



# Welcome to Work Disability Prevention Rounds

with host Dr. Jennifer Christian

**Today's Topic:**  
**Difficult Situations I: Patient Advocate or  
Patsy?**

May 10, 2011

# Design of Session

- Talk Show Format
- Introductions / Instructions / Orientation
- Review Foundational Concepts
- Discuss Patient Advocacy Vignettes
  - Uncomfortable situations
  - How to manage yourself
  - How to analyze and manage the situation
- 12:55 Conclusion of formal session
- 1:00 – 1:30 Open microphone / Q&A session
  - Your Cases
  - Your Concerns

# Technology Issues

- Email sent yesterday has:
  - phone number for audio portion
  - web address (url) for visual portion.
- Visual portion is optional.
- For problems with audio or visual, call 508-358-5218 or -1681 or -8096.
- Press 4\* on your phone to mute / un-mute your line.

## 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. Vote in on-line polls on Web-Ex screen

# Patient Advocate – or Patsy?

**Setting the Stage**

## Question #1 -

*Which of these statements is true about your formal training in medical school & residency?*

1. I WAS taught that it is my professional duty to be a patient advocate, and to put the patient's needs above my own.

a. Very true   b. True   c. False   d. Very false

2. I WAS taught what that meant – what a good patient advocate would actually do in difficult situations.

a. Very true   b. True   c. False   d. Very false

# 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.
- 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.

# Today's Guests

## Jennie Ellen, MD

- Physiatrist
- Concentra
- Tucson

## Karen Haas, MD

- Family physician
- Now at Raytheon
- Tucson

# Advocacy Challenges 1 & 2

- OPAL: 35 y/o teacher's aide c/o low back pain. Injured herself while trying to restrain a disruptive student. Second injury of this type this year. Initial exam: localized tenderness only. Initial TX: NSAIDS, PT, light duty. Still c/o pain 3 wks later.
  - Scenario #1: She's mad at you for putting her back to work, at her employer for unsafe working conditions, has a lawyer – wants an MRI and time off “to heal”.
  - Scenario #2: The employer is mad at her (a “bad” employee, faking injury, angling for job change) and at you for supporting her workers' comp claim; the insurer doesn't want you to authorize any more care.

# Advocacy Challenge #3

- JOSE: 45 yr old housepainter falls down 4' off ladder while painting his own house. Dx: No fx. Grade III ankle sprain with marked swelling & bruising, exquisite tenderness over lateral malleolus and difficulty bearing weight. Tx: Ice, elevation 50% of the time, meds, sprain walker boot, advice "no ladders."
- He begs you not to write restrictions saying he will be sent home on no pay and may lose his job. Single dad, 3 kids. He promises he'll be careful.

# Advocacy Challenge #4

- TIMMY: 27 y/o janitorial assistant with indefinite ambulation difficulties secondary to foot deformity and cerebral palsy. S/P recent corrective surgery to L foot. ER limits light duty to 90 days, and requested updated restrictions. You wrote: No walking, standing > 2 hrs/day. ER now sends a request for clarification: Is this limit designed to protect operated foot from harm, or to avoid pain?

#	ROUNDS TOPICS	DATE
1	Patient Management I: Doctors, Work & Cultural Beliefs	April 13 (Wed)
<b>2</b>	<b>Difficult Situations I: Patient Advocate or Patsy?</b>	<b>May 10 (Tues)</b>
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)

# Our Sponsors & Friends



Arizona Employment &  
Disability Partnership



Arizona Health Sciences Center

# Session Recording, Slides, Evaluations & CME Certificates

1. Go to [www.webility.md/az-cme](http://www.webility.md/az-cme)
2. In table, go to Session 2 (May 10)
3. Click on [Get CME](#)
4. Look for *New to Webility?*
5. Enter this invitation code for 5/10 session:

**az-cme-integrity**

6. Complete CME / evaluation form & send in.
7. Certificate will be mailed to you.

# Financial Disclosures

Neither the faculty for this session, nor any of the program planners, nor the University of AZ Health Sciences center CME committee had any relevant financial disclosures to make.

See project website for more details.

## 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](http://www.acoem.org)

# Worklessness Is **Bad** for People

- Three pillars of identity: body, work and family.
- Loss of bodily integrity causes anger, grief, depression, uncertainty, threatens identity.
- Loss of work causes anxiety, depression, loss of self-worth, threatens identity– and financial distress.
- Depression, anger, etc. strain relationships.
- Inactivity slows healing, creates chronic pain.
- “Victimization” disempowers & delays acceptance.
- Increased incidence of poverty, substance abuse, divorce, domestic violence, other morbidity & mortality – and blighted children’s futures.

# Consequences of Worklessness

- Increased risk of dying (all causes)
- Increased risk of dying from heart disease, lung cancer, and suicide
- Poorer physical health, including heart disease, high blood pressure and chest infections
- Poorer general health and poorer self reports of health and well-being
- Increased long-term illness
- Poorer mental health and well-being.
- Increased likelihood of suicide attempts
- Higher rates of medical attendance and hospital admission

G. Waddell, K. Burton and M. Aylward, **Work and Common Health Problems**. Journal of Insurance Medicine; 39(2):109-120, 2007.

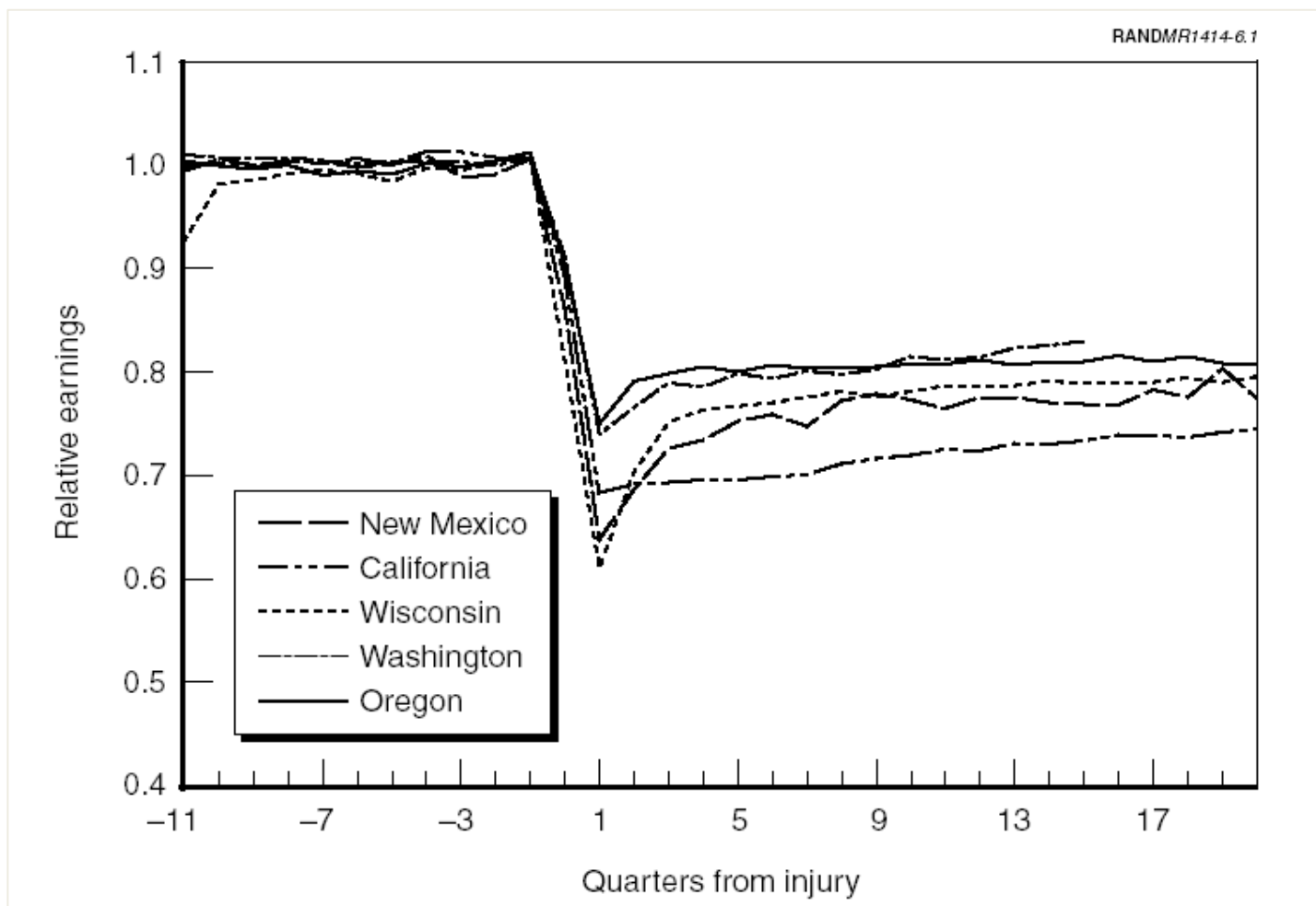
[http://www.rtwknowledge.org/article\\_print.php?article\\_id=79](http://www.rtwknowledge.org/article_print.php?article_id=79)

# Long-term Worklessness

- 2-3 times the risk of poor health
- 2-3 times the risk mental illness
- Significantly increased risk of depression
- 20% excess deaths

Long-term worklessness carries more risk to health than many “killer diseases.”

# Relative Earnings of Workers' Comp Claimants Who Received Cash Award



SOURCE: Reville, et al. 2001a, p. 48

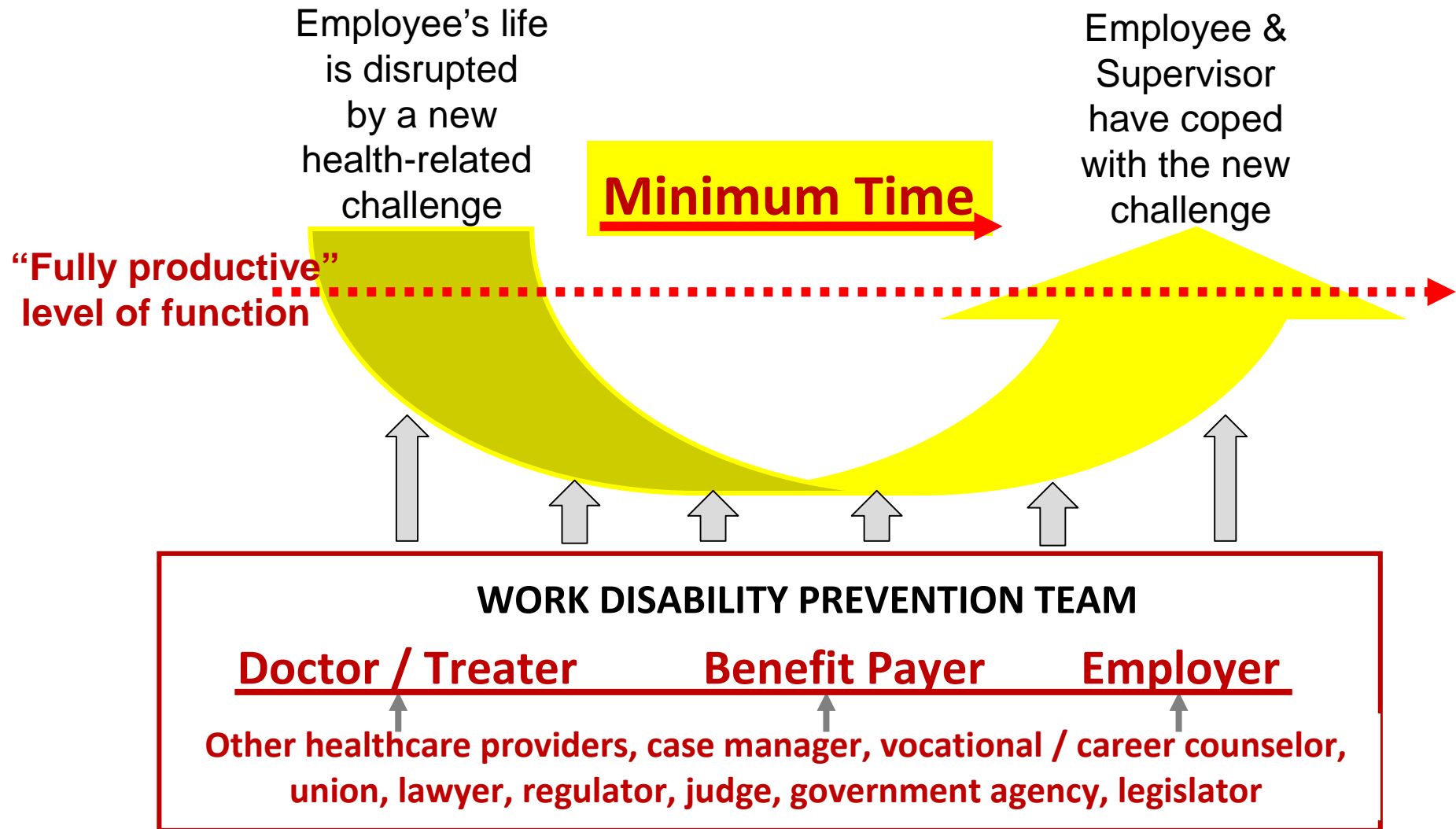
[http://www.rand.org/pubs/monograph\\_reports/MR1414/MR1414.ch6.pdf](http://www.rand.org/pubs/monograph_reports/MR1414/MR1414.ch6.pdf)

# 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)*

# Work Disability Prevention Vision



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

# Relevant Recommendations

6. Reduce Distortion of the Medical Treatment Process by Hidden Financial Agendas
8. Support Appropriate Patient Advocacy by Getting Treating Physicians Out of a Loyalties Bind
10. Be Rigorous, Yet Fair in Order to Reduce Minor Abuses & Cynicism

# Patient Advocate – or Patsy?

**Responding to Others' Requests  
&  
Attempts to Manipulate You**

## Question #2

- Which of these parties commonly makes requests that made you feel uncomfortable or pressured?
  - a. Patients
  - b. Their families
  - c. Their employers
  - d. Their insurers (disability benefits or workers' comp)

# Introducing Today's Guests

Jennie Ellen, MD

Karen Haas, MD

## The Molehill Sign is Present

- When you see someone “making a mountain out of a molehill,”  
or
- When an apparently minor health condition is having a major effect on daily life and function

*The Molehill sign indicates that a motivational issue is creating work disability. Question: Whose motivation? The patient? Their employer/insurer?*

# Advocacy Challenges 1 & 2

- OPAL: 35 y/o teacher's aide c/o low back pain. Injured herself while trying to restrain a disruptive student. Second injury of this type this year. Initial exam: localized tenderness only. Initial TX: NSAIDS, PT, light duty. Still c/o pain 3 wks later.
  - Scenario #1: She's mad at you for putting her back to work, at her employer for unsafe working conditions, has a lawyer – wants an MRI and time off “to heal”.
  - Scenario #2: The employer is mad at her (a “bad” employee, faking injury, angling for job change) and at you for supporting her workers' comp claim; the insurer doesn't want you to authorize any more care.

# Is There Anything Wrong Here?

- People having feelings, emotions, opinions, theories about their situations.
- People making requests, wanting you to do things for them.
- People whose needs aren't being met the "straight" way who try another way -- manipulation.
- People putting you in the role of "parent"

# Consider This:

- Being uncomfortable or upset, feeling manipulated is your problem, not theirs.
- You get to choose which role to play as soon as you notice what is going on.
- Why is it making you uncomfortable?
- What do you need to do to GET comfortable?

# Goal: Avoid These Outcomes

## You

- Feel angry at the patient, employer or insurer
- Feel self-loathing, used, manipulated, like a pawn, powerless
- Feel incompetent, like professional boundaries have been invaded
- Feel self-righteous

## The Patient

- Feels victorious and powerful over you
- Loses faith in your independence, professional integrity

OR

- Feels ashamed, angry, disrespected
- Does not understand why you did what you did
- Sees you as unfeeling, unkind

# Outcomes of A Well-Handled Advocacy Challenge

## **You**

- Have self-respect
- Are confident you have given expert and correct advice
- Feel masterful, grounded, centered, and competence
- Feel like your power has been used for the “right things”
- Feel like your actions match your commitments

## **Your Patient**

- Feels respected
- Feels heard and cared about
- Respects the doctor’s integrity, independent decision-making and professionalism
- Is willing to go along, even though not necessarily happy
- May or may not choose to stay in the practice

# Advocacy Challenge #3

- JOSE: 45 yr old housepainter falls down 4' off ladder while painting his own house. Dx: No fx. Grade III ankle sprain with marked swelling & bruising, exquisite tenderness over lateral malleolus and difficulty bearing weight. Tx: Ice, elevation 50% of the time, meds, sprain walker boot, advice "no ladders."
- He begs you not to write restrictions saying he will be sent home on no pay and may lose his job. Single dad, 3 kids. He promises he'll be careful.

## Question #4

- What fraction of your employed patients are in each category?
  - A. Are willing to go along with my advice regarding work – they really do not pressure me at all.
  - B. Pressure me to help them stay out of work longer than is really medically required, or be restricted from work they don't want to do.
  - C. Pressure me to let them work even if it is dangerous to them or others.

# Professional “Franchise”

- Society has given us privileges to advocate in a LIMITED domain.
  - Safety
  - Short term medical needs
  - Preservation of long-term health & physical ability to function / participate.
- Who are the professional advocates for family welfare & short-term financial crises?
  - Refer to them

# Advocacy Challenge #4

- TIMMY: 27 y/o janitorial assistant with indefinite ambulation difficulties secondary to foot deformity and cerebral palsy. S/P recent corrective surgery to L foot. ER limits light duty to 90 days, and requested updated restrictions. You wrote: No walking, standing > 2 hrs/day. ER now sends a request for clarification: Is this limit designed to protect operated foot from harm, or to avoid pain?

# Poll #3

When you are asked to provide data or a medical opinion or sign your name to a form, which of these situations makes it harder for you to be a responsible patient advocate?

1. When the non-medical reason behind the request is out on the table.
2. When the non-medical reason behind the request is not disclosed.
3. Both are equally difficult.

# Issues

- Social justice, habit, naive -- or fraud?
  - Lying to help patients get benefits
  - Wisconsin doctors giving “sick notes” to union protestors
  - Alaska post office “sting” operation
  - Medicare billing fraud

# Ideas for an Approach

- Look for a way to be comfortable.
- Get things out in the open. Inquire about the context.
  - It looks to me like . . . . .
  - Why are you asking?
  - What will you do with this?
- Dissect apart the components of the situation
  - Get some distance; deal with your own stuff
  - Answer medical questions
  - Distinguish medical hazard from human comfort
  - Refer elsewhere for non-medical issues.
- Get the question redefined, or answer a question you DO feel OK about.

# Professionalism = Tough Love

- Patients often can't see the future, the risks, and the opportunities that you can. You're the expert.
- Managing requests, and hurting & disappointing people is simply part of the territory:
  - Ordering bitter medicine, painful tests, cutting holes in people.
  - Mobilizing patients right after surgery.
  - Refusing to order inappropriate drugs, tests, treatments.
  - Giving bad news.
  - Preserving function; preventing iatrogenic invalidism

# Thank You, Guests & Sponsors

Jennie Ellen, MD

Jennie\_Ellen@concentra.com

Karen Haas, MD

Karen\_Haas@raytheon.com

Arizona Health & Disability Partnership (AHCCCS)

Arizona Work Disability Prevention Association

University of Arizona Health Sciences Center

# Want the Slides?

- For today's session?
  - Go to project website:  
[www.webility.md/az-cme](http://www.webility.md/az-cme)
- Before session next time?
  - Register in advance.

# Session Recording, Slides, Evaluations & CME Certificates

1. Go to [www.webility.md/az-cme](http://www.webility.md/az-cme)
2. In table, go to Session 2 (May 10)
3. Click on [Get CME](#)
4. Look for *New to Webility?*
5. Enter this invitation code for 5/10 session:

**az-cme-integrity**

6. Complete CME / evaluation form & send in.
7. Certificate will be mailed to you.

#	ROUNDS TOPIC	DATE
1	Patient Management I: Doctors, Work & Cultural Beliefs	April 13 (Wed)
2	Difficult Situations I: Patient Advocate or Patsy?	May 10 (Tues)
<b>3</b>	<b>Patient Management II: How to Set Early Expectations That Improve Outcomes</b>	<b>May 24 (Tues)</b>
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)

## May 24 Guests

- Dr. Richard Burger, occupational medicine, Concentra, Phoenix, AZ.
- Dr. David Gude, urgent care and occupational medicine, TexasMedClinics, San Antonio, TX
- Dr. Douglas Martin, family medicine and occupational medicine, St. Lukes Center for Occupational Health Excellence, Sioux City, IA

# Q&A – Your Cases and Concerns

THREE ways to ask your question:

1. Push 5\* on phone to raise your “Hand”
2. Write in the “chat” box on bottom right
3. Just speak up (when line is un-muted)!

# Session Recording, Slides, Evaluations & CME Certificates

1. Go to [www.webility.md/az-cme](http://www.webility.md/az-cme)
2. In table, go to Session 2 (May 10)
3. Click on [Get CME](#)
4. Look for *New to Webility?*
5. Enter this invitation code for 5/10 session:

**az-cme-integrity**

6. Complete CME / evaluation form & send in.
7. Certificate will be mailed to you.

Good-bye! “See” you May 24.