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Good Practices in Social Security

Good practice in operation since: 2011

Customized integrated services for workers with a work-related injury or disease

A case of the Korea Workers' Compensation & Welfare Service

Special mention, ISSA Good Practice Award – Asia and the Pacific competition 2012

Korea Workers' Compensation & Welfare Service
Republic of Korea

Summary

Limitations in existing practices required the introduction of “customized services” based on customer relationship management. In this approach, lacking in integrated management, one staff member must handle all processes involved in the entire cycle of Workers’ Compensation Insurance (WCI), which weakened the effects of early intervention. The good practice introduced to solve this problem facilitated the return-to-work of industrially-injured workers (IIW) through a more sophisticated service delivery system.

Practical actions included the integrated reform of the existing counselling systems, the identification of priority customers using reasonable standards, and the case management of identified priority customers.

In terms of outcomes for one year, since its introduction, the number of personnel in charge of various return-to-work programmes increased to 3,285 in 2011, 297 per cent up against 828 in 2010, and the return-to-work rate of disabled workers increased to 70.4 per cent in 2011, 6.3 percentage points up against 64.1 per cent in 2010.

In the history of the WCI scheme in the Republic of Korea, this represents a paradigm shift to rehabilitation-oriented policies and an insight into its essence.

CRITERIA 1

What was the issue/problem/challenge addressed by your good practice?

Limitations in the existing WCI practices focusing on work breakdown providing industrially-injured workers with various WCI services, including medical care, compensation and rehabilitation services required the introduction of “customized services” based on customer relationship management with a focus on the customers themselves.

In this approach, a single staff member had to handle all processes involved in the entire cycle of WCI for an IIW (i.e. from the occurrence of an industrial accident through to the provision of all WCI services to the IIW’s return to work). This heavy workload made him/her mainly engage in office work rather than in field-oriented work, and weakened connectivity among those services and the effects of early intervention since it was difficult for him/her to manage them in an integrated way. To solve this, working-level staff had voiced their opinion that all WCI processes should be managed in an integrated way; strategically group various customers; provide different services depending on customers’ different needs; allocate qualified human resources according to their different expertise; thereby enhancing efficiency and expertise in terms of the operation of human resources.

CRITERIA 2

What were the main objectives and the expected outcomes?

The main objectives of the good practice are to develop and build an efficient system to provide customized and integrated WCI services for IIWs over the entire cycle of WCI processes, and thereby strengthen IIWs’ ability to return to work through rehabilitation. It is

expected that this new concept will be helpful in developing a more sophisticated WCI service delivery system; having our own “Job Coordinator” (i.e. case manager) scheme in place; creating more experts; and consequently enhancing the quality of WCI services and increasing IIWs’ rate of return-to-work.

CRITERIA 3

What is the innovative approach/strategy followed to achieve the objectives?

First, we reformed the existing diversified counselling systems into a single, integrated system. In the reformed counselling system, counselling support for an IIW are divided into before and after the injury or disease is accepted as work-related, and the scope of the support is more detailed, together with more clarification of their delivery. Also, we established a system to provide early intervention for priority customers in need of intensive support, and fused the existing medical care and rehabilitation services counselling supports into a single service.

Second, we identify priority customers in need of intensive support using reasonable standards (i.e. the possibility of an IIW’s return to their previous job within a given duration of medical care (6 months)). It is ensured that customers in need of at least 6 months of medical care are deemed priority cases in need of intensive support who cannot return to his/her former work in a practical sense, but the number of eligible priority customers is also adjustable depending on available resources, etc.

Finally, we manage the priority customers based on our own “Hope for Better” initiatives, which involve case management practices. As part of this, Job Coordinators provide and manage medical, psychosocial and vocational rehabilitation services for these priority customers in conjunction with other social organizations (e.g. Korea Employment Information Service, Korea Employment Agency for the Disabled, etc.).

CRITERIA 4

Have the resources and inputs been used in an optimal way to achieve the set objectives and the expected outcomes? Please specify what internal or external evaluations of the practice have taken place and what impact/results have been identified/achieved so far.

As part of efforts to have the good practice in place at an the early stage of its introduction, the respective scope of work responsibilities of the Insurance Benefits Bureau and the Workers’ Compensation Rehabilitation Bureau was adjusted so as to integrate field support systems. To relieve the branch offices of their workload, it was ensured that work oriented toward managerial and supervisory processes or require integrated processes in terms of efficiency could be handled by their regional headquarters. The former Medical Care Service Team and Rehabilitation Service Team under the Rehabilitation Compensation Department of each office were integrated into the Medical Care and Rehabilitation Service Team, and all personnel in charge, whose job responsibilities had been grouped according to each stage of the work processes, were allowed to perform those responsibilities, regardless of what job

group they belonged to. Prior to the full-scale introduction of the good practice to all our offices, not only case managers but also experienced personnel were positioned in each office to provide customized and integrated WCI services for IIWs. This was how we could minimize possible difficulties through trial and error in the early stages of the introduction of the good practice; assess its operational impacts and results; identify and solve its potential problems; and still have it in place.

To put it in terms of outcomes, for one year since the introduction of the good practice, the number of rehabilitation therapists with the rehabilitation centers of seven hospitals under the Workers' Compensation and Welfare Service (COMWEL) increased to 4,801 as of 2011, 11.8 per cent up against 4,296 in 2010, and medical care counsellors to 3,727 as of 2011, 14.7 per cent up against 3,248 in 2010. Personnel in charge of return-to-work programmes (e.g. supports for return-to-work, adaptation-to-work, rehabilitation sports, etc.) amounted to 3,285 in 2011, as high as 297 per cent up against 828 in 2010, and the return-to-work rate of disabled workers to 70.4 per cent in 2011, 6.3 percentage points up against 64.1 per cent in 2010. The number of rehabilitation specialists, one of the core resources for the successful implementation of the good practice, increased to 195 as of 2011, 12.1 per cent as against 174 in 2010, and Job Coordinators to 94 in 2011, 135 per cent as against 40 in 2010.

CRITERIA 5

What lessons have been learned? To what extent would your good practice be appropriate for replication by other social security institutions?

In spite of efforts to continuously prevent the occurrence of industrial accidents, about 90 thousand workers per year are injured or killed in industrial accidents, of whom some 37 thousand are legally acknowledged as disabled beneficiaries. In this situation, it is anticipated that not only the number of beneficiaries but also the amount of benefits paid (and payable) will continue to be on the increase for years to come. And furthermore, the expansion of WCI coverage, the accumulation of beneficiaries receiving an annuity, and the rising amount of the compensation level will cumulatively increase the financial burdens on WCI budgets.

Solving these potential problems required the abandonment of the existing policies and practices focused on medical care and compensation services, and the introduction of "customized and integrated services" to provide more systematic rehabilitation services that would enable an IIW's timely return to work. In the history of the WCI scheme in the Republic of Korea, 48 years old since its introduction in 1964, this implied a paradigm shift to rehabilitation-oriented policies.

With a focus on rehabilitation-oriented policies like this, we could accurately identify various problems at each stage of implementing the WCI scheme; efficiently improve service delivery systems so that it could meet customers' needs; gradually secure resources required for the successful performance of various new programmes; and develop more reasonable performance indicators or indexes (e.g. rate of IIWs' return-to-work or employment, etc.). These efforts to improve the WCI scheme represent the re-structuring of the WCI service delivery systems so far based on an insight into the essence of the scheme and a mid-term vision of realizing a society where an IIW can return to work with a full recovery from his/her injuries. This is why our good practice can serve as a model for other social security organizations in pursuit of similar reforms.