



# Return to work service provider information session

23 May 2014

## Fit for work Restoration to the community



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Health and Return to Work Services

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Provider Performance

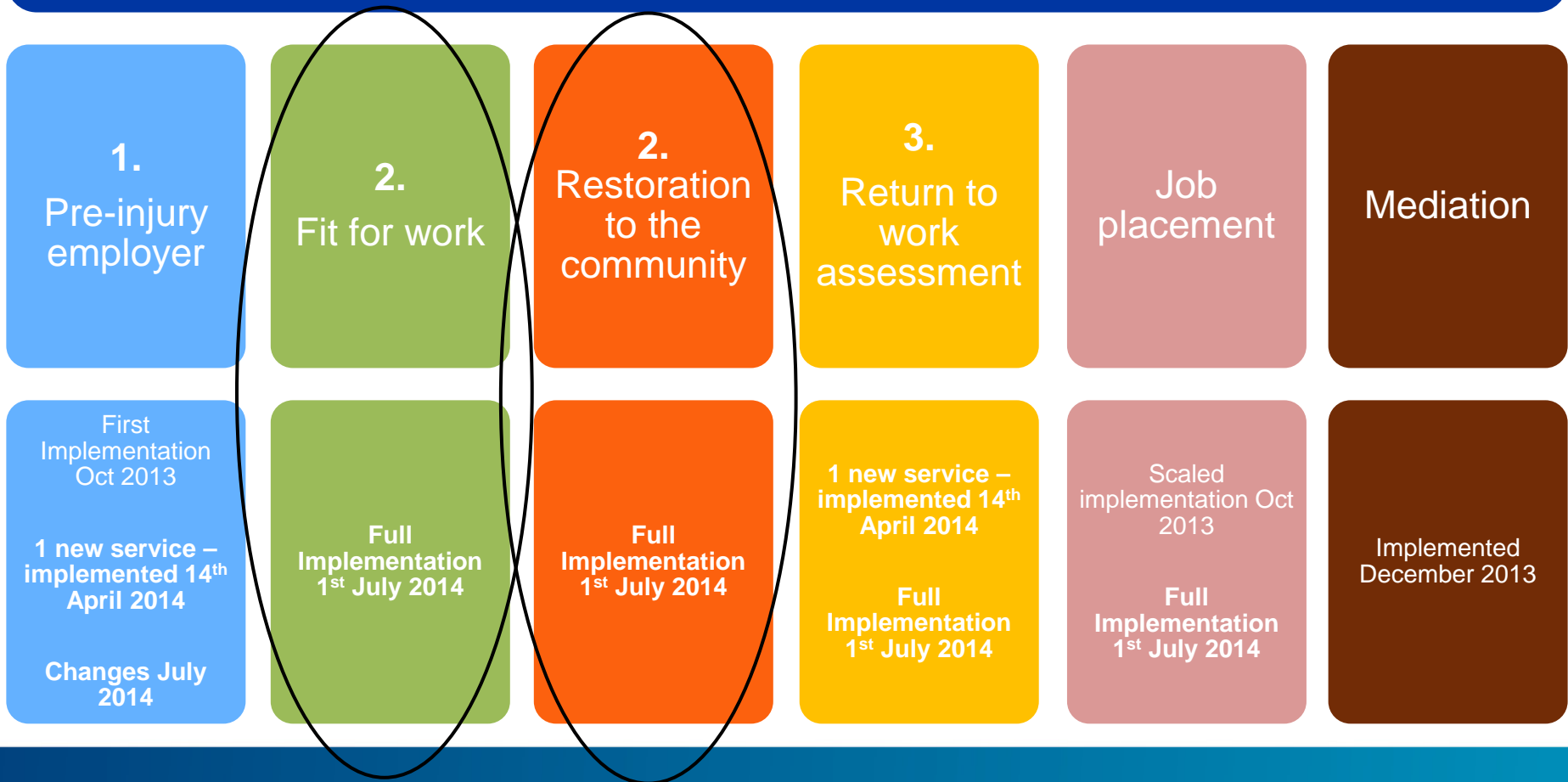
# Fit for work service (FFW) Restoration to community service

**PURPOSE:** To provide you an overview of the services “in practice”  
from 1 July 2014

## Agenda

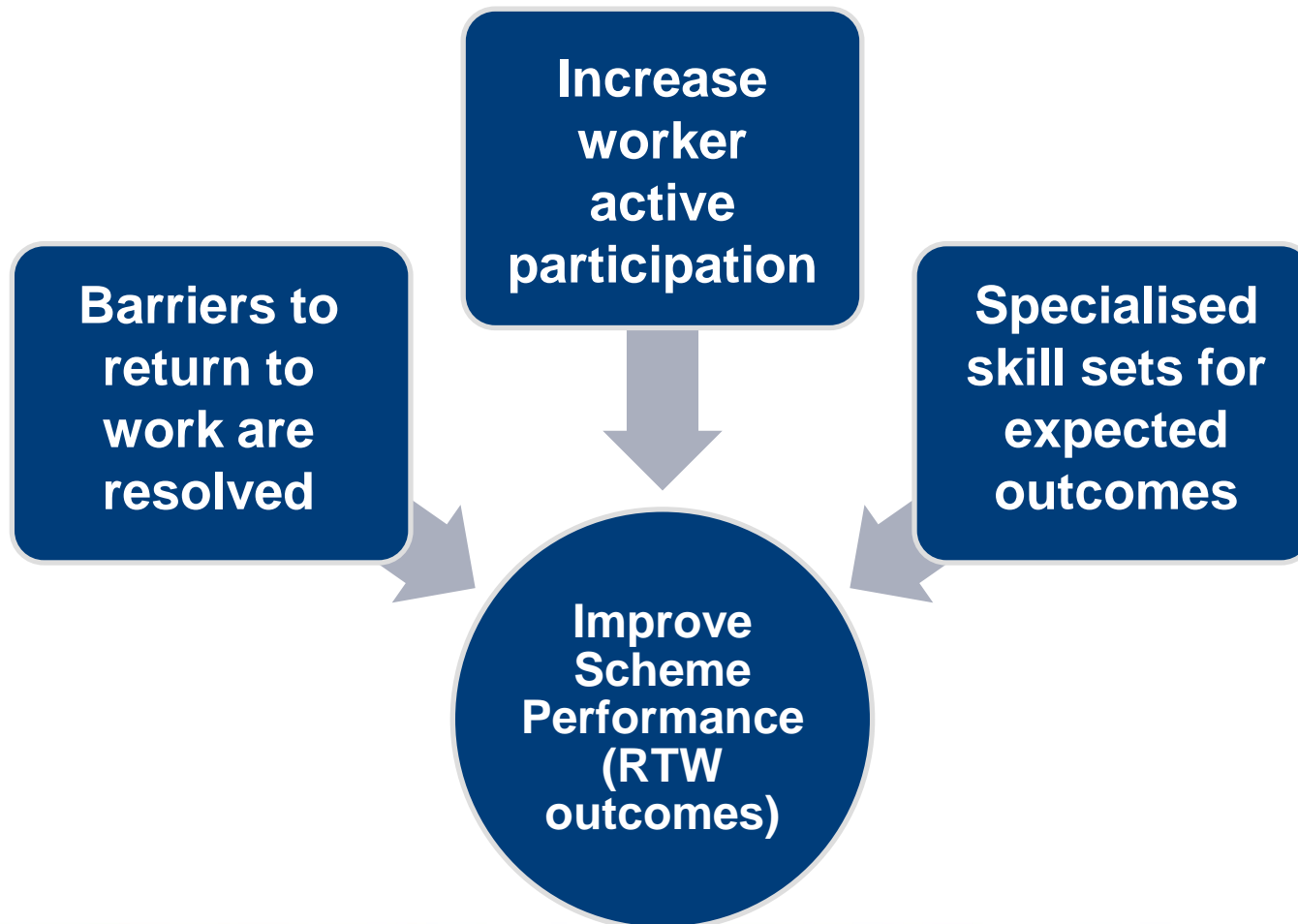
1. Background overview
2. Service overview
3. Outcomes in FFW
4. Understanding the business process – Referral to Closure
5. Performance Management (FFW service)

# Return to work services



# New “new employer” services

# How do we improve scheme performance in the NEW EMPLOYER context?



# How do we achieve these objectives in RTW Services?

## Fit for work service

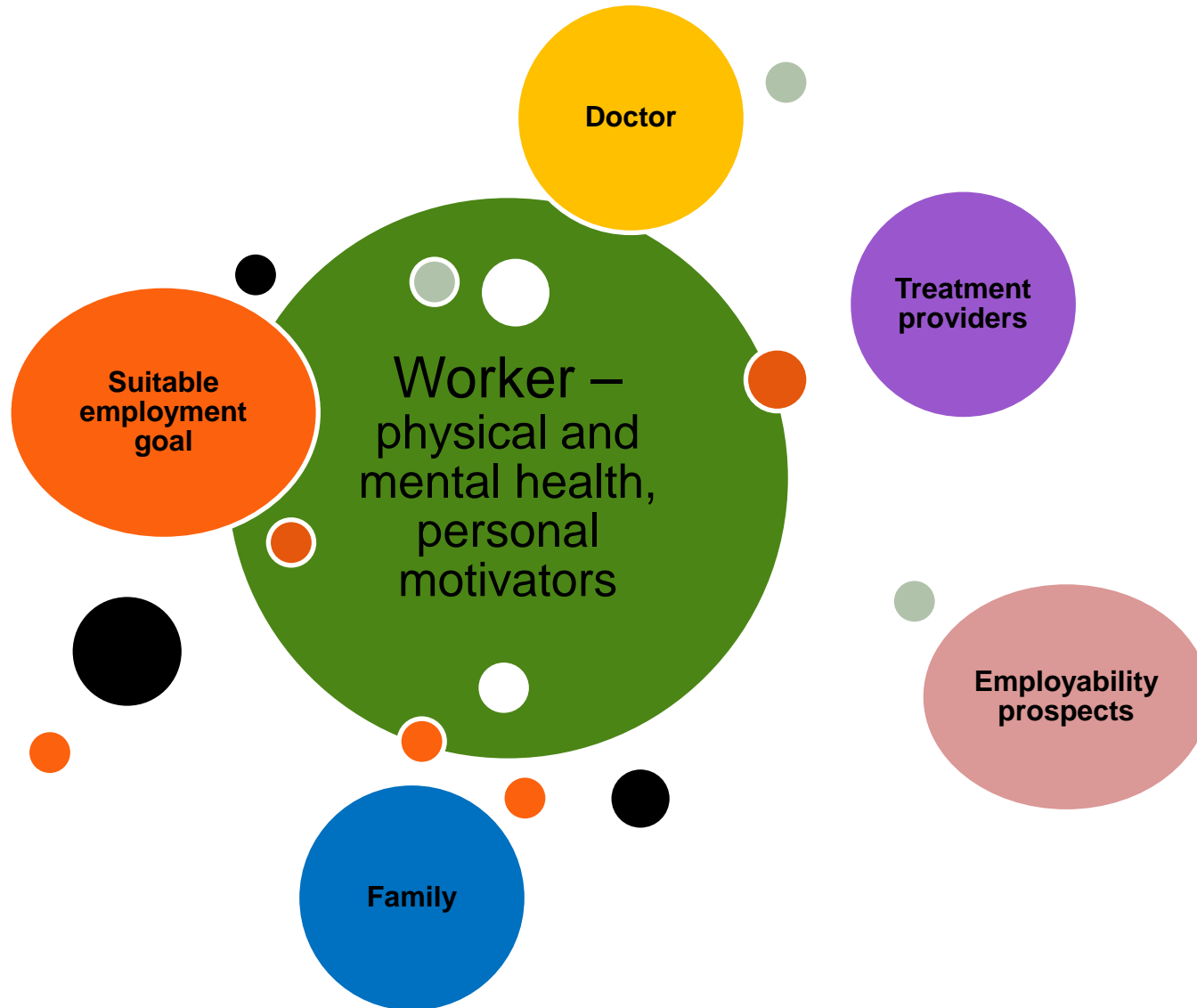
- Upgrade worker's medically certified work capacity
  - Resolving barriers to achieving an upgrade in capacity
  - Preparing the worker to participate in job placement services

## Job placement service

- Achieve durable paid suitable employment
  - Resolving barriers to achieving durable paid suitable employment
  - Increase the worker's independent job seeking skills

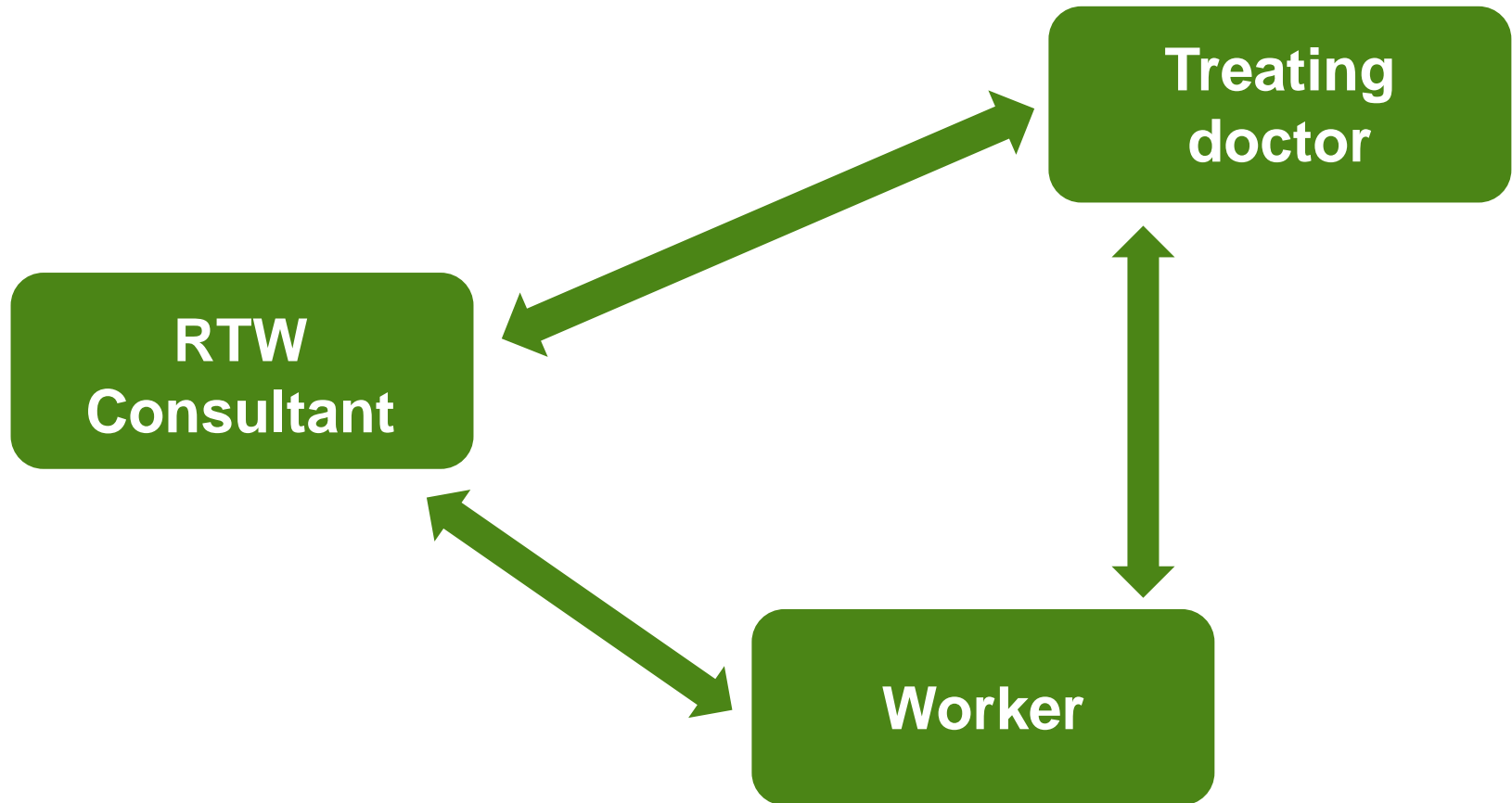
# Resolving barriers to achieving an upgrade in capacity

# Points of consideration





# Upgrading capacity is a negotiation process



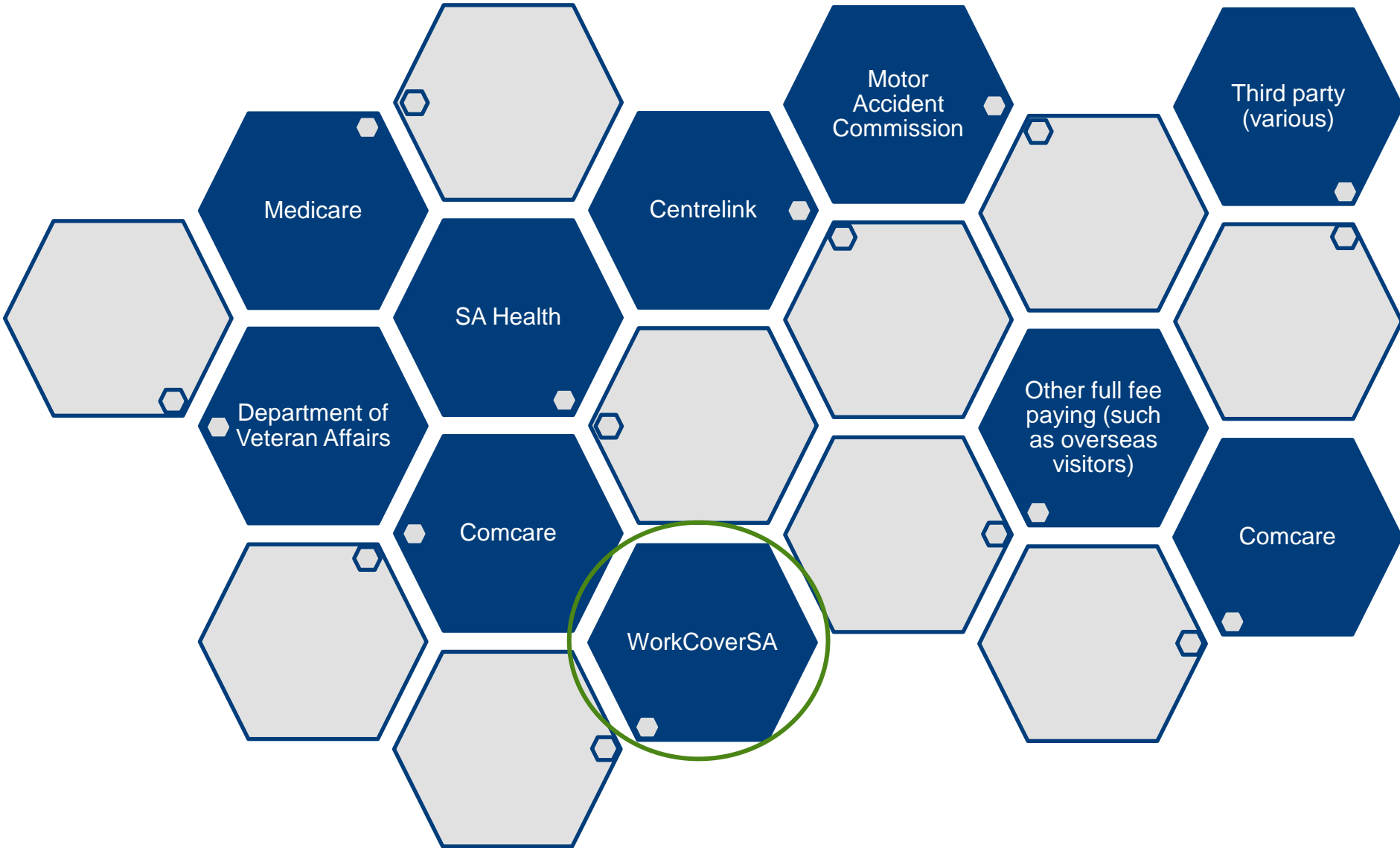
**Consider your interactions with doctors from a different perspective.....**

# A doctor's journey



When does training of the Workers' Compensation Scheme happen?

# Range of jurisdictions that a doctor works across.....



# Most common individual problems managed by GPs

(BEACH: Bettering the Evaluation and Care of Health 2009 – 10)



# GPs in South Australia

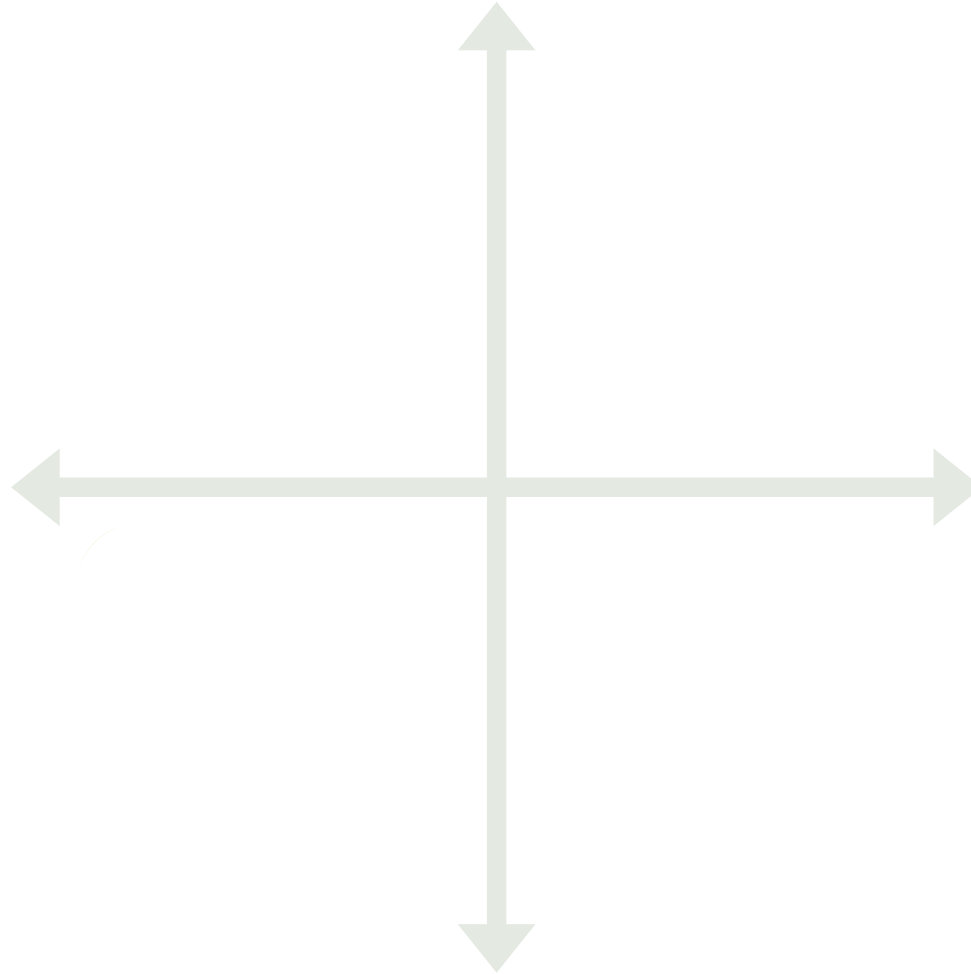
# Provision of WorkCover Services by South Australian GPs

(A helicopter view of SA GPs, 2009)

- For 1547 (77%) of all GP providers
  - WorkCover accounted for  $\leq 1\%$  of income
- WorkCover is estimated to finance less than 2-3% of all GP services provided by SA GPs

# General Practitioners in SA workers' compensation context

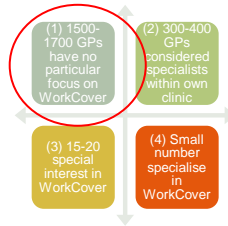
(A helicopter view of SA GPs and WorkCover services, 2009)





# Doctors and WorkCover Medical Certificate

## (1) No particular interest in WorkCover



### Certificate of Sickness



Government of South Australia  
Children, Youth and Women's Health Service

This is to certify that I have examined: -

Mrs/Miss/Ms/Mr ..... / .....

on .....

In my opinion she/he is/was suffering from: -

.....

She/he will be unfit for work from 9/5/13

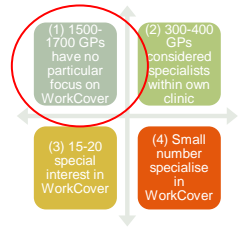
and up to and including 17/5/13

Signed ..... Date.....  
Qualifications..... ? .....

**High component of work**

**<1% of workload**

# (1) Why do doctors write what they write on the WorkCover Medical Certificate?



Lack of exposure to Workers Compensation system

Comparatively greater experience in completing sickness certificates

Time!!

No prior training in assessing and certifying medical capacity

Relationship with the worker

# How can you influence this group of doctors.....



WorkCoverSA Better together  
 SOUTH AUSTRALIAN WORKERS COMPENSATION  
 AGENT'S COPY 98453 01  
**WORKCOVER MEDICAL CERTIFICATE**

PLEASE PRINT LEGIBLY

Family name \_\_\_\_\_ Other names \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Stated date of injury \_\_\_\_\_  
 Employer \_\_\_\_\_

The worker's stated cause for this disability/disease is \_\_\_\_\_  
 \_\_\_\_\_

After examining the worker, it is my opinion that he/she is suffering from \_\_\_\_\_  
 \_\_\_\_\_

I consider that the disability/disease is consistent with the stated cause  Yes  No

**IN MY OPINION THE WORKER IS**

fit to return to pre-injury workplace duties on \_\_\_\_\_  
 fit to return to modified/other duties from \_\_\_\_\_ to \_\_\_\_\_  
 with the following restrictions \_\_\_\_\_

unfit for work, from **1/5/2014** to **1/6/2014**

**PLEASE TICK ALL RELEVANT STATEMENTS**

I have personal knowledge of the worker's workplace  Yes  No  
 I have discussed with the employer the kinds of work that might be appropriate for the worker in view of the disability  Yes  No  
 I have referred the worker to (eg medical specialist, other health professional) \_\_\_\_\_  
 Name of person referred to \_\_\_\_\_  
 I will reassess this worker  Yes on \_\_\_\_\_ or  No further review required  
 Other comments \_\_\_\_\_

I certify that I have examined/seen this worker on \_\_\_\_\_ at \_\_\_\_\_ AM / PM  
 Signed \_\_\_\_\_  
 Date of certificate \_\_\_\_\_

Name of doctor  
 Address  
 Telephone  
 Facsimile  
 Provider No  
 Email

17.1.17E - 1956\_CC - 5/2009



WorkCoverSA Better together  
 SOUTH AUSTRALIAN WORKERS COMPENSATION  
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 Signed \_\_\_\_\_  
 Date of certificate \_\_\_\_\_

Name of doctor  
 Address  
 Telephone  
 Facsimile  
 Provider No  
 Email

17.1.17E - 1956\_CC - 5/2009

**Able to lift up to 15kg, avoid above shoulder height activity, working 6 hours, 5 days per week**

# Doctors and WorkCover Medical Certificate (4. Specialising in WorkCover)



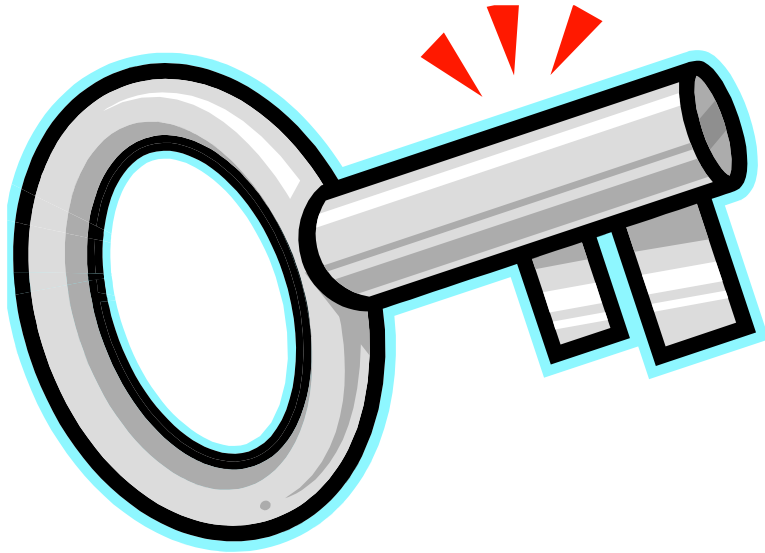
Greater exposure to WorkCover system and processes

Greater experience in certifying medical capacity

**If doctor is not providing an upgrade in capacity, what is the reason.....**

## Fit for work service

### Finding the right key



**To unlock the  
doctor's mindset....**

## Finding the right key can range.....

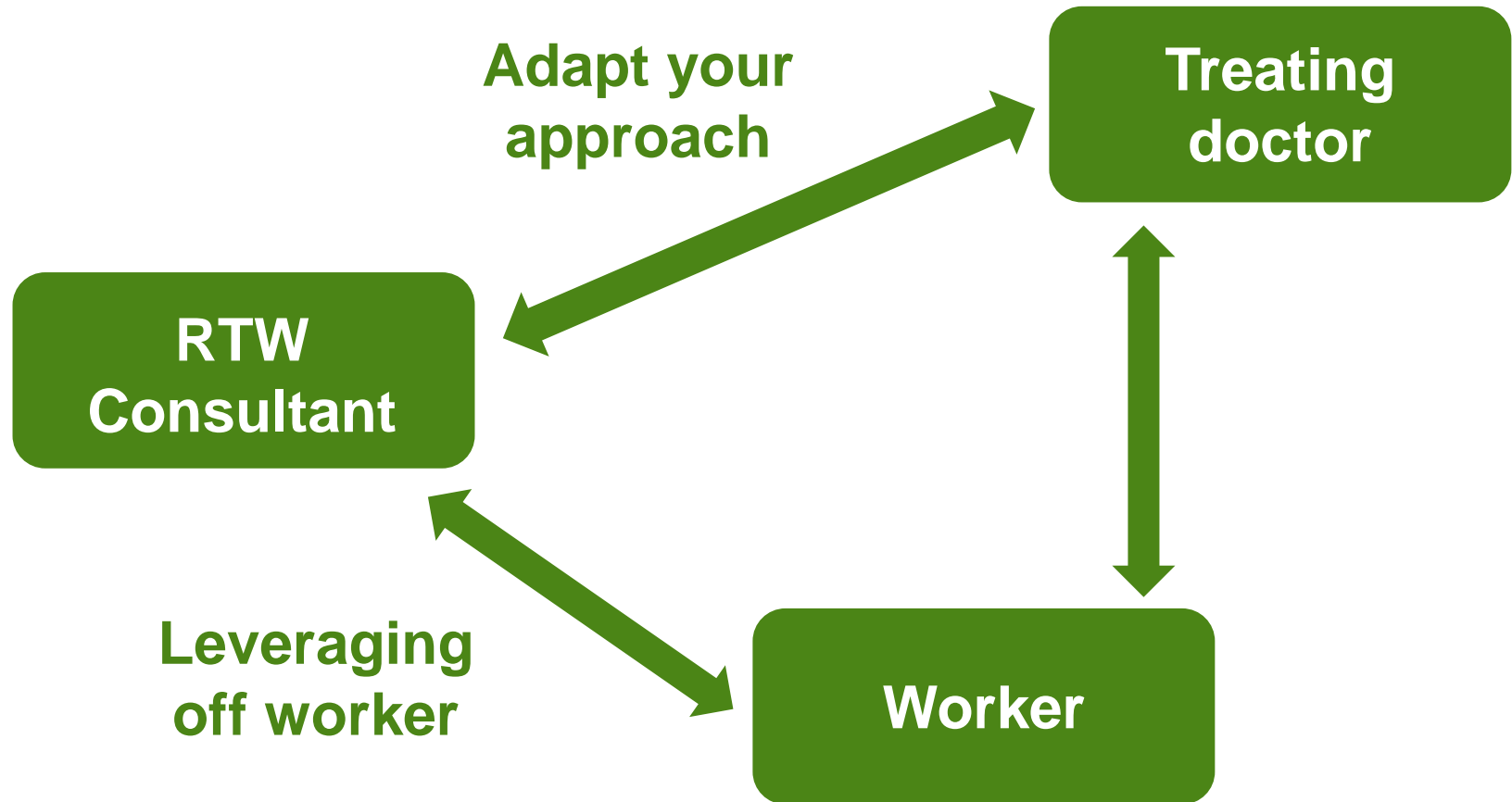


# Effective negotiation is about understanding the doctor



Effective negotiation is about adapting your approach.....

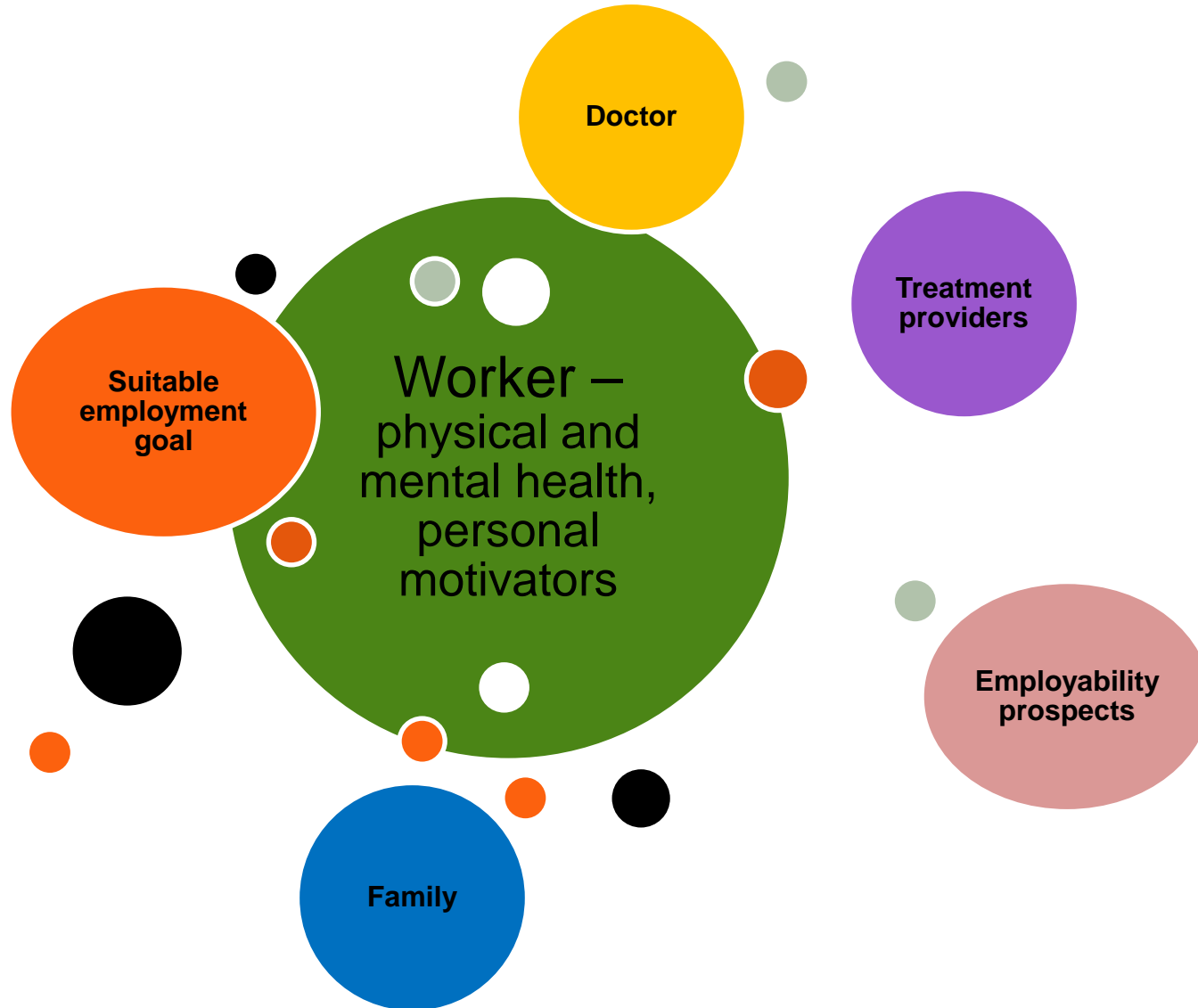
# Achieving upgrade in certified medical capacity.....



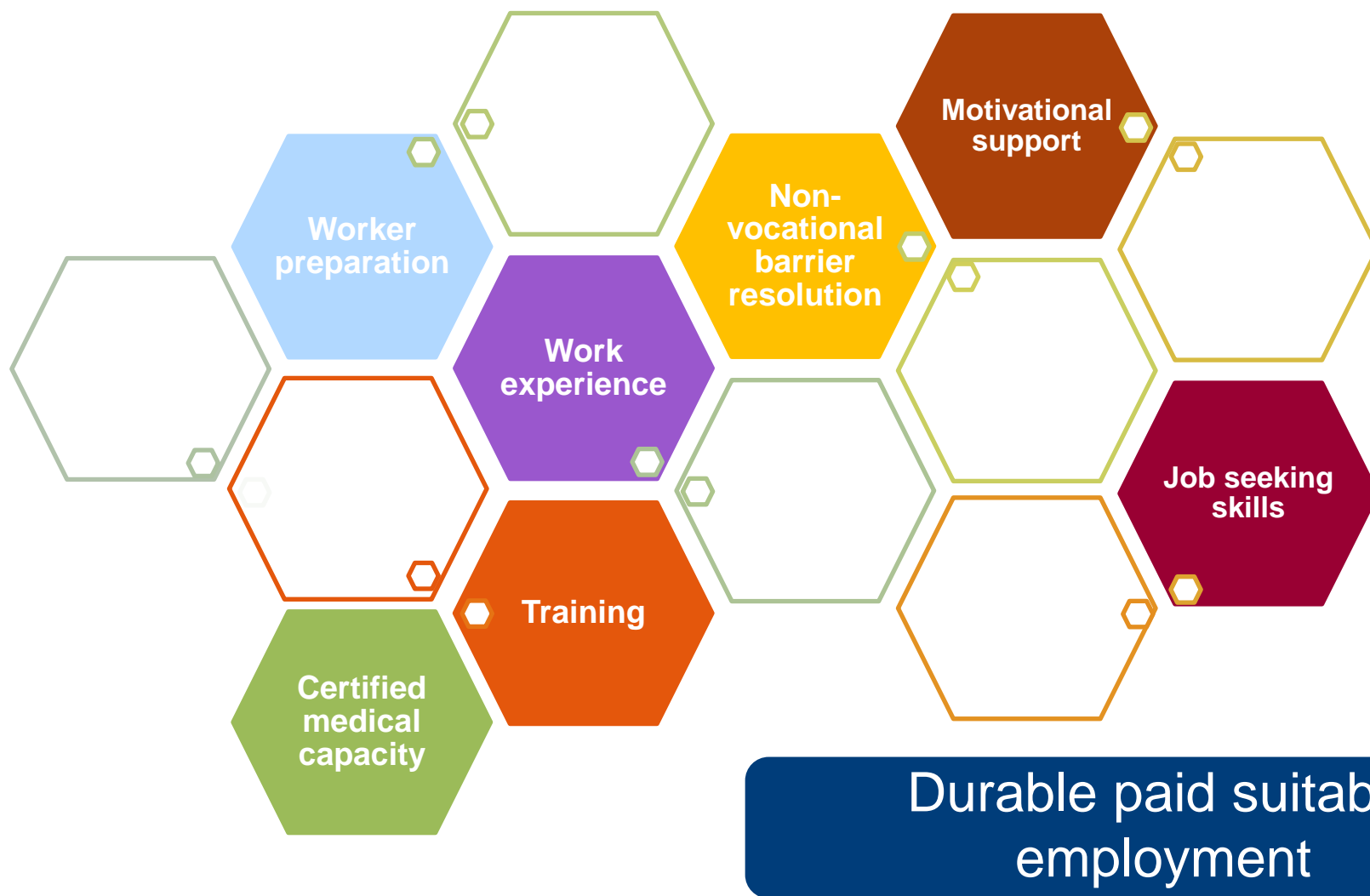


# Preparing the worker for active participation in job placement services

# Points of consideration



# Worker's journey to new suitable employment.....



# Job placement services

Is the worker able to independently job seek to gain suitable paid employment?

 NO

## Intensive job placement services

Worker is NOT able to job seek and gain paid employment independently

Worker requires assistance to develop job seeking skills

YES 

## Independent job seeking support

Worker is ABLE to job seek and gain paid employment independently (self-directed)

Worker will not require assistance in identifying suitable employment

# Job placement services

## Intensive job placement services

(26 week program)



## Independent job seeking support

(13 week program)

- **Activities to gain employment**
- **Individual job seeking support**
- **Group based job-search activities**
- **Reverse marketing and job carving**
- **Preparing a worker for interviews**
  - **Arranging work trials**
- **Assistance to overcome non-vocational barriers**
  - **Preparation for prospective employment**
  - **Aids, assistance to support employment**

- **Independent job seeking activity**



# Fit for work Service overview

# Expectation of Fit for work service

- **Short term intervention** (up to 15 weeks maximum)
  - No further extensions approved
- Goal is to achieve a durable upgrade in certified medical capacity in a **timely and cost effective** manner
- **Does not include any job seeking** assistance
  - Targeted and specific intervention



## Fit for work service purpose

**Upgrade the worker's medically certified work capacity to maximum hours, ideally pre-injury level**

Worker engagement

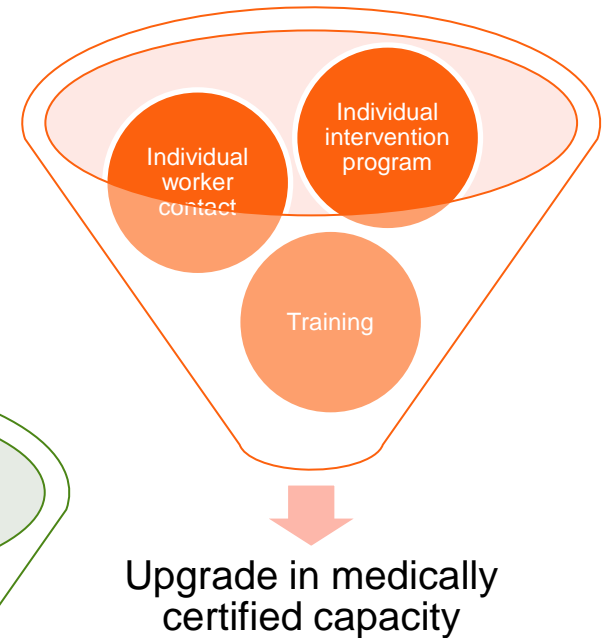
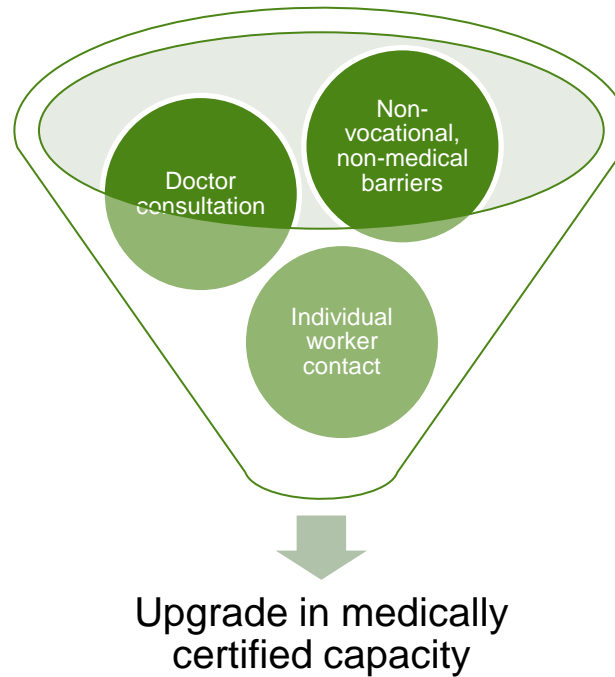
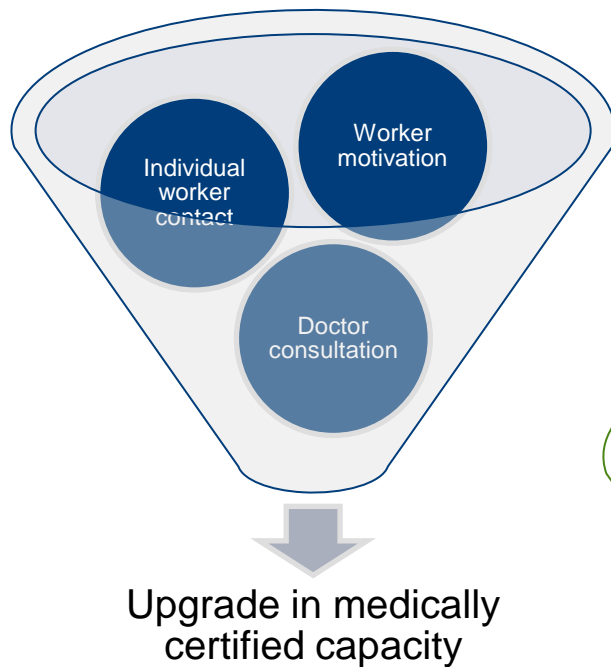
Effective doctor consultation

Worker preparation for JPS

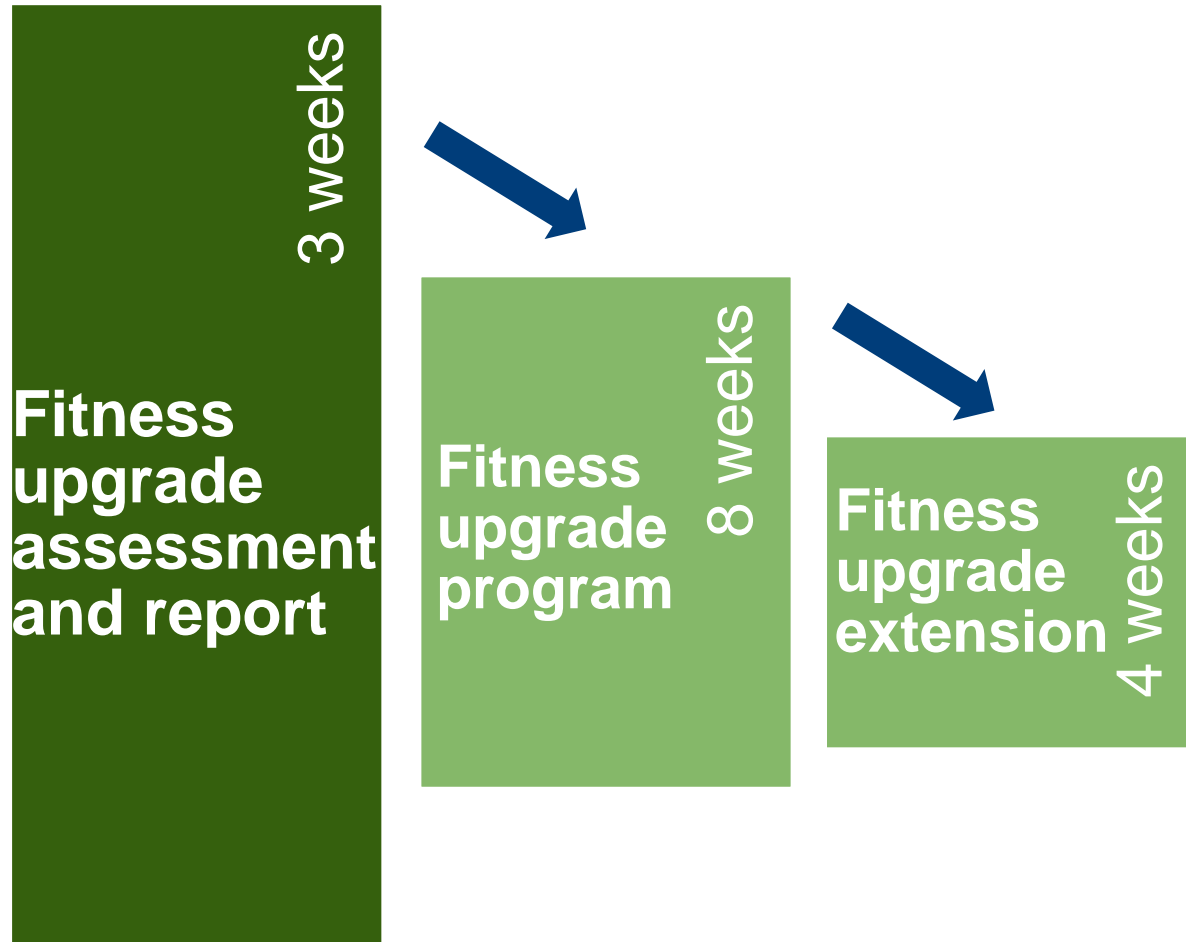
Durable certifications

**Durable paid suitable employment**

# Reaching the FFW goal will be different for individual workers.....



# The duration of Fit for work service will differ for each workers...



# RTW Consultant's tool kit



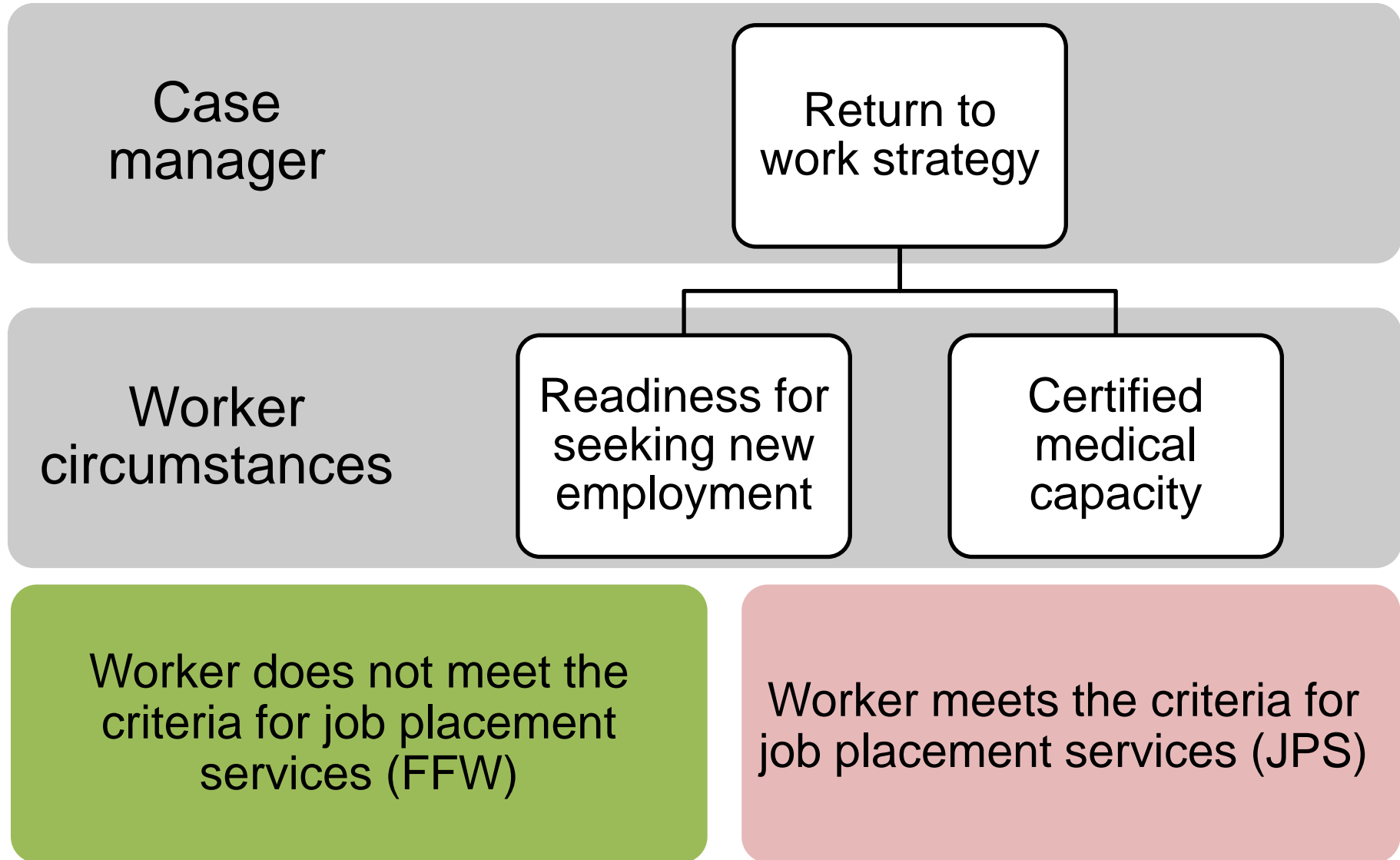
**Upgrade in medically certified capacity**

**Successful fit for work service is about skilful use of services to achieve the outcome.....**



**Where does Fit For Work service fit within the  
case manager's tool kit?**

# New employer service – CM's tool kit



# Eligibility criteria – certified medical capacity (hours)

Unfit for work

Pre-injury hours

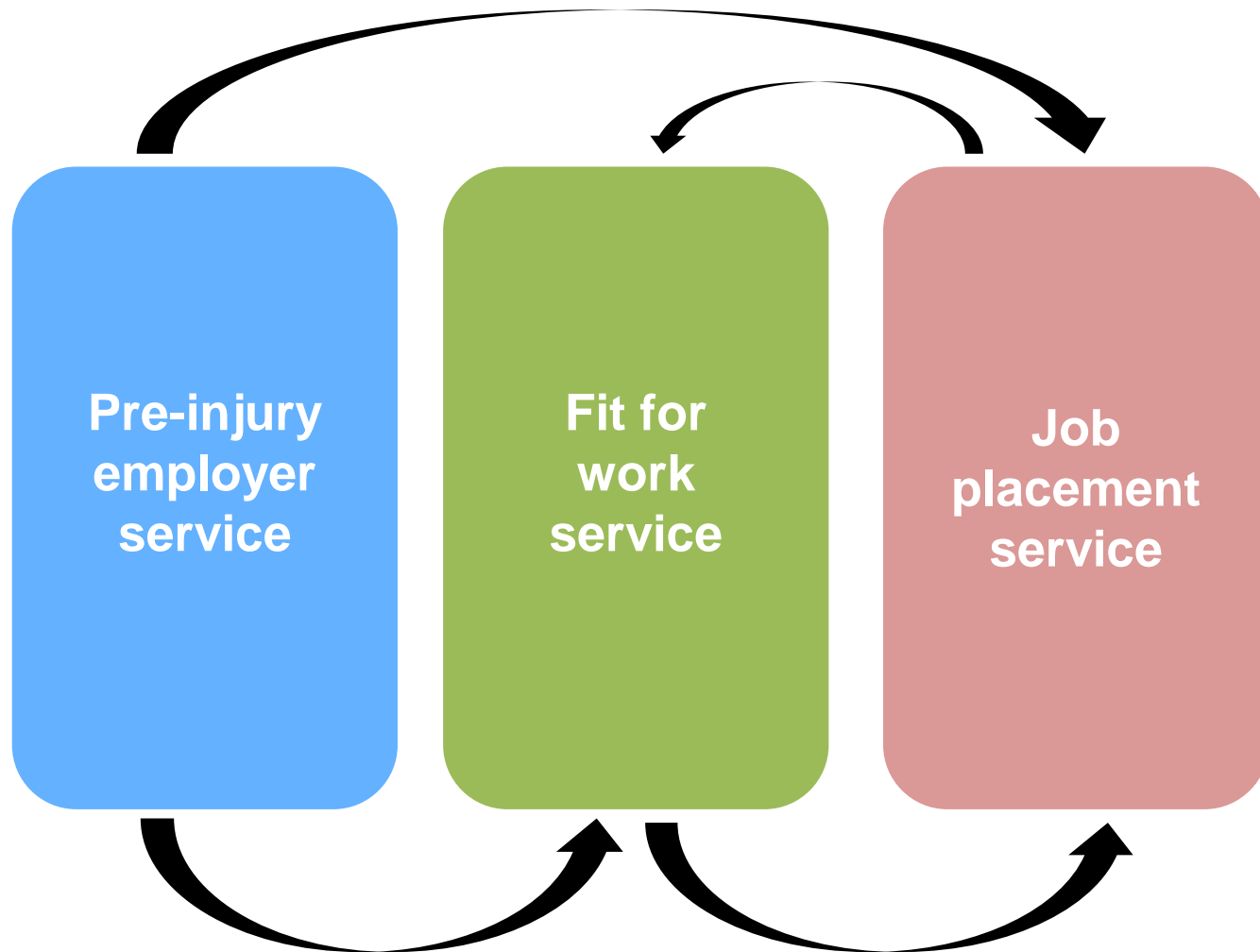
15 hours

Fit for work service

Job placement service



# Worker's journey



# Fit for work service Service overview

# Who are return to work consultants?

## Class A RTW Consultant

\$170.20 per hour

Physiotherapist

Occupational therapist

Psychologist

Exercise physiologist

Rehabilitation counsellor with full membership with ASORC or RCAA

2 years FT  
clinical  
experience

OR

1 year FT as  
a class B  
consultant  
supervised  
by a Class A  
consultant

## Class B RTW Consultant

\$138.50 per hour

Meet the HWCA minimum qualification requirements

Do not meet the criteria for class A return to work consultants

2 years FT  
membership and  
experience

## Service overview



Fitness upgrade  
assessment and  
report  
(3 weeks)

- Up to 8 hours

Fitness upgrade  
program  
(8 weeks)

- 0-12 months \$2900
- 12+ months \$3900

Fitness upgrade  
extension  
(4 weeks)

- Balance of Fitness upgrade program allocation

# Fitness upgrade assessment and report (3 weeks)

Class A / B  
RTW consultant

Up to 8 hours

## MINIMUM REQUIREMENT

- Worker consultation and engagement including identification of suitable employment options
  - Treating doctor consultation

## REPORTING

Full upgrade achieved

YES



✓ Intervention outcome report - FFW (including recommendations for job placement services)



NO

✓ Fitness upgrade program (certified by treating doctor)

# Fitness upgrade implementation program (8 weeks)

Class A or B  
RTW consultant

0-12 months 12+ months  
\$2900 \$3900

## MINIMUM REQUIREMENT

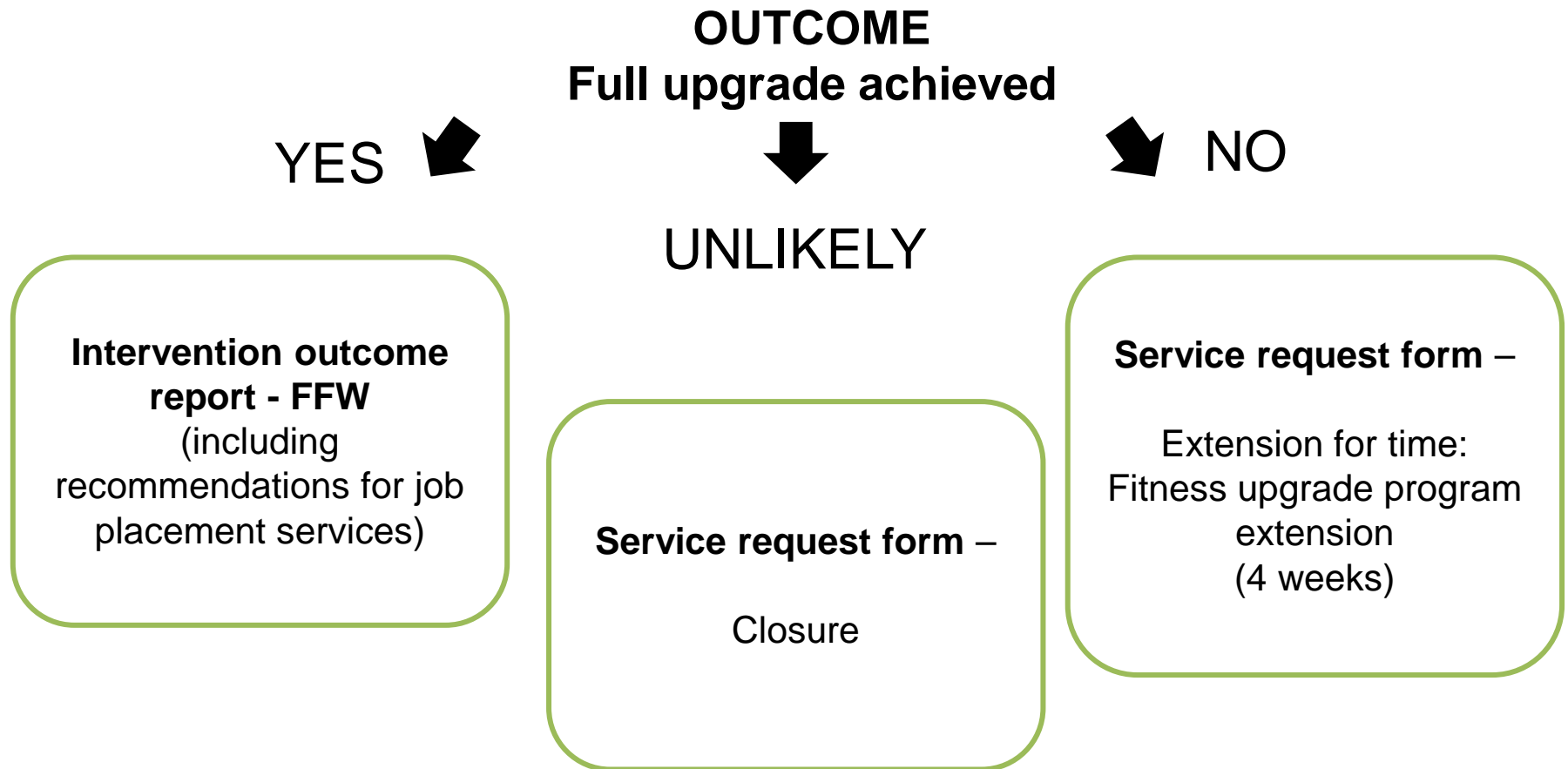
- Fortnightly contact with worker
- Fortnightly progress update to the case manager
  - Contact with treating doctor
- Implementing the fitness upgrade program

## FITNESS PATHWAY SERVICES

(could be arranged in-house, or purchased externally)

	A	B	Other
Individual worker contact	\$170.20	\$138.50	N/A
Consultation with providers	\$170.20	\$138.50	N/A
Arranging and monitoring work trials	\$170.20	\$138.50	N/A
Travel	\$144.50	\$138.50	N/A
Identification of broader employment goals		(Max \$300)	
Group or individual based intervention program		Reimbursement at reasonable cost	
Training – short term, \$500 limit*		Reimbursement at reasonable cost	

## Next steps



# Fitness upgrade program extension (4 weeks)

Class A or B  
RTW consultant

0-12 months    12+ months  
(No additional funds, balance  
of Fitness upgrade  
implementation program  
allocation)

## MINIMUM REQUIREMENT

- Fortnightly contact with worker
- Fortnightly progress update to the case manager
  - Contact with treating doctor
- Implementing the fitness upgrade program

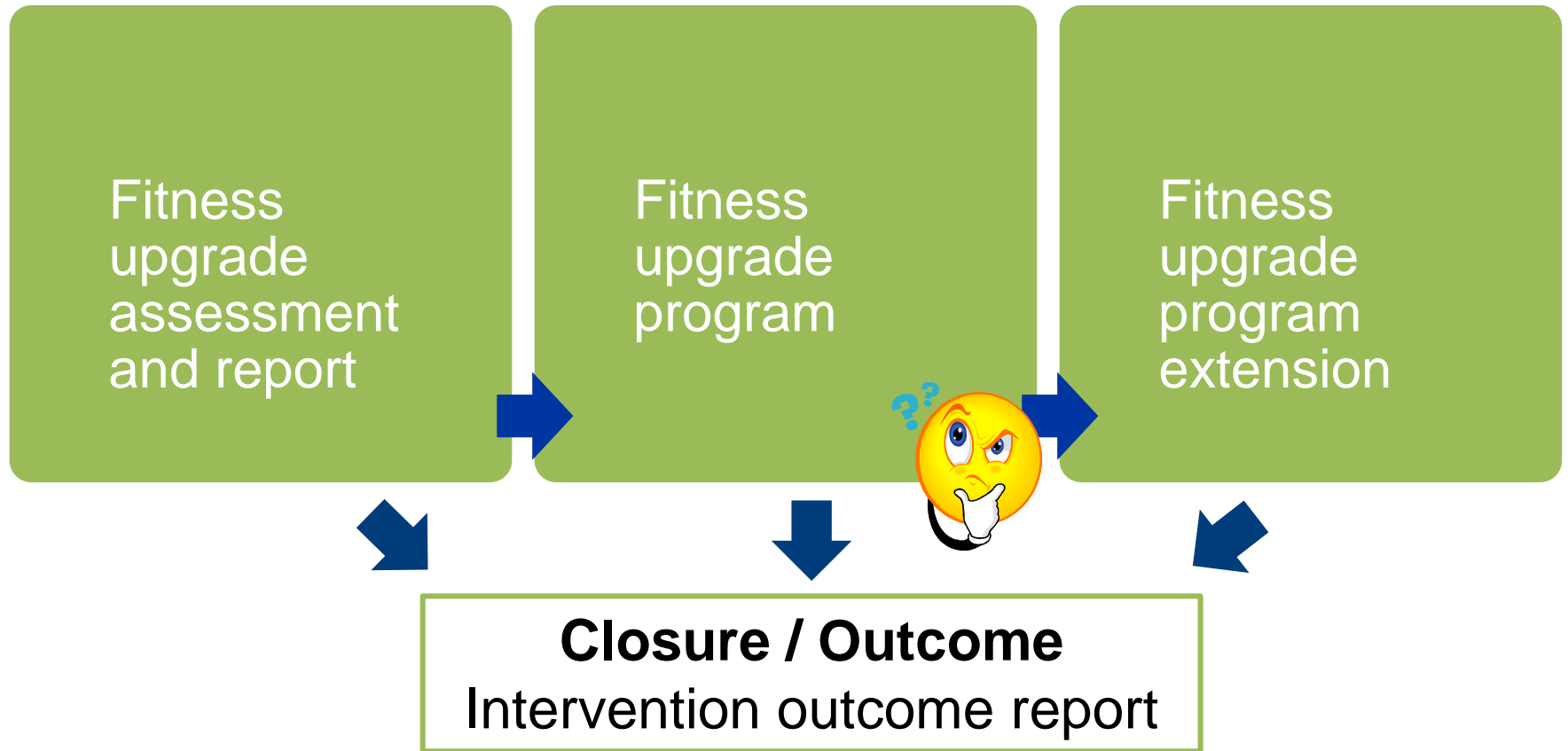
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(could be arranged in-house, or purchased externally)

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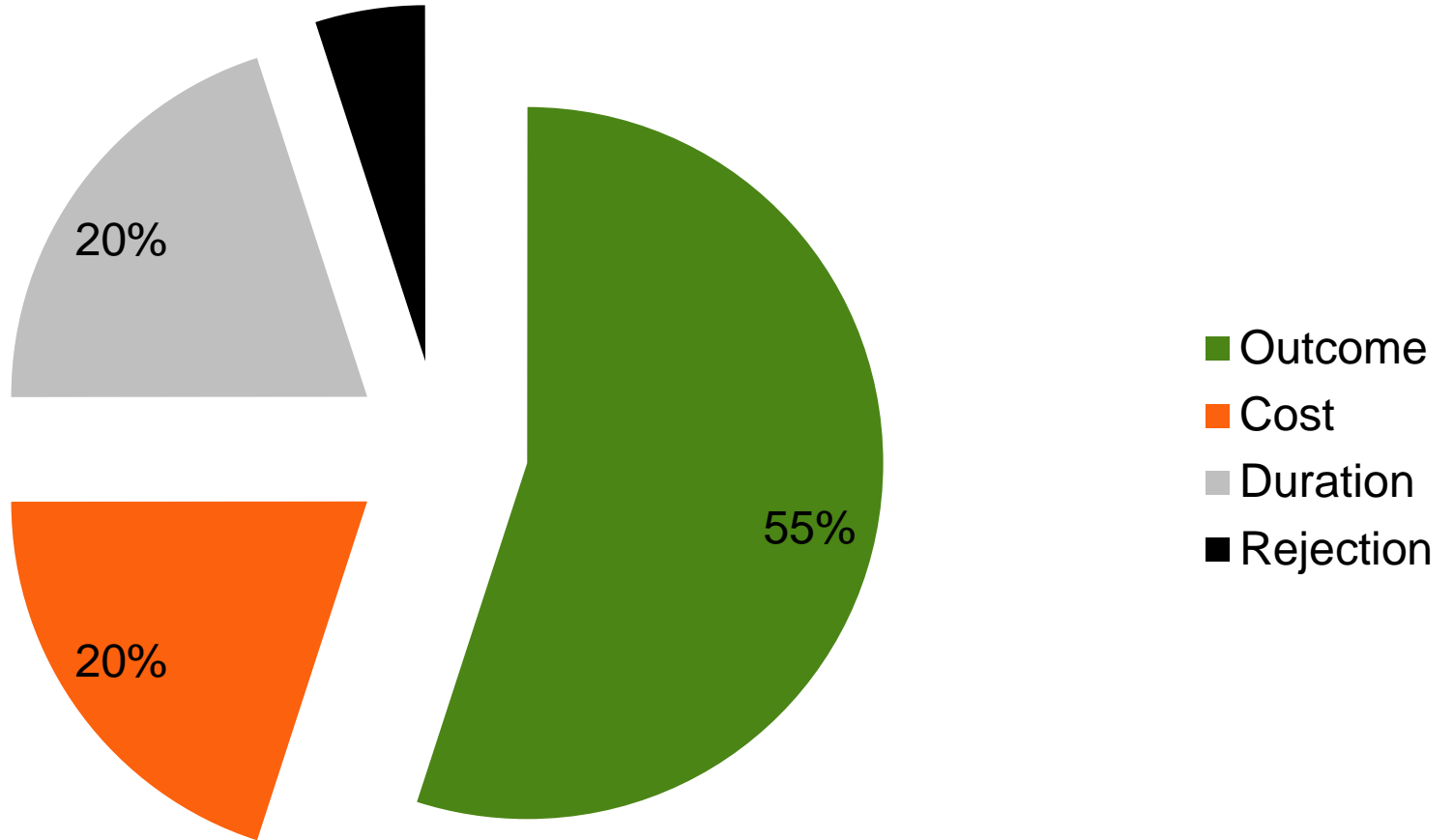


# Fit for work services – Closure / Outcome



# Outcomes in Fit for work service

# Performance measurement



# Outcome components

- **Improvement** in medically certified work capacity
  - Hours per week
  - At referral → closure
- Proportion of referrals that achieve **maximum medically certified work capacity** (pre-injury hours\*)



Measured by thresholds

# Referral thresholds

1.

Does not meet  
criteria for JPS

0-14 hours

2.

Meets criteria  
for JPS, but less  
than maximum  
capacity

15 - < pre-injury  
hours

# Closure thresholds

1.

Does not meet  
criteria for JPS

0-14 hours

2.

Meets criteria  
for JPS, but less  
than maximum  
capacity

15 - < pre-injury  
hours

3.

Maximum  
capacity

Pre-injury hours

# Case manager

At referral

Worker's referral threshold

1

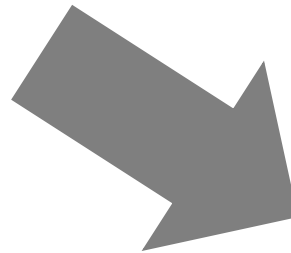
OR

2

Worker's pre-injury hour certified medical capacity\*

3

\* pre-injury hours are the standard hours worked within the week, excluding overtime hours



# Provider

Service objective

Worker's referral threshold



Worker's pre-injury hour certified medical capacity

3

## Where pre-injury hours are part time....

Less than 15  
hours

- To be eligible for JPS, pre-injury hour certification required

At referral: 1

At closure: 1 or 3



# Referral thresholds for Modified / Other duties

Is the worker physically and mentally able to participate in a job placement service program?

NO

YES

1.

Does not meet  
criteria for JPS

0-14 hours

2.

Meets criteria for  
JPS, but less than  
maximum  
capacity

15 - < pre-injury  
hours

**We will be monitoring....**

**Durability of certifications**

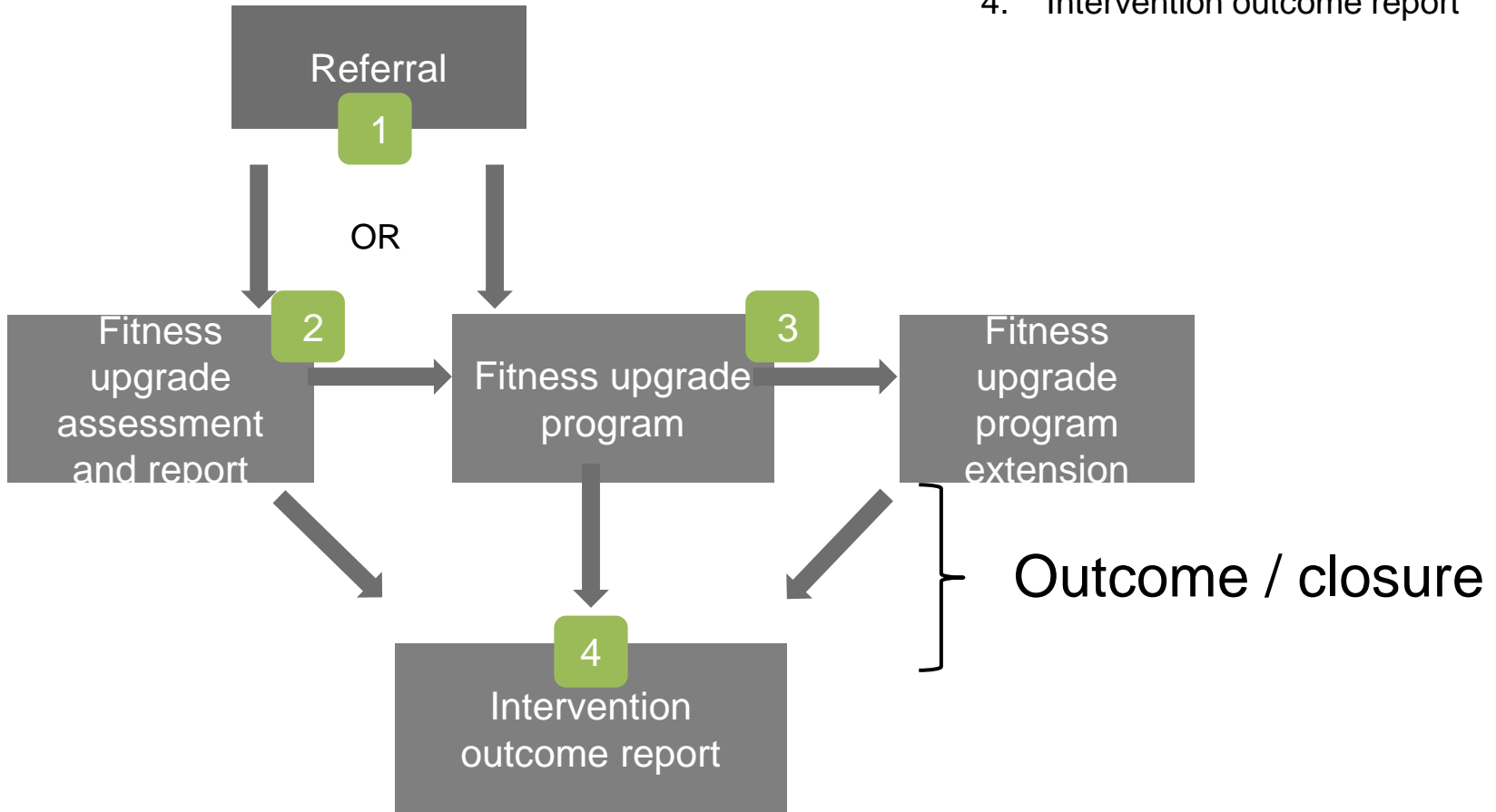
**Re-referrals to FFW**

**Proportion of FFW closures  
that result in JPS program participation**

# Provider reporting

# Agent role – Provider reporting

1. Accept / Reject Form
2. Fitness upgrade program
3. Service request form
4. Intervention outcome report



**3** Suspension / Regional Travel / Closure / Training request (at any stage of FFW referral)



## Accept / reject form Fit for work service

### 1. Claim & referral details

Worker name		Worker date of birth	
Claim number		Date of injury	
Claims agent		Case manager	
Employer			
Weekly income maintenance at referral		Certified work capacity threshold at referral	

### 2. Referral status

Provider to complete the relevant section and submit to the case manager. If the referral is accepted, servicing and invoicing can only commence on or after date of submission.

**Accept referral**

Date service commenced

Name of provider delivering service

Email

Contact number

**Reject referral**

Provider does not have capacity to provide the FFW service in the time required.

Provider is not authorised to deliver the FFW service.

Evidence of actual or perceived conflict of interest.

Referral does not meet referral criteria defined in Fee schedule

Other e.g. WHS risk factors

\* If referral is rejected, please provide further details below:

Appointed RTW Consultant name: \_\_\_\_\_ Class \_\_\_\_\_  
RTW Consultant profession: \_\_\_\_\_  
RTW Consultant email address: \_\_\_\_\_

### 3. Provider details

Referral assessed by (name)

Company

Address

Phone number

Email address

Signature:

Date:

# Fitness upgrade program

(This is to be completed when an upgrade to pre-injury hours is not achieved within Fitness upgrade assessment and report (FW110A / B))

SECTION 1: DETAILS			
Worker's name		Provider	
Claim number		Consultant	
Work capacity at referral		Agent	
Hours worked per week pre-injury		Case manager	
SECTION 2: SUMMARY OF ACTIVITY DURING FITNESS UPGRADE ASSESSMENT			
Worker consultation including suitable employment options identified			
Treating doctor consultation			
Updated WorkCover Medical Certificate attached			
SECTION 3: FITNESS UPGRADE PROGRAM (as certified by treating doctor)			
What are the barriers to upgrading the worker's medically certified work capacity?			
Detail the agreed fitness upgrade pathway services to be arranged to facilitate upgrade in certified work capacity	Provider is to supply evidence of the treating doctor's certification for the worker to participate in the following Fitness upgrade program		
	Proposed start date	Fitness upgrade pathway service	Method of service (in-house / external)
			Duration and attendance schedule (_ hours, _ days, _ weeks)

SECTION 4: WORKER'S STATEMENT	
<input type="checkbox"/> I discussed with my RTW consultant the activities I agreed to participate in, which will assist me in increasing my capacity for work	
<input type="checkbox"/> I am aware that if I cannot attend my appointments, or activities, I need to contact my RTW consultant in advance	
<input type="checkbox"/> I have been given a copy of my Fitness upgrade program	
<input type="checkbox"/> I confirm that my participation in activities and appointments included in my Fitness upgrade plan has been explained to me.	
<input type="checkbox"/> I understand that I can have my Fitness upgrade program reviewed at any time to reflect any changes in my circumstances and my consultant will help me.	
<input type="checkbox"/> My consultant has explained how my personal information and privacy will be protected.	
<input type="checkbox"/> I understand that my Fitness upgrade program has been reviewed and discussed with my treating doctor.	
Workers signature:	
Date:	

SECTION 5: RTW CONSULTANT'S STATEMENT	
<input type="checkbox"/> I have discussed the Fitness upgrade program with the worker, and their doctor and explained the participation requirements, and support that will be provided.	
<input type="checkbox"/> I agree to assist the worker in reviewing the Fitness upgrade program to reflect any changes in their circumstances.	
<input type="checkbox"/> I have explained how the privacy of the worker's personal information will be protected.	
<input type="checkbox"/> I have given the worker a copy of this Fitness upgrade program.	
<input type="checkbox"/> This Fitness upgrade program has been discussed and approved by the treating doctor	
Consultant's signature:	
Date:	
Review date with doctor and worker:	

## Service request form Fit for work service

### Claim & referral details

Worker name		Worker date of birth	
Claim number		Date of injury	
Claims agent		Case manager	
Employer			
Weekly income maintenance at referral		Certified work capacity threshold at referral	
Pre-injury work capacity (hours per week)		Current work capacity (hours per week)	

### Section 1 (to be completed by provider)

#### 1.1 Request

- Training course request (start date) (end date)
- Course title
  - Training provider (company name) (phone no)
  - Course cost
  - Other related costs (details) (cost)
  - Related suitable employment goal
  - Certification by treating doctor in fitness upgrade program obtained YES / NO
- Fitness upgrade service extension: 4 weeks (start date) weeks (max. 4)
- Additional travel for regional areas
- Service suspension, period of suspension (start date) (end date)
- Service closure (proposed closure date)

#### 1.2 Rationale for request

Provide rationale for request (for training requests, specific details regarding the training schedule should be detailed):

#### 1.3 Provider details

Print name:  
Position:  
Company name:  
Address:  
Phone number:  
Email address:  
Signature:  
Date:

### Section 2 (to be completed by claims agent, and return to the provider by email within two business days)

Fit for work service request approved:  Yes  No  Further evidence required

Comments/Action required:

Case manager name:

April 2014

## Intervention outcome report Fit for work (FFW) service

### 1. Claim & referral details

Worker name		Worker date of birth	
Claim number		Date of injury	
Claims agent		Case manager	
Employer			
Weekly income maintenance at referral		Certified work capacity threshold at referral	1 (does not meet JPS referral criteria) 2 (meets JPS referral criteria)

### 2. Suspensions approved by case manager (complete where applicable)

Date service suspended	Date service re-commenced	Days of suspension

### 3. Suitable employment information

Transferable skills	
Employment & education history, qualifications, certificates, interests and abilities	
Other relevant information	

### 4. Suitable employment goal (SEG) identified

1. Suitable employment goal		Level of remuneration	
	Labour market information		
	Recommendations to achieve SEG		
2. Suitable employment goal		Level of remuneration	
	Labour market information		
	Recommendations to achieve SEG		
3. Suitable employment goal		Level of remuneration	
	Labour market information		
	Recommendations to achieve SEG		

### 5. Fitness upgrade program progress (where relevant)

Fitness pathway service	Contribution to worker's certified medical capacity
Arranged and successfully completed	
Arranged but not completed	
Not arranged, but agreed by doctor	

Recommendations to assist the worker to upgrade medically certified work capacity:

### 6. Summary of outcome achieved

Closure date (as agreed with case manager):

Worker's certified work capacity at referral (hours):

Worker's certified work capacity at closure (hours):

\* Attach a WorkCoverSA medical certificate.

- 1: does not meet criteria for referral to job placement service  
 2: meets the criteria for referral to job placement services, but not fit for pre-injury hours  
 3: eligible for job placement services, and fit for pre-injury hours

### 7. FFW additional information

Risks that may impact the durability of worker's current medically certified work capacity, or future upgrades:

Strategies implemented to ensure durability of medically certified work capacity:

Recommendations to achieve or sustain an increase in medically certified work capacity:

Details of work trials or training completed:

### 8. Medical information

Evidence provided:

Further comments:

### 9. Attachments

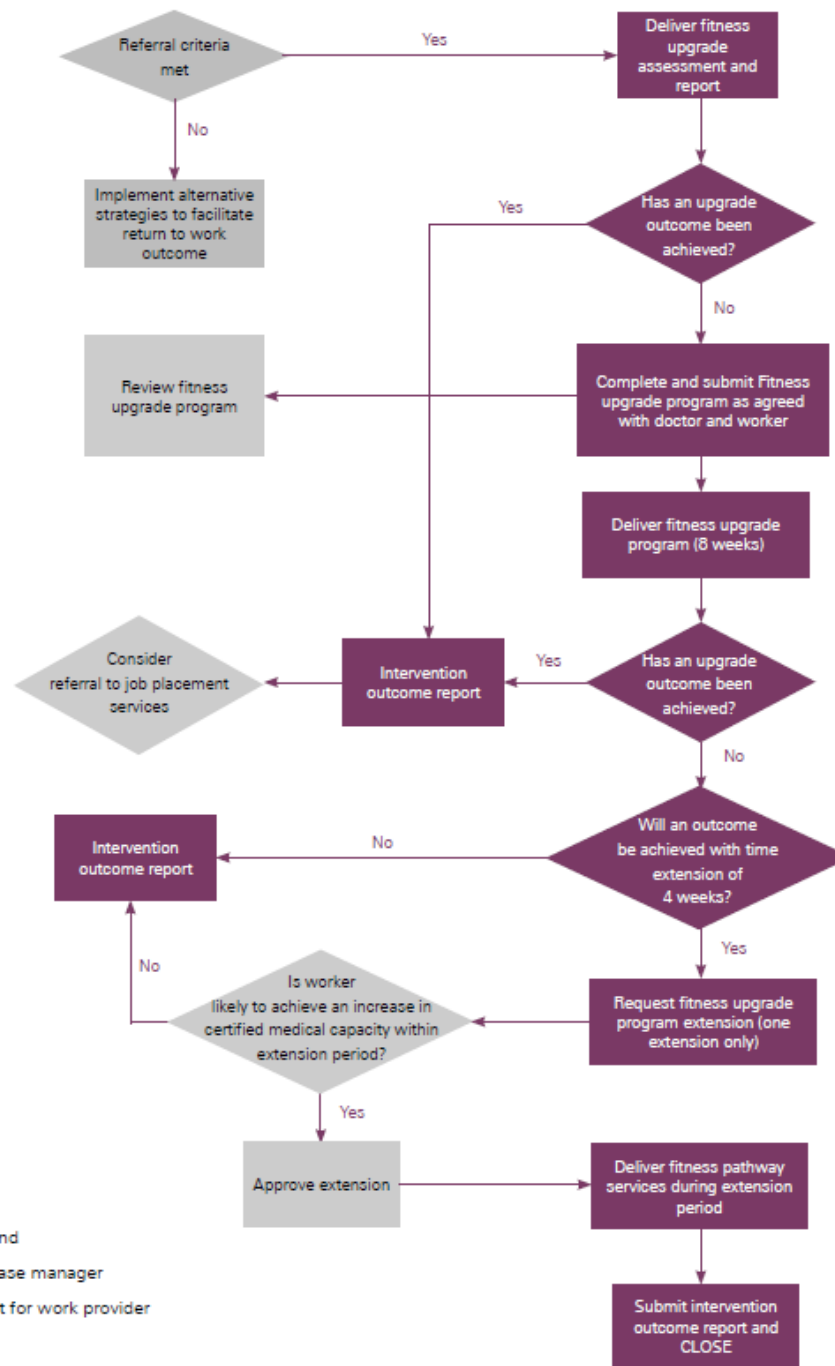
- Job descriptions  
 Award information  
 Labour market information  
 Qualifications, certificates  
 Resume  
 Other:

### 10. Provider details

Name	
Title	
Company	
Address	
Phone number	
Email address	
Signature:	
Date:	



# Process mapping



Legend

- Case manager
- Fit for work provider

# Fit for work referral

## Case manager

Does the worker require FFW services to upgrade certified medical capacity?

Review program and discuss with provider

## FFW referral

YES: Referral letter

Accept / Reject Form (Accept)

NO: Fitness pathway program

## Provider

Allocate Class A / B RTW Consultant

Fitness upgrade assessment and report (within 3 weeks)

Is an upgrade to pre-injury hours (threshold 3) achieved?

Proceed with arranging Fitness pathway program as certified by treating doctor

# Fitness upgrade program

Case manager

Fitness upgrade  
program

Provider

Fortnightly  
update

Deliver and arrange  
fitness pathway services  
within 8 week program

Review and discuss  
recommendation for closure

No: Service Request Form  
(Closure)

Will further fitness pathway  
services upgrade worker's  
certified medical capacity?

Service Request Form

Cease service delivery by  
agreed closure date

Intervention Outcome Report  
(within 10 business days)

# Fitness upgrade program extension

# Case manager

# Program extension

# Provider

Is further service likely to improve the worker's certified medical capacity?

**Yes: Service Request Form (Extension)**

**No: Service Request Form**

**Intervention Outcome Report (within 10 business days)**

Are ongoing RTW services recommended?

Cease service delivery by agreed closure date



# Suspension

# Case manager

# Suspension

# Provider

Are RTW services recommended for suspension?

Service Request Form (Suspension)

Are RTW services recommended for suspension?

Service Request Form

Suspend service delivery within agreed period

# Closure

# Case manager

# Closure

# Provider

Are RTW services recommended for closure?

Service Request Form (Closure)

Are RTW services recommended for closure?

Service Request Form

Cease service delivery by agreed closure date

Intervention Outcome Report (within 10 business days)

# Transitional arrangements

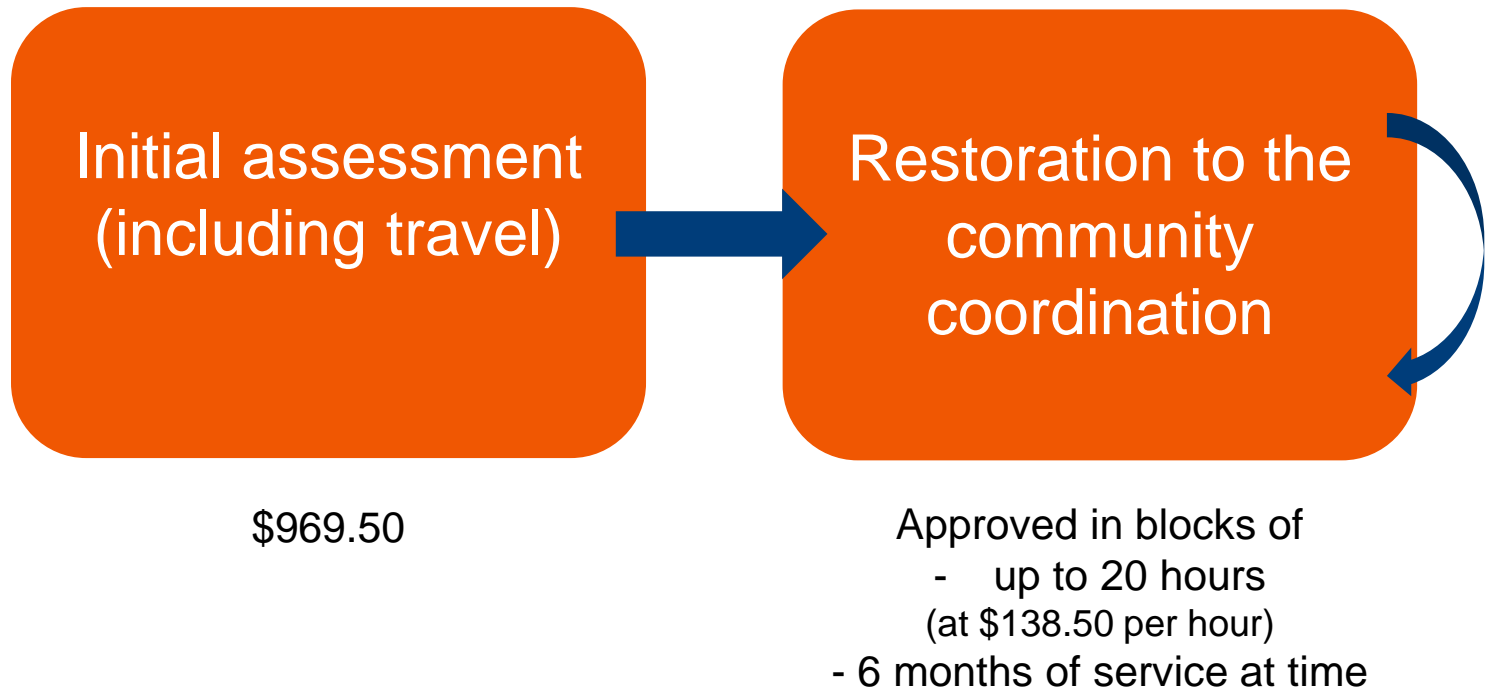
## Existing new employer service referrals

# Restoration to the community service

## Referral criteria

- ✓ Worker has complex injuries / conditions. Usually, but not limited to, serious injuries
- ✓ Worker does not have reasonable prospects of returning to work in the foreseeable future

# Service overview





## Initial assessment (including travel)

- **Purpose:** assessing the worker's needs and develop a restoration to the community plan.
- **Includes:**
  - Consulting with the worker, employer, treating doctor
  - Assessing the barriers to the worker's access to the community and resolving these
  - Establishing agreement on the rehabilitation program between all parties
  - Completing and submitting an initial assessment report

# Restoration to the community coordination

- Implementation of restoration to the community plan
  - Updating relevant parties regarding actions, services, and outcomes of the rehabilitation program
  - All travel
  - Up to 20 hours of service approved at a time

# Performance measurement

## Fit for work service

# Key Aspects of Performance Measurement

- The following aspects of performance are intended to be captured within this framework:
  - Service Outcomes (Improved Work Capacity)
  - Cost
  - Service duration
  - Referral rejections
- Other service quality measures (eg, worker complaints, provider management systems, etc) will be addressed through the provider appointment and audit processes.

# Performance Rating

- For each reporting period, the provider with the median score will receive an overall score of zero
- Scores for other providers = provider unadjusted score less median provider unadjusted score

Performance	Pre-injury	Fit for work	Job placement
5 star	Greater than + 25	TBD	TBD
4 star	Greater than +15 to +25	TBD	TBD
3 star	-15 to +15	TBD	TBD
2 star	Less than -15 to -25	TBD	TBD
1 star	Less than -25	TBD	TBD

# Measures & Weightings

- Individual measures will be weighted based on relative importance

MEASURE	PRE-INJURY	FIT FOR WORK	JOB PLACEMENT
Rejection ratio (for eligible referrals)	5%	5%	5%
Timeliness of assessment, closure and placement Reports	5%	N/A	N/A
Duration of service delivery (from referral to closure/placement)	20%	20%	20%
Service Cost (excl outcome fees, regional travel, reimbursements)	20%	20%	20%
Reduction in IM at 13 weeks post closure/placement (end of durability period)*	50%	N/A	55%
Increase in capacity at referral closure	N/A	55%	N/A

NOTE: \*Any increase in return to work occurring in the durability period, beyond that achieved at referral closure, is not attributed to the workplace rehabilitation provider.

# Complexity Adjustment

- Results will be adjusted (using statistical regression) to account for case complexity

CHARACTERISTIC ADJUSTMENT	PRE-INJURY	FIT FOR WORK	JOB PLACEMENT
1. Worker age	X	TBD	TBD
2. Worker gender	X	TBD	TBD
3. Worker residential location (metro or country)	X	TBD	TBD
4. Claim duration	X	TBD	TBD
5. Occupation	X	TBD	TBD
6. Nature of injury	X	TBD	TBD
7. Body location	X	TBD	TBD
8. History of Inc. Maintenance Payment Proportion	X	TBD	TBD
9. Selected claim costs to-date	X	TBD	TBD
10. Prior income maintenance redemption	X	TBD	TBD
11. Previous workplace rehab services	X	TBD	TBD
12. Pre-injury employer size (renumeration)	X	TBD	TBD
13. Pre-injury employer industry	X	TBD	TBD

Complexity characteristics are indicative only. Final characteristics will be determined following detailed data analysis.

# Publication of Results

- Results will be made available to WorkCover, Claims Agents and Providers
- Each provider will only be informed of their own results, the results for all other providers will be de-identified.
- Results will only be used for referral purposes once we are satisfied they are fair and reliable
- Claimant level information will only be made available to the claims agent and the provider who received the referral (for confidentiality reasons)
- Framework will be reviewed regularly







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