glass, N, & Lord, T (2000). Report of the review of medical and associated costs in the Western Australian worker's compensation system [Online]. Available at <http://www.workcover.wa.gov.au>





## SUBMISSION TO THE PARLIAMENTARY INQUIRY INTO NEW WORKERS COMPENSATION SCHEME.

The Rehabilitation Counselling Association of Australasia (RCAA), is pleased to support the Painaustralia's submission to the Parliamentary Inquiry into NSW Workers Compensation Scheme.

The RCAA is pleased to support further randomized research into very early interventions of injured workers and to facilitate identification of possible long-term cases and prevention of complications and longer-term disability.

The RCAA advocate such practice and view this approach of very early intervention as beneficial particularly with specific relevant evidence as proposed by this further study.

The RCAA also view that there are major changes that need to be instituted into WorkCover guidelines for the better management of injured workers and sooner returns to work. This involves a contrary focus in the rehabilitation of injured workers as to what appears to be commonly practiced at this time.

It is viewed that inclusion of earlier, timely referral of injured workers for occupational rehabilitation to appropriately qualified and experienced allied health professionals is vital to achieve better outcomes.

Appropriate assessment, regular timely liaison with key stakeholders and monitoring by qualified and experienced medical and allied health practitioners is most appropriate. This attitude should be reflected by those employed by WorkCover Agents, Employers and WorkCover Occupational Rehabilitation Providers. There should also be a greater focus on the development of skills for allied health graduates.

It is also viewed that early and timely treatment interventions and monitoring of injured workers should be from a holistic perspective and should have a higher priority for safe and sustainable/durable employment being sourced.

Greater emphasis should also be placed on the work capabilities of injured workers for job placement. This should be from a holistic perspective where the physical, psychological and cognitive capabilities are considered, not just the work history and transferable skills.

The RCAA believe that the proposal by Painaustralia to undertake further research is timely and is supported by this organization for the benefit of



much better rehabilitation management, and effective resolutions of workplace injuries at more realistic cost.

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