

## Preventing Disability

### The ACOEM Guidelines and Clinical Decision-Making in Return to Work

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## Plan for Today

- Shifting the focus: Is this disability necessary?
- Preventing needless disability
- Clinical decision-making in RTW

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## Today's Definition of Disability

- "Medically-related" time away from work or on "light duty" with less than full productivity.
- The term commonly used in employer and insurance policies.
- May be temporary or permanent, and last hours, days, weeks, months or years.
- Anatomical impairment may be irrelevant.

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## Unnecessary Disability

- **Employee:** Is harmful. Disrupts daily life, threatens career and self-esteem, leads to iatrogenic invalidism.
- **Employer:** Is disruptive and costly. Reduces productivity, creates unnecessary hassle and expense.
- **Economy:** Is wasteful. Diverts dollars from productive use, invites petty fraud and corruption, reduces economic efficiency.

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## Part I Shifting the Focus: Is This Disability Necessary?

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## The Key Survey 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?

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## Workers' Compensation Cases With More Than A Few Days Lost From Work

### MD Opinion

- 5 - 10%
- 1 in 10 or 20

### Actual

- 25% - 30%
- 1 in 4

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## Disability Is Medically- DISCRETIONARY When ...

Could do something useful but . . . .

- "No way to get worker to work"
- "Worker is incapable of any substantial work"
- "Effort required to support the worker is more than makes sense"
- "Can't figure out how to provide work within these limitations"
- "Company policy / labor contract prohibits light duty"

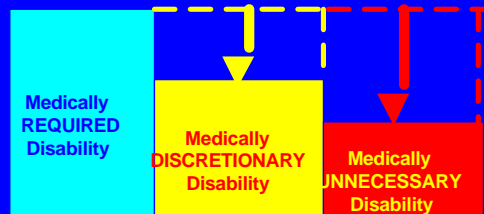
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## Disability is Medically-UNNECESSARY When ...

- Inadequate or delayed medical care (dx and tx)
- "Medical" time lost from work that is really due to:
  - Communications delay / poor information flow
  - Employer ignorance or resistance
  - Administrative / procedural delay
  - Other problems masquerading as medical issues
  - Flabby management, poor accountability

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## Disability Prevention = Reduce Needless Disability



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## Part II:

**Don't Just  
Manage Disability –  
PREVENT IT!**

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## Recipe for Disability

Medical Condition  
+  
Ability / Willingness to Cope  
+  
External Support

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## Sad Sam

- Bad disc; surgery
- Mediocre work history
- Weak supervisor
- Supervisor never called: "They will handle it"
- 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
- Good supervisor
- Supervisor kept in touch: "We need you"
- Support from co-workers
- Function-oriented MD
- Transitional duty; adaptive equipment
- BACK TO WORK IN 6 WEEKS

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## "Normal" Stressful Life Events

(Holmes Stress Scale)

- Start / graduate from school
- Relocate / move
- New job / career
- New love / get married
- Lose job / get divorced
- Death of parent, sibling, mate
- Develop illness / injury / disability
- Dying

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## "Normal" Reaction to Injury / Illness / Disability

- Surprise, disorientation, disruption
- Vulnerability, dependency, incompetent
- Discomfort, pain
- Uncertainty, upset, stress, anxiety
- Meaning, implications, predictions
- Anger, resentment, revenge
- Confused, bewildered, befuddled
- Sad, grieving
- Alone, isolated, disconnected

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## Acute Decompensation

- "Losing it"
- "A breakdown"
- Panic attack
- Crying
- "The Screemie Mimi's"

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## Military PIES Model for Treatment of Combat Fatigue

- Proximity
- Immediacy
- Expectancy
- Simplicity

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## Colledge's SPICE Model

- Simplicity – *Avoid medicalizing normal things; do not diagnose*
- Proximity – *Preserve daily routine*
- Immediacy – *Manage with urgency*
- CENTRALITY – *Patient-centered focus*
- Expectancy – *Reassurance*

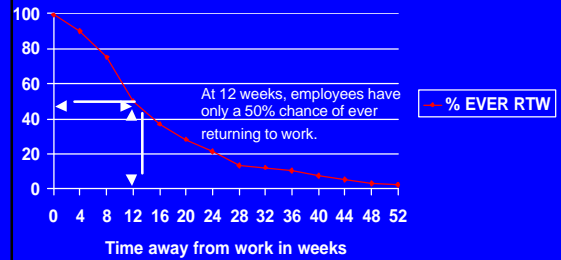
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## Unnecessary Time Off Work Hurts Workers

- Three pillars of identity: body, work and family.
- Loss of bodily integrity causes anger, grief, depression, uncertainty, threatens identity.
- Loss of work causes anxiety, depression, loss of self-worth, threatens identity.
- Depression, anger, etc. strain relationships.
- "Victimization" disempowers & delays acceptance.
- Inactivity slows healing, creates chronic pain.
- Half of disabled have substance abuse problems.

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## Time Is Of The Essence



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## "Unable" to Work = Emotional Emergency

- Long disability predicts bleak outcome.
- The seductive power of the "free lunch."
- Disabled mindset by 2 - 4 weeks off work.

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## Unalterable Factors That Predict Prolonged Disability

- Prior history (medical and life experiences)
- Age, immigrant status, family circumstances
- Educational attainment
- Occupational skill level
- Physical / interpersonal demands of job
- Job stress / dissatisfaction
- Employment status / unemployment rate
- Financial incentives

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## Intervenable Factors that Predict Disability

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

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## Inattention to Function (and Time) Causes Iatrogenic Disability

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## Part III: CLINICAL DECISION-MAKING

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## DECISION-MAKING STEPS

- 1) Is there a medical contraindication to work?
- 2) If so, remove from work.
- 3) If not, is there an apparent mis-match between job demands and patient needs or capability?
- 4) If so, formulate Work Rx to guide ER/EE.
  - a) Describe medical restrictions / functional limitations
  - b) Identify & handle pertinent non-medical issues.
  - c) Predict 3 intervals: next visit, next step-up in functional ability, full resolution.
- 5) Employer will determine return to work date.

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## 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
  - Will worsen medical condition or delay recovery

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## The Grocery Store Test

- **[ASK YOURSELF:]** If s/he owned his/her own "mom 'n pop" grocery store, would s/he be able to find a way to work safely?
- If YES, then absence from work is probably not medically required.

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## Is There An Ability / Demand Mismatch?

- Obvious Medical Facts
- RTW Screening Test
- Obstacle Question

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## 1 Minute RTW Screening Test

- |   | Low risk | Risk / Refer |
|---|----------|--------------|
| 1. What impact is the problem with your _____ going to have on your ability to do your usual job the regular way? | No       | YES          |
| 2. Have you figured out a way to handle things so you can stay at work while you recover?                         | Yes      | NO           |
| 3. Are you going to have any problems with your boss or co-workers about that?                                    | No       | YES          |

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## The Obstacle Question

- What SPECIFICALLY is the obstacle preventing you from working today?

**This test uncovers situational or environmental obstacles to return to work**

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## Potential Resources - 1

### Q: What impact does the condition have on function?

- Detailed functional history (ADLs)
- Functional Capacity Evaluation by physical therapist
- Self-reported FC (Mooney/Matheson)
- Cardiac stress test
- Challenge testing (allergy, pulmonary)

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## Restrictions and Limitations

### RESTRICTIONS

- A MEDICAL issue
- What the worker SHOULD NOT do
- What the employer SHOULD do
- May be modified only by the MD
- If not followed, medical harm may occur.

### LIMITATIONS

- An ABILITY issue
- What the worker CAN do today
- MD is serving as an objective assessor
- May be modified by agreement
- Little/no medical harm if not followed

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## Potential Resources - 2

### Q: What are the critical demands of the job? What are the essential elements?

- Traditional job description
- Functional job description
- Ergonomic job analysis
- O\*NET or other standard job classification
- Photos, video

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## Potential Resources - 3

### Q: How can this be accommodated?

- Employer-based RTW coordinator
- Case manager
- Vocational rehabilitation consultants
- Physical therapists
- On-site meetings
  - ACES
  - "Step by Step"
- Job Accommodation Network (free service)
- Interlogics.com

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## Potential Resources - 4

### Q: Identify and handle non-medical issues.

- The Obstacle Question
- The Molehill Sign
- The Solution Finder
- Functional Apgar – Colledge, et. al.
- Work-Life Resources
- E-Triage
- ACES

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## The Molehill Sign

- When you see someone “making a mountain out of a molehill,”  
or
- When an apparently minor health condition is having a major effect on daily life and function

**This sign shows you that a motivational issue is creating disability.**

**Question: Whose motivation is it? Worker or supervisor?**

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## Plan What To Do When . . . ?

- a. Time is slipping away
- b. Worker is getting lost in the medical system
- c. Paperwork delays
- d. Job placement delay
- e. An insurmountable obstacle
- f. Worker is afraid of pain or re-injury
- g. Worker is worried about mistreatment at work
- h. Unhappiness is the real problem
- i. Worker does not intend to return to work

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## Focus On The “Swing” Groups



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## The Complexity Meter



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Is chronic pain a medical problem  
– or a humanitarian issue?

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## The Solution Finder

### To patient:

- What would make you feel supported, and willing to make the effort to stay at / return to work?

### To employer:

- What would make you feel supported, and willing to make the effort to help [NAME] stay at / return to work?

**NOT:** “What do I have to do . . . .?”

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## To Write a Good "Work Rx"

1. Is absence from work **MEDICALLY REQUIRED**?
2. If not, describe the circumstances that will let the worker return to work safely and humanely in plain (lay) language.
3. Play with a full deck -- get more info
4. Monitor compliance & advance the plan at each follow-up

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## QUESTIONS? COMMENTS?

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