



Welcome to Work Disability Prevention Rounds

with host Dr. Jennifer Christian

Today's Topic:

Make Your Job Easier:

Get Everyone on the Same Page from the Start

Call-in number: 218-862-7200 Conf code: 513651

December 14, 2011

Today's Guests

Peter Vasquez, MD

Regional Medical Director, Take Care Health Systems (a Walgreens company)

Jennifer Hallden

President, Arizona Work Disability Prevention Association

Pre-Injury Consultant for Chartis Insurance (workers' comp insurance carrier)

Design of Session

- Talk Show Format
- Introductions / Instructions / Orientation
- Review Foundational Concepts
- Discuss Today's Topics
- Conclude formal session
- Instructions for handouts & CME credit
- 1:15 – 1:30 Open microphone / Q&A session
 - Your Examples, Comments, Cases, or Questions

Theme of Today's "Finale" Session

- Anticipatory management
 - Take control – or be controlled
 - “Be Pro-active, not reactive”
 - Drive towards the best outcome
- Being a team player
 - Whether they reach out to you or you to them
 - Help look for solutions, try to make it work.

Today's Topics

- Dealing with naive or ill-informed patients, employers, insurers.
- Recognizing “pro-active” employers, insurers.
- Making your practice philosophy /approach visible.
- Educational materials / resources.
- Communications policy & tips
- Specific ways to simplify SAW/RTW communications
 - Office workflow
 - Better forms

Virtual Technology

- Email sent yesterday has:
 - phone number for audio portion
 - web address (url) for visual portion.
- Handouts are available on website after session.
- Visual portion is optional.
- For help with audio or visual connection, call 508-397-1204 or 508-358-5218.
- Press 4* on your phone to mute / un-mute your line.

#	ROUNDS – 10 TOPICS	DATE
1	Patient Management I: Doctors, Work & Cultural Beliefs	April 13 (Wed)
2	Difficult Situations I: Patient Advocate or Patsy?	May 10 (Tues)
3	Patient Management II: How to Set Early Expectations That Improve Outcomes	May 24 (Tues)
4	Therapeutic Approaches That Produce Better Treatment Results & Less Work Disability	June 8 (Wed)
5	Your Role as Designated Guesser: What Can This Patient Do at Work Now?	July 12 (Tues)
6	Patient Management III: Dealing with Psychiatric Overlay	Aug 10 (Wed)
7	When More is Needed: Referral Resources and Reimbursement for Services That Prevent Needless Work Disability and Help People Get Benefits and Keep or Get a Job	Sep 13 (Tues)
8	Difficult Situations II: When You Are Told the Employer Has No Light Duty or Reasonable Accommodations	Oct 12 (Wed)
9	Difficult Situations III: The Rescuer Doctor: Power Imbalance and Social Justice Issues	Nov 8 (Tues)
10	Make Your Job Easier: Get Everyone On the Same Page From the Start	Dec 14 (Wed)

Educational Objectives

As a result of participating in this series you will:

- Feel more prepared to respond appropriately to difficult issues that frequently arise in the SAW-RTW process.
- Be able to identify and tease apart the medical and non-medical issues at play in a difficult SAW-RTW situation and handle them separately.
- Select an approach that will leave the patient feeling heard and satisfied while preventing needless work disability.

4 Ways You Can Participate

1. Push 5* on phone to raise your “Hand”
2. Just speak up during Q&A session
3. Write in the “chat” box on WebEx screen
4. Send us an email: webinar@webility.md

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- Fill out and return evaluation & CME forms.
- Certificate will be mailed to you.

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Financial Disclosures

Neither the faculty for this session, nor any of the program planners, nor the University of Arizona Health Sciences Center CME committee had any financial disclosures to make that could be a conflict of interest.

See project website for more details.

Meet Today's Guests

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**Make Your Job Easier:
Get Everyone on the Same Page
from the Start**

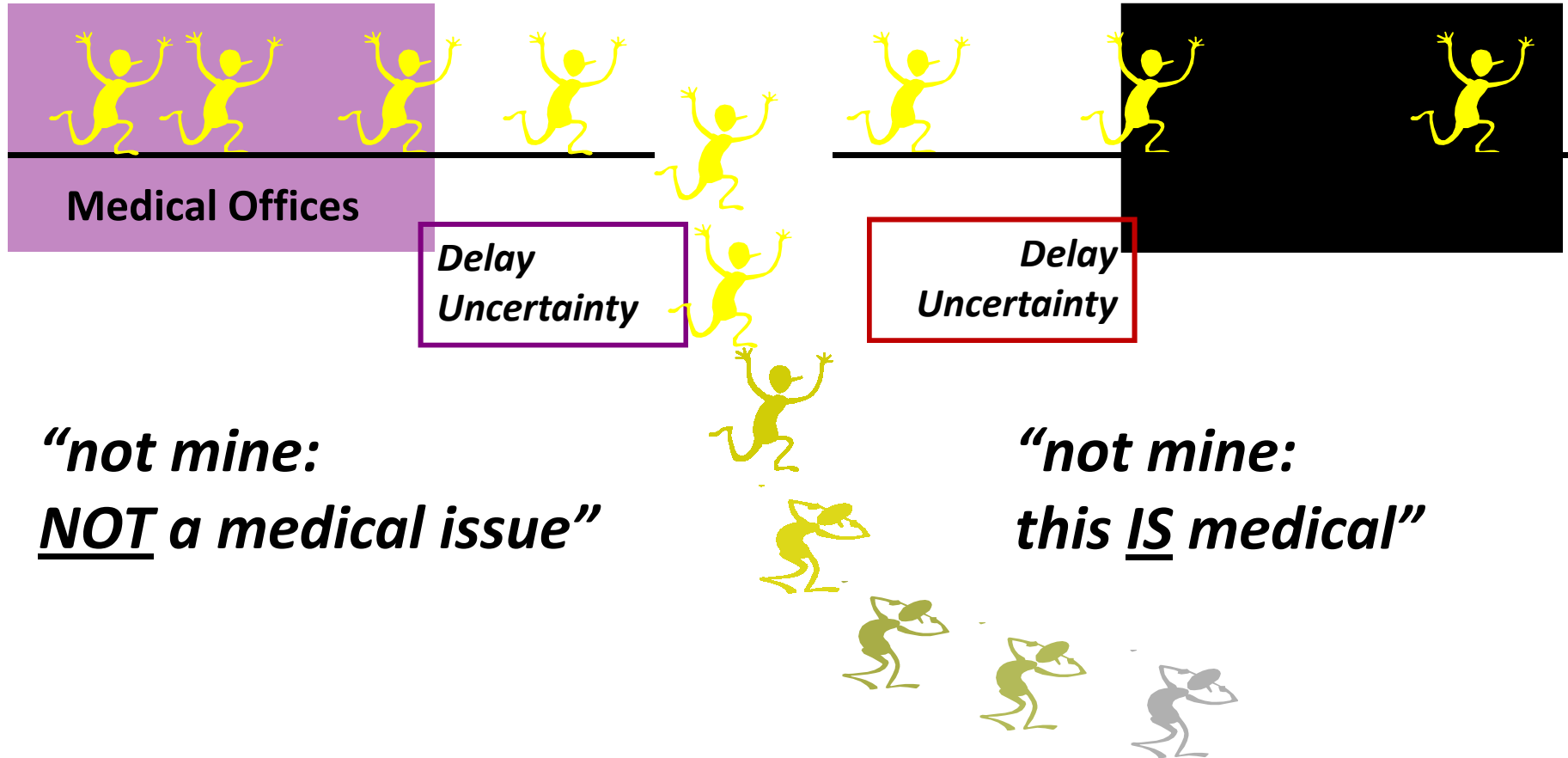
Setting the Stage

Foundation for This Series of Rounds

“Preventing Needless Work Disability by Helping People Stay Employed”

A 2006 report with 16 recommendations to improve the SAW/RTW process from the American College of Occupational & Environmental Medicine (ACOEM) – www.acoem.org

SAW / RTW Communications Gap



***Result: Needless Work Absence,
Job Loss, Iatrogenic Invalidism***

Needless Work Disability

Employee

- **IS HARMFUL.** Disrupts daily life, creates isolation, self-doubt, loss of self-esteem, leads to “iatrogenic invalidism,” job loss, lower health, social, family, and economic status.

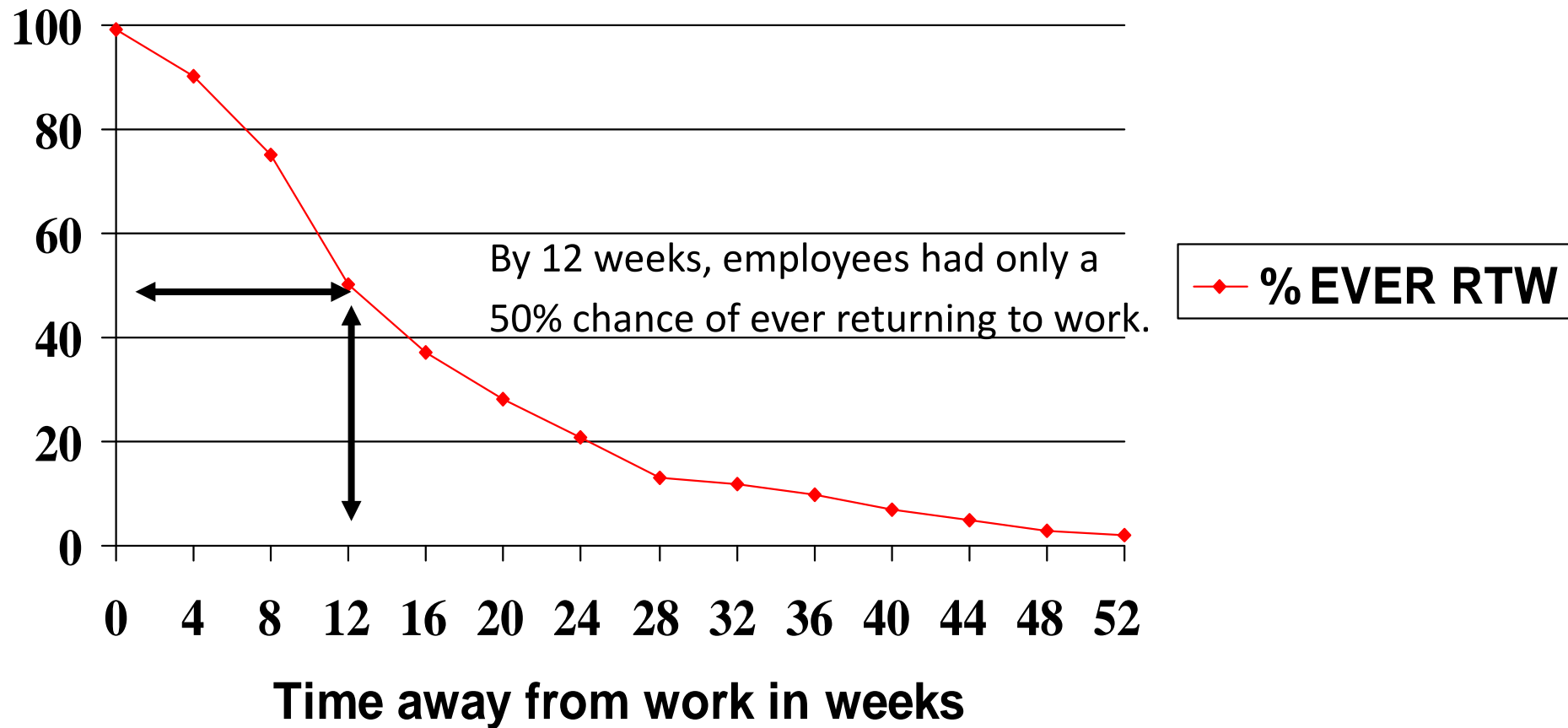
Employer

- **IS DISRUPTIVE & COSTLY.** Reduces productivity, creates unnecessary hassle and expense.

Economy

- **IS WASTEFUL.** Diverts dollars from productive use, invites petty fraud and corruption, reduces economic efficiency.

Time Is Of The Essence



The Big Picture:

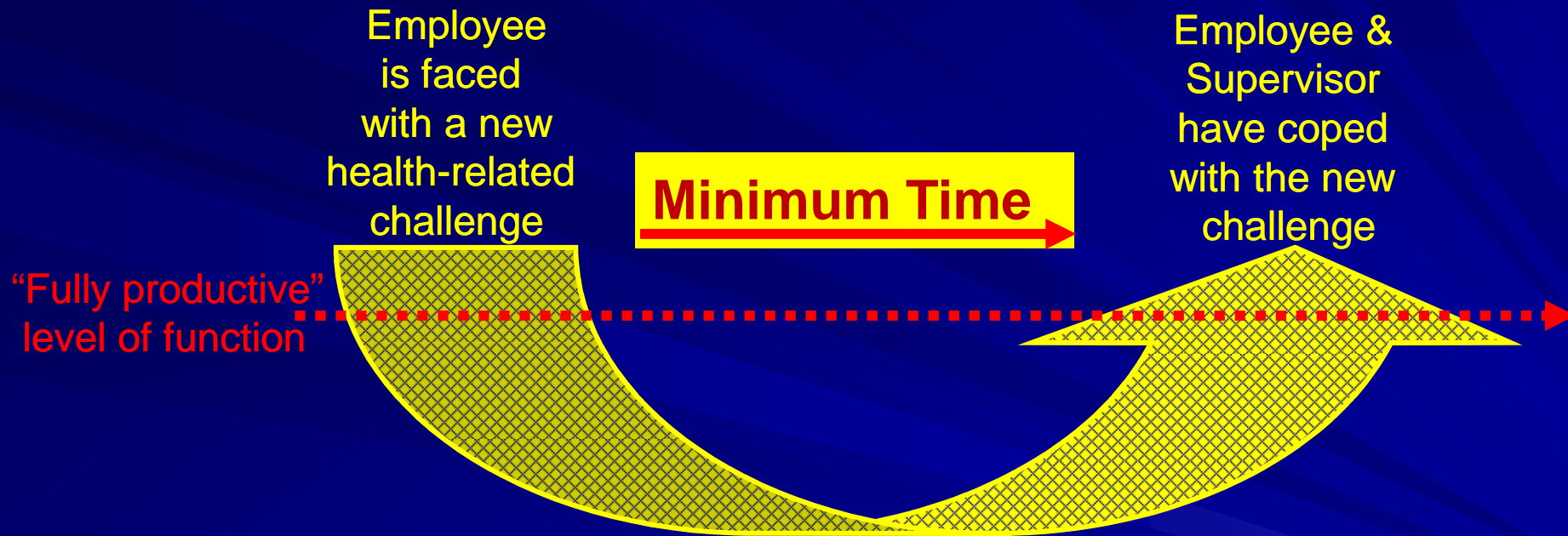
“...[L]ong term worklessness is one of the greatest risks to health in our society. It is more dangerous than the most dangerous jobs in the construction industry or working on an oil rig in the North Sea, and too often we not only fail to protect our patients from long term worklessness, we sometimes actually push them into it, inadvertently...”

Waddell G, Burton AK. Is Work Good for Your Health and Well-being? United Kingdom Stationery Office (available for free as a pdf)

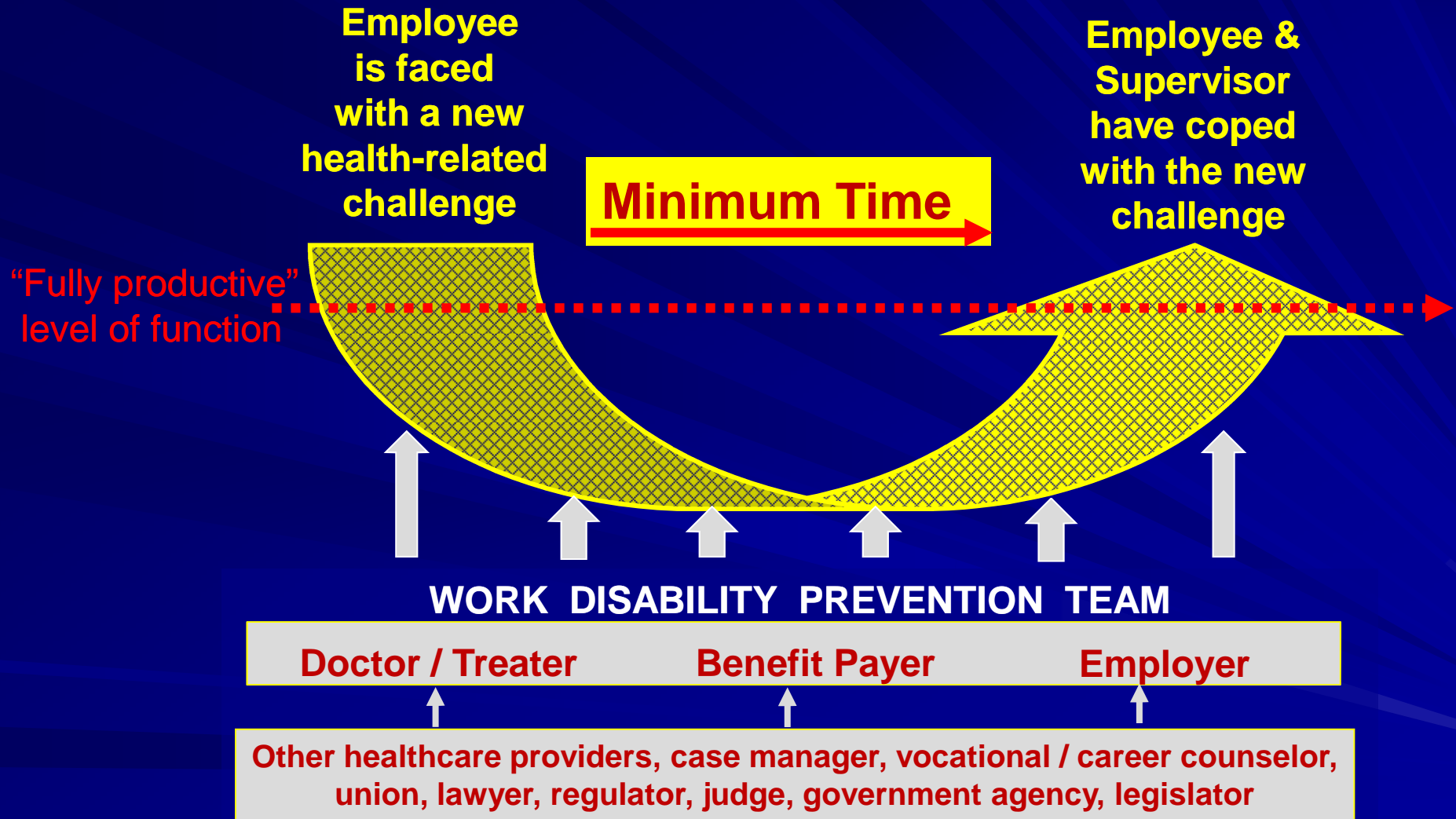
ACOEM's 4 General and 16 Specific Recommendations

1. Adopt a disability prevention model.
2. Address behavioral and circumstantial realities that create or prolong disability.
3. Acknowledge the powerful contribution that motivation makes to outcomes, and make changes to improve incentive alignment.
4. Invest in system and infrastructure improvements.

Work Disability Prevention Vision



Work Disability Prevention Vision



Success = Both employee & supervisor feel supported – and outcomes improve

The 3 most powerful people: #1 is your patient

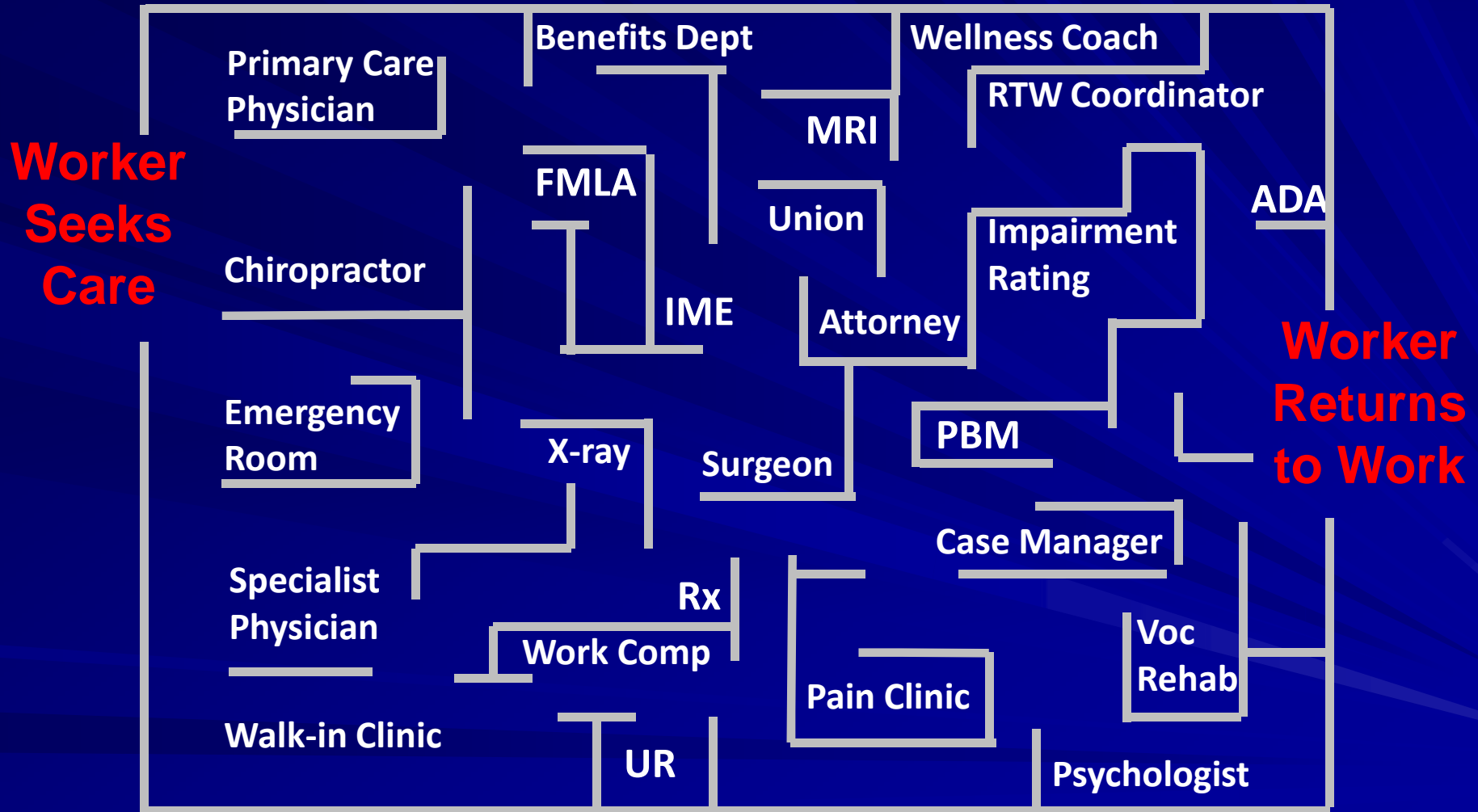
Your patient has the most power to determine the eventual outcome of a potential work disability situation –

. . . because he or she decides how much discretionary effort to make to get better and get life back to normal.

Patients Wonder About Impact of Condition on Daily Life & Work

- How long am I going to be laid up -- out of commission?
- How long do I have to take it easy?
- What can I do in the meantime?
 - What should I avoid doing?
 - What can I safely do?
 - Is there anything I should do to help myself heal?
- When will life be back to normal – if ever?

Thrust Into the Maze



Save Your Energy for the “Swing” Groups



Bad Outcome Assured

Bad, unless . . .

Good, unless

Good Outcome Assured

Normal Human Reactions to Illness, Injury, and Work Disability

- How people think about their health problems determines how they deal with them and their impact.
- Beliefs influence perceptions & expectations, emotions & coping strategies, motivation, uncertainty.
- Obstacles to functional recovery and RTW are primarily personal, psychological, and social rather than health-related “medical” problems.

Research on **Positive** BPS Influences re: Impact of Health on Work

- Respect for employer
- Job satisfaction
- Moral obligation
- Positive attendance incentives (esp. co-workers)
- **Strong health literacy**
- **Well-managed chronic health condition**
- **Behaviors, beliefs, and confidence can be shifted**

#2: The employer (if there is one) plays the second most powerful role in determining the outcome –

. . . . by deciding whether to manage the employee's situation actively, passively, supportively, or hostilely
. by deciding whether to allow on-the-job recovery or make permanent adjustments to the job (“reasonable accommodations”).

Save Your Energy for the “Swing” Groups



Bad Outcome Assured

Bad, unless . . .

Good, unless

Good Outcome Assured

#3 = You, the Physician

You have a powerful influence on the situation by providing factual information and advice that will either encourage / support or discourage / obstruct efforts at SAW / RTW / STW.

New Approach

- Shift the focus to the front end, Days 0 - 42.
- Ask whether work disability is medically-required?
- If not, ask how can we avert it or foreshorten it?

- Consider the employer & insurer as part of the team.
- Exchange information to build a shared picture of the situation through dialogue.
- Ask: “How could we make it work?”

Make Your Job Easier

**How to Set Early Expectations That
Improve Outcomes**

Today's Topics

- Dealing with naive or ill-informed patients, employers, insurers.
- Recognizing “pro-active” employers, insurers.
- Making your practice philosophy /approach visible.
- Educational materials / resources.
- Communications policy & tips
- Specific ways to simplify SAW/RTW communications
 - Office workflow
 - Better forms

Everyone Has Beliefs, Expectations, Opinions (and Fears)

- Patients
- Family and Friends
- Employer
- Insurer / benefits or claims payer

Recognizing a Naïve or Ill-informed Patient, Employer or Insurer

- What do they do?
- How can you respond?
- What if they seem
 - Half-baked?
 - Passive?
 - Resistant?
 - Hostile or pushy?

Your Words May Be The Treatment

- For many problem issues, physician advice has been shown to affect outcome (alcohol, drugs, seatbelts, exercise, nutrition). Here, too.
- For patients with everyday complaints, what you tell the patient will be the most important thing you do -- the words you use, what you educate them about and how, your predictions.
- For patients with serious medical problems, these things may be even more important.

SOP: Use Educational Materials

- “Canned” statements on your office forms
- Brochures, fact sheets
- They speak for you: practice philosophy / approach
 - Routine use implies that you consider education to be part of your treatment
 - Content of the materials is your advice
- Informs and educates the patient
- Informs and educates the employer/insurer

Free two-page handouts. Go to www.60Summits.org



What's Next? 12 Quick Tips for Managing Your Employee's Health-Related Employment Disruption

12 Quick Management Tips

- Immediately and visibly take charge.
- Realize you are setting the tone.
- Practice the golden rule right from the start.
- Reach out to your benefits handler for assistance.
- Expect the employee to recover while on the job.
- Aim for a “win-win”.
- Look for the easy ways to adjust work temporarily.
- If work caused the problem, do something about it.
- If it is a work-related problem, let your insurer help smooth the medical care process.
- Maintain routine and discipline.
- Stay in touch with an employee who is not working.
- Show your loyalty to strengthen theirs.



How to Minimize Life & Work Disruption Due to Injury or Illness

Are you curious about what to do when you are suddenly faced with a medical condition that is affecting your work? Here is our advice on how to handle that situation.

Here is what to do if you want to feel better, get your daily life back to normal, and manage your benefits as smoothly as possible. We have watched thousands of people in situations like yours –and want you have the best possible experience and recovery.

OUR TOP 10 SUGGESTIONS

1. Ask questions until you understand.
2. Keep good records.
3. Ask your doctor what you can do – and when.
4. Stay active.
5. Suggest solutions.
6. Tell people if your problem is work-related.
7. Keep in touch with your workplace.
8. Keep your insurance company updated.
9. Take care of your mind as well as your body.
10. Be flexible.

1. Ask questions until you understand.

You deserve to know what is going on. Ask questions if the doctor says something you do not understand. Do your part to take care of yourself and get well by learning about your medical problem and the details about your treatment. Even if the medical staff seems rushed, remember that THEY are there to serve YOU. The same goes for the benefits people. Ask for explanations until you are comfortable. **You are their customer.**

2. Keep good records.

Use a folder to keep all your papers in one place and organized.

3. Ask your doctor what you can do – and when.

Ask the doctor what you can do to help yourself get better. At every visit ask your doctor for an activity prescription that describes what you can safely do now – both at home and at work. Ask what specific activities or tasks you need to avoid, and

6. Tell people exactly what happened if your problem is work-related – and do it promptly.

Make sure to tell your doctor, employer, and the insurance company exactly what is causing your problem, or when and how you got hurt. What you say can change the decisions they make about your diagnosis or treatment, or can show them what needs to be done to protect you or your co-workers in the future. And, being clear about all the details will speed up their decisions about your benefits.

7. Keep in touch with your workplace.

If you are not working, call your supervisor and the person at your company who handles your benefits so they won't wonder what's happening with you. They also need to plan how to cover your work while you are gone. Keep your employer updated on your schedule for doctor visits and any changes in your activity prescription. **There's no need to share all the medical details.**

8. Keep the benefits people updated.

If you are wondering or uncertain about your benefits, start by asking your employer or the person handling your benefits. Doubt and delay can set in on their side, too, if they can't reach you or don't know what is happening. Keep them up to date about your medical appointments, changes in your work status, and any other events. (Use voicemail as needed.) They can often help you get the medical care you need and any other benefits you are due – and can help you get daily life back to normal.

9. Take care of your mind as well as your body.

If coping seems difficult or your recovery is slower than expected, remember that people's minds and bodies are connected. Your

Your Written Notes & Forms

- **Educate the patient!**
- **Set patient's, employer's, and insurer's**
 - Expectations for recovery & timeframe
 - Expectations for what patient can do at work
- Enable workforce scheduling
- Corroborate medical basis for absence
- Enforce attendance policy
- Enable benefit eligibility decisions
- Trigger wage replacement payments

Act As Though There IS a Team

- Assume the audience for all your communications is the patient, their family, their employer and insurer.
 - Educate, build their confidence in doing their part
 - Acknowledge common beliefs & fears; address them.
 - Set goals at the beginning and predict likely course.
 - Describe “typical” timelines for recovery
 - Make it clear that activity & work are part of the therapy.
 - Explain the reason for work restrictions -- risk vs. capacity vs. tolerance / comfort
 - Be available for questions and to help find solutions.

Describing Work Ability

- Write restrictions as though the patient has a very important job and others are depending on him/her – because they ARE.
- Reduce demands on the hurt part AND say EVERYTHING ELSE they usually do is OK.
- Don't scare them (patient or employer).
- Explain your reasoning – risk vs. capacity vs. tolerance.
- Tell patient when they can do more if they want.
- Steadily reduce restrictions at every visit.

Simple Things That Improve Outcomes

- Avoid over-medicalizing; keep it simple.
- Ask about expectations and fears; address them.
- Educate, build confidence, emphasize self-care.
- Set goals at the beginning and predict likely course.
- Remember to think beyond diagnosis & treatment ; address the practical impact of illness/injury on daily life and work.
- Describe “typical” timelines for recovery
- Prescribe activity & work as part of therapy.
- Explain the reason for work restrictions -- risk vs. capacity vs. tolerance / comfort
- Drive towards resolution; help remove obstacles to return to work.

More May Be Needed / Available

- More time to sort out what's what – medical from non-medical
- More time to consider the issues carefully
- Coordination among clinicians
- More medical expertise needed to answer questions
 - Do medical risks exist that make all work contraindicated?
 - What protections are necessary (Restrictions)
 - What is person capable of at this time? (Limitations)
- Other kinds of expertise
 - Knowledge how to adapt work, possible accommodations
 - How benefits systems work
- Other kinds of resources
 - Skills found in other disciplines
 - Jobs, equipment, tools, money, other benefits

You're Not Alone

- Other healthcare resources
 - Occupational medicine, OT, PT, Ergonomists, Neuropsych
- Short-term disability & workers' compensation
 - Employer: human resources, safety, RTW coordinator
 - Benefits administrator or claims adjuster
 - Nurse case manager (medical & RTW coordination)
- Disability Insurance (private)
 - Nurse consultants, medical directors, voc. Rehab
- Social Security Disability
 - Arizona Freedom to Work
 - Vocational rehabilitation
- Medicaid

Recognizing a “Pro-Active” Patient, Employer, or Insurer

- What do they do differently?
- How can you respond?
- What if they seem
 - Half-baked?
 - Hostile or pushy?
 - Over-aggressive?

How to Get Others Involved

- Encourage patient to ask for help, to look for resources, and advocate for themselves
 - On the web
 - From employer
 - From insurance company
 - Caution re: lawyers
 - From government
- Call the employer or insurer yourself
- Workers' comp:
 - Make note in progress note that RTW coordination or case management is needed. It will be read.
- Refer to AWDPA – www.awdpa.org

Ways to Bill for Services

1. General SAW/RTW issues: Increase intensity of E&M code and **document increased work and time** spent on fact-finding, decision-making, and counseling
 - Instruct patients to bring all forms to visit – because you cannot bill for time spent answering questions outside of the patient visit.
2. Psychosocial / mental health issues: Use E&M code for patient counseling, up to 45 minutes, with adequate documentation.
3. Health & Behavior Codes for behavioral medicine services related to physical conditions.
 - (Only psychologists can use these codes to bill Medicare, but private payers may accept them from other providers.)

Bill for Medical Effort, Not Administrative Tasks

- **Medical Thought Process – Cognitive Work**
 - Gathering the information necessary to answer reasonable questions posed by patients or by those who must respond/adapt to their conditions (may be posed by form)
 - Discussing and considering issues in a two-way conversation, making decisions, and formulating answers to questions from patients and employers about ability to work that may be communicated orally or in writing or on a form
 - Documenting that thought process
- **Administrative Tasks**
 - “Filling out a Form” – The act of transcribing information
 - “Calling Someone” – One-way delivery of info via phone.

Summary

- Worklessness is a poor medical outcome – for the patient, the family, the employer & society.
- For the patient : a single remark or one minute big picture conversation can open up or close off their future.
- If the employer is a problem: A quick request and explanation from you via phone call or voice mail can make a huge difference.
- When a lot is at stake, refer the patient to an expert and/or try to get a “higher up” at the employer/insurer to help solve the problem.

Summary - 2

- When you help a person stay at work, return to work, or get a job, you allow them to avoid the risks of a life of poverty and avoid becoming dependent on tax revenues.
- Low wage workers (many of whom are on Medicaid) are particularly at risk for job loss due to medical problems.
- Spend a little extra time, and bill for the effort.

Thank You, Guests & Sponsors

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Arizona Employment & Disability Partnership (AHCCCS)

Arizona Work Disability Prevention Association

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Disability Partnership



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Open Mike Discussion Time: Your Comments & Cases

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So long! Thanks for coming.