

A critical review of literature on experience rating in workers' compensation systems

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Review objectives:

Critical review of peer-reviewed literature on experience rating:

- Characterise current knowledge on behavioural incentives and effects engendered by experience rating
- 2. Identify knowledge gaps in the literature
- 3. Describe different theoretical assumptions and research questions

Research questions:

- 1. What is known about how experience rating motivates employer and worker behaviour?
- 2. What is known about how experience rating affects workplace health and safety?

Methods

Retrieval

- Common search strategy across seven databases
- English language, peer-reviewed literature up to 2010
- Citations contained at least one term from each of four categories: population; compensation or insurance; intervention; outcome

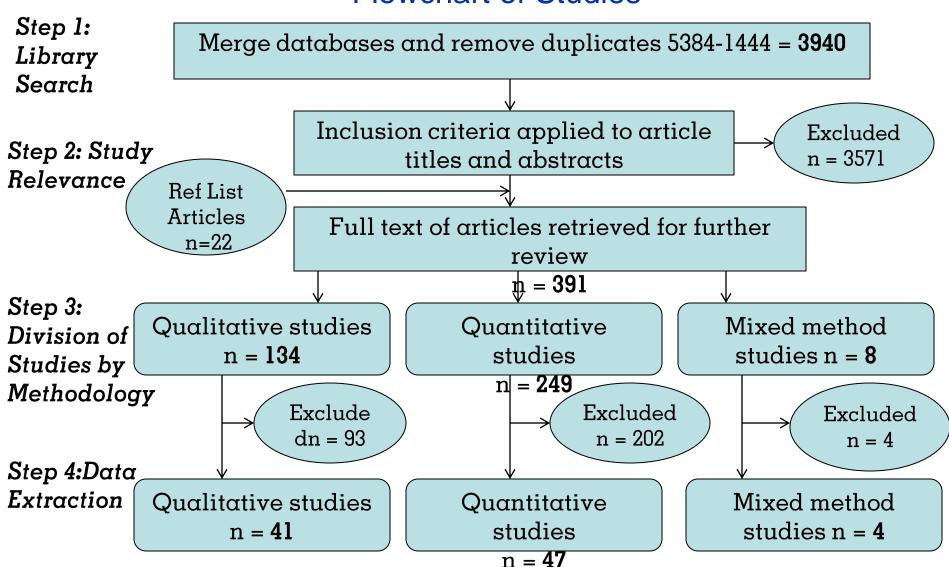
Metasynthesis

 Concepts and explanations brought together by identifying shared themes from individual papers

Critical assessment

- Data extraction form to appraise:
 - Basic study characteristics (eg central objective, relevance)
 - Study quality (eg study design, interpretation of results)
 - ER findings (eg how it motivates stakeholders)

Flowchart of Studies



Findings

The review investigates ER themes at three different levels of analysis:

- I. Experience rating at the societal level
- II. Experience rating at the workplace level
- III. Experience rating at the worker level

I. Findings: Experience rating at the societal level

Themes

- 1. Market incentives and deregulation
- 2. The return of blame
- 3. Cost increases associated with experience rating
- 4. Cost cutting and cost shifting



I. Findings: Experience rating at the societal level

1. Market incentives and deregulation 2. The return of blame

- Insurance model: ER provides financial incentives for investing in OHS by rewarding good performers
- Financial incentives align with market economy mechanisms
- Market economy critique:
 - ER in the context of deregulation and popularization of OHS management systems from 1970s
 - Financial incentives in OHS align with the business case for health and safety

- Employers, penalized for high cost injury reports, challenge claims
- Contesting claims leads to blame, fault, adversarial characteristics of tort system
- Economics literature often agnostic about whether reduced claims activity is due to claims suppression or OHS improvements

I. Findings: Experience rating at the societal level

- 3. Cost increases associated with experience rating
- Administrative/legal costs including: claimant investigations, costs to employers, costs to workers
- ER diverts attention from total costs of accidents
 - Costs of hiring and training replacement workers

4. Cost cutting and cost shifting

- Claims management may lead to the shifting of costs to lower cost programs
- Interdependency of WC systems with other programs such as unemployment insurance, disability pensions

II. Findings: Experience rating at the workplace level

Themes

- 1. Injury reduction
- 2. Claims/cost management
- 3. Behaviour-based safety
- 4. Healthcare professionals as gatekeepers
- 5. Long latency and difficult to diagnose injuries and illnesses



II. Findings: Experience rating at the workplace level

1. Injury reduction

- Many quantitative studies are unable to distinguish between actual reductions attributed to injury and illness and claims management
- Short time periods; inadequate consideration of contextual factors and use of crude proxy measures

2. Claims/cost management

- Keeping employees on payroll post injury
- Discouraging reporting
- Early RTW to minimize claim duration
- Laying off employees or firing after modified work period ends
- Avoiding ER via Temporary Work Agencies

II. Findings: Experience rating at the workplace level

3. Behaviour-based safety

- Safety bonus programs that reward employees and managers for injury free days or months create peer pressure not to report
 - Programs focus on shop floor behaviour

- 4. Healthcare professionals as gatekeepers
- Implicit role of medical doctors, health and safety consultants hired by firms to reduce costs by reducing claims/duration

5. Long latency and difficult to diagnose injuries and illnesses

 ER is difficult, if not impossible to apply to slow developing occupational diseases, long – latency injuries and difficult to diagnose injuries

III. Findings: Experience rating at the worker level

Themes

- 1. Worker vulnerability
- 2. Worker health



III. Findings: Experience rating at the worker level

1. Worker vulnerability

- Financial incentives can lead to intrusive employer and insurer behaviours
 - Pressing attending physicians for confidential records
 - Stigmatising effects of surveillance techniques used by private investigators
 - Eligible workers may not pursue benefits because reporting can increase vulnerability

2. Worker health

- Negative health effects via multiple examinations based on medical/legal suspicion of claimant dishonesty
- Attributing secondary gain motives may undermine full investigation of organic cause of worker's disability
- Delays in receiving compensation can have profound consequences for injured workers and their families

Discussion

- Social, political and economic logic of ER and the effects of its implementation is a neglected topic in OHS research
- Qualitative studies rarely focus directly on ER and how employer incentives motivate behaviour
- Legal/policy papers and qualitative studies rely on anecdotal evidence that is in need of context
- Simplified economics models in many quantitative studies of ER do not address fluctuation in business cycle, economic and labour market changes
- ER literature does not adequately address the impact of financial incentives in WC systems on the lives of injured workers and their families

Questions for future research

- How does the presence of ER operate during times of high unemployment?
- How does ER inform the growth of the temporary employment sector, supply chain management and subcontracting relations?
- In the absence of ER would some of the unintended behaviours described in this literature review be less prominent?

Thank you

Mansfield, L., MacEachen, E., Tompa, E., Kalcevich, C., Endicott, M., & Yeung, N. (2012). A critical review of literature on experience rating in workers' compensation systems. *Policy and Practice in Health and Safety*, 10(1), 3-25.

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