RETAIN CALIFORNIA | Retaining Employment and Talent After Injury/Illness Network

Improving Functional Outcomes in Primary Care: (Work)

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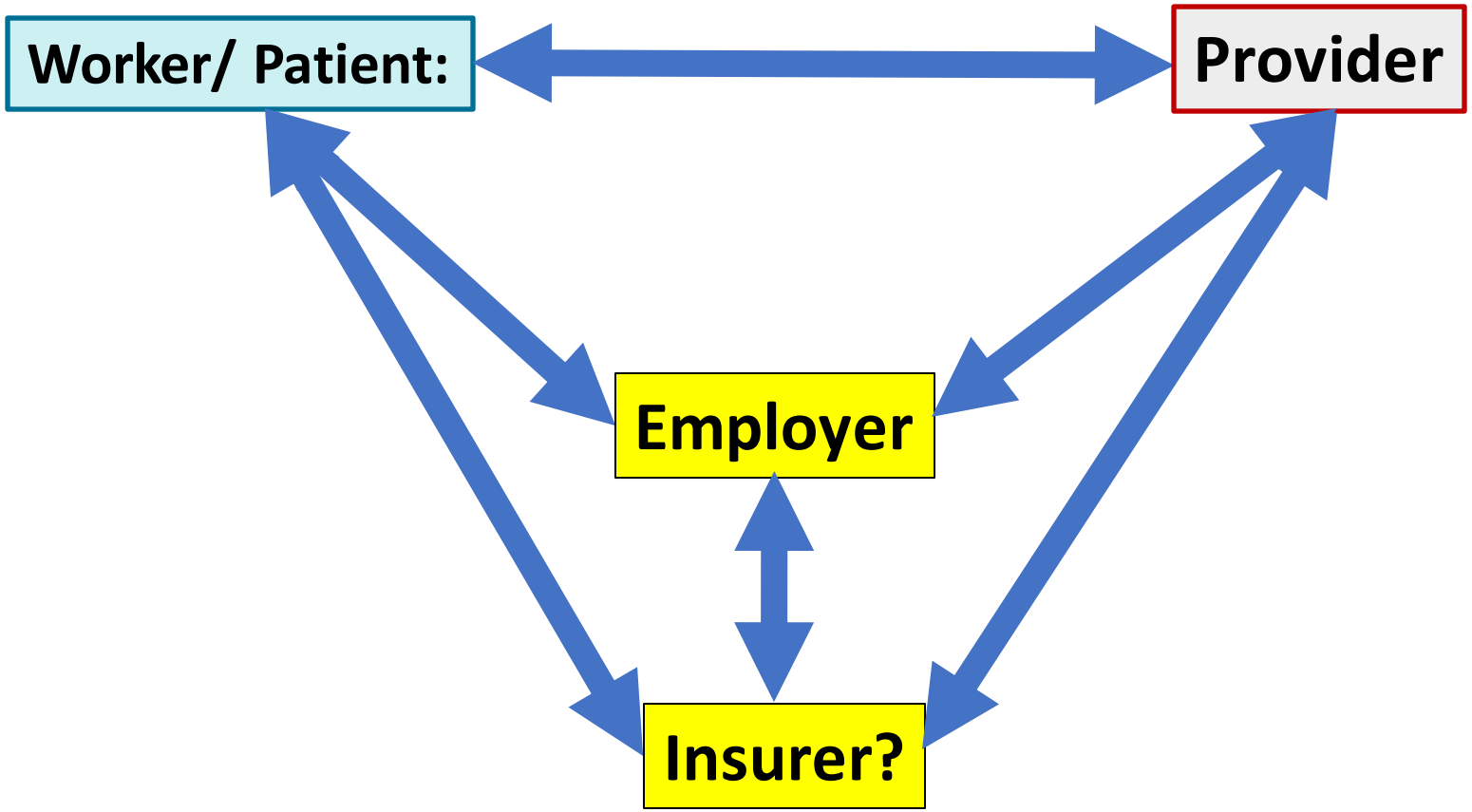
THE PROBLEM: Needless Work Disability

- ~10% of injured workers can have <u>prolonged</u> or <u>permanent</u> withdrawal from the workforce (higher for ortho/neuro/ PMR)
- Causes:
  - Mismatches between a worker's true capabilities and true job requirements (with or without accommodation)
  - **<u>Avoidable</u>**: **<u>Communication</u>**/ misaligned goals
- STAY AT WORK/ RETURN TO WORK **(SAW/RTW)** Principles:
  - Going to work is a **<u>MEASURABLE OUTCOME</u>**

Chain of Stakeholders: 12 Hazards



Non-medical factors

- Psych
- Family etc.
- Secondary gain
- Expectations
- Relationship with supervisor

- **Applies to patient but also to provider, employer, insurer**

Principle #1: Being off work is bad for the patient

- Studies show that being at work greatly **improves the chances of better functional outcomes**
- The longer **away from work** the more likely it is to have **permanent disability**
- If the patient cannot do their regular job their **ability to earn a living** may be **much less over their lifetime** and **may mean a lifetime of poverty**. If the condition allows them to do some work that is usually better for the patient.
- Depending on the employer, modified duty usually can be accommodated one way or another.

Terminology

- Limitation vs. Impairment vs. Disability
- Work restrictions vs. **Activity restrictions**
- Terminology:
  - Disability: gift or **curse**?
  - Less-than-full work:
    ~~Light~~, Modified, Alternate, Transitional, Restricted
  - Job descriptions
    - HR vs. Human Factors
      (ergonomic, environmental, interpersonal)
    - **Mechanical descriptors usually lacking**

Source of problems (Patient)

- Inaccurate or incomplete info from the worker/ patient
  - Solution: attend to getting a clear picture of **capabilities** and **job requirements**
- Inaccurate or incomplete info from others including employer and other providers.
  - Solution: Trust, but verify

Problems under providers' (YOUR!) control

- Assessment
  - Need accurate and adequate info (clinical data, **accurate job description**)
  - Is diagnosis correct? PLEASE go **beyond ICD-10**!
  - Is treatment plan optimal?
- Correlate the **relationship between medical condition and impairment**
  - (Ex: knee, spine, hand; squatting, lifting, squeezing)
- Gap between knowledge of impairment and a formal statement of **activity restriction**
  (putting it in writing: the **Work Status Report= WSR**)

Provider solutions for SAW/ RTW problems

- Examine your assumptions about how the condition truly affects impairment
  - (Ex. foot/ lifting; different mechanical effects of different spine dx's; **focus on the bodily action, not the job assignment**)
- Putting it in writing: make your WSR reasonable and understandable (convert impairment to **restrictions**)
- Confer with employer agents, Occ Med specialists
- Frustrated? Consider asking for **Nurse Case Manager (!)**

What if the employer assigns work that seems to violate work restrictions?

- Provider should routinely tell pt what to do in that case: "Vaccinate" against misunderstanding
  - Pt should show the doctor's work restrictions to employer and discuss how the restrictions can be met
  - If necessary, pt should clearly explain to employer how an assignment fails to meet the restrictions.
  - If there is a problem, pt should also tell medical provider

Patient satisfaction vs. reality of FFD in issuing restrictions

- Malpractice, Yelp, $ incentives
  - Compare to narcotics Rx
- Alternate pt satisfaction instruments (ACOEM) for work comp

QUESTIONS/ COMMENTS?

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