



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

If a Benefit was a Drug would You Prescribe it?

“And would Medsafe licence it?”

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What we will cover today

- Briefly explore value-based decision making
- What is the evidence telling us
- Some facts about Benefits
- Seeking solutions – the whole session is focused on this and I want this to be a two-way exchange

Sub-title

“If you want to find out about
water, don’t ask a fish”

Chinese Proverb

Doctors Dictum

- first Do No Harm
- “It’s much more important to know what sort of person has the disease than what sort of disease the person has”

Sir William Ostler, 1896

Time

- a precious commodity
- we don't have enough of it either personally nor professionally
- how do we deal with this “shortage”?

Case # 1

- 26yr old NZ male with history of back pain just returned from Australia
- produces letter on Royal Brisbane Infirmary letterhead confirming he has been treated with Sustained Release Capsules 100mg bd
- you briefly examine him – nothing remarkable except lots of tattoos and a reluctance to flex his back

Case # 1 continued

- what are you going to do?
- better still – what did you actually do?
(the truth)?

Action Options

- tell him he is a drug-seeker and to get out!
- discuss how undesirable it is to use opiates long-term for chronic pain – and offer paracetamol and an NSAID
- as in (2) – but offer a few M-Eslow (slow release morphine) capsules as a back-up (say 10)
- accept that he has tried everything and that opiates are not always contraindicated and give him a month's supply (60)

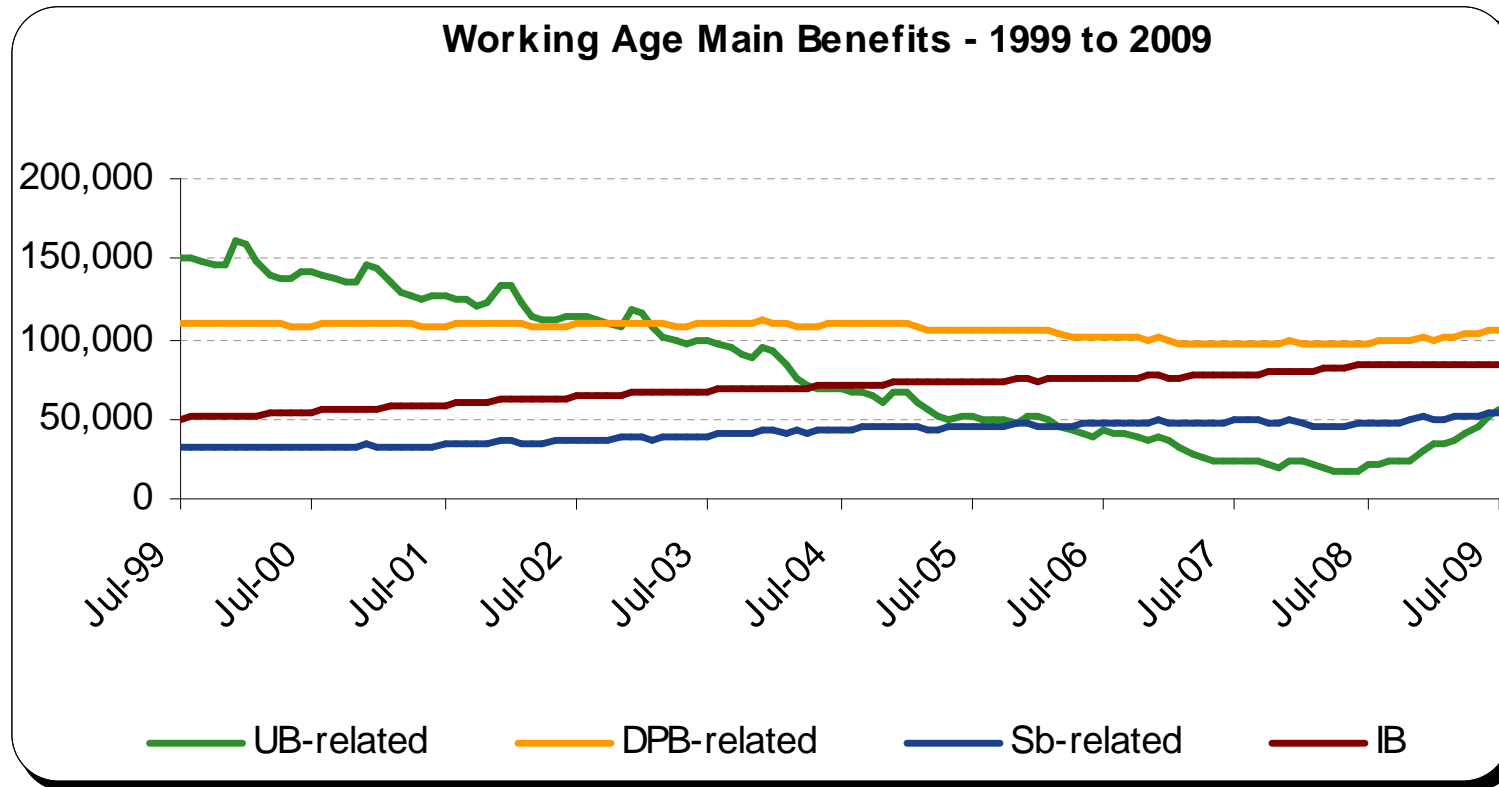
Case # 2

- 26 yr old NZ male recently returned from Australia – tells you a Work and Income case manager had told him he was eligible for an Invalid Benefit because he has had back pain for over two years which had prevented him working. He was working as a builder's labourer – a casual working for cash.
- AND – he just needed to see a GP who would fill out the necessary medical certificate.

Action Options #2

1. tell him he is trying it on, and to get out and get a job!
2. quickly fill-out a Work and Income Medical Certificate as unfit for work in the foreseeable future and send him on his way
3. empathise with his situation commenting that he will have back trouble for the rest of his life. Fill out a medical certificate for 3/12.
4. ask him about his previous work experience, and what he might like to do with the rest of his life? Explain he will not cause himself damage by considering suitable work options. Refer him back to the Work and Income employment service.

Main Benefits – 1999 to 2009



A life of luxury – yeah right!

Benefit rates

	Net per week	Gross per year
• UB & SB < 25yr	\$158.65	\$9,428
• UB & SB > 25yr	\$190.39	\$11,315
• UB & SB couple	\$317.30	\$18,856
• IB – single	\$237.97	\$14,158
• IB – couple	\$396.62	\$23,571
• DPB	\$272.70	\$16,444

The numbers are people too!

29 Jan 2010

- UB - 68,565
- DPB - 109,807
- SB - 59,339
- IB - 87,740
- Other - 33,002
- **Total - 358,453**

31 July 2008

- UB - 20,712
- DPB - 98,099
- SB - 46,964
- IB - 85,745
- Other - 22,304
- Total - 273,824

What are you saying is the cause of your patient's incapacity

- mental health disorders - 45%
- musculoskeletal - 13%
- circulatory disorders - 8%
- nervous system disorders - 6%
- injury and/or accidents - 6 %
- metabolic and endocrine - 5%
- other - 16%

Why these cases?

- in both a patient requested a specific “service” from you – and these have clinical or health consequences/outcomes – both positive and negative
- did you react the same way to each? – the drug seeker and the benefit seeker?
- and why?

Positive effects

- both opiates and welfare benefits have a key place in the management of short term acute situations – and terminal ones
- both can relieve acute distress

Not so positive impacts

(mostly time related impacts)

- potential addiction
- worklessness/ work disability
- depression
- social isolation
- significant adverse family impacts
- poor health
- early death

“Worklessness”

If the person is off work for:

20 days the chance of ever getting back to work is 70%

45 days the chance of ever getting back to work is 50%

70 days the chance of ever getting back to work is 35%

Adverse Effects

“Long term worklessness is one of the greatest risks to health in our society. It is more dangerous than the most dangerous jobs in the construction industry, or working on an oil rig in the North Sea, and too often we not only fail to protect our patients from long term worklessness, we sometimes actually push them into it.”

Prof Gordon Waddell 2007

What Adverse Effects?

- Increased risk of dying
- Increased risk of dying from Heart disease, lung cancer and suicide
- Poorer physical health, including heart disease, high blood pressure and chest infections
- Poorer general health and poorer self-reports of health and well-being
- Increased long term illness

Adverse effects cont.

- Poorer mental health and wellbeing
- Increased likelihood of suicide attempts
- Higher rates of medical attendance and hospital admissions

Psycho-social Impacts

- Depression
- Erosion of work skills
- Decreased income and social status
- Loss of social support networks
- Decreased confidence and Decreased sense of self-efficacy

From “Journal of Occupational Rehabilitation”, Vol. 4, No 2, 1994

But Wait – There's More!

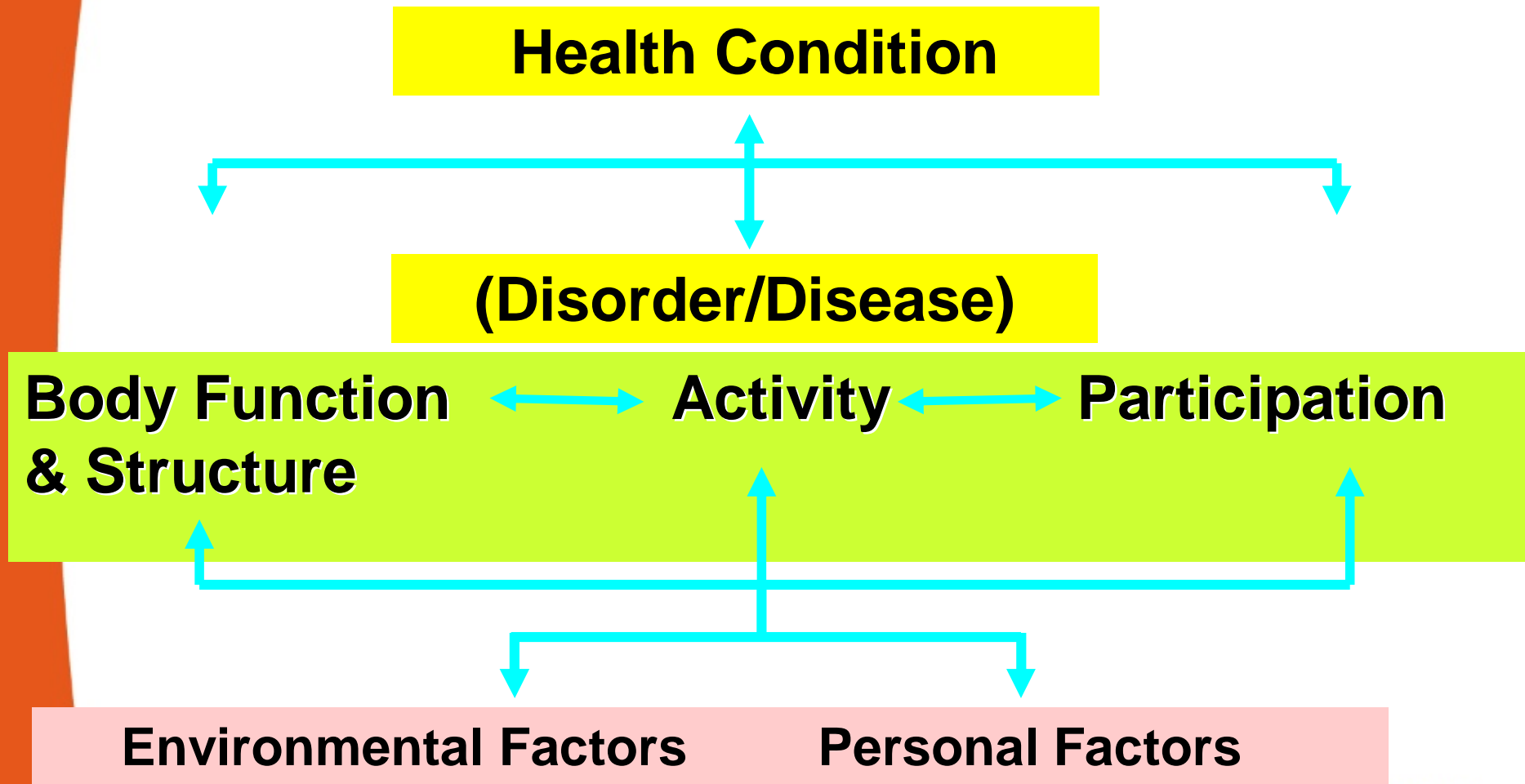
Research into the impact of parental unemployment on children has found:

- higher incidence of chronic illnesses, psychosomatic symptoms and lower wellbeing
- more likely in the future to be out of work themselves, either for periods of time or over their entire life
- psychological distress in children whose parents face increased economic pressure – anxiety, depression, delinquent behaviour, substance abuse

Hang on a Minute – some patients need time off work!

- certainly – some conditions necessitate time off work – e.g. post surgery, debilitating symptoms
- however, in many situations there is a substantial discretionary element to work absence.
- medical treatment and return to work should be managed simultaneously
- if the right accommodations are made many patients may return to work while they recover

ICF



Determinants of health

- education
- employment
- income
- housing
- access to medical and related services



Non-Medical Factors in Work Absence

- perception that a diagnosis alone (without demonstrable functional impairment) justifies work absence
- fear of pain or re-injury
- conflicting advice and/or inadequate communication
- conflict in the workplace
- unhappiness with aspects of working environment unsupported, lack of acknowledgement
- family beliefs and actions

GP Barriers to managing health and work issues

- the doctor-patient relationship
- patient advocacy
- pressure on consultation time
- lack of occupational health expertise (or a perception of such)
- lack of knowledge of the workplace

So What to Do

- encourage your patient to expect that they will recover and return to suitable work
- actively monitor your patients progress
- provide information about the role of work in rehabilitation and the importance of remaining active
- identify medical and non-medical barriers to return to work
- promote an “active management” approach to recovery, and work in tandem with other health professionals

Case # 3

- a 19 year old comes in declaring she is still depressed so just fills out Work and Income Medical Certificate
- your attempts at engagement are met with...
- “I am not mad so don’t need a shrink, counsellors are a waste of space, and those drugs just poison your head. The benefit gives me space”

Case # 3 – your turn

- the “benefit” – an addictive debilitating drug with significant adverse effects to both the patient and their family (whānau) – not dissimilar to smoking
- and NZ GPs write 350,000 scripts for it every year!

Consideration

“It’s much more important to know what sort of person has the disease than what sort of disease the person has”

Sir William Ostler, 1896



Some closing thoughts

- remember the fish – you need to view health from many perspectives
- health is the sum of many parts
- allow yourself to see the holistic view
- you can but do what you can do – each journey starts with one step

A vision for Work and Income

**WORK MATTERS
PEOPLE COUNT**

Questions and Suggestions

- Any questions?
- Any suggestions?
- And Thank You!