



# Welcome to Work Disability Prevention Rounds

with host Dr. Jennifer Christian

## Today's Topic

Patient Management II:

How to Set Early Expectations That Improve Outcomes

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

May 24, 2011

# Design of Session

- Talk Show Format
- Introductions / Instructions / Orientation
- Review Foundational Concepts
- Discuss Vignettes
  - Ramon's Low Back Pain
  - Beverly's Shoulder Injury (plus co-morbidities)
- 12:55 Conclusion of formal session
- 1:00 – 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.

# Virtual Technology

- 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.

# Session Recording, Slides, Evaluations & CME Certificates

1. Go to Webility's project website  
[www.webility.md/az-cme](http://www.webility.md/az-cme)
2. Download recording and slides if desired.
3. Enter invitation code for 5/24 session:

**az-cme-earlybird**

1. Fill out and return evaluation & CME request.
2. Certificate will be mailed to you.

# Today's Guests

## **Richard Burger, MD**

Occupational medicine, Concentra Health Centers, Phoenix, AZ

## **David Gude, MD**

Urgent care / Occupational medicine, and Chief Operating Officer, Texas MedClinic, San Antonio, Texas

## **Douglas Martin, MD, FACOEM**

Occupational medicine/ Family medicine, St. Luke's Center for Occupational Health Excellence, Sioux City, Iowa

# 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.

# 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

#	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)
<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)

# Our Sponsors & Friends



Arizona Employment &  
Disability Partnership



# Introducing Today's Guests

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# How to Set Early Expectations That Improve Outcomes

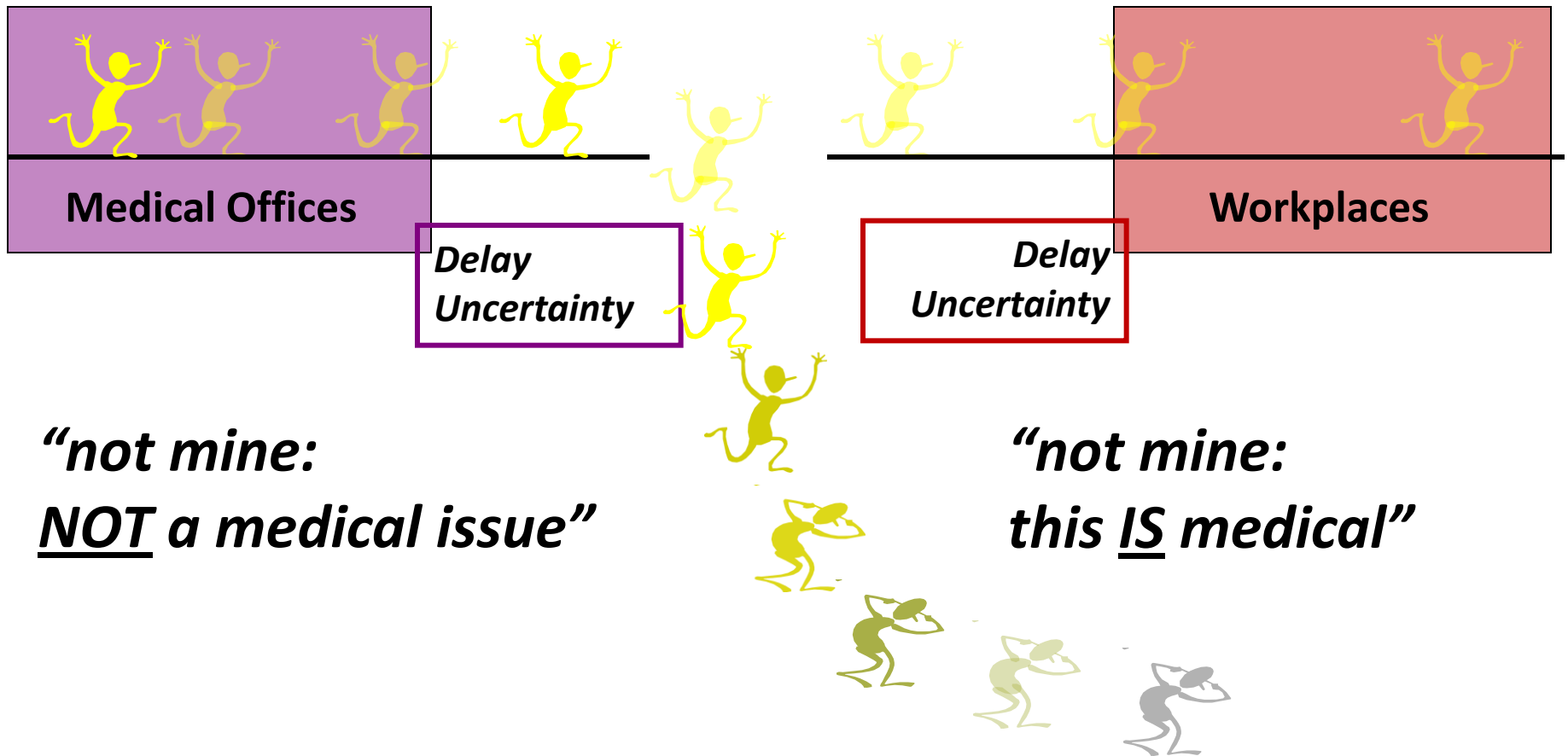
## Setting the Stage

# 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](http://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.

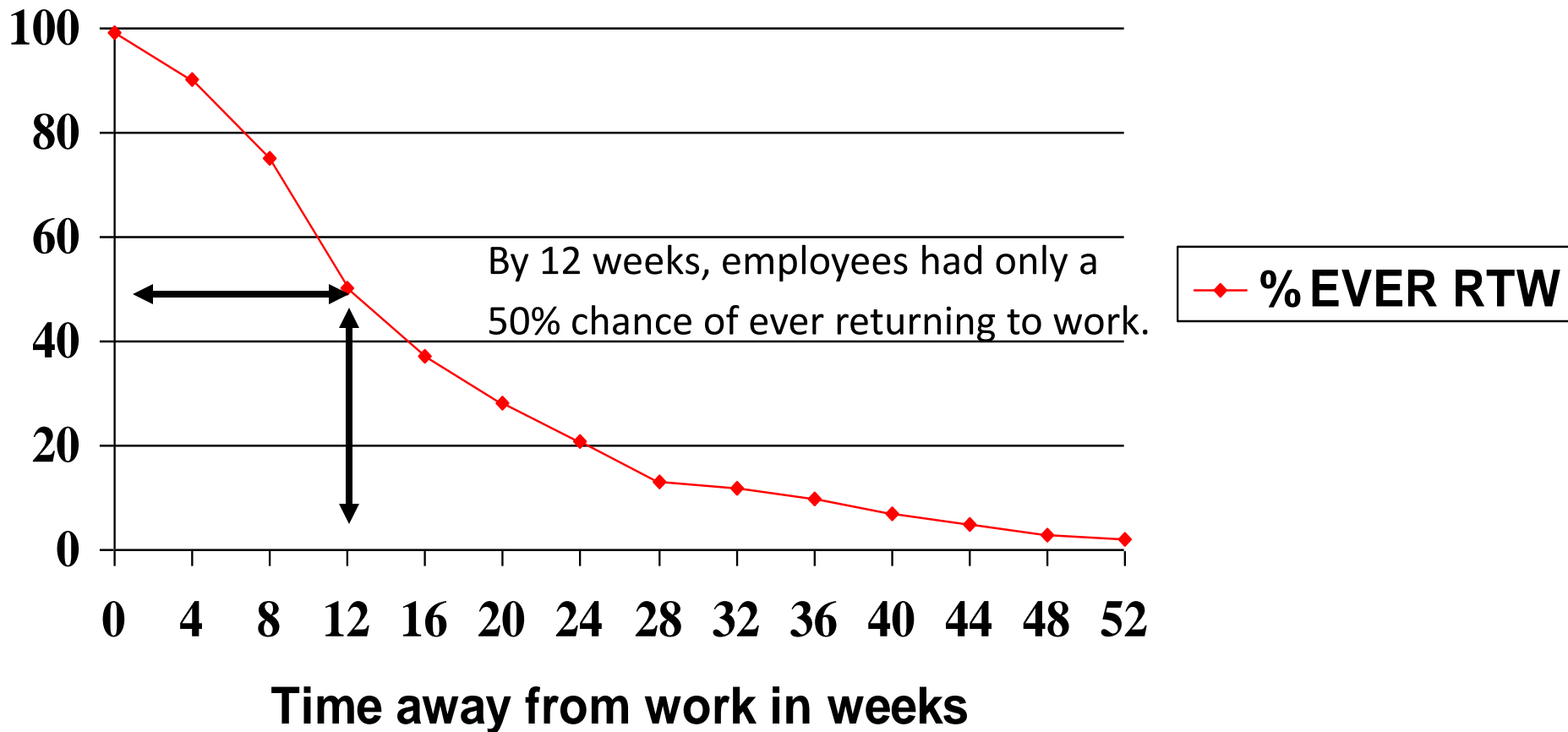
## *Employer*

- **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



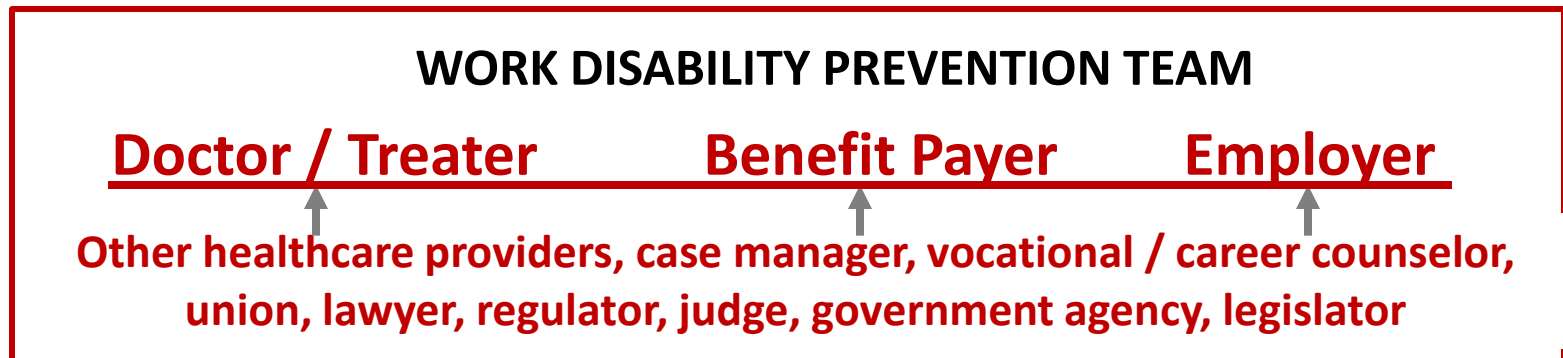
# Work Disability Prevention Vision

Employee's life is disrupted by a new health-related challenge

**Minimum Time**

Employee & Supervisor have coped with the new challenge

**"Fully productive" level of function**



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

# Relevant ACOEM Recommendations

1. Adopt a disability prevention model.
2. [Instill a sense of urgency.] Urgency is required because prolonged time away from work is harmful.
3. Acknowledge and deal with normal human reactions.

# Who Determines the Impact of an Everyday Complaint on Daily Life & Work?

#1 - Your patient

#2 – Their employer

#3 – You

# How to Set Early Expectations That Improve Outcomes

**What to Say and When to Say It**  
**What to Do and When to Do It**

# Mr. A's Low Back Pain

- Mr. A is a 55 year-old RN on the psych floor.
- Chief complaint: upper (thoracic) and lower (lumbar) back pain.
- Hx: He was forcefully shoved by a patient against the wall yesterday. Symptoms are localized and non-radicular. Using a cane now.
- PMH of back injury 5+ years ago, recovered with physical therapy.
- ROS: Currently in treatment for depression.

# Mr. A's Physical Exam

- PE: Obese (> 350 #) male, sits in exam chair leaning on cane. Accompanied by wife who assists him to exam table and to stand and move about the room. Areas of localized tenderness to palpation in both the thoracic and lumbar paraspinous areas, though no tenderness over the boney areas. Remainder of the exam is normal.

# A & P

- Assessment: Soft tissue injury: thoracic and lumbar contusion, no evidence of radiculopathy, no sign of “herniated disc”
- Plan: Reassure patient: “this all appears to be soft tissue”. Recommend ice/heat, stretching, mobile, Rx NSAID and muscle relaxant for short term use. Inform patient of typical recovery time approx. 4 weeks.
- Plus special stuff due to “yellow flags” noted.

# How Is LBP Commonly Treated Today?

- NSAIDS, muscle relaxants, opiates.
  - Why do we prescribe them?
- Work restrictions
  - Are they needed?
- Admonitions to protect the back
  - What does this accomplish?

# What Does The Evidence Say We Should Do for LBP?

- Reassurance & education re: benign nature.
- Teach self-management
- Offer medication OPTIONS, especially Tylenol, NSAID, maybe muscle relaxants.
- Avoid opiates in management of LBP (unless real radicular sx)
- **Recommend Activity.** Prescribe it – Tell patients what they SHOULD do as well what they should NOT do.
- More reassurance.

# Everyone Has Beliefs, Expectations, Opinions (and Fears)

- Patients
- Family and Friends
- Employer / Insurer
- Society
- Physician
  - About yourself
  - About the patient
  - About their medical condition

# How to Manage Beliefs, Expectations, Opinions & Fears

- Be curious
- Acknowledge
- Accept
- Address
- Disarm
- Acknowledge your own part in the matter

# Simple Tools

- Pain scales – 1 to 10
- Recovery scale – 1 to 10
- Functional impact / progress --
  - Scale
  - Specific items (examples)
- “The Back Book” (blue leaflet/pamphlet)
  - \$0.74 each on Google

# 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.

# Avoid Medicalizing Everyday Problems

## -- Choose Reassuring Words

### **SAY THIS**

- Normal aging process
- Sort of like grey hair of the back
- Back ache
- Your spine looks about the same as other people your age -- who don't have pain.
- Stay active; movement has been proven to be good; walking will reduce your pain. Keep life as normal as possible.

### **NOT THIS**

- Degenerative Joint Disease
- Degenerative changes (they will hear "arthritis")
- Back injury
- Bulging disc, disc protrusion
- Avoid strenuous activity; be careful what you do. Don't hurt yourself.

# 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?

# Disability Is Medically- REQUIRED When . . .

- Attendance is required at place of care
- Recovery requires confinement at home or in bed
  - Acute response to injury
  - Risk of contagion - Quarantine
  - Need for protected environment
- Work or commute are medically-contraindicated -- will worsen medical condition or delay recovery
- **NOTE: If changing the circumstances would remove a contraindication, then work avoidance is not medically required. However, protective restrictions would be mandatory.**

# 1 Minute RTW Screening Test

	<u>No/low risk</u>	<u>Risk/refer</u>
1. What impact is the problem with your _____ going to have on your ability to do your usual job the regular way?	None	<b>MAJOR</b>
2. Have you figured out a way to work around it so you can stay at work while you recover?	Yes	<b>NO</b>
3. Are you going to have any problems with your boss or co-workers about that?	No	<b>YES</b>

# Describing Work Ability

- Silly system differences: WC vs. “other.”
- Write restrictions as though the patient were the President of the U.S.
- Reduce demands on the hurt part AND say EVERYTHING ELSE they usually do is OK.
- Don’t scare them.
- Explain your reasoning – risk vs. capacity vs. tolerance.
- Tell them when they can do more if they want.
- Steadily reduce restrictions at every visit.

# 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

# Is Mr. A Already In Deep Water?

Can you manage this case to a good outcome, or would he do better with expert help?

# “Yellow” Flags Warn: Mr. A. Is In Deep Water

1. Already has and is using a cane
2. Healthcare professional
3. Overly solicitous spouse
4. Focus at the outset on pain level
5. Expressing concerns/reluctance toward mobility
6. Prior back problems
7. Depression
8. Morbid obesity as co-morbid condition.

# Practical Tips for Big Problems

- Don't try to stone wall a patient if they are headed in the wrong direction like a speeding locomotive. You'll be run over. Slow it down slowly and turn it around.
- Hard cases are like greased watermelons; hard to control and keep going in the right direction. Put handles on that slippery vegetable.
- Listen very carefully. Make good eye contact.
- Repeat back what you heard (using their own words, then yours).

# More Tips

- Have empathy, but don't be a pushover. Tough love is required, or their future will be bleak.
- Be a “benevolent badger.” Keep the patient busy and out of the house w/ PT, prescribed exercise & activities. Best is light duty – beg employer, prn!
- Don't leave any issue unattended. Make it obvious you are being systematic. Order diagnostics & short-term consults to demonstrate this, reassure patient, and resolve issues.
- Stay on top of events; drive the process; be the quarterback of the team – or refer to an occ med specialist who will do it.

# 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.
- 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.

# Thank You, Guests & Sponsors

Richard Burger, MD

Richard\_Burger@concentra.com

David Gude, MD

Dgude@texasmedclinic.com

Douglas Martin, MD

martindw@stlukes.org

Arizona Health & Disability Partnership (AHCCCS)

Arizona Work Disability Prevention Association

University of Arizona Health Sciences Center

**In the Future -  
Want the Slides Ahead of Time?**

Register in advance.

# Session Recording, Slides, Evaluations & CME Certificates

1. Go to [www.weability.md/az-cme](http://www.weability.md/az-cme)
2. In table, go to Session 3 (May 24)
3. Click on [Get CME](#)
4. Look for *New to Weability?* Or, if returning, log in
5. Enter this invitation code for 5/24 session:

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

# June 8 Guests

- Scott Krasner, MD, Occupational medicine, U.S. HealthWorks, Tucson, AZ.
- Mark Hyland, OTR/L, CHT, DABDA, STI Physical Therapy & Rehab, Phoenix, AZ

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# Open Mike Discussion Time: Your Comments & Cases

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So long! “See” you June 8.