Multi-disciplinary Orthopaedics Rehabilitation Empowerment (MORE) program – A new dimension of care utilize public – private interface to improve the care of work related injury.

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Introduction
Consultative paper by Hong Kong Hospital Authority by Echelon on 2008 on rehabilitation of injured workers opines that there is no one detailed model for dealing with the interface between health service providers either at public and private service, injured persons, their employers and insurers. Injured workers locally preferred to be managed at public hospitals without utilization the resources from their worker compensation. This problem is further complicated with the fact that the existing work rehabilitation service in pubic setting are fragmented, redundant and ineffective. This results in prolonged sick leave, due to the long waiting time for specialist appointments and therapy. To tackle this problem, a Multi-disciplinary Orthopaedics Rehabilitation Empowerment (MORE) program was designated and implemented since 2012. The objective is to align the resources from worker compensation scheme and public system through case management approach to accelerate the work rehabilitation process.

Objectives
To evaluate the effects of MORE on the outcome of return to work and reducing chronic disability among injured workers.

Methodology
A prospective cohort of patients with workplace injuries in the lower back were recruited from orthopaedics clinics and managed with either MORE program (n=139) or control group (n=106). Patients in MORE group received a coordinated multi-disciplinary management, while patients in the control group received
conventional care. Outcome variables are time to return-to-work (RTW) from date of injury, sick leave duration and time to medical assessment board (MAB).

**Result**
139 qualified patients were invited to join the “MORE” program, and 106 patients who followed through conventional care were recruited in the “Control” group. Patients managed in the MORE program had significantly shorter duration for return to work (MORE: 8.6 months, Control: 14.8 months, p < 0.01), and a clearly higher percentage of successful return to work cases (N=88, 63.3%) compared to the Control group (N=36, 34.0%). The MORE group also had much shorter waiting time MAB referral (75.5 vs. 206.6 days, p<0.01) compared to Control group. This study has demonstrated the effectiveness of the MORE program, which emphasized early intervention, can improve the outcome of injured workers through early settlement with higher rate of return to work and reduced rate of chronic disability.