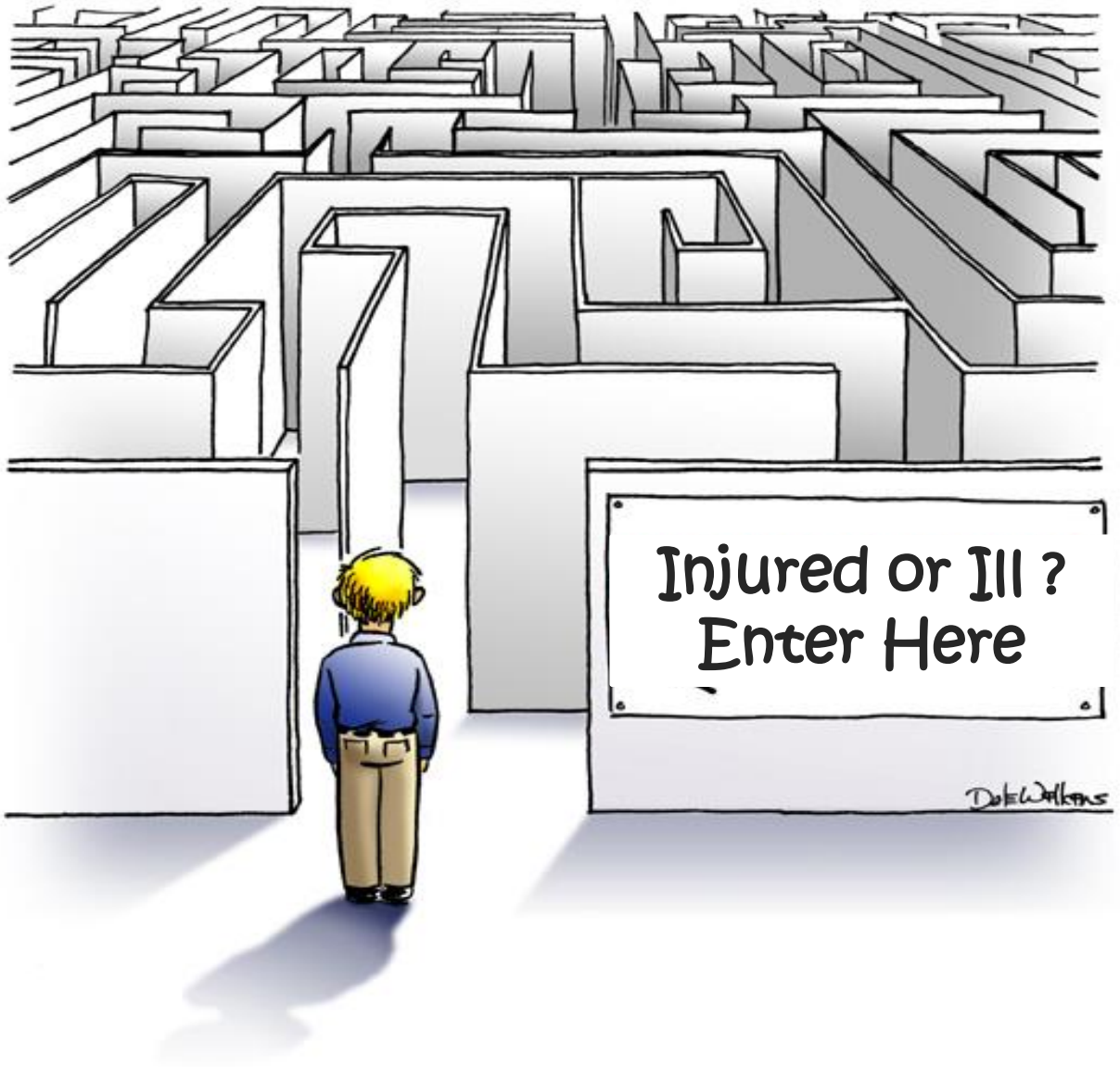
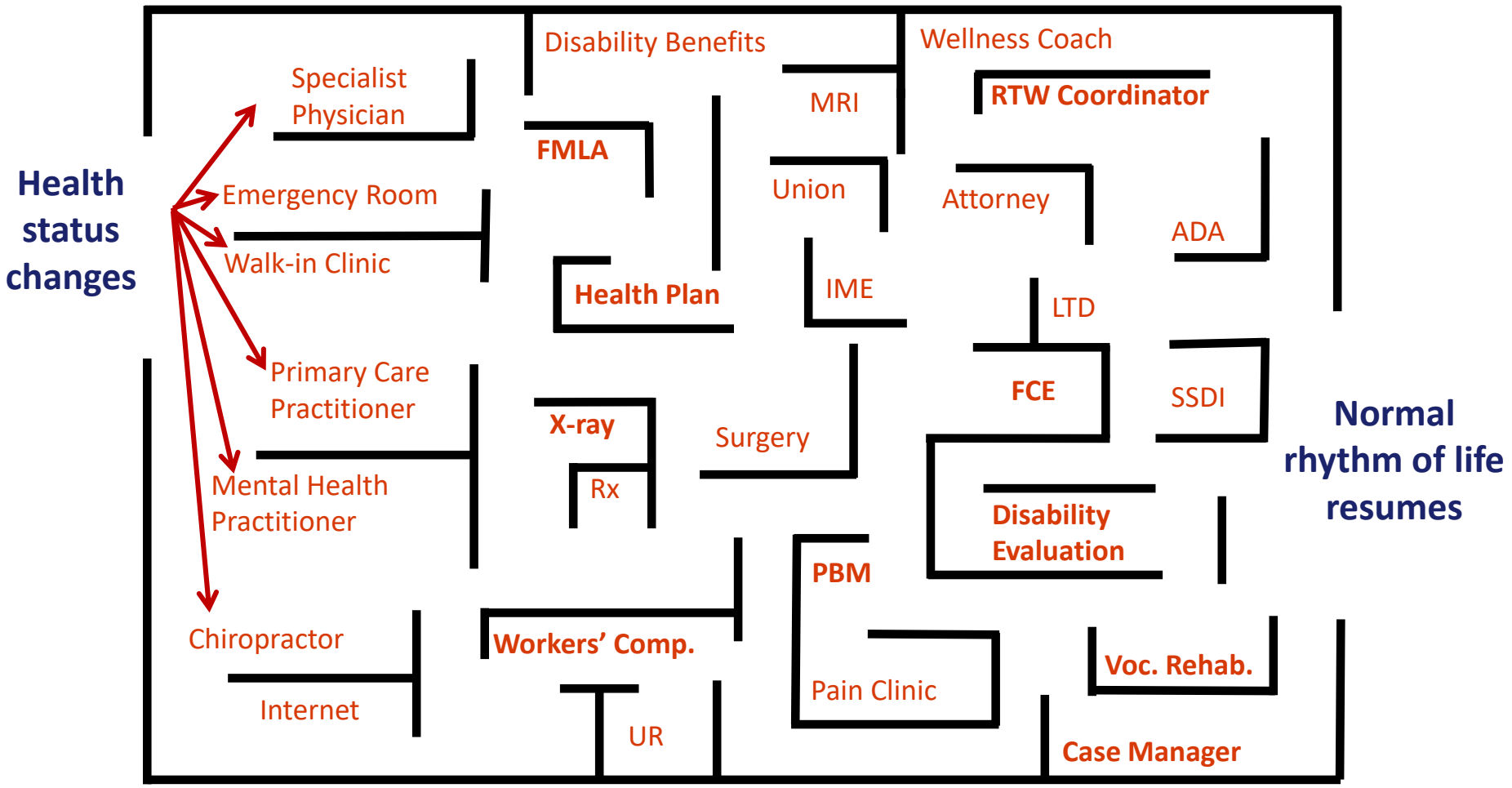
Ill/injured workers thrust into a maze



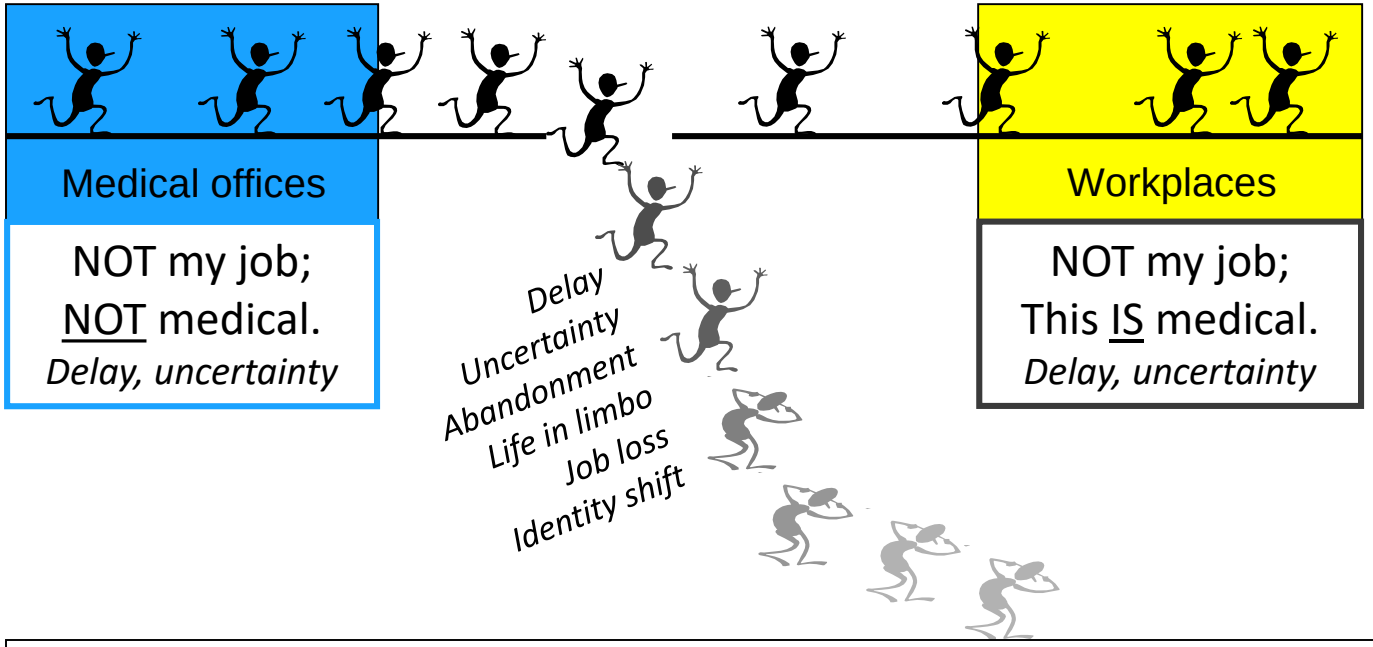
Variability leads to poor outcomes

- Workers with seemingly identical biology **at the start** will have wildly different outcomes.
- Workers vary: Educational/skill level, personality, past history, overall health status, world view, intentions, etc.
- Physicians/healthcare professionals vary: Competence, philosophy, attitude, interpersonal skills, outcomes, etc.
- Employers vary: Response to injury, tangible and intangible workplace environment, willingness to support recovery, etc.
- Benefits managers and legal systems vary: Skill, availability, philosophy, aligned vs. misaligned incentives, etc.
- Things that happen during the unfolding of an illness or injury episode drive it towards a better or worse outcome
- .

Some get stuck in the maze

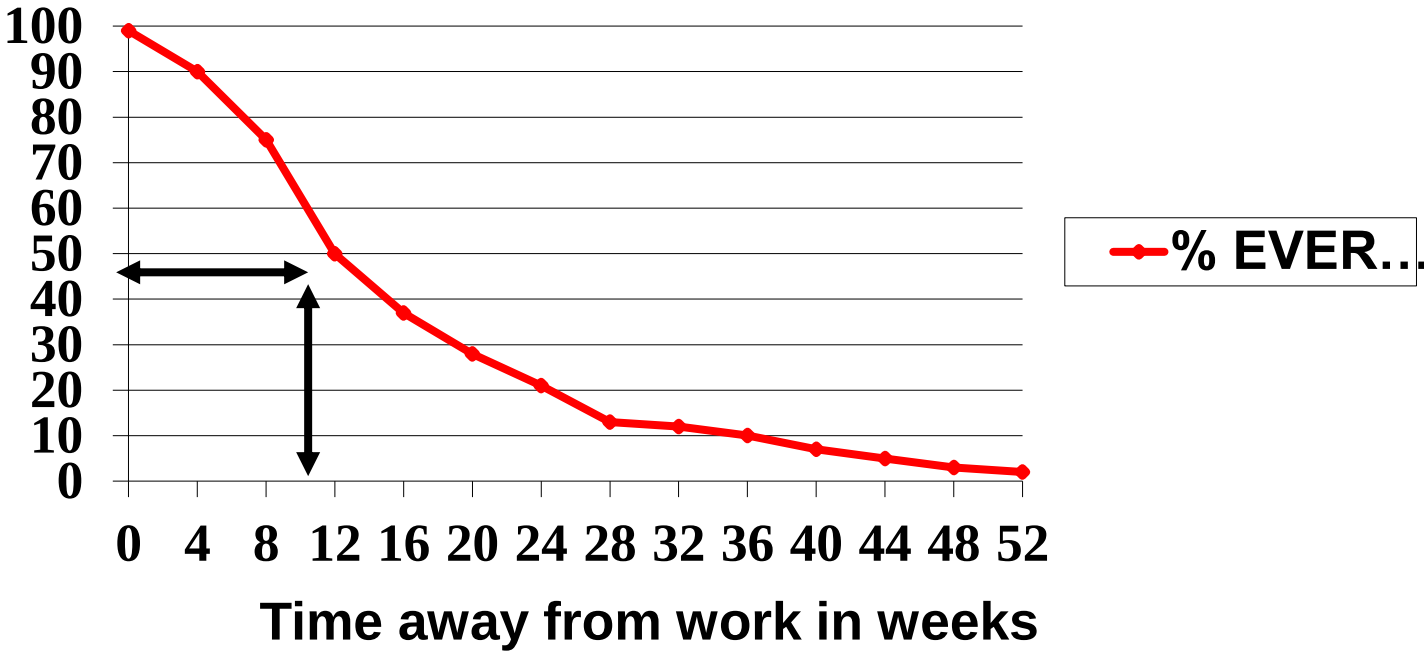


A Population with Unmet Needs and a Gap in Our Social Fabric



Result: Adverse secondary consequences -- iatrogenic invalidism, over-impairment and needless work disability, job loss, loss of livelihood, withdrawal from workforce, dependency on public benefits

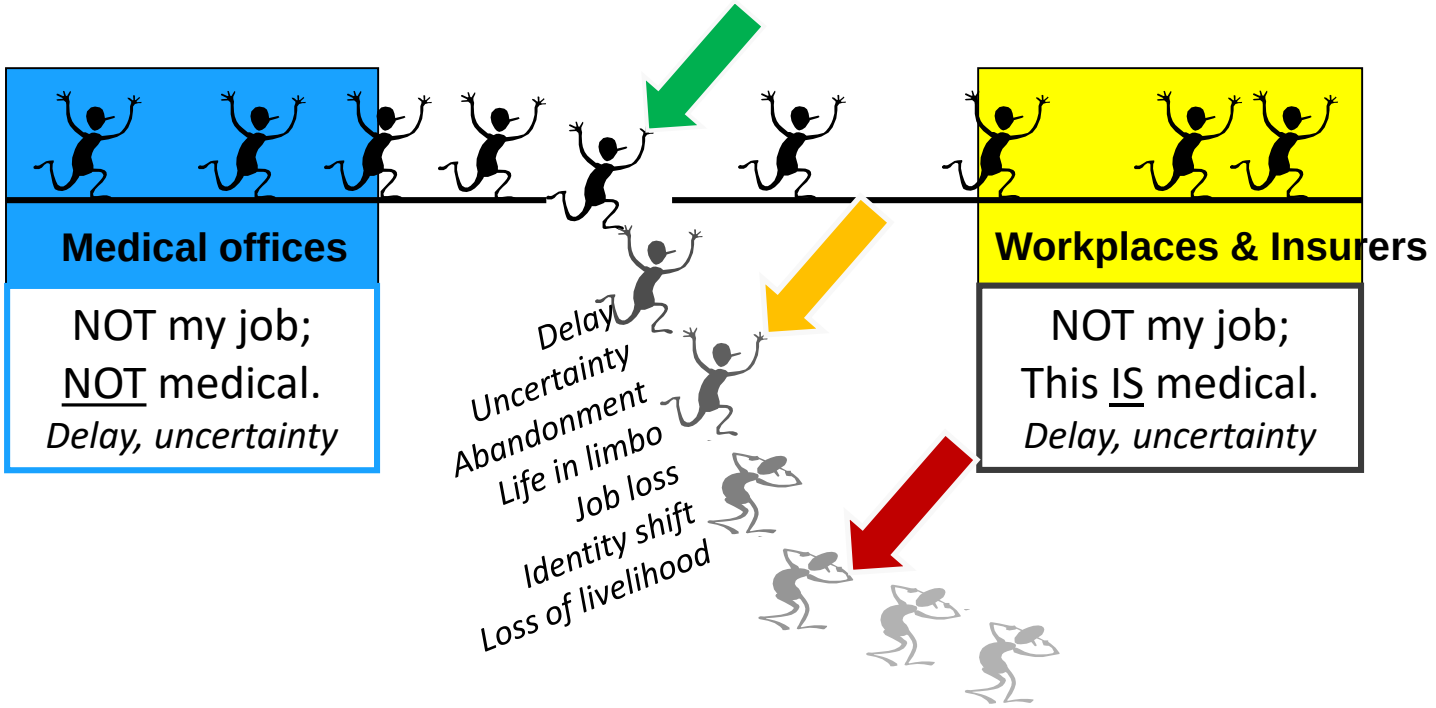
The Clock is Ticking:
Elapsed Time is the Enemy



Confirmed: Poor outcomes are rare, but very costly, and often preventable

- 90% of total system costs arise out of 10% of all WC claims (data from Washington State)
- Many / most of those expensive claims are due to potentially preventable “adverse secondary consequences” of routine MSK injuries. (Washington and Colorado state medical directors of work comp systems)

Three Chances to Improve Outcomes



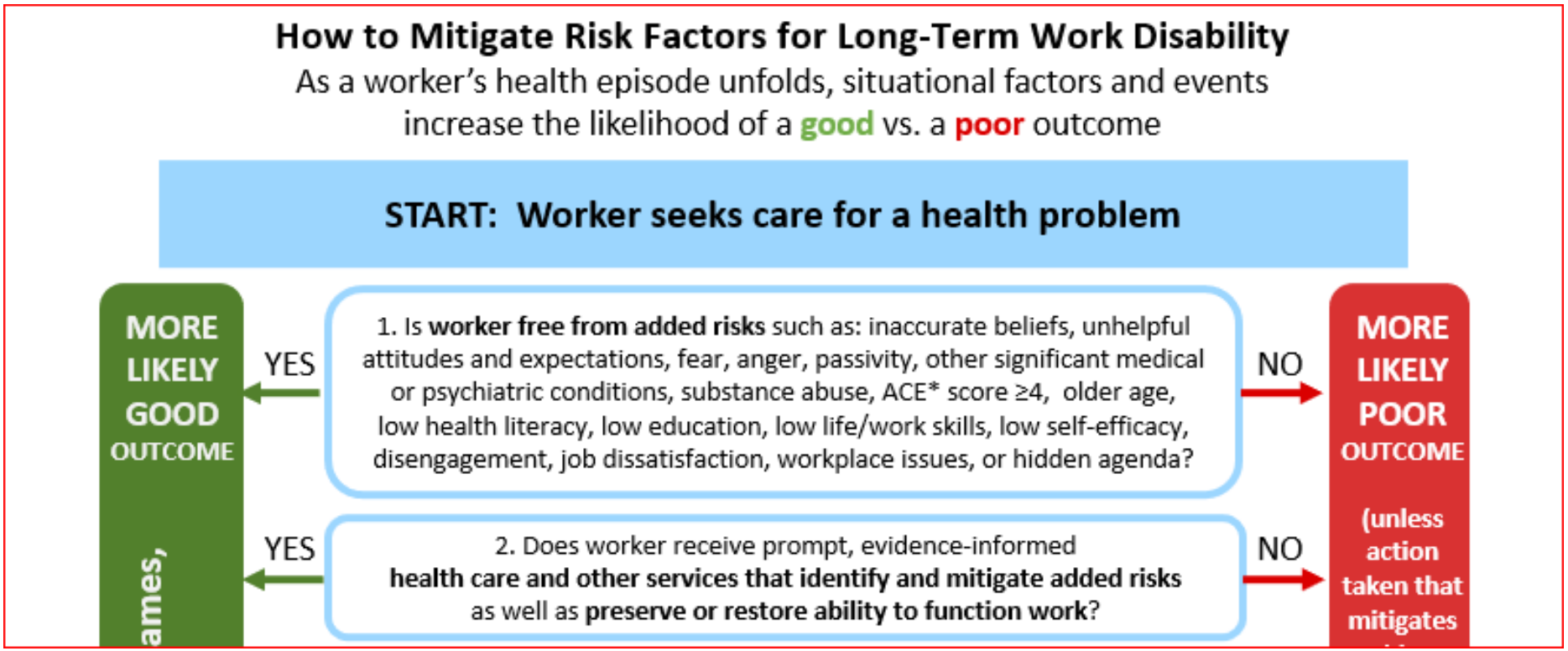
Result: Fewer lost workdays, fewer jobs lost, reduced entry onto SSDI

Seeing Things From a New Angle

1. Loss of livelihood in a working person due to illness or injury (**work-related or not**) is a **very poor** outcome of medical care -- but is not currently noticed / treated / counted / reported as one by the **healthcare sector**. This enables a lack of accountability.
2. Loss of livelihood / withdrawal from the workforce is a **very poor** outcome of a workers' injury/illness -- but is not usually treated / counted / reported as one by either **employers or benefits administrators or governments**. This enables a lack of accountability.
3. Few employers' reactions to a newly injured or ill worker reflect an awareness that their obligation to make a reasonable effort to accommodate workers with disabilities **includes newly-acquired disabilities** (whether temporary or long-term) like a bum knee, or a bad shoulder, or a chronic illness.
4. Often, no-one guides, supports and stands for workers throughout the **whole journey** to get life back on track again -- especially those whose employer doesn't want them back, and especially workers who are the most vulnerable, disadvantaged, or at-risk for a poor life outcome.

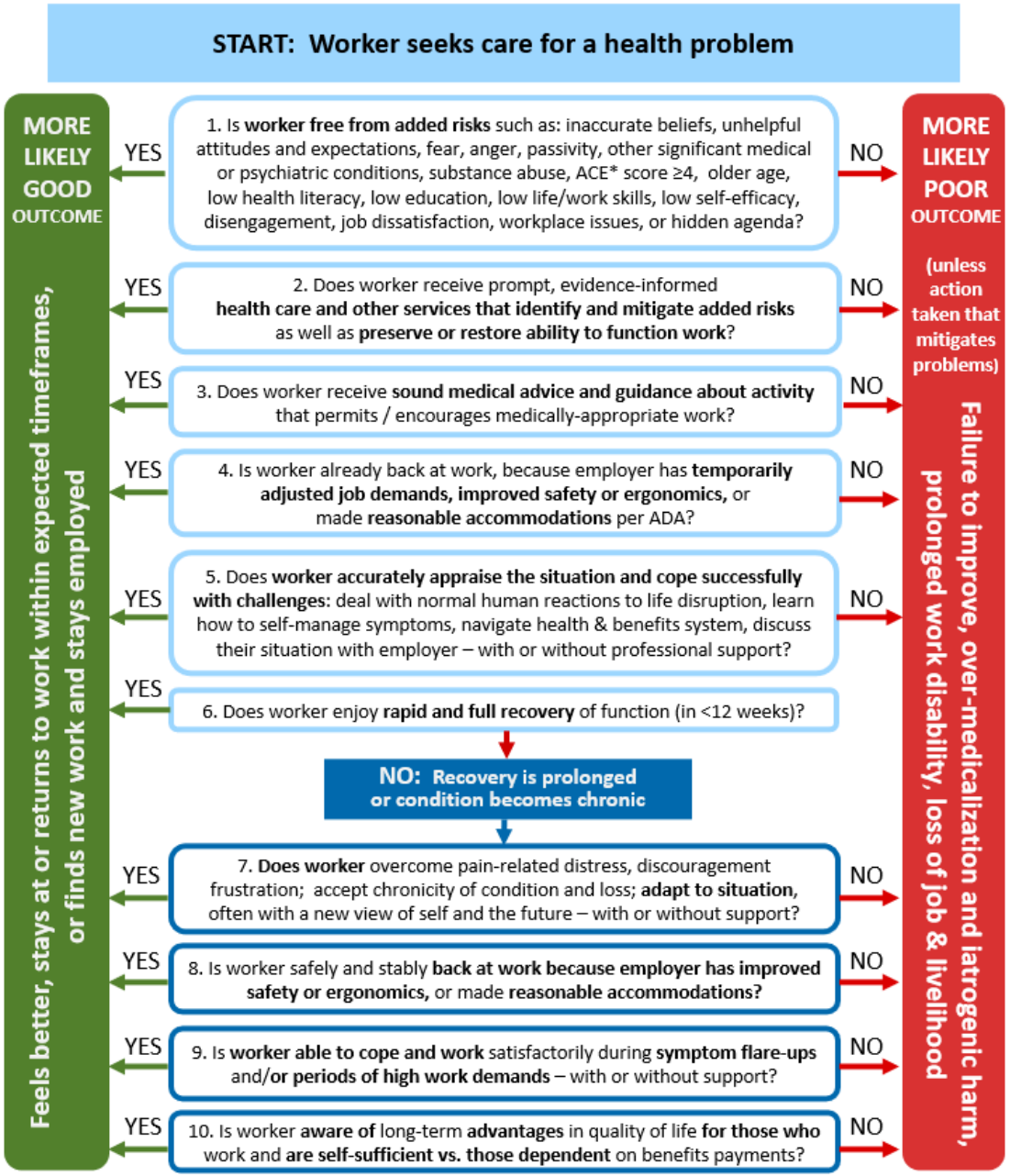
Hidden Issues: Where are these known obstacles to recovery located?

- Health illiteracy / ignorance
- Lack of “system” knowledge (rights, responsibilities, roles)
- Residual of past experiences, especially childhood trauma
- Learned helplessness, passivity
- Negative expectations - catastrophic thinking
- Fear of pain, of movement, of injuring themselves more
- Lack of coping skills / self-efficacy / resiliency
- Lack of life skills
- Job dissatisfaction
- Perceived injustice
- Distrust



How to Mitigate Risk Factors for Long-Term Work Disability

As a worker's health episode unfolds, situational factors and events increase the likelihood of a **good** vs. a **poor** outcome



* *ACE = Adverse Childhood Experiences. See www.cdc.gov/violenceprevention/acestudy*

A New Way to Look at Words:

A powerful therapeutic tool / technique

that changes brains

which affects outcomes

Words

- Educate (transfer factual information)
- Reassure – or frighten
- Signal interest / empathy – or not
- Build trust / confidence – or distrust/insecurity
- Create expectations – positive or negative
- Grow relationships – or alienation
- Empower – or undermine
- Heal – or harm

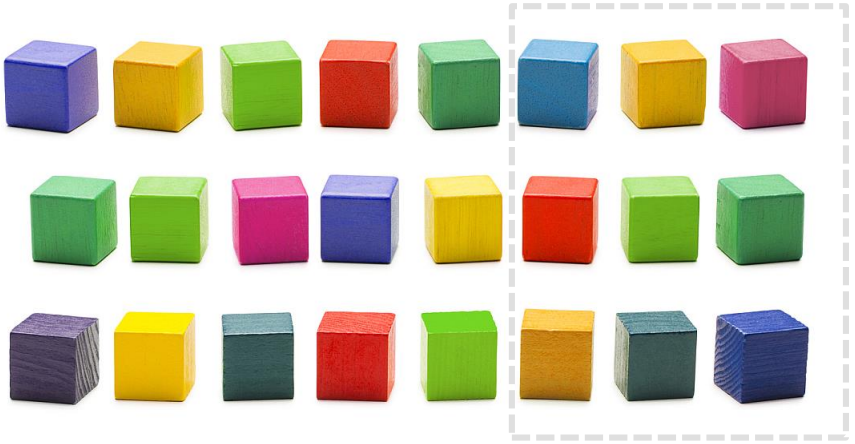
How to Avoid Over-Impairment & Work Disability

1. Make sure someone is guiding / supporting the worker, orchestrating / driving the episode towards resolution, and coordinating with other involved parties.
2. Keep an eye on the clock: Elapsed time is the enemy.
3. Ensure treatment focuses on maximizing functional recovery.
4. Restore / strengthen the worker's motivation / ability / willingness to cope with their predicament.
5. Anticipate / look for / address obstacles to recovery & SAW/RTW.
6. Arrange workplace and logistical support to enable SAW/RTW to old job, arrange accommodations, or to find a new job.

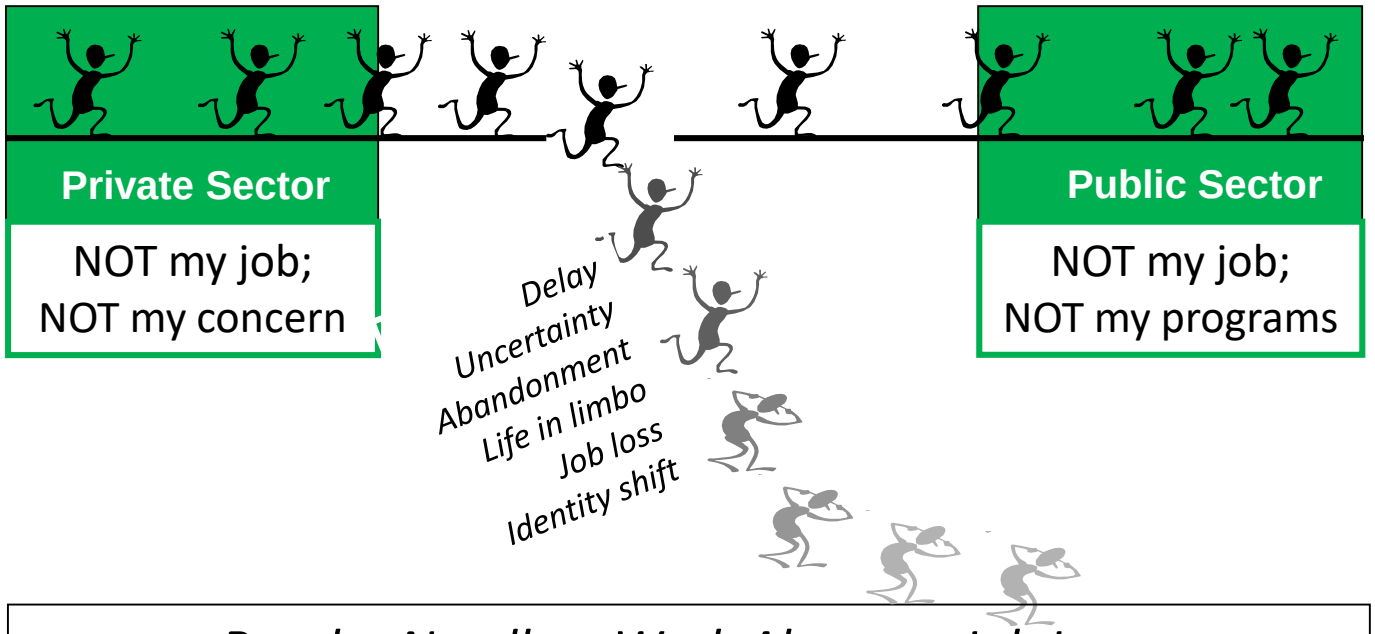
Expand Our Repertoire of Intervention Options

Traditional Repertoire

Expanded Repertoire

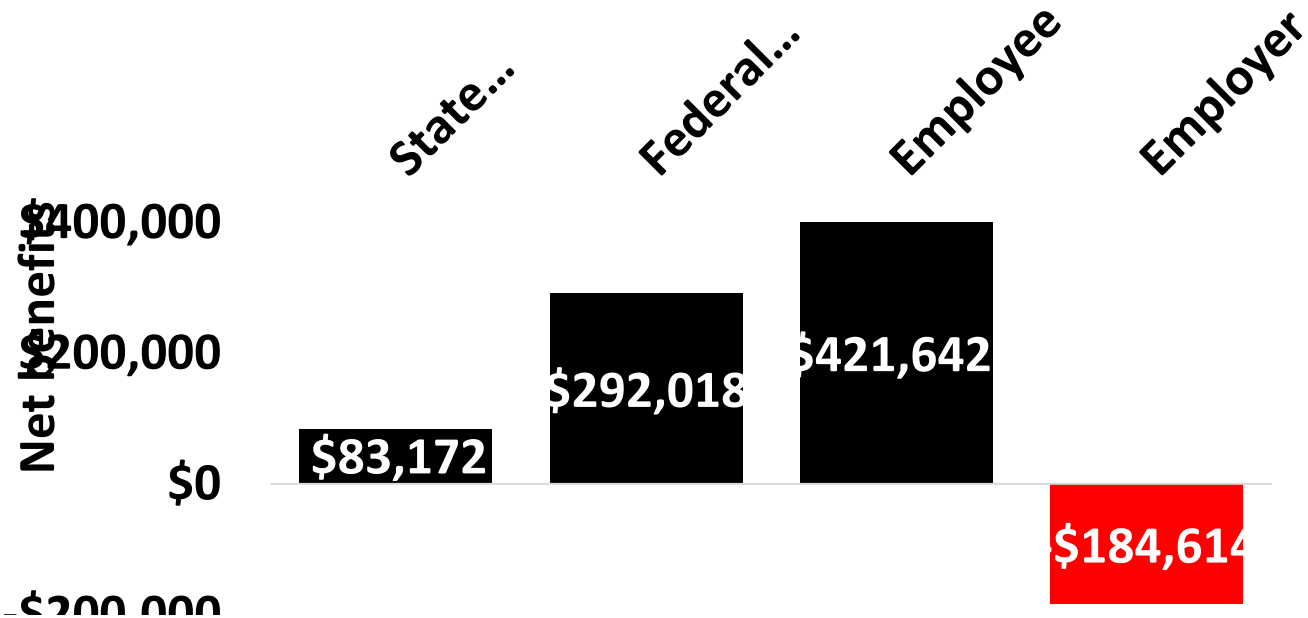


How can we get things get moving?



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

In the U.S., Workers, Federal and State Government, and Taxpayers All Benefit from Timely SAW/RTW



NOTE: Assumes 45 yr-old worker earning median wage is able to stay in workforce until age 65

Creating a by-pass or bridge is easier than redesigning healthcare & employer systems!

- Constructing a bridge between the healthcare system and the world of work is a FAST and SIMPLE way to start providing practical help to vulnerable workers so they keep their jobs, find new ones, or enter a new livelihood – and to learn a lot while doing so!
- So, the U.S. government decided to fund a demonstration project so that qualified entities can design and build independent bridging programs in their jurisdictions —– programs that suit their local circumstances and take advantage of existing resources and relationships – and evaluate the impact.

RETAIN: A $180 million 6.5-year US government demonstration project with two goals

1. To increase employment retention and labor force participation of individuals who acquire, and/or are at risk of developing, work disabilities; and
2. To reduce long-term work disability among individuals served, including the need for federal disability benefits (i.e., Social Security Disability Insurance [SSDI] and Supplemental Security Income [SSI]).
3. To evaluate the impact of the funded programs.

- **Target population**: Workers with recent onset of work disability due to new or changed health conditions, especially musculoskeletal conditions. States may offer services for work-related and/or personal health conditions.
- **Multi-sector partnerships:** State leadership team & program design must engage government, healthcare delivery, & employment organizations in order to set up agreements for how to collaborate in individual cases.
- **Essential elements:** (1) A professional who guides and encourages the worker and facilitates multi-stakeholder communications; (2) Physician training & incentives for best practices, (3) Access to specialty intervenors (4) Connection with Workforce System as needed to help workers SAW/RTW; (4) Tracking & monitoring to evaluate program performance.

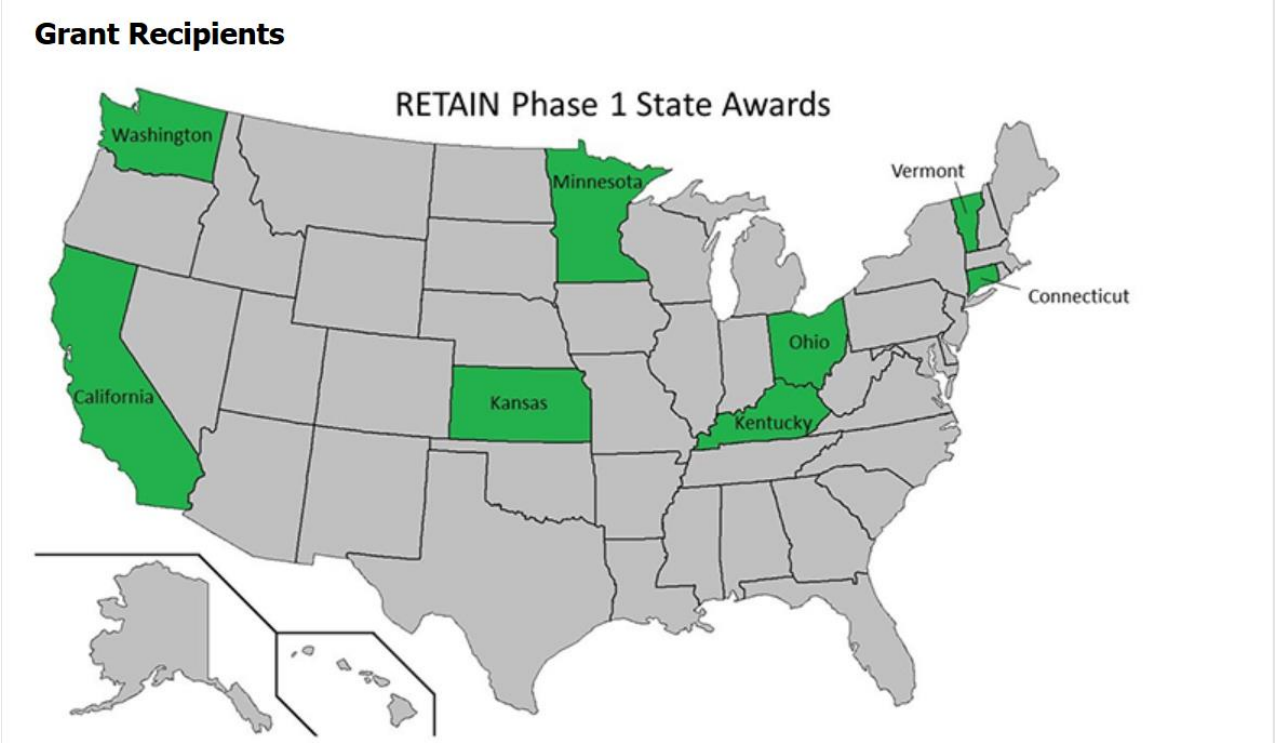
Two Distinct Phases: Start-Up and Scale-Up

- **Phase 1 - 18 months; up to $2.5M each to 8 states:**
  - Planning and start-up activities
  - State Workforce Agency had to create an integrated, collaborative network of partners including the State Health Department, the State Workforce Development Board, health care systems, and other appropriate agencies and organizations.
  - Design the state's program and conduct a small pilot demonstration

- **Phase 2 - 3.5 years; roughly $20 million each to 5 states**
  - Expand geographic area and/or case volume and operate the state's program for 3 years
  - Support and participate in the evaluation

Phase 1 – 8 states participated: CA, CT, KS, KY, MN, OH, VT, WA

Phase 2 – 5 states participating: KS, KY, MN, OH, VT



Big learnings early in RETAIN

1. Discovery: Little awareness among the key stakeholders of the challenges faced by working people who can't work now due to new / evolving health problems
2. Buy-in comes quickly after they do "get it" – and see how they can contribute.
3. Most clinicians are sympathetic to workers' plights but feel overwhelmed by their own clinical and administrative burdens; they must have in-house staff to act as liaison / handle these issues.
4. Medical organizations tend to be cloistered; they are typically unaware of options OUTSIDE the healthcare delivery sector that are available to their worker-patients: insurer capabilities, governmental workforce development programs, and many social services programs.
5. Forging agreements for real-time collaboration among organizations and professionals in different sectors of society takes time and effort – and is worthwhile.

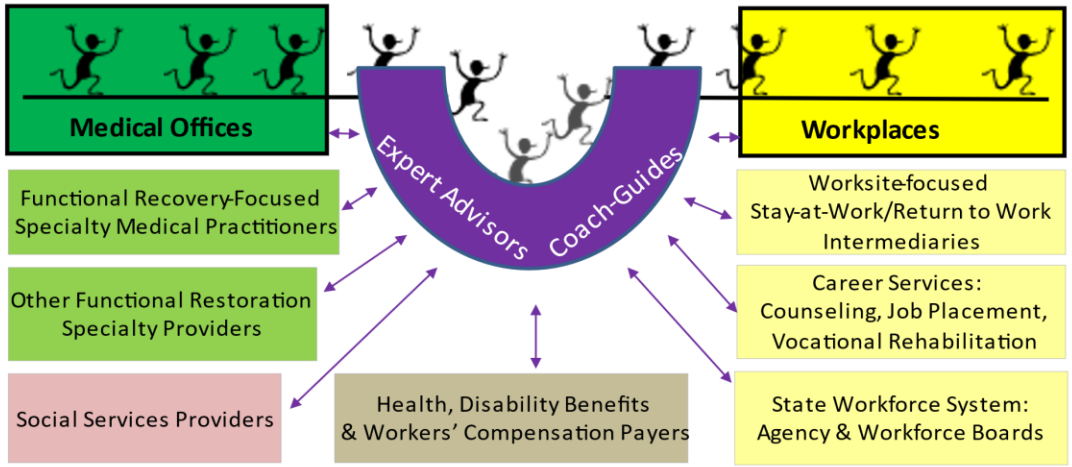
Non-Profit Alliance for Bridging Health & Work

VISION: Every worker with an injury or illness that has made their job / livelihood future uncertain gets connected to a program.

INTENTION: Catalyze and support the development of bridging programs this across the country.

Bridge Staff

Coordinates / Integrates Services Across Silos

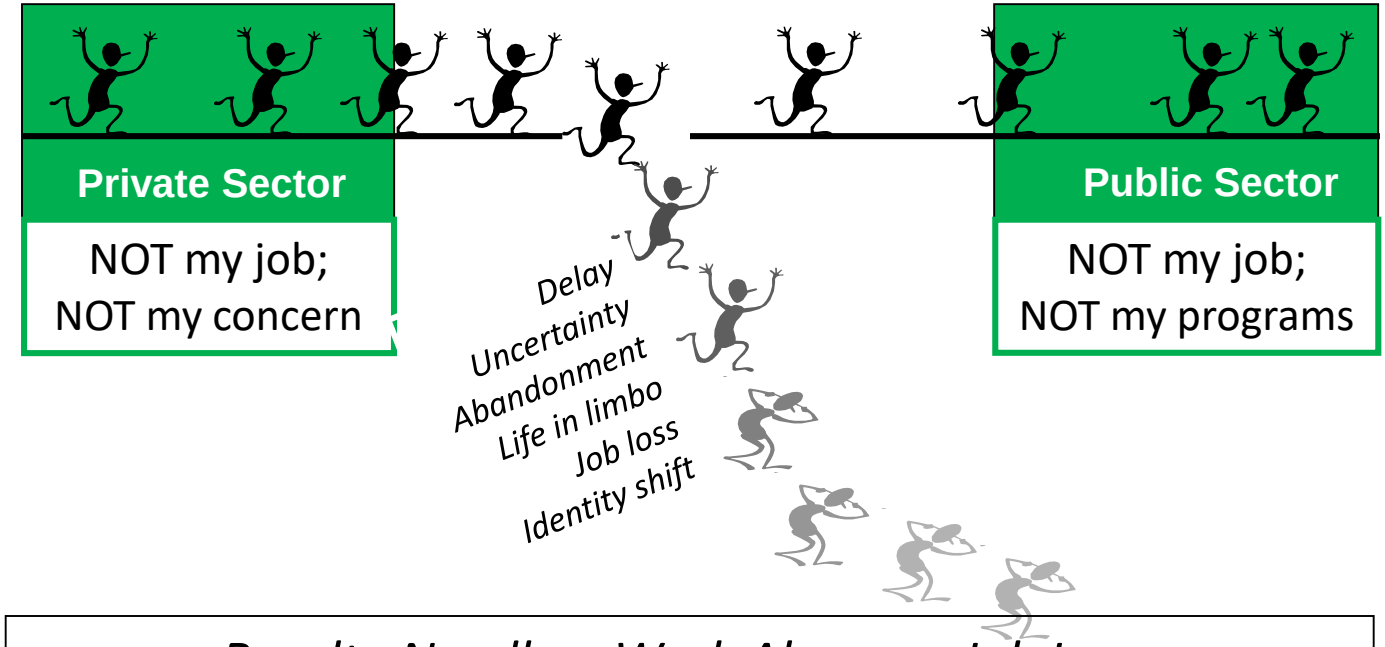


Identify vulnerable workers for whom timely, strategic, and coordinated services are needed to achieve create optimal outcomes. Encourage, enable, and reward communication and professional teamwork across silos.

Our Alliance intends to get this gap bridged at the national, state and community level by:

1. Serving as an organizational home or focal point for this issue across the country and a virtual “club house” for a multi-disciplinary, multi-stakeholder community of practice;
2. Serving as an ambassador for these ideas, building awareness and buy-in for action to bridge the gap among influential groups and potential funding sources;
3. Producing events and conferences that inform, educate, and update interested parties as well foster networking and relationship-building among them;
4. Providing an on-line discussion forum open to all with an interest in any one of the many aspects of this issue;
5. Helping catalyze the formation of groups that want to build local bridging programs;
6. Helping connect those groups with potential funding sources;
7. Providing technical assistance with design, implementation, and evaluation of local bridging programs upon request.

Bridging the Gap: Join us to do it!



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

You're invited to get involved in the Alliance for Bridging Health & Work

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