



**Work and Income**  
Te Hirainga Tangata

*A service of the Ministry of Social Development*

# **Ready, Steady, Crook**

**Are we killing our patients with  
kindness?**

**Dr David Bratt / Anne Hawker  
Ministry of Social Development  
Christchurch 2010**

# What will we cover today?

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- Health centre? Medical centre?
- Explore value-based decision making
- What does the evidence tell us
- What are GPs saying about Work and Income
- Seeking solutions

# King (Queen) of the Hill

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- Modern medicine has contributed significantly to health of the world.
- Doctors are amongst the most trusted people in NZ – after Willie Apiata and Sir Ed
- So what sort of Percentage do we GPs contribute – are we the purveyors of “health”?
  - 20% ?
  - 66% ?

# Determinants of health

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



# Case # 1

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- 26yr old NZ male with 2yr history of lower back pain who reports just returning from Australia
- produces letter on Royal Brisbane Infirmery letterhead saying he has been treated with Sustained Release Morphine Capsules 100mg bd – and he needs some more
- you briefly examine him – sits comfortably, nothing remarkable except lots of tattoos, but has a reluctance to flex his back on request

# Action options – case #1

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- accept that he has tried everything and that opiates are not always contraindicated and give him a month's supply (60)

# Action Options – case #1

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- offer a few M-Eslow (slow release morphine) capsules as a back-up (say 10)

# Action Options – case #1

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



# Case # 2

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- 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 – case #2

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- quickly fill-out a Work and Income Medical Certificate as unfit for work in the foreseeable future and send him on his way

# Action Options – case #2

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- 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.

# Action Options – case #2

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1. quickly fill-out a Work and Income Medical Certificate as unfit for work in the foreseeable future and send him on his way
2. 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.
3. 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.

# Why these cases?

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- 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?

# The numbers are people too!

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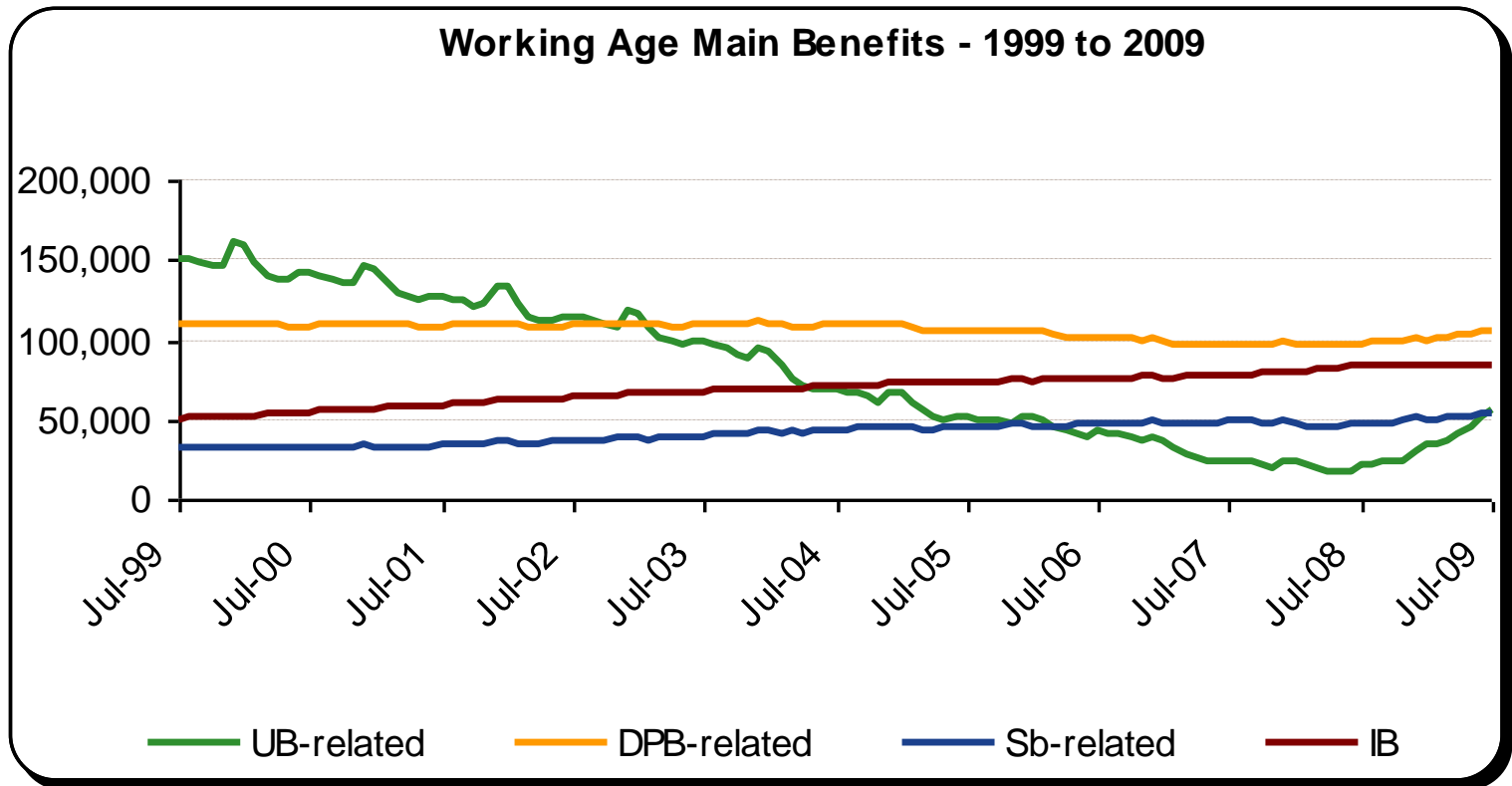
2 July 2010

- UB - 62,260
- DPB - 112,383
- SB - 59,216
- IB - 88,413
- Other - 22,080
  
- **Total - 344,332**

31 July 2008

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

# Main Benefits – 1999 to 2009



# Urban Myths

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1. “If you don’t sign this form Doc I wont have any money – and will lose my flat.”  
True? or False?



# Urban Myths

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- Unemployment Benefit is  $>$  ;  $=$  ;  $<$  than a Sickness Benefit?
- An Invalid Benefit is  $>$  ;  $=$  ;  $<$  than a Sickness Benefit?

# The Financial Reality

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## 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

# Why these cases?

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- in both a patient requested a specific “service” from you – and these have clinical or health consequences/outcomes – both positive and negative

# Positive effects

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- 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

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(mostly time related impacts)

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

# Return to Work or Better@work?

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- According to both Australian and NZ studies what is the likelihood of a person returning to the work after just 3 months out of work?

# “Worklessness”

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If the person is off work for:

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

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

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

# What Adverse Effects?

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- Increased risk of dying from Heart disease, lung cancer and suicide
- Poorer general health and poorer self-reports of health and well-being
- Increased long term illness
- Higher rates of Medical Attendance and Hospital Admissions



# Psycho-social Impacts

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- 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!

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

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

# Children and Families

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- How many NZ households have no-one in paid employment?
- 1 in 8
- How many children live in a household with no-one in paid work?
- 1 in 5

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

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- 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

# Non-Medical Factors in Work Absence

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- 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/unhappiness in the workplace
- family beliefs and actions

# GP Barriers to managing health and work issues

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- 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

# Survey of GP's Re Work and Income

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- 72% of GPs deal with 5 or less W & I Medical Certificates a week (30% 0 – 2; 42% 3 – 5)

## Which form of Med Cert?

- 44% use the MedTech Advanced Forms ;
- 32% the paper version;
- still 24% using an outbox version

## Diagnosis &/or READ code

- 65% put both

# GP Survey cont.

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## Sources of pressure felt by GPs

- 71% felt this was the mechanism to provide income to the patient
- 55% - felt W&I staff created an expectation
- 40% - because they believed there was no work available
- 31% - felt W&I weren't doing anything for the patient
- 30% - had experienced a sense of threat and intimidation



# GP survey cont

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## Contact with W&I

- 62% had been contacted by W&I
- On a scale of 1 (waste of time) to 5 (v. useful) the average was 3.72 (75% satisfaction)
- 61% had requested to be contacted with slightly less than half having received a call back.

# So What to Do

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- 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

# Is this your prescription?

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- 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!

# Questions and Suggestions

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