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IAIABC: Disability Prevention 'New Paradigm': *Top* [09/21/07]

PHOENIX -- The key to preventing needless disability is to work with doctors to help to focus on what injured workers can do instead of what they can't, a committee chairwoman for the American College of Occupational and Environmental Medicine (ACOEM) told workers' compensation regulators from across the U.S. and Canada on Thursday.

Dr. Jennifer Christian, chairwoman of the committee that drafted ACOEM's disability management guidelines, said claims administrators who don't pay attention to disability prevention management can foster "iatrogenic invalidism" -- in other words, an injured worker's self perception that he is unable to lead a productive life.

"Once people think they can't, they're right," Christian said during her keynote address to the International Association of Industrial Accident Boards and Commissions (IAIABC). "It's like a viral infection in the brain with the words 'I can't' in it."

The conference, held at the Pointe Hilton Squaw Creek Resort in Phoenix, continues today.

IAIABC Executive Director Greg Krohm said when introducing Christian that ACOEM's disability prevention guidelines represent a "paradigm shift" in thinking for North American workers' compensation systems, which up to now have focused on processing injured workers through a benefit deliver system. He said his group asked Christian to speak "to make a direct statement about the importance of disability management."

Christian described herself as an enthusiastic "evangelical" for ACOEM's disability prevention guidelines adopted in May 2006, called "Preventing Needless Work Disability by Helping People Stay Employed." She is the chief organizer of the "60 Summits Project," an attempt to hold meetings about the disability prevention management guidelines in 50 states and 10 Canadian

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provinces.

Christian found herself preaching to a choir of U.S. and Canadian regulators who appeared enthusiastic about implementing her disability prevention ideas, if puzzled on exactly how to go about it.

The purpose of disability prevention management is to return workers to their jobs as soon as they are able, and in order to do that workers' compensation systems have to have methods of distinguishing between medically necessary disability and discretionary disability, Christian said. Employers largely rely on doctors to make that decision, but Christian said doctors are simply the "designated guessers" who often don't have the information they need to determine whether an injured worker can go back to his job.

"To doctors, employers do not exist. They are invisible," Christian said. "What matters to them is the patient sitting in front of them."

As an example of disability prevention success, she pointed to a story that a doctor told her during a summit meeting on the concept held in North Dakota. Christian said an orthopedist there told her that the day before one of his patients was scheduled for shoulder surgery, his employer sent a fax to the doctor's office advising him that they had work available for the patient that required the use of only one arm. The doctor released his patient to work. Typically, there is no such communication, Christian said, so the doctor most likely would have followed his usual practice of giving the injured worker two weeks off work to recovery.

Christian said workers' compensation systems would achieve better outcomes if such communication between doctor and employer were the norm instead of the exception. But she said most systems now give few incentives. Employers and insurers don't pay doctors to call employers and ask what kind of work is available for their recovering patient. Doctors aren't paid to counsel the patients to find out what they are able to still do at their jobs while recovering.

Claims adjusters can do their part to speed recovery by behaving as if they were actually concerned about the injured workers' well-being, Christian said. For the system to work best, all parties involved in a claim -- injured workers, claims administrator, physician and employer -- must all communicate to return the injured worker to productivity by understanding his capabilities as well as limitations. Unnecessary delays in treatment, friction between claims adjusters and physicians over payment for services and resistance by employers to accommodate injured workers' limitations are all barriers to full recovery, she said.

"The employee has the most power to determine the outcome of work disability because he decides how much discretionary effort to expend to get back to normal," Christian said.

Although the disability prevention concept is relatively new, a panel discussion that followed Christian's presentation showed that there are some concrete successes.

Christian said the Washington Department of Labor & Industry's Centers for Occupational Health Excellence pilot project demonstrated real results. The department, which runs the state's monopoly workers' compensation insurer, contracted with physicians and paid them performance incentives for such actions as filing first reports of injury within 24 hours and contacting employers about light-duty opportunities for recovering injured workers. Christian said a study of the pilot program's effectiveness showed a 5% drop in indemnity cases.

British Columbia's monopoly insurer, WorkSafe BC, is adopting a similar concept, called Claims Management Solutions, said WorkSafe's senior medical adviser, Dr. Peter Rothfels. But there have been obstacles.

Rothfels said the hardest challenge facing the effort is persuading family doctors, who see the majority of British Columbia's injured workers, not to give employees time off work simply because they want it. Rothfels said physicians have to be educated to see the big picture, and that is an extended recovery time is not in the best interest of the patient in the long run.

But education, Rothfels said, is not easy. "This has to be at a grassroots level," he said.

--By Jim Sams, WorkCompCentral Senior Editor
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