

SUMMARY REPORT

Northern California Summit on Promoting Stay-at-Work and Return-to-Work

June 2007

Introduction

This report briefly summarizes the background, history, proceedings, findings, and subsequent activities related to a multi-stakeholder Northern California Summit on Promoting Stay-at-Work and Return-to-Work (SAW/RTW) held in Pleasanton in June, 2007.

Background

California “stakeholders” and participants in the SAW/RTW process have long understood its complexities and shortcomings. In 2001, the California Commission on Health and Safety and Workers’ Compensation, in conjunction with the Institute of Industrial Relations at the University of California at Berkeley, undertook a relevant focus group study. The study examined the contemporary attitudes, practices, policies and recommendations of injured workers, claims administrators, union representatives, management representatives and health care providers. A report entitled, “Return-to-Work: Listening to Stakeholders’ Voices,” was subsequently created and distributed.

A major, pervasive finding of that report was “widespread distrust of others’ motives,” including those of physicians.

Physicians treating injured workers themselves have long and loudly disagreed among themselves about the appropriate role of the physician in the SAW/RTW process. Many physicians, whether formally trained in Occupational Medicine or not, have a limited understanding of the causes and consequences of prolonged absence from work and delayed recovery. Some have little sense of, or interest in, the importance of the RTW process, and have little or no training in evaluating capacity for work. Many physicians are disinterested in medical-legal issues and believe that they are inadequately reimbursed for such efforts when undertaken. Some physicians contend that SAW/RTW issues are fundamentally employment/business issues, not medical ones.

On the other hand, there are many Occupational Medicine physicians and other treating physicians who understand that within the present California Workers’ Compensation “system,” clinical decision-making is the “final common pathway” to successful

SAW/RTW. These physicians agree with Galen, the Greek physician (AD 172), who said that "*Employment is nature's physician, and is essential to human happiness.*" They wish to become more efficient and effective in the SAW/RTW process, and assist their colleagues in doing the same.

History of the ACOEM Work Disability Guideline

It was within this context that 21 ACOEM physicians from the United States and Canada stepped forward. They were members of the Stay-at-Work & Return-to-Work Process Improvement Committee of the American College of Occupational and Environmental Medicine (ACOEM) which began work in mid-2002, chaired by Jennifer Christian, MD, MPH. In December 2004, the Committee released their draft report entitled, "Preventing Needless Work Disability by Helping People Stay Employed." It was circulated widely as a draft white paper for comment. In July 2006, ACOEM adopted a shorter version of the white paper as an official ACOEM Guideline with the same name. To distinguish it from ACOEM's better-known occupational medicine practice guidelines, this one is informally referred to as the work disability prevention (WDP) guideline.

The intent of the ACOEM effort was "to open a dialogue between the American College of Occupational and Environmental Medicine ... and other stakeholders in the workers' compensation and non-work-related disability benefits systems: employers, unions, working people, the insurance industry, policymakers, the healthcare industry, lawyers and healthcare professionals, especially all physicians ... to work ... towards solutions."

The WDP Guideline proclaims, "... much work disability is not required from a strictly medical point of view..." It proposes and outlines a paradigm shift in the future focus of all stakeholders: prevention of needless disability. Four general and sixteen (16) specific "points and recommendations" for doing so are outlined in detail.

History of the 60 Summits Project

Initial reaction to the ACOEM WDP guideline by stakeholders was very favorable and continues to be so. One reader described it as providing a "simple, clear blueprint for process improvement." Another early reviewer suggested that it would make an excellent framework for discussion among stakeholders in a workshop format. However, as a professional society, ACOEM has not historically viewed its role as actively promoting its guidelines or advocating for their implementation.

As an individual, Dr. Christian resolved to establish a mechanism to disseminate the new model laid out in the guideline and encourage the adoption of its recommendations in all 50 US states and 10 Canadian provinces. So, in May 2006, she conducted a prototype SAW/RTW Summit in Portland, Oregon. The event was sponsored by the Oregon-Southern Washington chapter of the Disability Management Employer Coalition (DMEC) and hosted by Kaiser Permanente's Integrated Disability Management (IDM)

Committee. The first Oregon Summit was well attended by employers, employees, physicians, regulators, insurers and others.

Dr. Christian delivered the keynote address and facilitated the day-long workshop. Stakeholders in small groups sat side by side in interactive problem-solving sessions based on the implementation of the 16 explicit recommendations in the Guideline. Enthusiastic participation and feedback from attendees showed that this collaborative learning approach was very successful. The idea of conducting similar Summits throughout the United States and Canada in order to promote the adoption of the Guideline's sixteen recommendations seemed both feasible and worthwhile.

Thus, the "60 Summits Project" was born. It is not an ACOEM project. Begun as an impulse, it has evolved into an independent non-profit corporation. Its stated purpose is to propagate the new work disability prevention paradigm across North America. At present, 60 Summits Project-related activities have occurred in 11 states (AZ, CA, FL, ND, MA, MI, MN, MT, NM, OH, OR) with several others getting ready to start. Generous contributions of time and money from local volunteers and sponsoring organizations continue to provide the wherewithal for this on-going initiative at the grass-roots level.

History of the Northern California Summit

In December 2006, Northern Californians who were interested in the ACOEM WDP Guideline and in preventing needless work disability by helping people stay employed came together at the invitation of Dr Christian. Approximately 45 people from a wide variety of stakeholder groups including physicians, employers, insurers, claims and case managers, vocational rehabilitation counselors, organizations representing people with impairments/disabilities, adjudicators, policymakers, and regulators attended that first meeting. They agreed that the common-sense recommendations of the Guideline were important and challenged all stakeholders to:

- Adopt a disability prevention model, decreasing needless time away from work
- Address behavioral and circumstantial realities that create and prolong work disability
- Acknowledge the powerful contribution of motivation on outcomes and make changes to improve incentive alignment
- Identify and invest in system and infrastructure improvements

A core group of participants then committed to the creation of a Northern California SAW/RTW Summit that would focus on preventing all kinds of needless medically-related absence or withdrawal from work no matter its cause, and so would involve both the workers' compensation and disability benefits systems. A Steering Committee was established and multiple working groups/subcommittees were formed in December 2006 to plan and produce a mid-2007 Summit event.

The **objectives** for the Summit event were:

- To create an awareness of, and assess the current commitment to, the ACOEM WDP Guideline
- To provide a forum for stakeholders to articulate, and listen to, perspectives and concerns vis-a-vis the ACOEM WDP Guideline
- To create opportunities for future collaboration
- To create feasible strategies for implementing the ACOEM WDP Guideline.

The **intended outcomes** of the Summit event were for each participant to leave with:

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

Other intended outcomes of the Summit event were for it to create:

- 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

The Summit Follow-Up Subcommittee

The Follow-Up Subcommittee was formed to assess the attitudes and perspectives of participants (before, during and after the Summit), and possibly create a post-Summit mechanism and/or entity for pursuing stated objectives into the future.

Pre-Summit Preparation

People who registered to attend the Summit were asked to complete a survey questionnaire and to read the ACOEM WDP Guideline in preparation for the event.

Findings of the Pre-Summit #1 Survey Questionnaire (completed prior to Summit)

Respondents to the Pre-Summit survey questionnaire demonstrated substantial knowledge of SAW/RTW processes.

A range in understanding of the term “medically discretionary disability” was evident. Over one-third of respondents agreed with the statement that “treating physicians are responsible for creating

Findings (continued) of the Pre-Summit #1 Survey Questionnaire

needless work disability,” but 85% agreed that “medically discretionary” disability is “commonly due to an employer’s unwillingness to facilitate return-to-work during the patient’s illness or recovery.”

While 59% of respondents thought “mental health providers should play a critical role in assisting in...functional recovery...,” almost 30% thought “mental health professionals should not screen...patients at risk for delayed recovery....”

Virtually all respondents agreed that “failure to provide transitional work contributed to “delayed recovery and disability,” and that employers who support a “...wide-range of transitional work programs...” have the best return-to-work results and lowest disability rates. Over 90% of respondents agreed that “if employers and carriers were more committed to SAW/RTW, physicians would be less inclined to certify disability.”

Interestingly, respondents indicated that all stakeholders (except the lawyers) had significant responsibility for identifying and addressing obstacles to SAW/RTW (82%: patient, 100%: employer, 78%: treater, 68%: Claims Examiner (CE), 68%: union representative, 56%: Employee Assistance Program).

Almost a third of respondents doubted that “...increasing reimbursement provides an adequate incentive for physicians to assess function, manage disability and facilitate SAW/RTW.”

Eighty-eight percent of respondents agreed that “many treating physicians do what is asked of them by their patients and consider themselves patient advocates.”

All respondents ranked ACOEM recommendations that “encourage or require Employers to...” “...use transitional work programs...” as being of high value. Only 58% of respondents rated holding “...supervisors accountable for the associated costs if transitional work is not available to their injured/ill employees” as being of high value, while 64% of respondents rated consulting with “...with unions to design on-the-job recovery programs...” as being of high value.

Over 90% of respondents thought the ACOEM recommendation that “...encourage(s) or require(s)...” treating physicians to “...establish functional goals for return-to-work” of the highest value, while 70% thought treating physicians should “...provide leadership in the SAW/RTW process...” Seventy-three per cent of respondents rated both “identify and treat psychosocial obstacles to recovery” and “practice evidence-based medicine for best outcomes” highly.

Only one percent of respondents gave high value to Payers who “...remove administrative delays and bureaucratic obstacles...” while expediting “... more effective communication methods....”

Seventy-six percent of respondents assigned high value to both “...support evidence-based mental health...” and “...commit to compensating physicians for their cognitive work and time spent resolving SAW/RTW issues...”.

The Summit Experience and Proceedings

The first Northern California SAW/RTW Summit was held at the corporate education center of Safeway Inc. in Pleasanton, CA on June 21st, 2007. Almost 100 individuals representing more than 50 public entities, private businesses, non-profit healthcare and disability rights advocacy groups, governmental organizations and medical provider groups were present for the day-long workshops.

Dr. Christian and Governor Schwarzenegger’s senior Health Care Policy Advisor, Mr. Herb Schultz, delivered keynotes. Mr. Schultz described the Governor’s proposed “24 Hour Pilot Program,” and participated in a breakout group.

Participants broke into one of eight groups (medical necessity, physician education, financial realignment, alternative transitional work, standardized information exchange, behavioral health, mobilize recommendations and 24 Hour Pilot Team) for facilitated discussion. Group leaders then prioritized recommendations for short and long-term actions/goals for implementing the ACOEM Guideline and effective SAW/RTW processes, policies and procedures. In the afternoon each group leader presented the

recommendations of their group, followed by discussion and Q & A. (See attached document with each group's recommendations.)

Dr. Christian ended with a "Wrap-Up," which synthesized the work product of the different breakout groups. She noted that, despite the stated difference in focus for each Group, similarities in recommendations between groups were noticeable and understandable. Overall, recommendations emphasizing mutual education and communication were consistently made.

Dr. Christian concluded with the notion that the ACOEM Guideline should help all interested parties to create a foundation for a common "Disability Prevention Vision." The center of that Vision is the establishment of "Work Disability Prevention Teams" whose responsibility it is to insure timely and safe SAW/RTW. Where the employee and supervisor feel/are supported in the SAW/RTW process, and where there is a clear line of authority/responsibility, SAW/RTW is most effectively and efficiently accomplished.

Post-Summit Follow-up Activities

As the Summit drew to a close, participants were asked to complete and submit a second survey questionnaire. This survey asked about attendees' satisfaction with the Summit event, as well as to obtain their reactions to some ideas for appropriate follow-up activities.

Findings: #2 Survey Questionnaire (completed by attendees during Summit)

Overall feedback was positive about the Summit event itself, though some were unenthusiastic about the breakout format.

Many participants expressed a desire to help with future efforts to promote SAW/RTW. A few have committed to future support and/or participation.

Website creation/development received nearly unanimous support.

Comparison of findings on both the Pre-Summit and Summit questionnaires indicated that at least a third of participants continue to believe the treating physician is primarily responsible for creating needless disability.

There was also near consensus that many physicians do not maximize the salutary effects of work in rehabilitation and recovery. Physicians ought to benefit from additional knowledge and tools, to more effectively treat and communicate with patients, families, carriers, etc. the importance of permitting injured workers to safely work during recovery.

Oddly, though, the concept of a physician "help line" received minimal support. There was little evidence that non-physician participants understood the complexities and additional administrative and legal burdens placed on treaters by employees, employers, TPAs and carriers.

Several weeks after the Summit, participants were emailed a third survey questionnaire that had been developed after analysis of the #2 survey results. This third questionnaire elicited each participant's feedback about the perceived value of a list of potential action strategies and specific projects. The survey also asked whether the respondents were interested in helping do the work required to make these things happen.

Findings: #3 Survey Questionnaire (completed several weeks post-Summit):

The majority of respondents supported the creation of both a Website and Speakers Bureau.

Stated importance of future Website content varied. However, “high importance” was given to 1) sample forms, policies and letters, 2) education and tutorials, 3) articles, reports and research, and 4) legislative updates. Significantly less “importance” was given to a group discussion/blog, moderated or not.

“...Outreach with trade associations, employer coalitions, union groups, medical groups and associations...” was rated of “high importance.”

Despite the stated importance of “tools and templates,” few individuals expressed a desire to identify and collect such materials.

Data Analysis and Metrics were considered of “high importance,” yet significantly less than half were willing to participate.

Less than 10% of respondents regarded as important the awareness of operations or policies that can/should be adopted as “best practices.”

The majority of the respondents designated the Communication/Education/Public Relations Work Group as their primary group of interest.

Finally, respondents were not equally aware of how things look to all the stakeholders. For each of the following, the percentages reflect the proportion of all respondents with that level of awareness of the named party’s perspective. For example, 24% of all respondents report that they fully understand and 64% report that they have considerable understanding of employers’ needs.

- Needs of Employers: 24% full understanding, 64% considerable understanding;
- Needs of Employees: matched the Employers precisely;
- Needs of Union Groups: 52% limited understanding, 32% considerable understanding;
- Needs of Workers’ Compensation Carriers: 44% considerable understanding, with almost an even split between limited understanding (28%) and full understanding (28%);
- Needs of Disability insurers: 60% considerable understanding, 36% limited understanding;
- Needs of Regulators: 64% limited understanding, which was the highest for any of the stakeholder groups, with 28% considerable understanding;
- Needs of Workers’ Compensation physicians: 60% considerable understanding, with an even split of 20% each for limited and full understanding;
- Needs of Non-WC physicians: 56% considerable understanding, with 36% limited understanding.

Creation of The California Consortium to Promote SAW/RTW

The Follow-Up Subcommittee met for the first time post Summit in July 2007. The Summit was discussed in detail.

The Follow-Up Subcommittee then determined that there appeared to be limited, but adequate, support for continued efforts to promote the ACOEM Guideline in particular, and SAW/RTW in general. The Follow-Up Subcommittee thus morphed into the California Consortium to Promote SAW/RTW.

The Consortium has since been pursuing two objectives: 1) completion of the work of the Follow-Up Subcommittee in the form of this Summary Report, and 2) establishing the purpose, structure, and support for the Consortium.

The Consortium has met on five occasions since the June 2007 Summit. Vision and mission statements have been written. Means and objectives are being developed. The Website is being expanded. A multitude of other issues are being discussed and addressed.

Reality Check

Some states reserve the term “stakeholder” to refer to employers and labor only. The term is not used that way in this document. Rather, the term “stakeholder” is used as Dr. Christian employs it: “anyone who has the power to defeat, pervert, support or improve a system.”

Given the will and commitment, the 16 recommended actions made in the Guideline are doable.

The SAW/RTW process is now unnecessarily complex and generally ineffective. Many “stakeholder” attitudes and perspectives have changed little since the CHSWC Study of 2001. Currently, SAW/RTW is generally not a high priority for employers. Many large employers have SAW/RTW Programs, but most small employers do not. Existing programs are often ineffective. Integrating occupational and non-occupational SAW/RTW delivery, and tracking and collection of outcome data is even less common. Proprietary concerns persist on the part of many “stakeholders.” And, finger-pointing at physicians continues.

Distrust of other’s motives will persist as long as “stakeholders” remain sequestered from one another. Each “stakeholder” now expects others, including the injured employee, to be responsible for creating an effective SAW/RTW process (by “eliminating obstacles to successful SAW/RTW”). No one individual can reasonably be held fully accountable for outcomes that require a team effort. As community-wide awareness of the need for a team effort grows, and as actual collaborative problem-solving behavior becomes more common, results will begin to improve.

Improvement will also become more possible once the realities of malaligned incentives are acknowledged and “stakeholders” are rewarded in some manner for efficient and effective SAW/RTW.

Legislative changes supportive of SAW/RTW should be encouraged.

There are limits on the ability and willingness of “stakeholders” to participate in future efforts to share “best practices,” and/or commit to implementing the Guideline.

There is a clear need for a group of individuals from a variety of stakeholder groups to join forces to facilitate education and sharing of workable solutions for SAW/RTW in a coordinated manner.

Conclusions and Final Thoughts

The objectives of the Summit as outlined by the Steering Committee were broadly met. Awareness of the Guideline has increased. Multiple “stakeholders” have utilized the forum effectively. Opportunities for respectful collaboration have emerged, and recommended goals/actions for implementing the Guideline have been developed.

Further, those recommended goals/actions enumerated at The Summit are generally consistent with, and reinforced by, the Seven “Principles” for Successful Return to Work. (Those principles were determined as the result of a comprehensive, systematic review of the literature completed by Franche, et al in 2004, at The Institute of Work and Health in Toronto).

Those evidenced-based “principles” for successful return to work include:

1. The workplace has a strong commitment to health and safety, which is demonstrated by the behaviors of the workplace parties.
2. The employer makes an offer of modified work (also known as work accommodation) to injured/ill workers, so they can return as early as feasible to work activities suitable to their temporary abilities.
3. RTW planners ensure that the plan supports the returning worker without disadvantaging co-workers and supervisors.
4. Supervisors are trained and included in RTW planning.
5. The employer makes an early and considerate contact with injured/ill workers.
6. Someone has the responsibility to coordinate RTW.
7. Employers and healthcare providers exchange information with each other as needed.

Presently, the members of the California Consortium to Promote SAW/RTW believe that the physician-created ACOEM Guideline on Preventing Needless Work Disability by Helping People Stay Employed is the best device and opportunity for creating a positive shift in thinking about SAW/RTW in California.

Although the California Consortium to Promote SAW/RTW understands that reducing needless work disability in occupational and non-occupational settings may require “...listening more than telling...,” the Consortium believes action is required on multiple fronts.

Fundamentally, an early and effective evidenced-based SAW/RTW process is the result of committed employer, employee, and physician interactions. If any one of the three fails in their responsibilities, the process falters, no matter who else then gets involved.

Your ongoing interest and support, and that of your colleagues, are required for the future success of the Consortium. To the extent possible, please remain engaged. Be frank and forthright with your opinions.

Visit the Consortium Website regularly and feel free to contact Consortium members directly.

Respectfully submitted,
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Chair, California Consortium to Promote SAW/RTW