Loss of Livelihood Is a Devastating Health Outcome

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Introducing 3 New-ish Concepts

1. The second worst outcome of a working person’s injury or illness is loss of livelihood – which can often be prevented.

2. Working age adults need a more realistic and inclusive definition of “health & well-being.”

3. Maximizing the number of adults who remain self-sustaining taxpayers and contributors to the economy is vital to our country’s future.
1. The second worst outcome of a working person’s injury or illness is loss of livelihood – which can often be prevented.

WORST OUTCOME: **Death**

SECOND WORST OUTCOME: **Job loss, loss of livelihood**

- Long-term worklessness causes declines in physical & mental health as well as personal, family, social and economic well-being.
- Entry onto long-term disability rolls, especially SSDI is usually a one-way street.
- Loss of livelihood can be caused by needless (potentially preventable) work disability

THIRD WORST OUTCOME: **Permanent impairment**

- Such as loss of an anatomical body part or loss of physiological capability
- Such as amputation, frozen joints, paraplegia, blindness, kidney or lung damage
- Includes needless impairments (preventable, iatrogenic, excessive, “system induced”, unacknowledged yet remediable)
• Research has shown that worklessness is harmful to both physical and mental health as well as to marital, family, social and economic well-being. Too often, being “on disability” means a life of poverty and aimlessness.

• Productive engagement, especially paying work, promotes health and many other kinds of well-being, and should be considered an essential part of a good life. Disabled people who work enjoy better quality of life.

• Optimal timing for effective SAW/RTW intervention is within the first few weeks after health-related work disruption begins. Sometimes, later intervention is required to protect or restore livelihoods.

• Simple, low-cost services delivered “upstream” can avert job loss and adverse secondary consequences that increase demands on government-funded programs “downstream”.

What the evidence tells us
Health-related job loss and loss of livelihood are bad – yet are not counted as “outcomes”

• The government spends millions of dollars to create jobs and reduce unemployment – because we see that worklessness is bad for people.

• Why can’t preserving working age people’s ability to function in life and work be seen as a fundamental purpose of health care services?

• And why can’t success be seen as a valuable health care outcome?

• Reality: Function and work are rarely tracked as health outcomes (mostly in workers’ comp programs) – and job loss NEVER is.
2. Working age adults deserve a more realistic and inclusive definition of “health & well-being”

- Challenges, difficulties, and imperfections are TYPICAL – part of a typical human life, perhaps part of the design!
- ALL of us need a positive vision, a pathway to wholeness
  - Including those with medical problems
  - Including those with incurable chronic conditions, fixed disabilities, and aging.
- Let’s expand the current definition to include:
  - Coping successfully with whatever challenges life delivers
  - Participating as fully as possible in human life
  - Engaging in purposeful and productive activity, paid or unpaid, for as long as is feasible.
3. Maximizing the number of adults who are self-sustaining taxpayers and contributors to the economy is vital to our country’s well-being.
Today, We’ve Got Problems

- Social Security Disability is on a financially unsustainable track.
- 3 million workers applied for SSDI in 2011; 1 million were awarded benefits.
- At least 3 million workers leave their jobs every year — many of them permanently — because of a new injury, illness or a change in a chronic condition.
  - Most cases not work related.
  - Most workers not covered by group disability insurance.
- Health-related job loss is not officially tracked anywhere (!!)
The Gap: Nobody Feels Responsible

Medical offices

NOT my job; NOT medical.
Delay, uncertainty

Workplaces

NOT my job; This IS medical.
Delay, uncertainty

Delay
Uncertainty
Abandonment
Life in limbo
Identity shift
Job loss

Result: Adverse secondary consequences -- iatrogenic invalidism, needless impairment and work disability, job loss, loss of livelihood
NONE of the three professionals who usually get involved in a worker’s health-related employment disruption feels responsible for helping the worker keep her job or get a new one.

• Nor do the organizations in which the professionals work.

• Government has no risk management strategy to protect taxpayers from the costs of needless job loss.

• The current situation reflects:
  • Lack of awareness / buy-in to the 3 starting point concepts
  • The complex, fragmented, and dysfunctional nature of the country’s health care and social welfare systems -- in both the private and public sectors.
The Four Frontline Players

1. The affected individual
   • Who decides how much effort to make to get better
   • Who needs a strategy for the best way to handle the situation

2. Three professionals in separate worlds
   A. The treating doctor/health care practitioner
      • Who works in a health care delivery organization
      • Who makes decisions about treatment and SAW/RTW
   B. The workplace supervisor and/or human resources professional
      • Who acts on behalf of the employer
      • Who decides whether/how hard to look for a solution
   C. The benefits claims representative(s)
      • Who acts on behalf of the health plan, workers’ compensation, or disability benefits program—whether private or public
      • Who decides what to pay for, given the rules
How Upstream Private Sector Programs Protect or Add Load to Public Disability Safety Net

- **Work-related?**
  - Yes
    - Workers’ compensation
      - Legal battles
      - State variation in benefits and care
      - Employer variation in RTW efforts
    - SSDI insured?
      - Yes
        - SSDI benefits, if allowed
        - Incentive to work is slim
      - No
        - SSI, if low-income and allowed
        - Incentive to work is slim, but greater than under SSDI
  - No
    - Group disability insurance?
      - Yes
        - Large employers
          - Less than 40% of workers
          - Plans vary in RTW efforts
          - Required to file for SSDI
      - No
        - Often small employers
          - More than 60% of workers
          - Little/no income during disability
          - Rely on: American Job Centers, vocational rehabilitation, welfare
          - Referred to SSDI

RTW = return to work; STD = short-term disability; LTD = long-term disability; SSDI = Social Security Disability Insurance; SSI = Supplemental Security Income
People with health problems enter a maze

Health status changes

- Specialist Physician
- Emergency Room
- Walk-in Clinic
- Primary Care Practitioner
- Mental Health Practitioner
- Chiropractor
- Internet

Disability Benefits
- X-ray
- Rx

Wellness Coach
- MRI
- Union
- IME
- PBM

Workers’ Comp.
- Surgery
- FCE
- SSDI

Case Manager
- UR

ER
- Pain Clinic
- Voc. Rehab.

Normal rhythm of life resumes

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Roughly half of new SSDI recipients have had unexpectedly poor outcomes of very common health conditions

• Back pain and other common muscle, bone & joint problems
• Depression and anxiety
• Most people who develop these conditions don’t even go to the doctor or take any time off work. If they do, they are able to return after just a short absence.
• For every person now on long-term disability there are several others who started out with the exact same condition, but are still working.
Why do these people have such poor outcomes?

• Are they different from the start?
  • NO
  • Usually no objective data to show they had the worst or more severe versions of the medical condition
  • From the strictly medical point of view, most of them look the same at the beginning – identical to the cases that turn out well.
What IS different between the two groups:

• Who the affected individuals are – their past history, innate traits, life situations – which makes them more vulnerable.

• The way the episodes unfold over time:
  • Specific events during the illness episode
  • Nature and effectiveness of the medical treatment they receive
  • How others talk to them and treat them
  • Decisions they make about the best way to manage this challenge
  • Practical support they get or don’t get from their employers, their benefits handlers, and their healthcare providers
  • Opportunities that are or aren’t available

• These cases are slow-moving (creeping) catastrophes.
This Is Where the Biggest Costs Are!

... and the Saddest Stories

5-10% of All Cases Account for 80-90% of Costs

Hypothetical Total Resource Utilization by Percentile

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Three Chances to Improve Outcomes

Medical offices

- NOT my job;
- NOT medical.
- Delay, uncertainty

Delay, Uncertainty, Abandonment, Life in limbo, Job loss, Identity shift

Workplaces

- NOT my job;
- This IS medical.
- Delay, uncertainty

Result: Fewer lost workdays, fewer jobs lost, reduced entry onto SSDI
Quantifying Costs & Benefits to Key Stakeholders

• **Scenario 1 – Worker A – Successfully stays employed**
  • State has SAW/RTW program
  • Worker A earning median annual wage develops new disability at age 50
  • Employer provides no disability benefits coverage but receives guidance in making reasonable accommodation
  • After returning to work, the worker remains full time in current job until retirement

• **Scenario 2 – Worker B – Goes on SSDI**
  • State does not have SAW/RTW program
  • Worker B earning median annual wage develops new disability at age 50
  • Employer provides no disability coverage and does not accommodate
  • Worker B is terminated and decides he is “unable to work”
  • The employer hires a new employee, who was previously in a comparable job, to fill the position
State, Federal Government, and Workers Benefit Greatly from Upstream SAW/RTW
For More Information

Website:

See especially these articles mentioned today:
• Christian, Jennifer. Establishing Accountability to Reduce Job Loss After Injury or Illness, Mathematica Policy Research, October 2015
• Bardos, Maura; Burak, Hannah; and Ben-Shalom, Yonatan. Assessing the Costs and Benefits of Return-to-Work Programs, Mathematica Policy Research, March 2015.

Christian, Jennifer
• Video explaining many concepts discussed today
• One-page Work Disability Prevention Manifesto
PROBLEM: These issues have not been on the government’s radar

• **Employment services**: Only serve workers who are “ready to work” – not those whose work disruption is due to still-evolving effects of recent illness, injury.

• **Disability services**: Traditional focus on people with irrevocable, stable (“classic”) disabilities, not those with temporary, evolving conditions

• **Vocational rehabilitation**: Same as above, with additional requirement for severe disabilities; long waits are typical

• **Workers’ Comp**: Pays benefits when worker is not able to work; rarely records job loss

• **Public assistance**: Requires proof that work is not possible and/or that financial resources are minimal (e.g., SSI)
Bridging the Gap: Who Will Step Up?

Private Sector

NOT my job;
NOT my concern

Public Sector

NOT my job;
NOT my programs

Delay
Uncertainty
Abandonment
Life in limbo
Job loss
Identity shift

Result: Needless Work Absence, Job Loss, Loss of Livelihood, Withdrawal from Workforce