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A New Model

WORKERS' COMPENSATION AWAITS AN OVERHAUL

By Richard Scott

Old enough to have watched nearly a century pass by, the often complex, state-governed social insurance programs known as workers' compensation have provided benefits to injured workers since the first Workers' Compensation Act passed legislation in 1911. But 2006 might have marked a milestone year in the system's long history.

Stakeholders and industry leaders around the country have embraced an innovative guideline — "Preventing Needless Work Disability by Helping People Stay Employed" — put forth last year by the American College of Occupational and Environmental Medicine (ACOEM) that is steadily gaining support as it continues to branch into new territory. The guideline concentrates on the Stay at Work/Return to Work (SAW/RTW) process that, unlike other parts of the system that have seen improvement over the years, has continued to be a source of confusion due to the lack of a model to follow that describes the intricacies of the process in a clear way. The ACOEM work disability prevention guideline now provides that missing link.

Jennifer Christian, MD, an occupational medical doctor who holds a master's degree in public health and has extensive experience throughout various levels of the workers' compensation system, chaired the volunteer committee of doc-

tors and other healthcare professionals that produced the concise, 18-page guideline over an intensive four-year period. The International Association of Industrial Accident Boards and Commissions (IAIABC), which claims to be the oldest trade association dedicated to promoting the advancement of workers' compensation systems, calls the guideline "a clear and specific set of principles and best practices that can reduce the time lost from work due to occupational injury." Dr. Christian was invited to present the guideline as the keynote speaker at the IAIABC's annual conference this year because, as their program reads, "workers' compensation is in the process of a paradigm shift."

Dr. Christian's cumulative experience, spanning more than 20 years in occupational medicine in settings that include private practice, heavy industry, public health, workers' compensation insurance and consulting, has afforded her a unique view of workers' disability as a connected, comprehensive system — as disconnected and discordant as it appears at times.

For a moment, though, after the guideline was published in June 2006, Dr. Christian endured a passing taste of despair, worried that it would do nothing more than "collect electronic dust" on ACOEM's website. Looking for a way to "fire a shot heard around the world," Dr. Christian established the 60 Summits Project — originally a project for her spare time and now a nonprofit corporation — to employ a grassroots approach to deliver the guideline's message to the ears of all those who can make change happen by working collaboratively, a group that has included healthcare providers, public and governmental agencies, business executives and regional organizations, among others.

So far, progress has been firm. Four summits have been held in the states of Oregon, New Mexico and California, with five more planned before the end of the calendar year. And involved participants span a number of disciplines. For example, an ad hoc consortium that included executives from Kaiser Permanente (a major employer as well as a healthcare delivery organization), and the food retailer Safeway Inc., along with other governmental and private sector organizations, organized and led the Northern California summit that took place in June.

For Dr. Christian, working with the local groups to plan a Summit is a thrilling, yet somewhat unpredictable, experience. "The excitement and the challenge is that success is, to some degree, dependent on the talent we recruit in each state," she says. "It is dependent on who shows up, who raises their hands and who is willing to do the work." Just like the workers' compensation system as a whole, the summits vary from state to state, though the locally driven, grassroots approach has not widely differed. "We've realized that the groups that are planning a local summit are thirsty for cross-fertilization with other groups, and they're thirsty for support from us," Dr. Christian says.

What's at stake

In an introduction to the ACOEM guideline, its developers shared their intention. "The focus of this paper is on the surprisingly large number of people who end up with prolonged or permanent withdrawal from work due to medical conditions that normally would cause only a few days of work absence." The developers then state: "We contend that a considerable amount of the work disability due to common everyday conditions...is avoidable, as are its social and economic consequences. We believe that a lot of work disability can be prevented or reduced by finding new ways of handling important non-medical factors that are fueling its growth."

After a brief introduction to the SAW/RTW process, the guideline goes into detail about 16 recommendations that, should they become widely adopted, could have powerful reverberations throughout the industry. One of the most notable compliments paid to the 16 points and the warm reception the guideline has garnered as a whole, according to Dr. Christian, is that industry leaders have embraced it as a commonsense plan — "a very simple, easy-to-read blueprint for process improvement."

The guideline's 16 main points, broken down into straightforward sections that compare the deficiencies of the current system with the proposed realignments, and offer recommendations and examples of best practices, are discussed under four general categories, as follows:

- Adopt a work disability prevention model.
- Address behavioral and circumstantial realities that create and prolong work disability.
- Acknowledge the contribution of motivation on outcomes and make changes to improve incentive alignment.
- Invest in system and infrastructure improvements.

As of 2005, 4.2 million injuries and illnesses were reported in private industry workplaces. Of them, 2.2 million cases required days off from work or restricted duties, according to the Insurance Information Institute. The total number of reported injuries and illnesses has fallen dramatically over the past two decades and stands now at 2.4 cases per 100 employees — the lowest figure on record. But despite the decrease in the number of cases per year, length of time away from work has been increasing. And disability benefits paid to injured or ill workers constitute a sum that exceeds $100

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To view the complete guideline, select Guidelines under the Policies & Position Statements tab on **www.acoem.org.**

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billion when various disability systems that include sick leave, workers' compensation, short- and long-term disability, Social Security Disability Insurance and others are factored in, according to ACOEM.

Dr. Christian attributes the enormous figure, at least in part, to the disconnect that exists between employers, payers, and medical offices during the SAW/RTW process, such as the lack of a shared goal or effective communication channels. This breach can cause stagnation and unnecessary extended leave, and can ultimately contribute to inflated costs. A large part of what the guideline addresses is this so-called "gap between the doctor's office and the workplace," as Dr. Christian puts it. "Doctors think the SAW/RTW process is not their business because it's not medical, and employers think the SAW/RTW process is not their business because it is medical. It's in a no-man's land."

Time will tell if the 60 Summits project can elicit the change necessary to fill that gap. So far, it has drawn attention to an ailing system and given its constituents "a positive banner to wave."

Bringing it home

As the founder and president of Webility Corp., an education and consulting practice that counts the Social Security Administration as one of its clients, Dr. Christian has been involved in transforming the SAW/RTW process long before she led the development of the guideline within ACOEM.

Disability benefits paid to injured or ill workers constitute a sum that exceeds $100 billion.

"Our company started with the idea that we were going to be a single-purpose medical school teaching doctors about disability prevention and reduction," Dr. Christian says. Webility continues to offer continuing medical education credits for physicians and continuing education courses for other professionals, including case managers, on its website (**www.webility.md**).

The ACOEM work disability prevention guideline itself should help case management professionals in their pursuit of disability prevention, if only to grant them a clear articulation of the work with which they have already been involved. "The fact that this guideline exists is going to give case managers a language to try and explain their efforts," says Dr. Christian.

Case managers have been involved in every summit planning group so ar. They can be instrumental in the success of the SAW/RTW process, especially with problematic cases, according to Dr. Christian. "Having a case manager in place can ensure that the plan of care is appropriate and resources are properly allocated, and most importantly, limit the need for attorney involvement," she wrote in her monthly column on the Webility website.

Dr. Christian also moderates the Work Fitness and Disability Roundtable, a free multidisciplinary email discussion group involving nearly 1,000 professionals from multiple disciplines. In the end, the aspiration for all of these interconnected educational initiatives remains the same.

"If you use evidence-based care, if you treat people the way they deserve and need to be treated, if employers realize that they have a role to play in creating a good outcome — if everyone does the things they are supposed to do — then people get treated better, they achieve better medical and functional outcomes, and the costs are lower," she says. "There's nothing wrong with saying we want the simplest, best thing to happen as rapidly as possible."

Her projects, all progressing to the same end, are lined up in accord.