

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)

What the evidence tells us

- 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”.

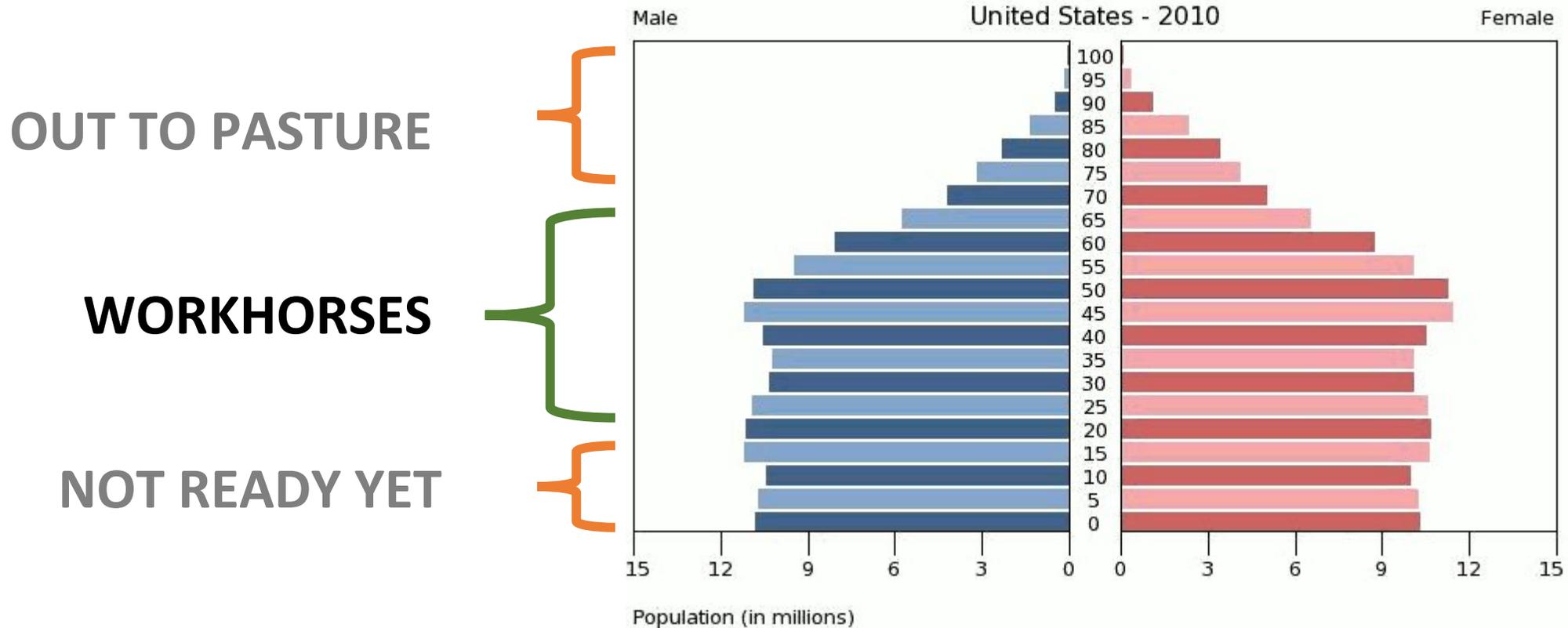
Health-related job loss and loss of livelihood are bad – yet are not counted as “outcomes”

- 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.

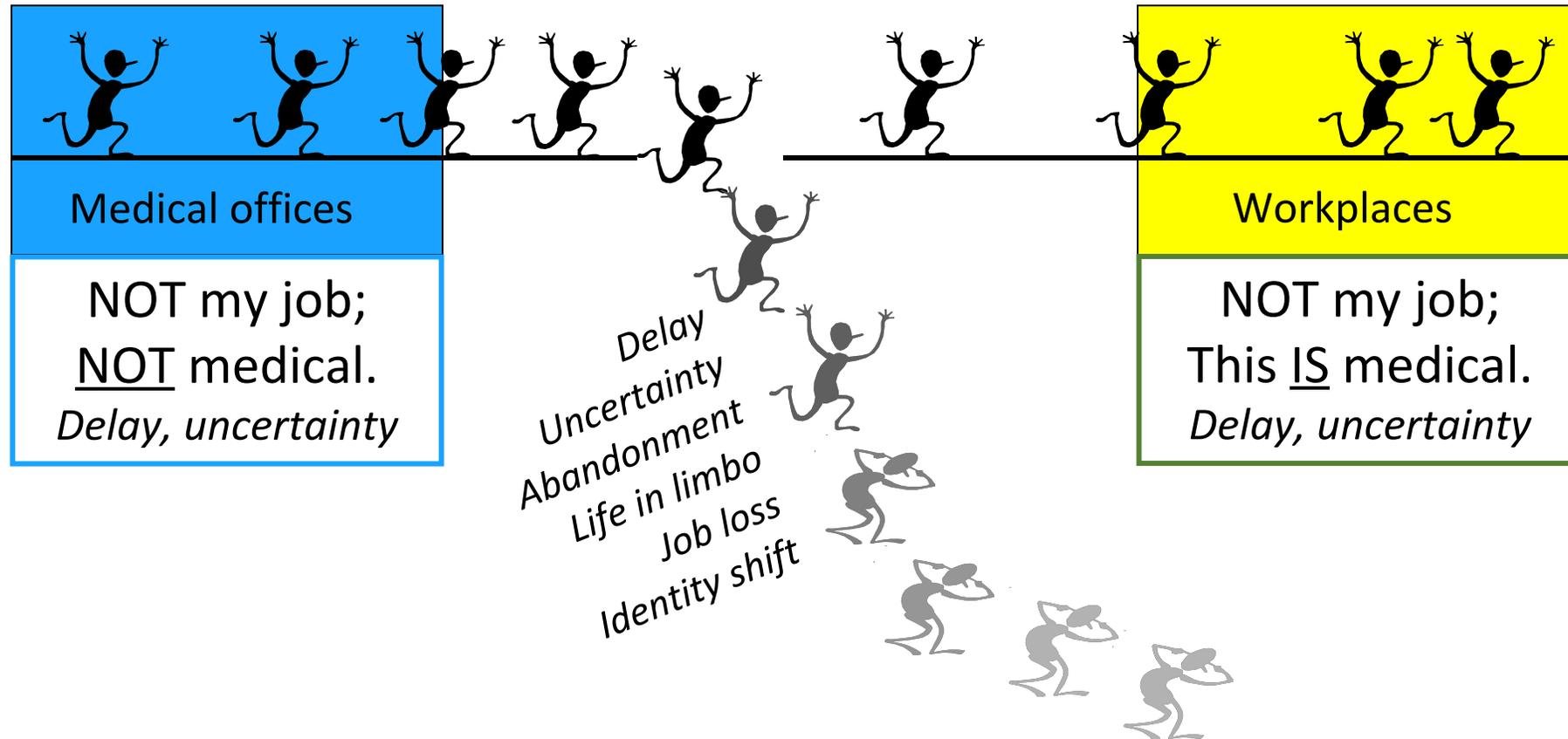
3. Maximizing the number of adults who are self-sustaining taxpayers and contributors to the economy is vital to our country's well-being.



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



Result: Adverse secondary consequences -- iatrogenic invalidism, needless impairment and work disability, job loss, loss of livelihood

Status quo: No visibility; no accountability

- 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

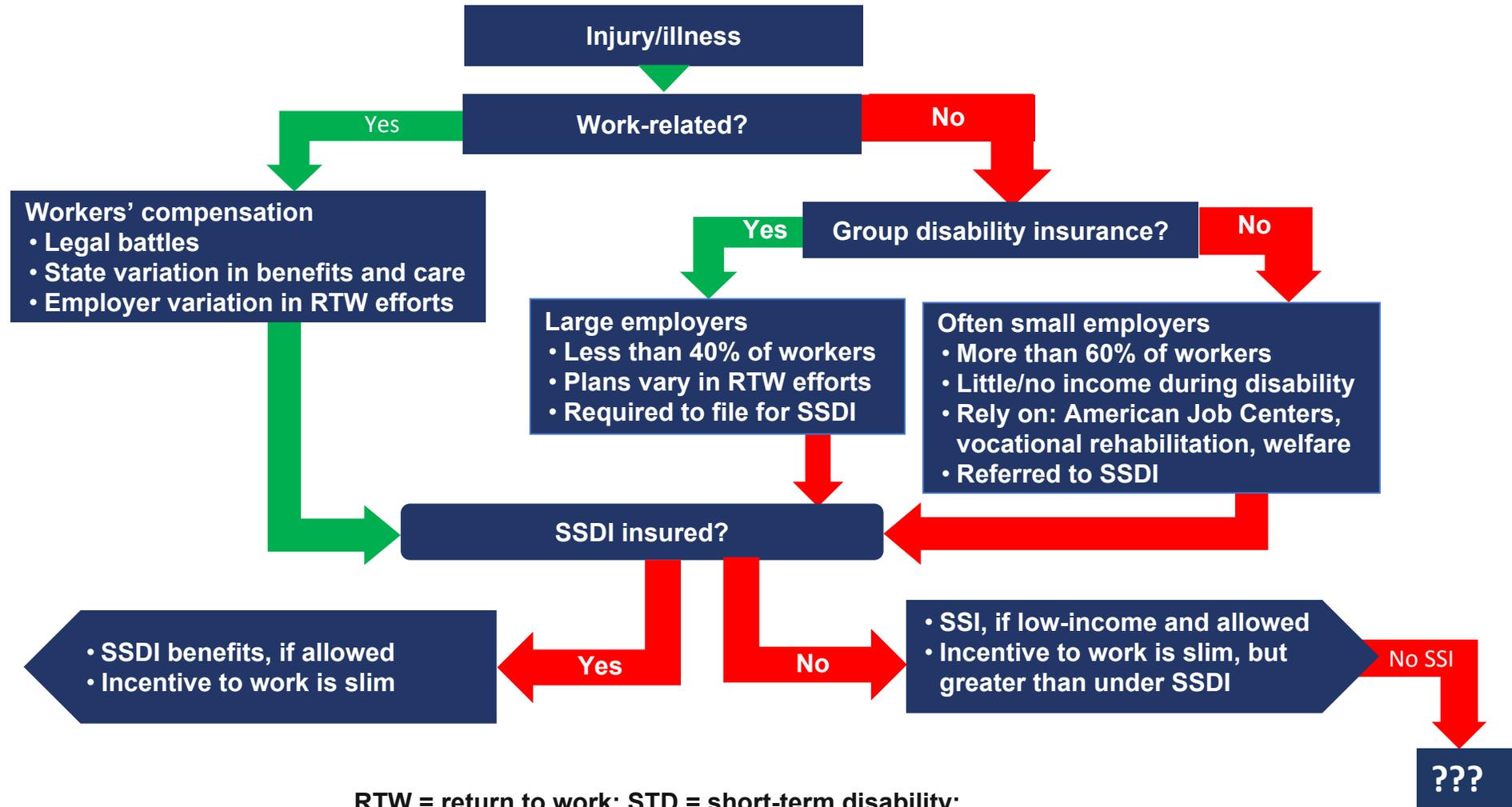
B. The workplace supervisor and/or human resources professional

- Who acts on behalf of the employer
- Who decides whether/how hard to look for a solution

C. The benefits claims representative(s)

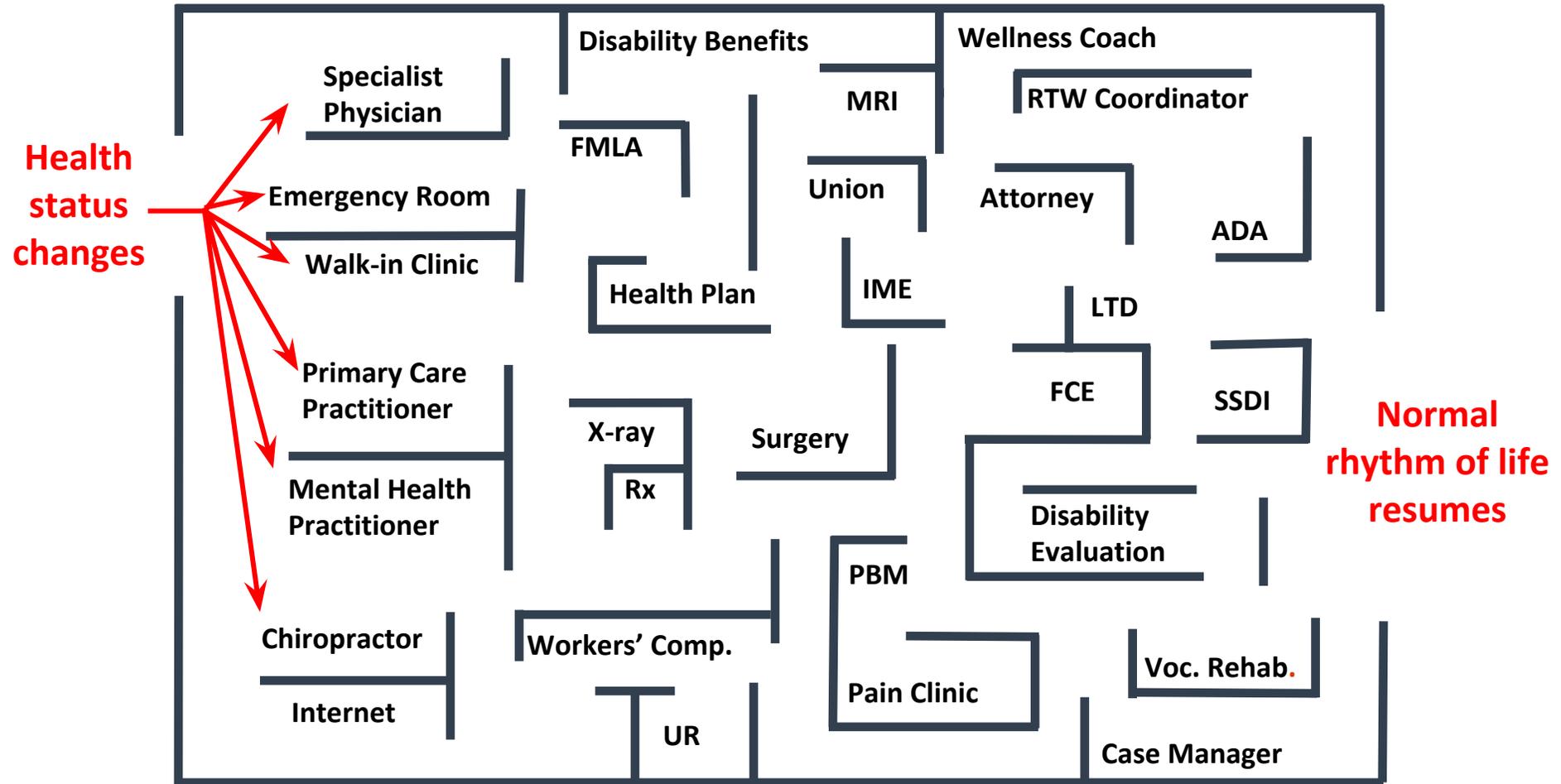
- Who acts on behalf of the health plan, workers' compensation, or disability benefits program—whether private or public
- Who decides what to pay for, given the rules

How Upstream Private Sector Programs Protect or Add Load to Public Disability Safety Net



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



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.

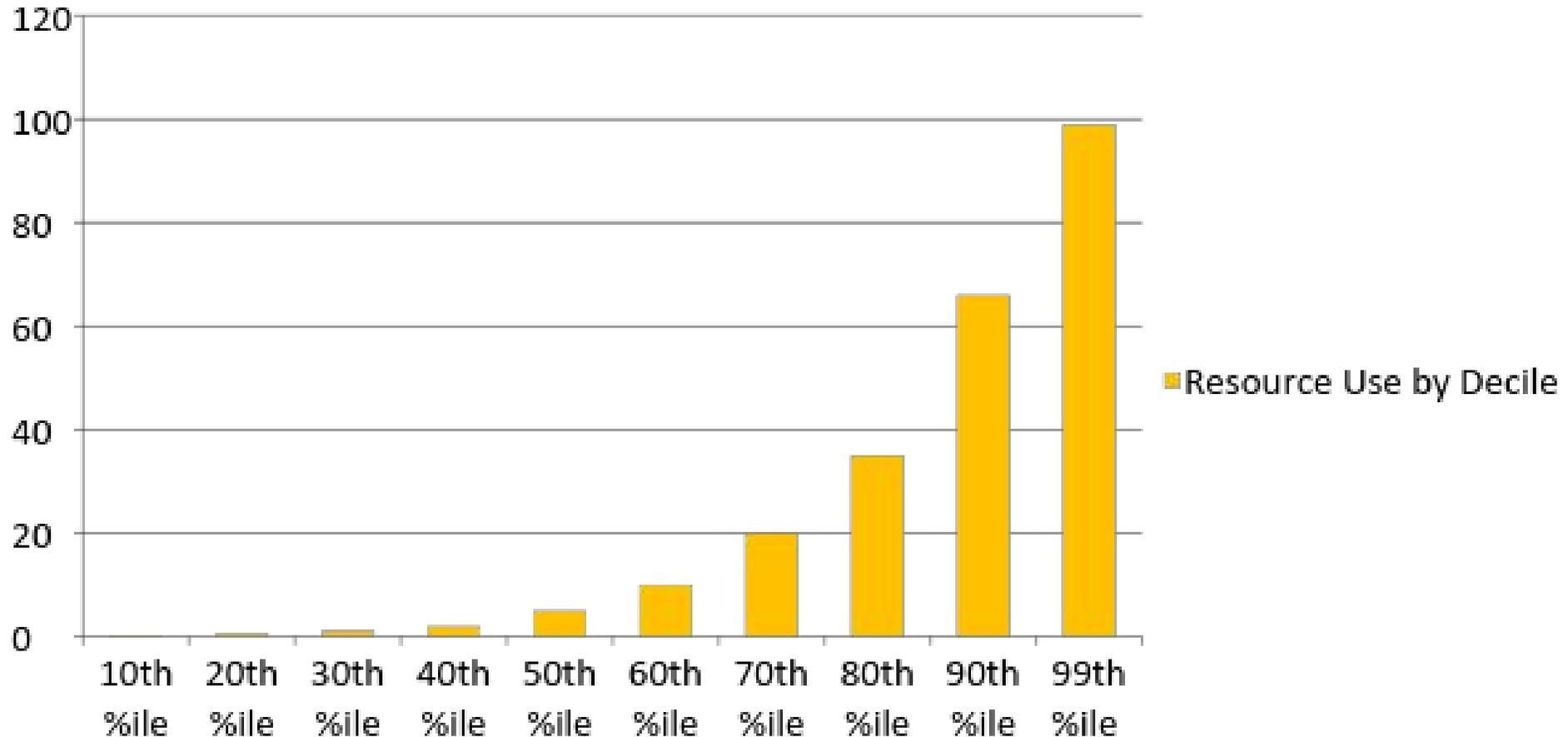
What IS different between the two groups:

- 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.

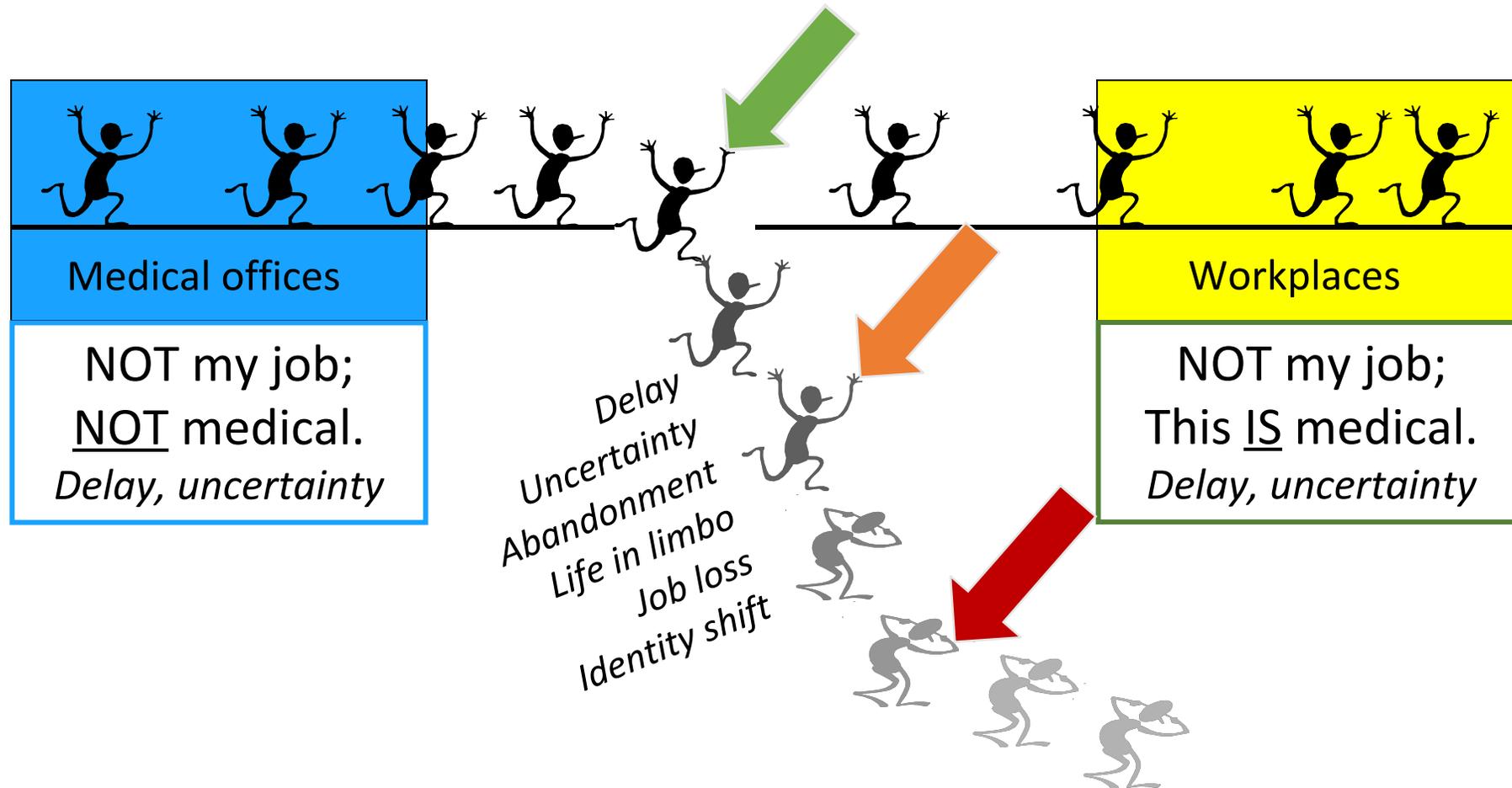
This Is Where the Biggest Costs Are! ... and the Saddest Stories

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

Hypothetical Total Resource Utilization by Percentile



Three Chances to Improve Outcomes

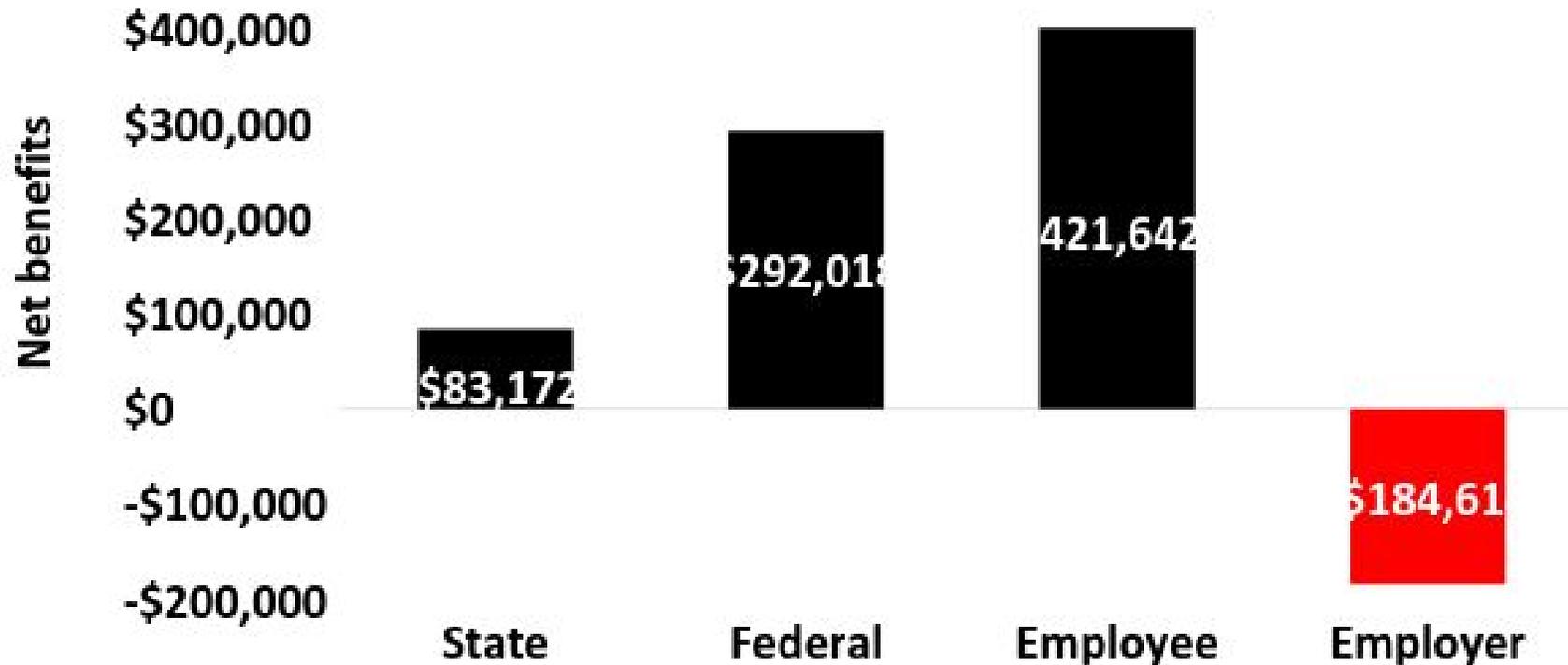


Result: Fewer lost workdays, fewer jobs lost, reduced entry onto SSDI

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:

<https://www.dol.gov/odep/topics/Stay-at-Work-Return-to-Work.htm>

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.

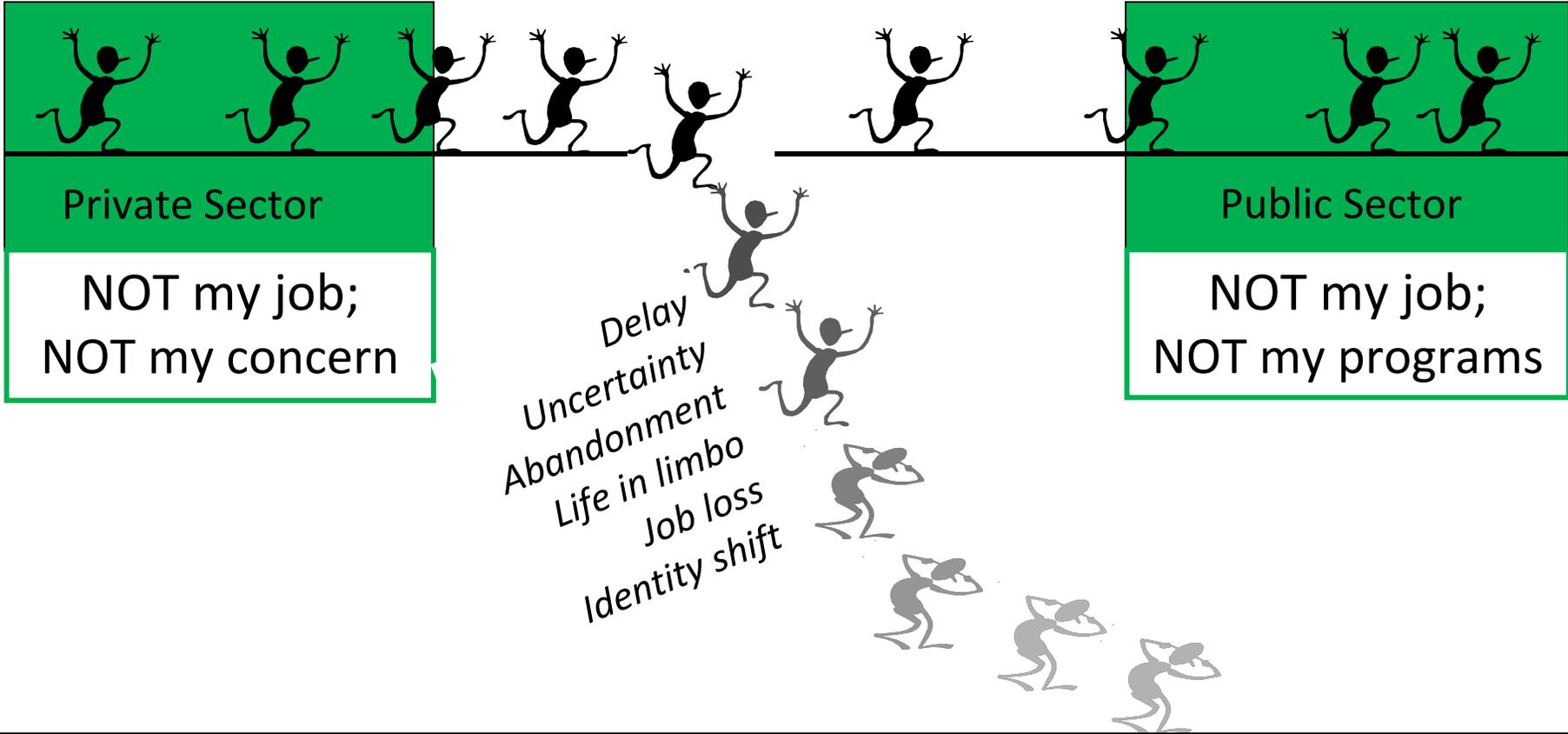
Christian, Jennifer

- [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?



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