Breaking down barriers to engaging with GPs

Dr Kevin Sleigh, Occupational Physician
Dr Richard Bills, General Practitioner
The Health Benefits of the Safe Work Program builds on the evidence base about the role of GPs in realising the Health Benefits of Work.

Aim to work with and support GPs to:

- understand the HBoSW evidence
- talk to their patients early about returning to work
- reinforce that patients don't have to be 100% recovered to stay at or return to work
- assess and certify what a patient ‘can do’ to facilitate earlier return to work
Creating Awareness
about the evidence for the HBoSW, the role of the GP and importance of focusing on function

Providing Tools
Certificate of Capacity that translates HBoSW evidence into clinical practice change

Reinforcing
use range of channels to reinforce key messages

Three key principles which encompass several initiatives to improve general practice management of compensable injuries

- Public Awareness Campaigns
- Partnerships & General Practice Engagement
- Certificate of Capacity
- Webinars and e-learning
- Peer to peer support & engagement with high volume certifiers

Program Principles
The Certificate of Capacity

Focus on what your patient can do

You can positively influence your patients' recovery

Use the Certificate of Capacity to provide guidance to your patient about what they can do after their injury.

Encourage work on part of your patient's recovery and recommend a graduated return to activity.

Provide a timeline for recovery and return to safe work.

2x

3x

Patients are more than twice as likely to return to work soon after injury if their health professional gave them a clear plan to return to work.

Planning for tomorrow
#hsmonth
Conversation with injured workers

Talking about a return to work – conversation starters

Returning to work after an injury is a critical part of rehabilitation, and GP’s play an important role in helping their patients get back to work in an appropriate and safe way. Part of this role is getting the conversation started early, and encouraging patients to think positively about their recovery.

This can sometimes be an awkward or difficult conversation, so these phrases offer ideas to help you get the conversation started.

- Let’s look at what you can do, and what you can’t do.
- What is the most important part of your rehabilitation and recovery?
- Even if you’re not doing your usual tasks at first, being at work, busy, distracted and socially engaged is much better for you than staying at home.
- We don’t want to put you in a situation that aggravates your condition, but if you just stay at home and rest, it’s likely that your recovery will be slower and your pain will increase.
- Even though you haven’t worked (fully), what can the rest of you do?
- I know it’s going to be really hard for you at the moment, but the best treatment involves keeping you active as the pain will allow.
- It may seem like a small thing, but sleeping is so important. Try to ensure your environment will help you recover faster.
- There is a difference between pain that hurts and pain that heals. I’ll repeat this phrase over and over again in the early days after injury, but that doesn’t mean you’re doing any harm.
- Nothing improves your work environment better than you do, so let’s work together and shape you back in.
- Being back at work doing something that doesn’t put you at risk is part of managing this injury.
- If you’re making steady progress, I would expect you to continue to improve and the ability to work on modified duties after your next appointment.
- There’s a strong body of evidence that you work on in work will give you the best outcome. I would expect you to be back at work within 6 weeks.
- You don’t get back on the job.
- Mindset: What’s stopping you from going back to work?
- Hypothetical. If you work until you’re either than what you CAN’T.
- Remember: Getting back to work will benefit you financially, socially and psychologically.
- Reflection: Let’s set up a schedule for getting back to work with appropriate duties and hours.
- Reflection: What are your expectations of returning to work? What are your employer’s expectations?

There’s a better place to recover from an injury. Returning to work sooner can be the best medicine. Talk to your patients about what they can do back at work.

Clinical Education and Support
Understanding of the Claims Process


My patient has been injured at work. Now what?
A guide for General Practitioners.
Return to Work Activities

The RTW activities for GPs include:

- Use of consultation time to communicate with patients and others to support getting back to, or staying at work
- Participation in a GP RTW Case Conference
- Making a phone call to their patient’s employer
- Visiting their patient’s worksite
We have developed resources, provided education, introduced new fees...

how else can we, employers, Agents maximise engagement with GPs?
A GP’s perspective - some key elements

- Setting the scene about general practice
- Provide sufficient notice
- GPs are time poor
- Difficulty meeting during business hours – best time for meetings (ask PM for assistance)
- Consider teleconference or Skype
Understanding the General Practice of 2016 and beyond

- Larger
- More sophisticated – computerised, technology savvy
- Multi-disciplinary
- Busy - increasing rates of chronic disease, obesity, diabetes etc.
- Think of your own local General Practice
The range of ‘general practices’ you might encounter...
My practice…
Understanding General Practice – what we do as a business

- Most GPs have pre-booked appointments – usually every 15 minutes.

- ‘treatment room’ facilities typically cater for acute/urgent health needs – often assessed by nurses prior to GP.

- Acute workplace injuries will usually be directed to the ‘first available’ doctor rather than the patient’s ‘usual GP’.

- Workplace injury management is a very small part of the average GPs work.
Typical medical centre staff…
Understanding General Practice – how WorkSafe is viewed

- Some doctors don’t like dealing with injuries (at all)

- Some doctors don’t like dealing with the WorkSafe system

- Some practices will have designated doctors and admin staff who manage workplace injuries

- Most doctors don’t take phone calls during their consulting hours – messages are often read at the end of the day….. after many [other] workplaces have closed!
Understanding General Practice – getting past the front door!

- Contact your local general practice – speak to the practice manager

- Identify your key contact for injury management – and find out who in the practice would like you to liaise with

- Ring ahead if an injured worker needs to be seen

- Provide contact details – name, mobile, email address of your contact person for the injured worker to provide to the GP
Understanding General Practice – kicking goals in 2016

- Email as a mode of communication

- Create a ‘leaflet’ that your worker can give to the GP – with contact details but also ‘education’ about reimbursable phone calls and RTW ‘conferences’ [be part of the effective solution]

- Provide options/suggestions about alternative duties both to the worker, and for the GP

- Offer to meet for RTW conferencing “first thing before the GP starts their morning list”

- Building relationships with GPs/practices….helps achieve the ‘triple win’
GP barriers to conversations with employers

- Knowing who the right person is to talk to, and how to contact them?
- Realistic/practical/pragmatic advice from RTW coordinators
- Respect - from/for all parties
- ‘helpful’ communication – tell me what’s working and what’s not… and what might improve things
- Confirm the claim has been accepted, identify the insurer’s case manager, claim no. etc.
## Useful GP service types and associated payments

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Item Number</th>
<th>Payment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation in RTW Case Conference</td>
<td>GP participates in CC organised by Agent or Occupational Rehabilitation Provider</td>
<td>RTWCC1</td>
<td>$110.74</td>
</tr>
<tr>
<td></td>
<td>Must include:</td>
<td>RTWCC2</td>
<td>$177.12</td>
</tr>
<tr>
<td></td>
<td>• Patient/Injured Worker</td>
<td>RTWCC3</td>
<td>$243.39</td>
</tr>
<tr>
<td></td>
<td>• GP</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Agent or Occupational Rehabilitation Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can be face to face, by phone or video conference.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organise &amp; coordinate Case Conference</td>
<td>As above, but GP organises and coordinates the CC</td>
<td>RTWCC4</td>
<td>$232.56</td>
</tr>
</tbody>
</table>
Useful GP service types and associated payments

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Item Number</th>
<th>Payment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>RTW Phone Call</td>
<td>Phone call between GP and employer, that can be initiated by either party. Focus on ways to safely return IW to work. Usually 10min</td>
<td>RTWPC</td>
<td>$29.82</td>
</tr>
<tr>
<td>RTW Worksite Visit</td>
<td>A visit to the workplace can help GPs understand any restrictions or limitations required for their patient to safely RTW</td>
<td>RTWWV</td>
<td>$450.00</td>
</tr>
</tbody>
</table>
Questions?
Thank you.