

**A CONTEXT FOR TODAY:**

**ACOEM's New Model for  
Work Disability Prevention  
& The 60 Summits Project**

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The 60 Summits Project

The framework for today's discussion is an ACOEM\* Guideline:

“Preventing Needless Work Disability by Helping People Stay Employed”

\* ACOEM – American College of Occupational & Environmental Medicine

# What is “Work Disability”

- “Medically-related” time away from work or on “light duty” with less than full productivity.
- May be temporary or permanent, and last hours, days, weeks, months or years.
- May be permanent withdrawal from the workforce.
- NOT impairment, NOT handicap, NOT THE SAME as “disability” under the ADA or SSA.

# Needless Work Disability

- **Employee:** Is harmful. Disrupts daily life, threatens career and self-esteem, leads to iatrogenic invalidism.
- **Employer:** Is disruptive and costly. Reduces productivity, creates unnecessary hassle and expense.
- **Economy:** Is wasteful. Diverts dollars from productive use, invites petty fraud and corruption, reduces economic efficiency.

Unofficial comments on  
ACOEM's New Guideline:

**Preventing  
Needless Work Disability  
By Helping People  
Stay Employed**

# Purpose of ACOEM Guideline

- To describe the Stay-at-Work and Return-to-Work (SAW/RTW) process for the first time.
- To point out opportunities for improvement and provide examples of current best practices.
- To begin an on-going dialogue among all the stakeholders.

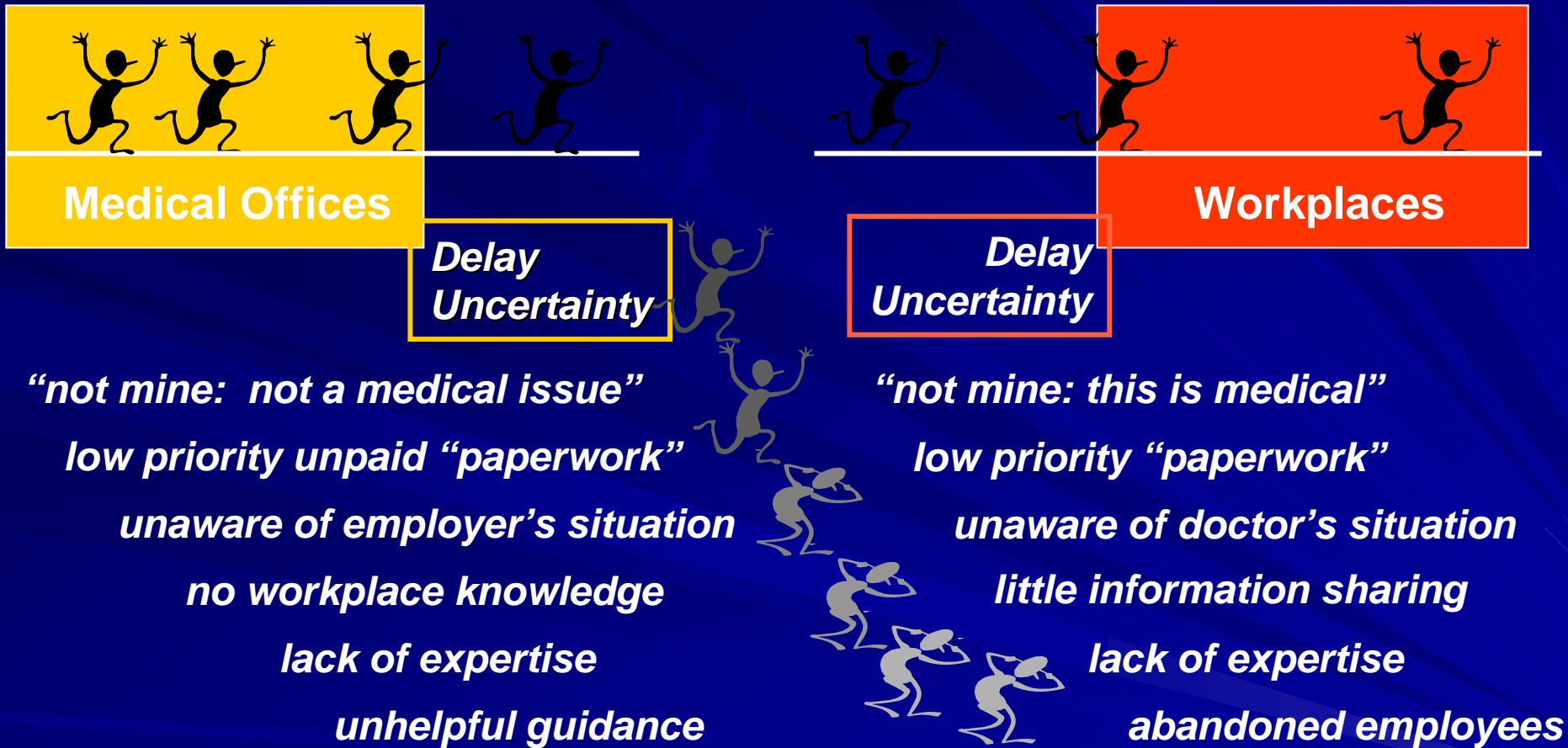
# Work Disability Prevention = Reduce Needless Absence



# Why This is Unusual

- Expert physicians speaking to all stakeholders
- Physicians are in best place to distinguish medical from non-medical
- Highlighting a “gap”
  - Doctors think it’s not their business – it’s not medical.
  - Employers think it’s not their business – it’s medical.

# SAW / RTW Communications Gap



**Result: Medically-Unnecessary Work Disability**

# The 60 Summits Project

# History

- ACOEM WDP Guideline approved
- Now what?
- Create a mechanism to get the recommendations **ADOPTED** and **IN USE**
- Not an ACOEM project

# INITIAL IDEA

- Goal: Use ACOEM's Guideline to move the system forward – waste less money; needless disable fewer people.
- Meetings in 50 US states + 10 Canadian provinces
- Assemble the stakeholders
- Learn about the SAW/RTW process
- Consider each Guideline recommendation
  - How could we implement that HERE?
  - What is a concrete next step?

# Why This is Unusual

- A mechanism to take a good idea off the shelf and out into the world
- It attracts people of good will, willing to pitch in to make things work better
- Multi-stakeholder groups plan the event
- Use the ACOEM guideline to create a positive vision and frame the discussion
- Stakeholders sit side by side to figure out how to accomplish a shared purpose

# Progress to Date

- Summits already held (2006-7) :
  - OR (2 summits), NM, CA
- Summits scheduled (2007-8):
  - ND, MN, AZ
- Summit planning groups working:
  - OH (2 groups), FL
- First charter North American sponsor
- Entering more states soon

# The 60 Summits Project

- Independent non-profit organization
- Grass-roots organizing or hosted
- “Catalyze” Summit planning groups
- Project office supports groups with coaching / templates / infrastructure
- Local groups produce the Summit
- They become an ongoing force for positive system change in their states

# The SAW / RTW Process

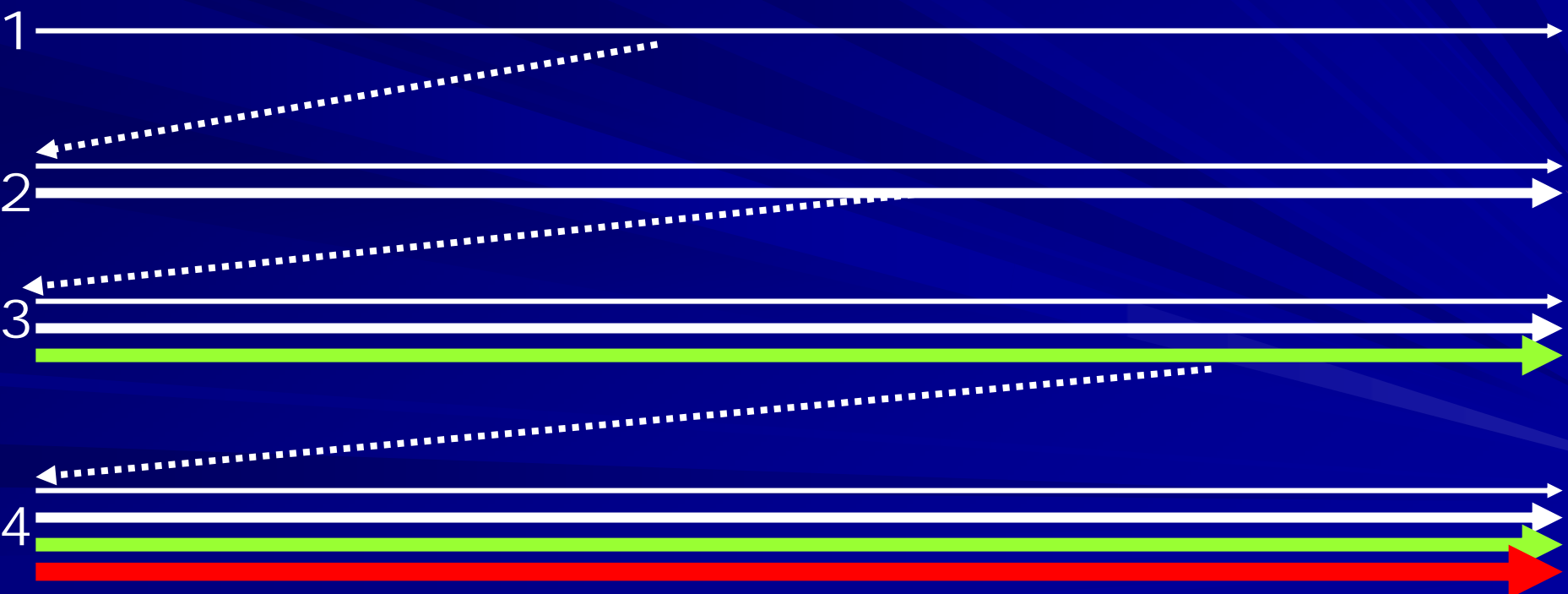
- Stay At Work / Return To Work Process
- A sequence of questions, actions, and decisions made separately by several parties that together determines whether a worker stays at work despite a medical condition or whether, when, and how a worker returns to work during or after recovery.
- Often stalls or becomes sidetracked because the focus is on corroborating, justifying, or evaluating disability rather than preventing it.

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# SAW/RTW Process in 4 Acts

Problem Question	Change in Work Capacity	Job/Task Demands	Ability to Modify	Work It Out	SAW RTW
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# Focus On The “Swing” Groups



The employee has the most power to determine the eventual outcome of a work disability situation –

. . . because he or she decides how much discretionary effort to make to get better and get life back to normal.

# Recipe for Work Disability

Medical Condition that affects function

PLUS

Loss of ability or willingness to cope

AND / OR

Lack of external support

The employer plays the second most powerful role in determining the outcome –

. . . by deciding whether to manage the employee's situation actively, passively, supportively, or hostilely, and whether to provide for on-the-job recovery.

# How We Can Modify the Recipe for Work Disability

↓ Medical Condition

+

↑ Ability / Willingness to Cope

+

↑ External Support

# Colledge's SPICE Model

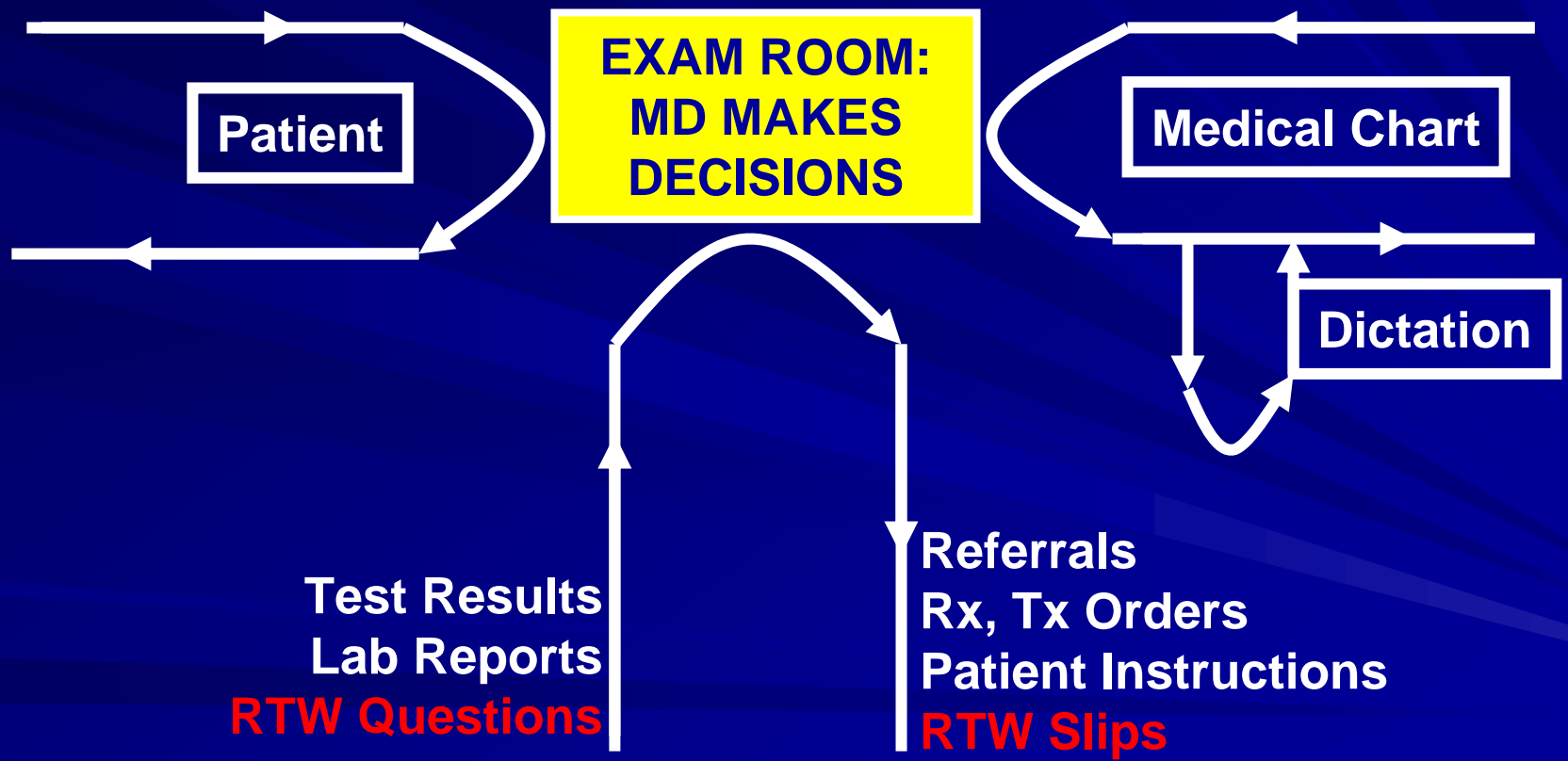
- Simplicity – *Avoid medicalizing normal things; do not diagnose*
- Proximity – *Preserve daily routine*
- Immediacy – *Manage with urgency*
- CENTRALITY – *Patient-centered focus*
- Expectancy – *Reassurance*

The doctor has the next most powerful influence on the situation by providing factual information and advice that will either encourage / support or discourage / obstruct efforts at SAW/RTW.

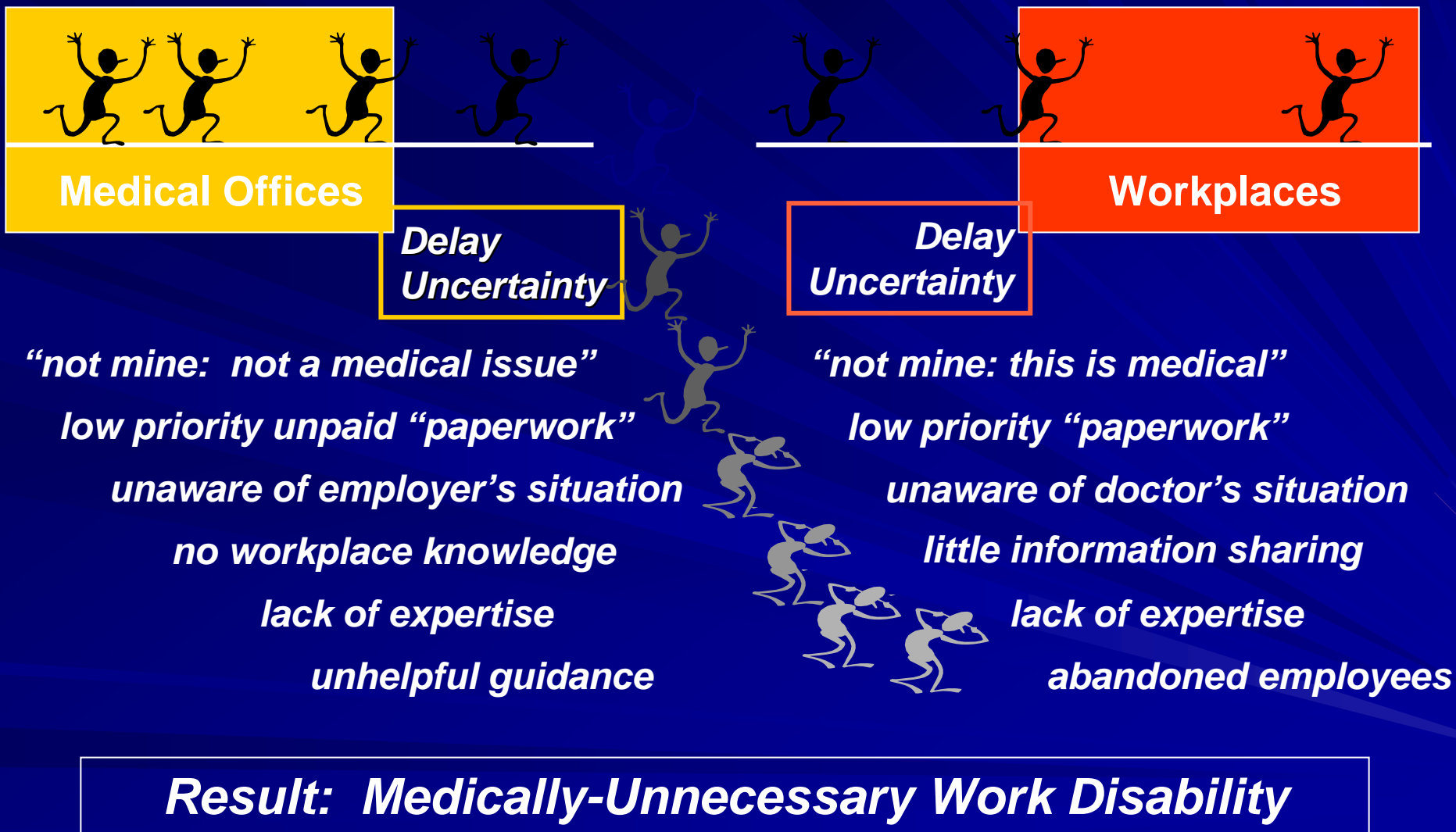
# “Designated Guessers”

- Why are doctors in the middle?
  - Demanded by others: patients, legislators, employers, insurers.
  - Doctors are uncomfortable with this work
- Doctors are neither trained to answer the questions nor paid for the time to do it well
- The science is weak or missing
- The questions are often NOT answerable based on typical information at hand

# The Best Time For The Doctor To Answer The Questions



# SAW / RTW Communications Gap

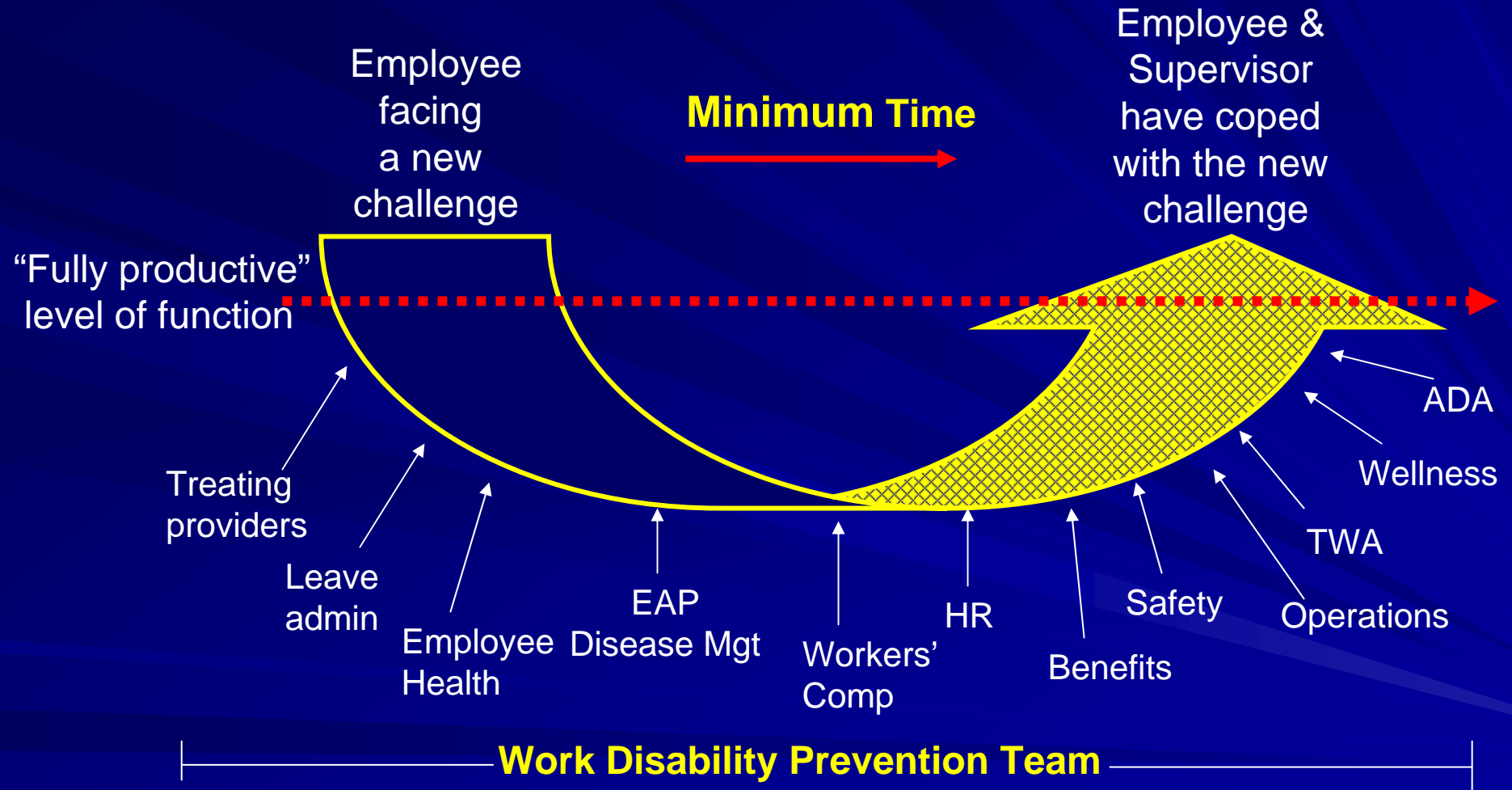


# Let's Play With a New Idea

What would “premier quality” service look like to ill, injured and impaired workers (and their supervisors)?

- What do the workers (and their supervisors) really want and need?
- What, specifically, would “premier quality” service be?
- How is it different in this area than others?
- How would it change results?

# Disability Prevention Vision



Employee & Supervisor feel supported by the supportive web the parties weave.

# Intended Outcomes for YOU

1. New relationships and collaborators
2. A greater awareness of and respect for other SAW/RTW participants' concerns and perspectives.
3. Several concrete ideas and strategies for implementing them

# Intended Outcomes for TODAY

- An historic milestone, the day the paradigm started shifting in California
- A beginning of increased communication and collaboration among all the participants in the SAW / RTW process
- A group of inspired and energized people who will gradually transform California into the state that prevents needless work disability by actively helping people stay employed

# Creating Us As A Team

- Listening more than telling
- Looking for the new part rather than confirming we know it all already
- Being open to new perspectives & ideas
- Being hungry for something better
- Declaring that this group will become that sparkplug for change in California

Wrap-Up

# Today's Common Themes

- Create a positive message of wellness, prevention, protecting function in WC & D
- Educate all involved parties
  - Spread the new paradigm
  - Build skills at SAW / RTW tasks
- Create incentives and accountability so people actually play their prescribed role
- Capture data and measure outcomes
- Use common tools, templates, technology
- Collaborate in individual cases

# What Structure for Fulfillment?

- Will there be groups willing to tackle:
  - Message and education
  - Standardized tools / forms / template
  - Data and measurement
  - Accountability and incentives
  - Model programs
- What will you do in YOUR organization?

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**Did We Achieve Our Goals?**

**Time Will Tell**