



FINAL REPORT

Arizona Leadership Summit to Prevent Needless Work Disability

May 8, 2008

Hosted by the Arizona Work Disability Prevention Association

The Black Canyon Conference Center

Phoenix, Arizona

**Report prepared by
Arizona Work Disability Prevention Association (AWDPA)
in collaboration with
The 60 Summits Project**

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Final Report

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Executive Summary

In mid January 2007, a group of 16 individuals from 11 different organizations in Arizona attended a 60 Summits catalyst meeting in Phoenix. They met to consider whether the time was ripe to build a shared positive vision of how the stay-at-work and return-to-work process should function in Arizona among those who participate in that process -- employers, physicians and other healthcare providers, insurance carriers and other benefits payers, case managers and others. They came together because their familiarity with how that process works today had made them uncomfortable. They were interested in finding ways to stop wasting money and hurting the people that the workers' compensation and disability benefits systems are designed to help.

At the meeting they were introduced to [The 60 Summits Project](#), a grass-roots initiative to disseminate a new work disability paradigm for disability benefits and workers' compensation systems throughout North America. The new paradigm is embodied in a [white paper](#) issued by the American College of Occupational & Environmental Medicine ([ACOEM](#)) entitled "[Preventing Needless Work Disability by Helping People Stay Employed](#)." The basic idea of The 60 Summits Project is to use the ACOEM work disability prevention white paper as a framework for discussion in stakeholder summits in all 50 states and 10 Canadian provinces across North America, and for those Summits to serve as the starting point for on-going multilateral efforts at positive system change.

After they determined that yes, the time was ripe, the group considered the feasibility of forming a group to plan and produce a Stakeholder Summit on preventing needless work disability. They were asked what they saw as the potential desirable outcomes of holding an Arizona Summit.. Below is a list of what they saw while they imagined standing out in the future, looking back at what had happened "because of the Summit." This is a list of the things the attendees at the feasibility session said had happened because of the Summit – in their own words:

- There is a more prevalent expectation for stay-at-work return-to-work (SAW / RTW) and more consistency of RTW programs around the state.
- More employers and providers see the benefit of keeping people active during recovery.
- There is a widely shared definition of SAW/RTW as a benefit – of transitional work as a means to foster recovery
- More people are aware of and using tools and methods to manage their SAW/RTW processes they learned at the Summit

- Providers, employers and payers have more positive expectations for the SAW/RTW process based on the success stories they heard at the Summit.
- Better educational materials have become available for all parties and employees, employers, providers are better informed.
- All parties are more aware of resources, have better access to them, and are using them.
- The stakeholders have endorsed the ideas espoused in the ACOEM Work Disability Prevention Guidelines as the right way to go.
- The stakeholders are now on the “same page” -- using a common language, common definitions, working within a common model.
- Cultural, political and legislative change actually occurs
- A working group has come into being to continue the work
- Arizona employers, providers and other stakeholders are now more aware of our relative performance in the SAW/RTW arena and its impact on our economic vitality and community life.
- The assumption that work is therapeutic, part of a good life, and that needless work disability is unfortunate and preventable has become widespread.
- The stakeholders including the treating clinicians, are moving towards more engagement with each other and beginning to realize that they ARE a team, and have started to act like it.

At the end of the feasibility meeting, 7 out of the 16 individuals in attendance signed up to form a group that would produce a Summit-type workshop. Over time, Arizona’s planning team grew to 19 members. The Summit planners themselves represented multiple stakeholder groups, with members who were employers, physicians, carriers, the state insurance fund, industrial therapists, physical therapists, employment advocates, case managers and so on. (See list of planners at Appendix A.) They chose to formally affiliate with The 60 Summits Project. They named their initiative The Arizona Leadership Summit to Prevent Work Disability, and shared their information through The 60 Summits Project website (www.60Summits.org).

The newly-formed Arizona planning group envisioned their Summit as a first step in an overarching initiative to improve the well-being and productivity of Arizona’s workforce by uniting the stakeholders in a shared goal of preventing needless lost workdays and job loss due to illness, injury and aging. A key contribution to this broad social goal is to improve the timeliness, nature, and quality of services delivered to employees who are coping with the impact of injury, illness or aging on their daily lives and work -- as well as to their employers. The intended eventual result of their Summit and subsequent steps in this initiative will be an improvement in financial as well as human outcomes.

Summit planning took 15 months culminating in a successful event with over 90 total participants held on May 8, 2008 at the Black Canyon Conference Center in Phoenix, Arizona. Dr. Jennifer Christian, chair of The 60 Summits Project, gave a keynote address and facilitated the Arizona SAW / RTW Summit.

In addition to producing the Summit, the planning team created the Arizona Work Disability Prevention Association (AWDPA), a non-profit corporation in Arizona, to carry out the action plans developed by Summit participants. All participants at the Summit were then invited to

become charter members and work together to develop this multi-stakeholder organization. Their first meeting was scheduled for June 11, 2008.

The Arizona Summit received a matching grant from The 60 Summits Project and its charter North American sponsors, [Prudential Financial](#) and [Webility Corporation](#). Another Title Sponsor was the Arizona Medicaid Infrastructure Grant funded by the Centers for Medicare & Medicaid Services of the United States Department of Health and Human Services. In addition, 10 other organizations provided financial, printing and in-kind sponsorship. (See list of sponsors in Appendix B.)

The actual Summit event was a full-day workshop beginning in the morning with registration and continental breakfast, welcoming remarks by the leadership of the planning group, followed by an inspiring testimonial by an injured workers about her personal perspective on recovery and return-to-work. Dr. Christian then delivered the keynote presentation. Afterwards, participants broke into 8 multi-stakeholder work groups to begin their deliberations.

Each work group was assigned one to three of the 16 specific recommendations made in the ACOEM work disability prevention white paper. Their charge was to decide whether the recommendation should be implemented, and if so, how to do so. Their challenge was to agree on strategies as well as on concrete first steps to take in order to start carrying out those strategies. After 90 minutes of deliberations, the stakeholder work groups reported their initial findings and described their preliminary action plans to all attendees. They listened to each others ideas, and received suggestions for improvement from Dr. Christian.

Attendees next re-convened their work groups for another hour during which they revised revise their action plans based on the new information they had learned from hearing each other's reports and from Dr. Christian. Each of the work groups then presented their revised plans to all attendees. In addition, participants were offered an opportunity throughout the day to make promises or personal commitments to themselves for what actions they were going to take, and asked to record them on special forms.

As the day drew to a close, a stakeholder panel comprised of a variety of stakeholders among the participants provided their reaction to the ACOEM work disability prevention model and the plans the action groups had come up with throughout the day. Audience discussion ensued on "what could work for Arizona" Dr. Christian summarized the meeting outcomes and key actions and the meeting was adjourned. An attendee reception followed the day's Summit.

Overall, every one of the work groups thought the ACOEM recommendations they had been assigned should be implemented. They all made action plans to do so. Commonalities among the plans became apparent as the work groups gave their reports. In particular, the newly formed association, AWDPA, was featured in many of the work group plans as a way to structure and organize leadership, advocacy, education, communications and research.

Some action plans covered more than one of the domains listed below, and some touched additional ones. For a complete listing of the work group action plans, see Appendix D. The major domains in which many of the action plans focused were:

1. Getting the word out

2. Education and training
3. Consistency/ standardization/protocols/templates
4. Communication / information exchange
5. Organizational structure/ policies

At the end of the Summit day, participants were asked to complete evaluations and indicate the extent of their desire for on-going involvement with AWDPA.

Overall, the attendees were extremely satisfied with their experience at the Arizona Summit.

- More than two-thirds of the attendees asked to stay on Arizona's group mailing list.
- More than half intend to participate in the follow-up action group, the AWDPA.

More than 80 percent of the attendees reported that:

- The workshop was a good use of their time and effort,
- The information presented was very interesting,
- Having met the other attendees will help them in the future, and
- The event had made them think differently about some important things.
- They left with a list of practical next steps they can take to improve their participation in the SAW/RTW process.

Arizona's Summit is a strong first step in a truly innovative grass-roots initiative. The relationships that were established and the action plans and personal commitments that were made during the Summit must now be transferred to the real world and be carried out. The group is planning on fulfilling these commitments through a structure that will be created by AWDPA. People will need support in order to turn their commitments into realities. The first meeting of the Association will occur on June 11 in Phoenix. (See Arizona's page at www.60Summits.org for updates)

Acknowledgements

Members of the Arizona Summit Planning Committee. The membership of this all volunteer committee is itself an example of the multi-stakeholder approach. Employers, physicians and other healthcare providers, insurers, industrial therapists, case managers, attorneys, employment advocates, and rehabilitation specialists worked together to plan and produce this event. A list of committee members appears in Appendix A.

Sponsors. Without the generous support of our sponsors, this Summit would not have been possible: A list of sponsors appears in Appendix B.

Donna Martin. We appreciate Donna sharing her inspirational story based on her personal struggle in returning to work following a work-related automobile accident. Her valuable insights were shared during her opening remarks “Brief Comments from an Injured Worker.”

The Facilitators. Eight professional facilitators were provided under contract by Facilitators provided by **Partners in Participation** of Phoenix, Arizona. The professional facilitators were recruited and managed by Jim Wiegel. Members of the Arizona Summit planning group served as co-facilitators. All facilitators received special training from The 60 Summits Project staff to support the deliberations of the work groups.

60 Summits Project staff. We appreciate the support of Diana Cline, David Siktberg, Anita Nyyssonen, and Jennifer Christian of the 60 Summits Project who assisted us throughout the planning process as well during as our Summit event, and then prepared the draft of this report.

Introduction and Background

The American College of Occupational & Environmental Medicine adopted its guideline entitled “Preventing Needless Work Disability by Helping People Stay Employed” in May 2006. Dr. Jennifer Christian led the committee of 21 U.S. and Canadian physicians who developed the guideline. She founded The 60 Summits Project shortly thereafter for the purpose of propagating the ideas in the Guideline -- which embodies a new model for work disability prevention -- throughout the 50 US states and Canada. The basic idea is to convene multi-stakeholder summits in which participants learn about the concepts in the guideline and decide if they want to implement them in their locality. If so, they agree on a strategy for how to do it, start making concrete plans for action to accomplish that strategy, and then decide whether to form a multi-stakeholder follow-on action group to continue propagating the work disability prevention paradigm to every corner of their states while supporting each other in making program and system changes.

Arizonans were invited to participate in a Summit feasibility planning meeting in early January of 2007. Dr. Christian sent emails to individuals in Arizona asking them whether the time was right to build a shared positive vision of the SAW/RTW process based on the ACOEM guideline and whether they might want to participate in the 60 Summits Project. She suggested they route the email to others who might also be interested.

The feasibility meeting was hosted by Mayo Clinic in Scottsdale. Sixteen people representing employers, physicians, physical therapists, insurers, case managers and other providers attended. During this meeting, participants agreed that Arizonans would benefit from the possibilities the ACOEM guideline offered them on addressing the gaps and breakdowns that lead to needless work disability and job loss. Arizona has no statewide structure for addressing return-to-work and stay-at-work concerns, let alone preventing needless work disability. They identified the Summit as a positive force to generate forward momentum in addressing these important concerns for all types of benefits programs which is consistent with the approach taken by the ACOEM work disability prevention guideline.

The Arizona group began as a team of seven to start planning a Summit in Arizona. The group recruited a Chair and Co-Chair: Sandy Goldstein and Jennifer Hallden. Sandy Goldstein is Director of Industrial Rehabilitation Services for Physicians' Physical Therapy Service in Phoenix and Jennifer Hallden is Pre-Injury Consultant for AIG Domestic Claims,

Inc., Medical Management Services in Phoenix. Both Sandy and Jennifer, coincidentally had recently relocated from Ohio to Arizona. Among their first decisions, they chose to affiliate with The 60 Summits Project.

Like most of the groups working within The 60 Summits initiative, the planning of the event was led by committed volunteer professionals. They all work full time in some part of the absence management, workers' compensation or disability benefits systems and are uncomfortable with the harm that is currently being done by the gaps that create delays in functional recovery. Arizona's planning cycle was 15 months. Their group grew over time. By the time of the Summit, a total of 19 individuals were involved in the planning process.

The Arizona planning committee was committed to creating a structure for Arizona that would begin with the Summit and live on into the future. At their first meeting, one person commented that they saw the group "becoming an on-going force for positive change in Arizona." As a result, the committee created a non-profit organization, the **Arizona Work Disability Prevention Association (AWDPA)** to carry out the action steps identified by the Summit work groups. They also decided that the notebook that Summit attendees would receive would be useful not only for the Summit day but serve as an ongoing resource manual with tools for employers, providers, case managers, and insurance carriers.

Key Definitions

ACOEM Guidelines: The American College of Environmental Medicine has issued a variety of guidelines, policies, and position statements over time.

- The most well-known of its guidelines are the *Occupational Medicine Practice Guidelines* for diagnosis and treatment of occupational conditions, adopted in 2002. This several hundred page document is available for sale from ACOEM. The Practice Guidelines were adopted as the presumptively correct standard of care by the California workers' compensation system. Those guidelines -- which cover the *medical treatment* given to injured or ill individuals -- **were not** the topic of the Arizona SAW/RTW Summit. The guideline used in the Summit is a completely different document covering a very different set of topics.
- The work disability prevention white paper which **was** the focus of the Arizona SAW/RTW Summit is the most recent guideline that ACOEM has issued, entitled *Preventing Needless Work Disability by Helping People Stay Employed*. It was adopted in May 2006. It is 27 pages long, and is free on ACOEM's website (www.acoem.org) under Policies and Position Statements, or at www.60summits.org. The work disability prevention paper is classified as a guideline, but it is addressed to all participants in the stay-at-work and return-to-work process. It makes general and systemic recommendations to improve how the process functions in order to improve service to workers and their supervisors, and to improve outcomes of injury-, illness- or aging-related employment predicaments.

The Stay-At-Work and Return-To-Work (SAW / RTW) process occurs whenever an employed person becomes injured, ill, or has had a change in their ability to function. It consists of a sequence of questions, actions and decisions made separately by several parties that, taken as a whole, determine whether, when and how an injured or ill person stays or returns to work. Thus, the SAW/RTW process is an outcome-generating process.

However, it often becomes derailed because the focus moves to certifying, corroborating, justifying, evaluating, or measuring the extent of the disability rather than preventing it.

Work disability. It is important to note that the term “disability” or “work disability” here means time either away from work or working at less than full productive capacity attributed to a medical condition. Work disability **does not** mean "having an impairment," because many people with substantial impairments work full time and full duty. Needless work disability (absence or withdrawal from work) is harmful, disruptive, and costly both to the employee and the employer.

The Summit Planning Process

The Arizona Summit planning group worked together to plan the Summit by phone, email and through face-to-face meetings. They elected to call their initiative the “Arizona Leadership Summit to Prevent Work Disability.” After their first few independent meetings, they decided to engage the 60 Summits Project staff to assist with planning and delivery of their all day Summit workshop, as well as providing administrative, speaking and leadership services. The planning process involved clarifying the goals, purposes, design and agenda of the workshop, identifying invitees within each of the stakeholder groups, designing the invitations, conducting the invitation and registration process, facility logistics and developing the associated materials to be used during the workshop. It also involved developing a budget, developing informational materials for potential sponsors, and raising money from local organizations.

Goals and Intended Outcomes of the Summit

The goals of the planning committee were to:

- Provide an arena in which stakeholders could both speak and listen to one another's point of view.
- Explore the feasibility of implementing 16 specific recommendations made in a widely-acclaimed and common sense guideline entitled “Preventing Needless Work Disability by Helping People Stay Employed” issued by the American College of Occupational & Environmental Medicine (ACOEM).

In the invitation sent to prospective attendees, the Summit planning group promised that participants would learn how communication -- or the lack of it -- among employers, workers, healthcare providers and insurers during the treatment and recovery of an injured employee affects medical and employment outcomes; and techniques and tips for better communication that reduce hassles, improve medical outcomes, protect jobs and improve business productivity.

Participants were also told that they would leave with (a) new relationships with people in other sectors, and colleagues to collaborate with in the future, (b) a greater awareness of the SAW/RTW process and other participants’ concerns and

INTENDED OUTCOMES FOR SUMMIT PARTICIPANTS

- New relationships and collaborators
- Greater awareness of and respect for:
 - the outcomes created by the Stay-at-Work and Return-to-Work (SAW/RTW) process
 - other SAW/RTW participants' concerns and perspectives.
- Several new ideas and concrete steps to take

perspectives, which will allow the participants to communicate with them more effectively; and (c) several concrete ideas and strategies to improve the stay-at-work and return-to-work process in their own organizations, communities, and Arizona as a whole.

In the opening session, Dr. Christian reviewed the planning group's objectives for the Summit, and declared the intention that this event would become a historic milestone, signal a beginning, and cause the creation of a group of inspired and energized people who will gradually transform Arizona into a state that really does prevent needless work disability by actively helping people stay employed.

- OBJECTIVES
OF THE ARIZONA SUMMIT**
- Create a consensus among Arizona stakeholders for the best solutions that:
 - Prevent needless work disability;
 - Promote continued employment of workers
 - Improve outcomes of health-related employment disruptions; and
 - Foster effective management of medical and wage replacement costs.
 - Form an action group that will become an on-going force for positive change in Arizona.

Summit Participants

The 90 Summit attendees were distributed across the key stakeholder groups in the stay-at-work / return-to-work process. The Arizona Summit Planning team selected and personally invited many of the attendees. Participants accepted the invitation knowing that they would work within the framework of the ACOEM guideline in joint pursuit of creating a milestone event for Arizona and a better stay-at-work and return-to-work process to benefit both employees and employers.

Appendix C contains a list of all Summit participants. The stakeholder groups consisted of representatives from employers, medical practices, labor, government, insurers, case managers, occupational and physical therapists, industrial therapists, employment advocates, return-to-work specialists, associations, mental health, legal, judicial and pharmaceutical

Summit Facilitators

The facilitators for the day were a mixture of professionals provided under contract with Partners in Participation supplemented with volunteer co-facilitators who were members of the Summit Planning Committee. Dr. Christian and Diana Cline provided training for all facilitators via teleconference to cover the specifics needed for the Summit day. The facilitators supported the deliberations of the work groups throughout the Summit and were responsible for managing logistics, keeping the discussion in their groups focused on the issues, and on producing their work group reports.

Description of the Summit Workshop

The agenda for the day appears in the box to the right.

Opening session

The Summit was held at The Black Canyon Conference Center in Phoenix. The Summit began early in the morning with registration, continental breakfast and then attendees were guided to the large conference room for opening remarks by Sandy Goldstein and an orientation by Jennifer Hallden to the Summit notebook and resource guide. Donna Martin's testimonial provided the injured workers' perspective by sharing her personal story on her struggle to return to work while physically and emotionally recovering following a work-related automobile accident.

The Summit workshop

Dr. Christian provided a short orientation to the day. A show of hands in the room indicated that about 85 percent of the people in the room had either scanned or read thoroughly the ACOEM white paper. This "read of the room" has varied from Summit to Summit with the highest thus far being Minnesota's Summit at 90 percent. Participants had been provided with the ACOEM white paper on Preventing Needless Work Disability prior to the Summit with a request to read it in order to come prepared to work and discuss it.

The keynote address by Dr. Christian provided an overview of the 60 Summits Project, stressed the importance of preventing needless work disability, outlined key concepts in the ACOEM Guideline and briefly reviewed each of the 16 recommendations in the guideline. It concluded with instructions on how to conduct the multi-stakeholder work group sessions.

Following the keynote, attendees moved to their work groups based on their assignment. Prior to the Summit, a survey was sent to participants requesting they identify their stakeholder group and that they select their 1st, 2nd and 3rd choices for work groups based on the ACOEM recommendations assigned to them. Each group was comprised of 10-12 people from a variety of stakeholder types. Each group had been assigned different recommendations from the ACOEM paper, varying from one to three recommendations per group.

Small group break-out sessions followed by brief summary reports from each group to the entire assembly were held both in the morning and the afternoon. The eight work groups, each composed of multiple stakeholders, were challenged to decide whether they agreed with the ACOEM recommendations they had been assigned. If so, they were asked to come up with strategies for making them into realities, as well as concrete first steps and commitments for the action to take "tomorrow."

AGENDA

May 8 – Full Day Event

Opening session, welcoming remarks
Injured worker perspective by Donna Martin
Keynote presentation by Dr. Christian
First work group session
Lunch
Groups present preliminary action plans
Second work session -refine action plans
Groups present refined action plans
Stakeholder panel reaction to plans
Audience discussion
Closing session and adjourn

During the morning deliberations, 90 minutes in duration, all of the work groups decided that they agreed with the ACOEM recommendations that they had been assigned and that they **should** be implemented in Arizona. They then started work formulating implementation strategies and plans.

One of the major instructions given to attendees during a Summit is to listen in a way that they have never listened before to what other attendees are reporting is “true” for them. Dr. Christian emphasizes “*listening for the new part*” and not listening from the position of confirming that you already know all of it.

In a general session after lunch, each of the work groups then presented their initial report and received feedback from Dr. Christian on how to be more concrete and specific in their action steps.

Following the general session, the work groups reconvened for another hour to refine their final reports for the Summit. Their refinement was supposed to incorporate any feedback from Dr. Christian on concreteness and any new information that they had gleaned from listening to the other group reports. The refined action plans were then presented and demonstrate the commitment this Summit group has to improving the SAW-RTW process in Arizona. Their practical “to do list” appears in Appendix D, a comprehensive list of all of the action plans developed by the stakeholder work groups.

In addition to the group reports developed by the workgroups, each individual participant was asked to complete a personal commitment sheet that they could take home and use as a reminder of the promises they had made to themselves and in some cases, to each other. Each participant was asked to write down his or her own personal insights, plans, and commitments they had made to themselves during the Summit. An example of this form appears in the text box to the right. (Social

science research has shown that people are more likely to actually do things if they have made a formal written or oral commitment to do so.) The Personal Commitment forms were handed in and copied towards the end of the event so that the ideas that were arising during the Summit could be captured and consolidated for inclusion in this report. The original forms were returned to the participants so they could take them home. Appendix F is a list of personal commitments made by participants. (Personally identifying information has been removed.)

TASKS ASSIGNED TO EACH MIXED
STAKEHOLDER WORK GROUP:

1. Decide which portion(s) of the assigned ACOEM guideline to focus on.
2. Decide if you agree with the guideline's recommendation. If not, solve that problem another way.
3. If so, devise a strategy to make it happen in your own practice, organization or community.
4. Identify a concrete first step or steps to get started.
5. Describe what you are going to do starting tomorrow.

STATEMENTS COMPLETED BY EACH
PARTICIPANT ON THEIR
PERSONAL COMMITMENT FORM

1. The main things I see that I can actually do to improve MY OWN practice or organization are: _____.
2. The main opportunity where I can actually do something to improve how things work in my community or state is: _____.
3. Here's what I personally intend to do about this tomorrow or this week: _____.

A stakeholder panel was convened to provide reaction to the work group reports. Panel members were selected prior to the Summit and they each participated in a work group during the Summit. The five panel members represented employers, providers and employees and they each were asked to think and speak on behalf of their stakeholder group and not to give just personal opinions. Panel members were asked to

- provide their impressions of the validity, credibility, usefulness and practicality of ACOEM's recommendations;
- comment on the merit and feasibility of the work group's proposals for implementing the recommendations;
- predict how others in the same stakeholder group will react the recommendations and
- identify what the stakeholder group needs in order to embrace and actually adopt and implement the recommendations.

After a brief summary wrap-up in which Dr. Christian summarized the general themes that had appeared throughout the day, the Summit was adjourned. Attendees completed evaluations of the event, and were given the opportunity to state their desire as to which activities they would like to be involved with going forward, such as whether they want to receive follow-up emails, be invited to future events, become part of the follow-on action group). More than 50 percent of the attendees signed up to be part of the action group, the Arizona Work Disability Prevention Association (AWDPA).

Workgroup Recommendations, Strategies, and Action Plans

All of the work groups thought the individual ACOEM recommendations that they had been assigned were worthwhile and should become common practice. Therefore, all of the groups developed action plans to begin implementing them. The details of their plans, derived from their paper forms and the recorded transcript of their oral reports, appear in Appendix D.

Commonalities among the plans soon became apparent as the work groups gave their oral reports during the Summit. The major domains in which most of the action plans were focused were

1. Getting the word out
2. Education and training
3. Consistency/ standardization/protocols/templates
4. Communication / information exchange
5. Organizational structure/ policies
6. Other.

1. Getting the word out

Several of the work groups felt that it was critically important to share the big ideas with simple messages about the work disability prevention model with as many audiences as possible using a variety of media and a variety of communications channels. They recommended "a PR campaign," with "talking points," "changing how people think," "helping develop a positive mind-set," and "obtaining buy-in." The communications channels they plan to employ ranged from conversations and presentations to brochures and public service announcements.

2. Education and training

Almost all the workgroups recommended ways to give people the skills and background information they need in order to manage health-related employment situations better, which means some form of education or training. Examples included education in the form of mailing copies of the ACOEM guideline to all physicians, formal conferences; and brief training in the workplace. One group summarized the situation by saying that healthcare providers, supervisors, and injured workers all need education "to increase fairness and equitable practices".

3. Consistency / Standardization / Protocols / Templates

Besides getting the word out and educating all parties, the most common theme of the action plans made in the Arizona Summit is this: the need for templates, protocols, and other tools to increase consistency and standardize management of critical steps in the SAW/RTW process. Examples included a "short & sweet" letter an employer can use to describe its SAW/RTW program to a doctor, a workflow process from initial injury to resolution, an interview checklist or a questionnaire to be used in assessing barriers to RTW," a script for supervisors to use in communicating with injured employees, a standardized form to carry information back and forth between the employer and the medical office, a three-level protocol for determining the amount of effort/resources to devote to assessing job demands/work capacity,.

4. Communication / information exchange

In addition to training, several groups recommended finding ways to make sure that people get the data or information they need at the time they need it in order to make decisions, which generally involves transferring information from one party to another. Suggestions included a letter that employers routinely send to treating doctors explaining their program; a pamphlet given to workers at the time of injury or illness workers that explains their rights and responsibilities; creating a policy that adjustors inform workers of the availability of a phone helpline, removing barrier to exchange of information when the employee is represented by an attorney. Several of the templates and protocols mentioned in #3 are intended to perform this function as well.

5. Organizational structure / policies / programs

Another way to increase the adequacy and consistency of response to the needs of an injured / ill employee is to have formal policies and programs in place. Several groups also came up with ideas in this area. For example, various groups said that

employers need to have SAW/RTW policies, should have a steering committee, should designate a RTW coordinator, should align their policies with the culture they want to create,

6. Other: Multi-stakeholder approach/ advocacy / legislative change / pilot program

An incidental part of many of the workgroup's plans was a reference to a multi-stakeholder approach or group. Many groups factored the AWDPA into their action plans, for example. Other recommendations and plans were made to establish advocates/mentors/mediators that will help employees through the process, to create a formal alternative dispute resolution process, to manage the initial communications at the outset so that employees feel needed and comfortable when injured, and to pilot test the effectiveness of a particular approach to a public education campaign.

Next Steps

The Arizona Summit planning team intended this workshop to be a milestone event for Arizona with the goal of spreading the word of work disability prevention throughout the state and creating a non-profit association, AWDPA, to lead the follow-up efforts, not only in the workers' compensation system but the group health and disability benefits systems as well.

Summit planners recognized that the one-day Summit is an important beginning, but in order for the paradigm shift to occur throughout the state, an ongoing structure is needed to support the shift. This is the first time that multidisciplinary stakeholder groups have come together to make a difference in Arizona so there is a great opportunity to support implementation of the work group action plans through the Association.

The shift begins with getting as many of the right people as possible in the room to do more than talk about ACOEM's recommendations, but to speak for actually implementing them and to make specific plans for how to do that, by when, and with whom. The Summit starts with asking attendees to identify what is possible through communication and collaboration across sectors. The 60 Summits Project supports a structure for fulfillment that starts with the workshops offered during the Summit and continues with the Follow-Up Action Groups. Having a structure to support attendees who have made personal commitments for action is key. Since more than half of the attendees expressed interest in follow-up activities, it is hoped that many of them will actually become active in AWDPA. The first meeting was scheduled for June 11, 2008. Arizona has a webpage on the 60 Summits website that can be used to continue to share information.

Beyond Arizona, the 60 Summits website (www.60Summits.org) provides a central clearinghouse for all the other state groups participating in The 60 Summits Project. The 60 Summits Project is also developing a guide to assist local groups with developing the structure, methods and tools needed to support the ongoing work of their newly-created local action group.

In addition, the first national conference of The 60 Summits Project is scheduled for November 2008. The goal of the national conference is to provide a venue in which all local groups can meet, share their experiences, successes and challenges, and collaborate on

joint projects. While each jurisdiction and planning group has unique characteristics, they also have many issues and challenges in common. Common themes and similar projects are emerging from many of the Summits. The local groups are enthusiastically supporting the idea of working together, since they see little need to “re-invent the wheel” and have already grasped the advantages of cross-fertilization of ideas and sharing of solutions.

**Appendix A
Planning Committee Members and Roles**



**Arizona Leadership Summit
to Prevent Needless Work Disability – May 8, 2008**

Planning Committee Members and Roles

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Arizona Leadership Summit to Prevent Needless Work Disability – May 8, 2008

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Professional Work Group Facilitators were provided under contract by Partners in Participation, Phoenix, AZ

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Courtney Geer

Vida Khow

Marin Ort

John Oyler

Marilyn Oyler

Jessica White

Jim Wiegel

Appendix D

Action Plans Developed by Multi-stakeholder Work Groups

Group A – Recommendations 1, 3 and 4

Text of Assigned Recommendation(s) from ACOEM Guideline:

<p>I. ADOPT A DISABILITY PREVENTION MODEL</p> <p>1. Increase Awareness of How Rarely Disability is Medically Required</p> <p><u>Sub-recommendations</u></p> <p>a. Stop assuming that absence from work is medically required and that only correct medical diagnosis and treatment can reduce disability.</p> <p>b. Pay attention to the non-medical causes that underlie discretionary and unnecessary disability. Reduce discretionary disability by increasing the likelihood that employers will provide on-the-job recovery.</p> <p>c. Reduce unnecessary disability by removing administrative delays and bureaucratic obstacles, strengthening flabby management, and by following other recommendations in this report.</p> <p>d. Instruct all participants about the nature and extent of preventable disability.</p> <p>e. Educate employers about their powerful role in determining SAW/RTW results.</p> <p>II. ADDRESS BEHAVIORAL AND CIRCUMSTANTIAL REALITIES THAT CREATE OR PROLONG WORK DISABILITY</p> <p>3. Acknowledge and Deal with Normal Human Reactions</p> <p><u>Sub-recommendations:</u></p> <p>a. Encourage all participants to expand their SAW/RTW model to include appropriate handling of the normal human emotional reactions that accompany temporary disability to prevent it becoming permanent.</p> <p>b. Encourage payers to devise methods to provide these services or pay for them.</p> <p>4. Investigate and Address Social and Workplace Realities</p> <p><u>Sub-recommendations:</u></p> <p>a. The SAW/RTW process should routinely involve inquiry into and articulation of workplace and social realities;</p> <p>b. Establish better communication between SAW/RTW parties;</p> <p>c. Develop and disseminate screening instruments that flag workplace and social issues for investigation; and</p> <p>d. Conduct pilot programs to discover the effectiveness of various interventions.</p>
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Group Members:

- Marilyn Oyler, Work Group Facilitator
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- Christine Goldberg, Strategic Planning Admin., AZ Healthcare Cost Containment
- Donna Martin, Volunteer Services Mgr., Fresh Start Women's Foundation

- George Seitts, President, AZ Food Marketing Alliance
- Yvonne Smith, RN Community Liaison, Center for Neuro Skills
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- Susan Waugh, QA Sup., State of AZ DES – DDSA Disability Determination
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- Dina Zaza, MD, Physiatrist, AZ Center for Neurosurgery

Group A said that all three recommendations should be implemented in Arizona.

For Section I, Recommendation 1, Group A focused on increasing awareness of how rarely disability is medically required. We didn't get through all the sub-recommendations.

The strategy we believe is best for making this actually become the standard of practice in our organizations or communities is to launch a community PR campaign on how rarely disability is medically required, to educate stakeholders in the workplace, create prevention and training and develop a work flow process from initial injury to resolution.

The key steps involved in making that happen are to:

1. Initiate best claim practices scenarios
2. Train the trainers
3. Have mentors for injured workers
4. Teach Table 4 medically required vs. medically discretionary vs. medically unnecessary.

Some concrete first steps we can take to get started on making this a reality are:

1. Develop public and workplace presentations
2. Develop flow charts for best practices
3. Designate RTW coordinator
4. Reduce time lags by streamlining the process

Here's what we intend to do starting tomorrow:

1. Push external communications by involving civic groups, line supervisors beginning immediately to within one year.
2. Select target audience for our media campaign
3. Create a media information packet. Create talking points and press kits.
4. Define media outlets to use
5. Test the message with various constituencies.
6. Use AWDPA as the sponsor.
7. Media packets to include brochures and press releases.
8. Donna Martin, Nancy and Yvonne volunteered to work on this. If anyone has experience with PSAs and would like to help us out we would appreciate it!

For Section II, Recommendation #3, we focused on investigating and addressing social and workplace realities.

Some strategies for how to make this recommendation become standard practice in our own organizations and community are:

1. To identify barriers to recovery consistently
2. Provide support and regular reevaluation
3. Educate the physician and the employee regarding recovery

The key steps in making that happen are to:

1. Teach the emotional impact of injury or illness
2. Evaluate psychological factors early
3. Come up with a process to identify barriers to recovery

Some concrete first action steps that will get us started on making this a reality in our own organizations, community and statewide are to:

Develop a task force to create a “barriers to return to work questionnaire” to be used by case managers and claims adjusters within 2 weeks of the claim being accepted. The questionnaire will be in English and Spanish. This will be completed by 12/31/2008. Debbie, Pat and Dina volunteered.

Here's what we are going to do specifically starting tomorrow:

Poll organizations to see what tools are being used currently by 12/31/2008 to accomplish creating a questionnaire to identify barriers to return to work. Debbie, Pat and Dina volunteered.

In Section II, Recommendation #4, we focused on acknowledging and dealing with normal human reactions.

Here are some strategies for how this recommendation can become standard practice in our own organizations and community:

1. Encourage hard look at pros and cons of disability
2. Develop cultural process to identify all levels of SAW/RTW
3. Address the elephant in the living room
4. Open communications with peer committee
5. Facilitate employee and employer conversation with the objective that work is a safe place

The key steps in making these happen are to:

1. Establish an RTW coordinator
2. Develop a plan that outlines performance expectations
3. Develop interview process to explore workplace issues

Group B – Recommendations 2 and 9

Text of Assigned Recommendation(s) from ACOEM Guideline:

I. ADOPT A DISABILITY PREVENTION MODEL

2. Urgency is Required Because Prolonged Time Away from Work is Harmful

Sub-recommendations:

- a. Shift the focus from “managing” disability to “preventing” it and shorten the response time.
- b. Revamp disability benefits systems to reflect the reality that resolving disability episodes is an urgent matter, given the short window of opportunity to re-normalize life.
- c. Emphasize prevention or immediately ending unnecessary time away from work, thus preventing development of the disabled mindset, and disseminate an educational campaign supporting this position.
- d. Whenever possible, incorporate mechanisms into the SAW/RTW process that prevent or minimize withdrawal from work.
- e. On the individual level, the health care team should keep patients’ lives as normal as possible during illness and recovery while establishing treatments that allow for the fastest possible return to function and resumption of the fullest possible participation in life.

III. ACKNOWLEDGE THE POWERFUL CONTRIBUTION THAT MOTIVATION MAKES TO OUTCOMES, AND MAKE CHANGES TO IMPROVE INCENTIVE ALIGNMENT

9. Increase “Real-Time” Availability of On-the-job Recovery, Transitional Work Programs, and Permanent Job Modifications

Sub-recommendations:

- a. Encourage or require employers to use transitional work programs;
- b. Adopt clearly written policies and procedures that instruct and direct people in carrying out their responsibilities;
- c. Hold supervisors accountable for the cost of benefits if temporary/transitional work is not available to their injured/ill employees;
- d. Consult with unions to design on-the-job recovery programs;
- e. Require worker participation with ombudsman services available to guard against abuse;
- f. Make ongoing expert resources available to employers to help them implement and manage these programs.

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- Marcy Tigerman, Rehab Counselor, CM, Rehabilitation Specialists Group
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Group B said that both recommendations should be implemented in Arizona.

In Section I, Recommendation #2, Group B focused on instilling a sense of urgency, what needs to be communicated and who needs to know.

The strategies we believe are best for making this actually become the standard practice in our organizations or communities are:

1. Communication before the illness or injury, mention everywhere and to everyone, time lapse is critical.
2. Respond immediately- share information right away; educate about parties involved
3. Communicate message tailored to target audience
4. Define communication targets – ER, EE, Supervisor, PHO, Rehab spec., Safety experts
5. Draft step by step timeline for action to prevent work disability

The key steps involved in making this happen are:

1. Put together letter for the doctor explaining RTW/SAW program (short & sweet)
2. General education for every one involved
3. Create & share templates; script
4. Try to change mindset; don't shut the door
5. Employer needs to have policies
6. Have template available for employer/supervisor to implement 1st conversation with employee following injury or illness with a script in the template to use for that first conversation

We skipped “concrete action steps” and went right to what some of us intend to do starting tomorrow:

1. Specifically we are going to develop a procedure, forms and even a script to assist supervisors in communicating with injured employees. The script will help employers/supervisors etc. who may not know what to say to an employee in the first contact following an injury or illness and it's that 1st contact that makes all the difference in the world! It seems so simple to be human, but as a rehab counselor I've (Marcy Tigerman) seen simple claims turn into huge indemnity claims due to flawed communications. We plan to involve employers, employees and carriers in the development of procedures and forms by 6/1/2008 so that employees will feel needed and comfortable when injured. Jeffrey volunteered for this assignment.
2. Provide conferences for other physicians and peers about how important it is to get injured and ill patients back to work ASAP. Conferences are being scheduled within the next 2 weeks to educate physicians about all the new programs available to help disabled patients return to work. Catherine volunteered for this assignment

3. When offering an RFP for occupational health clinics, require that bidders have completed disability prevention training module or equivalent. Julia volunteered for this assignment.

For Section III, Recommendation #9, we focused on increasing “real time” availability of on-the-job recovery, transitional work programs & permanent job modifications.

These are the strategies for how to make this recommendation become standard practice in our own organizations and community:

1. Educate on how to create modified work
2. Create modified work activities that can be one right away
3. Be prepared – have policies, plans, resources tasks to do and scripts
4. Utilize volunteer opportunities/paid, partner with non-profits
5. Engage employee in thinking about what they can do

The key steps involved in making that happen are:

1. Change mindset that you don't need to be 100% to go back to work
2. Develop modified transitional jobs
3. Give incentives to supervisors to help engage and bring the employee back
4. Track money to show benefits-RTW/SAW by department

Some concrete action steps to make this a reality in our organizations, community and statewide are:

1. Encourage partnering with other small businesses
2. Initial interactions with everyone involved
3. Having real-time conversations with employees

Here's what we intend to *specifically* do starting tomorrow:

1. Help develop positive mindset, for example, a different use of employee's transferable skills. Employees and employers need to be involved beginning tomorrow when I complete initial interview so that we can establish a positive mindset regarding injury.
2. Put this pamphlet (already developed) on the web through a link on the AWDPA website next week. It's a FAQ work comp pamphlet stating the responsibilities of the injured worker and carrier (what about the employer?) that you can use and tailor for your own company – Marcy Tigerman
3. Challenge view of the injured worker as cheaters. Adjusters and case managers need to be involved. Begin next week to challenge the mindset that all injured workers cases are open too long. “They weren't bad people when they fell off the roof so let's stop treating them like they are! We need to let them know we care and that we want them back to work!” Pat volunteered to begin sharing this information with the employers with whom she communicates.
4. Contact employer ASAP when they are put on modified duty & get them back to work. Injured workers need to be involved as soon as the employee is placed on modified duty to that the employee can be released to work.

Dr. Christian's comment to the group is that they need to be very specific about how many times they are going to have these conversations, with whom and by when to be accountable in delivery on their commitment, their action plans. For example, "I'm going to initiate conversations with 30 different employers within the next 30 days regarding the importance of on-the-job recovery."

Group C – Recommendations 3 and 5

Text of Assigned Recommendation(s) from ACOEM Guideline

<p>II. ADDRESS BEHAVIORAL AND CIRCUMSTANTIAL REALITIES THAT CREATE OR PROLONG WORK DISABILITY</p> <p>3. Acknowledge and Deal with Normal Human Reactions</p> <p><i>Sub-recommendations:</i></p> <p>a. Encourage all participants to expand their SAW/RTW model to include appropriate handling of the normal human emotional reactions that accompany temporary disability to prevent it becoming permanent.</p> <p>b. Encourage payers to devise methods to provide these services or pay for them.</p> <p>5. Find a Way to Effectively Address Psychiatric Conditions</p> <p><i>Sub-recommendations:</i></p> <p>a. Adopt effective means to acknowledge and treat psychiatric co-morbidities</p> <p>b. Teach SAW/RTW participants about the interaction of psychiatric and physical problems and better prepare them to deal with these problems</p> <p>c. Perform psychiatric assessments of people with slower-than-expected recoveries routine</p> <p>d. Make payment for psychiatric treatment dependent on evidence-based, cost-effective treatments of demonstrated effectiveness.</p>

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- Marjan Fletcher, PhD, Licensed Psychologist
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- Daniel Pollard, President, I.E.E.W., Local Union 640
- Robert Stepp, Corporate Manager, Occupational Health/Safety – Freeport McMoRan Copper and Gold, Inc.
- Elizabeth Warner, Attorney, Goering, Roberts, Rubin, Brogna, Enos & Treadwell-Rubin

Group C said that that both recommendations should be implemented in Arizona.

We addressed Recommendations 3 and 5 together.

Our initial strategy is to:

1. Have organizations articulate their commitment to the SAW/RTW process
2. Address the culture of the organization so that employers, supervisors/managers and employees are committed to the process.

3. Shift the culture
4. Beef up communications so that all are comfortable in having “human” conversations.

We realized that the strategies will be different within companies but it shouldn't matter whether you have a one woman business or a multi national company, the company needs to address the culture. Companies need to commit to a SAW/RTW culture!

Concrete action steps are to:

1. Establish internal steering committees within your company with representatives from EAP, HR, benefits, behavioral health and upper management.
2. Use your steering committee to draft your initial message and get it approved by the leaders of the organization.
3. The steering committee would stay active to identify resources, for example, use EAP contact to connect with an employee who has been out for 3 days; use your company's intranet to host screening tools that will help with employee's feelings and increase communication. Karen volunteered for this assignment.
4. Draft a letter for use between the employer, employee and healthcare provider with the message “please know that I want to get back to work as soon as possible and I need you to help me do that.”
5. Laura is presenting to the Dept. of Health Services to obtain commitment on the SAW/RTW process and with buy-in will create a steering committee within her company. The steering committee will create what the culture should look like and then establish a timeline to implement a caring culture.
6. Dan who works with his local union will take the message to his international union representative to spread the message throughout the union and invite them to participate in the SAW/RTW process.
7. Laura indicates that 3-4 from their work group are committed to setting up steering committees within their companies although no timeline was established. The steering committees need to set up their own timelines.

Group D: Recommendations 6, 7, 8

Text of Assigned Recommendation(s) from ACOEM Guideline

II. ADDRESS BEHAVIORAL AND CIRCUMSTANTIAL REALITIES THAT CREATE OR PROLONG WORK DISABILITY

6. Reduce Distortion of the Medical Treatment Process by Hidden Financial Agendas

Sub-recommendations:

- a. *Develop effective ways and best practices for dealing with these situations.*
- b. *Instruct clinicians on how to respond when they sense hidden agendas.*
- c. *Educate providers about financial aspects that could distort the process.*
- d. *Procedures meant to ensure independence of medical caregivers should not keep the physician “above it all” and in the dark about the actual factors at work.*
- e. *Limited, non-adversarial participation by impartial physicians may be helpful. For example, ask an occupational medicine physician to brief the treating clinician*

III. ACKNOWLEDGE THE POWERFUL CONTRIBUTION THAT MOTIVATION MAKES TO OUTCOMES, AND MAKE CHANGES TO IMPROVE INCENTIVE ALIGNMENT

7. Pay Physicians for Disability Prevention Work to Increase Their Professional Commitment

Sub-recommendations:

- a. *Develop ways to compensate physicians for the cognitive work and time spent evaluating patients and providing needed information to employer and insurers as well as on resolving SAW/RTW issues. ACOEM developed a proposal for new multilevel CPT codes for disability management that reveals the variety and extent of the intellectual work physicians must do in performing this task. Adopting a new CPT code (and payment schema) for functionally assessing and triaging patients could achieve similar goals. Payers may be understandably reluctant to pay all physicians new fees for disability management because of reasonable concerns about billing abuses – extra costs without improvement in outcomes.*
- b. *Make billing for these services a privilege, not a right, for providers and make that privilege contingent on completion of training and an ongoing pattern of evidence-based care and good-faith effort to achieve optimal functional outcomes.*

8. Support Appropriate Patient Advocacy by Getting Treating Physicians Out of a Loyalties Bind

Sub-recommendations:

The SAW/RTW process should:

- a. *recognize the treating physician’s allegiance;*
- b. *reinforce the primary commitment to the patient/employee’s health and safety and avoid putting the treating physician in a conflict-of-interest situation;*
- c. *focus on reducing split loyalties and avoid breaches of confidentiality;*
- d. *use simpler, less adversarial means to obtain corroborative information;*
- e. *and develop creative ways for treating physicians to participate in SAW/RTW w/out compromising their loyalty to their patients.*

Group Members:

- John Oyler – Work group facilitator
- Victoria Bellamy – Mgr, Risk Programs, Freeport, McMoRan Copper & Gold
- James W. Eitner, DO, Med, Center Medical Director, Concentra
- Larry Etchechury, Director, Industrial Commission of Arizona
- M. Ted Moeller, Attorney, Workers Comp Defense, Moeller Law Office
- Matthew Schreiber, VP, Sales and Marketing
- Paula Tanner, Ass't Risk Mgr (Temp. Labor Svcs.) Arizona Labor Force, Inc.
- Bill Thomack, RN, BSN, COHN-S, Disability Consultant, AZ Public Service Co.
- Patricia C. Treharne, MD, MPH, Associate Medical Director, Scottsdale Healthcare
- Peter Vasquez MD, Corporate Medical Director, MBI Occupational Health Care
- Cathy Vines, Director, Claims Medical Management, SCF Arizona
- Susan Webb, Director ABIL

Group D said that all 3 recommendations should be implemented in Arizona.

For Section II, Recommendation #6, we focused on identifying hidden agendas.

Some strategies to make this recommendation become standard practice in our own organizations and community are to:

1. Early (DAY 1) have 3 way communications: patient/provider/employer
2. Educate providers/employers
3. Focus on what an employee can do, not what they can't (restrictions)

The key steps involved in making that happen are:

1. Communication with all 3
2. Develop specific process
3. Educate providers & employers about HIPAA
4. Educate providers about red flags to identify possible distortion.

Some concrete first action steps and specific commitments are to:

1. Develop physician peer to peer helpline as new resource for physicians, employers, insurers to prevent needless work disability.
2. Survey AZ occupational doctors and disability specialists to identify willingness to participate as resources.
3. Use ADWPA as convening entity and develop operational plan for the helpline.
4. Trish, Peter, Victoria, and Susan will discuss with peers and Health Disability Partnership by July.

Group D stated that they had inadequate time to address Recommendation #7.

For Section III, Recommendation #8, Group D focused on physician loyalty issues and there was overlap in our discussions of these 2 recommendations.

Some strategies for how to make this recommendation become standard practice in our own organizations or community:

1. Exchange specific information regarding specific abilities @ home and at work.
2. Communicate specific information frequently & continually
3. Educate physicians on benefits, RTW & true patient advocacy.

The key steps involved in making that happen are:

1. Ask specific questions regarding specific abilities
2. Don't ask if they can walk – ask what they can do!
3. Identify triggers for communication
4. Utilize case managers
5. Provide docs with benefit information
6. Give physicians treatment guidelines
7. Educate physicians re: benefits of early return to work

Here's what we intend to do specifically:

1. Develop surveys for effective communications best practices among providers and employers for employers (big, medium and small) and for occupational health providers. Trish, Peter, James, Victoria and Susan will develop by the end of third quarter (September 30, 2008). The purpose of the survey is to find out what is happening, what the hidden agendas are and how they have been handled, what's working and what we can share with others.
2. Implement survey; identify who should receive it. AWDPA will do by the end of first quarter 2009 (March 31, 2009).
3. Develop data analysis – derive assumptions – Group D and by when?
4. Evaluate what other states have done through 60 Summits
5. Develop draft of best practice based upon analysis and create report – Group D by the end of third quarter 2009 (September 30, 2009)
6. Get buy-in from stakeholders and finalize – Group D and select others, by the end of 4th quarter 2009 (December 31, 2009)
7. Work with group assigned education to disseminate best practices – identify which groups from the Summit with whom we would work – Group D and by when?
8. From one of our group's personal commitments, by the end of 2008, will assure that our 50 largest clients are contacted to re-establish communications procedures.

Group E – Recommendations 10 and 11

Text of Assigned Recommendation(s) from ACOEM Guideline:

<p>III. ACKNOWLEDGE THE POWERFUL CONTRIBUTION THAT MOTIVATION MAKES TO OUTCOMES, AND MAKE CHANGES TO IMPROVE INCENTIVE ALIGNMENT</p> <p>10. Be Rigorous, Yet Fair in Order to Reduce Minor Abuses and Cynicism</p> <p><u>Sub-recommendations:</u></p> <p>a. Encourage programs that allow employees take time off without requiring a medical excuse;</p> <p>b. Learn more about the negative effect of ignoring inappropriate use of disability benefit programs;</p> <p>c. Discourage petty corruption by consistent, rigorous program administration;</p> <p>d. Develop and use methods to reduce management and worker cynicism for disability benefit programs;</p> <p>11. Devise Better Strategies to Deal with Bad-Faith Behavior</p> <p><u>Sub-recommendations:</u></p> <p>a. Devote more effort to identifying and dealing with employers or insurers that use SAW/RTW efforts unfairly and show no respect for the legitimate needs of employees with a medical condition;</p> <p>b. Make a complaint investigation and resolution service – an ombudsman, for example – available to employees who feel they received poor service or unfair treatment.</p>

Group Members:

- Sheila Brenneman, Work Group Facilitator
- Jim Bern, Vocational Rehab Manager, SCF Arizona
- Robert J. Blaney, District Dir., US Small Business. Admin., Arizona District
- Linda M. Hadyka, RN Mgr. Employee Health, Northwest Medical Center
- Laura Henry, Special Project. Admin., - Arizona Division of Behavioral Health
- Amina Kruck, Director, Advocacy Unit – Arizona Bridge to Independent Living
- Kevin S. Ladin, MD, Medical Dir., Center for Physical Medicine and Rehab
- Debbie Miller, Workers' Compensation Supervisor, City of Phoenix
- Michael Rasmussen, Claim Technical Manager, AIG Domestic Claims
- Debra L. Runbeck, Partner, Jerome Gibson Stewart Friedman Stevenson Engle & Runbeck PC
- Carol Warren, Risk Management/Workers' Compensation Specialist-Sun Health Corp

Group E said that both recommendations should be implemented in Arizona.

For Section III, Recommendation #10, we focused on all of the recommendation.

This is a strategy for how to make this recommendation become standard practice in our own organizations and communities: Develop a shared set of guidelines and policies to

help businesses and organizations create accommodating & flexible work environments to reduce abuse & cynicism of the disability benefit system.

1. Develop a culture
2. Align employer policies with the culture you want to create
3. Improve communications and share with staff and supervisors
4. Develop attendance incentive policies

The key steps toward making this happen are:

1. Train all parties to increase fairness and equitable practices
2. Develop a written plan
3. Obtain buy-in of supervisory staff to implement policies and procedures
4. Make allowances to make work situation flexible & tolerable (for example, job sharing.)

Some concrete first steps toward making this recommendation reality are:

1. Jim will make a proposal to AWDPA to assemble a committee to develop guidelines for SAW/RTW
2. Overall, provide evidence to all parties regarding the benefits of SAW/RTW
3. Review policies to identify barriers & strengths
4. Meet with all stakeholders, including employees
5. Share information with MDs – stressing abilities vs. disabilities
6. Developing shared guideline policies with examples

Here's what some of us specifically intend to do starting tomorrow:

1. Jim will be meeting with upper management at SCF to address & discuss the need for change.
2. All members of our group will join the AWDPA organization and then join committee to develop guidelines (all participants of the Arizona Summit became members of the AWDPA through the registration fee they paid to attend the Summit).

For Section III, Recommendation #11, we focused on all of the recommendation.

Here are some strategies for how to make this recommendation standard practice in our own organizations and communities:

1. Educate employees on their rights **and responsibilities** and develop a mechanism for prevention of grievances and needless loss of work.
2. Establish advocates/mentors/mediators to help employee through the process
3. Public service announcements – disseminate information on rights
4. Hold insurance companies accountable for their protocols
5. Change legislation to require insurers to disseminate information
6. Create formal alternative resolution process
7. Raise public awareness

Some concrete steps that will get us started on making this a reality in our own organizations, communities and statewide are:

1. Have a conversation with ICA – The Industrial Commission of Arizona
2. Partner with sponsor to create public service announcement
3. Get info on what the ICA ombudsperson provides

Here's what some of our group members intend to do specifically,

1. Amina will assist with distribution of video encouraging RTW for people with disabilities – ask AWDPA to post and share and work with director, administration and rehab physicians to distribute
2. Debbie at the City of Phoenix would like to create a policy requiring adjusters to inform employees of a phone helpline that they can call if they have issues.

Group F: Recommendations 12 and 13b

Text of Assigned Recommendation(s) from ACOEM Guideline

IV. INVEST IN SYSTEM AND INFRASTRUCTURE IMPROVEMENTS

12. Educate Physicians on “Why” and “How” to Play a Role in Preventing Disability

Sub-recommendations:

- a. *Educate all treating physicians in basic disability prevention/management and their role in the SAW/RTW process; provide advanced training using the most effective methods;*
- b. *Make appropriate privileges and reimbursements available to trained physicians;*
- c. *Focus attention on treatment guidelines where adequate supporting medical evidence exists;*
- d. *Make the knowledge and skills to be taught consistent with current recommendations that medicine shift to a proactive health-oriented paradigm from a reactive, disease-oriented paradigm.*

13b. Disseminate Medical Evidence Regarding Recovery Benefits of Staying at Work and Being Active

Sub-recommendations:

- b. *Or preferably, adopt an evidence-based guideline as the standard of care.*

Group Members:

- Vida Khow – Work Group Facilitator
- Jan Hazelton, RN, CCM, AZ Division Director-Orchard Medical Consulting, Inc.
- Mark Hyland, Clinical Director, Occupational Therapist, STI Physical Therapy & Rehabilitation
- Ken Jacuzzi, Executive Director, Arizona Office of Americans with Disabilities
- Dara Johnson, Project Director, Arizona Employment & Disability Partnership
- Robert D. Jones MD, Regional Medical Director, Concentra, Inc.
- Tanya Larese
- Steven Pike, MD, JD, MBA, MSc FACOEM, President, Enviromd. Inc.
- Laura L. Reitz, Workers’ Comp Administrator, Arizona Public Service Co.
- Vicki Sutliff, Supervisor, Disability Management, Scottsdale Healthcare
- Pamela Treadwell-Rubin, Partner-Goering, Roberts, Rubin, Brogna, Enos & Treadwell-Rubin
- Roman Ulman, Executive Director, AFSCME Arizona

Group F states that both recommendations should be implemented in Arizona.

For Section IV, Recommendation #12, Group F focused on the nature of educational programs and portals for delivery to healthcare providers.

Strategies for how to make this recommendation become standard practice in our organizations or communities are:

1. Develop & disseminate work disability informational packet including assessment guidelines & system education to healthcare providers, through collaboration with key stakeholders (employers and employees).

The key steps involved in making that happen are:

1. Obtain permission from AWDPA to make Group F an education subcommittee (between now and 6/20).
2. Group F is charged with identifying target audience to receive “Disability 101”.
3. Identify top 3 injuries and conditions creating work disability and stakeholders most affected (employers at risk; medical specialties providing care); identify existing materials and coalesce.

Some concrete action steps that will get us started on making this a reality in our own organizations, community and statewide are to:

1. Generate minutes of our discussion today.
2. Dara Johnson will organize our first subgroup meeting.

Some strategies for how to make **13b Recommendation** become standard practice in our own organization or community are to:

1. Disseminate ACOEM guidelines and the concept of preventing needless work disability to the largest medical audience (medical associations and physicians) we can between now and June 20. We would like to mention that we are contacting them on behalf of AWDPA

The key steps involved in making this happen are to:

1. Get permission to contact ARMA on behalf of AWDPA as portal to all doctors
2. Prepare cover letter explaining ACOEM guidelines & prevention concepts refined by multi-stakeholder groups.
3. Our group wants to be a subcommittee of AWDPA to educate health care providers, determine what the best portals are for delivery, to disseminate assessment packets, identify target audience for Disability 101 (not just for work comp). We would identify the top 3 conditions that are creating work disability, the employers or work groups that are most at risk and the providers who treat them. We want to identify existing materials and combine it into one document that can be used throughout the state to get buy-in throughout the state. We think it will take 9-12 months to develop the packet. Who’s going to do it? We (our group) are going to do it!

Some concrete action steps that will get us started on making this a reality in our own organizations, community and statewide are to:

1. Draft a cover letter by June 11. Rob Jones with help from Dara and Pam.
2. Step #2 will focus on tying payment incentives to best practices.

Group G: Recommendations 14 and 15

Text of Assigned Recommendation(s) from ACOEM Guideline

IV. INVEST IN SYSTEM AND INFRASTRUCTURE IMPROVEMENTS

14. Simplify/Standardize Information Exchange Methods between Employers/Payers and Medical Offices

Sub-recommendations:

- a. *Encourage employers, insurers, and benefits administrators to use communication methods that respect physicians' time;*
- b. *Spend time digesting, excerpting and highlighting key information so physicians can quickly spot the most important issues and meet the need for prompt, pertinent information;*
- c. *Encourage all parties to learn to (a) discuss the issues – verbally and in writing – in functional terms and to (b) mutually seek ways to eliminate obstacles.*

15. Improve/Standardize Methods and Tools that Provide Data for SAW-RTW Decision-Making

Sub-recommendations:

- a. *Help physicians participate more effectively in the SAW/RTW process by standardizing key information and processes;*
- b. *Persuade employers to prepare accurate, up-to-date functional job descriptions (focused on the job's maximum demands) in advance and keep them at the benefits administrator's facility; and send them to physicians at the onset of disability;*
- c. *Teach physicians practical methods to determine and document functional capacity;*
- d. *Require purveyors of functional capacity evaluation methods and machines to provide published evidence in high-quality, peer-reviewed trials comparing their adequacy to other methods.*

Group G Members:

- Jim Wiegel, Work Group Facilitator
- Rick Balcik, Risk Manager (Temporary Labor Services) – Arizona Labor Force, Inc.
- Mari-Kay Bleeker, RN, CCM, Medical Unit Manager-Travelers
- Charles Casey, PT, DeRosa Physical Therapy
- Ann Christensen, C.O.O. (WC Insurance), SCF Arizona
- Elizabeth L. Rau, Risk Manager (Employer Safety and Risk), Fry's Food & Drug
- John Schaller, MD, MPH, Medical Director, Schaller Anderson, an Aetna Company
- Cathleen Castro Wirth, RN,BSN, CEN, COHN, Registered nurse case manager, CCW Medical Consulting, LLC

Group G stated that both recommendations should be implemented in Arizona with an adjustment to #15. We don't accept that there's only the costly way to do job analysis and FCE. Resources need to be tailored to the complexity of the case. One size does not fit all.

For Section IV, Recommendation #14, some strategies for how to make this recommendation become standard practice in our own organizations or community are to:

1. Standardize forms and content of information to be exchanged among all parties (ER EE, attorney, carrier, regulators, etc.)
2. Standardize process flow of information exchange.
3. Identify and remove barriers to exchange of information (such as laws that prohibit communication w/provider if employee is represented by attorney)

The key steps involved in making that happen are to:

1. Create a task force of all stakeholders under the auspice of the Industrial Commission of Arizona to define content and standardized form. Define process flow of information exchange.
2. ICA could then issue rules/guidelines for all to follow. i.e. just as there is standardized form for report of injury form

Some concrete action steps that will get us started on making this a reality in our own organizations, community and statewide are to:

1. Work with ICAA/Labor Commission to set up task force.
2. Implement policy to require use of standardized form and process (i.e. ICA/Labor Commission rule/guideline.
3. Implement through the AWDPA and possibly a PR campaign to get the info out to all.

Here are some specific things we intend to do starting tomorrow:

1. Look for standardized form used in other states. Mari-Kay, Sandy and John will complete by the next AWDPA meeting 6/11/08
2. The next step is getting the idea in front of the IC and creating a multi-stakeholder task force to address.

We spent most of our time on Recommendation #14. **Recommendation #15** is daunting but here's what we think. The SAW/RTW decision making process could lead to 3 levels of accommodation depending on the complexity of the claim. For example, at Level 1, the physician would be able to write a RTW script with restrictions and the employee could be back to work quickly; or at Level 2, the physician is having a hard time making a call on the restrictions so she/he could access a vendor to get a job analysis; or at Level 3 on an even more complex case there may be a need for vocational rehabilitation to create an umbrella to organize a person's care.

We also discussed methods of obtaining data. We didn't agree with the guideline in that it's "all or nothing" with respect to FCEs and job analysis. These don't have to be cost prohibitive tools if they are used appropriately.

We also discussed the process and will bring it up at future AWDPA meetings. For example, our process might be analogous to the 102 form; we could have an RTW form.

For Section IV, Recommendation #15, some strategies to make this recommendation standard practice in our own organizations and community are:

We are going to create a decision making tree that identifies 3 levels of accommodation. We believe that there are times when the low cost method is called for and other times when the physician needs assistance in making decisions. The key is using the right resources depending on the complexity of the case and helping all to understand this idea.

The key steps involved in making that happen are to address the 3 levels at a follow-up meeting:

1. employer accommodation
2. rehab (temporary) accommodation, and
3. vocational rehabilitation (permanent/indefinite) accommodation

Group H – Recommendations 13a and 16

Text of Assigned Recommendation(s) from ACOEM Guideline

IV. INVEST IN SYSTEM AND INFRASTRUCTURE IMPROVEMENTS

13a. Disseminate Medical Evidence Regarding Recovery Benefits of Staying at Work and Being Active

Sub-recommendations:

- a. Undertake large-scale educational efforts so that activity recommendations become a routine part of medical treatment plans and treating clinicians prescribe inactivity only when medically required;

16. Increase the Study of and Knowledge about SAW/RTW

Sub-recommendations:

- a. Complete and distribute a description of the SAW/RTW process with recommendations on how best to achieve desired results in disability outcomes;
- b. Establish and fund industry-specific, broad-based research programs, perhaps in the form of independent institutes or as enhanced university programs;
- c. Collect, analyze, and publish existing research;

Group Members:

Marin Ort, Work Group Facilitator

Jayme Ambrose, RN, CCM, Director of Corporate & Community Health-Scottsdale Healthcare

Celeste Cruz, RN, Employee Health Nurse, Gila River Health Care

Tamara Galloway, PT, Owner-Practice Director, PT, Physicians Physical Therapy Service

Scott Houston, WC Defense Attorney, Jardine Baker, Hickman & Houston

Paula Koroso, Sr. Vice President, Claims Services Division – SCF Arizona

Rebecca Lollich, MA, CRC, Vocational Consultant-Gecko Vocational Consulting

Mike McGuckin, VP of Human Resources, Sysco Foods

Robert R. Orford, MD, President (ACOEM), Mayo Clinic Arizona

Carolyn Ortals, Workers Comp/STD Administrator, Honeywell

Archie Simons Jr., President, Painted Sky Health

Stephanie Steinberger, Loss Control Consultant, SCF Arizona

Group H agreed that Recommendation #13a should be implemented in Arizona. This group did not address Recommendation #16.

Group H focused on disseminating medical evidence regarding recovery and the benefits of staying at work and being active. We took an educational focus, not legislative

Our strategy for how **Recommendation #13a** can become standard practice in our own organizations and communities is to determine the best means to engage stakeholders throughout Arizona to utilize occupational and non-occupational SAW/RTW processes.

The key step involved in making that happen is to launch a pilot with selected cross-sector stakeholders to prove concept and show value in AZ.

Some concrete action steps that will get us started on making this a reality in our own organizations, community and statewide are:

1. Paula calls first meeting within 30 days w/the following stakeholders – SCF AZ, Scottsdale Healthcare and Honeywell (and others, injured workers)
2. At meeting, decide project scope, determine criteria, outcome processes (e.g. letters, checklist, milestones)
3. We know that information already exists but when you engage stakeholders in the process it's like “you give someone a fish and they can eat for a day, but if you teach them to fish, they can eat forever” so the more actively we can engage employers they will be able to use this information in their businesses.
4. Target pilot roll out by January 2009.

Specifically, here's what we intend to do starting tomorrow:

1. Celeste to educate employees and supervisors about how they can reduce lost time; develop measurements to prove validity of model by June 4; target pilot roll out for January 1, 2009.
2. ASIA: Scott and other self-insured employers will research medical outcomes data on RTW by June 1 so that we can understand the impact of RTW.
3. Paula to obtain buy-in from SCF stakeholders and other SCF leaders by next week to gain support for pilot. In the pilot we picture a multi sector diverse group, small and large employers, insurers, providers, all the people who are currently involved in injury (illness) management.

**Appendix E: Personal Commitments Made by Participants
during the
Arizona Leadership Summit to Prevent Needless Work Disability
5/8/08 – Phoenix, AZ**

Participants in the Arizona Summit were asked to complete Personal Commitment forms that asked them what they intend to DO following their participation in the Summit. A total of 64 Personal Commitment forms were turned in, copied, and returned to participants so they could take them home as a memento of their promises to themselves. (Research has shown that people are more likely to take action if they have formally committed to do so.)

This document is a consolidated report showing responses from the 64 forms. All identifying data has been removed. Each line shows the commitments made by a single individual, and each of the columns displays the text of their response to one of three statements they were asked to complete. The statements were:

1. [Internal opportunity:] “The main things I see that I can actually do to improve MY OWN practice or organization are: _____”
2. [External opportunity:] “The main opportunity where I can actually do something to improve how things work in MY community or state are: _____”
3. [Immediate action:] “Here’s what I personally intend to do about this tomorrow or this week: _____.”

<i>Person</i>	<i>Internal Opportunity</i>	<i>External Opportunity</i>	<i>Immediate Action</i>
1	<ul style="list-style-type: none"> • Talk to my organization on using the questionnaire to screen RTW barriers from employee perspective. 	<ul style="list-style-type: none"> • Presentations for prevention 	<ul style="list-style-type: none"> • Contact my organization regarding questionnaire.
2	<ul style="list-style-type: none"> • Develop procedures and forms to assist supervisors in communicating with employees and health care providers following an accident. 	<ul style="list-style-type: none"> • Convey the ideas of my Group to the association memberships of the several that I am a member of. 	<ul style="list-style-type: none"> • Begin development of the forms and procedures stated under “internal opportunity”.

<i>Person</i>	<i>Internal Opportunity</i>	<i>External Opportunity</i>	<i>Immediate Action</i>
64	<ul style="list-style-type: none"> Educate and train my customers to disseminate SAW/RTW benefits to their employees/ suppliers/ customers through targeted programs that eliminate recovery barriers - injury prevention; claims reporting (occ & non-occ); care management - RTW 	<ul style="list-style-type: none"> Support statewide initiatives to eliminate recovery barriers - injury prevention; claims reporting (occ & non-occ); care management/ RTW. Work with Group H members to develop the stakeholder pilot recommended in the Summit report. 	<ul style="list-style-type: none"> Get prepared for the first Group H meeting.
4	<ul style="list-style-type: none"> Use more intentional language (underlined) when determining how to best place volunteers that self describe as disabled, or those using volunteerism as a means back to work from long term work disability; raise awareness with my current employer; raise awareness among non-profit professionals and other volunteer resource managers. 	<ul style="list-style-type: none"> -Work within the AWDPA to move summit goals forward (especially those linked to building public awareness) I want to promote volunteering as a way to return to work - I will ask my community partners to explore how this works in phy? among our non-profit organizations (NPOs) and move towards presenting at professional meetings. 	<ul style="list-style-type: none"> No chance today or tomorrow BUT next week I will investigate presenting at the next industry meeting (ARNOVA or ARM) and put together a piece for my next presentation (Aug) to include volunteering as a means to return to work.
5	<ul style="list-style-type: none"> I am not sure about this given my current role in my organization. 	<ul style="list-style-type: none"> Working on a committee for a PR awareness campaign 	<ul style="list-style-type: none"> I signed up for 2 measures - PR campaign and a barrier to RTW questionnaire from IW perspective.
6	<ul style="list-style-type: none"> Be more conscious of out of work timeline for my patients. 	<ul style="list-style-type: none"> Join a committee to help develop a questionnaire to identify at risk patients with personal, emotional, social barriers to return to work. 	<ul style="list-style-type: none"> Educate my injured patients more thoroughly about expectations for recovery and not foster the sick role in those who tend to fall into it.
7	<ul style="list-style-type: none"> Take this info to Stakeholders at my company; plan how to get the word out and together explore items to change. 	<ul style="list-style-type: none"> Volunteering through the organization here as well as seek process improvement at my organization. 	<ul style="list-style-type: none"> Volunteer on Committee / Task Force for tasks in columns 2 and 3.
8	<ul style="list-style-type: none"> When completing an employer consultation, educate the employer on the importance of job descriptions, modified duty positions, and general paperwork they should keep on hand. 	<ul style="list-style-type: none"> Educate employers on RTW benefits for themselves and injured worker. 	<ul style="list-style-type: none"> Tomorrow I will probably complete an initial interview with an injured worker and can help them look at things in a different way (change mindset) in order to successful RTW.

<i>Person</i>	<i>Internal Opportunity</i>	<i>External Opportunity</i>	<i>Immediate Action</i>
9	<ul style="list-style-type: none"> • Confirm RTW/SAW program and data with my lead workers' comp carrier. • Fine tune template for small-biz members; develop tools for small business • Get buy-in from my leadership • Develop communicate co/lateral • Develop delivery • Brainstorm develop enhancement for RTW/SAW • Insert section in WC Cost Mgmt Kit 		
10	<ul style="list-style-type: none"> • Give conferences to other physicians on the importance of getting injured or ill patients back to work ASAP. These conferences are being scheduled in the next two weeks. The physicians will receive 2 CMEs for attending the conference 	<ul style="list-style-type: none"> • To give the conferences discussed in column to the left. 	<ul style="list-style-type: none"> • Review the lecture material that I plan to present • . I need to find out how the physicians who participate, will be compensated for trying to get the pts back to work.
11	<ul style="list-style-type: none"> • Communications • Solid data to transmit • Recognize the issues for what they are - importance vs real-time costs 	<ul style="list-style-type: none"> • Regulatory and public policy arena. 	<ul style="list-style-type: none"> • Share this with my staff and trade association members, et al. • Focus more on it as an issue.
12	<ul style="list-style-type: none"> • Challenge primary view of Nurse Case Managers and adjusters that injured workers are not all out to prolong disability and be contrary by nature. Prevailing attitudes like this don't promote success. 	<ul style="list-style-type: none"> • Challenge the negative thinking of work comp as a stigma at every appropriate meeting or interaction. 	<ul style="list-style-type: none"> • Suggest a pilot program to a large insurance carrier re: SAW/RTW.
13		<ul style="list-style-type: none"> • Educate and increase awareness about needless Work Disability with all stakeholders that I come in contact with / invite them to participate in the process and/or join the AZ leadership summit to Prevent Needless Work Disability. 	<ul style="list-style-type: none"> • Contact SAWCP about some of us from Tucson presenting at an upcoming meeting - ?? format possibly • Contact AZ PT Association about having one of us present at a state meeting / or Southern District PT meeting

<i>Person</i>	<i>Internal Opportunity</i>	<i>External Opportunity</i>	<i>Immediate Action</i>
14	<ul style="list-style-type: none"> • -AZ AIHA - article local section newsletter • Risk management - email to 4 people; check RTW options • Visit and talk to injured workers; I'm involved with ask how they're doing from human standpoint • Review our (employer's) Functional Job Tool - Call L - obtain tool - use if job description not in place for injured worker • Meet with B - feasible sending with worker concept • Call M ADOA - bid process; Occ Health - Require Disability P T pre-submitted as bidder • Continue social communications with physicians - Occ Health - our Functional Job Description 	<ul style="list-style-type: none"> • Through AZ AIHA - sound bites - share concepts • Write article ID AWDPA as partner • Invite Dr C to College of Public Health • Define Health Promotion MPH student - help form message; work with AWDPA on curriculum • Joint meeting - can College of Public Health be a partner • Curriculum piece 	<ul style="list-style-type: none"> • Check with manager - bring D to staff meeting - socio/psych • B create wish list of jobs when injury happen • Meet C Medical Director • Radio/TV social message
15	<ul style="list-style-type: none"> • Contact injured workers immediately and get them back to work - rather than give them any time off. • Put together a RTW policy to get everything we are doing in writing • Inform workers of RTW policy - Top-down send letter/ email from President - meet with leadership teams educate 	<ul style="list-style-type: none"> • Network with members of AWDPA - share information 	<ul style="list-style-type: none"> • Get RTW policy template and start writing policy • Send e-mail from President
16	<ul style="list-style-type: none"> • Distribute the ACOEM Guidelines to the pre-injury consultants within my department. Obtain a commitment from them to incorporate at least one recommendation into their employer script. 	<ul style="list-style-type: none"> • Discuss and introduce the ACOEM Guideline to the local claim association. 	<ul style="list-style-type: none"> • See 1st column.
17	<ul style="list-style-type: none"> • Share what was learned related to SAW/RTW with CEO/ Executive Team - Discuss benefits of establishing Task Force to improve our commitment to decreasing work disability. 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

<i>Person</i>	<i>Internal Opportunity</i>	<i>External Opportunity</i>	<i>Immediate Action</i>
18	<ul style="list-style-type: none"> • Attend 6/20/08 meeting to continue this process. • Provide information to co-workers • Support injured workers - ask questions - how impacting lives 	<ul style="list-style-type: none"> • I can discuss the importance of ERTW with employers, insurance carriers and physicians 	<ul style="list-style-type: none"> • I can educate employers, adjusters, physicians
19	<ul style="list-style-type: none"> • Speak to employers the firm represents re: commitment to SAW/RTW, developing policies re: RTW/SAW; • Educate on data re: importance of SAW/RTW; • Make more light duty available; • Improve communication between employer and employees. 	<ul style="list-style-type: none"> • Attend 60 Summit meetings, become more involved in organization on local level (if possible); participate in training seminars with employers'/ employees' education 	<ul style="list-style-type: none"> •
20	<ul style="list-style-type: none"> • Educate my organization about RTW/SAW benefits • Draft a statement of ER-EE mutual commitment to RTW/SAW • Draft an informal commitment letter for EE to give their physicians and other providers - briefly explaining their role and responsibilities to get EE safely back to work. • Offer checklist of services the doc can check off (EAP, social work,) that the doc thinks may promote EE's return. 	<ul style="list-style-type: none"> • Stay connected with members in Tucson 	<ul style="list-style-type: none"> • Start the 2nd and 3rd items in left column..
21	<ul style="list-style-type: none"> • I need to learn the process an injured employee goes through in my company. Identify areas that could be improved. Produce studies that demonstrate how changing would benefit my company. • Discuss with my manager how to proceed from there. 	<ul style="list-style-type: none"> • Stay involved in the 60 Summits Project 	<ul style="list-style-type: none"> • See left column. • I will work harder at contacting employees to communicate progress in therapy

<i>Person</i>	<i>Internal Opportunity</i>	<i>External Opportunity</i>	<i>Immediate Action</i>
22	<ul style="list-style-type: none"> • Create statement that addresses SAW/RTW philosophy, employer/employee medical responsibilities - shared commitment that includes mental/ physical health - normalizing stress. 	<ul style="list-style-type: none"> • During meeting with HR Director include executive summary & include psychological cluster predicts future claims (presented by Dr D E, Univ of Michigan - wellness researcher) 	<ul style="list-style-type: none"> • Draft statement to present to HR Director.
23	<ul style="list-style-type: none"> • Formally create a statement to address the organization's commitment to SAW/RTW to present to management team - to be implemented with each new employee as well as existing employees. 	<ul style="list-style-type: none"> • Remain an active member of the AZ Association. • Schedule appointments with employers and work with to initiate and solicit interest in the AZ Association and attendance at the June 20th meeting. 	<ul style="list-style-type: none"> • Speak with my marketer to identify specific contact people to schedule appointments by next Tuesday.
24	<ul style="list-style-type: none"> • I am transitioning employment; so I would go to a volunteer board on which I sit (ABIL) which would implement improvements. Take concept to executive committee at meeting May 13. 	<ul style="list-style-type: none"> • Collaborate with groups on writing succinct statement re: SAW/RTW to present to providers. 	<ul style="list-style-type: none"> • Draft a statement for review by interested people.
25			<ul style="list-style-type: none"> • Offered to assist Group C with development of mission statement; share examples of tools in use at P; function as consultant to Group.
26	<ul style="list-style-type: none"> • See if we can train a union representative to coordinate with our members when they need help in RTW/SAW. 		<ul style="list-style-type: none"> • I will get the information on the 60 Summit to the intern at representative of IBEW and AFSCME to see if they want to get involved nationwide in the U.S. and Canada
27		<ul style="list-style-type: none"> • Continue to talk and explain the importance of awareness and action in SAW/RTW issues. 	<ul style="list-style-type: none"> • Work with [insurance company] our internal communication to our customers for increased awareness.
28	<ul style="list-style-type: none"> • Continue to encourage a relationship with all stakeholders • Continue to seek education on the issues 	<ul style="list-style-type: none"> • Communicating issues during roundtable file reviews 	<ul style="list-style-type: none"> • Discuss with my boss to get buy-in for my involvement. • Encourage various state involvement for locations

<i>Person</i>	<i>Internal Opportunity</i>	<i>External Opportunity</i>	<i>Immediate Action</i>
29	<ul style="list-style-type: none"> • Call employers, offer e-mail communication to all employers, discuss with my employer to add provider e-mail contact to auto-notification. 	<ul style="list-style-type: none"> • Work with provider survey sub committee 	<ul style="list-style-type: none"> • Not think about it while on my vacation.
30	<ul style="list-style-type: none"> • Present concepts from today to my leaders. • Continue participation with this organization. • Implement communications to physicians and employees and my employer regarding RTW process and Guidelines. 	<ul style="list-style-type: none"> • Participate in this organization and continue with committee or group. 	<ul style="list-style-type: none"> • Meet with my leader and sell these concepts.
31	<ul style="list-style-type: none"> • Redevelop relationship with physicians, and others to identify a better relationship for RTW. • Make it a point to contact workers and cover how things will work. • Checklist. 	<ul style="list-style-type: none"> • Check and research opportunities to educate, train, and get information out to the organization. 	<ul style="list-style-type: none"> • Set up meetings with Clinic Account Managers and others to re-look at how the care of our workers is being handled. Identify what may be a good decision for all involved
32		<ul style="list-style-type: none"> • Interaction with other occupational medicine / disability physicians within Phoenix area and within Arizona. 	
33	<ul style="list-style-type: none"> • Take these recommendations to my management team as we look at our personnel policies. We need a plan for RTW/SAW. • Join AWDPA. 	<ul style="list-style-type: none"> • Get MIG Media campaign video, "Don't let Fear Outshine Your Ability", loop to Rehab Dr offices. • Contact Dr L to outreach other Rehab physicians • Send this ACOEM report to Senator H. He likes studies. 	<ul style="list-style-type: none"> • Ask LF (HR) about / checklist on workers' comp, FMLA Process. • As Director of team, discuss transition work options at [our agency] -> RTW Plan - our orientation re: ABIL 1st step (our allies) • Get HR to join AWDPA • Add the MIG video loop RTW urgency info
34	<ul style="list-style-type: none"> • Have adjuster on our account be required to tell our employees during first contact that if they feel they are being treated unfairly they can call "this number". 	<ul style="list-style-type: none"> • Become personally involved in the AWDPA to promote change in legislation and SAW/RTW programs and incentives. 	<ul style="list-style-type: none"> • Discuss feasibility of implementing item in left column and determine who is the contact and whether we also publish that online in the industrial packet.

<i>Person</i>	<i>Internal Opportunity</i>	<i>External Opportunity</i>	<i>Immediate Action</i>
35	<ul style="list-style-type: none"> • Work with technical assistance providers to develop a training model to increase awareness in the small business community. 	<ul style="list-style-type: none"> • Raise awareness 	<ul style="list-style-type: none"> • Start the process
36	<ul style="list-style-type: none"> • Bring more open communication with IW, ER, Ins Co, Dr and state (ICA). 	<ul style="list-style-type: none"> • Help create guidelines for communication with all parties. • Encourage others to join Summit. 	<ul style="list-style-type: none"> • Continue to have positive input, feedback and ideas that are beneficial towards the overall goal.
37	<ul style="list-style-type: none"> • Provide a written booklet to an injured employee "Most Frequently Asked Questions". • Also, be more direct in asking physician what can an employee do while on modified work. 	<ul style="list-style-type: none"> • Write to my legislature. • Join AWDPA 	<ul style="list-style-type: none"> • Meet with HR Management Team and advise them of the AWDPA Association and about 60 Summits; • Become a member and participate in introducing into AZ.
38	<ul style="list-style-type: none"> • Educate stakeholders regarding nature of disability. • Educate my own patients regarding importance of SAW/RTW. 	<ul style="list-style-type: none"> • Join AWDPA. • Communicate with employers, carriers and others 	<ul style="list-style-type: none"> • Continue to follow principles of evidence-based medicine. • Interact positively with my patients, providing encouragement and reassurance when appropriate.
39	<ul style="list-style-type: none"> • Elevate awareness - get the word out to policyholders / RN's 	<ul style="list-style-type: none"> • Stay involved with the development of an early RTW program for policyholder via training programs. 	<ul style="list-style-type: none"> • Schedule a meeting with our COO and VP and Director to review and develop action steps within 2 weeks.
40	<ul style="list-style-type: none"> • Join AWPDA • Review / revisit P+P's to incorporate interdisciplinary approach to SAW/RTW. 	<ul style="list-style-type: none"> • Be actively involved in AWPDA, and SAWCP (Southern Arizona Workers' Comp Professionals - Tucson) 	<ul style="list-style-type: none"> • Prepare a simple introduction of 60 Summits to my organization within 3-6 months.
41	<ul style="list-style-type: none"> • Attend ?? appointment on 6/20 	<ul style="list-style-type: none"> • Serve on subcommittee F 	<ul style="list-style-type: none"> •
42	<ul style="list-style-type: none"> • Educate all of my physicians about 60 Summits and purpose to change disability outcomes in Arizona 	<ul style="list-style-type: none"> • Communicate about 60 Summits and prepare presentation danger of stay at home / off work time in long-term disability development. 	<ul style="list-style-type: none"> • Write cover letter for information packet to all [association] physicians.

<i>Person</i>	<i>Internal Opportunity</i>	<i>External Opportunity</i>	<i>Immediate Action</i>
43	<ul style="list-style-type: none"> • Not excusing patients from work, but describing abilities for work for each diagnosis. 	<ul style="list-style-type: none"> • Encourage stakeholders to develop an effective mechanism to verify physician competence in occupational medicine and create credentialing programs. 	<ul style="list-style-type: none"> • Hold first meeting to develop credentialing guidelines for stakeholders.
44	<ul style="list-style-type: none"> • Continue to educate our clinical staff and new providers on handling/ managing work comp pts and strategies therapists can implement to prevent needless work disability. 	<ul style="list-style-type: none"> • Continue my involvement and volunteerism in AWDPA and mission of 60 Summits to ensure the movement continues. 	<ul style="list-style-type: none"> • Communicate the message of preventing needless work disability ten (10) times over the next 2 weeks to injured workers, employers, etc. • Plan and collaborate with Group F members on drafting a letter to disseminate to provider organizations such as Arizona Medical Assn and other professional groups.
45	<ul style="list-style-type: none"> • Start to organize my company's teaching/ education materials for physicians, PT, employers re: RTW/ time loss. 	<ul style="list-style-type: none"> • Be more active on RTW committee with AWDPA, commit to attend • Brainstorm with CM's at 6/1 meeting re: approach with physicians they utilize. 	<ul style="list-style-type: none"> • Read the ACOEM Guidelines in entirety by 5/15/08 • Start list of "most used" work comp docs (only because I know work comp) - start it 5/8; complete by 5/30
46	<ul style="list-style-type: none"> • Remain active in the AWDPA to learn more about the "system" and initiatives crated by the AWDPA to address barriers. This may lead to more direct participation of [our agency] in the initiatives. 	<ul style="list-style-type: none"> • Participate in PR campaign initiatives of the AWDPA. • Provide outcome report to AWDPA of the health care practitioner training being implemented by the [our agency]. The report may provide some insight on systemic barriers / solutions in supporting injured/ ill worker/ person with a disability to work. 	<ul style="list-style-type: none"> • Convene the AWDPA workgroup to meet and follow-up on recommendations and strategies. (i.e. get meeting time, agenda and provide other administrative support)
47	<ul style="list-style-type: none"> • I will meet with EEO/ADA coordinators to discuss their feedback on Educational packet for healthcare providers. 		<ul style="list-style-type: none"> • Attend June 20, 2008 initial group to develop and disseminate educational packet for healthcare providers including assessment guidelines.

<i>Person</i>	<i>Internal Opportunity</i>	<i>External Opportunity</i>	<i>Immediate Action</i>
48	<ul style="list-style-type: none"> • Educate physicians on importance of SAW/RTW. • Help develop education for employers on providing alternative work options and create environment for workplace rehab. 	<ul style="list-style-type: none"> • Educate other providers about SAW/RTW concepts/ ideas. 	<ul style="list-style-type: none"> • Develop presentations for employers on how to keep people at work during recovery.
49		<ul style="list-style-type: none"> • Continue to be active in the AWDPA work on task force to approach ICA to get standardized forms and process - rule or guideline to also - develop an accepted decision tree to help providers make better decisions. 	<ul style="list-style-type: none"> • Nothing - take a nap.
50	<ul style="list-style-type: none"> • Stay connected with group. • Get AZ, TX, NV, CO, NM, OR, CA, ID, WA Standardized forms, RTW/ WIS forms - from my organization. • Get organization leadership support for continued involvement. 	<ul style="list-style-type: none"> • Share info with leaders in my organization and community. • Continue to participate with AWDPA. 	<ul style="list-style-type: none"> • Collect forms for RTW from various states and bring to the next AWDPA meeting - 6/11.
51	<ul style="list-style-type: none"> • Work on an employees' "Workers Bill of Rights". • Set up meetings with providers to educate and re-train on our company's [an employer] RTW Process (new forms). • Ask how we can help with flow of communication • Set up meetings with all supervision to refresh. 	<ul style="list-style-type: none"> • Work with the AZ Work Disability Prevention Association - contact L and set up meeting - work with ASIA members and lobbyists to have access. 	<ul style="list-style-type: none"> • Put on my schedule to attend AZ-WDPA meeting on 6/11. • Talk to HR/ Labor Relations about use of our "yellow form" in all non-industrial situations as well. Can it be implemented?
52	<ul style="list-style-type: none"> • Standardized form on restrictions/ limitations - Dr. cannot determine ability from job description - standardize type of information that can be communicated - treatment requirements - medications/ PT. 	<ul style="list-style-type: none"> • Improve communication with our medical providers and our injured workers so that we provide appropriate modified job. 	<ul style="list-style-type: none"> • Meet with our providers and give them direction in what we need to get worker back to work.

<i>Person</i>	<i>Internal Opportunity</i>	<i>External Opportunity</i>	<i>Immediate Action</i>
53	<ul style="list-style-type: none"> Educate ER and carriers for early intervention and assist with educating the employee from day 1 of hire. 	<ul style="list-style-type: none"> As an experienced RN Case Mgr and COHN, I can offer insight to early intervention to assist with creating work abilities form and occupational health background would come to play with the AWDPA 	<ul style="list-style-type: none"> Communicate with group members and also the association, AZ Summit, to continue on this beginning to create concrete information and develop the practice for industrial and non-industrial.
54	<ul style="list-style-type: none"> Contact HR to determine how RTW process is handled within my organization. Make appropriate recommendations to HR. 	<ul style="list-style-type: none"> Participate actively in AWDPA. Participate in discussion with ICA on standardized form for communication of information for all parties. 	<ul style="list-style-type: none"> Contact stakeholders at my employer to see what current practices occur in RTW process.
55	<ul style="list-style-type: none"> Providing education to employees/ management re: SAW/RTW - look for ways that injured workers can RTW either with modified or restricted duties. 	<ul style="list-style-type: none"> Personal experience/ customer service education - be an example 	<ul style="list-style-type: none"> Take the info back to my office to include in educating employees - next presentation 6/4/08.
56	<ul style="list-style-type: none"> Provide training and corporate support for my IRD and staff to have, use and share their physical performance testing, to quantify what workers can do safely; obtain underlying physical demands of jobs and compare; interact with ER/ ESA to ? with job modifications and provide "transition day". 	<ul style="list-style-type: none"> Support activity of Work Disability/ Prevention Association. Utilize professional association (Phy case managers). Create incentives to utilize SAW/RTW process 	<ul style="list-style-type: none"> Summarize pilot to gain organization support Gather initial data from Functional Outcomes Program by 2 weeks for presentation at meeting in 30 days. Develop scorecard for the pilot. Review ADPTS with employers
57	<ul style="list-style-type: none"> Educate employers as to benefit of having clear job descriptions/ job analysis of positions. 	<ul style="list-style-type: none"> Educate at professional and labor organizations about pilot program and potential involvement. 	<ul style="list-style-type: none"> When calling employers, see if they have a formal job description with physical abilities required/ listed. Determine if they (employers) interested in pilot program and if they will divulge statistical info.

<i>Person</i>	<i>Internal Opportunity</i>	<i>External Opportunity</i>	<i>Immediate Action</i>
58	<ul style="list-style-type: none"> • Better communication with all - MD, employee, safety, supervisors, T.P.A. (third party administrator) 	<ul style="list-style-type: none"> • Pilot program, educate, get speakers for ASIA (AZ Self Insured) ICA workshop, SCF 	<ul style="list-style-type: none"> • Need to share what benefits are to stay-at-work with supervisors and employees in letter format and do employee survey after WC/STD RTW/SAW. • My company already has an aggressive RTW/SAW policy. I DID get some fresh ideas as well.
59	<ul style="list-style-type: none"> • Disseminate knowledge of how the process works by public forum/ educational forums. • Job descriptions to physicians with injured worker - enable presenters of program to have confidence in knowledge abilities. 	<ul style="list-style-type: none"> • Better educate Ph ideal interaction between Med Providers/ injured workers. • Roll out RTW/SAW Program from [insurer] by Sept '08. 	<ul style="list-style-type: none"> • Schedule sessions • "Train the Trainers"
60	<ul style="list-style-type: none"> • Provide education on disability management to residents and other physicians. 	<ul style="list-style-type: none"> • Promote development of physician guidance tools for disability management. • Recommend that employers reach out to physicians in their area who handle work comp cases - bring them to the worksite(s), explain work process and company placement program for injured workers. 	<ul style="list-style-type: none"> • Resident presentation is planned for internal medicine residents at our institution for early June. I will offer similar presentation to the family medicine residency program director.
61	<ul style="list-style-type: none"> • Develop a provider education/ outreach program about the importance of activity in workers' recovery (support and resources). • Develop a strategy. 	<ul style="list-style-type: none"> • Support, create evidence-based medicine legislation - educate legislators and business associates. 	<ul style="list-style-type: none"> • Bring together all of our employees who attended this Summit, brainstorm what we [insurer] can do to support, develop, and execute a RTW strategy/ plan.
62	<ul style="list-style-type: none"> • Provide medically evidenced-based information in internal meetings and management meetings for RTW. • Provide educational info to customers for assistance in how • Create educational brochure for injured workers/ employers. 	<ul style="list-style-type: none"> • Be active in participating in the dissemination of educational information both evidence-based and personal experience of outcomes. 	<ul style="list-style-type: none"> • Set up meetings with provider groups, nurses subcommittee, marketing, and chambers of commerce of both city and state.

<i>Person</i>	<i>Internal Opportunity</i>	<i>External Opportunity</i>	<i>Immediate Action</i>
63	<ul style="list-style-type: none"> • Assist employers to bring employees back to work 	<ul style="list-style-type: none"> • Help my clients 	<ul style="list-style-type: none"> • I will help with the pilot program
64	<ul style="list-style-type: none"> • Develop PR campaign 	<ul style="list-style-type: none"> • Help spread the word on disability crisis we are facing 	<ul style="list-style-type: none"> • I would join media committee
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Appendix F

Summit Evaluation & Sign-Up Sheet Results

Arizona Summit Evaluation Summary

Overall, the attendees were very satisfied with their experience at the Arizona Summit. More than two-thirds of them asked to stay on the Arizona group's mailing list and more than half intend to participate in the follow-up Arizona action group.

More than 80 percent of the attendees reported that:

- the workshop was a good use of their time and effort,
- the information presented was very interesting,
- having met the other attendees will help them in the future,
- the event made them think differently about some important things.

More than 80 percent of attendees reported that:

- They left with a list of practical next steps they can take to improve their participation in the SAW/RTW process
- They think this workshop will really bear fruit in the future.

Arizona Sign-up Sheet Summary

Sign-up Sheet Results

58 respondents (71 percent) out of the 82 attendees, (excludes paid facilitators) submitted sign-up sheets indicating the level of engagement they want to have with the Arizona initiative going forward.

Of all 82 Summit attendees:

- 57 percent (n = 47) said they want to be part of the follow-up Arizona Action Group
- 49 percent (n = 40) said they want to be on the 60 Summits Project mailing list
- 68 percent (n = 56) said they want to be on the Arizona group's mailing list

Appendix F

Arizona Summit Evaluation Detailed Results

(53 respondents)

Items # 1-3 addressed Meeting Preparation:

1. The email invitation and conference brochure

55 %	Great!
31 %	Good
8 %	Acceptable, OK
0 %	Not acceptable
8 %	NA

2. The phone call or personal invitation you received

46 %	Great!
17 %	Good
6 %	Acceptable, OK
0 %	Not acceptable
33 %	NA

3. The reading materials sent prior to the meeting

46 %	Great!
36 %	Good
14 %	Acceptable, OK
0 %	Not acceptable
6 %	NA

Item #4 addressed Logistics and Venue:

4. Location and facility (meeting room, food)

80 %	Great!
16 %	Good
4 %	Acceptable, OK
0 %	Not acceptable
2 %	NA

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Items #5-7 addressed Design & Flow of Meeting:

5. Overall plan for the meeting; what was on the agenda

51 %	Great!
34 %	Good
10 %	Acceptable, OK
2 %	Not acceptable
4 %	NA

6. Flow of the meeting; facilitation of general sessions

42 %	Great!
38 %	Good
12 %	Acceptable, OK
4 %	Not acceptable
6 %	NA

7. Value of small group facilitators

53 %	Great!
19 %	Good
23 %	Acceptable, OK
2 %	Not acceptable
4 %	NA

Items #8-14 addressed Meeting Events:

8. Welcoming remarks

61 %	Great!
33 %	Good
2 %	Acceptable, OK
0 %	Not acceptable
6 %	NA

9. Injured worker perspective – Donna Martin

84 %	Great!
10 %	Good
4 %	Acceptable, OK
0 %	Not acceptable
4 %	NA

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10. Keynote presentation by Dr. Jennifer Christian

70 %	Great!
21 %	Good
6 %	Acceptable, OK
0 %	Not acceptable
4 %	NA

11. Work group sessions

46 %	Great!
34 %	Good
14 %	Acceptable, OK
4 %	Not acceptable
4 %	NA

12. Work group reports

33 %	Great!
44 %	Good
16 %	Acceptable, OK
4 %	Not acceptable
6 %	NA

13. Stakeholder panel and audience discussion

42 %	Great!
34 %	Good
8 %	Acceptable, OK
0 %	Not acceptable
17 %	NA

14. Wrap-up session

25 %	Great!
34 %	Good
6 %	Acceptable, OK
0 %	Not acceptable
36 %	NA

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Items # 15-20 addressed Value to You of the Meeting:

15. The information presented was very interesting to me

55 %	Agree Strongly
34 %	Agree
10 %	Neutral
0 %	Disagree
2 %	NA

16. Having met the people here will help me in the future

42 %	Agree Strongly
46 %	Agree
10 %	Neutral
0 %	Disagree
4 %	NA

17. This new angle or approach has made me think differently about some important things.

50 %	Agree Strongly
31 %	Agree
17 %	Neutral
0 %	Disagree
4 %	NA

18. I have a list of some practical next steps I can take to improve my participation in the SAW/ RTW process.

36 %	Agree Strongly
46 %	Agree
14 %	Neutral
2 %	Disagree
4 %	NA

19. This workshop was a good use of my time and effort today.

50 %	Agree Strongly
31 %	Agree
14 %	Neutral
2 %	Disagree
6 %	NA

Appendix F

20. I think this workshop will really bear fruit in the future.

40 %	Agree Strongly
38 %	Agree
16 %	Neutral
2 %	Disagree
6 %	NA

Appendix F

Comments from Arizona Summit Evaluation Sheets

A space was provided at the bottom of the evaluation form for attendees to comment on the best and worst features of the Summit, and make suggestions for improvement. Below is a list of all of the comments made.

What do you want to say to us? Or, to FUTURE Summit planners in OTHER states? What was the best part? Worst part? Suggestions for improvement?

ID	Comments
1	The participants in the group could have been more defined. I was a little confused as to the motives of some the participants.
3	Too rushed - facilitator confused group more than guided - If we are required to come up with plans - we need more time. Too short for all to present ideas.
5	Too much theory - needs to be more practical.
13	Extreme focus on process took away from developing outcomes; too much commentary on process by leader & facilitator took away from planning discussion; agenda too ambitious for one-day format.
14	Good location for out of town attendees. Great time management kept agenda on track.
15	Best (1) New concept and (2) Chance to address this new concept with realistic action steps. Please - more bathroom breaks.
16	Our group facilitator had a hard time steering us toward Action Plan. Re: Value of small group facilitators - Needed tough role.
18	I appreciate the invitation & the approach. It's very positive & future-oriented.
20	re: Work sessions - need more time - 2 days. Give more time to committee (group) work - need 1.5 - 2.0 for each session. Share what other 60 Summit groups are doing.
24	Injured worker's testimony (best part)
26	re: Value of small group facilitators and Injured worker perspective - Great+
27	One other program to consider for another aspect of these concepts is "when work works" which allows for a more flexible work schedule - perhaps allowing an employee to return earlier.
28	Not enough time !!!
29	Too much info for the amount of time.
32	A little too much for 1 day -- very tight schedule otherwise excellent. Venue was fabulous :) Thanks.
33	Assign recommendations in advance to give us time to think about what we would do in our organizations to promote RTW/SAW. It was difficult to work on such big concepts in such a small time.
35	Have copies available to share info. Provide list of attendees and group assigned.

Appendix F

	<p>Worst - Too much in too little time Best - great ideas /concepts, multiple perspectives, stakeholders.</p>
36	<p>At times, members monopolize the conversation and feel they are "just" because of "who they are". Evening the playing field will hopefully occur in our subcommittee.</p>
37	<p>Our group had too much content to complete objectives in allotted period of time. I would have liked more time in our small group discussion.... Not sure we needed initial group report session (especially if facilitator is more doing their job in trying to get to concrete actions.)</p>
38	<p>Facility was easy to get to & had great food & plenty of bathrooms - meeting rooms very comfortable.</p>
39	<p>I want to take part as an RN Case Manager, OHN & Pres RING. Assist with developing with AWDPA to be successful.</p>
40	<p>re: Reading materials - print too small - ACOEM Guidelines. Re: Workshop bear fruit. YES.</p>
42	<p>Suggestion: Suggest workgroups focus on 1 strategy in the final (2nd) workgroup session in an effort to streamline the key steps, concrete actions, etc. within the time allotted.</p>
45	<p>Feel free to call or email me for feedback</p>
46	<p>re: Value of small group facilitators - too little time !!! Not enough time to process information & think things through.</p>
47	<p>I believe that certain workshops got stuck on certain topics. You can only beat a bush so many times. We got too broad in discussion - needed to narrow it down.</p>
48	<p>Reduce keynote presentation to about 30 min to provide more time for discussion.</p>
49	<p>re: Conference brochure - never received. re: Phone call or invitation - never received re: small group facilitators - not enough time My facilitator was highly ineffective; she couldn't keep us on time & didn't know how to move us through the process. It was too difficult to truly process in the time allotted in the breakout sessions.</p>
51	<p>re: Location - Great+ Not enough time to develop defined steps and processes.</p>
52	<p>I have never been to an event that was SO WELL organized, clearly communicated, smooth & well-run. You all did an amazing job!</p>
53	<p>Sessions too short to really get into meaningful discussion. Facilitators need to do better job of keeping participants from getting too esoteric/ idealized/ not practical. Also, should try to keep participants from getting too concerned with telling own personal stories taking up too much of group time. Need break between lunch & afternoon group session. Injured worker's talk should include more specific details regarding what she felt was wrong with the system, frustrations she experienced, problems she experienced, etc. It was too "fluffy" - didn't give much indication of why she was upset & frustrated by system (other than her experience with employer telling her she could come back "if" position was available.)</p> <p>I would have also liked more participation from doctors. I feel like there was a lot of criticism of doctors' practices and would have like to hear more from their perspective.</p>