How to Create or Avert Needless Work Disability: Implications of New Models for Practice, Policy & Research

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The Gap: Whose Responsibility Is It?

Medical Offices

Workplaces

Delay Uncertainty

Delay Uncertainty

“Not mine: NOT a medical issue”

“Not mine: This IS medical”

Result: Needless Work Disability, Job Loss, Withdrawal from Workforce

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Today’s Key Distinctions

- Impairment disability
- Work disability
Impact of Impairments Varies

- Most people with impairments work full time.
- Different conditions have different impacts:
  - **Temporary**: sprains, wounds, surgery, “the flu”
  - **Fixed loss**: blindness, amputation, paraplegia, intellectual disability, malformations, stroke
  - **Chronic illness**: renal, cardiac & lung disease, arthritis, bipolar disorder, cancer, HIV
  - **Lifestyle and aging-related**: Loss of function due to natural aging process & degeneration

- Is being old, fat, & out of shape a disability?
Distinguish Between Sub-Groups

“Classic” Disabilities
- Look serious from day 1
- Obvious immediate or imminent anatomical / functional loss or multi-system insult
- Congenital issue, devastating illness or injury, etc.
- Generally meet “listings”

“Creeping Catastrophes”
- Start out looking like common health problems
- Recovery stalls
- Nothing works
- Illness > disease
- Desperation drives search for expensive / destructive measures
- Go downhill over time
- “Lost causes” get on SSDI
Recipe for Work Disability

Medical Condition that affects function

PLUS

Loss of ability or willingness to cope

AND / OR

Lack of external support
Sad Sam

- Bad back; disc; surgery
- Mediocre work history
- Supervisor never called: “They will handle it”
- Weak supervisor
- Teasing by co-workers
- Disabling doctor
- “Stay home until you’re able to do your job.”
- PERMANENT DISABILITY

Lucky Lou

- Bad back; disc; surgery
- Mediocre work history
- Supervisor kept in touch: “We need you”
- Good supervisor
- Support from co-workers
- Function-oriented MD
- Transitional work; adaptive equipment
- BACK TO WORK IN 6 WEEKS

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How to Prevent Needless Work Disability

1. Increase recovery of functions affected by the medical condition by:
   – Improving access/ reducing delays in care
   – Increasing effectiveness of treatment
   – Paying specific attention to function.

2. Restore or strengthen the worker’s motivation and ability / willingness to cope.

3. Arrange workplace and logistical support to enable SAW / RTW / STW.
Focus Efforts on Opportune Times

YES: PEOPLE WHO ARE DEALING WITH CHANGE

People who HAVE BEEN working “full time,” but:
- Who have developed new medical conditions
- Whose existing medical conditions are bothering them more
- Who have now lost capability due to aging

NO: PEOPLE WHO ARE STABLE

People who HAVE NOT BEEN part of the workforce recently:
- Working age but:
  - already receiving Social Security Disability benefits
  - have never worked
  - have not worked for several years
  - are content with their lot
- Who are old & retired
- Who are too young to work

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People Wonder About the Impact of this Change on Life

- How long am I going to be laid up?
- How long do I have to take it easy?
- What can I still do? What shouldn’t I do?
- When will life be back to normal? …if ever?
- What does this mean about me? My future?
- How should I handle this whole mess?
At 12 weeks, employees have only a 50% chance of ever returning to work.
Reality Check

The affected individual has the most power to determine the eventual outcome of a potential work disability situation.

. . . .

. . . . . . because he or she decides how much effort to make to get “well” and resume normal life roles (exit the “sick” life state).

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Individual Autonomy

By tradition and under the law, individuals have a lot of discretion regarding whether to go to work or not -- if they say that a medical condition is the reason.

A practical measure of someone’s commitment to something is the amount of inconvenience or discomfort they are willing to put up with for it.
The employer (when there is one) plays a powerful role in determining the outcome.

By deciding whether to manage the employee’s situation actively, passively, supportively, or hostilely;

And by deciding whether to allow on-the-job recovery or make permanent adjustments to the job (“reasonable accommodations”).
Doctors and other clinicians have a powerful influence on a situation. . .

. . . . . By providing factual information and advice that will either encourage / support or discourage / obstruct efforts at SAW / RTW.
Doctors are “Designated Guessers”

- Why are they in the middle?
  - Pressed into service by others due to
    - Desire for objective corroboration
    - Lack of trust (moral hazard, vested interest, etc.)
    - Blind faith (doctors know everything)
  - Neither trained in these matters nor paid for dealing with them = “not medical.”
  - But probably the best available choice.
  - Transubstantiation: their wild guesses become facts.
Other Parties Influence Which Way the Swing Groups Go

- **Good Outcome Certain**
- **Good, unless . . .**
- **Bad, unless . . .**
- **Bad Outcome Certain**

Swing Groups

- Ignored?
- Disrespected?
- Abandoned?
- Alienated?
- Unmonitored?
- No limits?

- Noticed?
- Cared about?
- Valued?
- Respected?
- Supported?
- Monitored?
- Corralled?
Our Country Has Little / No Work Disability Prevention or Mitigation Program YET

SSA, the largest disability insurance carrier in the world has a fiduciary duty to employ some widely-accepted techniques to protect its policy-holders: the U.S. taxpayers.
Loss Prevention / Mitigation

- **Anticipatory management.** Think ahead to specific likely causes of losses (adverse events, resulting costs) and take action.

- **Loss Prevention:** Take pro-active measures to avoid events entirely. Keep improving.

- **Loss Mitigation:** Develop protocols & train in advance, then leap into action as soon as events do occur to minimize losses.
  - Secondary Prevention: Keep little things little.
  - Tertiary Prevention: Minimize the damage.

MOVE UPSTREAM:  BEFORE JOB LOSS

Opportunities to Prevent Work Disability

- Time and attendance policies

- Mandatory benefits
  - FMLA & ADA protection
  - Workers’ Compensation
    - Medical
    - Time off
  - Health care insurance benefits

- Voluntary benefits
  - Sick leave
  - SAW/RTW programs
Stop Creeping Catastrophes

1. The problem has appeared in the medical domain, but the solution lies elsewhere.

2. Illness ≠ Disease in most of these cases.

3. Strengthen people; get them “whole” enough to recover and cope.

4. Timely intervention with integrated multi-dimensional approach to care will address root causes, improve outcomes, & control costs.
KS - Reduced health care costs after work starts

Trends in *Working Healthy* Participant Medicaid Outpt Expenditures - Per Member Per Month (pmpm)*

Data Source: Kansas Medicaid Management Information System
Success of Participant Work Efforts