Opportunities for Change

The Role of Medical Professionals in Encouraging Older Workers and People with Disabilities to Stay At or Return to Work

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Today's Questions

1. Can doctors help people with common everyday health problems – like back pain, pains in other joints, depression, fatigue, and aging – stay at work or return to work instead of ending up on Social Security Disability Insurance?
2. How can other stakeholders work more effectively with healthcare providers to help these people remain economically independent as long as possible?
3. Would any policy or legislative changes help?

Plan for This Talk

- Work disability vs. impairment disability
- Why try to prevent / end work disability?
- When is the best time to try it?

How I Learned This Stuff

- MD, MPH - Board certified occupational medicine
- Med Dir, Bath Iron Works (naval shipbuilders)
- Alaska – Private practice, BP Oil, Med Society
- California – Med Dir, CIGNA Healthcare (HMO)
- Medical Director, ManagedComp (10 states)
- President, Webility Corp (training, consulting)
- ACOEM
  - Chair, Work Fitness & Disability Section
  - Chaired / led groups that developed reports
  - Teach course on WDP
- Founded & run the multi-stakeholder 60 Summits Project and Work Fitness & Disability Roundtable
- Developed the Maze-Masters Program

Occupational Medicine

- The medical specialty concerned with:
  - People who have health problems due to their work.
  - People who have work problems due to their health.
- Prevention-focused – specialists certified by the American Board of Preventive Medicine
- Many occ docs have public health training – and can see the Big Picture.

Today's Key Distinctions

- Work disability
- Impairment disability

Impairments Vary

- Most people with impairments work full time.
- Different conditions have different impacts:
  - Temporary: sprains, wounds, surgery, "the flu"
  - Chronic illness: renal, cardiac & lung disease, arthritis, bipolar disorder, cancer, HIV
  - Fixed loss: blindness, amputation, paraplegia, mental retardation, malformations, stroke
  - Lifestyle and aging-related: Loss of function due to heavy use, degeneration
- Is being old, overweight, & out of shape a disability?

Today's Focus: Work Disability

- Describes a period of time -- not a person.
- DEFINITION: Not working (work absence) or not pulling full weight at work (reduced productivity) – attributed to a medical condition. Can be personal OR work-related conditions
- May be temporary or permanent, and last hours, days, weeks, months, years, or the rest of your life.
- NOT impairment (which is often irrelevant)
- NOT the same as "disability" per Social Security or the ADA.

Sad Sam

- Bad disc; surgery
- Mediocre work history
- Supervisor never called: "They will handle it"
- Weak supervisor
- Teasing by co-workers
- Disabling doctor
- "Stay home until you're able to do your job."
- PERMANENT DISABILITY

Lucky Lou

- Bad disc; surgery
- Mediocre work history
- Supervisor kept in touch: "We need you"
- Good supervisor
- Support from co-workers
- Function-oriented MD
- Transitional work; adaptive equipment
- BACK TO WORK IN 6 WEEKS

Droopy Don

- Depression/anxiety
- Mediocre work history
- Supervisor never called: "I don't matter"
- Weak supervisor
- Teasing by co-workers
- Naive doctor
  - "Don't go back until you are sure you can cope and are symptom-free."
- No light duty.
- PERMANENT DISABILITY

Active Abe

- Depression/anxiety
- Mediocre work history
- Supervisor kept in touch: "They need me"
- Good supervisor
- Respect from co-workers
- Function-oriented MD
  - "Keep active; Be useful."
- Transitional work; accommodations
- BACK TO WORK IN 4 WEEKS

Needless Work Disability

Employee	• **IS HARMFUL**. Disrupts daily routine, threatens job & self-esteem, can lead to "iatrogenic invalidism," worklessness & its health, social & economic consequences.
Employer	• **IS DISRUPTIVE & COSTLY**. Reduces productivity, creates unnecessary hassle and expense.
Economy	• **IS WASTEFUL**. Diverts dollars from productive use, invites petty fraud and corruption, creates loss of taxpayers & gain of people dependent on tax revenue

The Work Disability Prevention Model Shifts the Focus:

1. Is this work disability medically-required?
2. If not, how can we avert or end it?

Results of First Physician Survey

- THE KEY QUESTION: Based on your clinical experience, what fraction of workers with work-related injuries and illnesses who seek medical care really need to be off work for more than a couple of days for strictly medical reasons?

Workers' Compensation Cases Requiring More Than A Couple of Days Away From Work

1380 MD Opinions	Actual
• 75% of surveyed doctors said <10% of cases • 48% of surveyed doctors said <5% of cases	20%+ of cases

Results of Second Physician Survey

- THE KEY QUESTION: What fraction of your patients with a condition that is not work-related and who have asked you to sign a form excusing them from work really needed to be off work for more than a couple of days for strictly medical reasons?

Personal Health Conditions Requiring More Than A Couple of Days Away From Work

1380 MD Opinions	Actual
69% of surveyed doctors said <10% of cases	100% of cases?
43% of surveyed doctors said < 5% of cases	

Focus on Opportune Times

YES: PEOPLE WHO ARE DEALING WITH CHANGE	**NO: PEOPLE WHO ARE STABLE**
People who HAVE BEEN working "full time", but: •Who have developed new medical conditions •Whose existing medical conditions are bothering them more •Who have now lost capability due to aging	People who HAVE NOT BEEN part of the workforce recently: •Working age but: – already receiving Social Security Disability benefits – have never worked – have not worked for several years •Who are old & retired •Who are too young to work

5 Critical Junctures

1. Continue to work despite new/changed condition? (SAW = Stay at Work)
2. Ready to resume work after a few weeks or months of work absence? (RTW=Return to Work)
3. Continue to work despite medical relapse? (SAW = Stay At Work)

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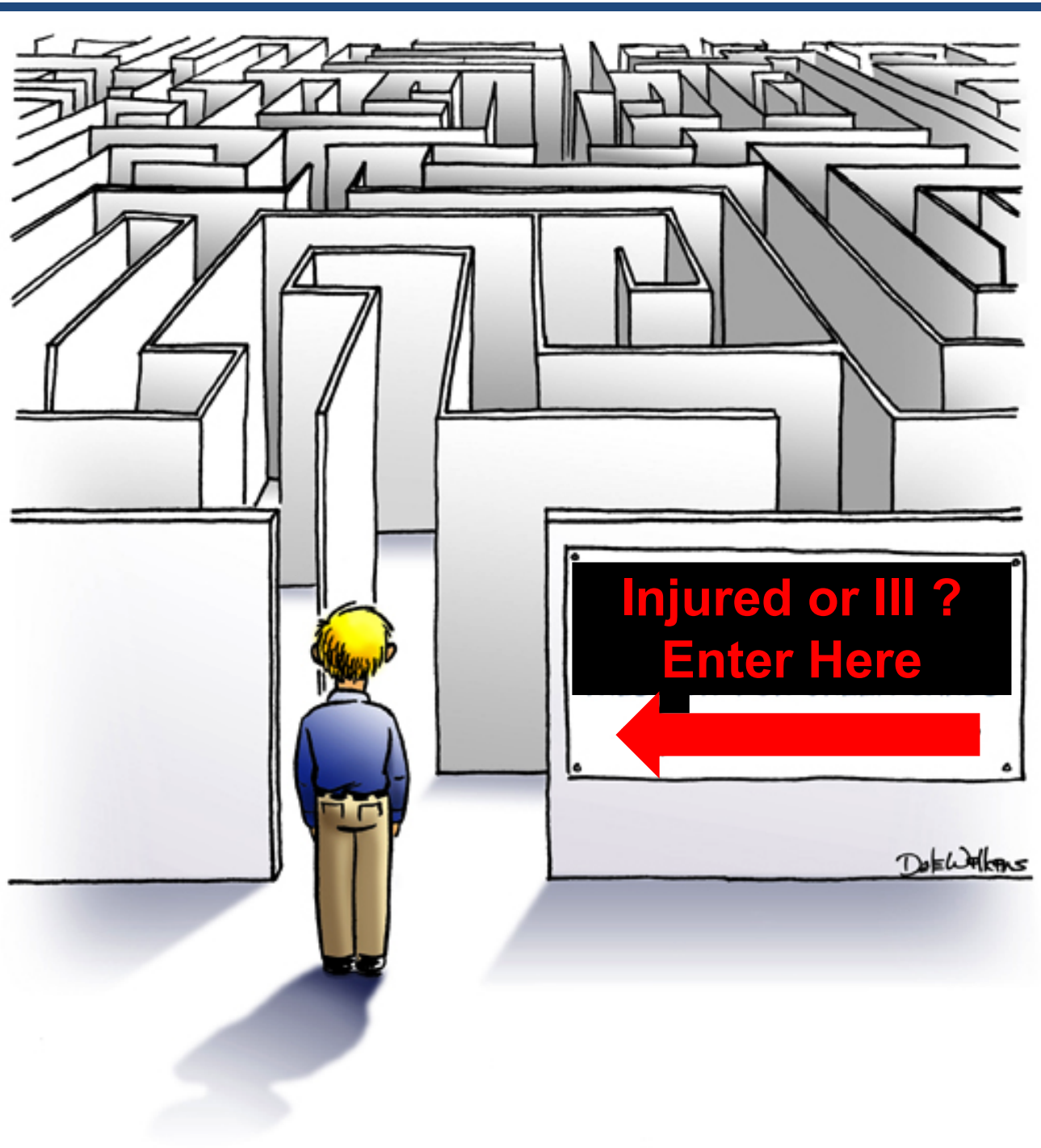
4. Transition to a new type of benefits (e.g. STD to LTD, LTD to SSDI, etc.)
5. Can employment begin? …. either for the first time or after years on benefits (STW = Start to Work = TICKET TO WORK)

The Clock Starts Over
At Forks in the Road:
New & Temporary Disabilities

1. Changing Health
2. Changing Functional Status
3. Uncertainty & Instability
4. Changing Identities

Four Parallel Processes Are Running

1. Medical care
2. Personal adjustment
3. SAW / RTW (includes both temporary and long-lasting solutions)
4. Benefits administration


Injured or Ill ?
Enter Here

The Situation Is Fluid: People Are Wondering About Impact of This Change on Life

- How long am I going to be laid up?
- How long do I have to take it easy?
- What can I still do? What shouldn't I do?
- When will life be back to normal? …if ever?
- What does this mean about me? My future?
- How should I handle this whole mess?

Individual Autonomy

By tradition and under the law, individuals have a lot of discretion regarding whether to go to work or not -- if they say that a medical condition is the reason.

A practical measure of someone's commitment to something is the amount of inconvenience or discomfort they are willing to put up with for it.

Reality Check

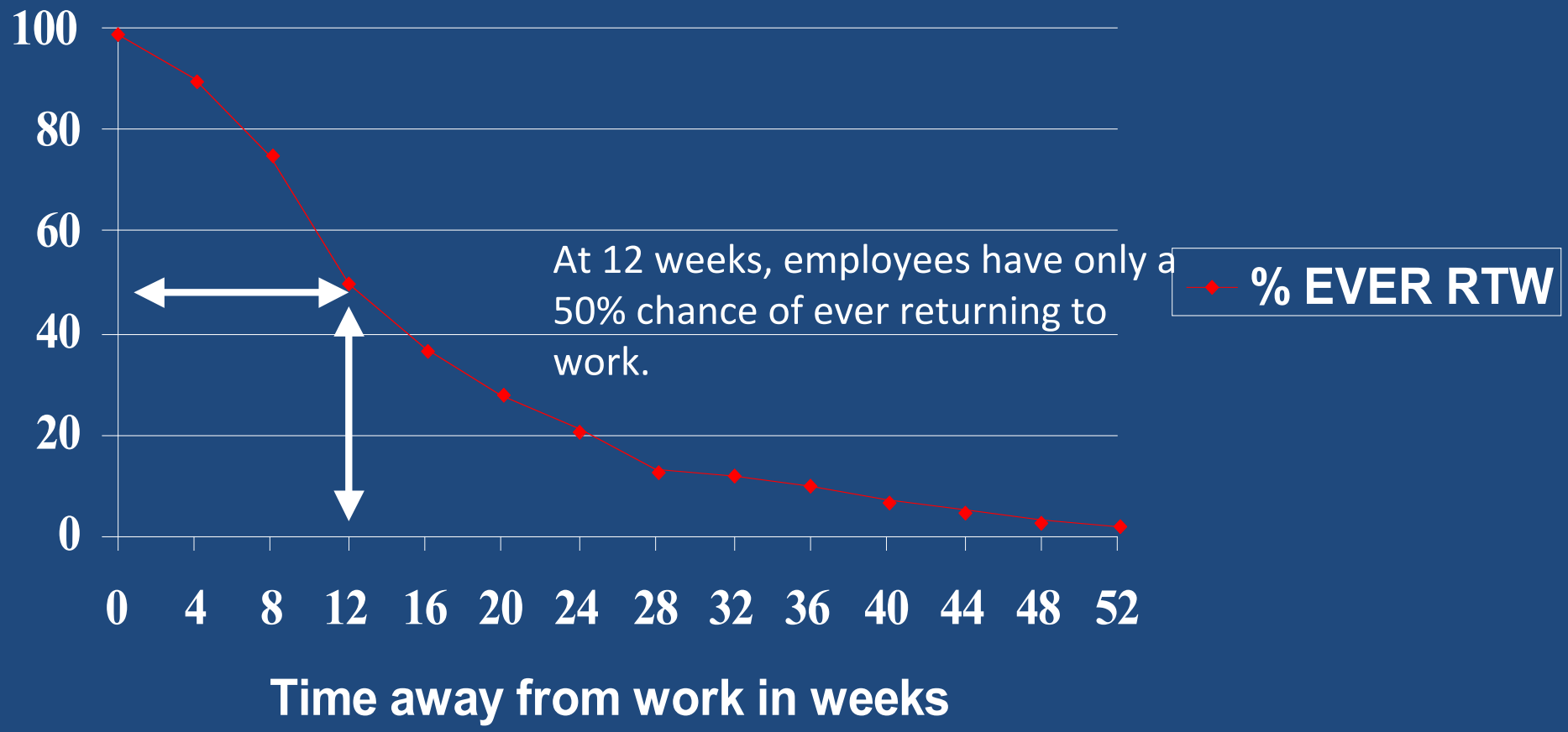
The affected individual has the most power to determine the eventual outcome of a potential work disability situation. . . .

. . . . . because he or she decides how much effort to make to get "well" and resume normal life roles (exit the "sick" life state).

Modifiable Factors that Predict Prolonged Disability

- Interval away from work
- Negative expectations
- Distress, fear-avoidance
- Depression, anxiety
- Maladaptive coping, catastrophizing
- Pain intensity and pain behavior
- Functional disability

Time Is Of The Essence



“If you think you can’t,
you’re right.” *(Henry Ford)*

“If you think you can,
you have a shot.” *(Jennifer Christian)*

Human Beings React to Illness, Injury, Aging -- and Work Disability

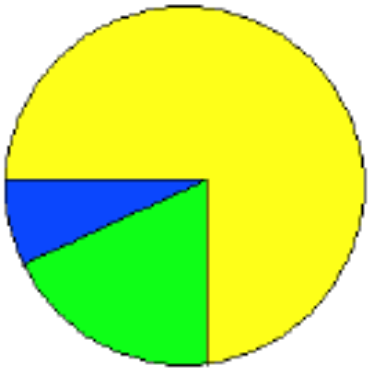
- How people think about their health problems determines how they deal with them -- and their impact.
- Uncertainty, knowledge and beliefs influence perceptions, expectations and actions. This includes emotions, motivation & coping strategies and skills.
- Research: Explanation for work outcome (functional status) is more often personal, social and psychological rather than "the medical facts".

ILLUSTRATIVE EXAMPLE: A HYPOTHETICAL CASE

Impairment Status

Function / Activity Status

Participation / Work Status



- Medical Factors (physical and mental) - diagnosis, prognosis, impairment
- Biological Factors - body size and shape, physical conditioning, innate vitality, resilience, hardiness, age, sex
- Personal / Environmental / Other Factors - skills, education, abilities, attitudes, experiences, healthcare, financial, home/family/community, government, technology, etc. etc.

Recipe for Work Disability

Medical Condition that affects function

PLUS

Loss of ability or willingness to cope

AND / OR

Lack of external support

How to Prevent Needless Work Disability

1. Speed recovery from the medical condition itself by:
   - reducing delays
   - increasing effectiveness of treatment
   - paying more attention to functional recovery.
2. Restore or strengthen the worker's motivation and ability / willingness to cope.
3. Arrange workplace and logistical support to enable stay-at-work or return-to-work.

MOVE UPSTREAM: BEFORE JOB LOSS

Wide Array of Employer Processes & Programs Relate to Work Disability

- Time and attendance policies
- Mandatory benefits (**not universal**)
  - FMLA & ADA protection
  - Workers' Compensation (medical & disability benefits)
  - Health care insurance benefits
- Voluntary benefits (**not universal**)
  - Sick leave, short-term & long-term disability
  - SAW/RTW programs
  - Wellness & disease management programs
  - EAP – Employee assistance programs

The employer (when there is one) plays a powerful role in determining the outcome. . . .

. . . . By deciding whether to manage the employee's situation actively, passively, supportively, or hostilely;
. . . . And by deciding whether to allow on-the-job recovery or make permanent adjustments to the job ("reasonable accommodations").

Doctors and other clinicians have a powerful influence on a situation. . .

. . . . . By providing factual information and advice that will either encourage / support or discourage / obstruct efforts at SAW / RTW.

UPSTREAM: BEFORE JOB LOSS

Physician Input is Part of Employer Processes & Programs Related to Work Disability

- Time and attendance policies ●
- Mandatory benefits
  - FMLA & ADA protection ● FMLA ● ADA
  - Workers' Compensation ● medical ● work disability
  - Health care insurance benefits ●
- Voluntary benefits
  - Sick leave ● short-term ● & long-term disability ●
  - SAW/RTW programs ●
  - Wellness & disease management programs
  - EAP – Employee assistance programs

Employers & Insurers Ask Treating Doctors Common Questions

1. †What is the (basis for your):
   - –findings and diagnosis
   - –treatment history and plan
   - –prognosis?
2. Can this person work? When?
3. What are the restrictions and limitations?
4. Is the problem work-related?
5. Has the case reached maximum medical improvement?
6. Is there any permanent impairment?

† - **The only question most doctors have been trained to answer**

Clinician Guidance Is Important!

- Educate the patient!
- Set expectations for several parties:
  - Future possibilities
  - Short term activities
  - Recovery & timeframe
  - Forecast evolving changes over time
- Enable others to:
  - Schedule their workforce / Get work done
  - Administer absence / attendance programs
  - Make benefit eligibility & payment decisions

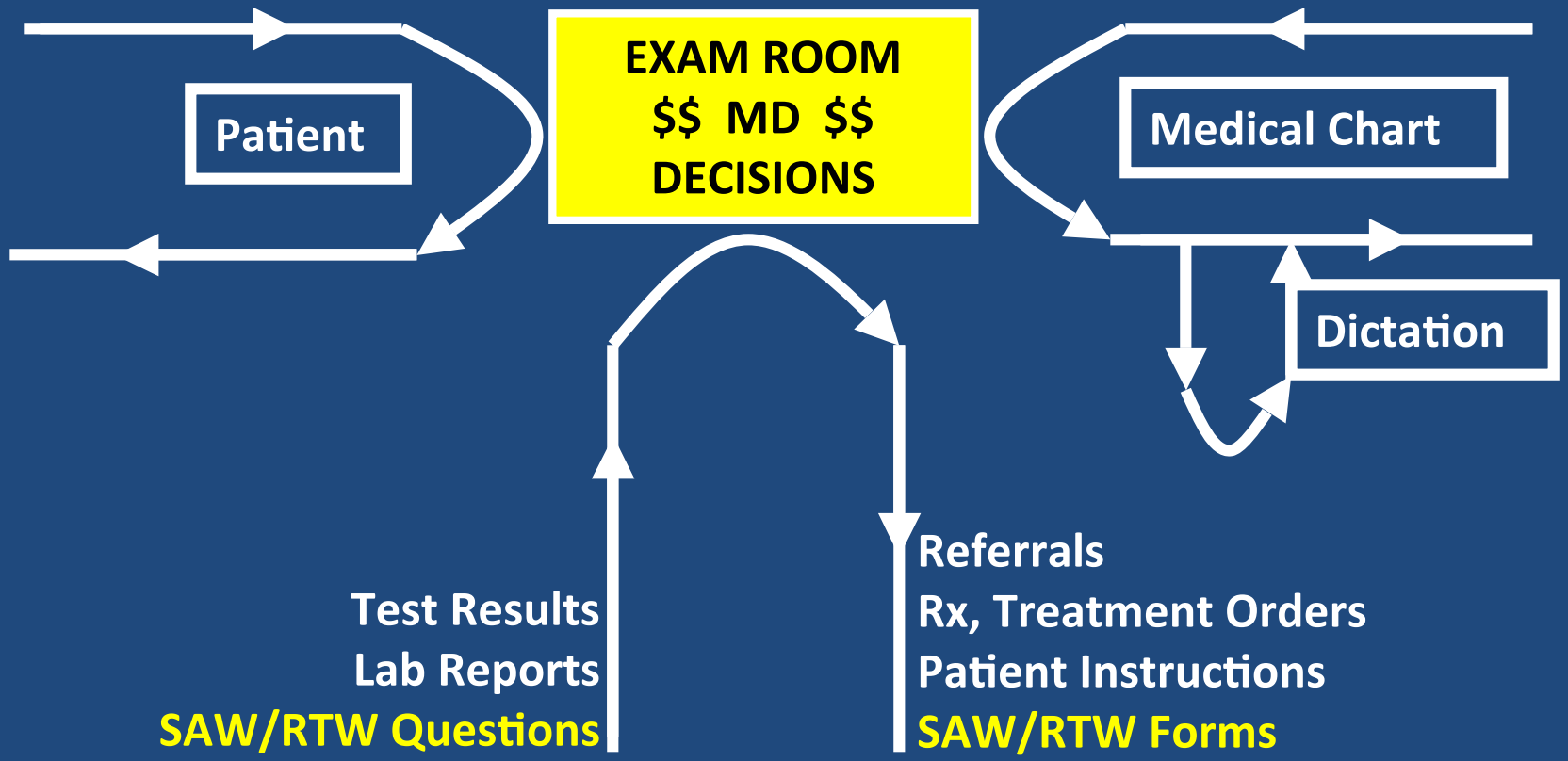
Doctors are "Designated Guessers"

- Why are doctors in the middle?
  - Pressed into service by others due to
    - Desire for objective corroboration
    - Lack of trust (moral hazard, vested interest, etc.)
    - Blind faith (doctors know everything)
  - Seen as the best available choice.
  - Neither prepared nor rewarded for doing it well.
  - Have no time to do it well.

Typical Medical Training

- An average of 4 hours devoted to the entire field of occupational medicine – mostly toxic exposures.
- Does not include ANY information on:
  - the positive role that work plays in well-being
  - the hazards of worklessness
  - doctor's role in preventing work disability
  - how to assess risks posed by work
  - how to assess work capacity, or formulate restrictions & limitations.

When Doctors Want To Address SAW/RTW Questions



Unhappy "Designated Guessers"

- Most doctors aren't comfortable with this work and try to avoid it.
  - Consider these forms "administrivia" -- an irritant.
  - No/weak commitment to "enforcing" laws or rules.
  - Sworn to be patient advocates.
  - Patient satisfaction is a performance measure.
  - The questions are often NOT answerable with typical information provided – and in the time available.
  - Forced to guess with no framework for decision-making.
  - The science is weak or missing.

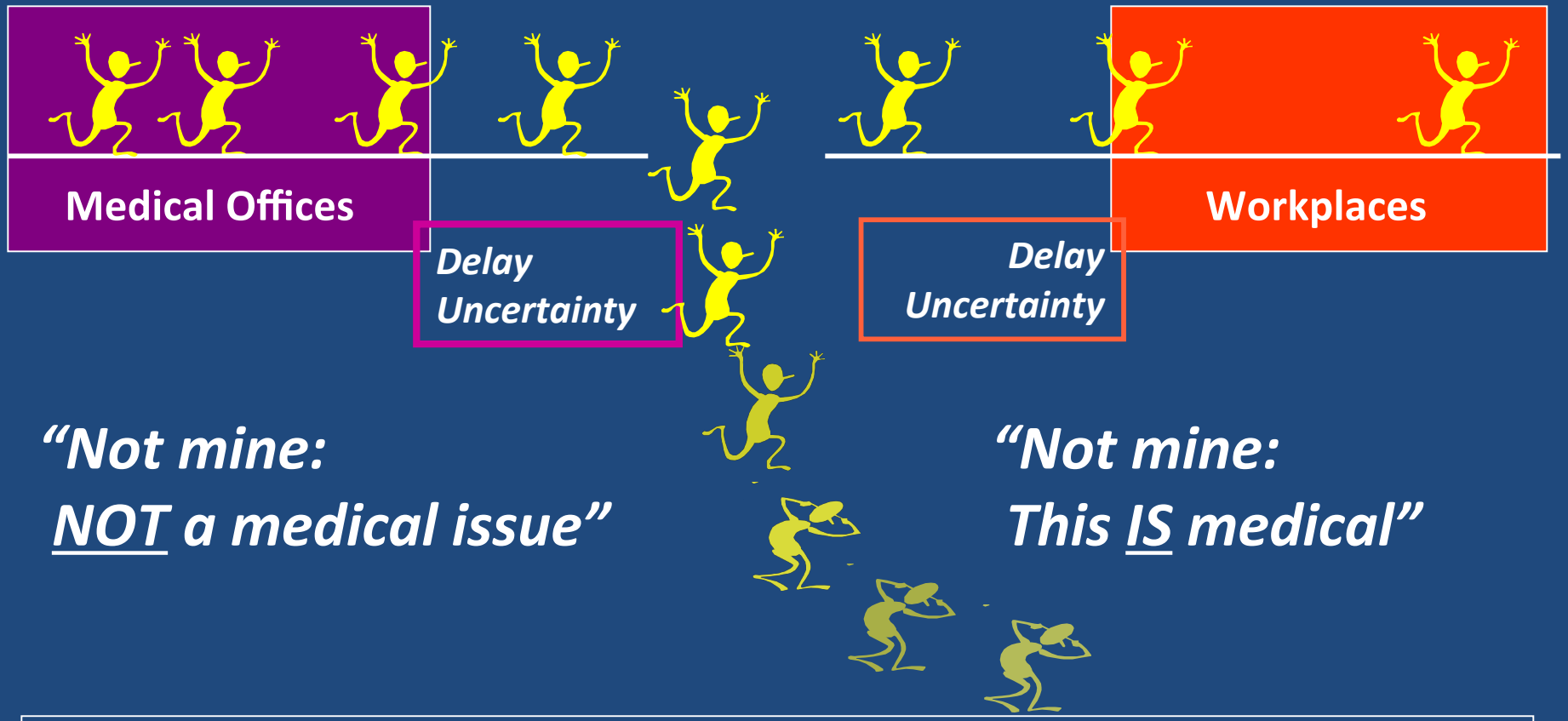
Typical Mistakes Doctors Make

- Inattention to function during therapy:
  - Over-medication – Effects and side effects
  - Persisting in therapy that doesn't improve function.
  - Failure to prescribe rehabilitation.
- Over-protective – creating fear:
  - "You shouldn't do that." "Not safe to do that."
- Over-limitation – underestimating capability:
  - "You can't lift more than 10 pounds."
- Negative predictions – destroying hope
  - "Don't even bother applying for a job." "You'll never be able to work again." "You should apply for SSDI."
- Acting as the patient's secretary. A "McDoctor"

Transubstantiation

- Doctors' wild guesses are transformed into immutable "true facts" by the recipients.

Problem: Communications Gap



"Not mine:
NOT a medical issue"

"Not mine:
This IS medical"

Result: Needless Work Disability, Job Loss, Withdrawal from Workforce

The SAW / RTW Process

- Stay At Work / Return To Work Process
- A sequence of questions, actions, and decisions made separately by several parties that together determines whether a worker stays at work despite a medical condition or whether, when, and how a worker returns to work during or after recovery.
- Often stalls or becomes sidetracked because the focus is on corroborating, justifying, or evaluating disability rather than preventing it.

The SAW / RTW Process

Stay At Work / Return To Work

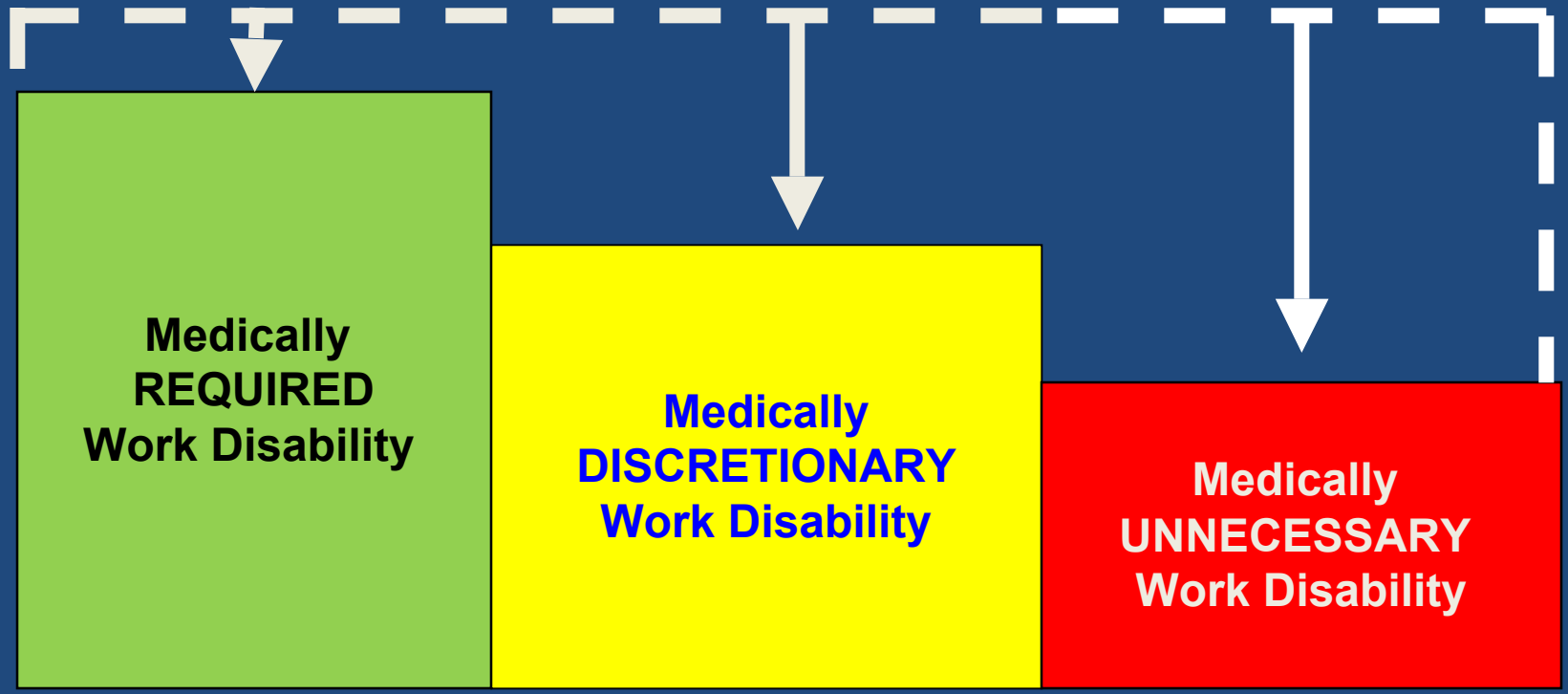
- A sequence of questions, actions, and decisions made separately by several parties that, taken together as a whole, determines the outcome of a health-related employment situation: whether a worker stays at work despite a medical condition or whether, when, and how a worker returns to work during or after recovery.

- It is what creates the **outcome.**

SAW/RTW Involves a Team Effort: Many People Play Key Roles

- **Worker:** Worker's decisions creates claim for benefits and triggers employer's obligations to accommodate.
- **Doctor: Provides guidance and necessary information**.
- **Employer:** Controls the jobs. May or may not stay involved, can provide temporary transitional duty and make permanent accommodations; may not fire employee due to disability or claim for benefits.
- **Benefits Payer:** Accepts claim, pays benefits. In WC and GH, also authorizes care. In WC & CDI can provide case management, SAW/RTW assistance & vocational rehab.
- **Union, Lawyer, Advocate, etc:** Focus is cash benefits.

Work Disability Prevention = Reduce Needless Work Disability



Disability Is Medically-REQUIRED When . . .

- Attendance is required at place of care
- Recovery requires confinement at home or in bed
  - Acute response to injury
  - Risk of contagion - Quarantine
  - Need for protected environment
- Work or commute is medically-contraindicated.
  - Poses a significant risk. Will worsen medical condition or delay recovery

Disability Is Medically-DISCRETIONARY When . . .

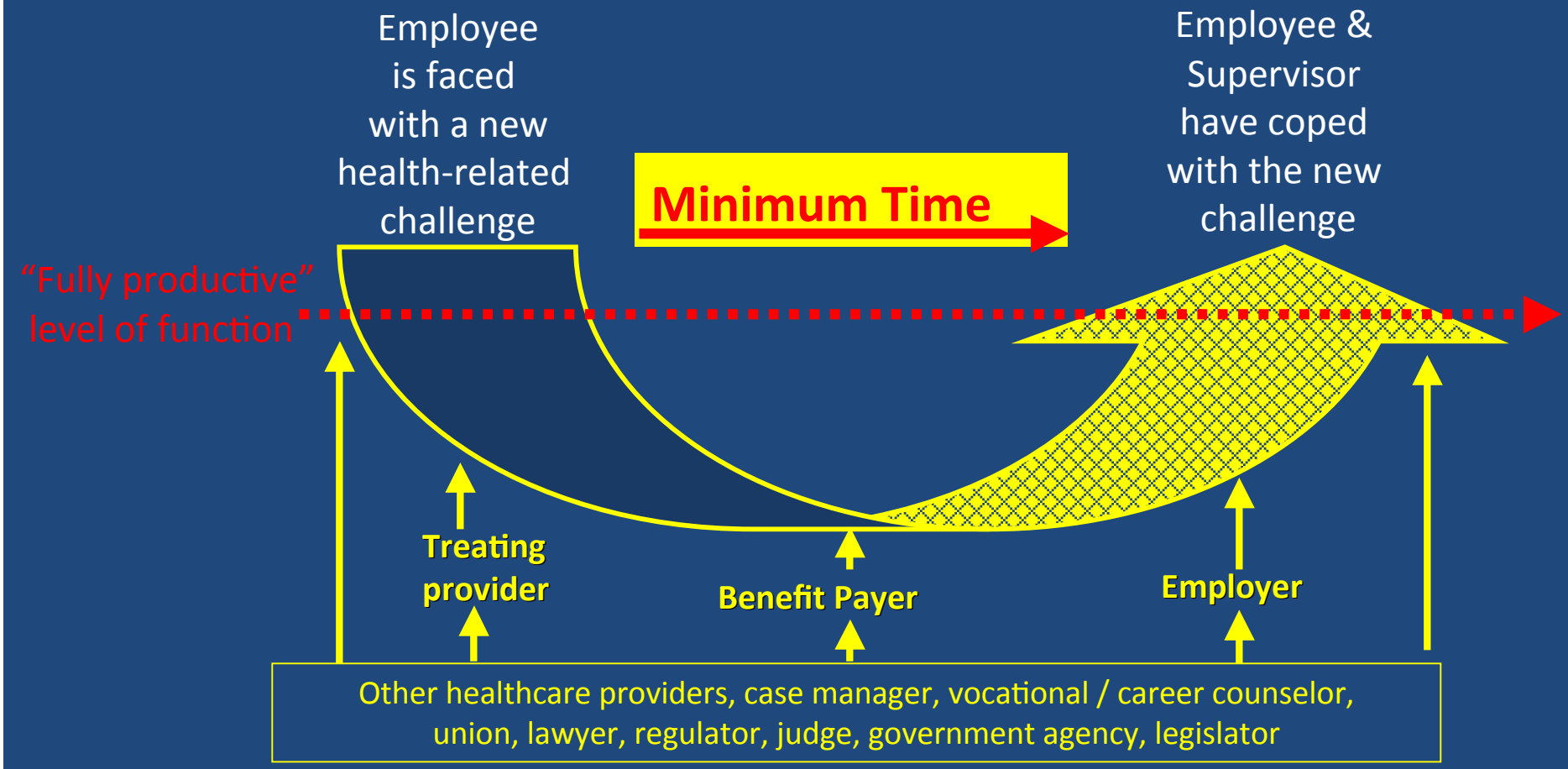
A person could do something useful but someone else says . . . .

- "No way to get her to work"
- "He is incapable of any substantial work"
- "Effort required to support her doesn't makes sense"
- "Can't figure out how to provide work within these limitations"
- "Company policy / labor contract prohibits light duty"
- "It's too hard; she'll never make it". "He'll just get fired."

Disability is Medically-UNNECESSARY When . . .

- Medical care is inadequate or delayed
- "Medical" time lost from work is really due to:
  - Communications delay / poor information flow
  - Any stakeholder's ignorance or resistance
  - Administrative / procedural delay
  - Other problems masquerading as medical
  - Flabby management, poor accountability

Work Disability Prevention Vision

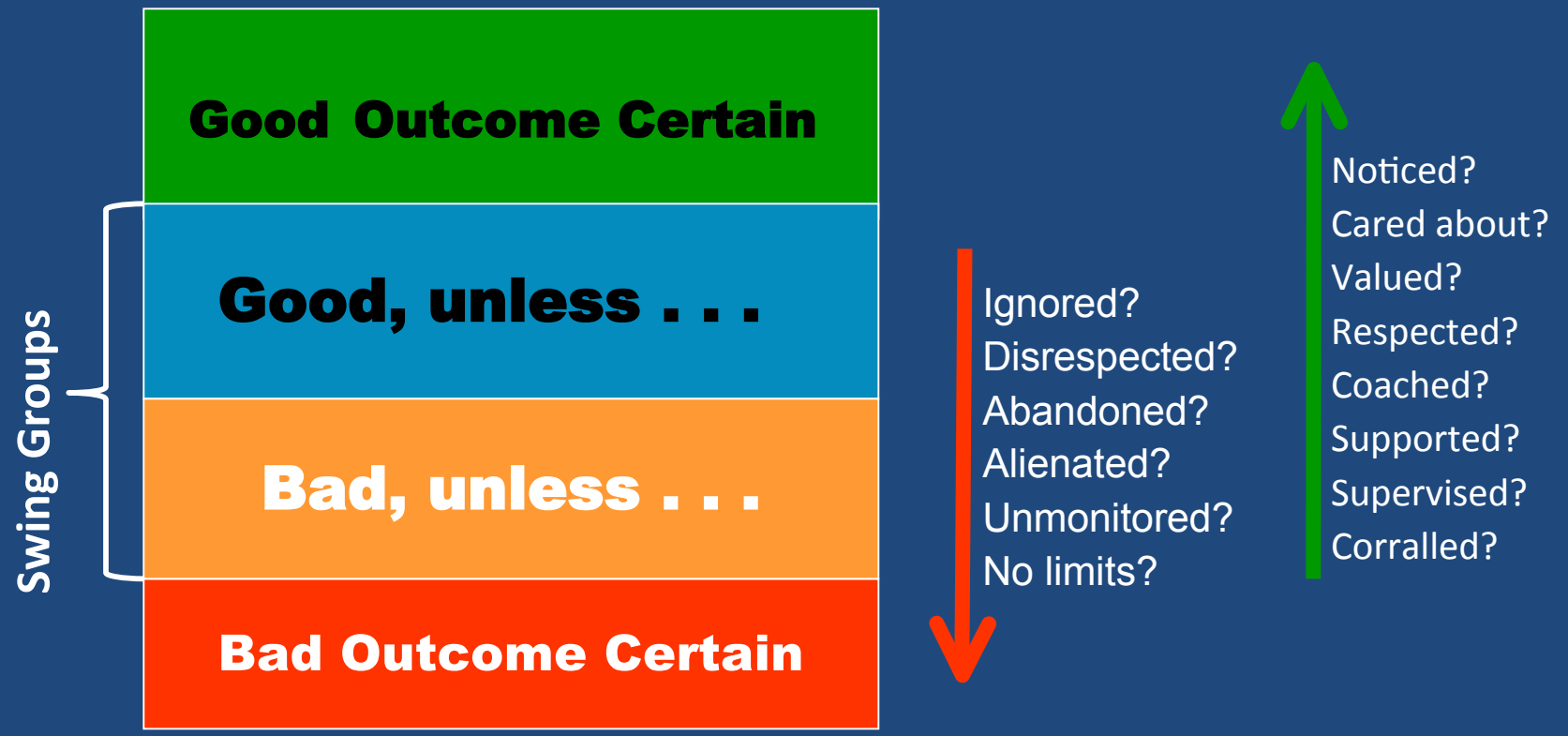


Work Disability Prevention Team

Both Employee & Supervisor **feel** supported by the web the parties weave.

Human Nature:
Over Time, People in the Middle Groups Will Either Swing Up or Down

We Can Influence Which Way the Swing Groups Go



We All Need to Find Our "Edge":

Kind But Not Enablers or Suckers;

Firm But Not Hostile.

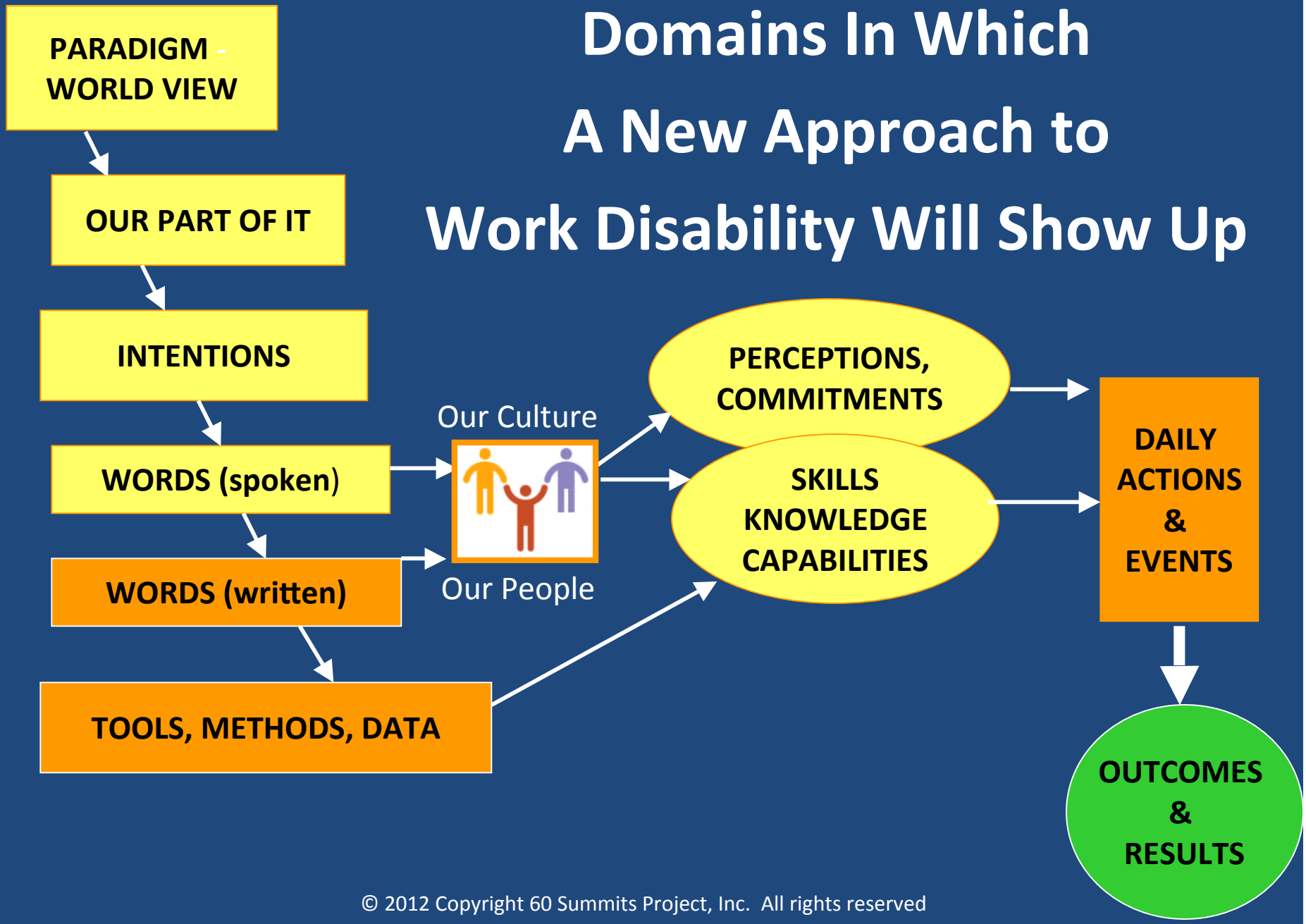
Laws / Policies / Programs Need to Reflect These Realities

- How people react to a medical condition strongly affects the outcome – and healthcare providers strongly influence their view.
- Worklessness is a poor outcome – it is bad for people medically, mentally, socially & economically. So work disability should be avoided.
- Job loss occurs at the "speed of life" –teamwork & rapid response is essential.

Every time an employed person loses their footing in the world of employment and goes on Social Security Disability, it's also a double hit to the economy:

1. We lose a taxpayer
2. We gain an economic dependent

Domains In Which A New Approach to Work Disability Will Show Up



Thank You!

Comments, Challenges, Questions?