How to Create or Avert Needless Work Disability:

Implications of New Models for Practice, Policy & Research

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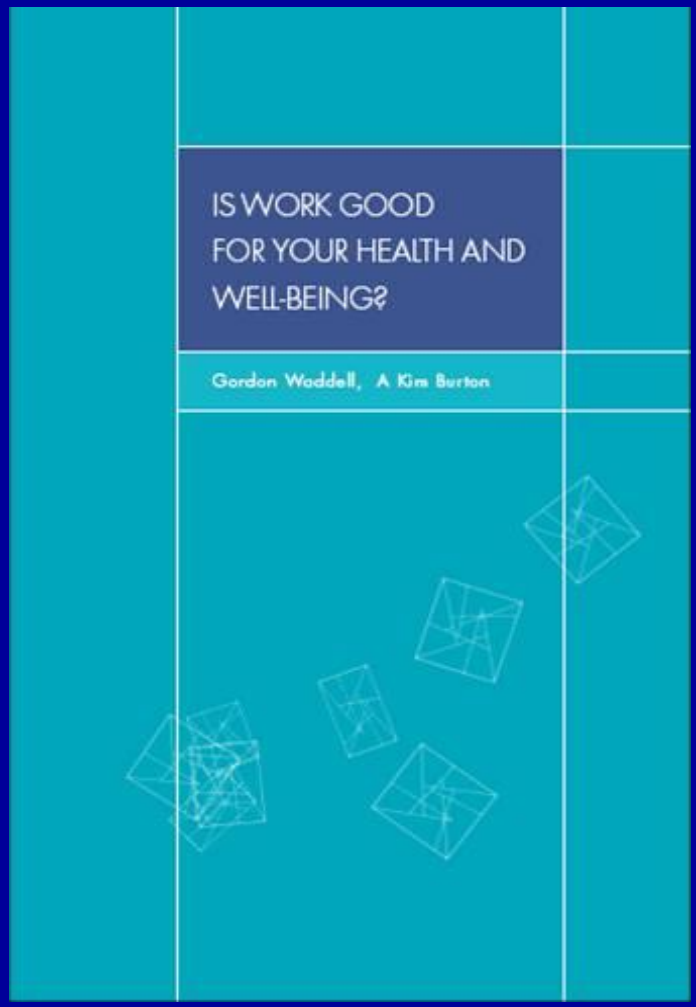
Researchers in UK re: SCIENCE of WORK ⟷ HEALTH

- *Is work actually <u>good</u> for your health and wellbeing?*
  - *The scientific evidence supports promotion of work participation*
    - *G Waddell, K Burton (2006)*



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Conclusions

- Work is generally good for physical and mental health and well-being
  - true for healthy people of working age, for many disabled people, for most people with common health problems, and for social security recipients
- Provisos
  - beneficial health effects depend on the nature and quality of work
  - good jobs are good for health
  - but, overall, ***the effect of employment status on health is greater than the effect of health on employment status***

(Kendall 2003)

Today's Key Distinctions

- Impairment disability
- Work 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

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.

Even Serious Mental Illness

- People with serious mental illness want to work
- Supported employment increases competitive employment by three-fold, to 60-70%
- Employment enhances self-esteem, quality of life, management of illness, and decreasing involvement in the mental health system
- Barriers:
  1. Lack of expectations
  2. Lack of health insurance
  3. Lack of supported employment programs.

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:

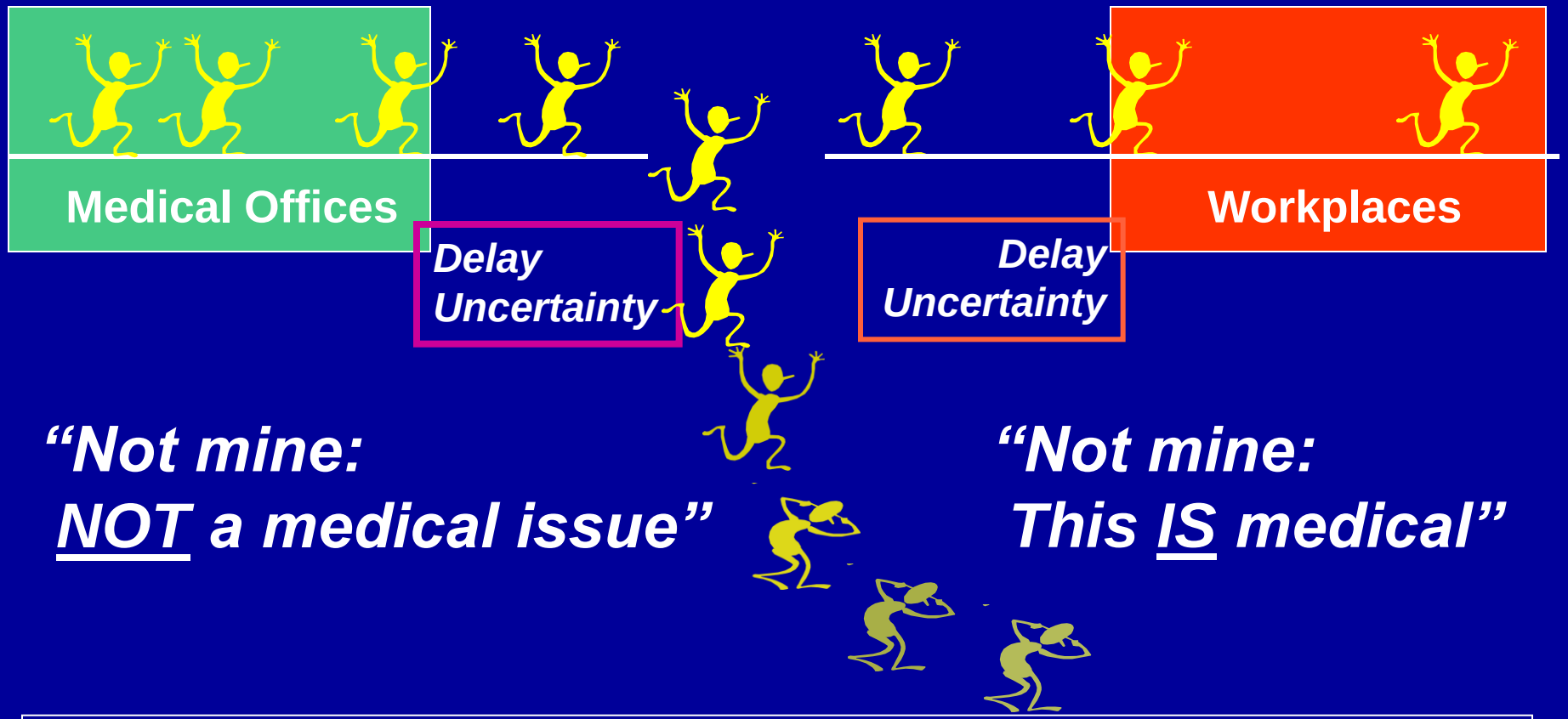
- Who have developed new medical conditions
- Whose existing medical conditions are bothering them more
- Who have now lost capability due to aging

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

The Gap: Whose Responsibility Is It?



"Not mine: NOT a medical issue"

"Not mine: This IS medical"

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

People Wonder About the Impact of this Change on Life

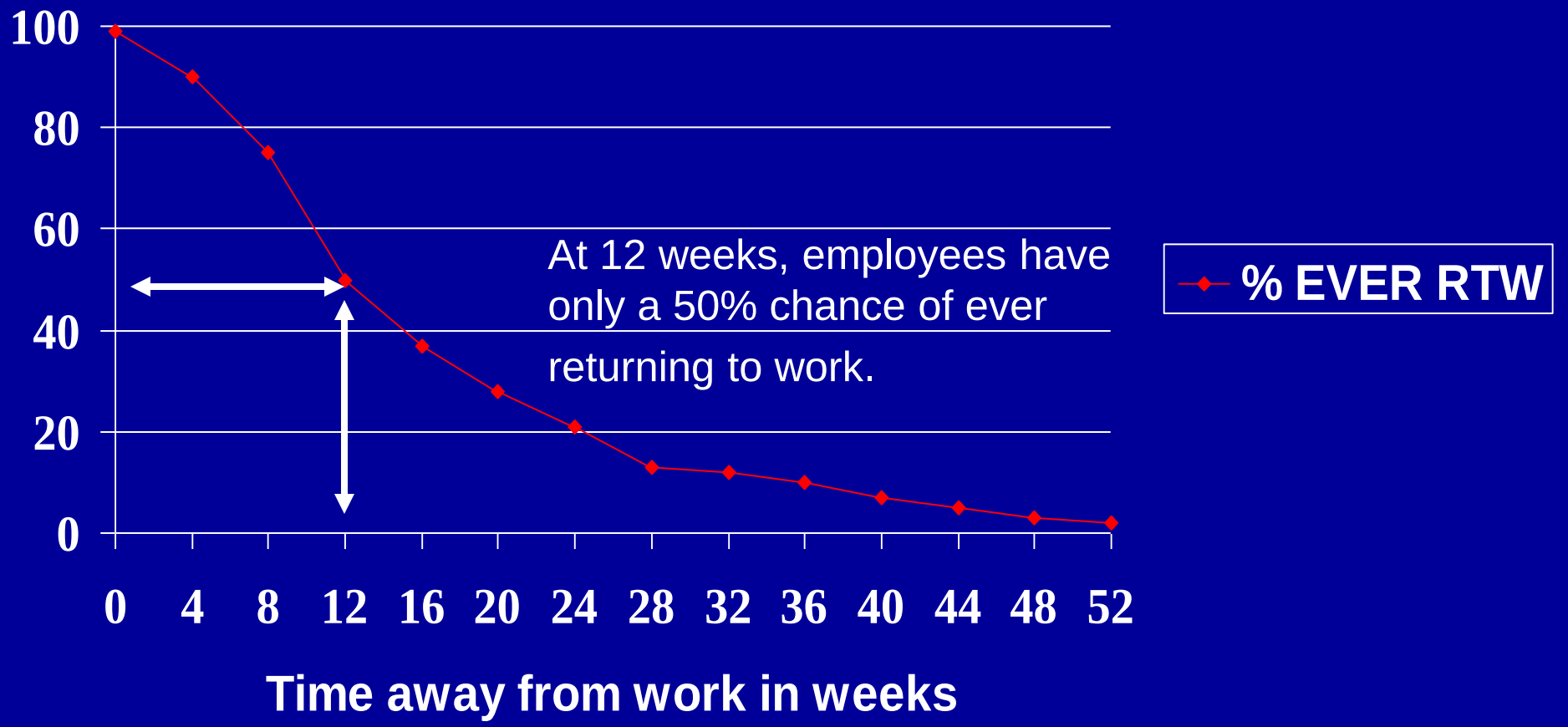
- How long am I going to be laid up?
- How long do I have to take it easy?
- What can I still do? What shouldn't I do?
- When will life be back to normal? …if ever?
- What does this mean about me? My future?
- How should I handle this whole mess?

Individual Autonomy

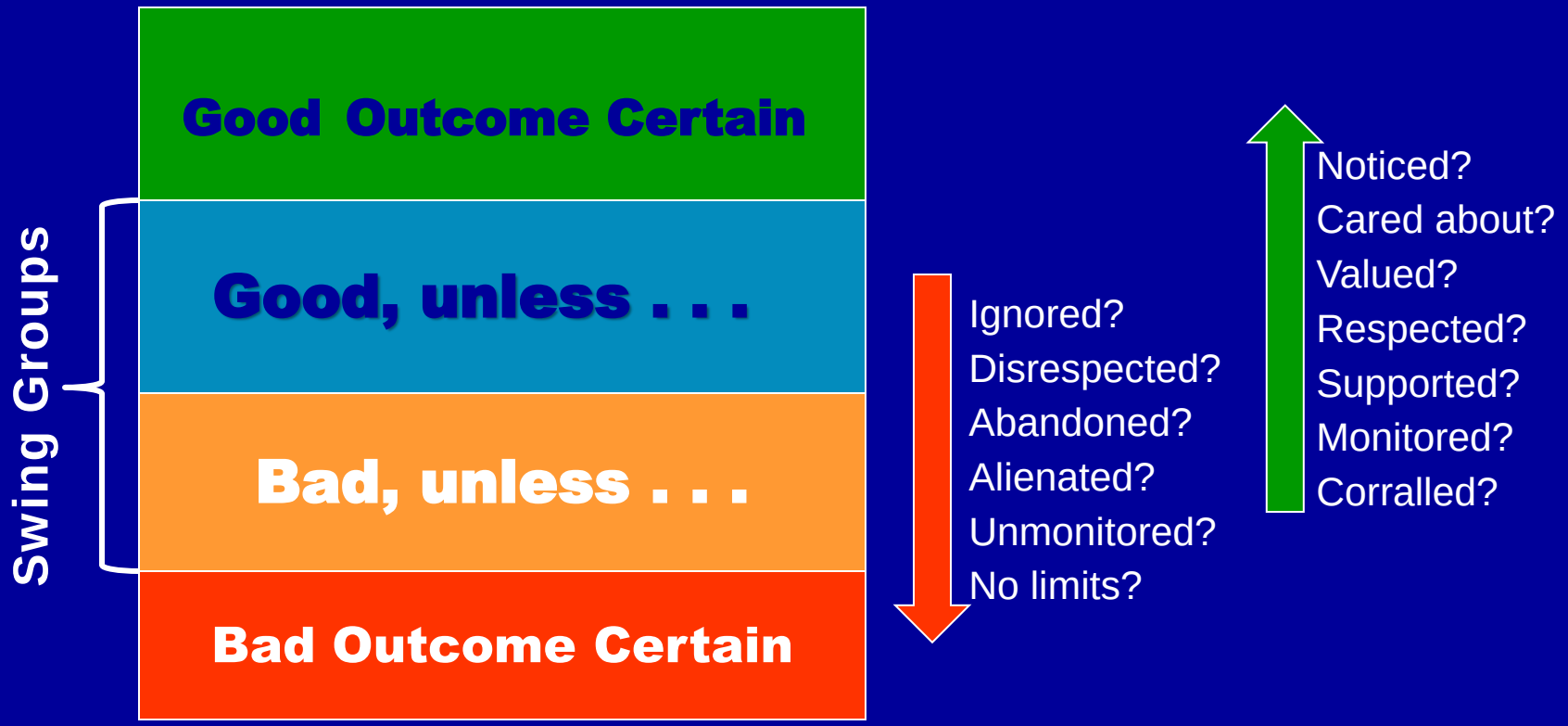
By tradition and under the law, individuals have a lot of discretion regarding whether to go to work or not -- if they say that a medical condition is the reason.

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.

Time Is Of The Essence



Other Parties Influence Which Way the Swing Groups Go



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 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.

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.

RiskMap® Risk Analysis Services

Loss Prevention / Mitigation

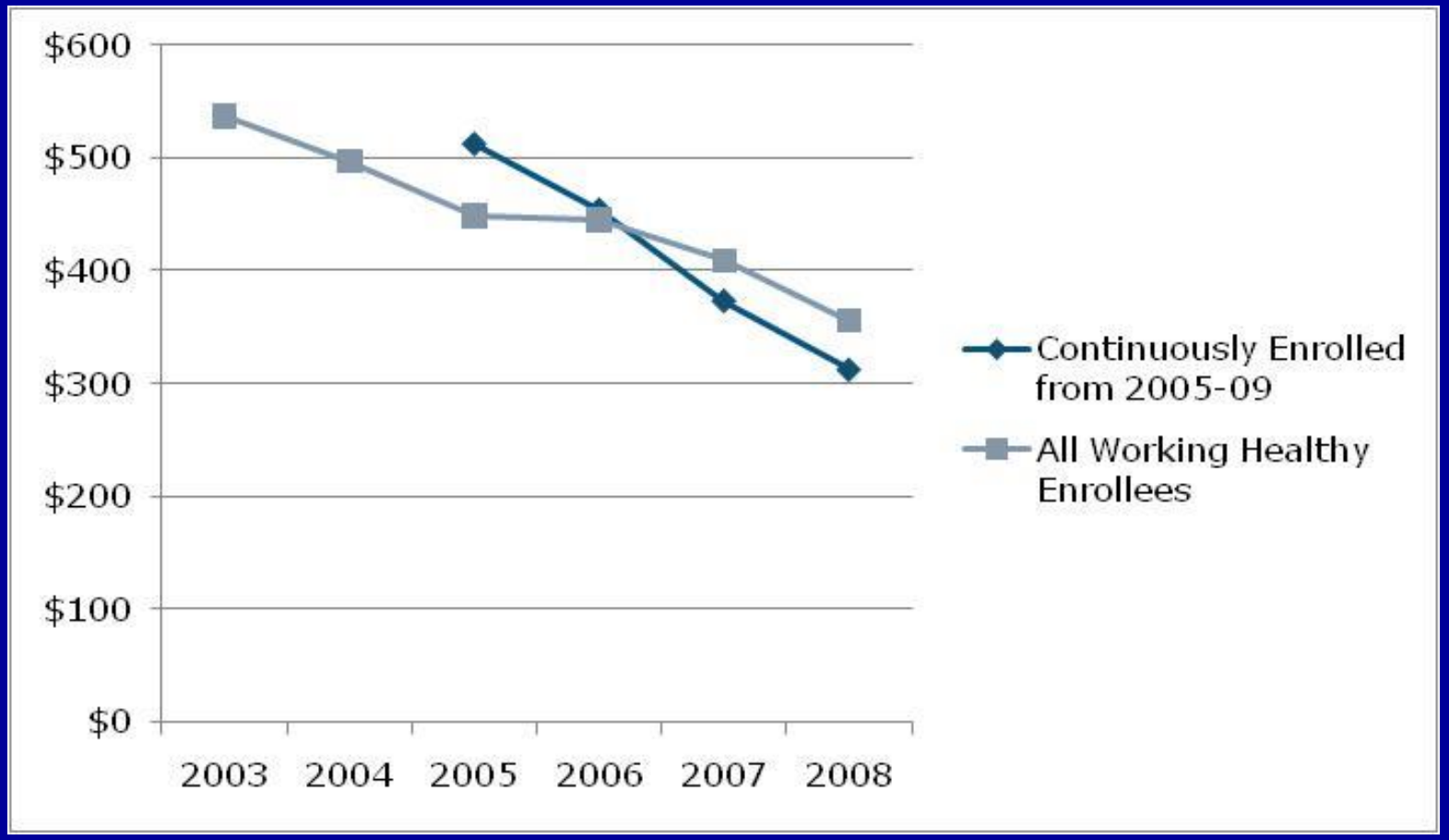
- Anticipatory management. Think ahead to specific likely causes of losses (adverse events, resulting costs) and take action.
- Loss Prevention: Take pro-active measures to avoid events entirely. Keep improving.
- Loss Mitigation: Develop protocols & train in advance, then leap into action as soon as events do occur to minimize losses.
  - Secondary Prevention: Keep little things little.
  - Tertiary Prevention: Minimize the damage.

MOVE UPSTREAM: BEFORE JOB LOSS

Opportunites to Prevent Work Disability

- Time and attendance policies ●
- Mandatory benefits
  - FMLA & ADA protection ● FMLA ● ADA
  - Workers' Compensation ● medical ● time off
    Health care insurance benefits ●
- Voluntary benefits
  - Sick leave ● STD ● LTD ●
  - SAW/RTW programs ●

KS - Reduced health care costs after work starts

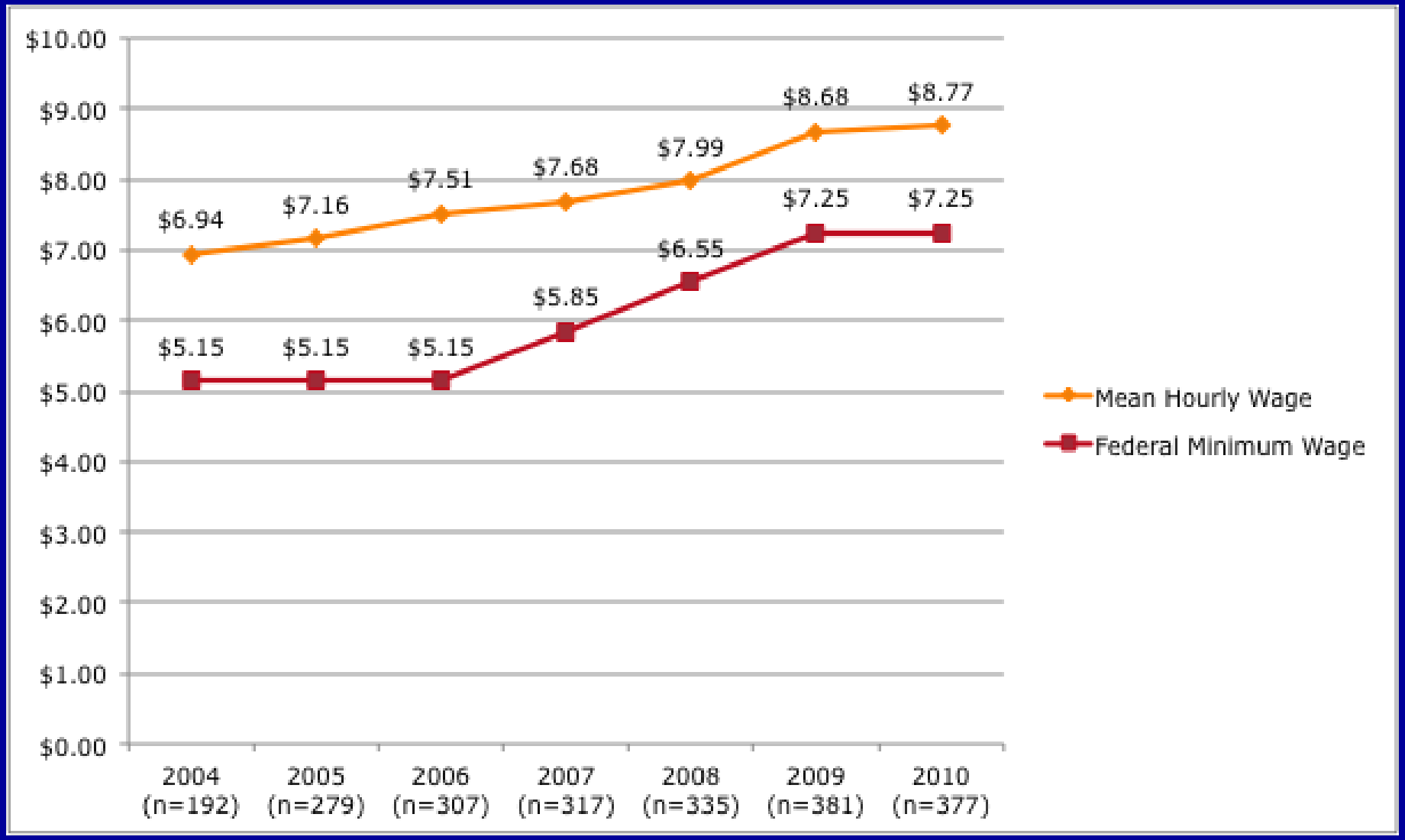


Trends in *Working Healthy* Participant Medicaid Outpt Expenditures - Per Member Per Month (pmpm)*

Data Source: Kansas Medicaid Management Information System

Citation: Kurth, N.K. Fall, E.F. & Hall J.P. (2011, in press). KS Medicaid Buy-In Research and Evaluation Chartbook, 2002-2010.

Success of Participant Work Efforts



Source: Kurth, Fall, & Hall (2011, in press). KS Medicaid Buy-In Research and Evaluation Chartbook, 2002-2010.

Dispelling myths and shifting the culture

HEALTH WORK WELLBEING

- Public health education
  - workplace
  - worker
  - healthcare
- Myth busting
- Practical advice on return to work processes
- Aid communication between the players
- Open access

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Proposed IAAS

- One step beyond
- Independent health and work assessment ***and*** advice service
- Early access: 4 weeks
  - Occupational health intervention
    - Focus on stemming flow to long-term incapacity
- Government funded
  - Calculated to be cost-beneficial

- Fundamental principle is to overcome obstacles to (expected) return to work