



# Welcome to Work Disability Prevention Rounds

with host Dr. Jennifer Christian

## Today's Topic:

**Difficult Situations III: The Rescuer Doctor--  
Power Imbalance and Social Justice Issues**

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

November 8, 2011

# Today's Guests

- **Robert Jones, MD**  
Phoenix, AZ
- **Marjorie Eskay-Auerbach, MD, JD**  
Spine Care & Forensic Medicine, Tucson
- **Susan Webb, JD**  
ABIL Employment Services, Phoenix

# Today's Case Vignettes

- Sharon, former special ed teacher with PTSD & depression after an attack.
- Christopher, post successful surgery for HNP
- Jorge, mason's helper with a crushed foot

# Virtual Technology

- Email sent yesterday has:
  - phone number for audio portion
  - web address (url) for visual portion.
- 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.

# Design of Session

- Talk Show Format
- Introductions / Instructions / Orientation
- Review Foundational Concepts
- Discuss Case Vignettes and Related Topics
- Conclude formal session
- Instructions to Obtain CME credit
- 1:15 – 1:30 Open microphone / Q&A session
  - Your Examples, Comments, Cases, or Questions

# 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.

# Financial Disclosures

The faculty for this session, the program planners, and the University of Arizona Health Sciences Center CME committee made no financial disclosures that could be a conflict of interest.

See project website for more details.

## 4 Ways You Can Participate

1. Push 5\* on phone to raise your “Hand”
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Arizona Employment &  
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Arizona Health Sciences Center

# Meet Today's Guests

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# The Rescuer Doctor -- Dealing with Power Imbalance and Social Justice Issues

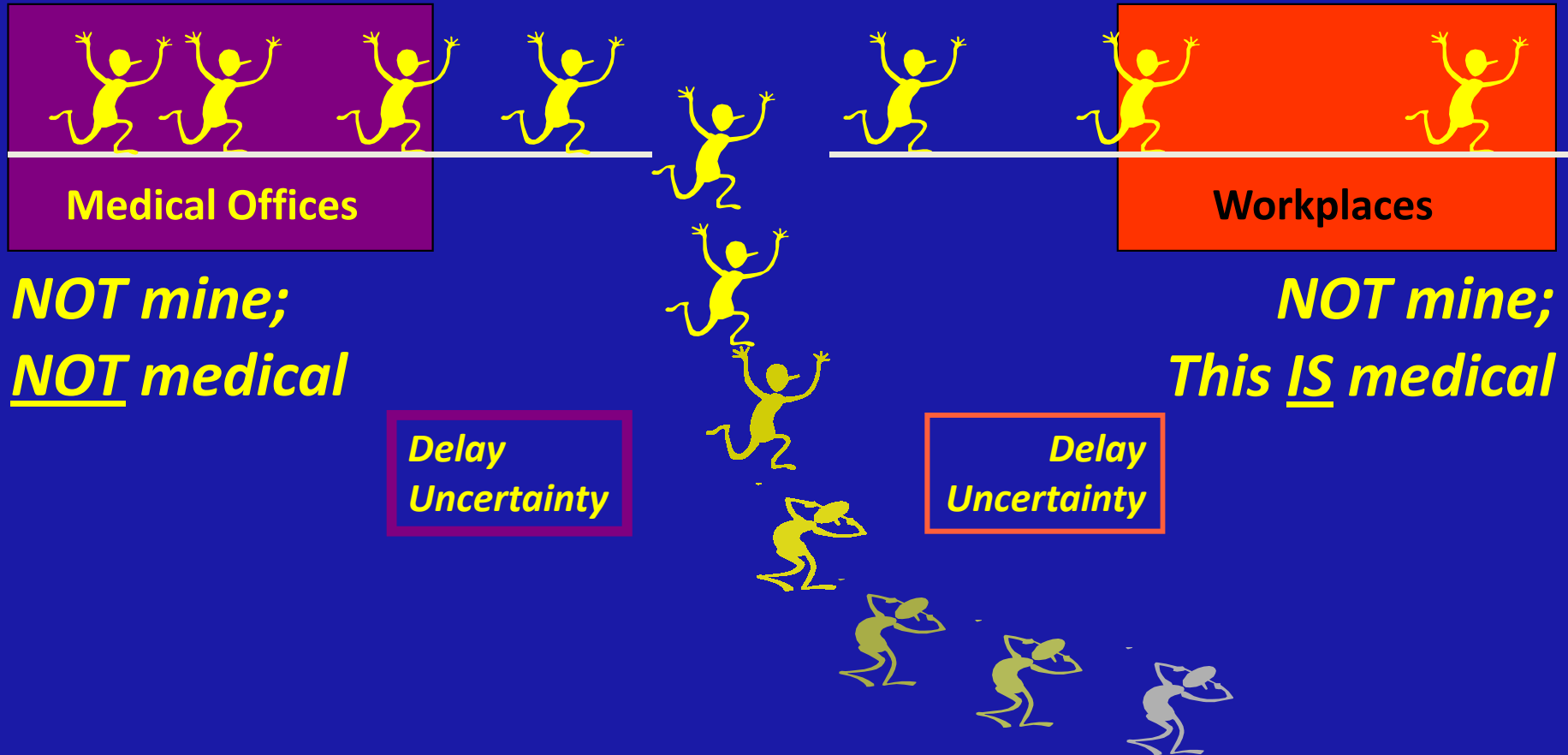
**Setting the Context**

## Foundation for This Rounds Series

# **“Preventing Needless Work Disability by Helping People Stay Employed”**

A 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)

# The Gap: Whose Responsibility IS it?



***Result: Needless Work Absence, Job Loss,  
Withdrawal from Workforce***

# Needless Work Disability

## Employee

- **IS HARMFUL.** Disrupts daily life, threatens career and self-esteem, leads to worklessness & “iatrogenic invalidism”.

## Employer

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

## Economy

- **IS WASTEFUL.** Diverts dollars from productive use, invites petty fraud and corruption, loss of taxpayers, gain of net dependents.

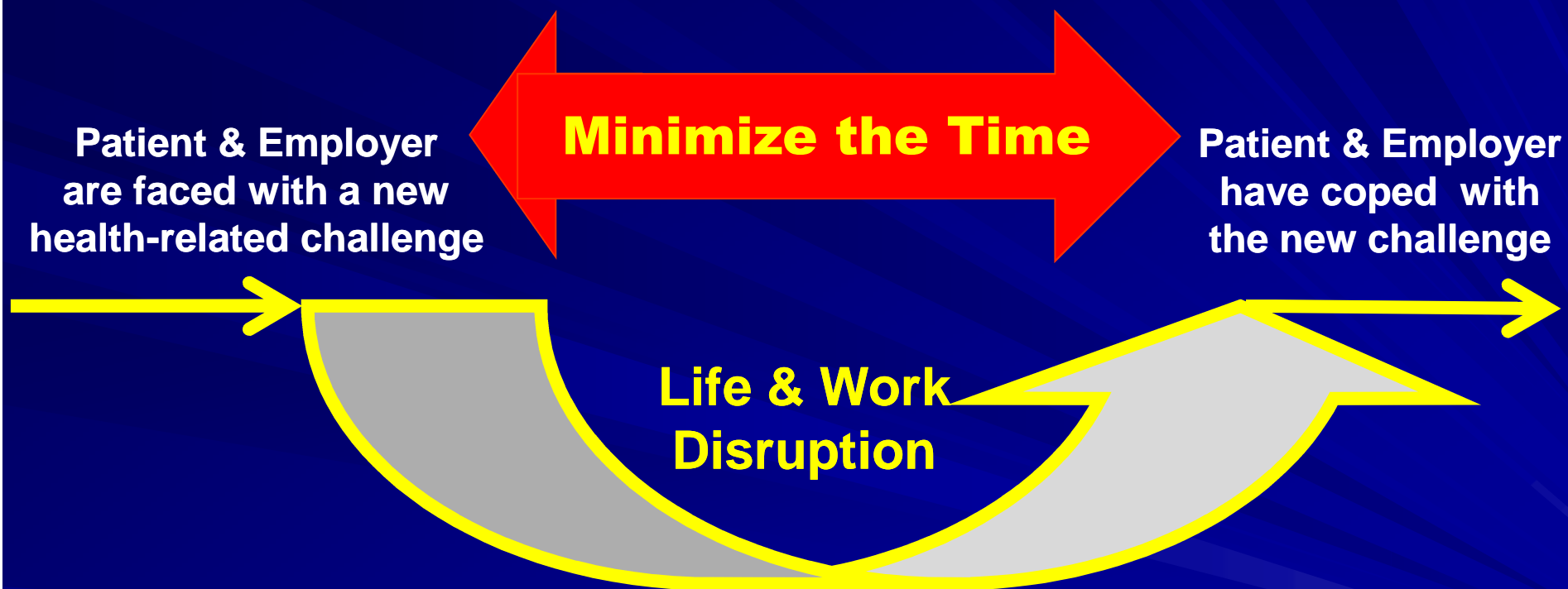
# Patients Wonder About Impact of Medical Conditions on Life

- How long am I going to be laid up?
- How long do I have to take it easy?
- What can I still do? What shouldn't I do?
- When will life be back to normal? ...if ever?
- What does this mean about me? My future?

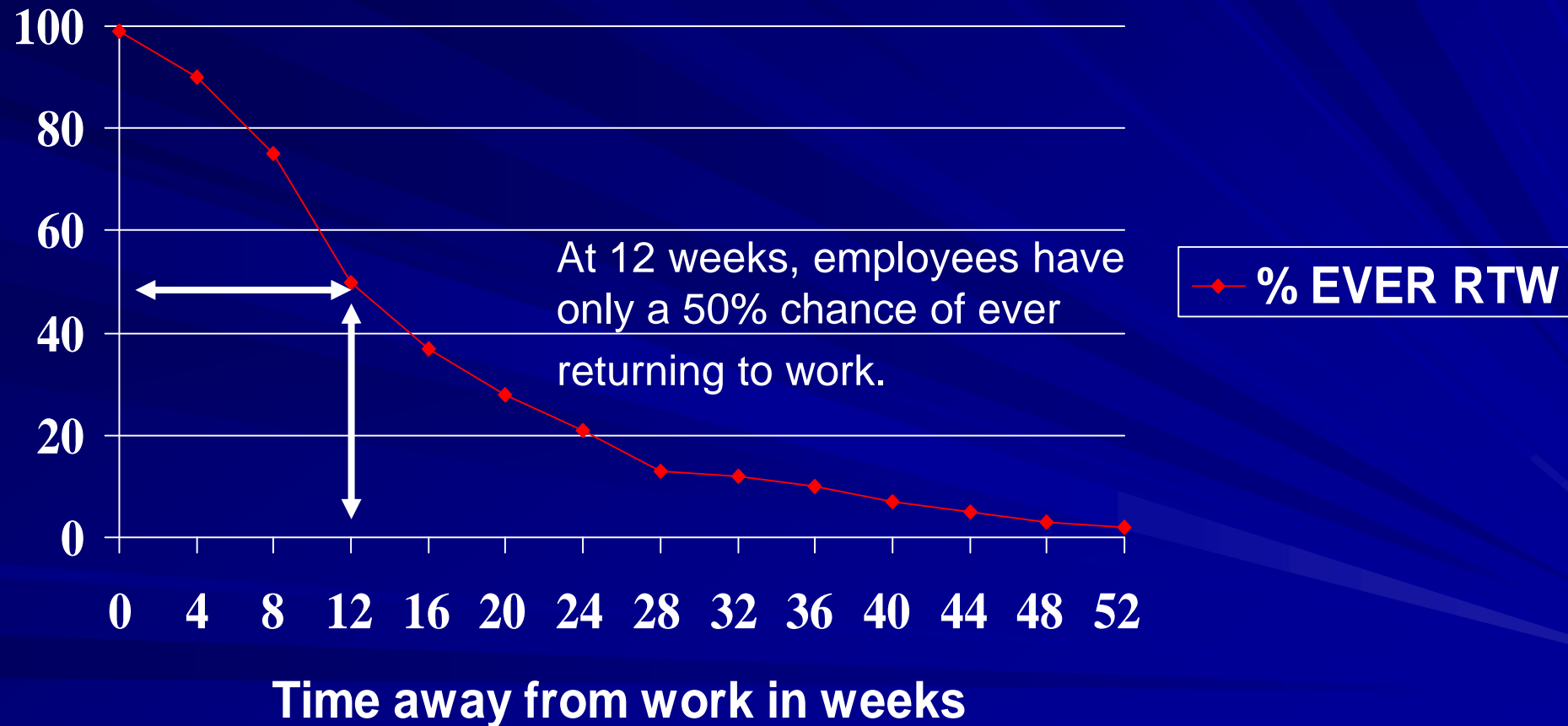
# Human Beings React to Illness, Injury, and Work Disability

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

# Work Disability Prevention Vision



# Time Is Of The Essence



# The SAW / RTW Process

- Stay At Work / Return To Work Process
- A sequence of questions, actions, and decisions made separately by several parties that, taken together as a whole, determines the outcome of a health-related employment situation: whether a worker stays at work despite a medical condition or whether, when, and how a worker returns to work during or after recovery.
- The SAW/RTW process creates outcomes ....  
**BUT often stalls or becomes sidetracked because what is lacking is a problem-solving approach.**

# 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.

**The Rescuer Doctor --  
Dealing with Power Imbalance  
and Social Justice Issues**

**Today's Topics**

# Our Own Stories

- **Robert Jones, MD**  
Phoenix, AZ
- **Marjorie Eskay-Auerbach, MD**  
Spine Care & Forensic Medicine, Tucson
- **Susan Webb, JD**  
ABIL Employment Services, Phoenix

# Sharon the Special Ed Teacher

- Sharon, age 37, is a special ed teacher with a master's degree who has not worked for 6 years.
- She was attacked by a student and had minor injuries w/o LOC. She says she had a head injury, and complains of cognitive deficits, PTSD, and depression.
- She has refused to return to work because she is convinced the school won't protect her – again.
- The thought of working with students makes her very anxious. She says she cannot concentrate or think clearly and has memory problems. Her mental clarity comes & goes.
- She has been paying for her own psychological care and is now on 10 medications.

# Reality Check

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.

# Christopher's Cauda Equina Syndrome

- Christopher is a 54 year old man who worked for the same company for more than 10 years. He sustained a work related injury that required a lumbar laminectomy.
- After surgery, he was left with residuals of cauda equina syndrome which required him to manage his urinary incontinence. He was physically able to perform the duties of his previous job.
- His employer “did not want to risk the possibility of re-injury” and would not allow him to return to his previous form of employment.

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”).

# Christopher's Poor Outcome

- Christopher became progressively more depressed after he was not permitted to return to his job.
- He has required two hospitalizations for psychosis / severe depression.
- He is not currently working. He is no longer psychologically capable of working, although he has no physical limitations

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.

# When medical care is exhausted

- **WRONG:** “There’s nothing more I can do for you”
  - sends message that things are hopeless.
- **RIGHT:** We’ve now done everything that medicine can offer. The rest is up to you. Now you need to create the best possible life – under the circumstances.
  - Don’t underestimate yourself.
  - Figure out how to care for yourself.
  - Figure out what you can do.
  - Explore other options . There are things you haven’t thought of.
  - What are your resources?

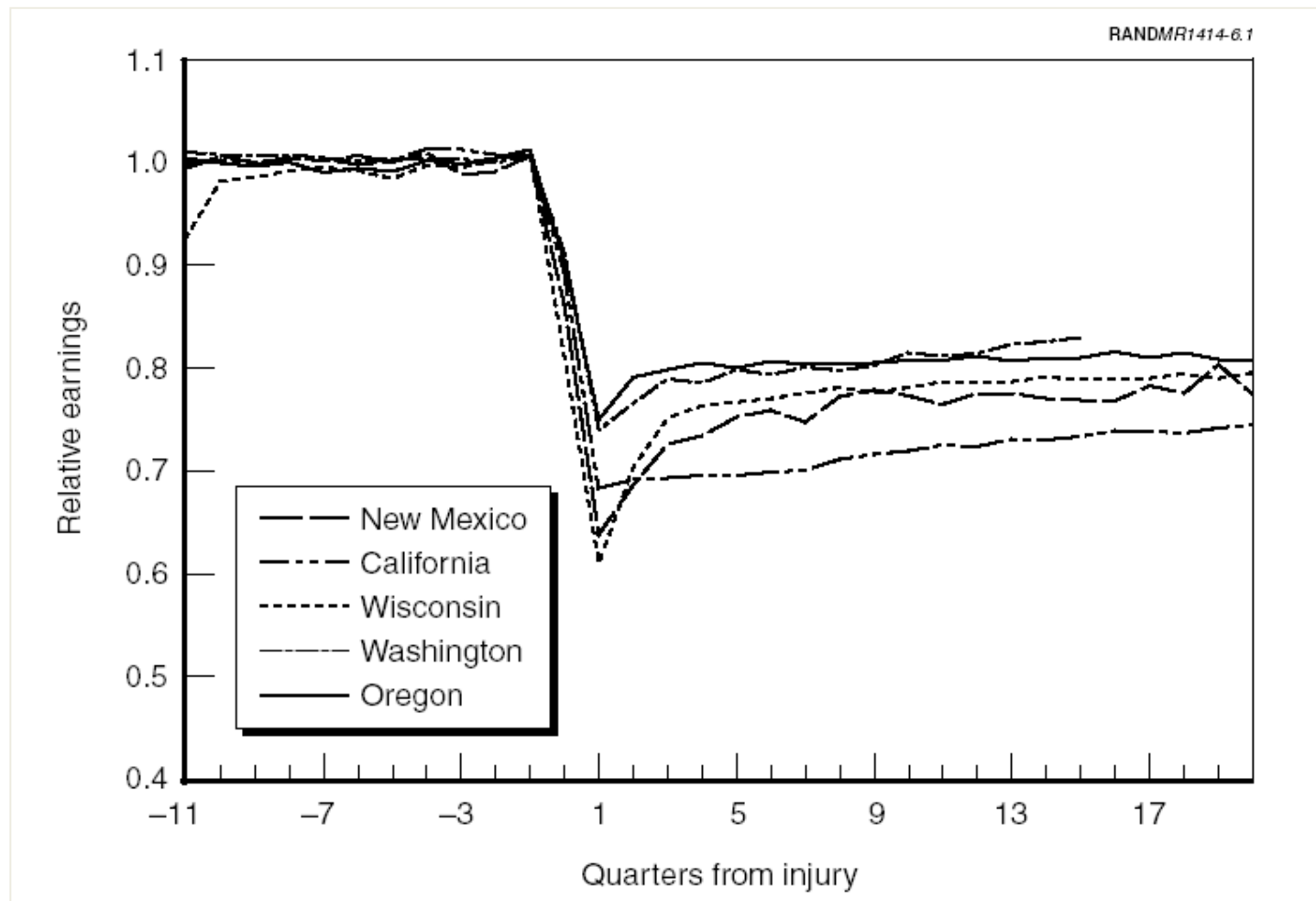
# Give Patients the Freedom to Explore Their Own Work Capacity

- Does not involve medical risk – what CAN you do?
- Analogy between ADLs and work tasks.

# Jorge, the Mason's Helper

- Arrives in your office in extreme pain
- 47 y/o Mexican immigrant with green card and no education beyond 6<sup>th</sup> grade. Day laborer, working as a mason's helper.
- CC: Crushed foot when a large rock fell on it. Exam/X-ray: Swollen, ecchymotic forefoot; unable to bear weight; multiple displaced fractures of metatarsal bones.
- Wants to return to work; afraid of losing job; afraid of filing workers' comp.
- Employer is not interested; no light duty.
- Friends have told him he needs a lawyer.

# Relative Earnings of PPD Claimants as a Proportion of Comparison Workers Earnings



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

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# What Most Patients Don't Know

- It is often “medically safe” to work despite chronic pain – and many/most people do.
- The limitations you have set are ESTIMATES.
- What the best way to handle the situation is
- How “the system” works – what their rights & responsibilities are
- What else is possible – alternative jobs / careers
- What they are heading for – if they think “disability” looks like the best answer:
  - Poverty
  - Timeline and reality of entry into a disability system – and what life is like afterwards.

# Disability Systems & Benefits Differ

- Workers' compensation –
  - wage replacement & medical care
  - State vs. Federal vs. railroad
- Veteran's disability –
  - monthly income supplement (can work, too)
- Private disability insurance programs –
  - Often allow trial RTW programs
- Public disability insurance program (SSDI) –
  - Includes Medicare after 2 years
  - Ticket to Work allows RTW w/ protection of benefits
- Welfare / income supplement (SSI, state) –

# The Bottom Line

- They are vulnerable, listening for advice – and you are the gateway. First do no harm.
- Ask yourself: How can I help this person have the best possible future? How can I keep this person a productive member of society?
- If it is medically safe for them to do anything productive at all, advise them to find a way to stay in the workforce.
- Help patients focus on exploring what they can do, instead of what they can't.

# Do No Harm

- Avoid helping this person become a casualty of the system.
- The systems appear to provide an easy solution to people who are faced with difficult life choices and predicaments. “The disability lottery.”
- The systems provide financial rewards to people who arouse sympathy, which creates an incentive to be as pathetic as possible.
- Be of assistance, but avoid using the patient in your battles against bad insurers or employers.
- Encourage them to see themselves as able to cope, despite what has happened, rather than a victim. “Your choice: get bitter or get better.”

# Which Is More Harmful?

- Expecting a patient to return to work despite chronic pain.
- Estimating “high”: Setting only minor functional limitations.
- Releasing a patient to regular work despite continuing symptoms.
- Telling someone it may be time to think about finding a new job.
- Creating a person who thinks they can never work again.
- Having someone lose their job – and maybe their career - because the employer can’t or won’t provide work within limitations you set – by guessing.
- Having someone stay “on disability” for months or years, and lose their ability to ever get another job.

# Point Patients Toward Resources

## IF STILL EMPLOYED:

- An occ doc or PM&R – who is attuned to WDP
- An OT / PT, other healthcare professional – who is attuned to WDP
- The insurance company's case manager
- The employer's medical dept. or contract doc

## Two Sides of the Label – Describing Oneself as “Disabled”

- I’m too disabled to .....
- If I’m disabled, I am eligible for .....

# Point Patients Toward Resources

IF RTW SAME EMPLOYER IS UNLIKELY:

- A vocational rehabilitation professional
- ABIL or another disability employment agency
- A Center for Independent Living
  - For a list of AZ facilities, call Tamara ([tamaram@abil.org](mailto:tamaram@abil.org))
- Govt agencies: EEOC, OSHA, SCF
- [www.choosework.com](http://www.choosework.com)
- AWDPA - Arizona Work Disability Prevention Assn.
- (Last resort) A lawyer

# 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.

# Take-Home Message

Worklessness is a bad outcome.

You have a powerful influence.

Your guidance either encourages & supports or obstructs & discourages efforts at SAW / RTW / STW.

Getting people “right back on the horse” prevents needless work disability and helps keep people employed.

# Specific Things You Can Do To Be More Helpful

1. Avoid creating iatrogenic invalidism & job loss.
2. Keep life normal; minimize disruption.
3. Prescribe activity/work carefully, as a therapy.
4. Set positive expectations early with patients.
5. Predict “typical” timelines for recovery
6. Make it clear when non-medical factors are the reason for time off.
7. Help people succeed at work & keep their jobs.

# Thank You to Our Guests

- **Robert Jones, MD**  
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- **Marjorie Eskay-Auerbach, MD, JD**  
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- **Susan Webb, JD**  
susanw@abil.org

#	WORK DISABILITY PREVENTION ROUNDS 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)
<b>10</b>	<b>Make Your Job Easier: Get Everyone On the Same Page From the Start</b>	<b>Dec 14 (Wed)</b>

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2. Download audio recording and slides if desired.
3. Enter **invitation code for 10/12 session:**  
**az-cme-coping**
4. Fill out and return evaluation & CME request.
5. Certificate will be mailed to you.

# Open Mike Discussion Time: Your Comments & Cases

THREE ways to participate:

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