



MARKET REPORT

VOLUME 7 / 2020



GLOSSARY OF TERMS

Case An individual person who is referred for Konekt Workcare services aimed at addressing a claim or instance of injury/poor health. Each case may involve multiple 'services' (see definition) that are combined to achieve the desired outcome.

Client The individual who is receiving rehabilitation and/or return to work support from Konekt Workcare.

Compensable A service (referral) arising from a compensation claim. In this report, compensable cases or services refer specifically to Workers, Road Authorities or Personal Injury Insurance.

Customer The organisation that has procured Konekt Workcare's services – this is generally either employer, insurer or agent.

Mean The sum of all the numbers in a set, divided by the amount of numbers in the set. Sometimes referred to as the average. It is used when describing the centre point of 'normally distributed' data.

Median The middle point of a number set, in which half the numbers are above the median and half are below. Used when describing the centre point of non - normal or asymptotic data (e.g. large tails, skewed, or multiple outliers).

Non-compensable A case (referral) that is not associated with a claim for compensation. Typically, these referrals are made by employers.

RTW/Return to Work A client is deemed to have returned to work (RTW) when they have attained or sustained work at the point of case closure (including a period of durability or sustainability monitoring where this is required by the scheme/customer).

RTW service Return to work (RTW) services form part of a RTW program centred on returning the individual to their pre-injury employer or a different employer. A RTW program may include RTW services such as workplace assessments, functional assessments, case management services, and RTW suitable duties plans.

Service An intervention designed to achieve a specific goal. Each client (and their associated Case) may have only one or multiple services referred.

Specific service Include workplace assessments, vocational assessments and ergonomic assessments. Specific services may or may not be part of a comprehensive RTW program managed by the insurer or employer.

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FOREWORD

2020 has been the year where the improbable, the hypothetical and the unlikely transpired. The subject matter of sci-fi movies and urban mythology became an everyday reality and a whole vocabulary was developed to give words and meaning to the previously indescribable. Across the world, the COVID-19 pandemic changed much about the way we live and work and in so doing, changed the way we think and feel about the future.

At Konekt Workcare, now a part of the wider APM Health and Wellness portfolio of companies, the services we provide have never felt more important. With so many Australians disconnected from the workplace and joblessness escalating, our business of helping organisations keep their employees productive and well has never felt more valuable. The social and mental health impact of worklessness and disconnectedness, super-charged by the pandemic, reminds us that there has never been a more important time to lead the way toward a better working future for Australians.

Our 7th Market Report takes a look back at the trends and changes in return to work over time and presents ongoing, compelling evidence around the role of employers and timely interventions in minimising the impact of workplace injury. We look at the rapid changes that we made in our business and in particular, how these changes affected our ability to care for our customers. The impact of taking a more agile and flexible approach to health service delivery makes for compelling reading and provides good direction around future service delivery options.

Whilst 2020 has most definitely been the year that “flipped our thinking”, this has opened the door to innovation and creativity in an industry which, some might say, has previously felt constrained. The 2020 Market Report provides an opportunity to continue the conversation about how we can do things better and ensure that the future of work for all Australians is as safe, productive and wellness-supporting as possible.



Samantha Breust
General Manager - Konekt Workcare

INTRODUCTION

Konekt Workcare is Australia's largest workplace injury management organisation, spanning every state and territory. We work with employers, insurers and regulators to eliminate workplace injury and ill health and have done so for more than 25 years.

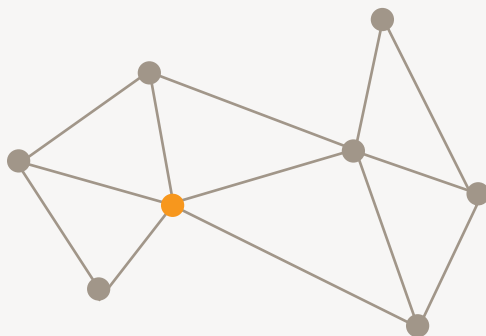
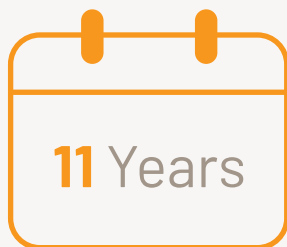
For the past 11 years, Konekt Workcare has collected, digitised, and stored data from interventions and actions our team has taken, with the goal of learning, and improving our services.

Since 2013, we have shared our insights, to drive the productive development of our industry. In this, Konekt Workcare's seventh Market Report, we explore the data in two parts:

Part 1: 2019/2020 Rehabilitation in Review

Part 2: How 2020 flipped our thinking and re-shaped our expectations

THE DATA SET



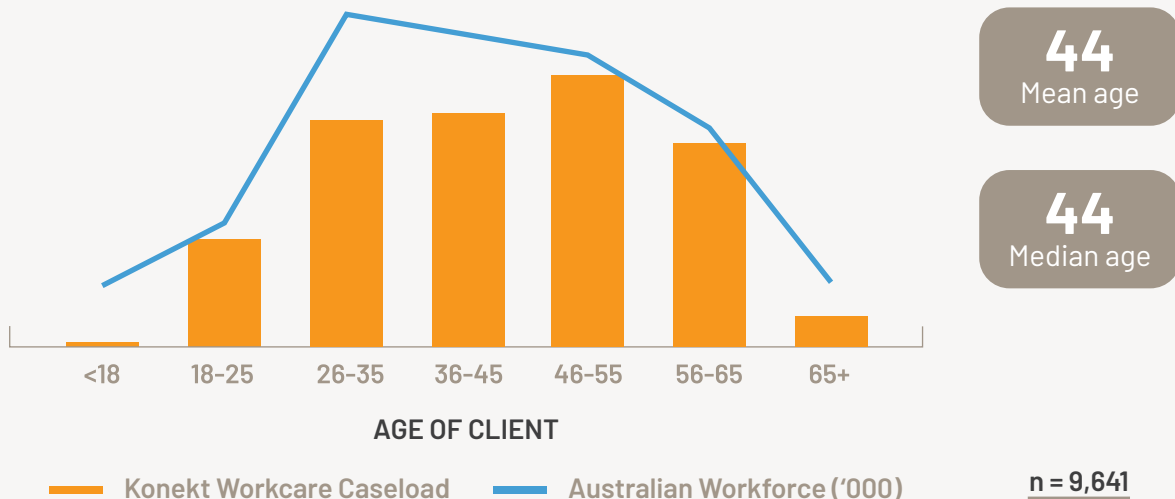
5,000,000
Individual Data Points

Data references occupational rehabilitation services delivered by the Konekt Workcare team across all Australian states and territories, covering workers' compensation, transport accidents/CTP, income protection, disability, employment services and employer-run schemes.

PART 1: 2019/2020 REHABILITATION IN REVIEW

Konekt Workcare has taken a deep dive into our injury management database from the 2019/2020 financial year. In Part 1 of our Market Report, we explore the most interesting and impactful trends, and propose recommendations we believe will set up all Australians for a better working future.

AGE PROFILE OF KONEKT WORKCARE REFERRALS (FY2020) VS AUSTRALIAN WORKING POPULATION



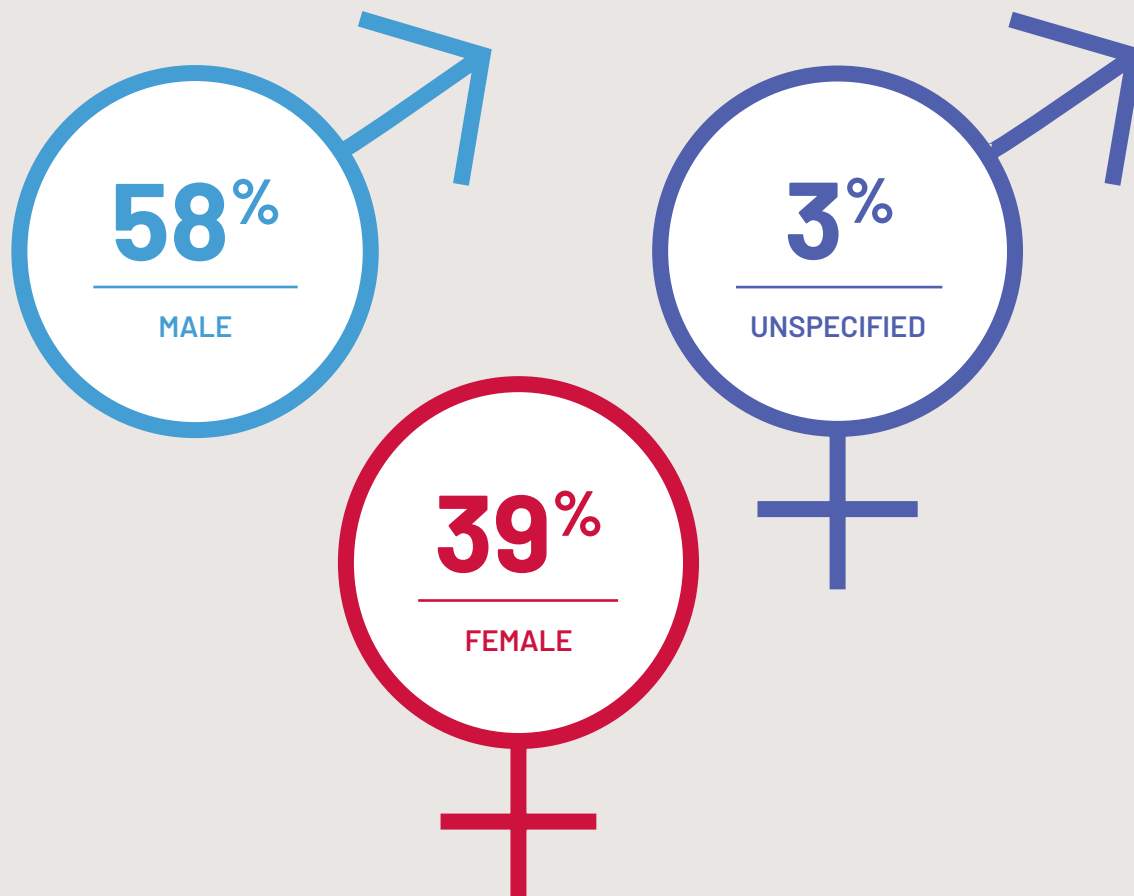
In comparing Konekt Workcare's caseload to the Australian working population, we can see that younger workers (18-25) and middle-aged workers (46 – 65) are disproportionately represented (seen in the tighter gap between the orange bar and blue line in the chart above).

Our data suggests younger workers are injured more often as a result of inexperience, risk taking behaviours and lack of proper training.

Older workers' injuries are more related to physical 'wear and tear' over time. As an industry, we have two significant opportunities for improvement here:

1. Fund resources, education and training to support young people as they are exiting education (including TAFE and trades training), to build skills and confidence in their ability to continue their learning, and ask for training and safety help from employers.
2. Conduct more regular health screenings of the workforce, to identify and address degenerative (wear and tear) conditions early, when interventions can be recommended that will prevent or delay long-term injury and claims.

CLIENT GENDER



Consistent with previous years', the 2019/2020 client base is predominantly male – shifting slightly from a historical average of above 60% down to 58% of the caseload. This is broadly consistent with Safe Work Australia data regarding the incidence of workplace injury. It is notable that male injury rates are much higher in proportion to Labour Force data, with men making up 52% of the Australian workforce.

In Volume 6 of the Konekt Workcare Market Report, we explored the nature of workplace injury experienced by men and women, and found marked differences in the underlying experience, and how we can best manage these cases.

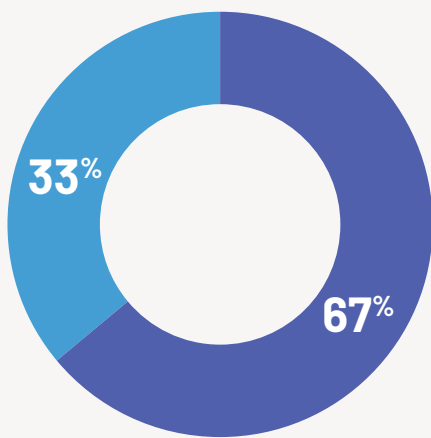
WHAT'S NEXT IN THIS FIELD?

Our data set associated with non-binary gender is growing. In 2021/22, we aim to have sufficient data to help us better understand how non-binary gender individuals experience workplace injury, to give us a more complete gender-based analysis.

Our casebook

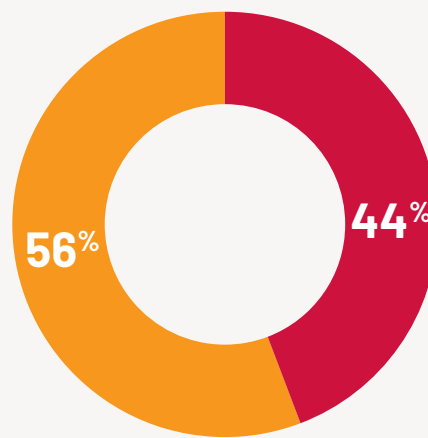
The types of cases remains steady, with the majority requiring 'specific services' where our health professionals provide a targeted intervention to support the achievement of an overall outcome. As opposed to a longer-term 'case management' style of return to work (RTW) service. This trend toward more targeted interventions, which has driven improved outcomes and costs over the last decade, has proven highly valuable, allowing our specialist teams to add value at critical junctures across the life of an individual's case.

SERVICE TYPE SPLIT

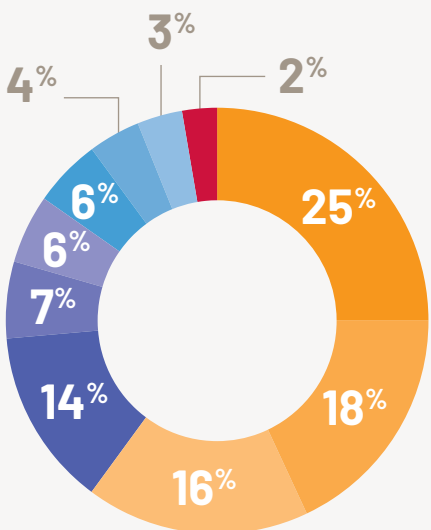


- Return to Work (RTW) Service
- Specific Service

GOAL OF CASE



- Same Employer Goal
- New Employer Goal

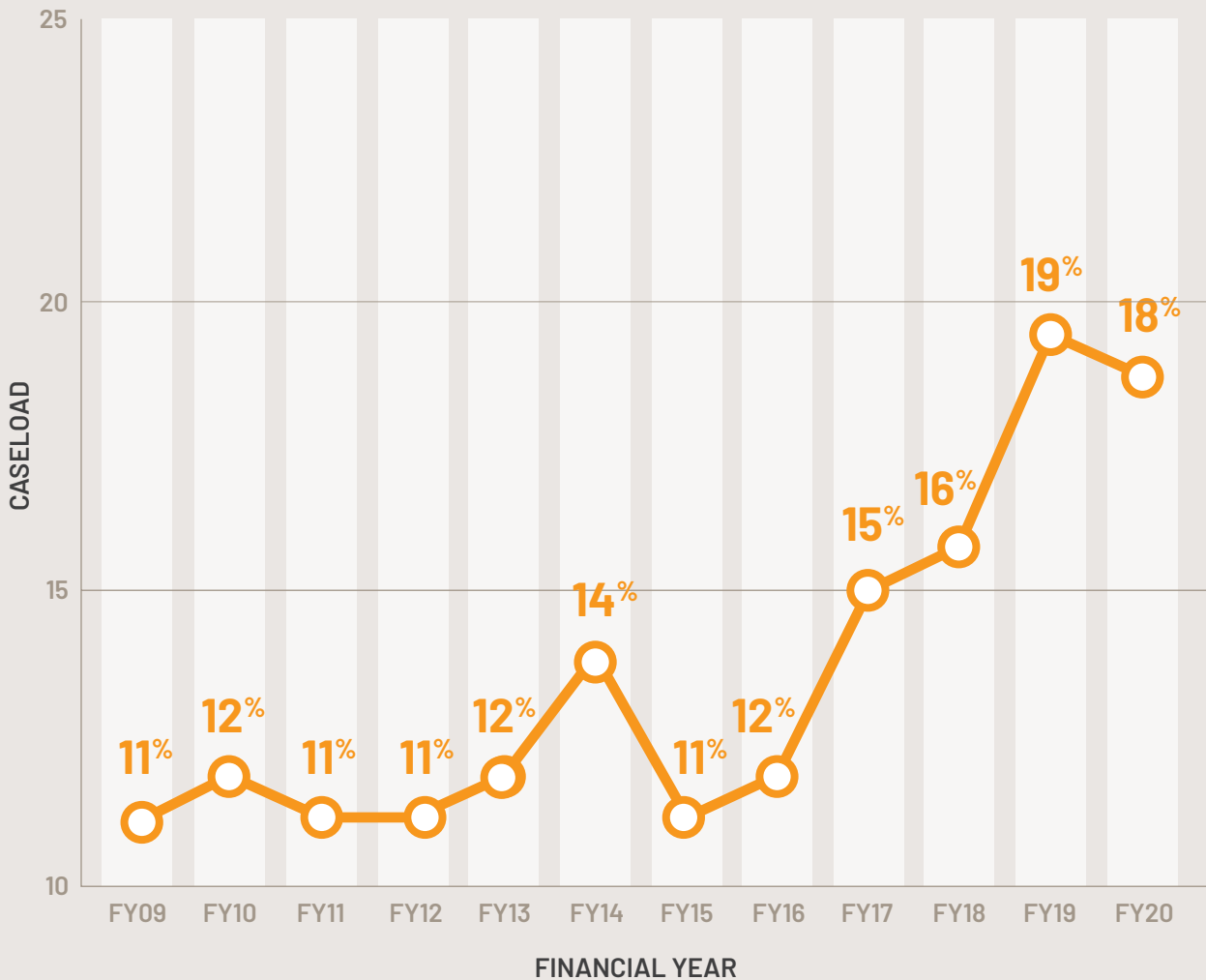


FY20 INJURY TYPE

- MSD - Upper Limb
- Mental Health
- MSD - Lower Limb
- MSD - Trunk
- Organs
- MSD - Back
- Other
- MSD - Multiple
- MSD - Neck
- Head Injury

Psychological claims

PROPORTION OF KONEKT WORKCARE CASES THAT ARE PRIMARILY PSYCHOLOGICAL



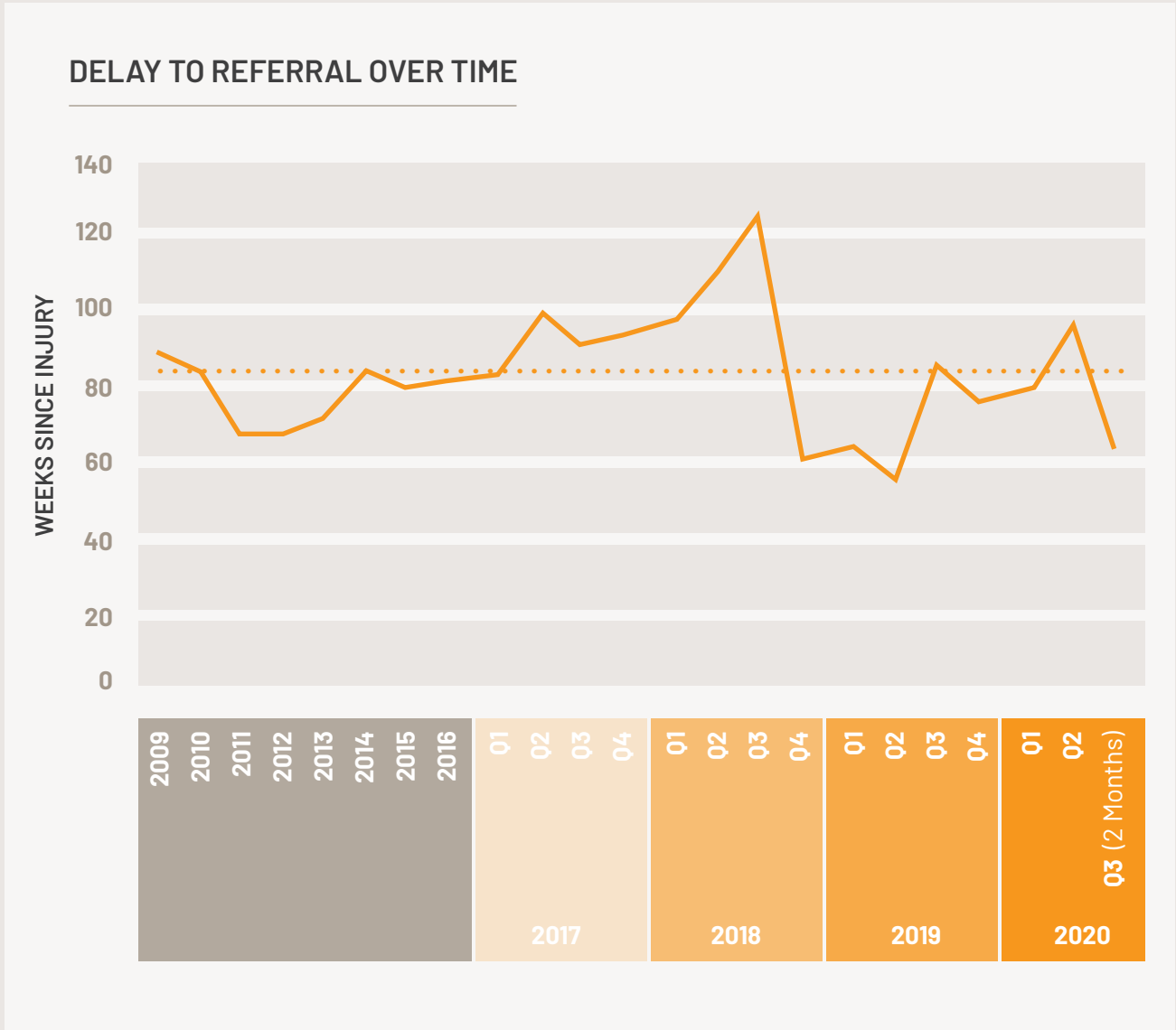
The proportion of primary psychological claims continues to rise and is approaching 20% of all cases. In addition, around 10% of our other cases demonstrate a secondary or un-related psychological condition.

Our data, and other research, clearly shows primary psychological claims are more likely to have a poor outcome, at a greater cost. Schemes, insurers and employers must do more to build psychologically healthy workplaces, while providers, such as Konekt Workcare, must invest in upskilling team members to achieve better outcomes on cases demonstrating primary and secondary psychological diagnoses.

Critically, we need more qualified psychologists in Australia. Broadly, across the entire health industry, psychologists are in short supply. In recent years, with increased funding, demand for psychology services in Australia has increased by around 40%. However, the growth in the number of practising psychologists between 2014 ~ 2018 was only 5.5%, This creates an urgent and growing need for health providers such as Konekt Workcare, and subsequently the industry and client base we serve.

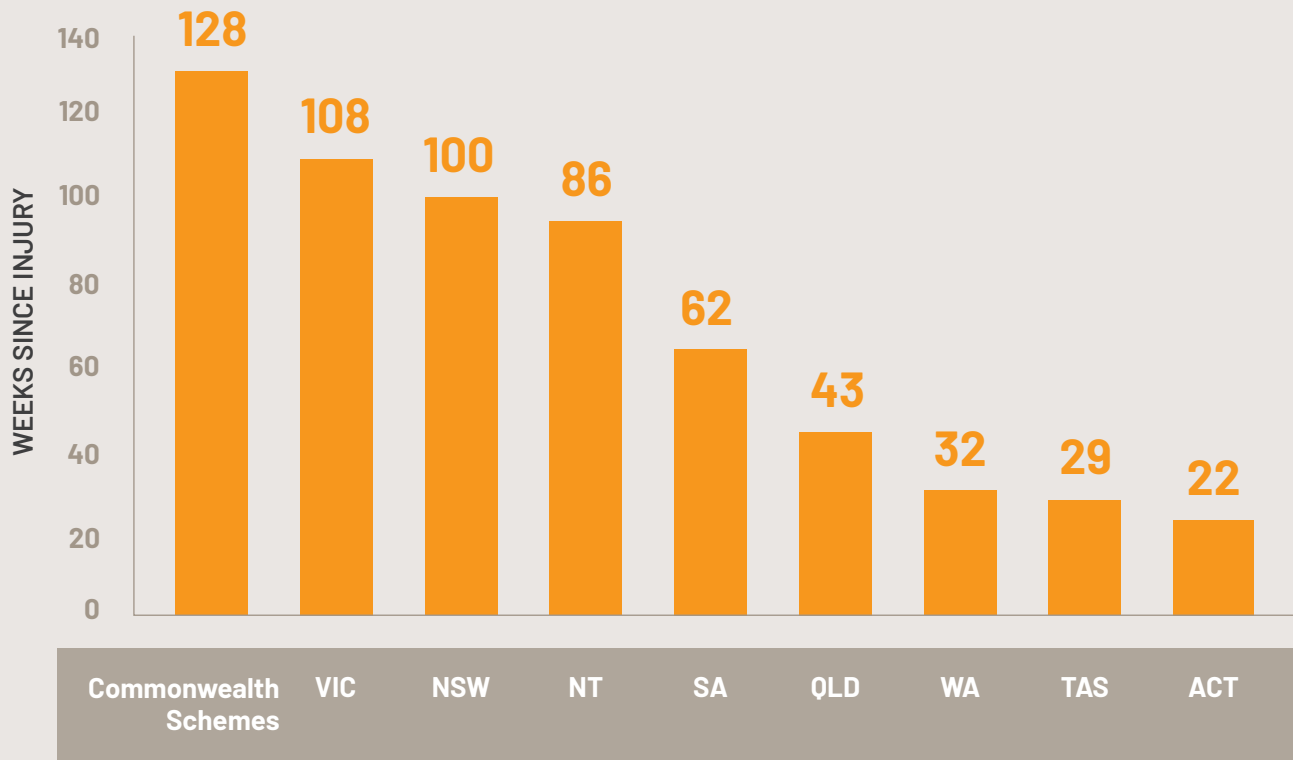
Delay to referral

Delay to referral is one of our most compelling metrics – it is the elapsed time between when a person was injured, to when they were referred to Konekt Workcare.



Delay to referral performance over time is incredibly disappointing. Aside from a COVID-19 ‘blip’ (which we will explore more in Part 2) this critical metric really has not moved in our 11 years of records. This metric is by far the number one determinant of case success, cost and duration. A delay to referral above 60 weeks is costing Australia hundreds of millions of dollars annually in claims costs and productivity losses, in addition to the devastating social and human impact of not working.

WORKERS' COMPENSATION DELAY TO REFERRAL



Predicting outcomes and costs – using data modelling to guide our decisions.

Konekt Workcare has committed to continual improvement, constantly seeking ways to improve outcomes for Australian workers, employers and regulators. One component of our ongoing program of work is the mission of using data analytics and insights to power better and more efficient decision making.

We have used a range of methods and explored millions of data points and combinations, using advanced artificial intelligence techniques to explore interactions and influences that we were historically unable to access. Our data is highly complex and rich.

What we are able to learn and take from the predictive model is important and valuable. We can see there are three primary determinants or predictors of outcome, most influential when considered together.

1. Delay to referral - by far the most influential predictor.

2. Client age at referral - an important indicator of outcome and cost.

3. Combined risk profile score - the higher the score, the greater the risk of high costs. There is no single biopsychosocial factor, or set combination of these, that is a strong determinant. The cumulative score of multiple factors (regardless of nature) is highly predictive.

What does this mean to us and our practice today?

Of these three factors, there is one within our full control – delay to referral remains the key.

As an industry we rely on mechanisms to facilitate earlier referral. Our data tells us across our Konekt Workcare portfolio, earlier referral will have a substantial impact on case outcomes (employment participation) and rehabilitation service costs.

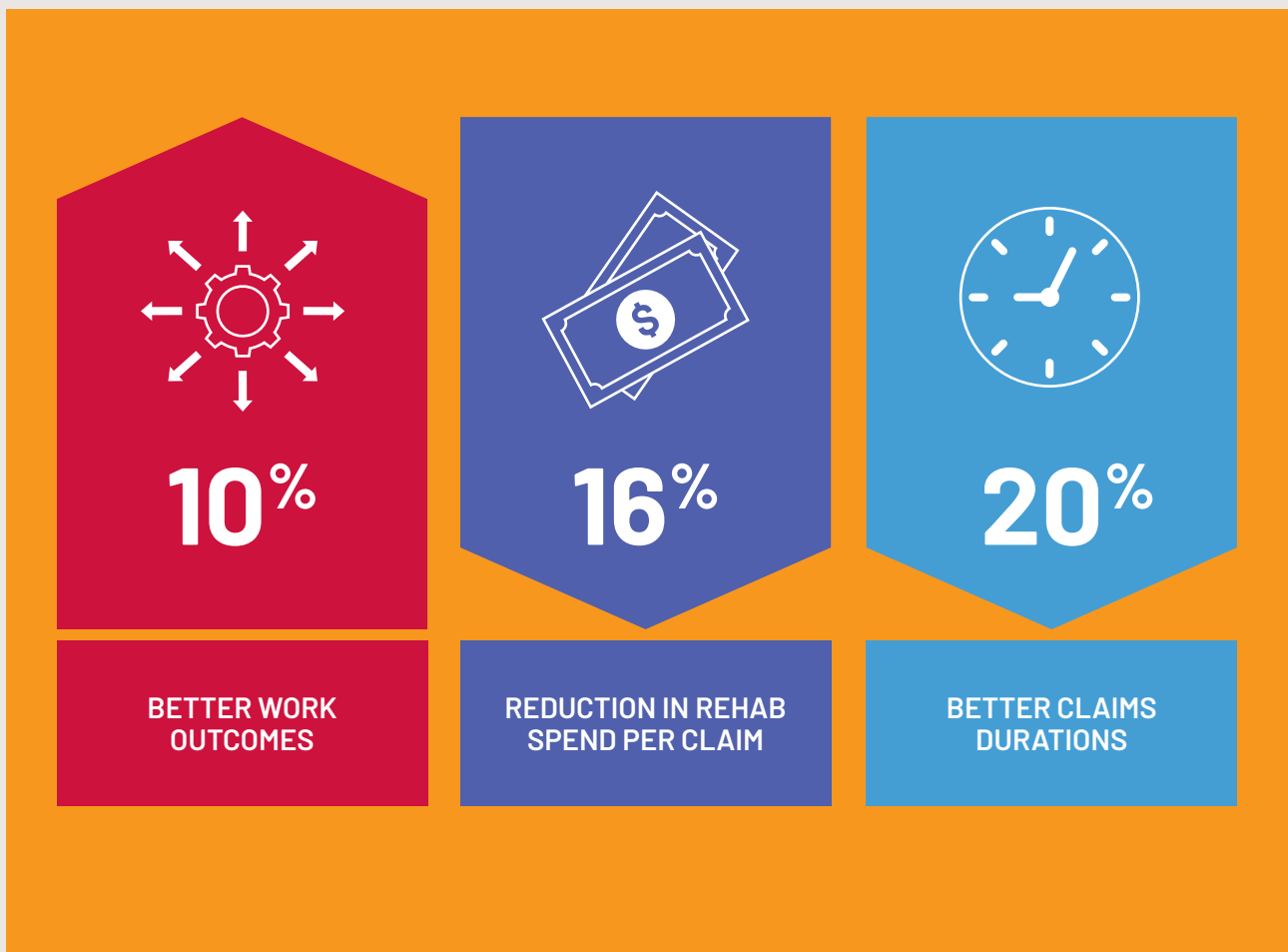
We must do more to drive down delay to referral.

The solution for insurers and employers can be as simple as early referral for a low-cost telehealth Initial Screening Assessment, including a Risk Profile.

At Konekt Workcare, we call this 'Risk Screen'.

This rapid, partially automated screening tool allows efficient early triage of all claims (or serious claims, classed as five days or more lost time), driving early referral for more tailored and intensive support for clients who need it. Modelling suggests such an approach, delivered within the first 12 weeks post injury, would result in substantially greater case outcomes for serious claims (10% better job outcomes), with significantly lower claims costs and claims durations (dropping by around 20%).

THE IMPACT OF RISK SCREEN



PART 2: HOW 2020 FLIPPED OUR THINKING AND RE-SHAPED OUR EXPECTATIONS

We all started 2020 with expectations on what we would achieve. Not many would have expected the year we have had.

During March and April 2020, we at Konekt Workcare were hastily trying to reset our expectations, and plan for what support services the Australian workforce would need in the face of COVID-19. Like others in the industry, we transitioned quickly to telehealth services, and our team achieved incredible things in tight time frames.

We are not through 2020, or this pandemic yet. For our industry, now is the time for reflecting and learning, and improving. Konekt Workcare's 2020 Market Report uses our extensive national database to highlight how our experience this year compares to our expectations, and what the data tells us we may expect in the future.

ELISE'S STORY

In early 2020, Elise* was well on her way to returning to work after injury. But, like thousands of others, she lost her job in the wake of the COVID-19 lockdown. In close succession, she also needed surgery – and was coping at home with no family, distant friends and no job.

Elise's case team could see she needed support, and a Konekt Workcare telehealth assessment was arranged.

"I could see from our first 'hello's' that Elise was struggling" remembers Andrew*. "But I think she was just so relieved to get some help, we just jumped right in to improving her situation and getting focused on her goals."

While tracking down a treatment provider that was still delivering in-person services, and providing remote 'daily living' advice (such as how to change her sheets and get her shopping without pain), Konekt Workcare and Elise also set about planning her return to work. And as her confidence and positivity improved, so did her social network.

But all around her, people were losing their jobs. Regardless, Elise applied for numerous positions and before we knew it, she had secured a job.

Her words were "thank you, thank you for allowing me to get my life back on track and being the support through this very difficult time."

Through an unimaginably tough time of uncertainty and trying circumstances, Elise was able to regain her livelihood and rebuild her life.

JASON'S STORY

As a consultant within the occupational rehabilitation sector, 2020 has not only been a challenging time for me vocationally but also personally. I am a person that thrives off social engagement and feeding off the energy of the room - spending copious amounts of time by myself, isolated and with no one to talk to was not my idea of a good time. 'This will be an absolute disaster', I remember thinking to myself.

"Little did I know that my Konekt Workcare team, who are now more like friends and family, would be my rock." Everyone in my sphere was there by my side through what was one of the toughest periods of my professional life. Not a day went by where I did not have a supportive call with a leader, colleague or often customers who were also in lockdown - we were all in this boat together. Our morning meetings (where we were supposed to discuss work) quickly turned into a forum of tv show recommendations, food ideas and iso rants. Needless to say, I loved every minute! It was the highlight of my day, reminding me that I was not alone in all this.

Professionally, I was really concerned going into lockdown v1.0 (I'm from Melbourne). I had never conducted a telehealth intervention before, and really couldn't see how it could work with my client base.

Maybe it was the necessity of it all, and that 'we are all in this together' feeling - but telehealth was a breeze. For a lot of my clients, it seemed to work better - perhaps being at home, they felt more comfortable, and were able to open up more. We found it easier to get hold of doctors, and the Case Managers just did a brilliant job of keeping everything moving.

Pre COVID-19, I took for granted the opportunities I had to be around people and the impact that this had on my overall happiness. I cannot wait to get back into the office, but I will never forget the sense of camaraderie that we all had - team members, case managers, clients and employers - during this time. We truly were all working in alignment and supported each other in ways that I never thought possible.

*All names mentioned are fictitious for the purpose of these stories



Pandemic predictions – what we expected

1. CASE OUTCOMES WOULD DETERIORATE

- Injured employees may not have a job (or suitable duties) to return to, temporarily or permanently.
- Employees may resist returning to work for fear of exposure to COVID-19.
- Employees may find returning to work challenging due to caring demands resulting from school/childcare closures.
- Treatment therapies, such as physiotherapy, exercise physiology, speech therapy and psychology, will be discontinued onsite.
- Venues for exercise therapy (eg. swimming pools, gymnasiums) will be closed.
- Elective surgeries, specialist medical reviews and independent medical exams will be discontinued or disrupted. Medical provider services will be stressed, limiting availability.

2. CASES WOULD BECOME MORE COMPLEX AS THE BIOPSYCHOSOCIAL ENVIRONMENT CHANGED

- The biopsychosocial context in which a client lives has a dramatic impact on their return to work efforts. As biopsychosocial complexity rises, case costs and durations increaseⁱ. We expected all elements of complexity to rise, with poorer physical, mental and social health.

3. THE MENTAL HEALTH IMPACT OF LOCKDOWN

- We expected lockdown and social isolation to exacerbate pre-existing mental health issuesⁱⁱ.
- The difficulties associated with virtual leadership, and the added pressures of lockdown, were expected to increase the instance of psychological claims and secondary psychological issues.

4. WORKING FROM HOME AND THE NEGATIVE EFFECTS OF SUB-OPTIMAL WORKSTATION ERGONOMICS

- Many clients began working in a sub-optimal environment, from a physical, psychological and social perspective. People shifted to working from home rapidly, often without appropriate equipment or workspace. We heard stories of people working from laptops on ironing boards.

5. TELEHEALTH WOULD DELIVER WORSE OUTCOMES

- Our success depends on our ability to build trust and rapport quickly, believed to be limited by remote engagement.
- Services such as workplace and ergonomic assessments rely on observation – seeing tasks completed, being in the environment, feeling the equipment. Shifting to virtual interaction limits that full sensory exposure, and thus our ability to effectively complete these jobs.

6. INSTANCES OF FINANCIAL STRESS WOULD RISE AND HAVE A HEAVY IMPACT ON EXISTING CLAIMS

- As a result of job losses and stand-downs, and poorer economic conditions, instances of financial stress would rise dramaticallyⁱⁱⁱ.

7. REFERRERS WOULD BE HIGHLY DISTRACTED AND OVERWHELMED AND DELAY TO REFERRAL WOULD SPIKE

- Case managers quickly pivoted into remote work – including the juggle of work and caring demands. We anticipated a sharp decrease in referrals, and an increase in delay to referral to occupational rehabilitation.

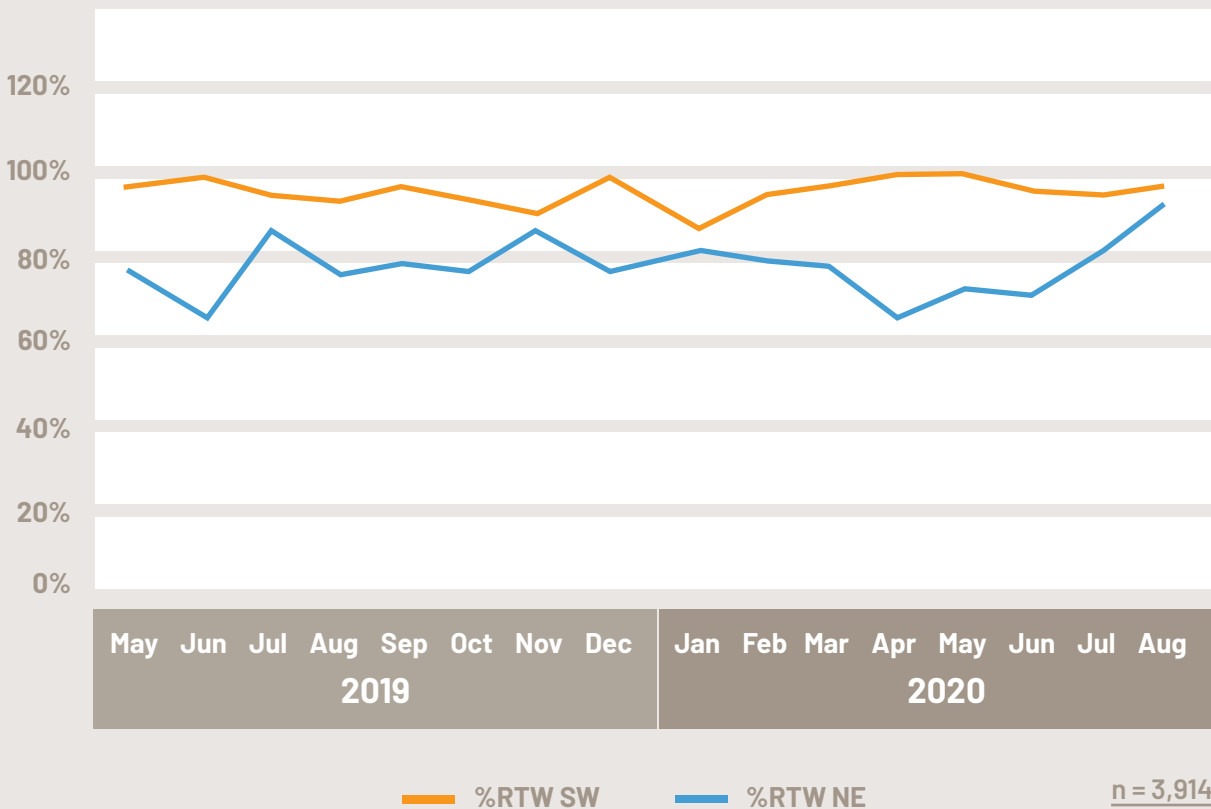


The story so far – what we experienced

1. WE THOUGHT CASE OUTCOMES WOULD DETERIORATE

Konekt Workcare case outcomes, overall, have remained steady. However, there was a sharp decline in new employer outcomes in April, which gradually recovered to be above trend in August.

RETURN TO WORK OUTCOMES



Importantly, this is only the story so far. We know our active and future case book will continue to grapple with the psychosocial impacts of COVID-19 for years to come, and we are continuing preparations to ensure our team is equipped to deal with possible psychosocial sequelae and a tight jobs market.

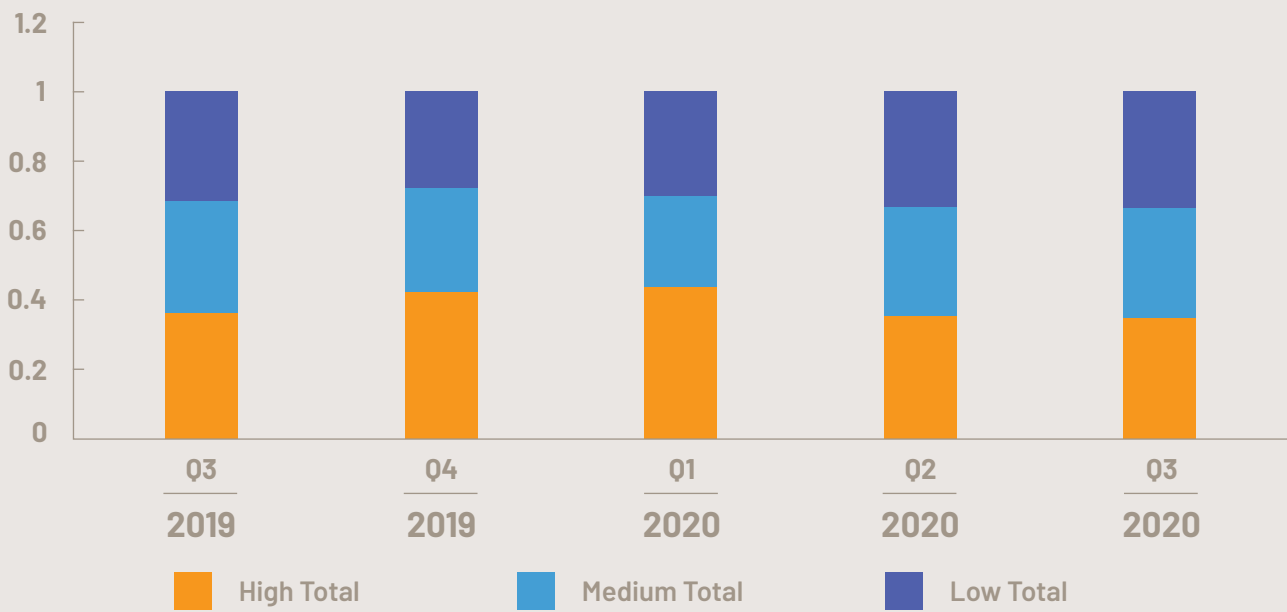
“We have focused on encouraging customers to remain in treatment, modified various rehab programs to support home offerings, and increased training on mental health issues across the board to ensure we are identifying possible cases early.”

Senior Manager, Life and Income Protection insurer

2. WE THOUGHT CASES WOULD BECOME MORE PSYCHOSOCIALLY COMPLEX

We saw no discernible change in case complexity in the wake of COVID-19 lockdowns, with a relatively even split between high, medium and low complexity case volumes.

CHANGE IN CASE COMPLEXITY IN RESPONSE TO COVID 19



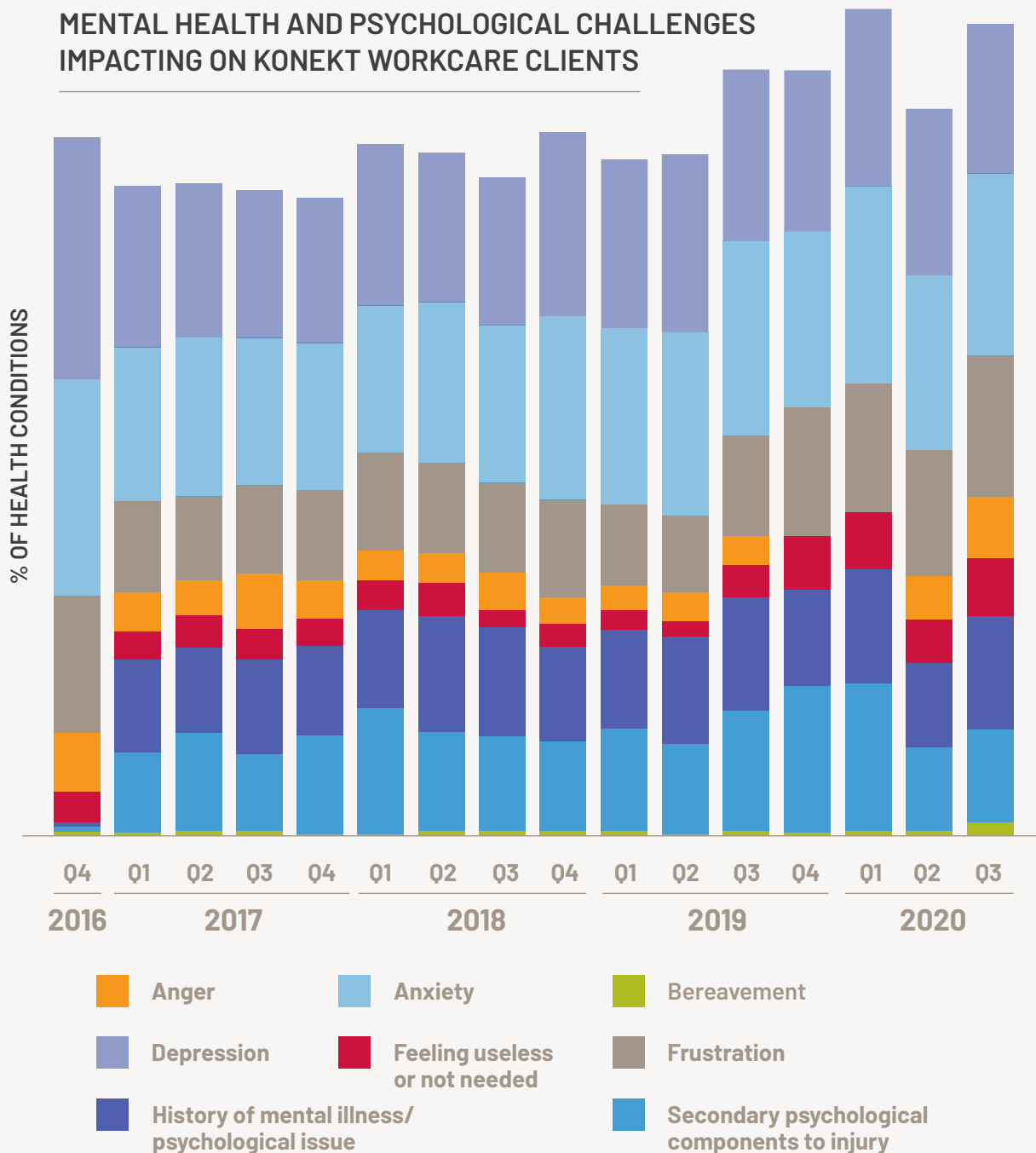
We know from previous Market Reports, and from our predictive data analytics (Part 1) that the case complexity score gives an important indicator of case cost and duration. More complex cases are more expensive and take longer to achieve the same work outcome. Thankfully, so far, both our existing case book and our new cases are not showing any evidence of a change in complexity as a result of COVID-19 and the associated societal impacts.



3. WE THOUGHT THE INCIDENCE OF MENTAL HEALTH CONDITIONS WOULD SKYROCKET

We have seen **no significant shift in mental health relating to COVID-19**. Trends relating to mental health and psychological conditions have remained along a similar trajectory to that experienced historically – gradually growing by a few percentage points each year. The only factor that has shown any substantial change during the March – August 2020 period is an increase in the proportion of clients whose feelings of ‘frustration’ and ‘feeling useless or not needed’ are impacting on their ability to recover.

MENTAL HEALTH AND PSYCHOLOGICAL CHALLENGES IMPACTING ON KONEKT WORKCARE CLIENTS

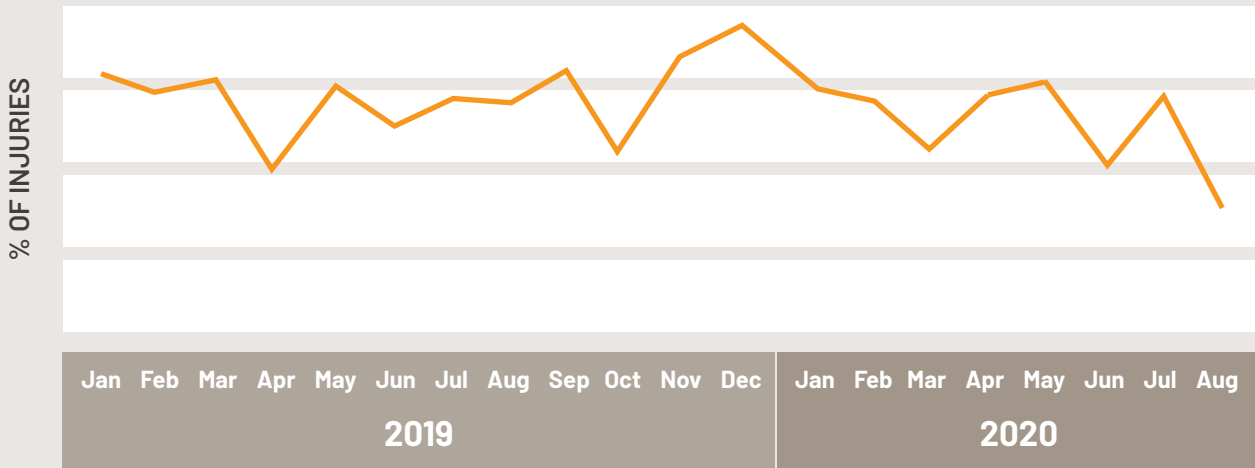


4.

WE THOUGHT INJURIES RELATING TO POOR WORKSTATION ERGONOMICS WOULD BECOME MORE PREVALENT

We have seen **no change** (as yet) in the proportion of claims for injuries relating to ergonomics.

PROPORTION OF INJURIES RELATED TO OFFICE ERGONOMICS



— Proportion of ergo injuries

However, we know that delay to referral is substantial, averaging around 80 weeks, so there is a possibility that the referral mix will change over time - in other words, we may yet to have seen those individuals injured in the earlier parts of this year.



5.

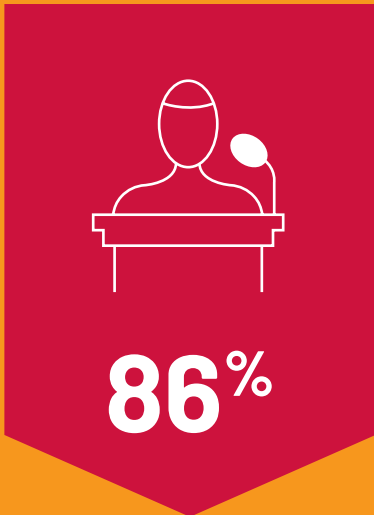
WE WORRIED THAT SHIFTING TO TELEHEALTH WOULD DELIVER POORER OUTCOMES

Telehealth has resulted in **equivalent outcomes at a lower cost**. More than 85% of Assessments and Interventions conducted during the Quarter 2 of 2029 (April - June) were telehealth in nature. We, like most other health providers, pivoted almost overnight from full face-to-face delivery to full remote servicing. Pleasingly at both a case level and service level, our outcomes, service delivery outputs and service responsiveness has held steady throughout - a testament to the resilience and adaptability of our health teams and their clients (and caregivers) who navigated this new world together with patience and kindness.

Not surprisingly, with the elimination of travel costs, our service delivery costs reduced. On average, telehealth assessments have been shown to 17% less expensive than those conducted in person.



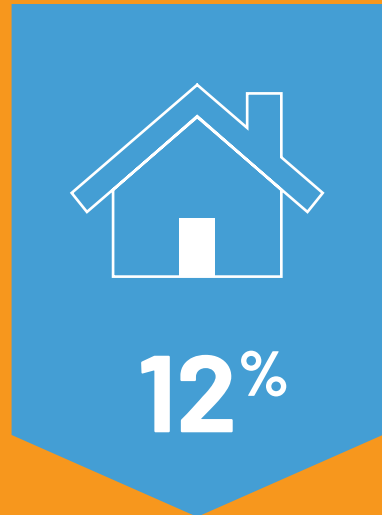
REDUCTION IN SERVICE DELIVERY COST FROM Q1 TO Q2



REDUCTION IN CASE
CONFERENCE COSTS



REDUCTION
IN ERGONOMIC
ASSESSMENT COSTS



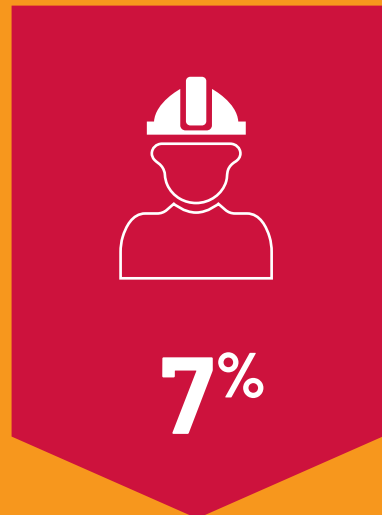
REDUCTION IN ACTIVITIES
OF DAILY LIVING (ADL)
ASSESSMENT COSTS



REDUCTION
IN VOCATIONAL
ASSESSMENT COSTS



REDUCTION
IN INITIAL
ASSESSMENT COSTS



REDUCTION
IN WORKSITE
ASSESSMENT COSTS

n = 4,200

By far, case conferences (where the Konekt Workcare Consultant arranges a collaborative discussion with the injured person, treating practitioner/s and other stakeholders) showed the most positive improvements in the cost base. We believe this is due to the significant wastages we see in face-to-face conferences, where there is often substantial travel and waiting time. Telehealth seems to have resolved many of these issues, allowing parties to remain productive during waiting times.

While we see good cost savings in other service types, the differences are not as substantial. We believe there are two reasons for this discrepancy;

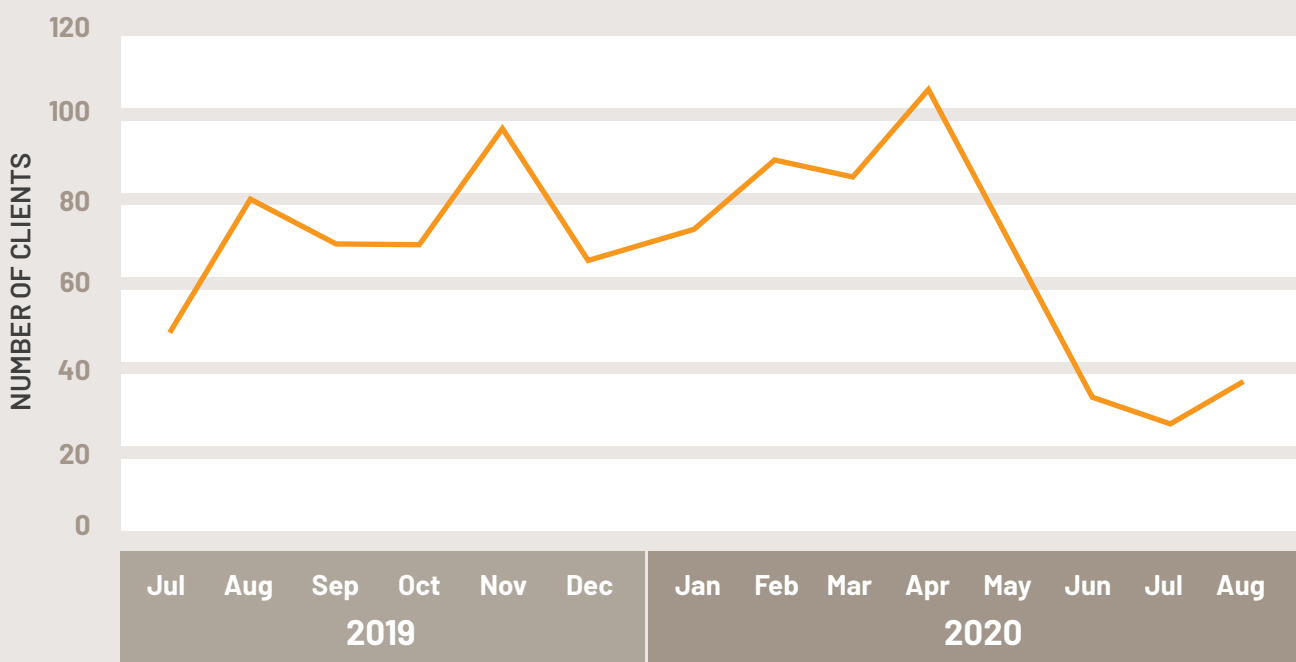
- 1) The existing time wastage was not as substantial – there was less to gain.
- 2) Telehealth creates a range of communication challenges, particularly where observation (for instance, with an ergonomic assessment or workplace assessment) is required, or where there are other barriers such as language, hearing or digital literacy. The additional time taken by our Assessor to overcome these challenges would offset some of the gains associated with not travelling.

6. WE WORRIED THAT OUR CLIENTS WOULD STRUGGLE UNDER FINANCIAL STRESS

During the early peak of nationwide lockdown, we did see a significant spike in clients reporting fears around financial and/or career security. However, as most of the nation’s COVID-responses began to stabilise and return to normal, we saw these concerns drop dramatically. Indeed, this perceived threat is now at its lowest instance since we first started recording in 2015. One possible explanation for this is social comparison theory – we see others around the country or globally struggling with economic and job losses more than we are, and feel more secure with our situation. The significant fear and uncertainty of March and April may be rebounding into a sense of optimism and gratitude.

CLIENTS STRUGGLING WITH PERCEPTION OF THREAT TO FINANCIAL OR CAREER SECURITY

n = 20,113



7.

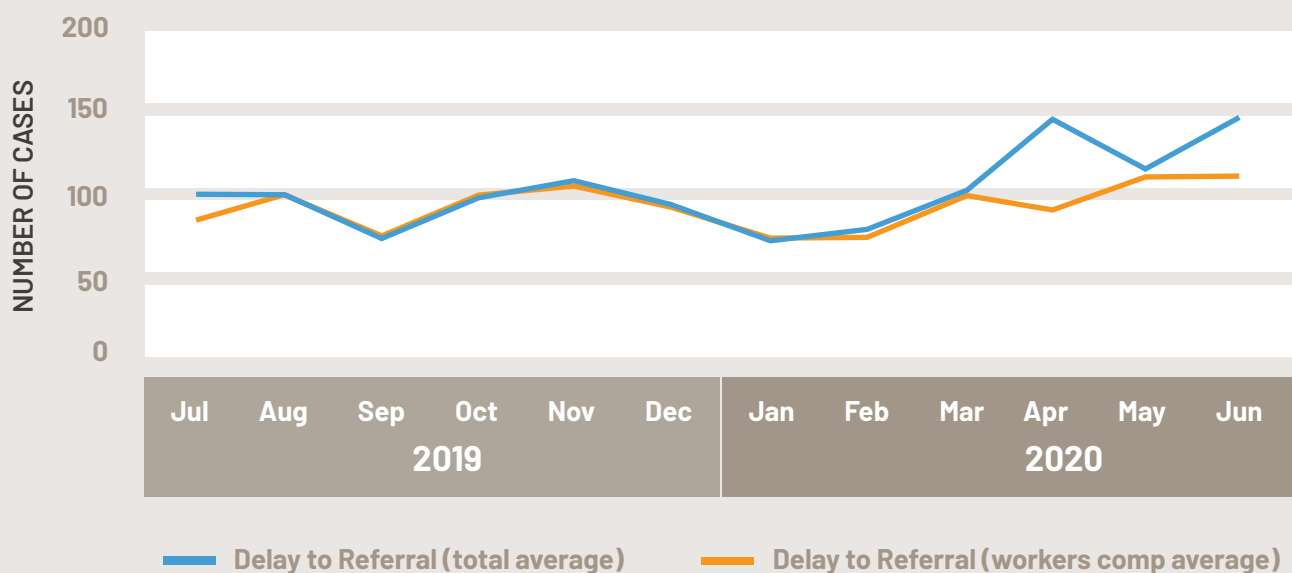
WE WORRIED THAT DELAY TO REFERRAL WOULD SPIKE, WITH THE EVENTUAL NEGATIVE IMPACT ON CASE OUTCOMES

April 2020 did indeed demonstrate a minor disruption to referrals, which may impact on case outcomes for clients referred this year. Konekt Workcare saw a 20.2% reduction in referrals in the month of April, however referring teams responded rapidly to their new circumstances, and by May volumes had returned to normal.

Konekt Workcare also saw delay to referral jump up significantly from April, driven by a sharp increase in road authorities/CTP lag. This resolved quickly.

There were no significant variations between states – even Victoria during their second wave lockdown demonstrated no discernible difference from other locations, a testament to their resilience and robust business processes.

DELAY TO REFERRAL BY BUSINESS CLASS



Expectations of life after 2020

JOHN'S STORY

"The gym is the only thing I really look forward to each day", says John*, a Konekt Workcare client who was significantly injured during the course of his work.

He couldn't work in his normal job, and as a result had lost almost his entire social network. John knew that completing his daily rehab program in the gym was his pathway out of his situation - going to the gym each day provided direction, purpose and a social network.

When COVID-19 lockdowns hit, John felt despair.

“a big thing that helps... is getting out of the house and attending the gym.”

John tried a self-directed walking program but wasn't making any headway. In fact, his physical and mental condition began to deteriorate.

A telehealth consultation with Konekt Workcare Exercise Physiologist Laura turned that around. Laura provided John with a structured home-based program, and a mechanism of support and guidance that made all the difference.

John quickly found the confidence and routine that he needed and was able to keep progressing toward his rehabilitation goals. He is back in the gym now, working towards a return to work, and is proud to say he still uses some elements of the home program that kept him going during lockdown.

*Name mentioned is fictitious for the purpose of this story

We are well aware that it is early days yet. However, the signs are better than we thought - Australian workers are not as deeply impacted by the implications of COVID-19 as we had feared. This is partly due to the limited number of COVID-19 cases we have seen (comparative to other nations), but also a strong testament to the rapid adoption of remote working and telehealth service provision by all in our industry. The data shows that the immediate impact of lockdowns one and two, which could have been substantial and deeply damaging to so many, was felt only slightly by our injured workers and employers.

We have learnt much from the rapid adaptation to COVID-19 in Australia. Policy and practice adaptations need to be made to reflect the future impact of these changes. Now is the time to capitalise on the positives and mitigate the future risks.

1. Embrace Telehealth – where and when it is appropriate. We have seen the clear benefits but also the added complexity that telehealth brings. As we move back toward in-person interventions in most areas, Konekt Workcare strongly advocates for a nuanced approach to retaining telehealth capability. Telehealth could and should be used for:

- a) Services where there is time wastage – for instance, where travel requirements are onerous or waiting time may be substantial. The data has shown enormous cost benefits in these instances, with minimal-to-no downside.
- b) Instances where there is no need for visual observation of complex tasks, and where the participants have sufficient digital literacy and language skills.
- c) Services where there is a health or safety concern for any participant.

Recommendation – The team running the case know best, and giving Assessors, Consultants, Case Managers and Treaters the power to decide when telehealth will offer the best outcome is ideal.

2. What the data doesn't show - we hear that many of our clients reduced or avoided in-person treatment (eg. physiotherapy, psychology, exercise therapy) for long stretches of time during COVID-19 lockdowns, and the negative consequences of avoiding these treatments are likely to emerge over coming months. In addition, with the expiry or downgrade of many COVID-specific support schemes, we may yet see financial stress rise again, and work outcomes fall.

Recommendation – We recommend a case risk review across all active claims and cases, involving a refresh of biopsychosocial risk factors. Where reviews identify high risk cases, these should be subject to case conferences and health provider reviews to agree on strategy.

3. Check in on teams working at home – it has now been six months since we started working remotely, and for many Australians, their home workstation is not ideal. While we have yet to see any substantial impact from a claims perspective, anecdotal evidence suggests that those still working at home, even part time, are conducting this work in sub-standard ergonomic conditions and there is substantial risk of injury and claims activity.

Recommendation – There are an abundance of free checklists and tools available – Konekt Workcare has one on our website www.konektworkcare.com.au. Use this as a review point to confirm safe work practices and make adjustments.

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Konekt Workcare has over 100 offices nationally, for contact details of our offices go to www.konekt.com.au or call 1300 723 375.

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