

**Courtesy of the Institute for Work and Health**

“At Work” – a quarterly publication

Issue 83 / Winter 2016

**Employers and Doctors Often have Uneasy Relationship in Return to Work, Study Finds**

Interviews with Australian employers highlight problems with physicians over communication, trust

One of the pillars of successful return to work is a good, communicative relationship among the injured worker, the employer and the worker’s treating physicians. But a new study of employer perceptions finds the relationship between employers and physicians can be marred by mistrust and lack of communication.

“Employers and health-care providers are two very important stakeholders in the return-to-work process,” says study author and Institute for Work & Health (IWH) Scientist Dr. Agnieszka Kosny. “But the relationship between the two can be uncomfortable in many ways.”

The study, which Kosny conducted in the Australian state of Victoria, was published online in January in *Policy and Practice in Health and Safety* (doi: 10.1080/14774003.2015.11667812). The study was part of a larger project led by Dr. Danielle Mazza of Australia’s Monash University that examined workers’ compensation and return to work from the perspectives of several stakeholders: injured workers, employers, health-care providers and case managers.

***Employer perspectives:***

The research team interviewed the people responsible for return to work in 25 organizations with a workforce of 50 or more that recently had a workers’ compensation claim. The interview participants mostly worked in management, human resources and health and safety. The study found that:

- Employers recognize the critical role of doctors in the workers’ compensation system and in getting injured workers back to work.
- Employers sometimes view doctors as unsupportive of the return-to-work (RTW) process. Participants felt doctors sometimes find it easier to simply order two

weeks' off for an injured worker rather than to engage in the RTW process. They also said some doctors are disdainful of anything related to workers' compensation.

- Employers have difficulties communicating with doctors. Some spoke about phone calls not being answered. While many understood that doctors are busy and not paid for engaging with employers, they were still left with a negative impression due to this lack of communication.
- Employers find doctors lack a realistic understanding of the needs of the workplace. Many felt this sometimes resulted in recommendations that are difficult for employers to comply with.

"Many of the issues came up in particular with respect to injuries that are not straightforward, such as gradual onset musculoskeletal disorders, chronic pain or mental health conditions," says Kosny.

"In these types of cases, many employers felt like they were excluded or left in the dark, and were unable to get important information about workers' abilities or limitations." This sense of exclusion fueled the suspicion among some employers that some workers "cheat the system" by using their doctors to delay return to work, she says.

### ***Strategies for greater control:***

The study team also heard about strategies used by employers to exert greater control over the RTW process. Some offer to accompany injured workers to their medical appointments or to pay doctors to take part in joint case conferences. Others lay out return-to-work plans, task analyses or work modification options that injured workers can then take to their physicians.

Some employers establish a relationship with medical clinics that have an understanding of workers' compensation claims and ask injured workers to use those clinics. Some large organizations employ an in house doctor whose role includes liaising with injured workers' treating physicians.

Finally, some employers request injured workers be assessed in independent medical exams (IMEs), a step that also signals to both the insurer and the treating physician that the employer is unhappy with the way return to work is being managed. Kosny notes that IMEs can be difficult for injured workers and costly for the workers' compensation system.

### ***Differences and similarities with Canada:***

The workers' compensation system in Victoria, Australia, differs from those in many jurisdictions in terms of the role played by health-care providers, Kosny notes. For a

compensation claim to proceed in that state, a certificate of capacity is required. These certificates detail doctors' recommendations regarding task limitations, start and end dates and so on, and these recommendations are binding.

Nevertheless, the many similarities between workers' compensation systems in Victoria and the Canadian provinces make the study relevant to workplace parties in this country. "Both here and in Victoria, having a worker off work is costly to the employer in terms of premiums," says Kosny. The issues facing health-care providers are similar as well. "Issues such as patient confidentiality, burdensome and time-consuming workers' compensation forms and a lack of understanding of the workplace cut across jurisdictions," Kosny adds.

Kosny notes that the study participants were likely a select group. They were so called "model citizens" who were engaged and interested in RTW. "We know from research that some employers pressure injured workers not to report injuries or provide them with misinformation about workers' compensation," she says. "We don't know if those employers took part in this study."

Kosny is now doing related research in four Canadian provinces. She's studying the role and perception of health-care providers in the return to work and workers' compensation process in British Columbia, Manitoba, Ontario and Newfoundland and Labrador.