Final Report

The Michigan Summit on Workability

Workability in Michigan

April 30 and May 1, 2009
Sheraton Lansing
Lansing, Michigan

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Introduction

This report was developed to document the preparations, event proceedings, and detailed outcomes of the Michigan Summit on Workability held in conjunction with the 60 Summits Project on April 30-May1, 2009 in Lansing, Michigan. Consistent with the purpose and vision of the Workability in Michigan steering committee which planned and produced the summit, this document should be shared with everyone who attended the event as well as others who will be interested to learn what happened there.

This document is also intended to serve as a resource for those who intend to continue the multi-stakeholder grassroots initiative whose first step was the Michigan Summit on Workability. They can use the lists of people who participated to find kindred spirits with whom to collaborate. They can begin with the lists of preliminary ideas and plans developed during the summit, and then consolidate, analyze, prioritize them, and turn them into action in the real world.

Acknowledgements

Members of the Workability in Michigan steering committee: The membership of this all-volunteer committee is itself an example of the multi-stakeholder approach to the overall effort. The committee consisted of twenty-five professionals representing twenty-four different organizations. Representatives from employers, occupational health, safety and wellness providers, insurance, disability management, rehabilitation, government, academia and research worked together to plan and produce this event. There would have been no summit without the leadership, dedication and firm resolve of this steering committee. A list of committee members appears in Appendix A.

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

The Facilitators: Some of the planning team members served as work group facilitators, and others were recruited from various settings. In all, 19 facilitators provided leadership for the workgroups and helped them to focus and remain on task while deliberating on their assigned ACOEM recommendations. The facilitators were responsible for making sure that all viewpoints were shared in the group, that the workgroup action plans were representative of the group, and that the workgroup report was created and delivered.

60 Summits Project staff**:** We appreciate the support of Diana Cline, David Siktberg, Anita Nyyssonen, and Jennifer Christian, MD of the 60 Summits Project who assisted us throughout the planning process as well during the summit event.

Key Definitions

Work disability: It is important to note that the term “disability” or “work disability” as used here means time either away from work or working at less than full productive capacity due to a medical condition. Work disability ***does not*** mean "having an impairment", because many people with substantial impairments work full time and full duty. A key precept of the new work disability prevention model is that ***needless*** work

disability (absence or withdrawal from work) is disruptive, potentially harmful, and costly both to the employee and the employer.

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. The SAW/RTW process 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 at or returns to work. Thus, the SAW/RTW process is an outcome generating process. However, it often becomes derailed because the focus is diverted to certifying, corroborating, justifying, evaluating, or determining the extent of the disability rather than preventing it.

ACOEM Guidelines: The American College of Environmental Medicine has issued a variety of guidelines, guidance documents, 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 purchase from ACOEM. The evidence-based Practice Guidelines were adopted as the presumptively correct standard of care by the California workers' compensation system. **The ACOEM treatment guidelines – which make specific recommendations for medical care in individual cases of injured or ill individuals – WERE NOT the focus of the Michigan Summit on Workability.**

- **The work disability prevention paper which WAS the focus of the Michigan Summit on Workability** is a completely different document covering a very different set of topics. Entitled "*Preventing Needless Work Disability by Helping People Stay Employed*", it was adopted by ACOEM in May 2006. It is 27 pages long, and is free on ACOEM's website (www.acoem.org) under Policies and Position Statements. It can also be found at www.60summits.org **and** www.workabilityim.org/**.** Although initially classified as a guideline, it has been reclassified as a guidance document. The report **makes general and systemic recommendations to all the participants in the stay-at-work and return-to-work process for how to improve the way it functions** – in order to improve service to workers and their supervisors, and to improve outcomes of injury-, illness- or aging-related employment predicaments.

Background and History

The American College of Occupational & Environmental Medicine (ACOEM) adopted a report entitled "Preventing Needless Work Disability by Helping People Stay Employed" in May 2006. Dr. Jennifer Christian led the committee of 21 Canadian and U.S. physicians who developed it. She founded The 60 Summits Project shortly thereafter which is convening multi-stakeholder summits across North America, aiming for 60 events in 10 Canadian provinces and 50 U.S. states.

The purpose of the 60 Summits Project:

The 60 Summits Project is a grassroots initiative that is creating a multi-stakeholder community of like-minded people who intend to:

- Prevent needless work disability by helping people stay employed;
- Upgrade the performance of workers' compensation and disability benefits systems by employing a multi-stakeholder collaborative approach to:
    - mitigate the impact of illness, injury or impairment on each individual's ability to function at work, and
    - promote the economic vitality and productivity of workers, employers, and local economies;
- Inform people about the new work disability prevention paradigm and the American College of Occupational & Environmental Medicine's recommendations for improving the stay at work and return to work process;
- Inspire and convince people to take action to make those improvements and cooperate under the new paradigm;
- Lead by example and support each other in actually doing these things ourselves;
- Within our community, enable buyers and sellers of products and services that effectively prevent needless work disability to find each other so that they thrive and prosper;
- Grow our community until people across North America are employing this new multi-stakeholder, collaborative, and problem-solving approach, and it eventually becomes the norm everywhere.

The Michigan Story

On September 26, 2007, Dr. Jennifer Christian, founder and chair of the 60 Summits Project, was invited to Michigan to convene a feasibility meeting for a Michigan summit. This was held the day before the 2007 annual scientific meeting of MOEMA, the Michigan Occupational and Environmental Medicine Association. MOEMA is the Michigan component society of the American College of Occupational and Environmental Medicine. Twenty-six people attended the meeting at the Kellogg Center in East Lansing, Michigan. Fourteen attendees agreed to be part of the steering committee and seven of those people remained active on the planning committee through the event.

Libby Child and Anthony Burton, MD agreed to co-chair the Michigan group. The first planning committee meeting was held on January 17, 2008. Wendy Greene, RN, offered Ingham Regional Medical Center as a central location for the meetings. All but one planning committee meeting were held at that location. Monthly meetings were held with all members of the group (both steering committee and the larger planning committee) with conference calls in between the in-person meetings. This created touch points on a bi-weekly basis for the duration of the planning cycle.

The Workability in Michigan steering committee was established ultimately with 25 members representing 24 different organizations. A complete list of the steering committee members is included in Appendix A. This group consisted of professionals from all stakeholder groups including employers, occupational health and safety,

insurance, disability management, rehabilitation and academia/research. A consensus was reached to affiliate with the 60 Summits project and to hold a summit in Michigan in 2009. The 60 Summits Project was contracted for both basic and financial services. This allowed the group to focus upon the mechanics of marketing, logistics and invitations.

Philosophical discussions were conducted for the first several meetings to determine the best manner to proceed with the summit. A purpose statement was developed early in the process so as to clarify our goals and guide our progress. The statement is in Appendix E.

The planning of the event took approximately 19 months. A second quarter event was planned due to the budget and travel cycle of major industry in Michigan. During the planning cycle a dramatic economic downturn occurred in Michigan that preceded the national recession, which itself was abundantly evident by the time the event occurred in May 2009. Several committee members experienced first-hand the repercussions of these changes, but this did not deter them from participating. In January 2008, the seasonally adjusted unemployment rate was 7.3 percent; by the time of the summit, the rate had climbed to 12%. (Appendix C) This created challenges for both fundraising and summit attendance. This is an important factor in assessing the achievement of summit.

Several key factors were discussed as pertinent to the Michigan economic environment. A Michigan location and contact were established for the registration process so that participants and sponsors could feel as though they were working with a Michigan-based group, and not an organization located elsewhere. So, although the financial processes were managed by the 60 Summits Project, a Michigan address was established to act as the intermediary for payments. Ardon Schambers at P3 HR Consulting agreed to process registrations and sponsorship contributions by establishing a secure site for collecting these monies to batch to the national group. This worked well as a Michigan contact point.

A significant key to establishing our identity was the creation of the Workability in Michigan website at www.workabilityim.org. The site provided a repository for general information about our group, a way for interested parties to obtain details about the summit, including registration materials and fact sheets, a source for news and updates, and a location for reference material. There are links going both ways between the Workability in Michigan website and the 60 Summits website (www.60summits.org).

Workability in Michigan was made possible by a dedicated fundraising committee, generous sponsors and in kind support from several companies. Thirty-five sponsors donated a total of $23,000. Significant in-kind donations made the planning process possible: meeting space, conference calling and conference materials were donated by generous companies that view the SAW/RTW process as integral business decisions. (See Appendix B for the sponsor list.)

A successful summit was held on April 30 and May 1, 2009 with 107 attendees. The original goal was 125 attendees, but many individuals did not participate as a result of the austere economic climate and restrictions by employers. In fact, several major employers

(including governmental and automotive) who were expected to participate through both attendance and sponsorship ended up doing neither as a result of severe restrictions on such activities. This environment led to an interesting outcome with respect to sponsorship. Instead of enlisting a relatively few high-level sponsors, we enlisted 35 financial and in-kind sponsors to support our efforts. The result was as much a reflection of grassroots financial support for the summit as the grassroots support evidenced by the efforts of so many individuals. Given the circumstances, the group was extremely pleased with the outcome.

The summit was held at the Lansing Sheraton Hotel and Conference Center with audio link to registered attendees in the Upper Peninsula. A web link had been planned but was cancelled for lack of enrollment. Participation with stakeholders in the Upper Peninsula is an ongoing concern for many groups in the state, so lack of attendance was not viewed as a problem peculiar to the Workability in Michigan effort.

The guest list was very carefully developed to involve as many stakeholders as possible and to promote balance among the workgroups. A substantial effort resulted in representation from healthcare providers, employers, labor, insurance, case management and rehabilitation companies and governmental agencies. (Appendix D). The work groups were developed with attention to area of interest, stakeholder group, and internal balance. Therefore, only limited changes were made to the workgroups on the day of the event.

Summit Participants

The 107 people who participated in the Michigan Summit on Workability represented a cross section of stakeholder groups. We wanted to identify participants who would be able to engage with us at the summit, but also in our future efforts. People of excellent reputation and influence were selected and invited via email and U.S. mail. The planning committee carefully created an invitation list to assure a balance of perspectives from employers (large and small, public and private), clinicians, insurers, claims payers, government, policy makers and others involved as intermediaries in the SAW/RTW process. The committee invited individuals from all of these groups who they believed would make a positive difference if they attended the summit. Email invitations were sent to specific individuals and follow-up U.S. mail invitations were sent. Many received personal communications from committee members in addition to the emails. Follow-up calls were made by committee members to promote early registration and encourage participation. Appendix F contains a list of all summit attendees.

The invitation informed prospective participants that the summit would use the ACOEM work disability prevention statement as the framework for discussion, and that the different stakeholders would sit side by side to create a better stay-at-work and return-to-work process to benefit both employees and employers in Michigan. They were also informed that the expected outcomes of the summit were new relationships, an action agenda, and a consortium or coalition that would plan to transform that action agenda into improved human and financial outcomes for both employees and employers.

In the opening session, Dr. Christian reiterated the objectives for the summit, and declared the intention that this event would become an historic milestone for Michigan, signal a beginning, and lead to the creation of a group of inspired and energized people who will gradually transform Michigan into a state that really does prevent needless work disability by actively helping people stay employed.

Summit Facilitators

Some of the planning team members served as facilitators for workgroups during the summit. Additional facilitators were recruited. In all, 19 facilitators provided leadership for the workgroups and helped them to focus and remain on task in deliberating their assigned ACOEM recommendations. A few weeks before the summit, Dr. Christian and Diana Cline provided several hours of training for all facilitators via teleconference to cover the specifics needed for the summit day. The facilitators were responsible for managing logistics, keeping the discussion in their groups focused on the issues, making sure that all participants' viewpoints were heard and that the groups produced their reports on time.

The Michigan Summit on Workability Meeting Format

On the evening before the event a reception was held for participants who arrived the day before. The format was a networking event and introduction to the ACOEM statement by Dr. Jennifer Christian. This event was attended by 56 individuals.

The next day's meeting was opened by Dr. Tony Burton and Libby Child. (See Appendix G for the meeting agenda) Steering and planning committee members were acknowledged and thanked for their efforts. James C. Epolito, immediate past president and CEO, Michigan Economic Development Corporation, presented a Michigan perspective on the SAW/RTW process.

During her general session keynote address, Dr. Christian provided an overview of the 60 Summits Project. She described the workshop format, the relationship between the Workability in Michigan planning group and the 60 Summits Project, and laid out the intended outcomes of the event as a whole as well as for each attendee. She stressed the importance of preventing needless work disability, outlined key concepts in the ACOEM work disability prevention statement, and briefly reviewed each of the 16 recommendations in the document.

Following the keynote, Dr. Christian provided a short orientation to the day's work and how to conduct the multi-stakeholder workgroup sessions. All summit participants had been provided with the ACOEM statement prior to the summit with a request to read it in order to come prepared to work and discuss it. A show of hands indicated that a large majority of the participants had read or at least scanned the ACOEM report.

One of the key instructions for the workgroup participants was to ask them to listen in a new way to what others report is "true" for them. Since most of the attendees already had extensive familiarity with the subject, Dr. Christian reminded them to "*listen for the new part"* and not listen simply to confirm that they already knew it. Dr. Christian also

reminded attendees that making recommendations about what *"somebody oughta do"* will not produce the desired results. In order for change to happen, individuals need to take responsibility for what they can do themselves, and begin collaborating and communicating across sectors, and start by taking small steps.

The attendees were arranged into 12 multi-stakeholder workgroups each situated around the room at round tables with documentation supplies (easels, forms) to track their activities. Each group was provided with one or two 60 Summits-trained facilitators to assist in the process. Each group was assigned one or two of the 16 specific recommendations from the ACOEM statement. Their charge was to decide if they agreed with their assigned recommendations. If they did not, they were asked to solve the problem in a different way. If they did, they were asked to develop a strategy with concrete steps to implement the recommendations. In addition, each participant was asked to make a personal action plan.

After the first set of group discussions the stakeholder groups reported their findings and described their first action plans to the larger group. Each group was provided feedback by Dr. Christian with the aim to make the plans implementable.

The groups then reconvened to discuss the original set of plans and to improve and expand their recommendations. They were encouraged to make the plans specific, and with timelines, for presentation back to the larger group. During the second presentation the larger group could ask questions and add suggestions.

In the last session, Dr. Christian summarized themes that were evident throughout the day and discussed the next phase of the process. She emphasized the fact that the workgroups' plans should be viewed as drafts, more like the product of a brainstorming session than a finished product. Working together under time pressure had been good practice in working in a multi-stakeholder environment and in moving from good ideas to concrete action plans.

The individual action plans were completed by each participant and documented on a personal commitment form. The forms were collected, copied for tabulation and returned to each attendee before leaving for the day. This would allow them to monitor and track what they felt could be their personal commitment to the ongoing efforts of the group, the larger community, their employer and themselves.

As the event drew to a close, Dr. Burton and Libby Child explained the next steps in the Workability in Michigan process. The steering committee would be meeting in two weeks to discuss and analyze both the planning process and the event. A major activity would be to develop this final report, consolidate, coordinate, analyze and prioritize the ideas and themes derived from the day. The most important activity would be the first follow-up meeting which was already set for June 18. This meeting was set to begin the action phase as the group moves forward.

Evaluation forms were provided to each participant and completed before leaving the meeting. A total of 69 evaluations were collected and tabulated (Appendix H). The evaluations revealed the following.

Participant Reactions

During the summit event, there was a very high level of visible involvement at each table. In general sessions, the participants appeared to be engaged in the presentations. In the small group sessions, the discussions were very active. As a group, the attendees reported by way of their evaluations that they were very satisfied with their experience at the Michigan Summit on Workability and want to remain engaged with one another and with the overall initiative.

Of 69 of 107 (64%) attendees who returned evaluations (Appendix H):

- 85% reported that the information presented was very interesting.
- 88% said that having met the other attendees will help them in the future.
- 91% reported that the workshop was a good use of their time and effort.
- 90% said that this new angle or approach has made them think differently about some important issues.
- 90% said they have a list of practical steps they can take to improve their participation in the SAW/ RTW process

Summit Results: Personal Commitments & Action Plans

Overall, the most important – and least visible – outcome of the Michigan Summit on Workability was the experience itself that has created a group of 107 people from multiple stakeholder groups who:

- Have a shared vision of how the stay-at-work and return-to-work process should function;
- Had a shared experience of sitting side-by-side making plans for how to make that vision into a reality; and the conviction that they can create a better future for Michigan's workers' compensation and disability benefits systems by sharing this new perspective.

In addition to the experience itself, many people made new relationships or deepened existing ones during the summit. In particular, the deeper understanding and insights produced by interactions with other attendees in different sectors of society are of great value.

The positive feelings evoked by this outstanding multi-stakeholder experience are the fuel that will drive the formation and success of the action group afterwards. For most of the attendees, this was their first experience sitting side by side with people in other disciplines and sectors of society working on an issue that touches all of them – the stay-at-work and return-to-work process that is common to workers' compensation and all disability benefit programs. For virtually every attendee, this was the first time they had ever considered the question of what "first class" might look like in these systems. It may also have been their first experience with focusing on what needs to be put in place in

order to make sure things go "the right way" most of the time – instead of focusing on what is wrong and how to "fix" it.

Workgroups' Action Plans
Each workgroup thought the individual ACOEM recommendations 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 written documentation and oral reports, appear in Appendix I.

Common features among the many plans became apparent while the workgroups gave their oral reports during the summit. Many of the plans are designed to solve similar problems or tackle similar topics. Successful implementation of many of the plans will also require similar types of behaviors.

The bulleted examples listed under each of the major topic areas below have been taken straight from the workgroup reports.

MAJOR TOPIC AREAS
1. Communications and engagement

2. Education and training

3. Collaborative approaches to system development and improvement

4. Collaborative approaches to dealing with individual situations across specialty lines

5. Develop and deploy missing solutions for identified issues

6. Get the facts, establish benchmarks/standards, and use data to guide improvement efforts

Personal Commitments:
Most of the participants made personal commitments to take some sort of action to improve the SAW/RTW process in their own organizations and to participate in group or community projects. The edited details of those commitments appear in Appendix H. All individually identifying information has been removed. Many of the personal commitments reflected solid engagement in the process and an intention to carry through with actions.

Next Steps

The next steps are to:

1. Harness the good will and energy for positive change produced by the summit;
2. Build on the understandings and relationships developed during the summit;
3. Consolidate, categorize, and analyze the opportunities for action identified during the summit, then choose which ones to address and in which order;

The experience of the Michigan Summit on Workability encompasses the mutually-respectful relationships among people of good will in different professions and sectors of society, as well as the commitments they made to themselves and the plans for action that the workgroups made during the summit. All of this must now be transferred to the real world. In order for this event to create the future outcomes that were originally envisioned by its planners, it is now time to start making things actually happen in Michigan.

The Michigan Summit on Workability planning team intended their May 1 event to be a milestone for Michigan, a beginning of the process of disseminating the new work disability prevention paradigm throughout the state and to all stakeholders. The paradigm shift begins at the summit, by getting as many of the right people as possible in the room to do more than **talk about** ACOEM's recommendations, but to **plan to** actually implement them and to make specific plans for **how** to do that, by **when**, and with **whom**. The summit starts the process by asking attendees to identify what is possible through communication and collaboration across sectors, and to make plans for spreading the word and actually making changes to how they conduct their everyday practices and businesses.

An on-going structure for fulfillment of this vision is required to support follow-up action. Something must preserve the momentum built during the summit so that the proposed activities actually take place and bear fruit. Something must keep new relationships alive. People are more likely to succeed if they are supported in some fashion. Small groups who want work together will benefit from a framework within which to collaborate. The key functions of the structure for fulfillment established by the follow-up action group will be to:

- Continue to propagate the work disability prevention's new way of thinking about workers' compensation and disability benefits programs across the state.
- Support one another in fulfilling the personal commitments made during the summit.
- Carry out a selected few of the ideas for group activities and projects developed during the summit.

So, the next challenge for Michigan is to grow a dynamic and action-oriented follow-up group. Since more than fifty (50) of the attendees expressed an interest in follow-up activities, it is hoped that many of them will actually become active with Workability in Michigan. The first follow-up meeting was scheduled for June 18, 2009. In the interim,

the summit planning group's webpage and their link to the 60 Summits website can be used to continue to share information.

The first step is for the group to get organized, to develop a strong sense of shared purpose and a game plan, and to take on their first projects. This report should serve as a starting point resource for the leadership and members of the collaborative.

The best project to begin with is finding opportunities to continue to propagate the new paradigm among people in Michigan. The group can create the momentum by spreading the word about the new work disability paradigm and the problem-solving team approach to the stay-at-work and return-to-work process among key individuals and groups within Michigan and within their own professional societies and trade associations. This entails many meetings and presentations.

A few months hence, when the group has a developed a team spirit and sense of accomplishment based on those early successes, this report can serve as a resource. The group can use the lists of preliminary ideas and plans developed during the summit as a source of raw material for their next projects. Remembering that the workgroup outcomes were developed under intense time pressure, the process should be to consolidate, analyze, and categorize the ideas, and then choose and prioritize the ones to take on. It is best to select projects that appeal to people and inspire them, rather than ones that are "high priority" but do not generate enthusiasm. Also, it is better to pick projects for which the group has the required skills.

In addition to their work inside this collaborative effort, interested individuals can use this report's list of people who participated in the summit to find kindred spirits with whom to collaborate on projects, either independently or under other organizational umbrellas.

The Workability in Michigan website (www.workabilityim.org) can be used to share information. In addition to Michigan-specific issues, the 60 Summits website (www.60Summits.org) provides a central clearinghouse for all the other state and provincial groups participating in the 60 Summits Project.

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Appendix A

Workability in Michigan Steering Committee

Patrick Beecher, MD, MPH, MBA – General Motors
Carlos Bermudez, JD – International Union, UAW
Cathy Breneman, RN, CLPC – Homelink
Anthony Burton, MD, MPH, FACOEM – General Motors-WIM Co-chair
David Campbell – Michigan Workers' Compensation Agency
Libby Child- WIM Co-chair
Sue Coles, RN, BSN, – Accident Fund Insurance Company of America
Anita Dombrowski, CCM, CWCP – Pointe Case Management
Beth Germann, CWCP – AIU Holdings
Wendy Greene, RN, DDM, CPDM – Ingham Regional Medical Center
Patricia K. Hostine, MBA, LPC, CRC, CWCP – Cooper Standard Automotive
Joseph Hymes
Katie Kohler, RN, BSN, CCM – ALARIS
Cheryl Klebba – Dart Container Corporation
Phil Margolis, MD – University of Michigan Medical School/GM
Debra Miller, RN, CCM – Pointe Case Management
Sherri Miller, CSP, CWCP – Meijer
Jan Nichols – MorningStar
Steve Ohman – Spectrum Health
Denise Pretzer – CareWorks
Shirley Priskorn – Wayne County
Ardon Schambers – P3HR Consulting & Services
Sue Separa, CWCC, CWCP, CHRS – Neace Lukens & RMSC
Danielle Susser, JD – Smith, Haughey, Rice, & Roegge
Dee Tyler, RN, COHN-S – FinCor Solutions

Appendix B

Sponsors

Accident Fund Insurance Company of America
ALARIS
Amway
Brown Rehab Management
Bleakley, Cypher, Parent, Warren & Quinn
Concentra
Conklin Benham, P.C.
Consulting Physicians, P.C.
Cooper-Standard Automotive
Dart Container Corporation
Encompass Health Care, P.L.C.C.
FinCor Solutions
Dr. Steve Geiringer
Genex
Hanba and Lazar, P.C.
Homelink
Ingham Regional Medical Center
JAN - Job Accommodation Network
Kluczynski, Girtz & Vogelzang
Meijer
Michigan Council of Self-Insured Group Administrators
Michigan Occupational & Environmental Medicine Association
Michigan Retail Hardware Association
Michigan Self-Insurers' Association
Midwest Employers Casualty Company
Midwest Health Center, P.C.
Neace Lukens
O2 Wound Care Solutions of America
One Call Medical, Inc.
P3HR Consulting and Services, L.L.C.
Review Works
Sedgwick CMS
Starr and Associates Rehabilitation Management Specialists
Superior Investigative Services, L.L.C.
University of Michigan Department of Psychiatry

Appendix C

Economic Indicators

Michigan Unemployment Rate
(Seasonally Adjusted)

June 2009	15.2%
Change Over Month	+1.1
Change Over Year	+7.1

http://www.milmi.org/

Michigan's Employment Snapshot

Seasonally Adjusted

MICHIGAN (Data in thousands)	May 2009	June 2009	% Chg. Month	June 2008	% Chg. Year
Civilian Labor Force	4,848	4,872	0.5%	4,941	-1.4%
Total Employment	4,167	4,132	-0.8%	4,538	-8.9%
Unemployment	681	740	8.7%	403	83.6%
Rate (percent)	14.1	15.2		8.1	

Contact: Jim Rhein, DELEG Economic Analyst (313) 456-3095

UNITED STATES (Data in thousands)	May 2009	June 2009	% Chg. Month	June 2008	% Chg. Year
Civilian Labor Force	155,081	154,926	-0.1%	154,400	0.3%
Total Employment	140,570	140,196	-0.3%	145,738	-3.8%
Unemployment	14,511	14,729	1.5%	8,662	70.0%
Rate (percent)	9.4	9.5		5.6	

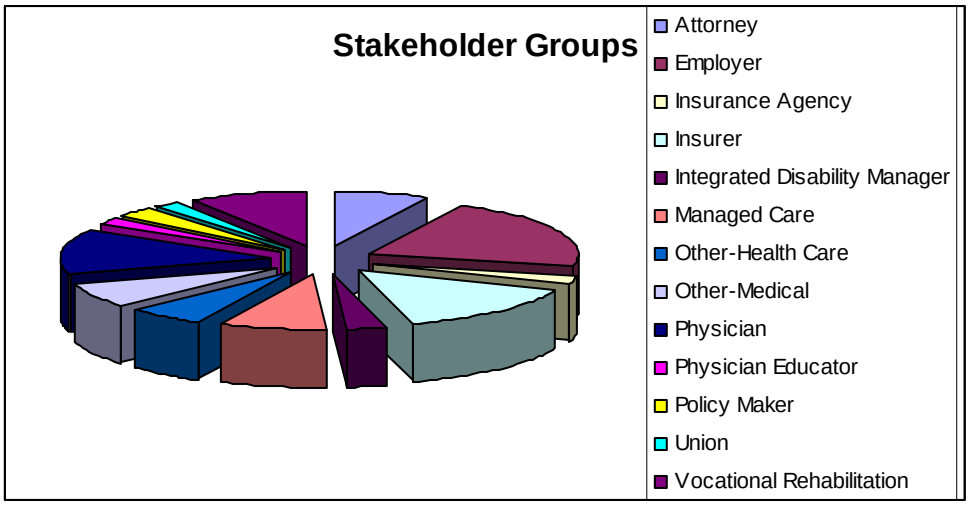
Contact: Jim Rhein, DELEG Economic Analyst (313) 456-3095

http://www.milmi.org/admin/uploadedPublications/463_econsit.htm

Appendix D

Stakeholder Representation

Stakeholder Group	Percentage
Attorney	7.1%
Employer	21.4%
Insurance Agency	2.0%
Insurer	15.3%
Integrated Disability Manager	3.1%
Managed Care	8.2%
Other-Health Care	6.1%
Other-Medical	7.1%
Physician	13.3%
Physician Educator	2.0%
Policy Maker	3.1%
Union	2.0%
Vocational Rehabilitation	9.2%



Appendix E

Workability in Michigan
Purpose Statement

We, the members of Workability in Michigan have come together in order to:

- Promote the adoption of the new work disability prevention paradigm for disability benefits and workers' compensation systems embodied in the American College of Occupational & Environmental Medicine (ACOEM) guideline entitled "Preventing Needless Work Disability by Helping People Stay Employed."

- Establish an effective mechanism for getting the common-sense and evidence-based recommendations made in the ACOEM guideline off the paper and into everyday use.

- Create a broad-based local group of volunteers committed to propagating this new way of thinking throughout Michigan.

- Focus our energies on creating an event in Michigan that will in turn create fresh thinking, action for change, and system improvements.

- Plan and convene a Summit-type workshop for key stakeholders in Michigan

- Ensure that the Summit that we produce:

    - Introduces the new paradigm and the ACOEM guideline's 16 specific recommendations;
    - Challenges participants to decide whether to implement the recommendations in their own business, community and jurisdiction;
    - Creates a respectful, independent, and high quality environment in which the participants can communicate and collaborate with one another to identify concretely how to implement the recommendations; and
    - Encourages them to join with us and form an on-going group that will work together over time to actually carry out the strategies and action plans identified in the Summit.

Prepared February 21, 2008
Adopted March 20, 2008

Appendix F

Summit Attendees

Jennifer Abrams	Sedgwick CMS
John Anderson	Concentra
Lisa Anderson	Flint School District
Vickey Argo	Business Leadership Network of MI
Crystal Augustine	Cooper Standard Automotive
Suzanne Bade	University of Michigan
Sheri Bailey	International Union, UAW-GM
Laurie Bates	Alaris
Mark Bergsma	Berends Hendricks Stuit Agency
Carlos Bermudez	International Union, UAW
Amy Bohnert	Ann Arbor Veteran Affairs & University of Michigan
Cathy Breneman	Homelink
Ken Browde	Browde Rehabilitation Consulting, LLC
Kevin Brown	Brown Rehabilitation Management
Bill Brown	Review Works
Scott Burgess	Accident Fund
Tony Burton	General Motors – Summit Co-Chair
Steve Bush	Consumers Energy
David Campbell	MI Workers' Compensation Agency
Jeff Canfield	Varnum LLP
Terri Carlson	ALARIS
Vincent Catalanotti	The Evaluation Group
Libby Child	Summit Co-Chair
Jennifer Christian	60 Summits Project
Lorraine Climer	Alticor
Diana Cline	60 Summits Project
Sue Coles	Accident Fund
Trish Cunningham	Brown Rehab
Thomas Cypher	Bleakley,Cypher, Parent, Warren & Quinn
Tanya Davie	Cooper Standard Automotive
Jacki Dimitroff	Comprehensive Risk Services, Inc.
Anita Dombrowski-Fulton	Pointe Case Management
Milt Dupuy	Optima Health Strategies
James Epolito	MEDC/Delta Dental
Mary Alice Ehrlich	Med 1
Dan Fink	Visiting Physicians Association
Molly Flanagan	Hanover Insurance
Mike Fontaine	Hostetler Fontaine & Associates

Debbie Ford-Ditto	Pointe Case Management
Tina Gates	Ingham Regional Medical Center
Steve Geiringer	Wayne State University
Cheri Gelnak	CompOne Administrators
Eric Genske	Cannon Cochran Management Services
Beth Germann	AIU Holdings
Dean Grace	Concentra
Wendy Greene	Ingham Regional Medical Center
Linda Grund	Cascade Engineering
Andrew Haig	University of Michigan
Timothy Hanna	Associated Builders & Contractors of Michigan
Karyn Hazel	Spectrum Health
Matthew Hersey	Consulting Physicians
Rebecca Hinma	O2 Wound Solutions of America
Lisa Hopkins	Corvel
Guy Hostetler	Hostetler Fontaine & Associates
Patricia Hostine	Cooper Standard Automotive
Donna Hunter	Sedgwick CMS
Monica Kaminski	Meijer
Margaret Kammerer	IT Works
Linda Kato	Plymouth Canton Community School
Paul Kauffman	Accident Fund
Marilyn Kellepourey	ALARIS
Cheryl Klebba	Dart Container Corporation
Katie Kohler	ALARIS
Janet Kransz	FinCor Solutions
Steve Link	Midwest Employers Casualty Company
Beth Loy	Job Accommodation Network
Kim Lukanic	Sedgwick CMS
John Machuta	Gerber Memorial Hospital
Delores Macy	Michigan Counsel of Self Insured Group Admin
Phil Margolis	University of Michigan/General Motors
Joan McDaniel	Avizent
Briana Mezuk	U of M School of Public Health
Grace Miller	Bleakley Cypher Parent Warren & Quinn PC
Stanley Miller	General Motors
Sherri Miller	Meijer
Debra Miller-Rowe	Pointe Case Management
Thomas Mirabitur	Superior Investigation Services
Sherry Mixon-Kemp	GENEX
Jeri Mommaerts	FinCor Solutions
Patrick Murphy	Midwest Health System

Richard Nelson	Meijer
Billie Newsom	MI Workers Compensation Agency
Jan Nichols	MorningStar
Walter Noeske	Conklin Benham PC
Jack Nolish	MI Workers Compensation Agency
Angela Nortley	University of Michigan
Bill O'Brien	Travelers Insurance
Steve Ohman	Spectrum Health
Bobbi Parker	Marathon Oil
Jeff Pierce	Michigan Sports & Spine Center
Denise Pretzer	CareWorks
Shirley Priskorn	Wayne County
Greg Rapp	Kluczynski, Girtz, & Vogelzang
Bruce Ruben	
Marc Ruben	Encompass
Leslie Samuelson	Care Works USA
Ardon Schambers	P3HR Consulting & Services
Holly Secord	Citizens Insurance
Sue Separa	Neace Lukens & RMSC
Scott Silver	Scott B Silver & Associates
Shannon Smith	Starr & Associates
Karen Starr	Starr & Associates
Mike Stoops	United Airlines
Patrick Stover	General Motors
Danielle Susser	Smith, Haughey, Rice, & Roegge
Charles Syrjamaki	Workwell & WorkHealth
Dee Tyler	FinCor Solutions
Marcy Vandermale	IT Works
Jim Wessinger	
Michael Westbrook	Shape Corporation
Jack Wheatley	Lacey & Jones
Karen Williams	Williams Rehab Services
Kara Zivin	U of M Dept of Psychiatry

Appendix G

Summit Agenda

The Michigan Summit on Workability

Thursday, April 30, 2009

5:00 pm – 6:00pm	Registration/Wine and cheese reception with networking
6:00 pm – 7:00pm	Opening Remarks • Welcome: Summit Planning Committee Co-Chairs • Setting the Stage: Jennifer Christian, MD; Chair, 60 Summits Project
7:00 pm	Adjourn, dinner on your own

Friday, May 1, 2009

7:00 am – 8:00 am	Registration, networking, and continental breakfast
8:00 am – 8:30 am	Welcome: Summit Co-Chairs Libby Child and Anthony Burton, MD Setting the Michigan stage: James C. Epolito, Past President /CEO, Michigan Economic Development Corporation

8:30 am – 10:00 am	Dr. Jennifer Christian ***Establishing the Framework for Discussion – "Preventing Needless Work Disability by Helping People Stay Employed": ACOEM's Report and its 16 Recommendations.***
10:00 am – 10:15 am	Break and networking
10:15 am – 10:45 am	Instructions to work groups
10:45 am – 12:15 pm	Stakeholder work group sessions
12:15 pm – 1:15 pm	Lunch and networking
1:15 pm – 2:00 pm	Reports on preliminary action plans from work groups
2:00 pm – 3:00 pm	Stakeholder groups meet to refine action plans
3:00 pm – 3:15 pm	Break and networking
3:15 pm – 4:15 pm	Report of final action plans from all stakeholder groups and Q&A with all attendees
4:15 pm – 5:00 pm	Going forward: Planning session and wrap-up

Appendix H

Summit Personal Commitments & Meeting Evaluations

Personal Commitments

Number	The main things I see that I can actually do to improve MY own organization and MY OWN day to day working relationships are:	The main opportunity where I can actually do something to improve how things work in MY WHOLE community or state is:	Here's what I personally intend to do about this tomorrow or this week:
1		educating the employers on the goals of Workabilty Summit	Continue to work on infrastructure to set up policies for small employers, employees and doctors
2	Discuss sense of urgency with company hr director to build in urgency in regard to SAW/RTW. Fully Support a SAW/RTW cultural environment	Continue with involvement with workability in Michigan	Contact Employers willing to pilot our program
3	Research and educator and credibility	push for unique work disability for (details to follow)	Work with a few employers to pilot the process
4	Educate members thru forums/presentation	continue sharing the message in my own network of contacts(ie. businesses, other business organizations, chambers, Etc)	Look into including this component into our next event (Sept 09) Share form developed (later) in TEA. (The Employers Association)
5	Assuring that the physician has all available resources to make RTW determination. (job description, video assessment, etc) Educate employers on importance of providing favored duty/l.d. work - keeping contact with inj. Emp.	Become more involved in RTW organizations (DMEE 60 Summits) Identify employers willing to pilot RTW forms completed by physicians as recommended per our group B	Plan to meet with F/U 60 Summit Group in June to learn more on ways to promote more successful RTW/SAW outcomes.
6	Create an action plan with Deadlines	Utilize trade association contact for purposes of communication with employers	Identify several "pilot" employers to test use of a standardized document that integrates the urgency of RTW between employers, employees and doctors

7	Continue to improve continuity of care networking. Database standardization	Networking participating in future summit meetings	Discuss with co-workers ideas shared at summit. Continue discussion with people who did not participate in today's meeting.
8	Listen more. Communicate better and with more levity	Is help communicate that WC is not only basically a good social program that can be moral and ethical but good business	Renew efforts to interact with more constituents of WC. Especially my insurance clients who deal with real people. Also view injured workers as "individuals" not just subjects or a general claim
9	Use metrics to share the business case for RTW/SAW		Copy of ACOEM summary to my group vp/lp/dms
10	Develop and employer/employee pamphlet spelling out an injured workers expectations when they have an injury or illness. Provide staff training. Continue working with employers to come up with signed client agreements to insure compliance with remind of benefit so disabled employee are treated fairly	Participate in presentations. Continue to work with clients to treat injured workers as real people. Move from disability to ability. Enforce culture to all adjusters	Connect via email with Group. Start collecting sample documents.
11	Talk with co-workers and clients daily about SAW/RTW	Collect Job descriptions and RTW slips from employers. Research MI fee schedule to attach physician standards	Develop flow chart of process
12		Present this info to family doctors in my community	Send samples of Job descriptions and sample of RTW slips that I have found useful in determining patients ability to RTW so the group can put together a standard job description with essential functions and maximize physical requirements
13	Working with operations mgt. on the benefits of RTW/SAW		Develop non accommodation claims reports and analyze/review with leadership
14	Continue involvement with this process	Workforce development board continue involvement	Share this meeting with our RTW planning committee
15	Be more conscious of length of disability and improve knowledge of colleagues	Stay involved in WIM	

16	Participate in getting together a form of statements. Participate on a board to work on standard form.	Go out to educate other specialty FR, IM, Ortho, other PMR	Will try to follow up with group to set up the committee to do the force of above.
17	Take the SAW/RTW philosophy and work with my own company to share the info with all the accounts that we manage	Get out to orgs and companies the SAW/RTW info and ACOEM info	Read and understand the ACOEM info. Start work on creative and comprehensive PowerPoint for presentation.
18	I am going to call Harry Smith and MARO conference for a proposal to present at MRA conference		
19	Make others aware of the document in my org. Present to my professional group. Continue on committee. Help develop power point presentation. 60 Summits/workability (end of May)	Work with organization (my ER) to get this message out to ER and agents. Work on 60 summits hx and workability for PowerPoint presentation	website access (work with WIM)
20	Mentor others and train on ACOEM guidelines. Review and refresh internet policies to assure. Present at Michigan Rehab Conference. Share information with my Health Care Providers.	Carry the education along to my peers and network	email all attendees a "call to action" to present to their peers/colleagues in the next six months
21	Claimants, Insurance carriers, physicians, non-profit agencies-New Horizons, JVS, Work skills	Presenting information	
22	Focus more directly on prevention services with employers. Summarize required job demands and request that Dr. match physical capacities with required job duties.	Share benefits of RTW with power point presentation developed by Shannon Smith's group. Partner With Group K	Review letter that our group is generating to present to MI State Chamber of Commerce
23	Educate my clients on ACOEM. The aspects of Workability/RTW/SAW	Take an active role with workability. (draft letter to support RTW)	Speak to my claims staff about this summit.
24	Continuing to work to improve internal communication pursuant to RTW initiatives and better align with union leadership like management, executive suite. In application, align with external entities such as clinicians, loc counselors and case managers	Continue to attempt to promote the mission of 60 summits and WIM. Continue to be involved with org development and continuation of movement	Become involved with letter to Gov and legislature to promote GOVT backing and possible tax breaks to RTW friendly employers. Bring 60 summit and WIM mission and purpose to executive leadership.

25	Timely reporting claims, communicate to all parties timely-example would be communicating to internal and external parties on the process and what level the claim is	I will be involved in drafting a letter to key stakeholders on the importance of SAW/RTW. In hopes to push SAW/RTW with possible tax cuts	I will help drafting a letter to the Chamber of Commerce and also preparing to present to my employer this fall on the importance of SAW/RTW
26	Present to any business groups regarding SAW/RTW. (ie Kiwanis, Economic Club, Local Chamber, ETC) And Employers that are my clients	Write letter to legislators about SAW/RTW	Contact local business groups to try and get interest
27	As a vocational rehab consultant, continue to urge employers to facilitate RTW using coordinated medical and vocational services	Participate in Drafting a letter with my group to ask for governor/legislative promoting a tax credit for RTW	I will contact the CMAA (central Michigan Adjustors Association) to present value of RTW of injured employees
28	Learn more about FMLA. Educate clients. Seminars, conferences	Educate and learn more about Rochester and make it a better community	Get moving
29	Encourage employers to make and maintain contact with their injured workers. Have my CM staff do this as well	Being involved in Workability in Michigan	Send email to my staff re: my experience at 60 Summit. Workability in Mi meeting and importance of SAW/RTW process and ACOEM guidelines
30	Make sure the employee has been educated in the process. Acknowledge the employee's emotional adjustment		I will discuss the topic with my clients suggesting the strategies we've come up with.
31	Study AMA guide to RTW	Implement innovative paradigm to health care	Through new health paradigm restore dignity to health care and community view of this.
32	Encourage providers and clinical staff to recall focal point statements. Document all communications with employers and do more to educate employers re: early stages of imaging work related injuries/illness	Education to local OCC health nurses re: SAW?RTW summit limitations	Incorporate the message of SAW/RTW at med1 approved symposium (for W MI employers) on May 14th
33	Take the time to listen to fellow employees and let them know they have been heard	to help develop a uniform screening tool for recognizing mental health concerns before it becomes "disabling"	Work with my group and follow up as planned
34	Streamline/improve communication with Physicians		Contact MN summit to find out what they are doing about these issues.
35	Education to own employee group. Recognition of mental health concerns among client group	Presentation to OT assoc re w/c psych relationship	research Washington state DOL re: mental health program

36	Find out how I can take constructive ideas and execute them by making effective changes by which change a previously in-effective/in-efficient process	Everyday be more aware and be more pro-active	maintain contact with people at function and within group to continually work towards positive improvement
37	Working relationships are ok. I want to bring in disability issues as an important area of training evaluation and treatment	Develop a project between the depression center (u-m) and the school of Public Health (U-M) around depression in the workplace how to SAW/RTW	Call a meeting of the project people and look at what I learned about this meeting and go from there.
38	Increase opportunities for employee training in a variety of topics, wellness, financial, sensitivity training, etc.	Get involved.	Identify area/topics for training by sending a survey to employees. Begin setting up seminars after work, brown bag lunches, Breakfasts, etc.
39	Maintain emotional awareness. Listen to signals. Manage from the middle	Drive awareness of workability vs disability. Change focus.	Focus on day to day in order to continue to improve upon my own opportunities with emotional intelligence.
40	Provide information on how rarely disability is medically necessary to employees, supervisors, clinicians through employee training programs, quarterly in-services, meetings, employee orientations, employee handbooks, newsletters, safety committee, staff meetings.	Regular meeting with out medical provider, union leaders, one-on-one communication with employees and supervisors, TPA, written news bites, put info on our employee intranet, include info on our district web site.	Meet with staff and provide info, set up a schedule of ongoing meetings with all stakeholders. Establish a district team, committee, to continue the process. Share information with SHERM other professional organizations MASPA
41	Train current primary care residents on medical disability. Create a patient information sheet on safe evidence based on RTW/SAW recommendations	To start a program at all our medical centers in Michigan to educate primary care residents on SAW/RTW reasonable guidelines for their patients	I will start to educate my residents on how disability is medically required only rarely by discussing it clinically and providing each with a copy of the ACOEM Guideline.
42	Attempt to increase awareness that rarely disability is medically required. Find people in organizations who regularly negotiate contracts. Discuss experiences and gather contracts that work. To get people back and create an atmosphere of trust. Tell people in organizations about the concept and share concrete examples of what works	See above effects whole state as negotiators deal with multiple employers and members	Identify two people who negotiate contracts and discuss topic

43	Educate case managers on how rarely disability is medically required and provide tools for case managers to use in communicating this with their clients, physicians and employers	Participate in Workability in Michigan to help promote change	Investigate options for tools case managers can use in communicating with their clients, employers, and physicians to create awareness.
44	Discuss with employers groups that disability is rarely medically required in WC cases. Share same info with my counterparts around the county and adjuster in my office. Change my vocabulary from Early Return to Work to Stay At Work.	My day to day operations are statewide	Save and change my reports and educational pieces about ERTW to SAW
45	Enhance employee handbook to notify employees we have any/all types of light duty work - even not in their own dept. They could work. Policy and procedure too. Notify physicians we have job descriptions for all jobs - we can accommodate any type of light duty work.	Join the Michigan summit on workability and then serve on a committee. Show different types of opportunities - EMP Self insured, contact our public relations staff to have our lobbyist work for the cause	By June 1 work on all of the above and by the end of the year all fully implemented.
46	Ignite excitement and passion for the cause. Implement at least 4 recommendations locally to my own employer and my client.	Continue work in small group and volunteer efforts to MI workability	Collect forms from small group, evaluate content and provide recommendations. Attend small group conference call for states check and next step planning.
47	Participate on a process improve committee regarding forms improvement. Gather discuss/WC forms - build library	simplify and standardize as many stakeholders as possible in the use of a universally acceptable communication method	Construct email soliciting forms to review by 5/8/09 with instructions.
48	My present line of work is far-removed from forms based standardized communications for acute/short term disabilities. Nonetheless, this remains a passion of mine and I consider this my civic obligation and opportunity to give back	Donate my talents in graphics and form designs. Evaluate from my multiple perspectives as clinician, administrator, case manager, develop and medical service marketing and sales	collect forms from employers
49	Share the key components of this conference with my corp claim officer as well as direct reports and our clients (specif, the 2 largest). Also speak with our it dept to ask for escalation of system upgrades to alert us to claims w/o RTW or estimated RTW projected within preset timeframe	Stay in touch with and committed to our subcommittee of WIMS "group 14" to work toward simplifying standardized exchange of information methods	Put subcommittee members contact information into outlook. Create a group email roster. Reserve a conference line and advise members of the time and contact for our call between this meeting and the next meeting.

50	Spread the word and ideas about WIM continue to develop SAW/RTW program get all thinking "workability" not "disability". Change my job title to workability mgr instead of disability mgr.	Remain active in WIM continue to work in my small group and implement our plan and goals of our group	Answered in #3
51	Improve communication between physician employer, claims adjuster, employee and case manager	Offer my experience of what has worked and hasn't	Work with my game to develop standardized form. Then market and implement it within the community.
52	To reduce inconsistencies in data collection/forms etc between the groups we work with. Insurance carriers, TPA's, providers and employers	Standardize a form to be used by all parties to communicate what an injured worker can do	Review national and state forms that deal with this subject and pull the *** together that will work best
53	Immediately confer with my TPA's and OCC Med Providers to understand how they monitor practices. Educate my staff, my workforce on the subject and it's value	Find ways to mirror understanding of the disability process, it's pitfalls, the guidelines etc.	Immediately confer with my TPA's and OCC Med Providers to understand how they monitor practices. Educate my staff, my workforce on the subject and it's value
54	Be a resource for our groups development of presentation on the benefits of evidence based medical	Help deliver this presentation to other groups. (employers)	Email contact with my group members.
55	Learn more about guidelines myself. Help with contribution to the presentation our group has agreed to. I will funnel the information to CA	Educate and spread the work and implement the concept of evidence based guidelines. Explain what guidelines are e-blast, SHPCP, fall conference SHRM	Join workability in Michigan. Read the guidelines again, research ACOEM website to learn more about evidence-based medicine.
56	Relationship with my doctor. To communicate my expectations and see what the doctor expects	Training for our local doctor on disability workability	Send out an invitation for the doctor to invite them to come to our plant for a tour, lunch and continuing education credits (guideline from an occupational doctor outside the area.)
57	Keep discussion of topic alive in discussions with the doctors I deal with on a regular basis	Share ACOEM guidance with non-occ medical providers	Share this material with my clients and law partners
58	Discuss with my upper management the ACOEM guideline providing them with 60 summit and workability websites	Left early	Left early

59	Educate others and continuously communicate with my resources, give presentation to employers and insurance carriers as appropriate		Educate myself and become knowledgeable in order to be a valuable resource to others
60	Investigate what has been developed in other states (CA) relating to WC requirements in (wc reform act of 2004) and Washington state. ID 1-2 individuals to determine how this may be applied in MI by 6/30/09		Assigned #3 above part 1
61	Share results event with partners	Continue with follow-up with group	Research CA 2004 workers comp act and state of Wash. Network what was learned here today.
62	Send the link to the ACOEM work disability prevention guideline to my colleagues		
63	Share results of event with partners	Continue with follow-up with group	Finish my financial reports for WIM
64	Come up with WC standard form for disability. Offered-time for seminar on points of care with Dr. A. Burton		Start my task force list.
65	Reinforce and train my staff (at our next staff meeting) about RTW/SAW best practice		Create a task force at the may 6 2009 MOEMA board of directors mtg, that will identify the physician groups in mi who need disability prevention training, identify the intent of that training and 3 target the names at which such training will most likely be successful. Report back at June 1 meeting
66	Request complete information from reference sources who sent their employees for my eval/tx. Tell them why it's important And have that information	Be a member of or advise the workgroup suggested by my group. As time permits volunteer to speak at other's meetings that pertain to WC issues. Would be interested in grounding input into guidelines/best practices that might arise from rec 15	
67	Awareness of IDM early intervention to customer	Present IDM integrated Disability Mgmt. Early intervention (triage) to DMEC date tbd	

68	Facilitate communication between the employer, insurance co and third party administrator to improve the process	Through my contacts with employer and insurances	contact my client to spread the work that communication is key
69	The education of staff and contradicted providers of RTW in proactive participation in improvement of culture in disability prevention model	use corp network and research foundation	Today sign on for being an active participant in the workability in MI group. Begin to implement change and educate.
70	Continue to work toward open communication among internal organizations	Personal involvement in seeing that guidelines are disseminate to small, medium and large employers	Suggest a session at MSIA and ask TPA's, brokers, etc. to disseminate information.
71	Educate my clients on integrated disability management and ROI outcomes	Set up educational opportunities, seminars	Contact employer and physician groups to set up programs/seminars.
72	Looking for daily teachable moments with my staff for SAW/RTW focus opportunities to pass on to our employers. Asses our communication to injured workers are we educating them	Measure and survey results of changes and communicate benefits	Communicate this meeting to my staff. Share report with leadership.
73	Review/develop internal communication procedures documents for communicating with medical providers	Continue with the 60 summit.	

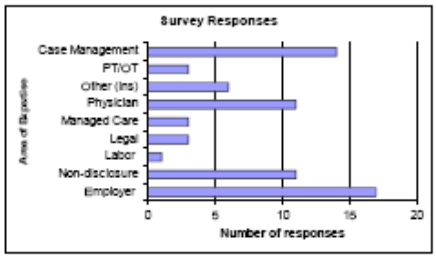
Note: "***" indicates documentation was illegible

Meeting Evaluations

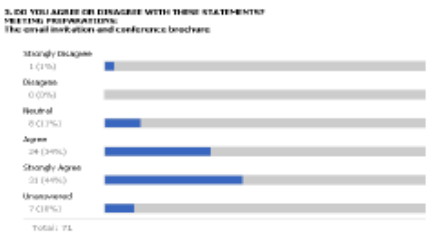
WORKABILITY
IN
MICHIGAN

SURVEY RESULTS
2009

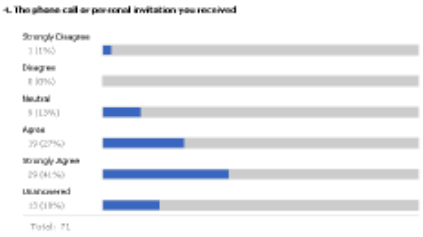
Response Breakdown



Meeting Preparations were excellent specifically the…

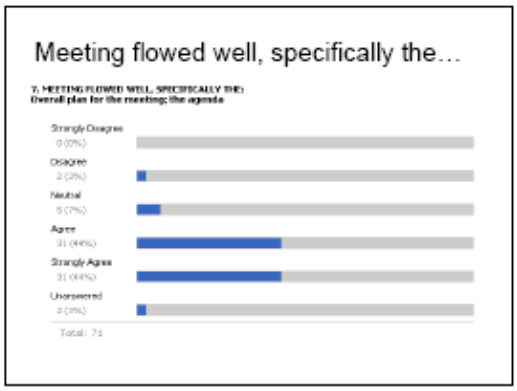


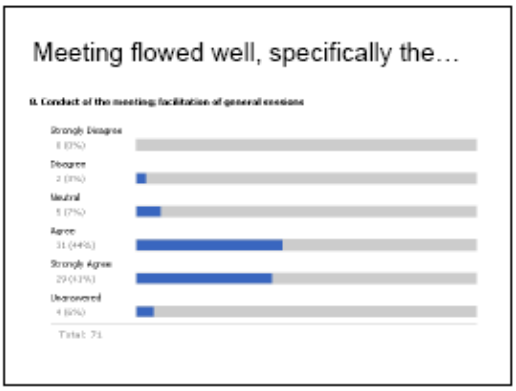
Meeting Preparations were excellent specifically the…

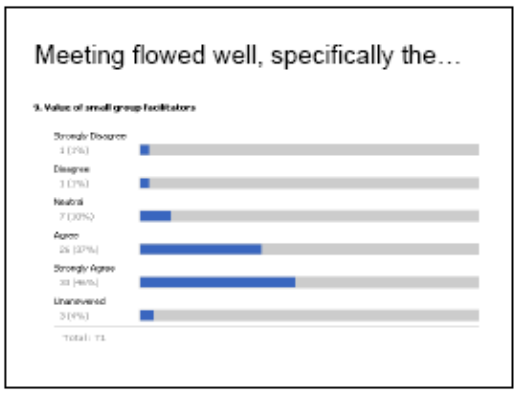


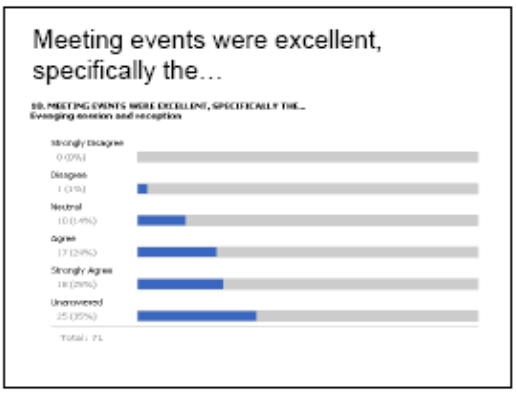
Meeting Preparations were excellent specifically the…

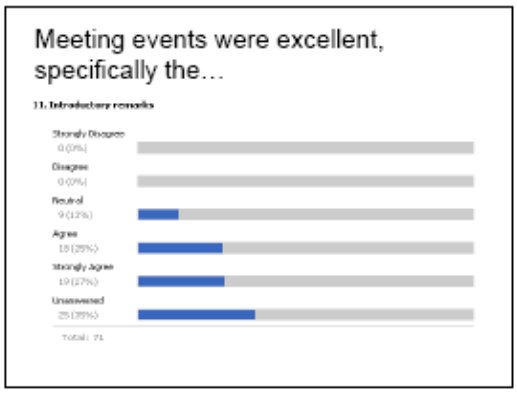
Logistics and Venue were Excellent, specifically the…

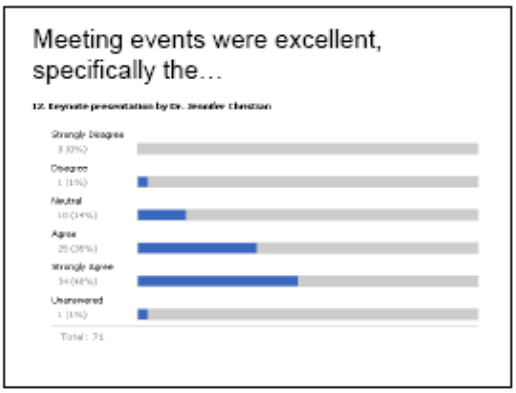

Meeting flowed well, specifically the…
7. MEETING FLOWED WELL, SPECIFICALLY THE:
Overall plan for the meeting; the agenda
Strongly Disagree
0 (0%)
Disagree
2 (3%)
Neutral
5 (7%)
Agree
31 (44%)
Strongly Agree
31 (44%)
Unanswered
2 (3%)
Total: 71

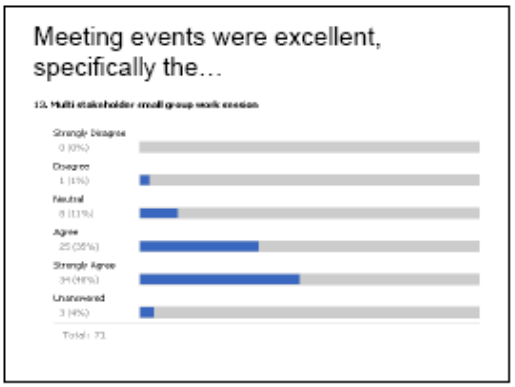

Meeting flowed well, specifically the…
8. Conduct of the meeting; facilitation of general sessions
Strongly Disagree
0 (0%)
Disagree
2 (3%)
Neutral
5 (7%)
Agree
31 (44%)
Strongly Agree
29 (41%)
Unanswered
4 (6%)
Total: 71

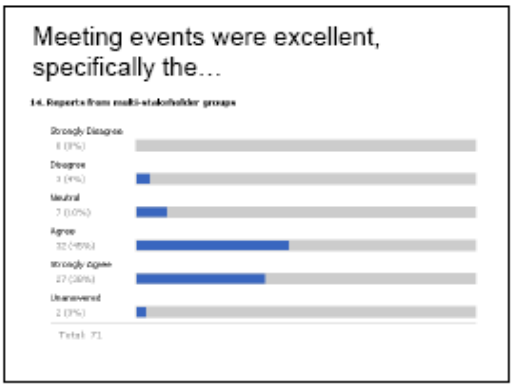

Meeting flowed well, specifically the…
9. Value of small group facilitators
Strongly Disagree
1 (1%)
Disagree
1 (1%)
Neutral
7 (10%)
Agree
26 (37%)
Strongly Agree
33 (46%)
Unanswered
3 (4%)
Total: 71

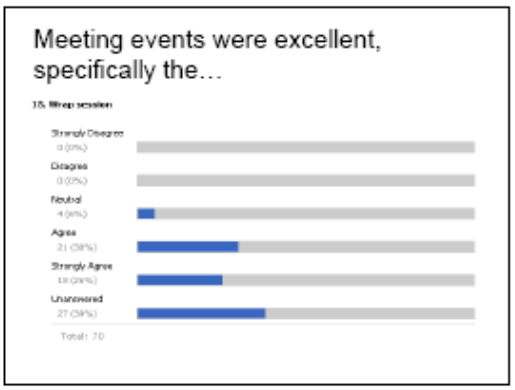

Meeting events were excellent, specifically the…
10. MEETING EVENTS WERE EXCELLENT, SPECIFICALLY THE…
Evening session and reception
Strongly Disagree
0 (0%)
Disagree
1 (1%)
Neutral
10 (14%)
Agree
17 (24%)
Strongly Agree
18 (25%)
Unanswered
25 (35%)
Total: 71

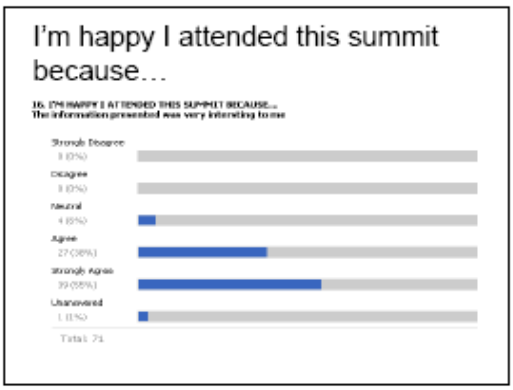

Meeting events were excellent, specifically the…
11. Introductory remarks
Strongly Disagree
0 (0%)
Disagree
0 (0%)
Neutral
9 (13%)
Agree
18 (25%)
Strongly Agree
19 (27%)
Unanswered
25 (35%)
Total: 71

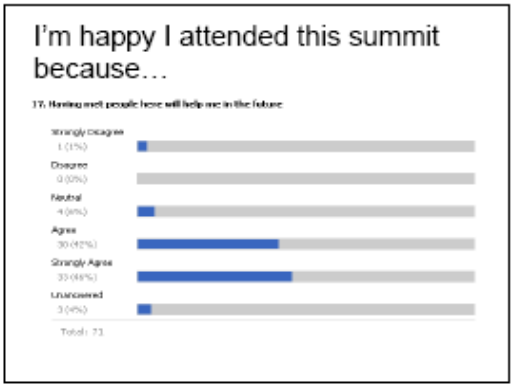

Meeting events were excellent, specifically the…
12. Keynote presentation by Dr. Jennifer Chrisler
Strongly Disagree
0 (0%)
Disagree
1 (1%)
Neutral
10 (14%)
Agree
25 (35%)
Strongly Agree
34 (48%)
Unanswered
1 (1%)
Total: 71

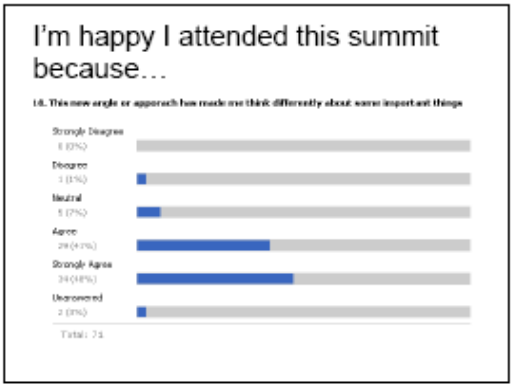

Meeting events were excellent, specifically the…
13. Multi stakeholder small group work session
Strongly Disagree
0 (0%)
Disagree
1 (1%)
Neutral
8 (11%)
Agree
25 (35%)
Strongly Agree
34 (48%)
Unanswered
3 (4%)
Total: 71

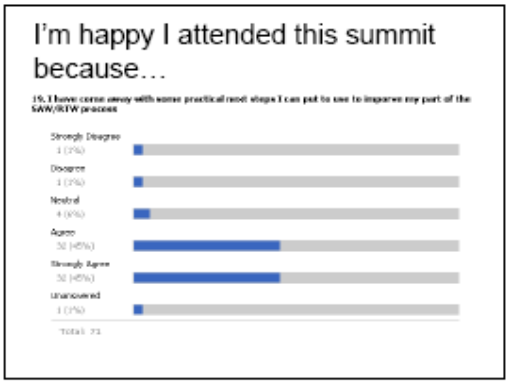

Meeting events were excellent, specifically the…
14. Reports from multi-stakeholder groups
Strongly Disagree
0 (0%)
Disagree
3 (4%)
Neutral
7 (10%)
Agree
32 (45%)
Strongly Agree
27 (38%)
Unanswered
2 (3%)
Total: 71

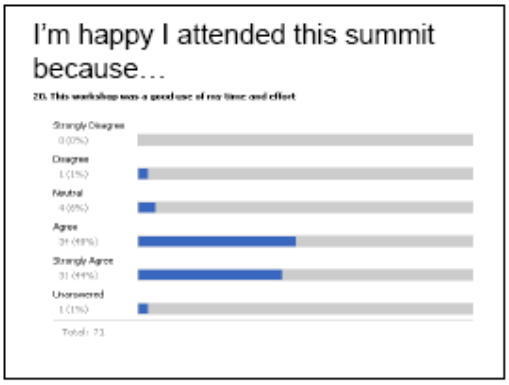

Meeting events were excellent, specifically the…
15. Wrap session
Strongly Disagree
0 (0%)
Disagree
0 (0%)
Neutral
4 (6%)
Agree
21 (30%)
Strongly Agree
18 (26%)
Unanswered
27 (38%)
Total: 70

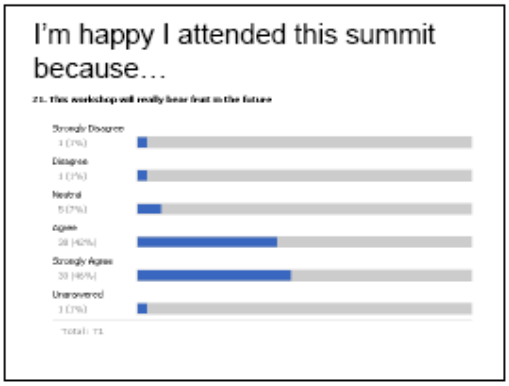

I'm happy I attended this summit because…
16. I'M HAPPY I ATTENDED THIS SUMMIT BECAUSE...
The information presented was very interesting to me
Strongly Disagree
0 (0%)
Disagree
0 (0%)
Neutral
4 (6%)
Agree
27 (38%)
Strongly Agree
39 (55%)
Unanswered
1 (1%)
Total: 71

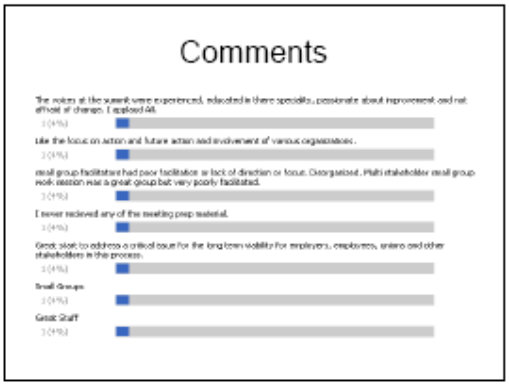

I'm happy I attended this summit because…
17. Having met people here will help me in the future
Strongly Disagree
1 (1%)
Disagree
0 (0%)
Neutral
4 (6%)
Agree
30 (42%)
Strongly Agree
33 (46%)
Unanswered
3 (4%)
Total: 71

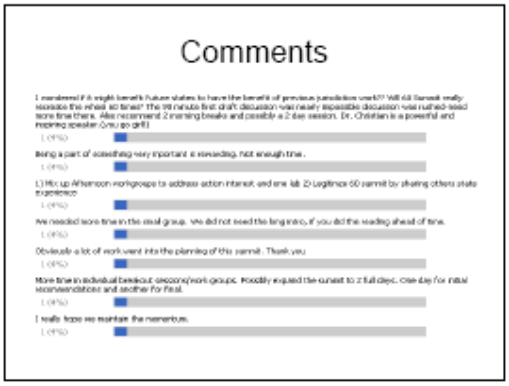

I'm happy I attended this summit because…
18. This new angle or approach has made me think differently about some important things
Strongly Disagree
0 (0%)
Disagree
1 (1%)
Neutral
5 (7%)
Agree
29 (41%)
Strongly Agree
34 (48%)
Unanswered
2 (3%)
Total: 71

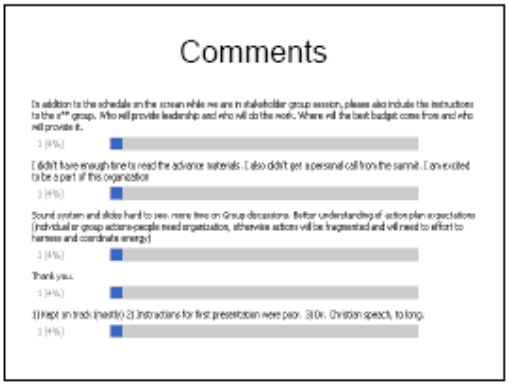

I'm happy I attended this summit because…
19. I have come away with some practical next steps I can put to use to improve my part of the SAW/RTW process
Strongly Disagree
1 (1%)
Disagree
1 (1%)
Neutral
4 (6%)
Agree
32 (45%)
Strongly Agree
32 (45%)
Unanswered
1 (1%)
Total: 71

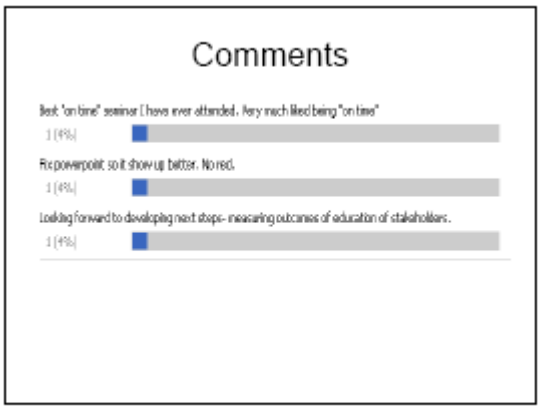

I'm happy I attended this summit because…
20. This workshop was a good use of my time and effort
Strongly Disagree
0 (0%)
Disagree
1 (1%)
Neutral
4 (6%)
Agree
31 (48%)
Strongly Agree
31 (44%)
Unanswered
1 (1%)
Total: 71


I'm happy I attended this summit because…
21. This workshop will really bear fruit in the future
Strongly Disagree
1 (1%)
Disagree
1 (1%)
Neutral
5 (7%)
Agree
28 (42%)
Strongly Agree
30 (46%)
Unanswered
1 (1%)
Total: 71


Comments
The makers at the summit were experienced, educated in there specialty, passionate about improvement and not afraid of change. I applaud All.
1 (4%)
Like the focus on action and future action and involvement of various organizations.
1 (4%)
small group facilitator had poor facilitation or lack of direction or focus. Disorganized. Multi stakeholder small group work session was a great group but very poorly facilitated.
1 (4%)
I never recieved any of the meeting prep material.
1 (4%)
Great start to address a critical issue for the long term viability for employers, employees, unions and other stakeholders in this process.
1 (4%)
Small Groups
1 (4%)
Great Staff
1 (4%)


Comments
1 (4%)
Being a part of something very important is rewarding, not enough time.
1 (4%)
1) Mix up Afternoon workgroups to address action interest and ene lab 2) Legitimize GO summit by placing others state experience
1 (4%)
We needed more time in the small group. We did not need the long intro, if you did the reading ahead of time.
1 (4%)
Obviously a lot of work went into the planning of this summit. Thank you
1 (4%)
More time in individual breakout sessions/work groups. Possibly expand the sunset to 2 full days, one day for initial recommendations and another for final.
1 (4%)
I really hope we maintain the momentum.
1 (4%)


Comments
In addition to the schedule on the screen while we are in stakeholder group session, please also include the instructions to the 4th group. Who will provide leadership and who will do the work. Where will the back budget come from and who will provide it.
1 (4%)
I didn't have enough time to read the advance materials. I also didn't get a personal call from the summit. I am excited to be a part of this organization
1 (4%)
Sound system and slides hard to see. more time on Group discussions. Better understanding of action plan expectations (individual or group actions-people need organization, otherwise actions will be fragmented and will need to effort to harness and coordinate energy)
1 (4%)
Thank you.
1 (4%)
1) Kept on track (mostly) 2) Instructions for first presentation were poor. 3) Dr. Christian speech, to long.
1 (4%)


Comments
Best "on time" seminar I have ever attended. Very much liked being "on time"
1 (4%)
Fix powerpoint so it show up better. No red.
1 (4%)
Looking forward to developing next steps- measuring outcomes of education of stakeholders.
1 (4%)

Appendix I

Summit Workgroup Reports

Group A: Recommendations 1 and 13a

1. Increase awareness of how Rarely Disability is Medically Required
13a. Disseminate Medical Evidence re: Recovery Benefits of Staying at Work and Being Active

Does your workgroup believe this recommendation should be implemented in Michigan: YES

Discussion Summary:
The group presented information from their core findings displayed below.
First Discussion Points:
Cross train the group and tailor message for each group
Identify educational moments in groups
Address physicians in medical school and provide for CMEs on an ongoing basis
Find what is out there for disability as far as training and presentations
Essential to develop trust of stakeholders early on
There is sacrifice at each step by each stakeholder and get that point across in training
Second Discussion Points:
Start with selves for change and catalyst of change
On the employee side- identify ways to communicate the information through employee manuals that are consistent with the message
On the physician side it is important to relay the information presented
Get the buy in of claims administrators and employer groups
On the Labor perspective- identify programs to negotiate with employers to talk about SAW programs and what works in their environment.
The group decided to communicate in one month to discuss to gather information

Here are some Strategies for how to make this recommendation become standard practice in my environment

- Develop information, allow each stakeholder to customize.
- Identify opportunities to communicate the message and each group develops the message
- All stakeholders adopt it.
- Identify all opportunities to gain trust

Key Steps involved in making that happen are:

- Develop message that is multidisciplinary
- Quasi-governmental task force that is multidisciplinary
- Each stakeholder needs to identify key issues
- Amend workers' compensation act to make evidence based medicine mandatory
- Collect review and analyze data after implementation
- Identify education moments

Concrete first steps in own environment:

- Identification of who funds
- Employers, Insurers identify message
- Cross disciplinary group of stakeholders

Examples of Actions:

- Talk to doctors/residents that make disability care; Residents must be involved; begin over the next month to increase awareness
- Identify representatives who negotiate SAW/RTW successfully; co-workers; 4-6 weeks, increase awareness among labor organizations.
- Update workers communication & policy and training materials; employers, managers and supervisors; 4-6 weeks; increase awareness

Group B: Recommendations 1 and 2

1. Increase awareness of how Rarely Disability is Medically Required
2. [Instill a Sense of Urgency]; Urgency is Required Because Prolonged Time Away from Work is Harmful.

Does your workgroup believe this recommendation should be implemented in Michigan: YES

Discussion Summary:
The group presented information from their core findings displayed below.
First Discussion Points:
Cross train the group and tailor message for each group
Identify educational moments in groups
Find what is out there for disability as far as training and presentations
There is sacrifice at each step by each stakeholder and get that point across in training
Second Discussion Points:
Start with selves for change and catalyst of change
On the employee side- identify ways to communicate the information through employee manuals that are consistent with the message
On the physician side it is important to relay the information presented
On the Labor perspective- identify programs to negotiate with employers to talk about SAW programs and what works in their environment.

Here are some Strategies for how to make this recommendation become standard practice in my environment

- Create an engine to make 'it' happen
- Address lack of education
- Address lack of tools

Key Steps involved in making that happen are:

- Educate employer, employee and physician
- Put education pieces in place
- Develop tools and disseminate information

Concrete first steps in own environment:

- Develop a standardized document to be used by employer for purpose of communicating the employer commitment to SAW RTW. The document is a form which outlines specific job requirements on exact scales that physician will be required to check off. Document will accompany injured worker to the physician appointment.

Examples of Actions:

- Team will identify specific employer who may be willing to pilot; 2-4 weeks; establish feasibility
- Team will forward RTW forms to Dr. Andrew Haig; 2-4 weeks for use in creating standardized document.
- Dr. Andrew Haig will develop document template; reconvene via conference call email or onsite; identify employers will be given documents and instructions.

Group C: Recommendations 3 and 4

3. Acknowledge and Deal with Normal Human Reactions
4. Investigate and Address Social and Workplace Realities

Does your workgroup believe this recommendation should be implemented in Michigan: YES

Discussion Summary:
The group presented information from their core findings displayed below.
First Discussion Points:
Acknowledge and deal with normal human reactions
Investigate and address social and workplace realities
Touchy feely group for the process
Basic education for Employer and Employee when an injury occurs
Employer information before an injury
Employee at the time of injury
Designate an individual that keeps contact with Employee
Extend training to claims professionals for touch points
Ensure that the physician recognizes that work is good both physically and emotionally
Early case management to bring people together during the claim process.
Steps: Member to put together MSIA presentation
Second Discussion Points:
Research and present to Employees and professionals MARCH WC 2010 for 50 people (SPECIFIC TOPICS) at conferences and others with mailing etc. Research into EE happiness in workplace
Address SAW RTW issues for upcoming conferences
Target to MSIA as a breakout session.
Free sessions through legal groups
Work with Workability-to be proactive claims professionals and employers
Cut off attitude at the pass in the claim process
DR Christian indicated it is ok not to be too pure to be paid. Sell the ability to work within the program.

Here are some Strategies for how to make this recommendation become standard practice in my environment

- Basic education for employers/employees (first contact what to expect)
- Designate an individual within an organization to keep open communication with the employee
- Expand training to claims professionals for sensitivity
- Work is good- physicians to set the state for early recovery
- Early Case Management

Key Steps involved in making that happen are:

- Adapt these strategies as best practices
- Incorporate these strategies into existing seminars
- ask critical questions to assess the value of services
- Member will obtain research to validate that communication is enhanced between all participants at time of injury mitigates the harm and exposure if SAW/RTW 30 day mark.
- Develop a presentation for different trade organizations to include: MSI PRIMA, and Michigan Safety Council.
- Once above is done, we will be able to have our document ready for handouts to our clients about WIM/60 Summits and mass mailing and MSIA websites.

Concrete first steps in own environment:

- Tomorrow we intend for ALL of us to talk to our clients/employers about WIM/60 Summit Conference and the communication process with all participants.

Examples of Actions:

- None listed

Group D: Recommendations 3 and 5

3. Acknowledge and Deal with Normal Human Reactions

5. Find a Way to Effectively Address Psychiatric Conditions

Does your workgroup believe this recommendation should be implemented in Michigan: YES

Discussion Summary:
The group presented information from their core findings displayed below.
First Discussion Points:
Acknowledge and deal with normal and human reactions and find a way to effectively address psychiatric conditions
Use EAP programs and make it mandatory that they have one counseling session to understand the normal reaction and understand how they feel
Explain benefits at the time of injury
Human Resource contact with the employee – it is important and we care about you.
Psychiatric issue- involve the psychiatric community and timelines of danger zones when physical condition becomes more psychiatric
Educate staff and problems that develop- For Psychiatric issues what to look for what is normal recovery.
Develop ONSITE psychiatric programs or resources for assistance.
Sample of policy handbook items for employers or supervisors on education
Dr. Christian response: Employee and compensation payers reluctant to pay for Psychiatric treatment. Great if you could tackle the issue of avoidance and reluctance. Why human reactions in both groups? Do not want to overly medical-ize normal human reactions. Nothing wrong with normal reaction upset angry, bad future. HAVE to attend to the significance of the situation. An important question for the physician is 'Is there a workplace issue or home reality that is traveling with the medical issue'? Many comp claims have companion psychiatric issue that travels with the physical issues from the injury.
Second Discussion Points:
Help the employee back to work and determine what is not work related
Screening tool developed by Member to use within 24 hours of injury request that employee submit to evaluation through tool for layperson
Research Washington State's program and research and a Member will follow up with WA program
Use screening tool—make referrals

Here are some Strategies for how to make this recommendation become standard practice in my environment

- Employers make it mandatory that when injured employee has a counseling session with Human Resources, employee health nurse etc. to educate and understand normal reactions to injury, what to expect, how they fell about working
- Human Resource, Health and Safety Department representative follow up with employees through recovery.
- Psych community educate other doctors
- Educate staff of the problems that may develop- what signs to look for when not normal recovery process
- Employer to establish on-site psych program (counseling/resources)
- Coordinate employers resources
- Develop educational tool for employer to recognize mental health problems and concerns
- Screening tool use within 24 hours of injury
- Contact Washington Dept of Health about their program

Key Steps involved in making that happen are:

- Policy handbook
- Written procedures

Concrete first steps in own environment:

- Sample policy/procedures that employers can apply in general develop a model program

Examples of Actions:

- Psychiatry to educate other physicians (OCC/PMR) about diagnosis and treatment of psych and the urgency in dealing with hit to prepare them to handle it.

Develop a screening tool and develop model for employers for following up with employees who are injured.

Group E: Recommendations 6 and 8

6. Reduce Distortion of the Medical Treatment Process by Hidden Financial Agendas
8 Support Appropriate Patient Advocacy by Getting Treating Physicians Out of a Loyalties Bind

Does your workgroup believe this recommendation should be implemented in Michigan: YES

Discussion Summary:
The group presented information from their core findings displayed below.
First Discussion Points:
Support appropriate patient advocacy by getting treating physicians out of a loyalties bind
Combined both recommendations as they were integrated in the process
First at the employer- need to be a more supportive, early proactive and open
Create absence management, supportive culture, talking to employee after injury.
Do not allow employee to operate on own and having issues and discussions with own physicians
Educate doctors and have employer call doctor and explain system at employer for RTW
Dis-incentivize process let MSIA and DMEC set up education programs
Dr. Christian question- How do employers ask questions to doctors without that fine line of putting doctor in middle? How to ask uncomfortable questions to the doctors?
Second Discussion Points:
Develop a template for employers to send to doctors for FCE and what employee can do-not what they can not do for life activities
Share template with MSIA, MOEM, SHRM, MEDC
Integrated disability management tools for MSIA in May and use the format
ACOEM added to the healthcare rules. Treatment sidelined so the prevention to be presented

Here are some Strategies for how to make this recommendation become standard practice in my environment

- Educating providers, employers- more standardized communication
- Align health care plans/disincentive free schedule integration plans
- Early Intervention
- Creating supportive culture/employer

Key Steps involved in making that happen are:

- Partnerships and alliances with employers and providers-ie stakeholders
- Develop best practices (universal)

Concrete first steps in own environment:

- Speakers network to educate
- Developing sample communications/documents
- Creation of best practices for stakeholders
- Attend public meetings regarding health care rule changes

Examples of Actions:

- Develop template or letter an employer can send to any treating physician asking for functional capacity evaluation - or light duty within 2 weeks by member to develop the template. To be shared with stakeholder groups MSIA, MOEMA, SHRM, MMA SBA etc
- Presentation on IDM/early intervention by members by May to increase awareness of IDM early intervention on SAW/RTW
- Research having ACOEM guidelines added to health care rules by June 09

Group F: Recommendations

7. Pay [or otherwise reward] Physicians for Disability Prevention Work to Increase Their Professional Commitment.
12. Educate Physicians on "Why" and "How" to Play a Role in Preventing Disability

Does your workgroup believe this recommendation should be implemented in Michigan: YES

Discussion Summary:
The group presented information from their core findings displayed below.
First Discussion Points:
Pay (or otherwise reward) physicians for disability prevention work to increase their professional commitment. Align payor, doctor, insurance/TPA
Strategies for making it become
Universal standardized paperwork; decrease burden of paperwork.
Retrain physicians
Key steps physician educations CME mandatory disability management. Checklist for physicians while providing treatment
Concrete first steps search for grant money and web based training
Build critical mass to tipping point.
Second Discussion Points:
Approval for standardized return to work form for Workers' Compensation claims
Task force to develop standardized form within three months
How to reach physicians is the main question
Task force for who and when
May 6 at MOEMA meeting
Reach out to audience for doctors and staff.
Workers' Compensation agency to discuss fee schedule items and
Changing behaviors-
Encourage training for doctors on IDM
Continue CMEs on disability get more credits
California act of 2004 and WA state policies investigation
Analysis on how to adapt to Michigan
.

Here are some Strategies for how to make this recommendation become standard practice in my environment:

- Acknowledge there is an issue. We agree behavior needs to change. Develop a system of positive reinforcement for the desired behaviors. Align expectations and incentives among stakeholders: payors, physicians, insurance, TPA. Modify systems so that less paperwork is needed.
- Utilize a system of point of care learning for physicians. Teach physicians using evidence based medicine. Focus on primary care physicians and selected specialists. Identify and utilize best practice and sophisticated behavioral CME models for educating physicians. Explore state and national based resources, including grant money for educating physicians. Review other pay and education models including international and other non-disability practice settings. Investigate use of a process that includes a check-list strategy to ensure compliance with best practices in disability management.

Key Steps involved in making that happen are:

- Identifying the current reward system to determine where there are opportunities to reward physicians for the time spent on disability management. Investigate the needs of the non-physician stakeholders in this process to try to simplify the burden on physicians.
- Getting specialists in Michigan who are knowledgeable in this topic to participate in the process of educating other physicians within the state. Getting non-physician stakeholders to play a role in educating physicians as to the need for better disability management.

Concrete first steps in own environment:

- Develop a uniform communication form for work status/disposition to be used for workers' compensation cases (like the form used in Ohio. This would prompt physicians to make better determinations about work status.
- Work with the Workers' Compensation Agency to identify ways of compensating physicians for their time devoted to disability prevention.
- Develop a program for Michigan physicians which provides training on best practices in work disability management and prevention.

Examples of Actions:

- Create a task force at the May 6, 2009 meeting of the Michigan Occupational and Environmental Medicine Association Board of Directors to do the following: a) identify the physician groups in Michigan who need disability prevention training, b) identify the content of that training, and 3) target the venues at which such training will most likely be successful. Report back at the next Workability in Michigan meeting.
- I will start to educate my medical residents on how disability is medically required only rarely by discussing it clinically and providing each with a copy of the ACOEM Guideline.
- Employer provided training for our local doctor on disability workability.

Group G: Recommendations

10. Be Rigorous, Yet Fair in Order to Reduce Minor Abuses and Cynicism
11. Devise Better Strategies to Deal with Bad-Faith Behavior

Does your workgroup believe this recommendation should be implemented in Michigan: YES

Discussion Summary:
The group presented information from their core findings displayed below.
First Discussion Points:
Be rigorous yet fair in order to reduce minor abuses and cynicism
Devise better strategies to deal with bad faith behavior
Return to work program that is comprehensive in scope, supported by top management of the company with accountability by company
Address how to deal with abuses through accountability
Strategies include modification of behavior, increased communication with employer and doctor.
Dr. Christian question: Doctors with bad faith is fine in the system but lacking in insurance companies and employers. Violating and harassing the process. Provide pathway for injured workers complaints
Second Discussion Points:
Teaming up with other groups to develop Michigan presentation that targets small employers and care providers to present the business case
Attendees walk away from group with a plan that can be developed
Implement an employee advocate team- one person to travel with the employee to recovery
Ombudsman that helps address employee issues on RTW
Workabilty plan and template for grievance so all on the same page
Include physician forms for RTW
Work restructuring.

Here are some Strategies for how to make this recommendation become standard practice in my environment:

- Each employer develops a template plan for RTW programs that clearly communicate roles and responsibilities to both employee and employer.
- Employee advocate team to maintain communication and reduce negativity
- Rigorous Firm, Fair and Friendly accountability
- Establish a sense of urgency regarding RTW

Key Steps involved in making that happen are:

- **Top down management support**
- **Doctor practice guidelines to work within**
- **Education and communication**
- **Shift focus from disability to ability**

Concrete first steps in own environment:

- Michigan Workability presentation on SAW/RTW
- Target employer groups, employee groups
- Template development

Examples of Actions:

- Renew commitment to interact (stakeholders) personal commitment by Monday. Convince stakeholders that SAW/RTW is not just moral and ethical but makes good business sense
- Treat injured workers as people not subject cases; all stakeholders- begin preparing presentations in the next few weeks to reduce cynicism
- Work with insurer/employer to develop pamphlet for stakeholders regarding best practices.

Group H: Recommendations

13b. Specify that medical care must be consistent with current medical best practices; or preferably adopt an evidence-based guideline as the standard of care.

Does your workgroup believe this recommendation should be implemented in Michigan: YES

Discussion Summary:
The group presented information from their core findings displayed below.
First Discussion Points:
Specify that medical care must be consistent with current medical best practices or preferably adopt an evidence based guideline as the standard of care
This means lots of work and compliance by doctors.
Fringe workers how can we influence the doctors
Learn, Train and Implement and follow-up
How to learn- responsibility to learn about best practices and guidelines
Develop resources
Establish relationships with TPA, clinicians, doctors etc.
GATEKEEPING: who will monitor the doctors?
Second Discussion Points:
Go back to education so doctors know about them
Doctor into facilities especially if only doc in community
Enlist carrier support to learn about evidence based medical care
Use information to education employees about program and change perceptions
Funnel occupational cases to evidence based physicians
.
Here are some Strategies for how to make this recommendation become standard practice in my environment

- Learn evidence based guidelines
- Education of providers/implementation
- Follow-up and be a future part of the process

Key Steps involved in making that happen are:

- Learn what best practices are and where to access the information from specialty societies
- Gatekeeping

Concrete first steps in own environment:

- Learn-use group resources (ACOEM guidelines)
- Access specialty association guidelines
- Implement/education of providers

Examples of Actions:

- Over the next quarter educate ourselves on best practice guidelines
- ASAP implementation/education of providers by inviting providers to internal and external resources regarding use of guidelines
- Start now gathering data on 2010 conference dates to invite ourselves as speakers.

Group I: Recommendation 14

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

Does your workgroup believe this recommendation should be implemented in Michigan: YES

Discussion Summary:
The group presented information from their core findings displayed below.
First Discussion Points:
Simplify/standardize information exchange methods between employers/payers and medical offices.
Consolidation and universal form
HICFA 1600. Adapt from HICFA collect and cherry pick the pieces for one format
Certification by state and EOB
Assimilate documents – electronic and compilation of various forms.
Universal disability form development
FIRST: teleconference and get together all forms. Workability forms versus disability forms development and use after first meeting.
Work with other states and the US CJ16 job description and medical restrictions on one form.
Second Discussion Points:
Form that everyone would want to use that simplifies the process between employee, providers and carriers
Explanation of workability form. Conference call to get together forms etc. share forms and come together with a form that we like and captures what we like.
Draft marketing plan to discuss the form- not just occupational medicine facilities but local doctors as well.
Use needs to put together format.
Dr. Christian question. Watch how complex the forms get so they do the forms- simple form for simple situations and a complex form for complex situations.
.
Here are some Strategies for how to make this recommendation become standard practice in my environment

- Explanation of Workability in MI
- Create and implement a standard form for data exchange between employers, payers and providers to use in work disability cases. A quick informative tool in data exchange

Key Steps involved in making that happen are:

- Collaboration between key stakeholders in our small group reaching local employers, providers and government and implement its use.

Concrete first steps in own environment:

- Gather samples form currently in circulation
- Collect government forms (FMLA, SSDI ETC)
- Solicit ideas/feedback/product from prior 60 summit states
- Small stakeholder groups to draft initial form
- Draft marketing plan among small groups inviting occupational medicine and family practice to small work group and business professional organizations
- Consolidate and summarize feedback
- Redraft from into working document
- Gain approval from stakeholders
- Implementation by 2011
- Measure, monitor and report

Examples of Actions:

- Send current forms to Dr. Christian by 5/22/09 to evaluate current forms and useful elements to create original form

- Conference call with small group by 6/12/09 to discuss forms collection and establish first draft criteria and agree on next steps
- Draft marketing plan for new form by 8/20/09 and plan to circulate and mandate form usage.

Group J: Recommendation 15

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

Does your workgroup believe this recommendation should be implemented in Michigan: YES

Discussion Summary:
The group presented information from their core findings displayed below.
First Discussion Points:
Improve/standardize methods and tools that provide data for SAW RTW decision making
Standardize RTW process for employers and doctors.
Develop job descriptions with functional requirements
ERs use and Doctor's review
RTW work slips that mimic job format
Doctor and employer relationship development (photo and video not enough)
Develop doctor certification requirements and preferred providers
Concrete: task force reviewing current documents and development.
Think about smaller employers as well.
Second Discussion Points:
Standardized form that addresses back to work
Playing their game regarding activities of daily living etc.
Give employee a hug, identify quickly and employer directly
Claim number triggers job description to doctor for communication
Concierge service for employee through process (like cancer care)
Employers need to think ahead to what type of restrictions they would have
Dr. Christian recommended reviewing the concierge service in Broward County FL
.
Here are some Strategies for how to make this recommendation become standard practice in my environment

- Develop standardized form for both employers and physicians to use as a functional job description and RTW medical form.
- Post forms online and educate users
- Enhance required physicians training to be a provider for Workers' Compensation
- Enhance physician/employer partnerships

Key Steps involved in making that happen are:

- Develop form standards and post them
- Develop physician certification to be Workers' Compensation preferred provider and increase fee schedule to use it
- Employer visits to sites for main clients by physicians

Concrete first steps in own environment:

- Start work on forms (RTW and job descriptions by 6/18 next meeting)
- Discuss more in depth at next meeting
- Government offices/create a concierge service model
- Present forms at professional groups.
-

Examples of Actions:

- Member will can/send RTW forms to J2 to begin working on standardized forms by next meeting
- Member will research post masters level job descriptions into from available thesis
- Member will provide draft flow charts for process to distribute forms

Group K : Recommendations 16

16 Increase the Study of and Knowledge about SAW/RTW

Does your workgroup believe this recommendation should be implemented in Michigan: YES

Discussion Summary:
The group presented information from their core findings displayed below.
First Discussion Points:
Each person has professional organization that they are involved with and have each make commitment to get the ACOEM guidelines out to the groups.
Create template PowerPoint presentation that would used by group members
Proposal Rehab conference to present at conference
MEET 8 months to discuss the advancements
Second Discussion Points:
Develop PowerPoint that will be on WorkabityIM that can go to any professional organization as teaching tool adapt for CEUs by 6/1
Email as call to action for each to take the PowerPoint to groups
Meet at next meetings and report back by 6 months for who did the presentation and track participation.

Here are some Strategies for how to make this recommendation become standard practice in my environment

- Find good ways to use the ACOEM guideline
- Each person has a professional organization and will make a personal commitment to present the ACOEM guidelines within 6 months

Key Steps involved in making that happen are:

- Group K to create a PPT within one month 'call to action' email to be sent within 2 weeks to all WorkabilityIM attendees

Concrete first steps in own environment:

- Workability website gathering access point for action items

Examples of Actions:

- Within 30 days 2 members will create a PowerPoint presentation for professional organizations
- Within 2 weeks a call to action email will be sent out by group k asking for people to use it and tell them where they did
- Within 8 months a meeting will be conducted to follow up on actions

Group L : Recommendation 9

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

Does your workgroup believe this recommendation should be implemented in Michigan: YES

Discussion Summary:
The group presented information from their core findings displayed below.
First Discussion Points:

Increase 'real time' (immediate) availability of on the job recovery, transitional work programs and permanent job modifications.
Provide culture wellness from CEO and supervisors to a central focus
Reward supervisors for RTW
Make accountability by charge back to departments
Garner Union support
Identify problems with grass root approach training, early intervention
GO TO THE TOP to get support: Legislative support and Letter to Governor
Present to professional groups
Educate and train all levels of stakeholders who will listen
Have employers commit to concept.

Second Discussion Points:

Cultural change from every level- letter to governor and legislature with summary and outcomes of summit with importance on RTW SAW economic cost
Grant and target tax benefits and WCA for support
Member to draft letter by 5/15 and send out to work group l for proof and send out to rest of summit by 5/30. Send electronic signature and send to MCIA, WCA and Chamber of Commerce by member.
To present SAW RTW to any and all business forums to promote the benefits of awareness with Group K and H that all members will have for professional organizations. On webpage for member access.
Commit to one presentation for the next year. All members commit to do one presentation in the next year, professional, business or economic group presentation.
Most attendees agreed to present to one group
On WIM webpage that can be accessed then others can submit the information to group.

Here are some Strategies for how to make this recommendation become standard practice in my environment

- Provide a cultural environment to promote wellness and RTW
- Get CEO upper management support
- Empower supervisors at grassroots level
- Recognize and reward supervisors via newsletter recognition, plaque or parties
- Educate all employer/employees on RTW benefits
- Make supervisors accountable-charge back to department
- Get State of Michigan involved to support employers RTW
- Make sure you have union support

Key Steps involved in making that happen are:

- Identify problems
- Make changes at grassroots level from a cultural perspective
- Develop and institute training
- Provide early interventions and training
- Make sure there is alignment with all involved parties
- Get to highest level of management possible whoever they are
- All participants today should sign a letter to governor
- Change communication with Doctors to focus on abilities rather than disabilities
- Visit with union groups
- Employers commit to health care providers
- Present in front of professional groups.

Concrete first steps in own environment:

- Letter to governor summarizing outcome of summit
- Educate and train re: SAW RTW at all levels and key stakeholders. Whoever will listen
- Immediately change how we communicate with providers
- Either commit or ask employer to commit to SAW RTW concept

Examples of Actions:

- Immediate letter to governor summarizing event and asking for support
- By October 2009 present SAW RTW to any and all business forums to educate business on SAW RTW
- Immediate improvement of internal communication to create awareness with all organizations levels to serve as a change agent to managers and supervisors