"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 2008 – Getting Doctors Trained in Disability Management

Dear Dr. J:

Last month you wrote about the need to train doctors in how to give sound advice in stay-at-work and return-to-work situations. We're a pretty large employer in this community, and have good internal resources so we are willing to give this a try. Our company medical department is developing some instructional materials for our local medical community. Any advice?

Tammy in Tucson

Dear Tammy:

It's nice that your medical department is willing to develop some materials, but before you spend much time on that, here's a question that is not asked often enough when the subject of training doctors comes up: "Given what we want to accomplish, is it more important to say that we OFFERED the doctors training or that they WERE TRAINED and as a result, things changed for the better?"

If what needs to happen is that all the clinicians in your town, county or state need to understand some basic ideas and start doing things differently, how are you going to GET THEM TRAINED and then recognize or reward them for DOING THINGS DIFFERENTLY? Thus, most of your creative energy and investment should be devoted to designing effective training delivery mechanisms and reinforcement programs to assure that training actually happens, and that new behaviors are positively rewarded.

Don't count on simply making training available or making a visit to your local hospital, medical school or other professional training programs and asking them to do this voluntarily. Hospitals are really only interested in acute care issues – their business is taking care of people who are sick enough to be hospitalized or have surgery right now. Medical schools are fascinated with other topics equally far removed from disability prevention and management – like detecting and treating HIV, cancer, heart disease, depression, stroke, birth defects, high risk pregnancies,

genomics, organ transplantation, joint reconstruction – got the picture? The total time per student devoted to ALL of occupational medicine in medical schools around the country today is an average of 4 hours! That precious time is spent teaching the most basic ideas about work-related illnesses and not how to provide appropriate guidance to patients and employers about ability to work.

To date, since professional schools view this topic as neither part of their discipline's field of study nor as basic preparation for practice, they have been uninterested and deaf to requests from employers and insurers to include these issues in their basic curriculum. It's irresponsible, really, because virtually every treating clinician in any specialty will be expected to give advice to their patients (and their employers) about stay at work and return to work issues as soon as they get out in the "real world" – and will have to do it a lot more often than they will have to diagnose or treat a rare disease.

Not many clinicians will voluntarily reach out for continuing medical education (CME) in this arena after graduation for similar reasons. Doctors are obligated to take CME to maintain their licenses, but they choose to take it in areas where want to stay "up to date" and go for courses that talk about the latest news in diagnosis, drugs, or other treatments. My company has had a couple of on-line courses to teach doctors how to approach the issue of return to work decision-making called "Talking About Ability To Work". This line of our training has been an almost total dud: Even though the courses are accredited for continuing medical education (CME) credits through ACOEM and are low cost, only 320 clinicians have even started the courses! And the majority of those were employed physicians who were told to take the course by their employer! The issue is not the quality of the courses, because the evaluation results are great. Doctors just aren't looking for this training.

The harsh truth is that clinicians will not be trained in stay-at-work and return-to-work decision-making until employers and payers unite to make powerful requests or requirements, or until there is a legislative mandate, which will also require employer/payer collaboration in the political action arena. This is a "united we stand; divided we fall" opportunity for the parties whose ox is being gored by lack of physician education. It isn't the physicians who are suffering.

There is a good precedent for the legislative mandate route. California passed legislation requiring doctors to prove they have taken continuing medical education courses in the management of chronic pain and end-of-life care in order to get or renew their licenses. This mandate was the result of widespread public dissatisfaction with doctor's lack of skill and poor performance in these critical areas – and the lack of another better mechanism to redress the situation. I myself have a California medical license so I had to comply with this mandate – even though I see no patients in these circumstances. I found some absolutely wonderful on-line courses that filled the bill, and I learned a lot.

Colorado has had a training mandate in place for several years that requires doctors who do independent medical evaluations in workers' compensation to have had education in how to do them. Apparently, this has worked well.

Unfortunately, there is also precedent for mandates backfiring, especially if the quality of the training is poor. A few years ago as part of some managed care reforms, Florida passed a law requiring doctors who wanted to treat patients with work-related injuries to take a few hours off work and go to a live training course in workers' compensation. The mandate was rescinded shortly after due to provider rebellion. As I heard it, the training course was developed and delivered by non-physicians, and was so inappropriately designed that many physicians found it

completely boring and irrelevant. They would come to the sessions and blatantly read the newspaper in front of the instructors!

Once someone does decide to put together a mechanism that will actually get doctors trained, they will also need to invest in good training materials. Compared to the other challenges mentioned above, this will be relatively easy to accomplish. The training ought to look "legitimate," be interesting, and deliver real educational value to the doctors, meaning that the people who have taken the course now understand what to do and actually start doing it. Instructional design is a recognized specialty. Maybe a consortium of employers and insurers could collaborate with some august medical body (an obvious candidate being the American College of Occupational & Environmental Medicine) to invest the effort and money required to:

1. Agree on an authoritative and standardized approach to stay at work and return to work decision-making based on the best available evidence.
2. Design and develop an educational vehicle that teaches it effectively.
3. Provide and administer incentives and rewards for the doctors who first take the course and then start doing what the course taught them to do.

Although it is unprecedented for employers, payers and the healthcare professions to collaborate this way, why not? Your only other choices are (a) to continue to complain about doctors' lack of training and live with the business consequences or (b) to learn to work around it as discussed above. To date, most people seem to prefer the complain-and-live-with-it path, but that is not the route to quality or outcomes improvement or more meaningful reductions in total episode costs.

If you decide to enlist the aid of your colleagues to take up the torch and actively explore these ideas, Tammy, rest assured I'll be right there beside you!

Smiling,

Dr. J

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