

The *“Team”* Approach to Disability Management

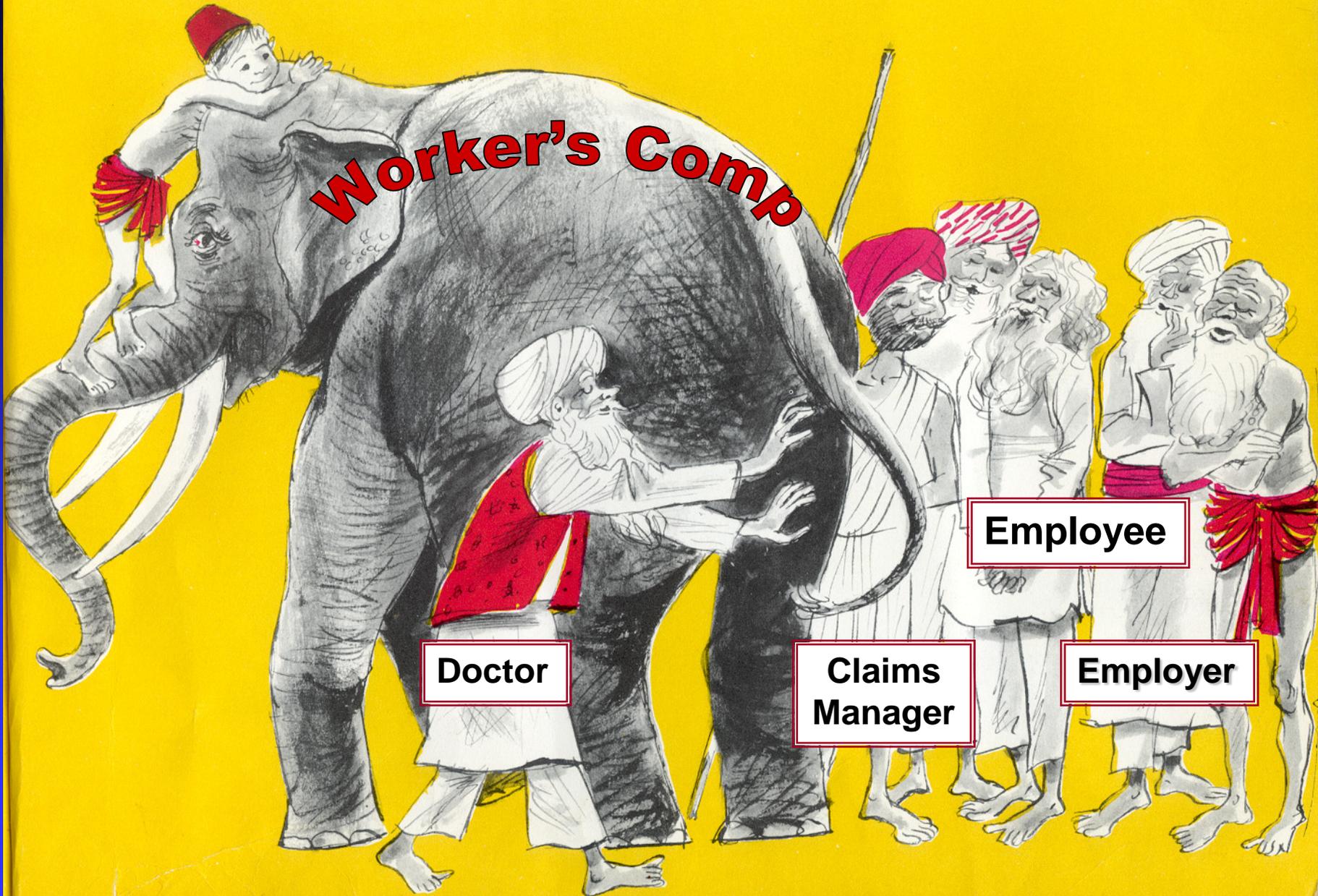
Communication is the key to successful rehabilitation and prevention of delayed recovery after disabling injury or illness.

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Worker's Comp



Doctor

**Claims
Manager**

Employee

Employer

According to a recent survey of Industrial Medicine Physicians

*Up to 80% of paid indemnity expense
is unnecessary ...*

Stated Reasons

Employer has a policy against light duty

The treating doctor is not equipped to determine the right work restrictions

Too little information about the physical demands of the job is provided to the physician

3 KEY TERMS

- Delayed Recovery
- Secondary Prevention
- Disability Management

Delayed Recovery:

Disability duration out of proportion
to severity of injury or illness

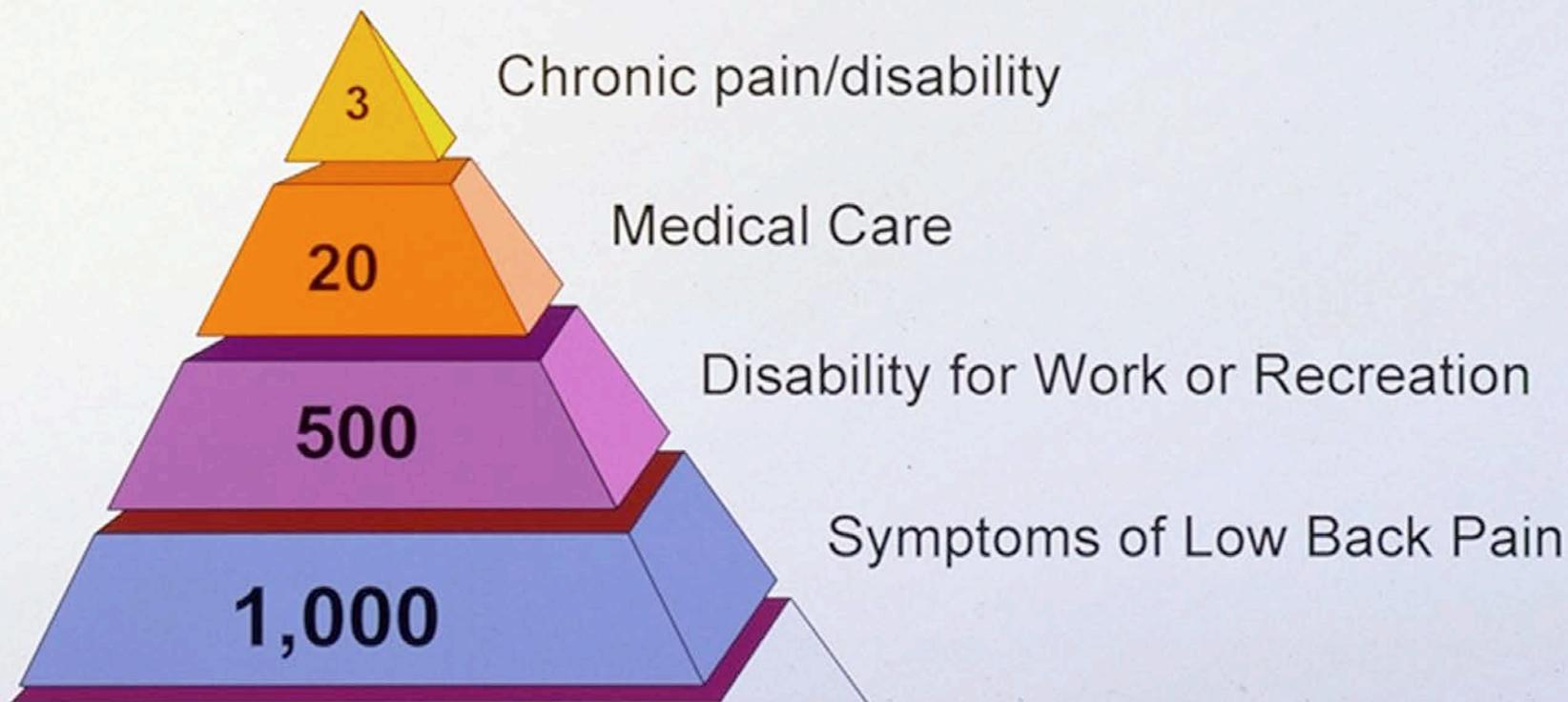
Delayed Recovery:

- Nature of Injury/Anatomy
 - sprain/strain
 - "cumulative trauma"
 - soft tissue
 - spine & upper extremity
- Severity
 - associated with minor injury
 - pathology obscure or absent

Delayed Recovery:

- Secondary Gain
 - psycho-social issues predominate
 - low job satisfaction
 - poor motivation
 - low self -esteem
 - illness behavior
 - sense of entitlement
- Fraud/Malingering - rare
- Litigation - Common

Risk of Delayed Recovery



Prevention is the Goal

- ❑ **Primary** - prevent *occurrence* of injury/illness
- ❑ **Secondary** - optimize efficiency of *rehabilitation*
- ❑ **Tertiary** - prevent *recurrence* of injury/illness

Secondary Prevention

- ❑ **Appropriate Utilization of Medical Services** - to optimize *functional recovery*
- ❑ **Disability Management** - cooperative effort involving worker, employer, doctor, therapist and claims administrator
- ❑ **Prevention of "Delayed Recovery"**

Two Components of Secondary Prevention:

- ❑ Quality Medical Treatment
- ❑ Management of Disability

Disability Management

Key Clinical Principles:

- ❑ Prolonged rest causes *deconditioning* which inhibits recovery
- ❑ Psychological stressors adversely effect outcome when RTW is not immediate
- ❑ Focus is on restoration of function rather than alleviation of symptoms

WC Shift in Focus

- ❑ Last Decade - Bill Audits and Utilization Review
- ❑ Currently - Functional Recovery and Disability Management

Barriers to RTW - The Patient

- ❑ Fear of re-injury or aggravation
(pain avoidance)
- ❑ Job satisfaction
- ❑ Sense of entitlement
(worker's comp, personal injury)
- ❑ "Illness behavior"
- ❑ Motivation level
- ❑ Financial issues

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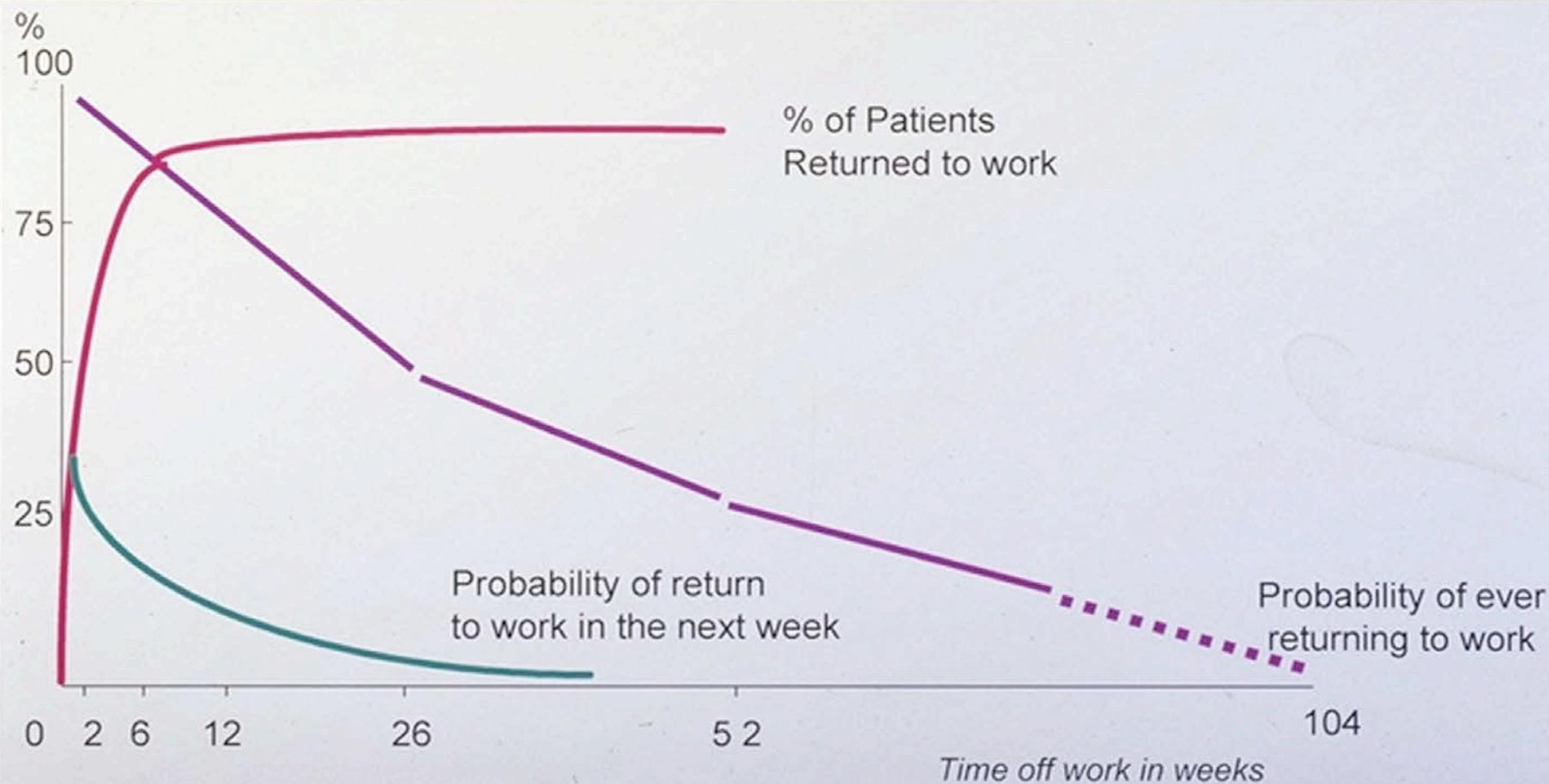
Barriers to Return to Work - The Doctor

- ❑ Role as patient advocate vs "company doctor"
- ❑ Treatment goals focused on feeling better rather than getting better
- ❑ Failure to include transitional work in the treatment plan
- ❑ Lack of information re physical demands of the job

Barriers to RTW - The Employer

- ❑ Fear of liability for re-injury or aggravation
- ❑ Failure to appreciate transitional work as therapy
- ❑ Use of benefits system (WC, STD, LTD) to manage personnel problems
- ❑ Lack of information re: the economic benefits of transitional work

Return to Work as a Function of Time



ACES

Accelerated Case/Claim Evaluation System

Workers' Compensation Model

by

Industrial Health Strategies

Providence, Rhode Island

ACES model: Focus on Cumulative Trauma

- ❑ Etiology often obscure
- ❑ Treatment frustrating
- ❑ High Risk for Delayed Recovery
- ❑ Disproportionate Costs

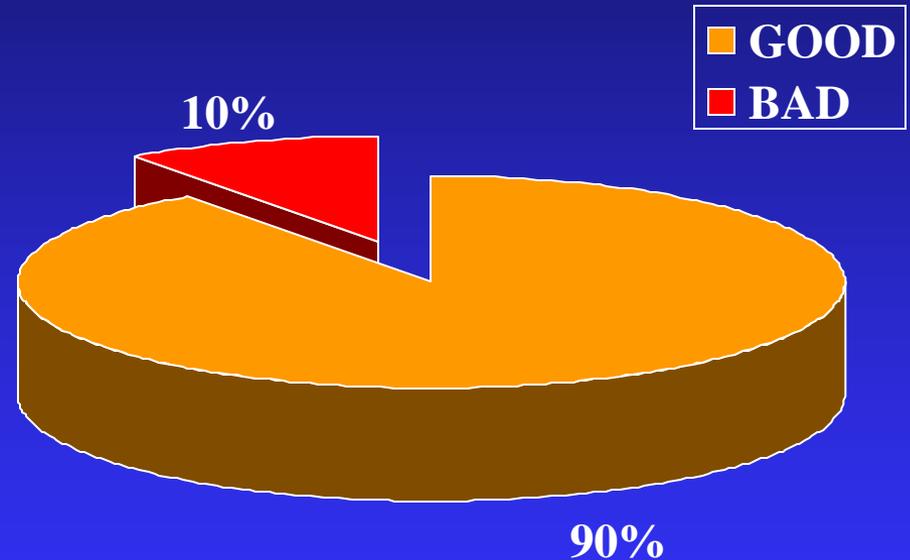
ACES - 3 Steps:

- ❑ Three Point Contact by Adjuster
- ❑ Profiling with ACES software
- ❑ Tasking and Triage

Purpose of **ACES** Profiling

- Identify claims at high risk for “delayed recovery”
- Assign appropriate level of claims management activity
- Develop algorithms for Fraud and Loss Prevention Services
- “Normalize” claimant populations to assist in analysis of claims staff & medical providers

90 / 10 THEORY



AUTOMATED CLAIMS PROFILING

- For each claim, **ACES** analyzes logical relationships among dozens of claim variables and generates a severity/prioritization score termed the **ACES INDEX**.
- The **ACES** Index is derived from data routinely collected during normal claim setup.

- Claim Information
- Employee Information
- Provider Information
- Employer Information

ACES MODIFIERS

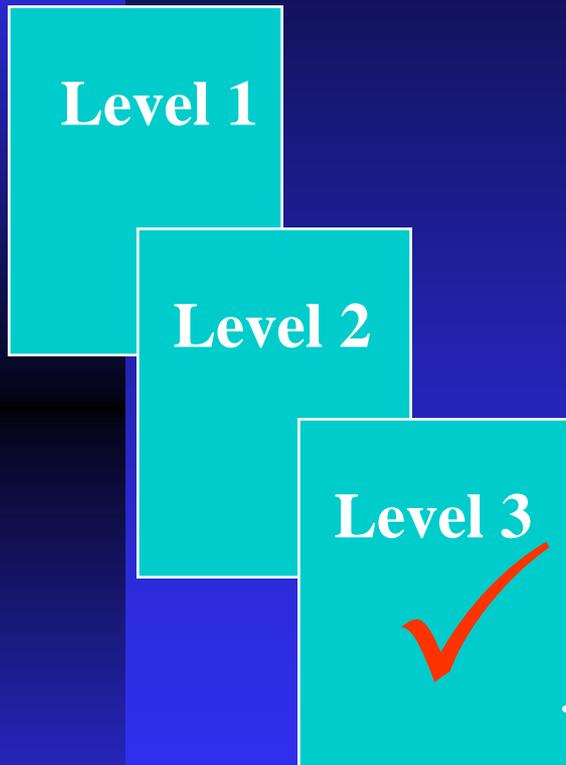
- Injury Diagnosis, Duration*
- Modified Duty Availability*
- Physician, or Therapy Issues*
- Claims History*
- Attorney Presence*
- Employer/Employee Issues*
- Job Demands*
- Obesity, Smoking, Age*

CLAIMS MANAGEMENT

DECISION-MAKING

(Tasking)

ACES Reports



- ▶ Worksite Assessment
- ▶ Diagnostics/Therapy
- ▶ Second Opinion/IME's
- ▶ Functional Capacity
- ▶ Vocational Services
- ▶ Fraud Investigation
- ▶ Loss Control Activity

HOW DO WE GET PEOPLE BACK TO WORK?



**A SIMPLE SOLUTION
TO A COMPLEX PROBLEM**

Worksite Assessment



- IDENTIFY AREAS OF STRESS
- RELATED TO DIAGNOSIS ?
- CAN BE MINIMIZED THRU CHANGES BY *EMPLOYER* ?
- CAN BE MINIMIZED THRU CHANGES BY *EMPLOYEE* ?
- IDENTIFY APPROPRIATE MODIFIED DUTY

Case Example #1: 47 year old high-tech manufacture plant worker

- ❑ had been off work 4 months with shoulder injury (rotator-cuff tendonitis)
- ❑ being treated by an orthopedic surgeon;
- ❑ employer apparently had no "modified duty."

Communication is the Key

