

WA IARP Annual Conference 2018

Return-to-Work Trends and The Vocational Recovery Project



Objectives

- Messages from Joel Sacks
- Orientation to PGAP in the state fund
- Data dashboard review (RTW Trends)
- ADMX Pilot Data
- Overview of the Vocational Recovery Project
- The Vocational Recovery Pilot

Mission

Keep Washington Safe and Working

Goals



Goal 1

Keep workers and the public safe.



Goal 2

Help injured workers heal and return to work.



Goal 3

Make it easy to do business and engage with L&I.



Goal 4

Help honest workers, businesses and providers, and crack down on the dishonest ones.



Goal 5

Ensure L&I is the employer of choice.

Results

Zero work-related fatalities, injuries, and illnesses at Washington workplaces

People and businesses in Washington recognize and take action to address public safety hazards

Successful interventions that prevent disability

Worker rights are honored in Washington

It's easy for our customers to know what they should do and why they should do it

Serious violators are identified and held accountable, while we provide guidance and help to employers and workers

Employees recommend L&I as a great place to work

Strategies

Business Transformation

Prevention

Taking an Enterprise View

Growing people
Improving process
Leveraging technology

Recovery

Support

Investing in a Shared Culture

One L&I
Innovation and learning
Equity, diversity, inclusion
Agency values

Understanding the Customer's Perspective

Easy
How
Why

Measuring What Matters

Positive impact
Customer values
Performance excellence

Leveraging Strategic Partnerships

Community collaboration
Better together
Shared goals

Foundation



Agencywide Portfolio



Core Operations, Maintenance, and Projects

FY18-340 [04-2018]

Activity Coaching

with the Progressive Goal Attainment Program®

International Association of Rehab Professionals
May 17th, 2018

Ryanne Karnes, DPT - Activity Coaching Specialist – L&I
Sarah Martin, OTR/L – Therapy Services Coordinator – L&I





Learning Objectives:

- PGAP® Basics
- PGAP® within L&I
- How do you identify a candidate for this program?
- How to facilitate a referral for this program?





What is Activity Coaching?

- Trained coach works with client to promote healthy behavior change
 - Exercise
 - Activity participation
 - Motivational and behavioral techniques
- Worker sets own goals



Progressive Goal Attainment Program

- Specific type of activity coaching
- Founded by Michael Sullivan, PhD in 2001 at the University Centre for Research on Pain and Disability - McGill University
- Originally used in Canada
 - Expanded to United States, South Africa and Australia



L&I Short Video

Lni.wa.gov/Coaching

Emerging Best Practices

About **Activity Coaching** Functional Recovery

Activity Coaching

A treatment program that can help workers who have been injured recover by increasing their activity.

What is Activity Coaching?

A standardized intervention delivered by professionals trained in the [Progressive Goal Attainment Program \(PGAP®\)](#).



Activity coaching can help:

- Reduce psychosocial barriers to rehabilitation progress.
- Promote re-integration into life-role activities.
- Increase quality of life.
- Facilitate return to work.
- Prevent long-term disability.

The Activity Coaching process

- The client and activity coach meet weekly for approximately 1 hour for a maximum of 10 weeks.
- Meetings may be over the phone.

The Concept

Life role re-integration program.

Community-based.

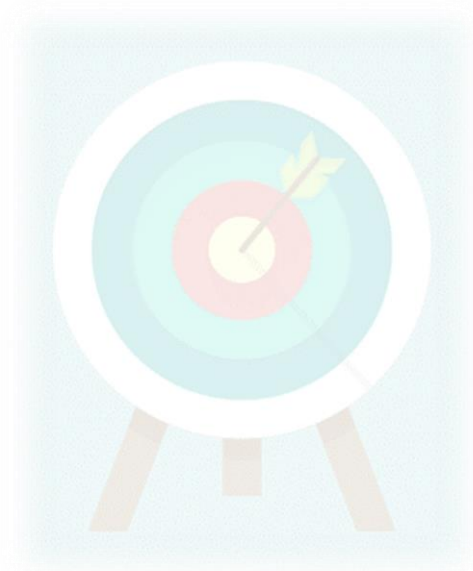
Risk-factor targeted intervention.

Return to work, quality of life.



Targeted Psychosocial Risk Factors

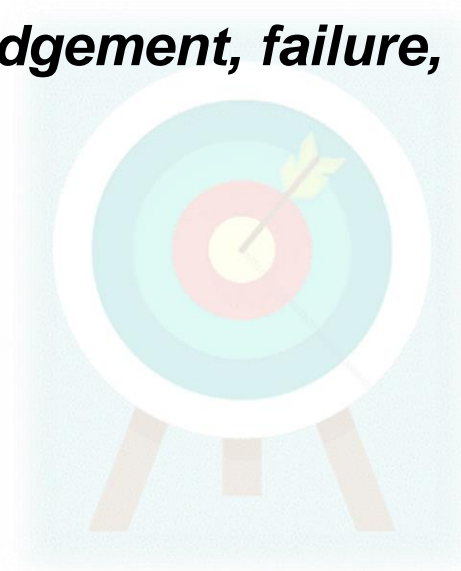
- Fear:
- Catastrophizing:
- Perceived Injustice:
- Disability Beliefs:





Targeted Psychosocial Risk Factors

- ***Fear: Movement, judgement, failure, pain, etc.***
- Catastrophizing:
- Perceived Injustice:
- Disability Beliefs:





Targeted Psychosocial Risk Factors

- Fear:
- ***Catastrophizing: Believing that something is far worse than it actually is.***
- Perceived Injustice:
- Disability Beliefs:





Targeted Psychosocial Risk Factors

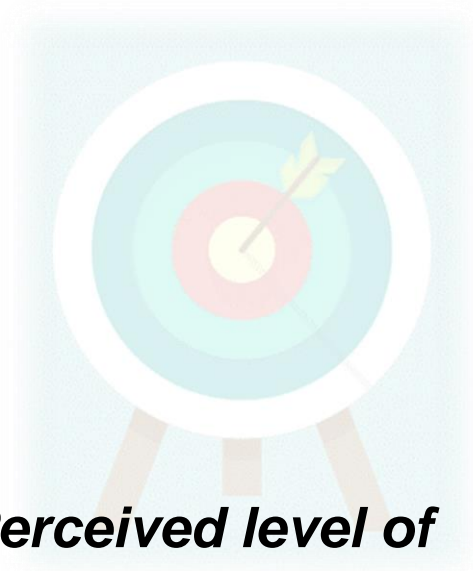
- Fear:
- Catastrophizing:
- ***Perceived Injustice: Sense of unfairness and blame***
- Disability Beliefs:





Targeted Psychosocial Risk Factors

- Fear:
- Catastrophizing:
- Perceived Injustice:
- ***Disability Beliefs: Perceived level of disability***





.....

Who May Benefit—Any of the following:

- No significant improvement with early interventions (active physical therapy)
- Medical needs have been met and they are beyond the expected recovery time
- Comments of distress, anger, and/or hopelessness





AND....



- Not working or has been performing prolonged or extended part-time work
- Missed work for at least 5 weeks due to this injury
- Surgery is not likely in the near future



Who is not a candidate?

- Has returned to work at work pattern
- Pending Surgery
- In Work Hardening/SIMP
- Unstable mental health condition





Initial Assessment

Screening

Session 1 - 3

Activity Planning

Role relevant activities list

Walking/Waking Routine

Date: _____ **Week 2, Day 1**

Sleep
How many did you go to bed last night? (One of these) _____
How many did you feel when you woke up this morning? (Circle on the scale below)
Total number of hours slept? _____ 0 = 1 2 3 4 5 6 7 8 9 10
awake all night completely

i Plan to... i Did...

6:00 am		
7:00	get up	
8:00	breakfast	
9:00	walk 15 mins	
10:00		
11:00		
12:00 pm	lunch	
1:00	clean up	
2:00	sweep garage 15min	
3:00		
4:00		
5:00		
6:00	dinner	
7:00	clean up	
8:00		
9:00		

Medications
What medications did you take today? _____

©2007 Clear the Road

Life Roles that have been affected by my injury or illness		
1	Work	Answer phone, greet customers, weight packages, sold postage, balance cash, inventory, sort mail in rental boxes, clean back room, line up trolleys
2	Spouse	Take walks, cycle, occasionally went to movies, go out for dinner, vacations, camping, kayaking
3	Parent	More difficult now; before - shopping, watching movies
4	Friend	Go for coffee, go for lunch, go for walks, go to movies, cooking courses, go for drinks
5	Other	Gym, gardening, crocheting, helping out the community center



Session 4

Mid-treatment assessment

Sessions 5-10

Shift focus to RTW goals

Final assessment

<u>Discontinued Activities Form</u>	
List the activities around the home that you are concerned might make your condition worse.	Degree of concern
	0 ----- 10 No concern Extreme concern



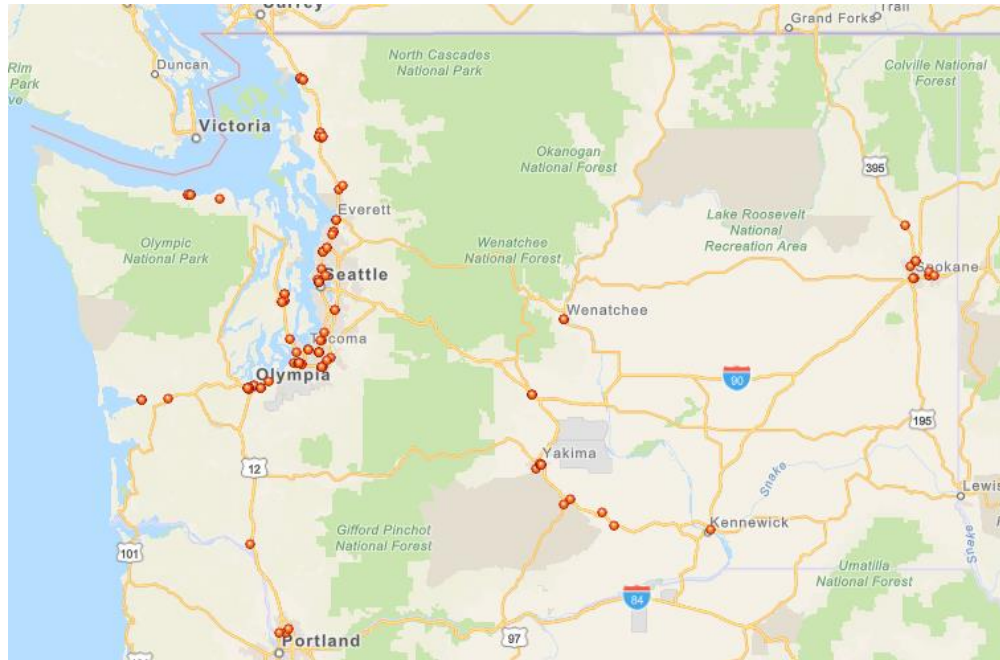
Activity Coaching at L&I

- 65 coaches – PTs, OTs, VRCs
 - Would allow RNs and Psychologists as well
 - 4 Spanish-speaking coaches
 - 2 Telephonic coaches
- Coach Requirements
 - Completion of PGAP® course
 - 3 years experience in Workers comp; 1 in Washington State
 - Suicide prevention training





Provider Distribution Statewide





Referral process

- Send Referrals to L&I
 - Supported by Attending Provider
 - Use Referral for Activity Coaching form
OR
 - Verbal or other written format ok
- L&I makes assignment to coach if eligible

[illegible]



What the Coach may need from VRC



- Employer relationship? Return to work plan? Who are the employer contacts?
- May ask vocational provider to join a session
- JA is optional - May help inform vocational interests and helpful in goal development
- Information on worker abilities
- How to best work with the individual
- Any known barriers



Successful outcomes...

- JOI: Home and Garden Warehouse Worker
- Fall resulting in fractured femur and radius
- Beyond expected recovery
- Completed all ten sessions
- Significant reduction in risk factors
- Preferred worker status
- RTW at new employer part time





Washington State Department of
Labor & Industries



Q&A





Contacts and Web Links

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L&I web page – lni.wa.gov/Coaching

List of Activity Coaches – [Vendor Services Lookup Tool](#)

Dashboard – help injured workers heal and return to work

Vickie Kennedy, Assistant Director Insurance Services



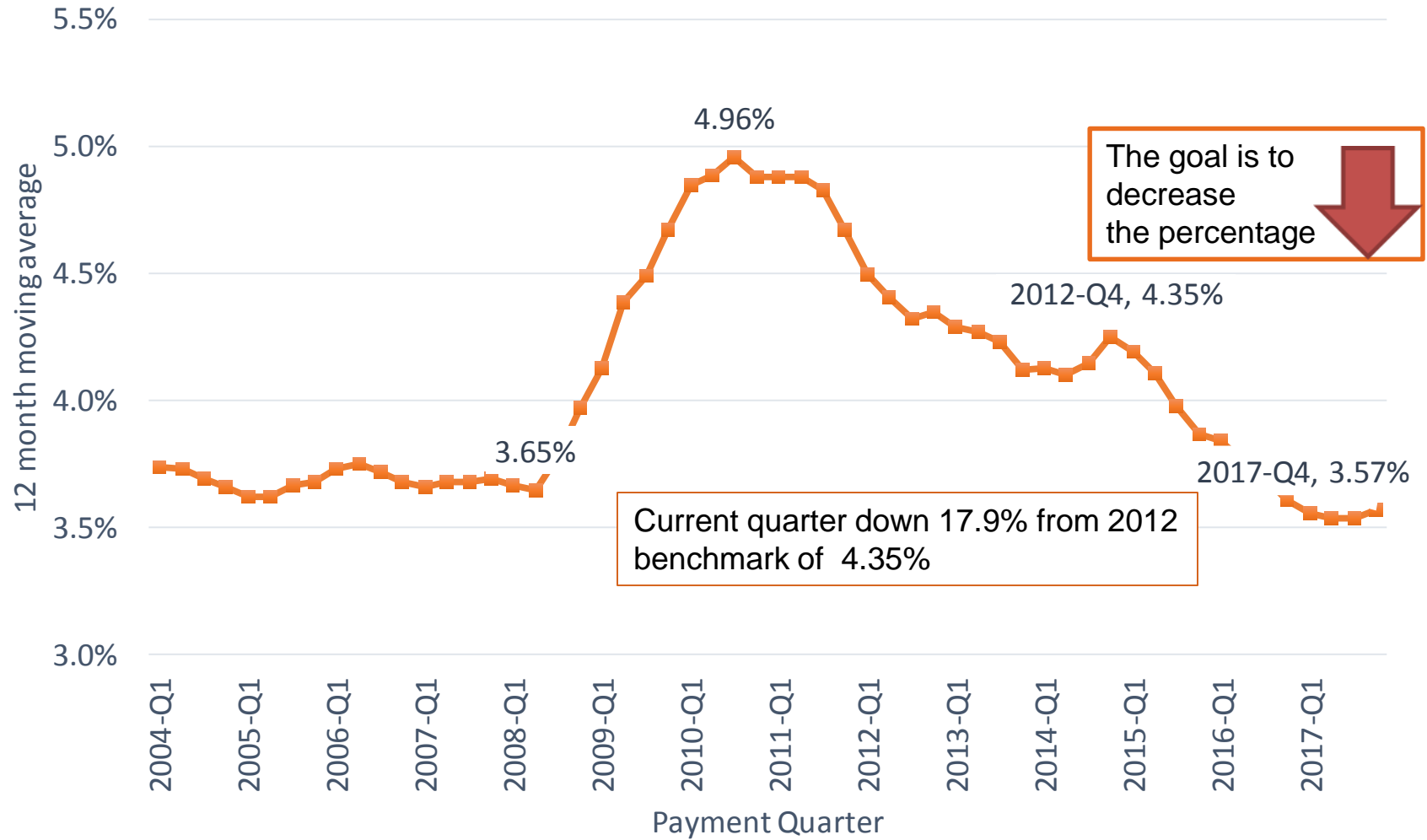
Dashboard summary

Measure	Change from 2012 (unless otherwise noted)		Highlights
Long Term Disability – share that received a TL payment in the 12 month post injury	Down 17.9 %	↓	Lowest since 2002
Persistency – Ratio: claims with a TL payment in the 6 th month to those with payment in the 3 rd month	Down 5.9 %	↓	
High risk claims – share return to work at 12 months	Up 7.8%	↑	Highest since 2002
Resolution rate - time-loss claims at 6 months	Up 6.3%	↑	
Median time-loss days paid at 1st AWA referral	Down 67.9%	↓	Lowest since 2002*
% RTW outcomes when 1 st AWA referral made by 90th day of TL	Up 54.2% since 2014	↑	
% RTW outcomes - all first AWAs	Up 121% since 2014	↑	Highest since 2004*
WSAW participation	Steady utilization	↔	
COHE utilization	Up 84.4%	↑	Highest since 2002
Auto adjudication of claims	Up 69% from 2014	↑	Highest since 2002*

* Earliest year for which measurement is available

Long term disability percent

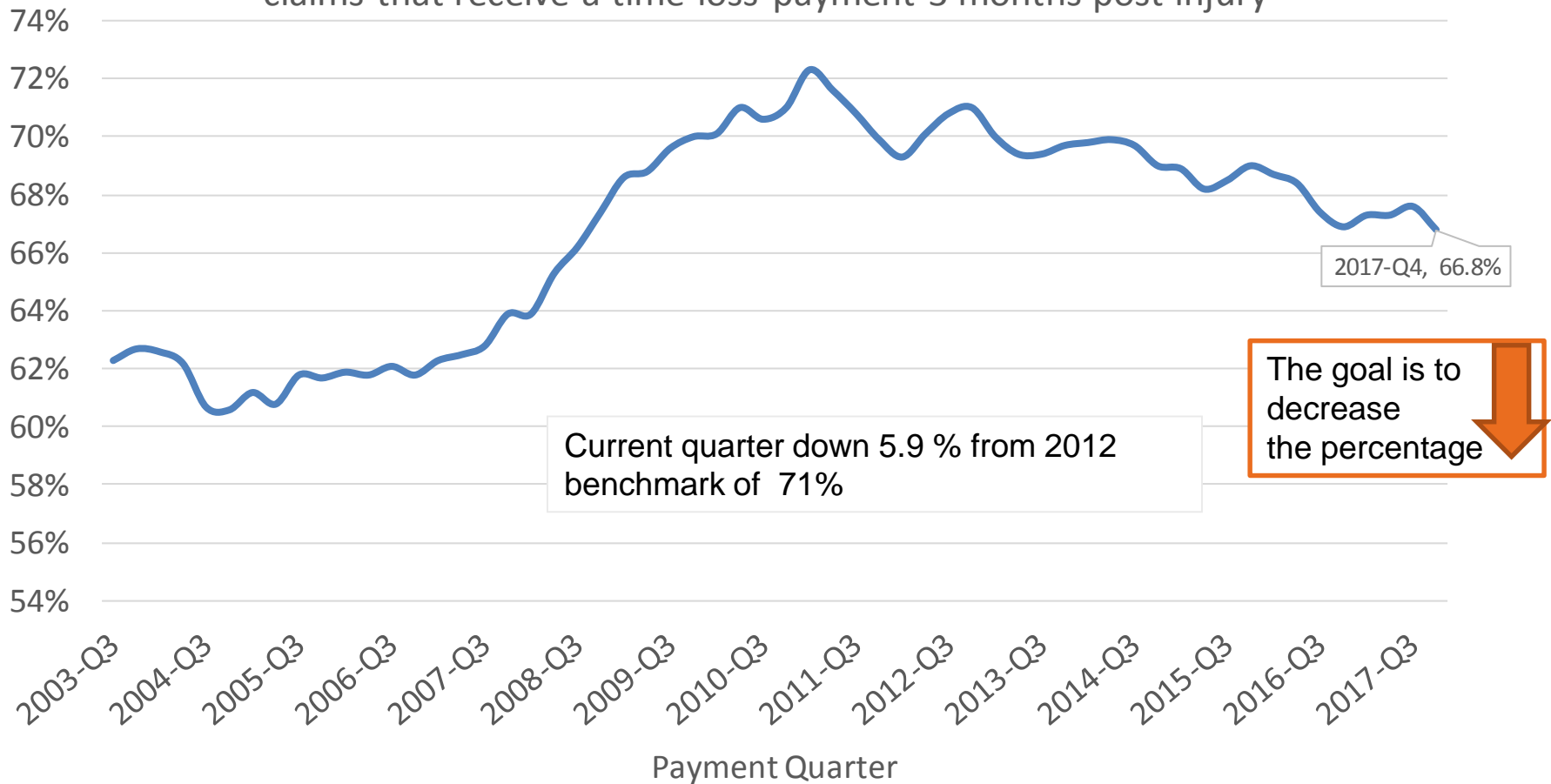
Share of injured workers with time-loss paid in the 12th month post injury: *smaller percentage indicates less long-term disability*



Currently about 820 claims per quarter

The onset of long-term disability is often measured between three and six months after injury

Claims that receive a time-loss payment 6 months post injury relative to claims that receive a time-loss payment 3 months post injury



High risk claims — Initiatives such as early AWA, COHEs, opioid guidelines and the RTW score are improving RTW outcomes

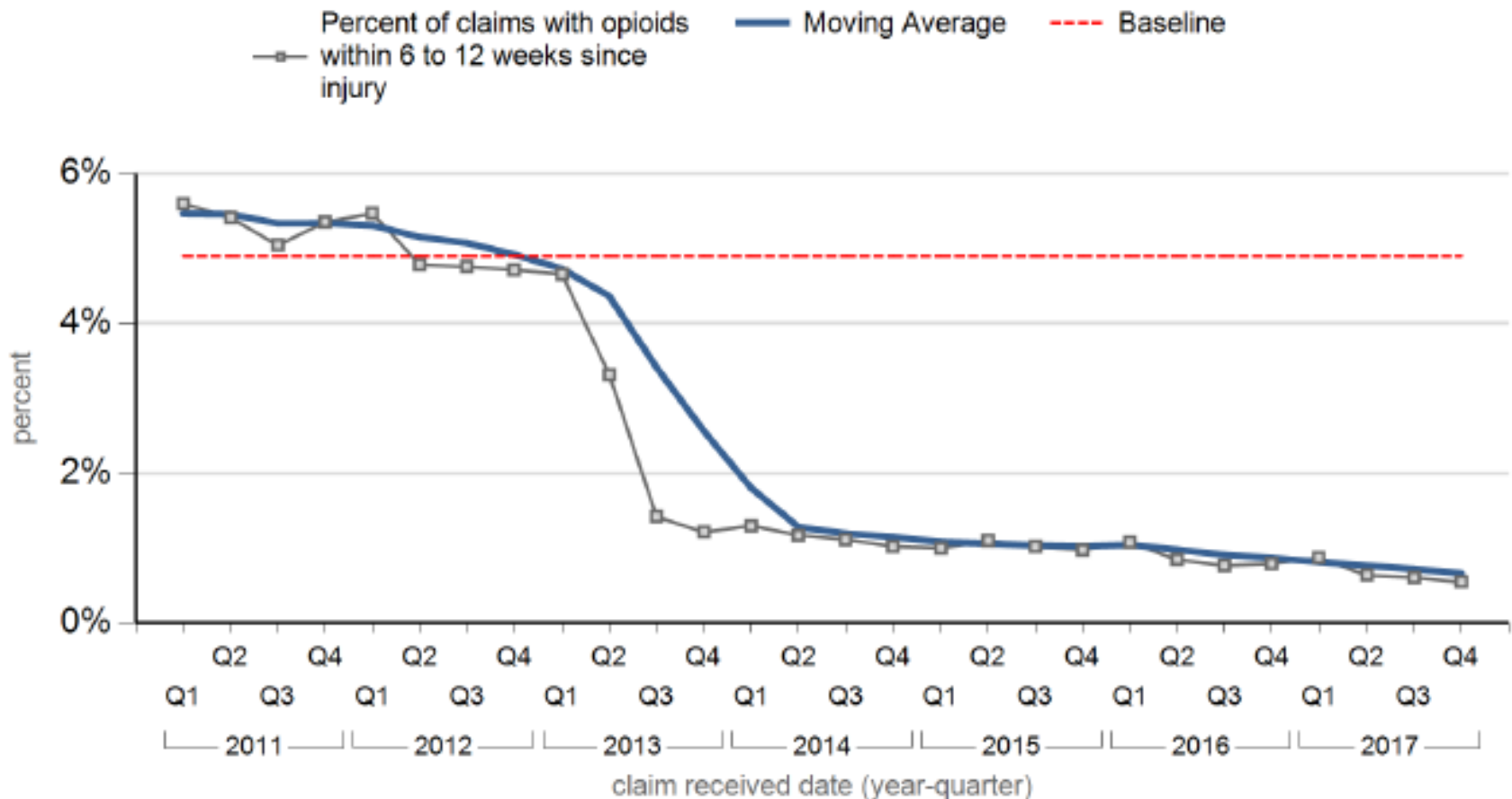
The share of injured workers off work 40 days after claim receipt who are likely to have returned to work: Note: 12-month rolling



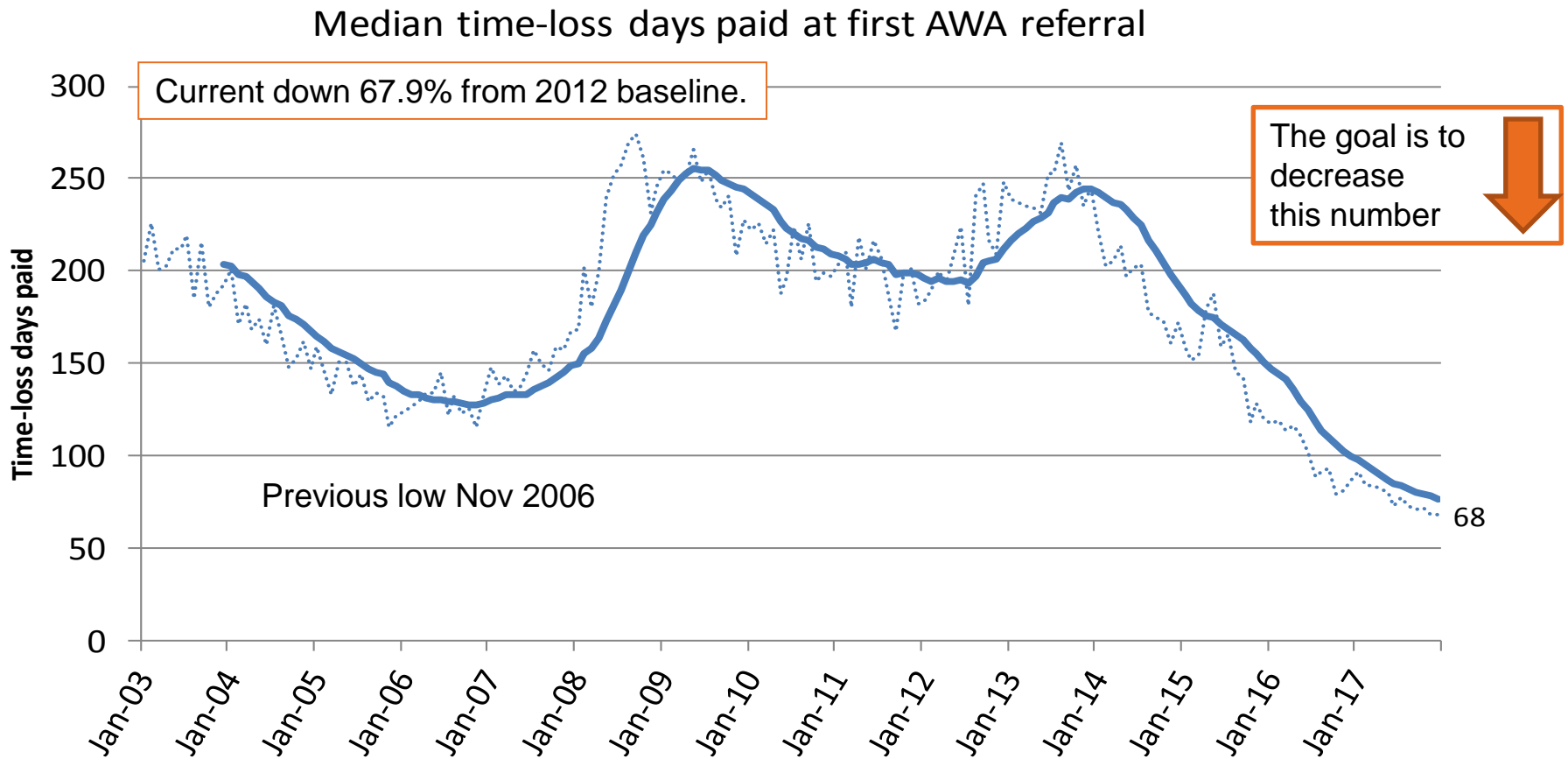
High risk workers are defined as those being disabled on the 40th day following claim receipt, about 1,540 claims per quarter. RTW is defined as the status of not receiving disability benefits between 7 and 12 months

Claims With Opioid Prescriptions Within 6 to 12 Weeks of Injury

Percent accepted claims with opioids within 6 to 12 weeks since injury

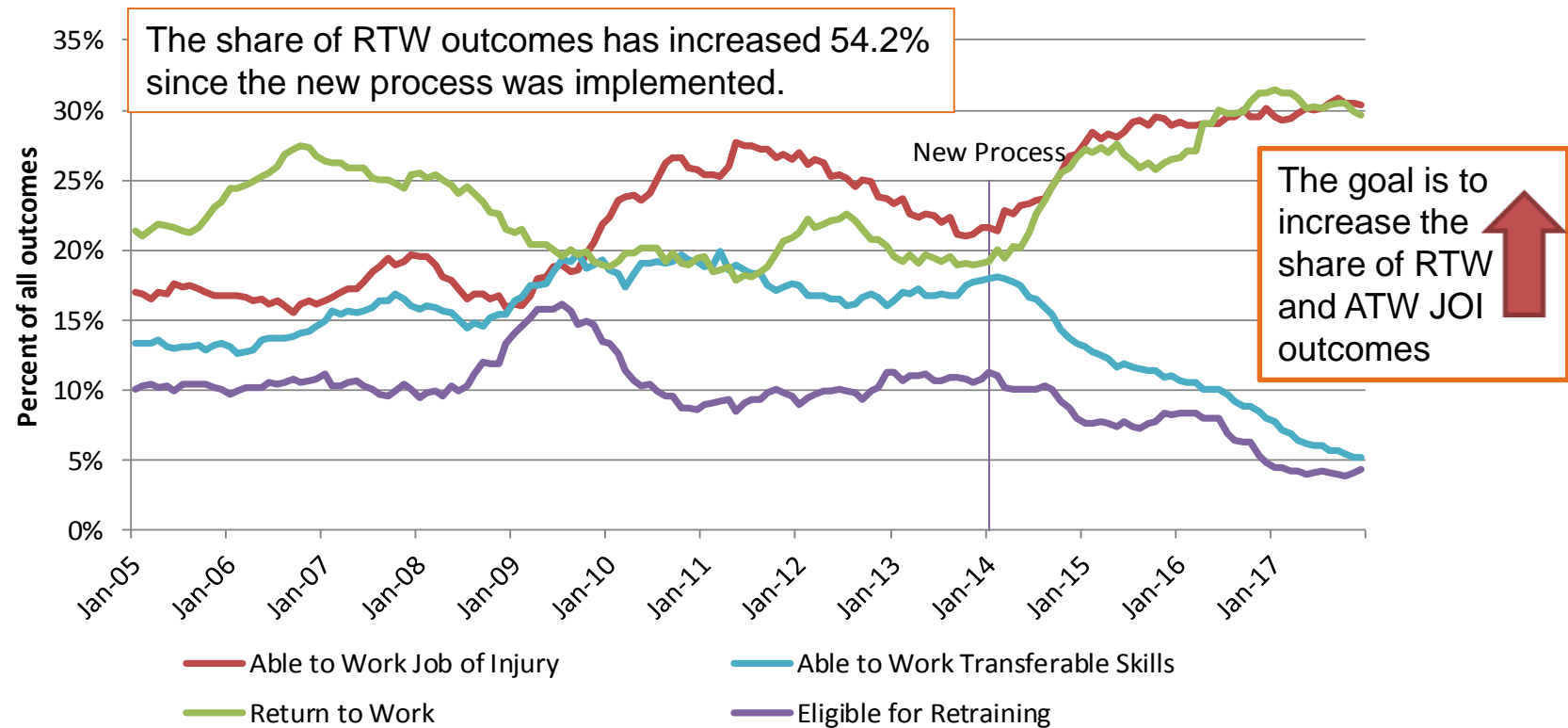


Ability to work assessment referrals are now targeted to address the onset of long-term disability.



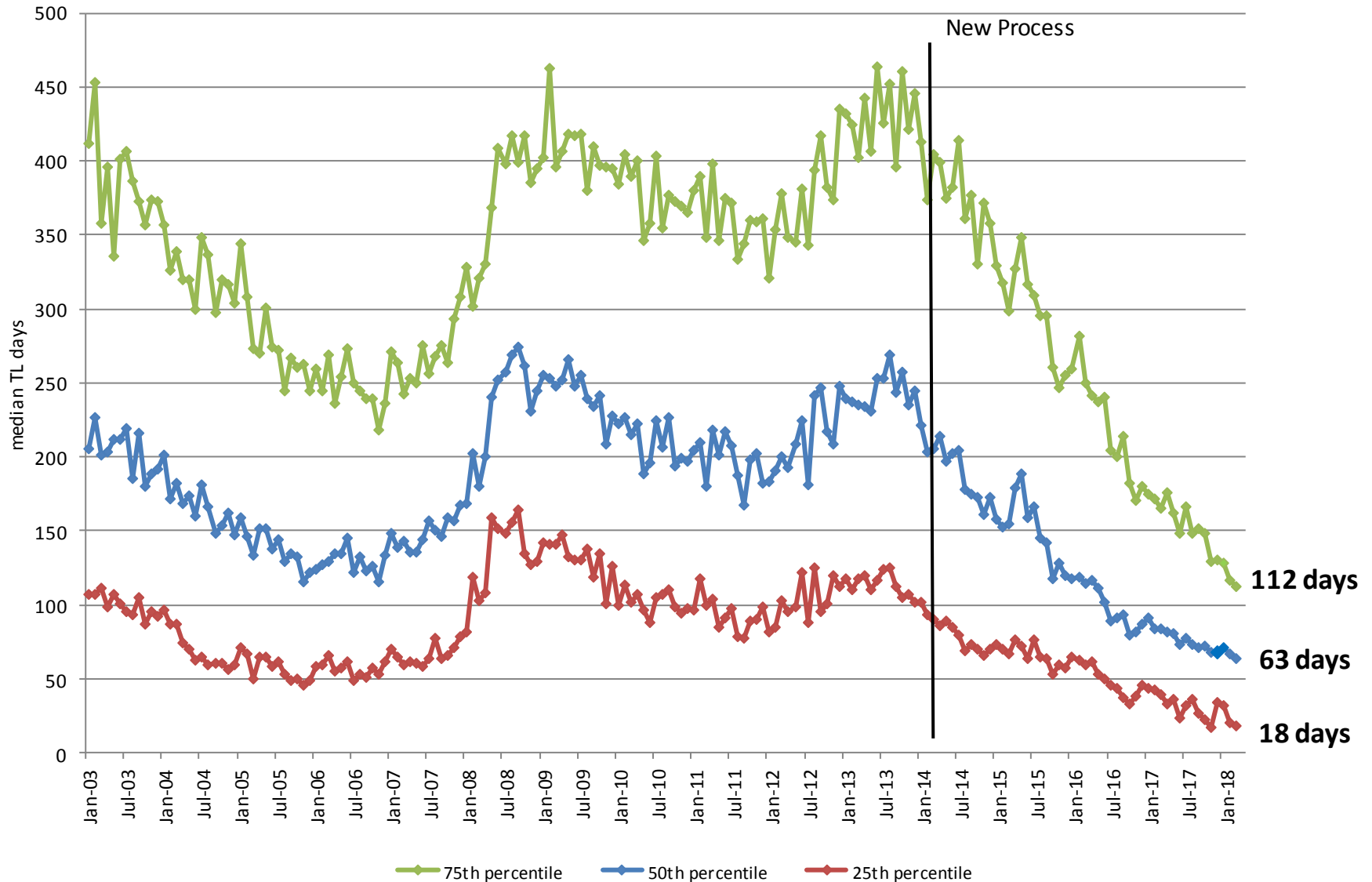
New focus on return to work in AWA process has increased positive employable outcomes for early AWAs

Outcome distribution when first AWA referral made with less than 90 days of time-loss, select outcomes (12-month rolling average)



TL Days paid at first AWA

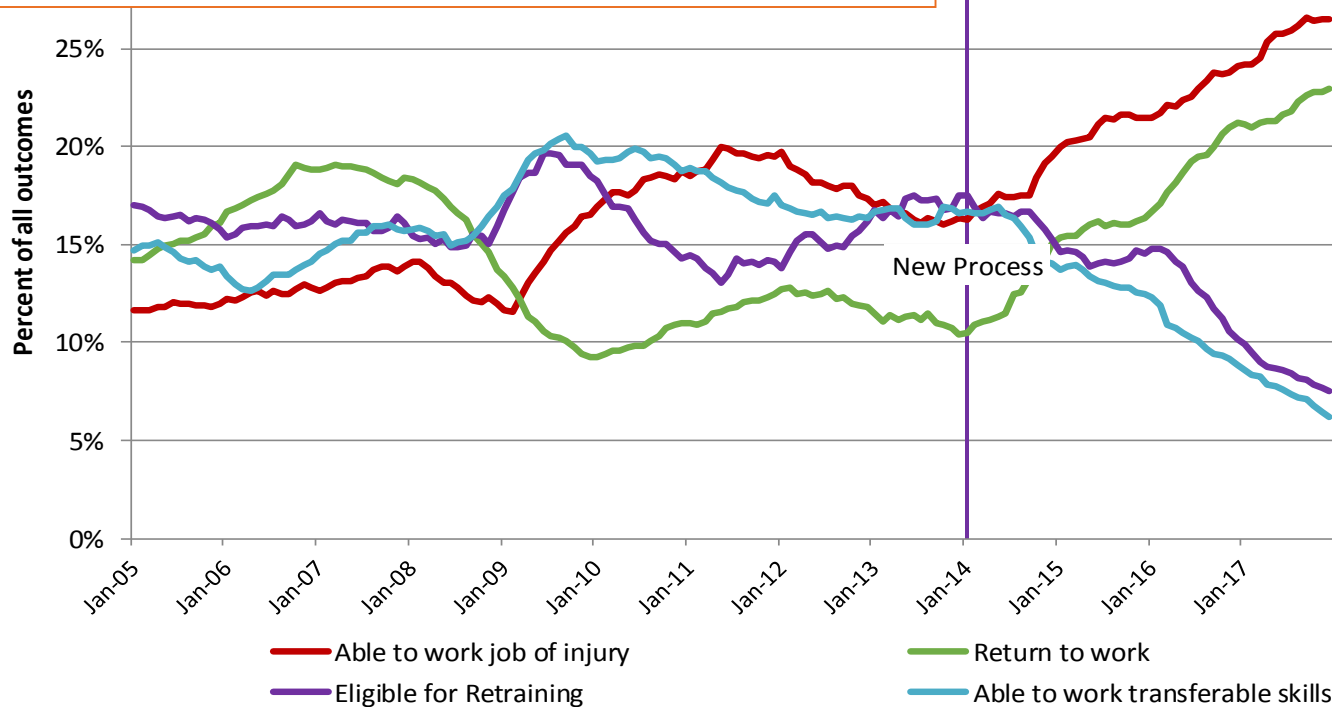
25th, 50th, 75th percentiles



New focus on return to work in AWA process has increased positive employable outcomes for all first AWAs

Outcome distribution, first AWA referrals, select outcomes (12-month rolling average)

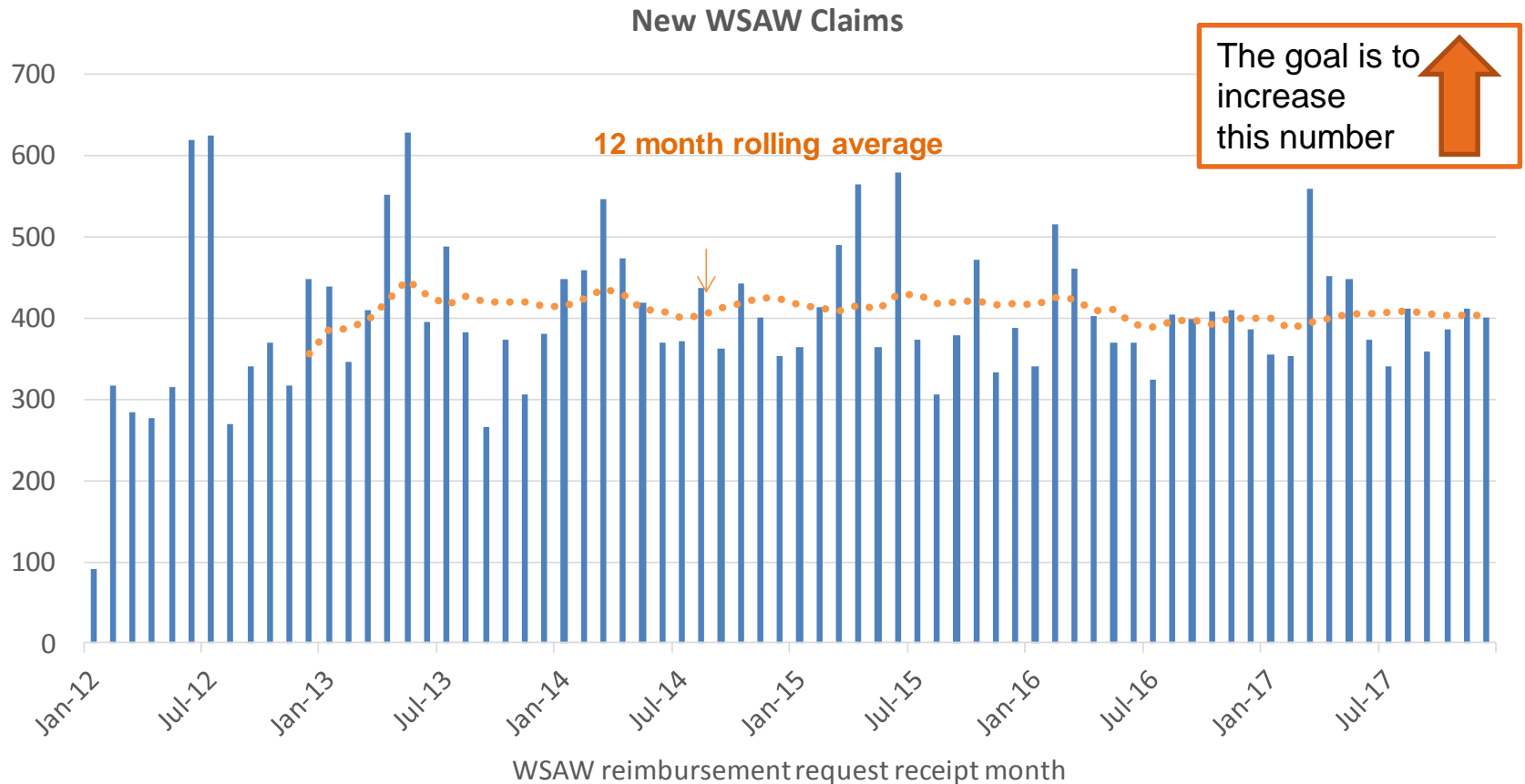
The share of RTW outcomes on all first AWAs has increased 121% since the new process was implemented.



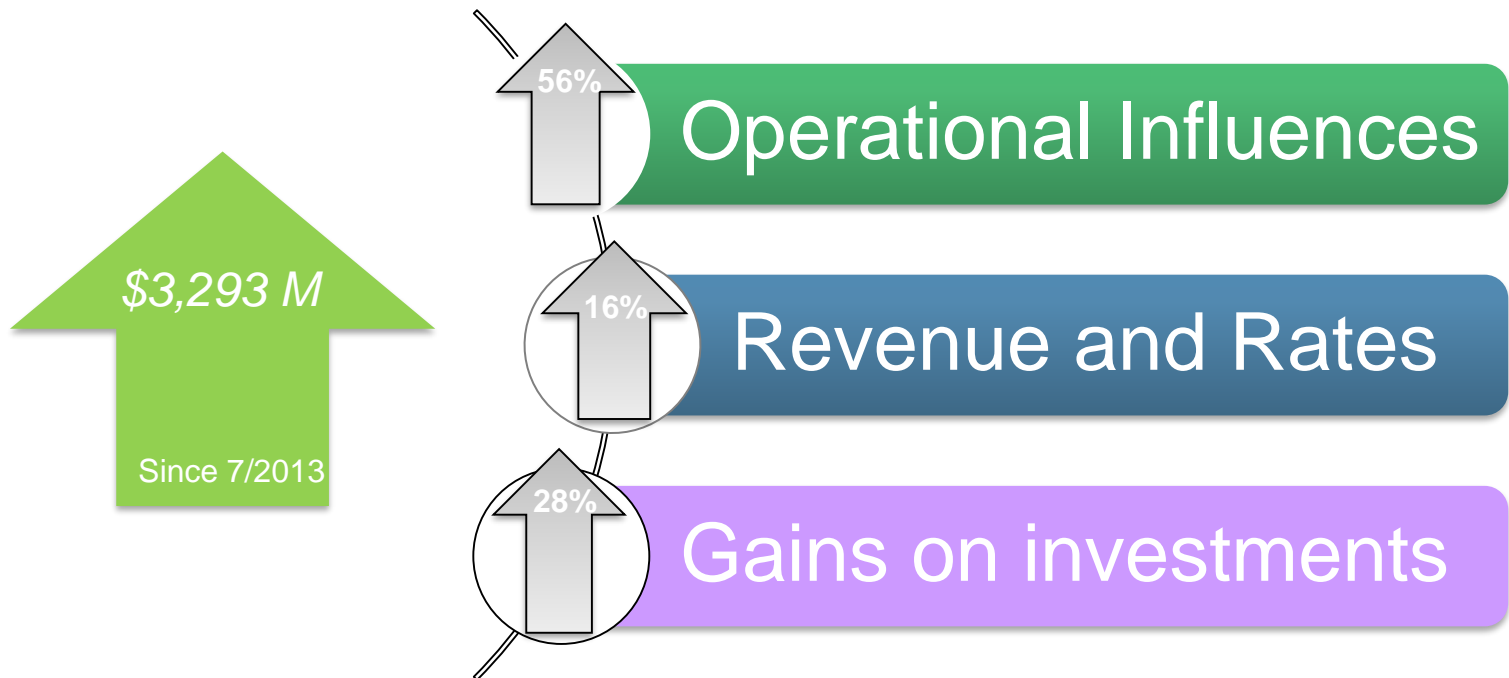
The goal is to increase the share of RTW and ATW JOI outcomes



Participation in light duty job assignments helps maintain the employer/injured worker relationship.



Contingency Reserve Drivers



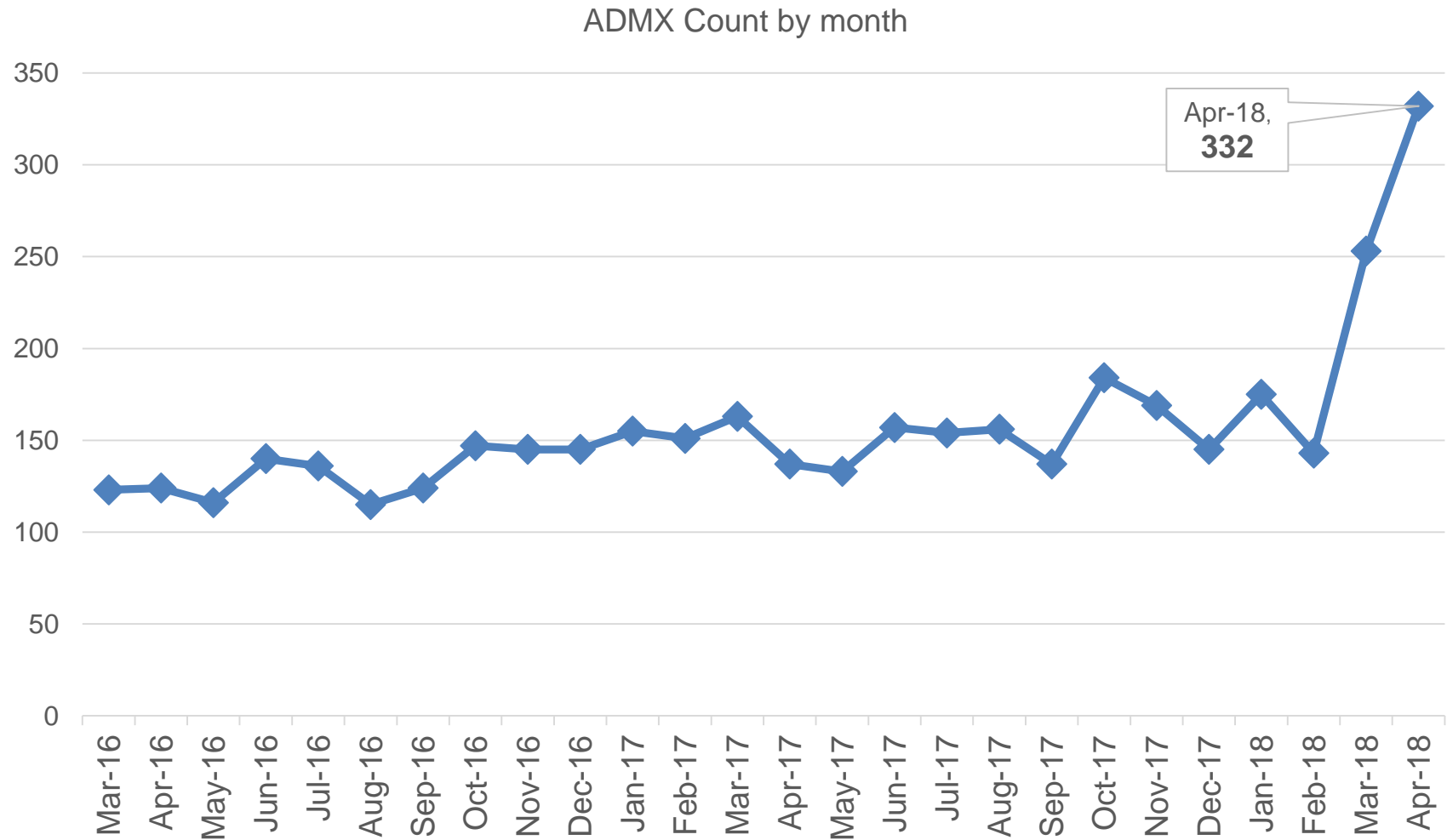
As of 12/31/2017 the CR is at \$3,913 M

ADMX Pilot: Data Update

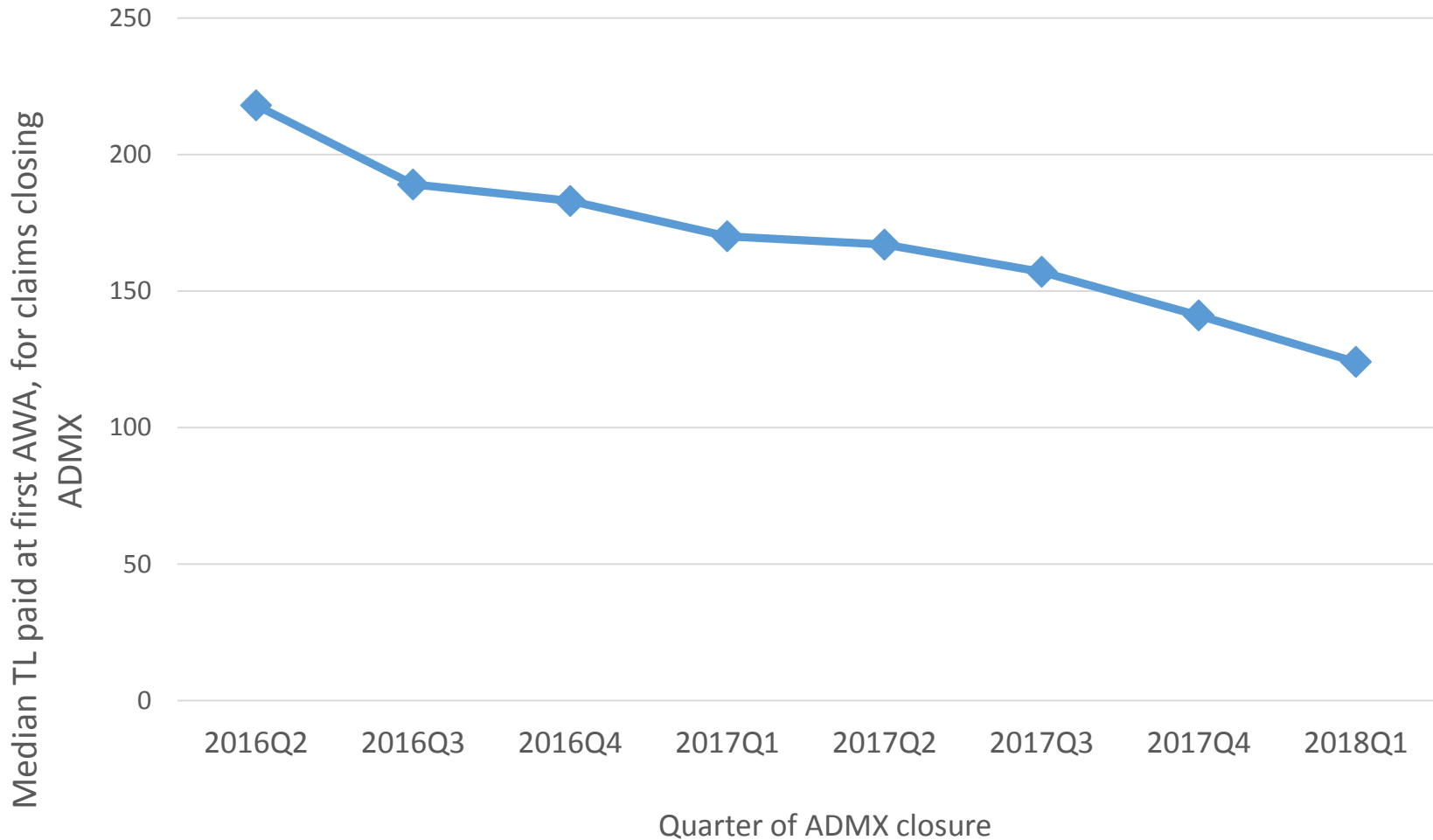
*Wayne Shatto,
Return to Work Partnerships Data
Manager*



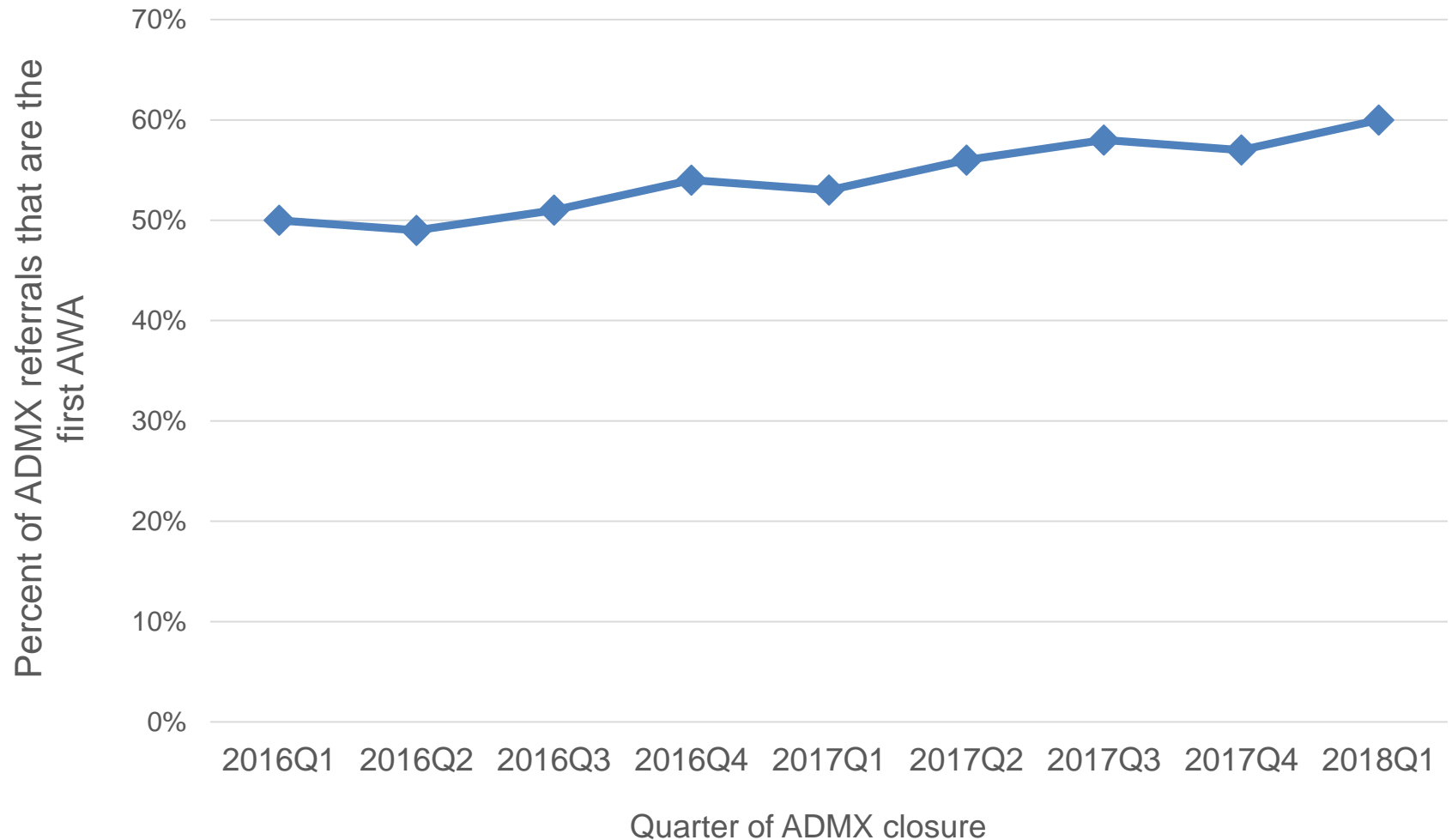
ADMX rose with the process change in March 18



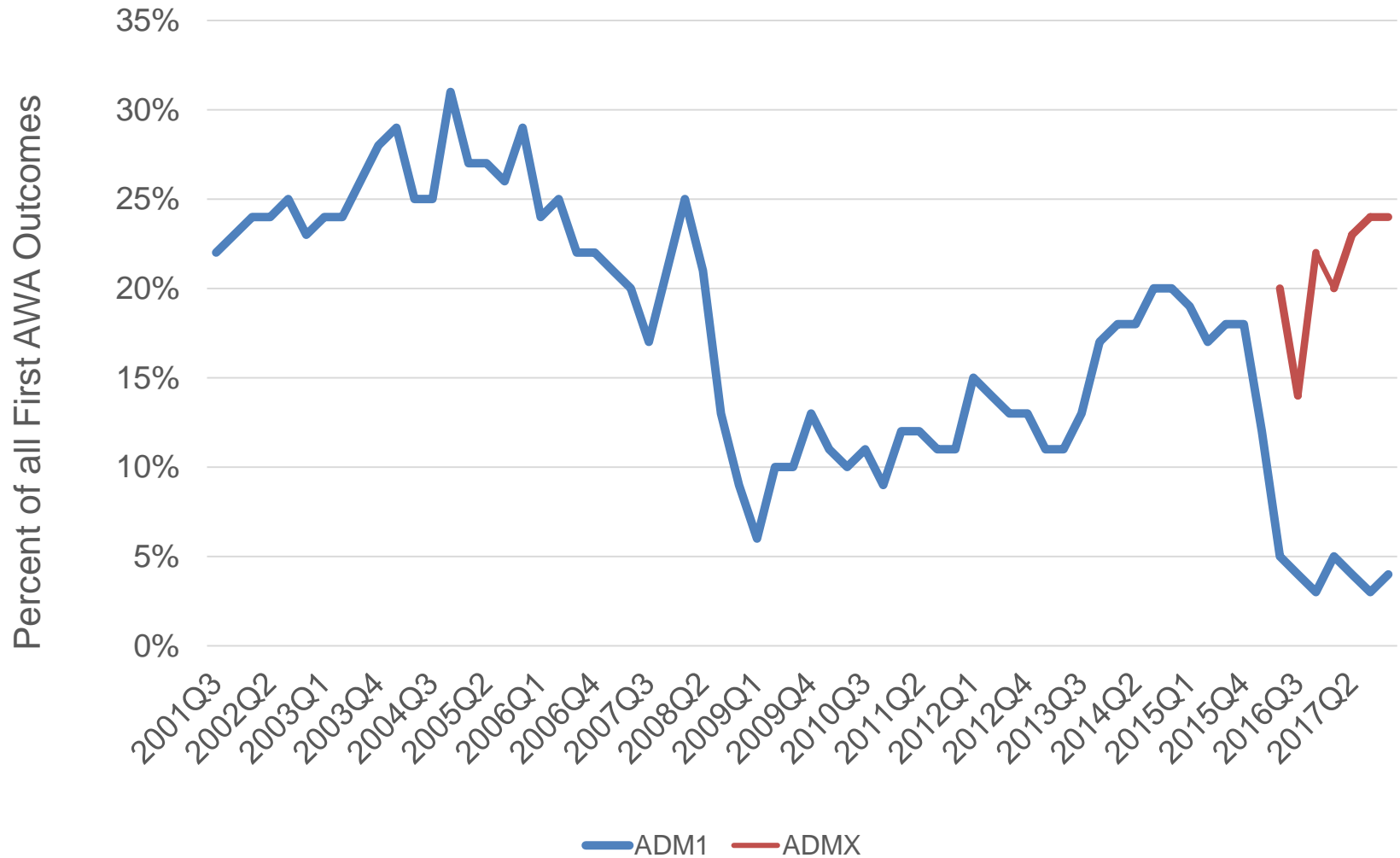
When the pilot began, ADMXs happened on older claims with more time-loss paid at first AWA



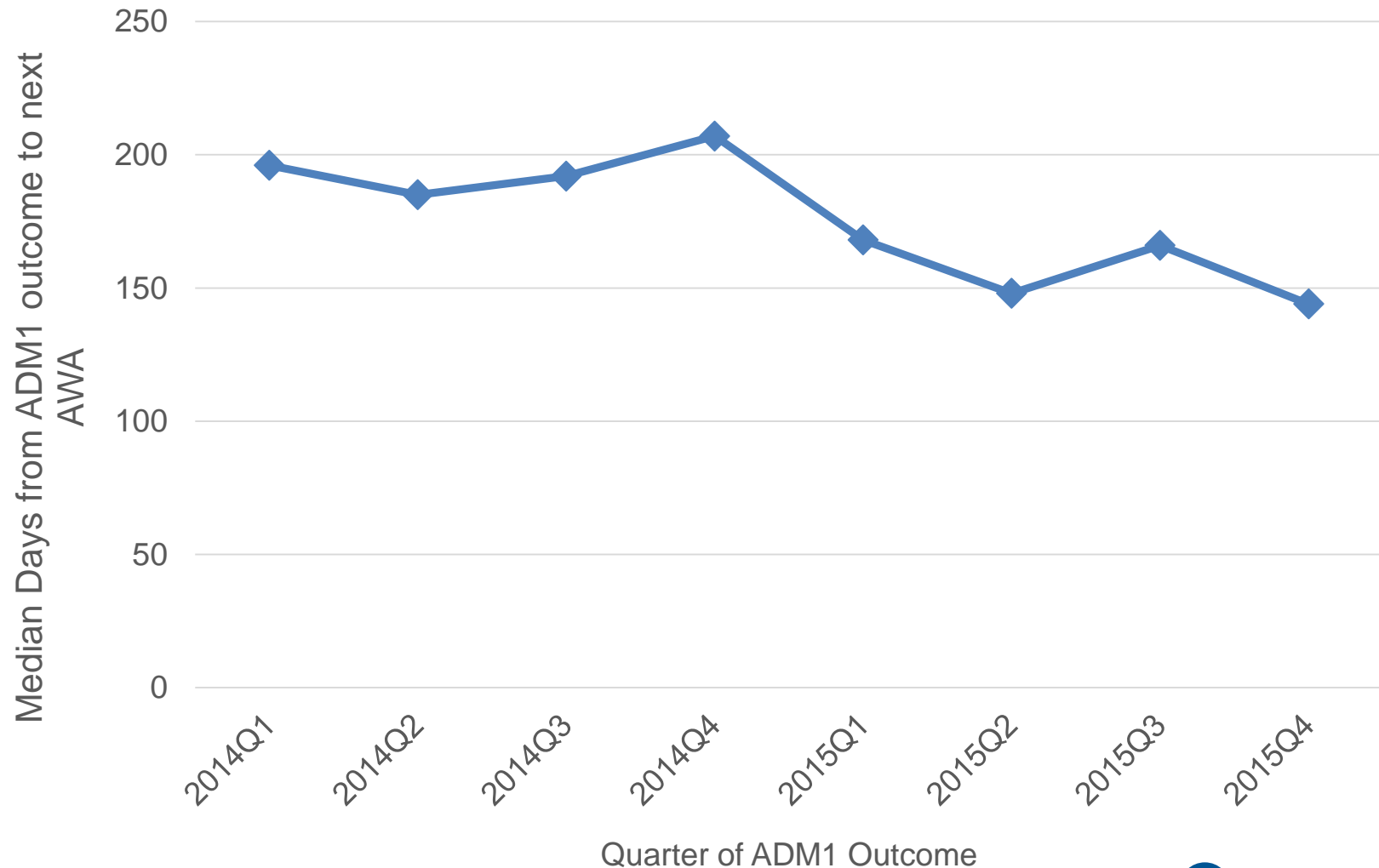
ADMX is the first AWA outcome on more claims; older claims with multiple AWAs could be moving out of the system (maybe)



ADMX has for the most part replaced ADM1, which is a good thing because...



ADM1 means long delays before vocational services start again



The most significant method of keeping time-loss benefits from growing to lengthy levels is through the vocational rehabilitation program.

Early and aggressive intervention by skilled VR professionals has great potential to reduce time-loss and improve return to work for injured workers.

- Washington State Pension System Review, W.E. Upjohn Institute, 2008

The Vocational Recovery Project

Ryan Guppy, CDMS

Chief of Return to Work Partnerships



The Vocational Recovery Project

Vision Statement:

Create a culture focused on vocational recovery that engages all parties in preventing work disability while improving return-to-work outcomes.

The Vocational Recovery Project

Objectives:

1. Identify best practices that support worker engagement and return to work focus
2. Educate all relevant parties on best practices
3. Create supplier partnerships that are collaborative, transparent, support innovation, and improve service quality

RG The Vocational Recovery Project

Areas of Focus:

- Vocational Recovery Referral Pilot (worker centric referral)
- Best Practices
- Education
- Firm & VRC Registration
- Referrals
- Complaint process escalations/de-escalations
- *Incentives/payments*
- *Quality Assurance*
- *Performance Measures*

Focus of each work stream

1. Vocational Recovery Referral Pilot Project

Focus on helping workers return to work by creating a vocational recovery plan. VRCs and L&I claim managers in the pilot are testing emerging best practices with the goal of preventing work disability.

2. Best Practices

Scouring the world for evidence-based best practices for decreasing work disability and increasing return-to-work outcomes. Reading, analysis and discussion are quickly moving the group toward a new way of doing voc.

3. Education and Training

Developing educational content that will foster the worker-centric model of worker engagement with VRCs as well as with L&I's claim managers and vocational services specialists. In addition to live training, we are creating online learning resources.

4. Firm and VRC Registration and Requirements

Improve the registration process to maintain a pool of experienced VRCs who engage workers in return-to-work efforts and consistently provide quality vocational services.

5. Referral Process

Design an impartial, consistent vocational referral model, promoting appropriate and effective outcomes, and recognizing and encouraging quality work.

6. Complaint Process Escalations and De-escalations

Develop better ways to identify inconsistencies with quality vocational work and improve escalation strategies to educate and mentor VRCs.

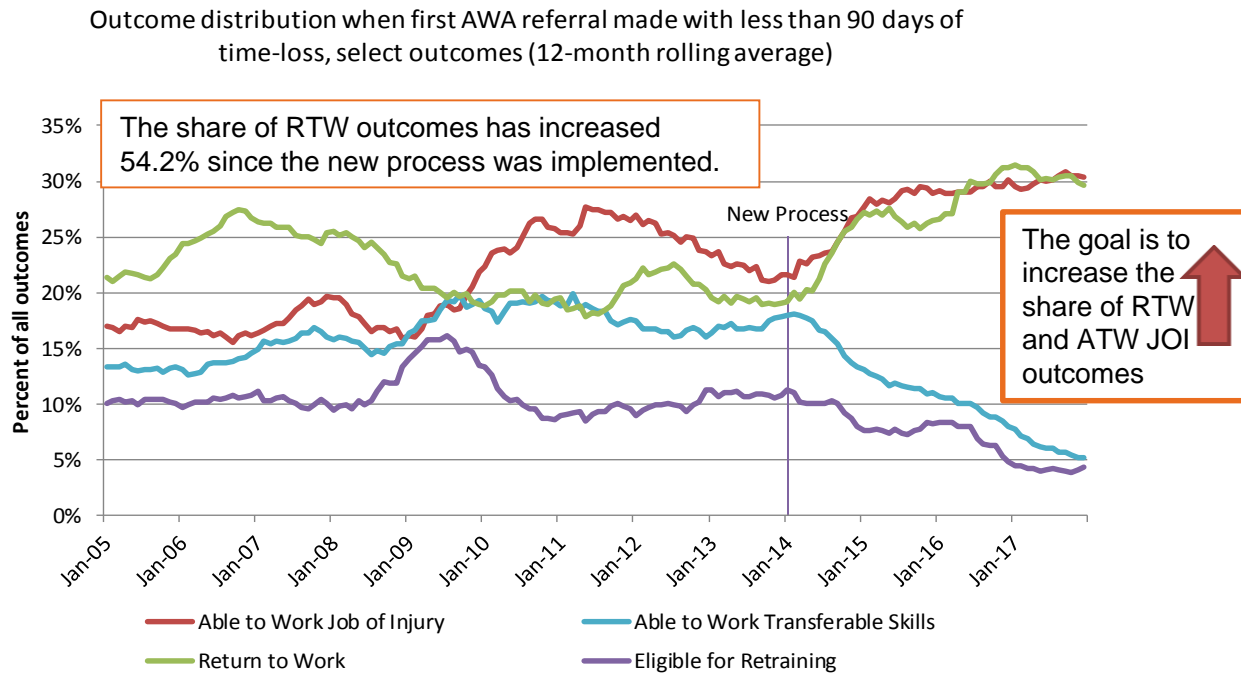
Vocational Recovery Referral Pilot – *a worker centric approach*

Work Disability

Work disability occurs “when a worker is unable to stay at work or return to work because of an injury or disease. Work disability is the result of a decision by a worker who for potential physical, psychological, social, administrative, or cultural reasons does not return to work. While the worker may want to return to work, he or she feels incapable of returning to normal working life. Therefore, after the triggering accident or disease has activated a work absence, various determinants can influence some workers to remain temporarily out of the workplace, while others return, and others may finally not return to work at all.”

***Handbook of Work Disability Prevention and Management –
Loisel and Anema 2013***

Reducing Delays in AWA Process Increased RTW and Able-to-Work Job of Injury Outcomes



Questions?

Feel free to contact me:

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The Vocational Recovery Pilot: A closer look

Erich Hahn

Kristine Ostler

Wayne Shatto



Pilot Overview

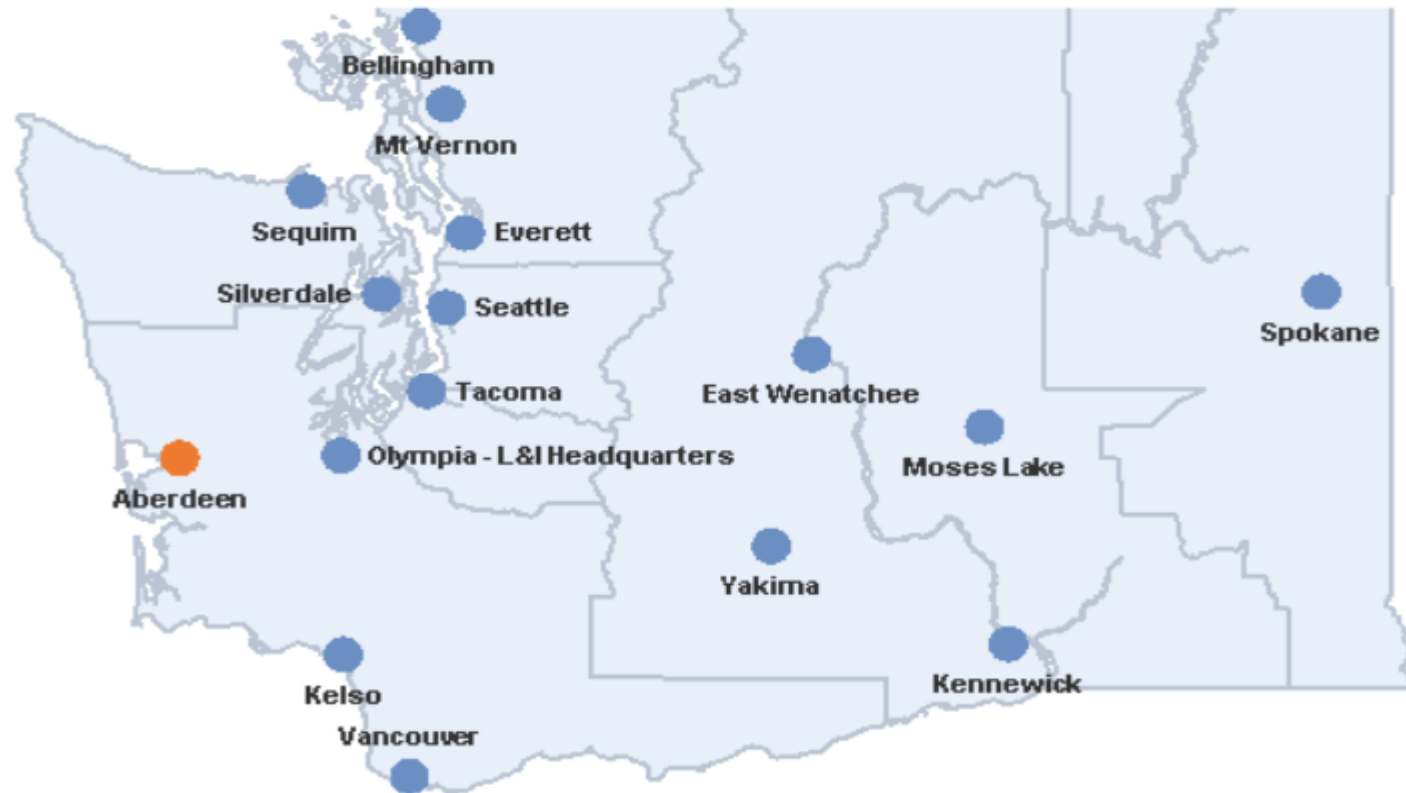
- What it is?
- Who is involved?
- What are we testing/piloting?
- Tools and Training?

Pilot Numbers so Far

	OPEN	ADM6	RTW	ATW1	ADM4	SAS1	ATW4	Total
Feb-18	101	10	10	10	8	3		142
Mar-18	125	11	8	3	2	3	1	153
Apr-18	109	5	2		1	1		118
May-18	28							28
Total	363	26	20	13	11	7	1	441
	OPEN	ADM6	RTW	ATW1	ADM4	SAS1	ATW4	
Feb-18	71%	7%	7%	7%	6%	2%		
Mar-18	82%	7%	5%	2%	1%	2%	1%	
Apr-18	92%	4%	2%		1%	1%		
May-18	100%							
Total	82%	6%	5%	3%	2%	2%	0%	

Vocational Recovery Pilot

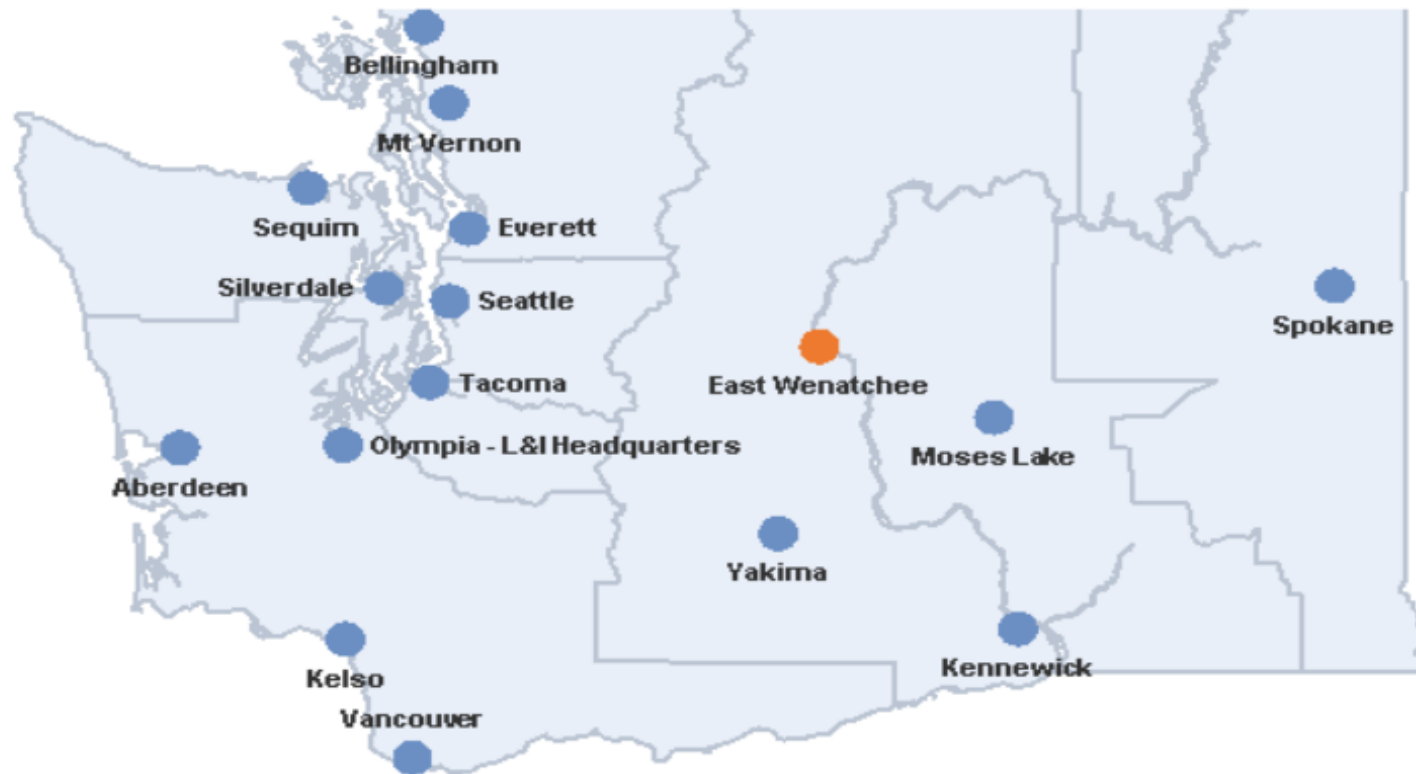
A running count of *Vocational Recovery* referrals by vocational counselor participating in pilot group.



Service Location Name	Vocational Provider (VRC)	Cumulative VR Count
● ABERDEEN	LARSON KARIN L VRC	11
	CRAIG RACHEL VRC	12
	SKINNER LISA VRC	12

Vocational Recovery Pilot

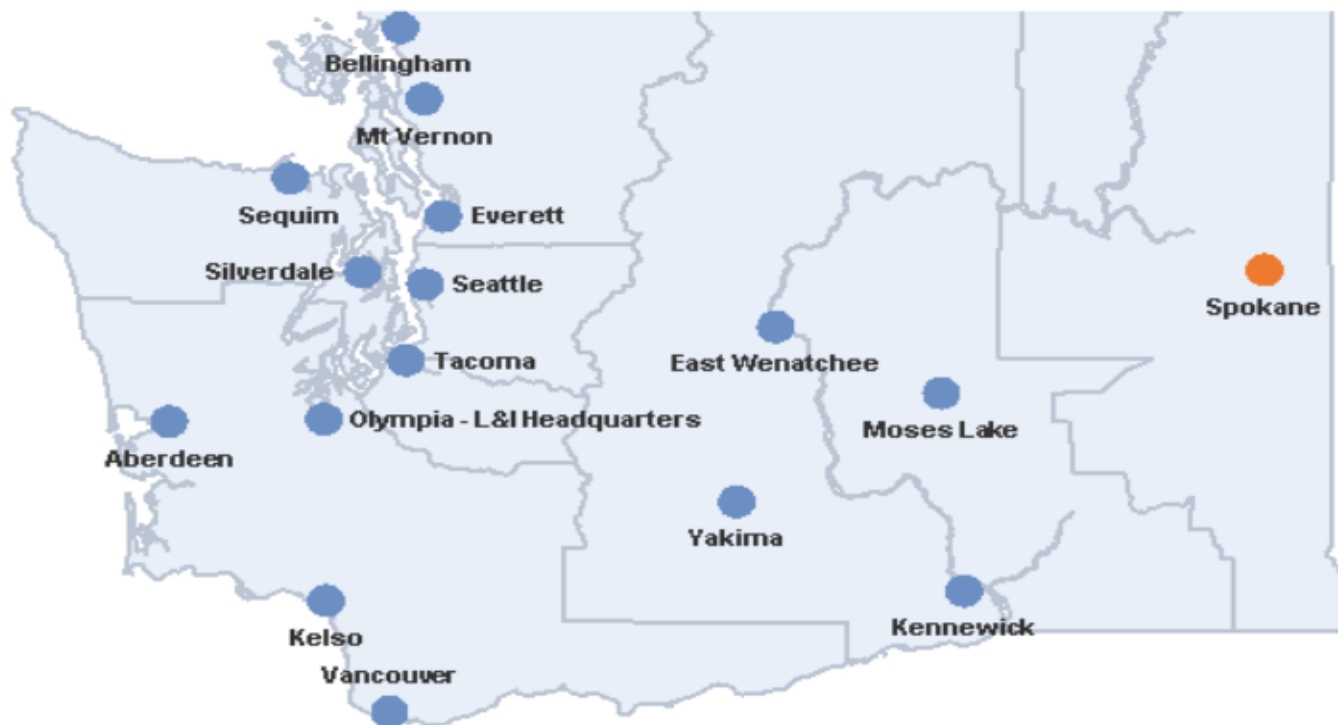
A running count of *Vocational Recovery* referrals by vocational counselor participating in pilot group.



Service Location Name	Vocational Provider (VRC)	Cumulative VR Count
● WENATCHEE	ALLEMAND DEBBIE A VRC	10
	PARMLEY AMBER VRC	10
	TAFFOLLA TAWANA J VRC	10
	SMITH CHERIE B VRC	12

Vocational Recovery Pilot

A running count of *Vocational Recovery* referrals by vocational counselor participating in pilot group.



Service Location Name	Vocational Provider (VRC)	Cumulative VR Count
● SPOKANE	ALLEMAND DEBBIE A VRC	10
	DELONAS ELIZABETH M VRC	10
	MALONE JASON C VRC	10
	OSTER ROBYN RN	10
	BERBERET PATRICIA VRC	12
	SMITH CHERIE B VRC	12

How is it Going?

- Pilot VRC and CM impressions

Questions?