"Ask Dr. J"

The "Ask Dr. J" columns are authored monthly by Jennifer Christian, MD, MPH, President of Webility Corporation. See previous columns at www.webility.md.

Dr. J's columns also appear in the monthly Bulletin of the Disability Management Employer Coalition (DMEC). To purchase a book of Dr. J's collected columns, go to www.dmec.org.

The columns often summarize issues discussed by the Work Fitness and Disability Roundtable, a free, multi-disciplinary e-mail discussion group moderated by Dr. Christian. Apply to join the Roundtable at www.webility.md.

January 2006 – Ideas to Improve the Stay-at-Work & Return-to-Work Process

Dear Dr. J:

HOW can our organization prevent needless disability? I'm getting bored with all of the data that shows the costs of inaction and the benefits of managing disability more effectively. Now I want to know WHAT we need to do and HOW we should do it! We're a self-insured and self-administered employer, so we can make just about any changes that are needed.

Harry in Harrisburg

Dear Harry:

Harry, preventing needless disability starts with a management decision that goes something like this: "OK, it's time to stop hurting people and wasting money in this area – let's roll up our sleeves and apply good basic management techniques to this part of our business, too!" You need to take a look with fresh eyes at how your organization's stay-at-work and return-to-work process (SAW / RTW) operates now, and be ready to make some changes on two levels: the "macro" and the "micro." And, because the SAW / RTW process requires a team approach, achieving better results requires that you find a new approach to working across organizational boundaries.

The macro level is the system or program level. When you pull back and really look at the big picture, you'll probably find that you want to change the context in which people do their work, and improve the management methods your organization uses in this arena. That will start improving results.

Next, you need to look in detail at the process by which individual cases or episodes are being managed. You'll probably find you want to make changes, here, too. However, you can't just passionately and powerfully order your staff to reduce needless disability. Start by making it really clear exactly what you want people to do and how you want them to treat each other and

when you want them to do it. Beyond that, you need to teach them some basic concepts and skills that will help them do their jobs.

I've got one suggestion that you might find helpful at the macro level. In our consulting work, we have seen organizations with ambitious plans to do things "a new way" that forget that they must change the culture along with the process. They forget to articulate the assumptions that are behind the change and that shift the context in which the new work is to be done. In fact, an organization intent on reducing needless disability often needs to explicitly shift its worldview and alter its internal identity. The new ideas need to be repeated 8 – 12 times, in various settings, different formats, and by different leaders in the company. Without consistent repetition by the leadership, the people in your company will not believe you really mean it, and will simply brush this initiative off.

In a couple of our projects, we have suggested that our clients use messages like these, for example:

A change in worldview:

- "Being on disability is usually not good for people's self-respect, health, and well-being, or for the welfare of their families."
- "Reducing needless lost workdays and job loss is good for workers and their employers."
- "Keeping active speeds healing; most workers can safely and comfortably recover on the job."
- "Awareness levels, motivation, and decisions by both workers and employers play a major role in creating disability – and can be changed."

A change in internal identity:

- "We are active players in each health-related employment situation, intent on making the right things happen, and not just observers who make decisions about what we see happening."
- "We intend to avert unnecessary disability days through a combination of advance planning, rapid response, a situation management approach, and accountability for outcomes."
- "We can improve financial results by preventing and reducing needless disability on a case-by-case basis. We will hold ourselves accountable for these outcomes."
- "We proactively, creatively, and effectively remove medical and non-medical obstacles to functional recovery and return to normal life for our employees/claimants."
- "We work in teams whose commitment to achieving results makes professional or organization boundaries unimportant."

On the micro level, my main suggestion is that you go deeper than just creating goals, clarifying roles, using metrics, making people accountable and telling them to communicate. You need to make sure your staff knows and employs the specific ways to reduce needless disability: concepts, strategies, methods and techniques. A very well intentioned claims director was recently describing his company's new approach to identifying claimants who are at increased risk of prolonged disability. He asked me which kinds of healthcare professionals should get involved in those types of situations: "Do we need a case manager, a psychologist, a voc rehab

counselor?" That's a good way to waste money and effort in my mind. First you need to figure out what should HAPPEN in the situation, and after that you can find someone who knows how to do that.

I no longer like or want to use the term case management, just because it has become meaningless. Case management is "good" and everyone wants to say that they do it. It can mean that a social worker, a nurse, or a claims professional is handling a case. It may refer to medical management or disability management. It may mean that someone has been made accountable for the episode as a whole. It can mean business as usual, but with a new name on it. Waaaaaaaaay too often, the phrase "case management" is a euphemism for "let's throw some nurses or claims managers at this problem – they'll take care of it." Reality check: most claims professionals and nurses come to workers' compensation from an unrelated industry. Where did they learn to manage complex situations or prevent needless disability? Find good training, and teach your people how to do it!

And, since you are an employer, don't forget to educate your line managers. Even if you have a crackerjack program in your corporate department, injured or ill employees still interact on a day-to-day basis with their co-workers and their supervisor. Most experts agree that success or failure in the SAW / RTW process is heavily influenced by the workgroup microclimate and the relationship with the first line supervisor. Supervisors need to know how to manage appropriately the workplace situation created by an employee's injury or illness. Again, find good training, and teach them how to do it!

Lastly, let me recommend a new report that has a bonanza of new ideas and practical suggestions for you. "Preventing Needless Disability by Helping People Stay Employed" is the title. The Stay-at-Work and Return-to-Work Process Improvement Committee of the American College of Occupational & Environmental Medicine developed it. I chaired the committee of 22 physicians who come from 12 states, 2 Canadian provinces, 7 specialties, and work in a wide array of settings (insurance companies, large employers, academia, government agencies, private practice). We are eager to share the things we learned about the SAW / RTW process and our ideas for improving it with you and with all the rest of the stakeholders who comprise the SAW / RTW "team": employers, insurers, workers, physicians of all specialties and other healthcare providers, policy-makers, regulators, legislators, attorneys, unions and so on. You can find the committee's report on our website at www.webility.md.

I'm very excited about the potential of this report to catalyze positive change in the workers' compensation and disability benefits systems in many locales. After you read it, tell me what you think would happen in your state if all the stakeholders got together and discussed how to implement the SAW / RTW Committee's recommendations – or figured out even better ways to improve the system? If you're open to the possibility of participating in a Stakeholder Summit on the Stay at Work & Return to Work Process, give me a call!

And, by the way, please keep in touch so I hear how it goes when you get in there, get your hands dirty, and make real change happen in your company!

Smiling,
Dr. J

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