

# Returning Workers Back to Work



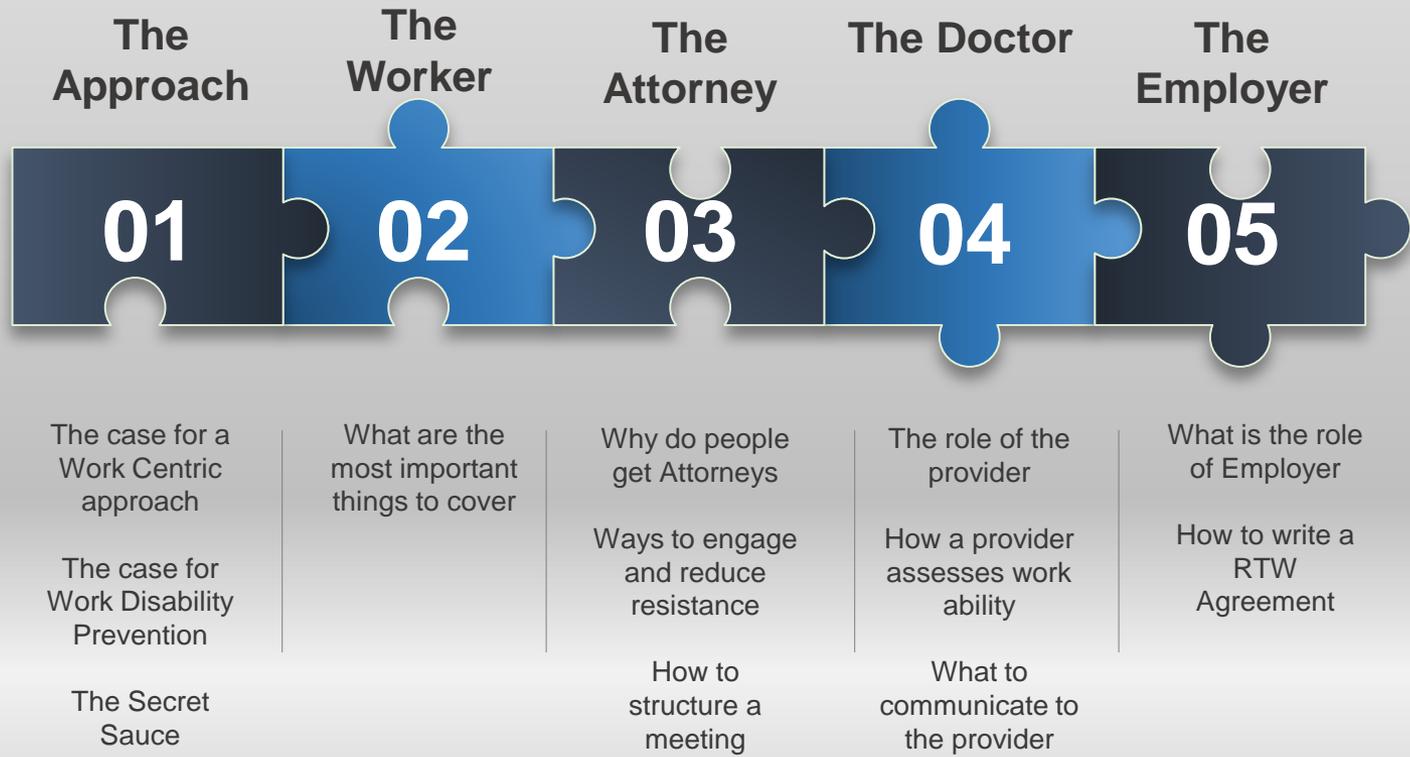
Creating Meaningful Conversations  
with Stakeholders



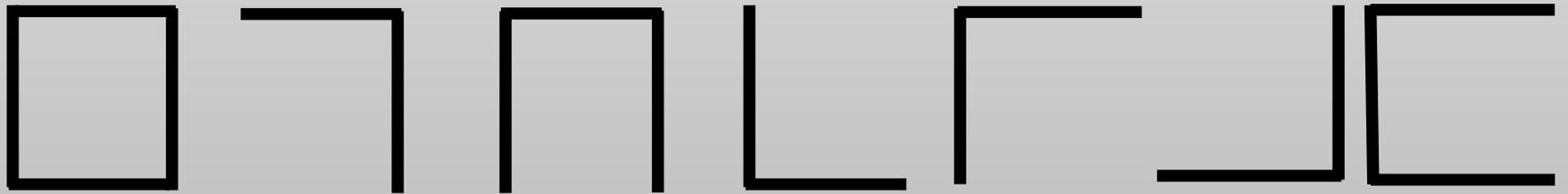
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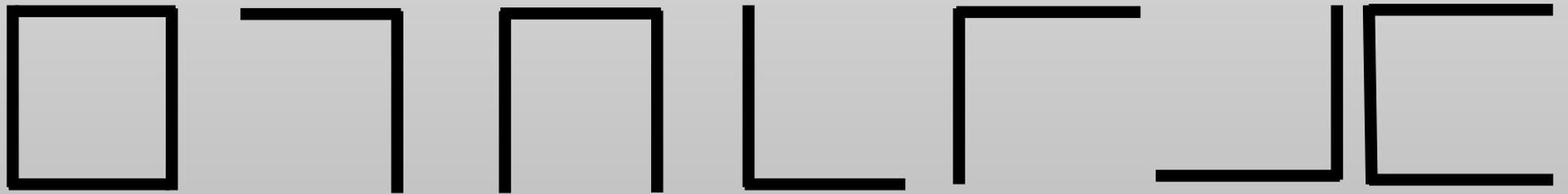
CREATING MEANINGFUL CONVERSATIONS WITH STAKEHOLDERS



# Learning the Language to Communicate



# Learning the Language to Communicate



# Learning the Language to Communicate



1	2	3
4	5	6
7	8	9





# Tensions limiting meaningful involvement, accountability and flexibility



1. Legislative/Policy
  - Accountability vs. Flexibility
2. Participation/Ownership
  - While participation is welcome, usually ownership is limited
3. Consensus
  - Need to balance differences with common interests



# The case for a Worker-centric approach



Neither formal medical competence, nor additional medical information, noticeably improved the diagnostic accuracy based on medical certificates. **This study demonstrates that the accuracy of a prognosis based on medical documentation in sickness absence forms, is lower than that of one based on direct communication with the sick-listed themselves.**

- Length of sick leave – Why not ask the sick-listed? Sick-listed individuals predict their length of sick leave more accurately than professionals

Nils Fleten, et al 2004

# The case for a Worker-centric approach



What actually triggers the SAW/RTW process?

Create an environment that helps the worker “decide” to RTW.

**Table 1 – The Stay at Work/Return to Work Process Escalation Levels**

*The process triggers when a precipitating event, usually health-related, raises the question whether a worker can/should remain at work.*

Escalation Level	Who is involved?	How is current work capacity determined?	How are job demands determined (both usual job and alternatives)?	What triggers the actual return to work?
0	Worker	Personal knowledge	Personal knowledge	Personal decision
1	Worker and Supervisor	Discussion	Discussion	Discussion
	Worker and Physician	Discussion RTW note from physician	Verbal description of usual job	Discussion
2	Worker Physician Claims adjuster/case manager	Formal inquiry Simple physical capacities form completed by MD	List of job's functional demands	Discussion
3	Worker Physician Claims adjuster/case manager Physical therapist Ergonomist or vocational consultant IME examiner Union steward Lawyer	Objective testing Functional capacity evaluation Independent medical opinion	Video of job Ergonomic analysis of job On-site workplace visit	Written offer of employment Formal return to work plan Sign-off by all parties

# The case for a Worker-centric approach



“Nevertheless, the employee remains the ultimate agent of change in the return-to-work process in that only he or she [makes] the final decision of going in for a day’s work.”

Readiness for Return to Work Following Injury or Illness: Conceptualizing the Interpersonal Impact of Health Care, Workplace, and Insurance Factors. Renee-Louise Franche and Niklas Krause - J Occup Rehabil, Vol. 12, No. 4, December 2002

# The case for a Worker-centric approach



The role of the physician, employer, union, attorney were never designed to play lead roles, only supporting ones.



*“Sometimes I think the collaborative process  
would work better without you.”*

# The case for Work Disability Prevention



Research supports that virtually any stay at work/return to work opportunity promotes rapid recovery for most injuries.

Work Disability Prevention should avoid linking interventions or actions to specific medical diagnoses but address the work disability determinants.



# The case for Work Disability Prevention



“This indicates that **reliance on biomedical models is insufficient to explain work disability.** It confirms that work disability is a biopsychosocially determined misfit between work environmental demands and individual capability.”

- Predictive factors of work disability in RA

de Croon, et al - Ann Rheum Dis 2004;63:1362–1367

# The case for Work Disability Prevention



In order to prevent Work Disability, the Worker has to Return to Work.

Without Return to Work as an outcome there is no central focus, no unifying purpose for all the stakeholders, and no deliberate effort to prevent Work Disability.



# 3 Types of Work Disability



Medically  
**REQUIRED**  
Disability

Medically  
**DISCRETIONARY**  
Disability

Medically  
**UNNECESSARY**  
Disability

The lost workdays you are out to prevent are **NOT** the ones that are medically-required.

Dr. Jennifer Christian

# The secret sauce



Its all about the worker!!!



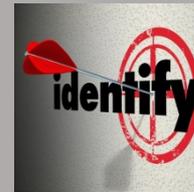
# The Methodology



Step 1  
Direction Setting



Step 2  
Problem  
Identification



Step 3  
Close the  
Implementation  
Gap



# Worker



## #1 Reason why claims get stuck....

Do you have commitment from the worker to RTW?

“Nevertheless, the employee remains the ultimate agent of change in the return-to-work process in that only he or she [makes] the final decision of going in for a day’s work.”

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# Worker



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Nils Fleten, et al 2004



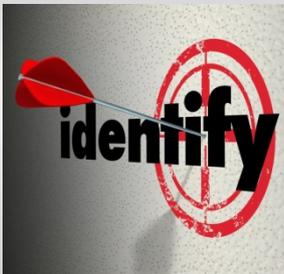
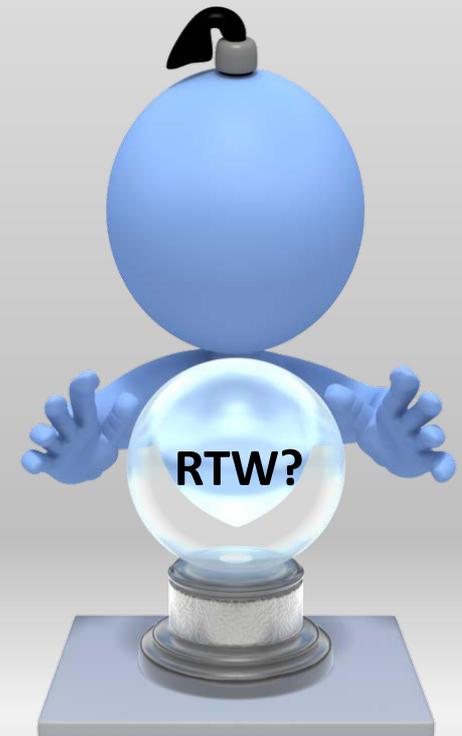
# Worker



“What is known, is that the most consistent and powerful predictor of RTW is the employee with an injury’s expectation to do so.”

What leads to the expectation to return to work? Insights from a Theory of Planned Behavior (TPB) model of future work outcomes.

Dunstan et al, Work 46 (2013) 25-37





# Worker

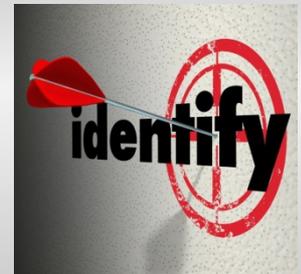


Positive Expectations  
sounds like:

- Confidence
- Forecast
- Probability
- Likelihood
- Possibility
- Prediction

Negative Expectations  
sound like:

- Fear
- Apprehension
- Disbelief
- Distrust
- Doubt
- Hopelessness
- Impossibility
- Unlikelihood

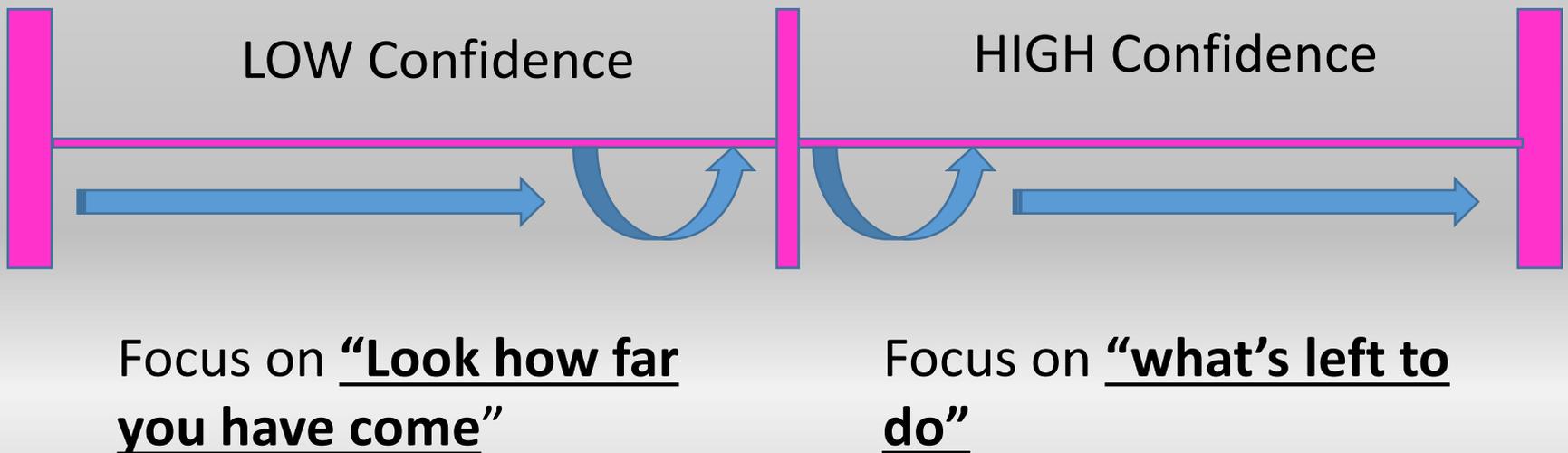




# Workers



Better way to talk to workers about goals depends on their expectations:

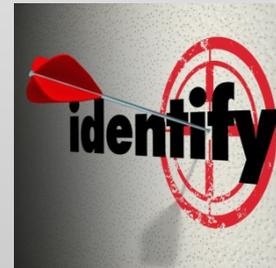




# Workers



Successful goal attainment **requires effectively solving problems** associated with getting started and persisting until the goal is reached.





# Workers



Tip – Commitment is strongest when it is early, small, and voluntary.



# Workers



## Failure Proofing

Forecast a problem in the future and develop an implementation plan on how they will manage it.

If-then statements

If “this” happens, then “I will do this” .....





# Workers



Dealing with identified problems.

If \_\_\_X\_\_\_ was resolved, do you think you would be able to RTW?

Can versus Will.





# Attorneys



Why do people get Attorneys?





# Attorneys



What is the primary role of the Attorney?

**ENTITLEMENT**





# Attorneys



## 1. Redefine the relationship

- Enemy versus Ally
- “I need your help...”



## 2. Offer a Guarantee



## 3. Minimize the request

Minimize





# Attorneys



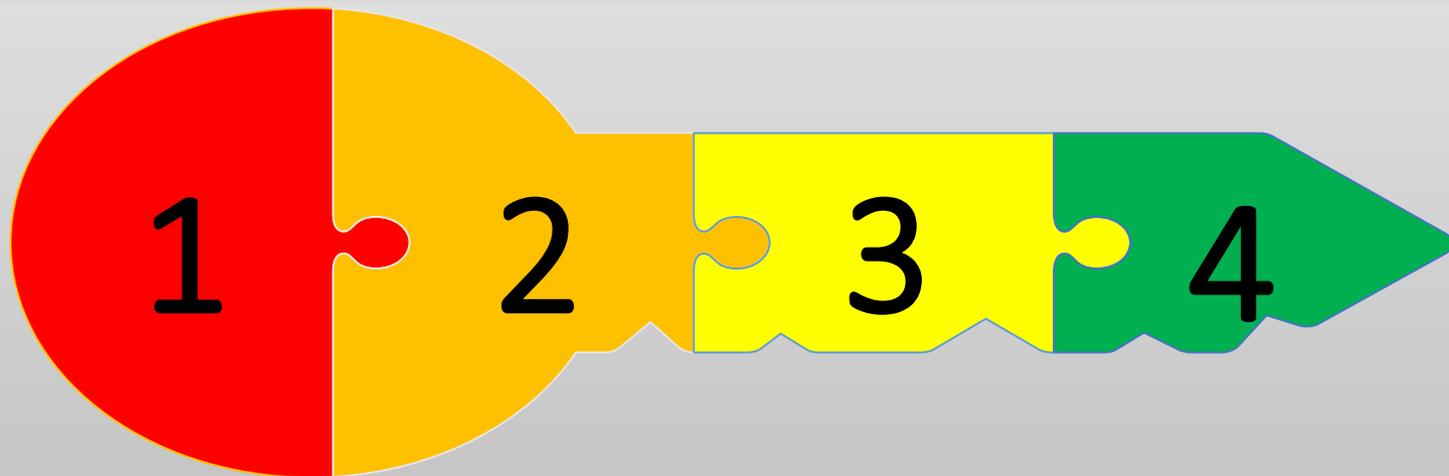
Ask if there are any immediate questions.

Confirm Commitment at the end.





# Attorneys



Worker  
centric  
approach

Focus on  
Preventing  
Work  
Disability

Follow the 3  
steps to  
Activation

Seek  
agreement



# Providers



What is the primary role of the Provider?





# Providers



## The Role of the Provider - Guidance from ACOEM

For the employed patient, this includes finding a way to **stay at work**. If work is interrupted, **elapsed time away** from employment **should be minimized**.

The physician must **promptly facilitate the patient's return to function and encourage some type of productive work activity**, whether via the normal job or through a temporary assignment.

**The exception** to this general recommendation is any situation that would involve **unavoidable serious medical or safety hazard to the patient, his or her coworkers, and/or society**, or in cases where existing laws or regulations prohibit a patient with a particular medical conditions from working in certain occupations.



# Providers



## The role of the Provider - Guidance from AMA

- It is the **physician's responsibility to determine if the impairment results in functional limitations.** The physician is responsible for informing the employer about an individual's abilities and limitations. **It is the employer's responsibility to identify and determine if reasonable accommodations are possible** to enable the individual's performance of essential job activities.
- The role of the physician, ***the Guides makes clear***, is limited only to determining degree of medical impairment and individual-level functional limitations on activities, and to providing supporting medical information to those making disability determination, **not deciding if someone is disabled for purpose of disability benefits.**
  - A 21st Century System for Evaluating Veterans for Disability Benefits



# Providers



The 3 Factors considered in  
the evaluation of Work Ability



Risk

Capacity

Tolerance



# Providers



*“Often by addressing these [tolerance] concerns, discordance about work expectations is lessened and **a successful return to work ensues**”*

AMA Guides to the Evaluation of Work Ability and  
Return to Work



# Providers



Language doctors understand

There are two types of contraindications:

**NSAIDs**: contraindications

**N**ursing and pregnancy

**S**erious bleeding

**A**llergy/ Asthma/ Angioedema

**I**mpaired renal function

**D**rugs (anticoagulant)

1. Relative Contraindication



2. Absolute Contraindication





# Providers



Stop asking the physician to “release” the worker.

Focus on:

Risk

Capacity

Tolerance



Current Abilities  
vs. Capacity



# Providers



What to include in a letter to the provider:

1. The worker stated it was important to RTW
2. What the worker's expectations are
3. What are the major concerns the worker has about RTW
4. List what the worker thinks needs to happen to address the concerns
5. What the plan is and how are you going to address the concerns
6. Are there any contraindications to the plan.





# Providers



And...the **MOST** important part....

Make it easy for the provider to say “Yes”.





# Employers



- What is the primary role of the Employer?





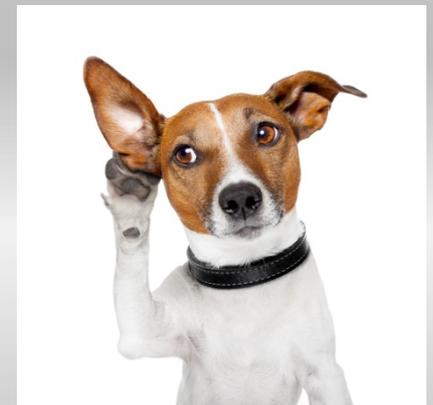
# Employers



What are the primary concerns of the employer?

- Productivity
- Costs
- Reinjury
- Deal with performance issues
- Morale issues
- Others????

Solving their pain-point will go along way to getting their buy-in.





# Employers



Acknowledge resistance

*"I know you might not want to..."*



Offer a Guarantee



Ask for their help



Are you familiar with....



# Employers



What types of objections might you hear:

What if \_\_\_\_X\_\_\_\_ would that solve your concerns?

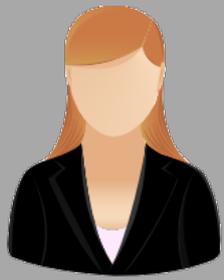


# Employers



## Set up a Returning to Work Agreement

1. Note that the RTW Agreement is supported by medical
2. Outline the Rs and Ls (if any)
3. Outline the GRTW schedule (if any)
4. Outline roles of:
  - Worker
  - Supervisor
  - HR
  - VR
5. Have EVERYONE sign it



Employers



A note of Caution!!!





# Employers



## Re: Returning to Work Agreement for Mr. Claimant

Dear Ms. Human Resource Advisor,

As you know it is important assisting employees receiving STD, LTD, and Worker's Compensation to come back to the workplace as soon as they are capable of performing some of the duties of their job. All returning to work situations are supported by medical documentation.

This letter confirms the returning to work plan that was discussed with The Insurance Company, ABC Company, and the Department. The roles of each of the key stakeholders are outlined as well.

- 
1. As per the medical on file, Mr. Claimant has been cleared to return to work.
  2. Mr. Claimant currently has NO limitations and restrictions with the exception of the graduating return to work schedule below.
  3. Please keep in mind that the graduating return to work plan is subject to change upon new information provided by his attending physician(s) and/or by The Insurance Company.
  4. The remaining returning to work schedule is as follows:
- 
- 



# Employers



## Outline the Schedule

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Week of Dec 05	Full day	½ Day	Full Day		Full Day
Week of Dec 12	Full Day	½ Day	Full Day		Full Day
Week of Dec 19	<b>Return to work to Full Time/Full Duties</b>				



# Employers



## Outline the Roles

### **Responsibilities of Mr. Claimant:**

1. Mr. Claimant will work according to the schedule. Mr. Claimant will arrange medical appointments outside of the scheduled working hours.
2. Mr. Claimant will approach and discuss with his supervisor if he is having difficulty meeting workplace demands.
3. Mr. Claimant will notify his supervisor and The Insurance Company as soon as possible if there is a change in his medical condition that could affect his returning to work plan.
4. Mr. Claimant will follow his physician's advice and participate in any recommended treatment program. Failure to follow prescribed treatment could jeopardize his entitlement to disability benefits with The Insurance Company.



# Employers



## **Responsibilities of Supervisor and Employer:**

1. The Employer and the Supervisor will work cooperatively with Mr. Claimant to facilitate his successful return to work.
2. The Supervisor and Mr. Claimant will meet periodically to discuss the progress of his return to full duties.
3. The Supervisor will notify Ms. Human Resource Advisor if Mr. Claimant appears to not be progressing as expected.
4. The Supervisor will arrange the duties of the position during the returning to work plan to ensure that the operations of the department are not compromised.



# Employers



## Responsibilities of The Insurance Company and ABC Company:

1. The Insurance Company and The Disability Management Consultant will monitor Mr. Claimant's progress through periodic phone calls to Mr. Claimant. The Insurance Company will communicate with Mr. Claimant's attending physician(s) as necessary.
2. The Insurance Company will notify ABC Company as soon as possible if there are any changes in Mr. Claimant's medical status that may impact on his returning to work plan and on the department.
3. ABC Company will notify The Insurance Company as soon as possible if the returning to work plan is not progressing as expected.



# Employers



Get EVERYONE to sign it.

Mr. The Claimant

\_\_\_\_\_

Supervisor

\_\_\_\_\_

Work Disability Consultant

\_\_\_\_\_

Ms. Human Resources Advisor

\_\_\_\_\_

# Take Home Messages





# Take Home Messages

A Worker Centric Approach – **IS THE** secret sauce.

Address concerns and tailor your message to that of the Stakeholder.

Stop thinking the diagnosis is what is keeping them from working.

