"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.

May 2006 – Managing People at Risk for Delayed Recovery / Prolonged Disability

Dear Dr. J:

What are we supposed to do once one of our employees starts showing signs of increased risk for delayed recovery and prolonged work disability? We know we have to treat these situations differently, but are not quite clear what to do exactly. I manage the workers' compensation claims for my company and am on our integrated disability management team.

Puzzled Pete in Pittsburgh

Dear Pete:

What a timely question! Yours is one of many companies now starting to use some form of risk assessment early in the life of a claim, so you are not the only one wondering about this.

The Work Fitness & Disability Roundtable, a multidisciplinary email discussion group that I run, recently had a discussion about this. Several clinicians made suggestions. I've combined some of their key points along with my comments below. However, the employers and insurers didn't really contribute many ideas to that conversation. Since you asked what YOU as an employer-based IDM team can do differently, here are several of my suggestions for employers and payers, too.

1. Identify specific problems early and take prompt action.
2. Pay careful attention to and meet people's human need to be heard and comforted.
3. Make sure you know what you're dealing with; treat the problems driving the disability.
4. Do what you can to help "untangle" intertwined issues that are delaying recovery.
5. Create a support team and work together to develop a plan that will support recovery.

SUGGESTIONS FOR	
CLINICIANS	EMPLOYERS / PAYERS
1. Identify problems early and take prompt action.	
• Identify patients with the propensity for chronic disability as soon as possible. Too often these patients are first seen in the context of previous failed treatment where disability has been fostered by well meaning but not goal oriented management	• At the first sign of trouble, begin taking action. Strong early signs include: o Failure to return to work by the "usual" date predicted by the applicable disability duration guideline, especially if accompanied by evidence of medical treatment that is not consistent with evidence-based guidelines or best practices. o Signs of resistance or reluctance to return to work.
2. Pay careful attention to and meet people's human need to be heard and comforted.	
• Be careful to listen for concerns, and to educate the patient appropriately. • As soon as possible, reassure patients that their pain is "real", but not a symptom of something "seriously wrong". Proceed with steps to exclude the most likely severe diagnoses – and explicitly discuss the process with the patient. The purpose is to have a credible basis for reassuring the patient. This does NOT mean doing tests early that are likely to create false positive findings and thus more concern (for example MRIs that show abnormal findings in many people with absolutely no symptoms). • Give up the role of healer (which is a seductive one), and become a rehabilitator in order to get good outcomes with this group of patients. • Focus concern and questions more on functioning than on symptoms. • Withdraw sedatives, hypnotics and narcotics if function is not noticeably improved with their use. • Exercise and activity prescription is a useful push / pull tool to improve mental health, reduce symptoms, and get	• Go beyond being friendly and polite to serve these "customers". Be generous with your time and curious about their concerns. Really listen. Make sure they feel acknowledged, well taken care of, and well-informed. • Have someone walk the employee through the company's policies and procedures, and remind them about resources available to them through their benefits. • Since many doctors do not spend much time educating patients, an EAP counselor or case manager may be the perfect person to do some basic education and point the patient towards richer resources, such as websites run by world-renowned medical schools or respected professional organizations.

patients reactivated.	
3. Make sure you know what you're dealing with; treat the problems driving the disability	
• The majority of people with chronic medical conditions and chronic work disability have undiagnosed, untreated or inappropriately treated psychiatric conditions alongside their physical condition. Effective mental health treatment is likely to improve the outcome for both the mental and the physical conditions because of their interrelationship.	• Many people who get "stuck" in the system are also receiving inadequate medical care. Make a prompt and concerted effort to find out what the employee is really dealing with from both a physical and mental point of view. This means obtaining an earlier-than-normal consultation or second opinion or an exploratory IME by a clinician who is willing to explore both mental and physical diagnoses. Request that the doctor do a thorough assessment, look for what is missing, and make suggestions for how to resolve the situation.
4. Do what you can to help "untangle" issues that are delaying recovery	
• When people are unwilling to look at the world or themselves in a new way, resistant to treatment, and attracted to the disabled lifestyle for whatever reason, clinicians probably can't do a lot for them directly. We can do a lot indirectly by avoiding making things worse -- moving them on with their lives in ways that are ultimately more beneficial for them (and society). They will probably get "better" eventually, just not in the obvious way everyone had hoped for. • Help the patient re-conceptualize (revise their view of) the episode in the context of their life – and their role in it. (mini-cognitive behavioral therapy "by stealth"). • Discuss attitudes and beliefs that nurture pain and help the patient adopt new ones. These harmful attitudes and beliefs include: o "should" beliefs. (I should be better by now, my supervisor should be more understanding, my spouse should be more helpful, etc.); o "perfectionist" beliefs (I shouldn't be at work if I'm not 100%);	• People who are on work disability often have more than medical concerns – they are having trouble in another domain. Sometimes being out of work helps them avoid facing and dealing with that other problem. For employers, a good strategy is simply to close off the escape route by being so kind and fair that they can't refuse to come back. During the process, help them resolve their other concerns where possible, to reduce the motivation to escape again. • If someone seems resistant, explore the issue with them. Obtain their view of the situation. Ask: "What would make you feel supported and willing to make the effort to return to work?" You can decide if you can or want to arrange / supply that. • In general, the more someone resists coming back, the harder you should work to design a return to work plan that meets all their stated needs. Tell them you will provide work within their doctor's restrictions no matter what. Resist nothing; you are calling their bluff. • Set businesslike limits. Design a plan with responsibilities that become progressively more demanding on a

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"I can't stand it" and "anxiety" beliefs (I won't be able to cope if that happens). Helping them think through and plan ahead for what they will do about the worst possible scenario is good preparation and will help them handle a possibly bad outcome.
"dependency" beliefs (the physician has to cure their problem). Hold patients accountable for their responsibilities in "getting well."

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<tr><td colspan="2">5. Collaborate with others to create a support team and work in concert to support recovery.</td></tr>
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Communicate your willingness to work with other specialists as well as the employer or the insurer to achieve the best possible outcome. Ask for contact names and phone numbers.
Use information provided by the employer or insurer to understand the company's return to work philosophy and program, the employee's usual job, and any other background information that will help you support the patient's successful return to function.

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Feel free to inform the doctor about your concerns, and share any non-confidential information that may be pertinent. However, as you do that, be alert to the doctor's sensitivity regarding patient advocacy. NEVER imply even a hint that you want the doctor to do anything that favors you at the expense of the patient. Put the emphasis on supporting and promoting the patient's recovery and return to full function and participation.

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Pete, please let me know whether you and your colleagues find something useful here. I'm always willing to learn more and love hearing success stories!

Smiling,
Dr. J

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