

Healthcare provider interactions in workers' compensation schemes-Implications for injured workers

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Background

Injured workers interact with multiple individuals within medical, compensation, social and employment systems during their rehabilitation. Recovery and return to work is enhanced when an injured worker has a supportive environment, understanding service providers and a cohesive rehabilitation team.¹⁻⁴

Healthcare providers (HCP) play a number of critical roles in the delivery of health services. The quality of the relationship between the injured worker and the HCP is very important for recovery. Interactions between HCP's and insurers can also effect injured workers' engagement in rehabilitation and return to work.^{3,4}

Consideration of the injured workers' perceptions and experiences as consumers of medical and compensation services can provide vital information about the quality, efficacy and impact of such systems.^{5,6}

Aim

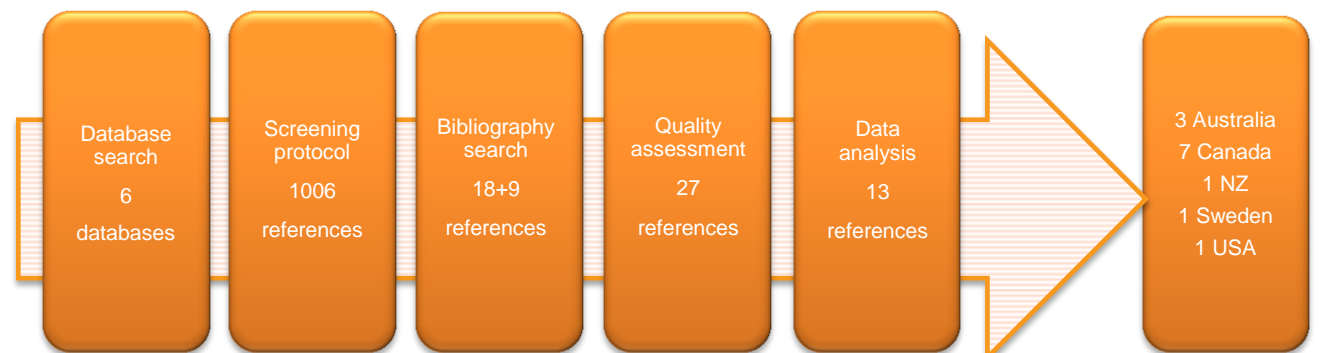
To identify, synthesize and report on published qualitative research that focused on the interactions between injured workers, HCP's and insurers in workers' compensation systems.

Research questions included;

"What experiences do injured workers have when dealing with insurers or receiving treatment from HCP's?", "What beliefs or impressions do injured workers develop as a result of these interactions?" and "Are there particular interactions which are more helpful or harmful than others for the injured worker's recovery process?"

Findings

The 13 reviewed studies encompassed 5 countries and 10 different workers' compensation jurisdictions. Interactions between HCP's and injured workers and insurers are presented separately. The most frequently occurring first order concepts and the subsequent secondary interpretative themes are detailed in the respective tables.



Systematic Review Process

Method

Searches of Medline, Embase, PsychInfo, Sociological Abstracts, Cinahl and AGIS databases for peer-reviewed articles published in English between 1985-2012 identified 1006 studies. Inclusion criteria; 1. Qualitative study 2. Work-related injury or disease 3. Focus on perceptions or experiences of the injured worker 4. Not exclusively about return to work or vocational outcomes.

Analysis

A total of 27 articles which met the inclusion criteria were assessed using the Qualitative Assessment Framework⁷. Articles rated moderate to high quality were retained for data extraction. A meta-summary of data concepts from the final 13 studies⁸ was developed prior to synthesis into themes using a meta-ethnographic approach⁹.

Interactions between healthcare providers and injured workers

Themes	Concepts
Legitimacy	- Stereotyping, stigma from HCP - Not being believed by HCP
System intrusion on HCP- injured worker relationship	- HCP role conflict- provider/reporter/advocate - HCP bias against compensation clients due to administrative burden, low fees, payments delays - Time delays for approvals and appointments
Non-therapeutic encounters	- Multiple examinations - HCP and Independent Medical Examiners provided conflicting opinions - Independent medical examination (IME) process hostile, IME reports incorrect - Discrimination by examiner
Diagnosis and treatment difficulties	- Injured worker not receiving needed support - Medical uncertainty, injury complexity
Therapeutic encounters	- HCP validated work-relatedness - HCP validated feelings and pain - HCP demonstrated respect and understanding of injured workers' individual needs

Discussion

The roles that HCP's perform in compensation systems are numerous and complex, with competing demands from both injured workers and insurers. In the review studies, injured workers experienced both therapeutic and non-therapeutic encounters with HCP's.

HCP's positively influenced injured workers rehabilitation through respectful, and supportive patient-centred therapy. Provision of guidance on injury management strategies, and practical support from HCP's, were also considered to be important therapeutic components.

Non-therapeutic encounters with HCP's were described by injured workers who experienced stereotyping and suspicious attitudes and poor quality service. Injured workers could attend multiple IME's which were painful or hostile and resulted in conflicting opinions about diagnosis and treatment. Negative interactions could have long lasting consequences for the injured worker who could lose entitlements for medical and rehabilitation services or income benefits, creating further financial difficulties and adding emotional stress to physical injury.

Insurer and compensation system requirements intrude in the therapeutic relationship. Insurers could use IME's to challenge both the HCP and the injured worker. HCP's could become frustrated with administrative demands and delays, and be less willing to see compensable patients. Studies in non-compensable settings have demonstrated the importance of patient-centred care and physician job satisfaction for psychological well-being, improved treatment adherence and health outcomes for patients¹⁰⁻¹⁴. It is likely that the same factors could influence injured workers recovery.

Interactions between healthcare providers and insurers

Themes	Concepts
Adversarial relations	- Insurers ignore HCP expertise and treatment recommendations - Insurers contest HCP opinions - Lack of co-operation between HCP and insurers
Organisational pressures	- HCP find administrative demands onerous - HCP not completing forms accurately or promptly - HCP lack of knowledge of system and insurer expectations - Low or nil fees for services
Improving relations between HCP and insurer personnel	- Communication and education - Review of remuneration and simplification of administrative demands

Conclusion

This review demonstrates that in many instances, injured workers with long-term complex injuries experience difficulties when receiving health services in the context of workers' compensation systems. IME's were a source of contention for both injured workers and HCP's, and likely exert a negative influence on the therapeutic relationship. Healthcare providers experience problematic interactions with insurers, and injured workers bear the brunt of HCP's frustration as some HCP's offer poorer quality service or refuse to treat compensable clients as a result.

Supportive patient-centred interaction with HCP's who have high job satisfaction is important for injured worker recovery. Reduction of organisational pressures and improving communication between insurers and service providers could result in increased job satisfaction for HCP's and ensure that providers are more amenable to operating in compensation systems. Improved HCP participation and job satisfaction will more than likely have a corresponding positive influence on injured workers' recovery and return to work. Further research into experiences of distinct healthcare professions with workers' compensation systems is warranted.

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