



## Earlier Referrals to Voc Rehab Counselors Causes a Sea Change in WA RTW Numbers

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Tumwater, WA (WorkersCompensation.com) - From 2012 to 2018, the following figures were reported:

- Time-loss duration dropped 18 percent, equating to an average annual savings of \$95 million.
- The proportion of claims receiving indemnity benefits for more than 12 months decreased by more than 22 percent.
- Estimated future medical and time-loss liabilities have been reduced by more than \$2.6 billion.

The latest return-to-work numbers for injured workers in Washington State show that clearly, something has changed. A number of things have been at play in the last seven years, especially a different focus toward injured workers and RTW.

“Our Vocational Recovery Project is now moving our vocational and RTW services to a worker-centric approach that supports worker engagement and activation,” said Vickie Kennedy, assistant director for Insurance Services at the Washington Department of Labor and Industries. “We believe the positive data here – which are the result of our staff starting services early - is only the beginning.”

### The VRP

The VRP involves “an entire culture shift,” that offers “huge opportunities,” Kennedy said.

In 2013, injured workers in Washington were referred to vocational rehabilitation counselors (VRCs) an average of 244 days following their injuries. That number has since dropped to 68 days as of the end of FY 2018, last June. Bringing in VRCs earlier in the process sets the stage for the worker-centric model, Washington refers to as “Vocational Recovery.”

“For decades, the focus of the VRCs' work has been assessing employability, not the RTW outcome,” Kennedy said. “We, the agency, made decisions in the past around when those referrals should happen; for example, not until all permanent medical restrictions were known, and there was likely maximum medical improvement. So, a focus on minimizing the cost of vocational rehabilitation services had huge negative impacts on our system through increased disability costs. We've taken a whole different approach.”

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Instead of being 'rehab technicians' who decide whether an injured worker can go back to work or needs retraining, the department started to take advantage of the VRCs' real skills. They set up a partnership approach to engage with the 450 private sector VRCs and instead of waiting for MMI, started referring injured workers to them much sooner.

The VRCs were encouraged to go beyond the typical process-driven assessment to find creative solutions for getting injured workers back to work. To pilot best practices, a small group of them are now paired directly with claims managers to collaborate on a recovery plan for each injured worker.

### **Advocacy Claims Model on Steroids**

"VRP is a worker-centric approach to activate RTW," said Ryan Guppy, Washington's Chief of RTW Partnerships, and sponsor of the VRP effort along with Kennedy. "Our aim is to put the worker in the driver's seat and make it easy for them to choose to return to work." That alone is a huge culture shift."

It is not, however, the same as a worker advocacy model — which they said is more like a "supercharged customer service program." As they explained, the worker advocacy model misses the mark because it is not a proxy for worker engagement and activation.

"We've done surveys of workers where we ask, 'did anyone talk to you about why RTW is important?' The person says, 'no, but they were really nice,'" Kennedy said. "We asked them, 'did anyone clarify things? Did anyone help you formulate your goals, what your motivations are?' They again said, 'no, but they were really nice.'"

Guppy, who is not a big fan of the advocacy model, says the worker-centric approach fosters more worker engagement in the RTW process in order to prevent work disability. The main principles of work disability prevention are:

1. Prevent unnecessary delays
2. Prevent a confusing process
3. Prevent unnecessary duration
4. Prevent unclear RTW expectations/plans

"You can't do that if you're not asking the injured worker, 'what are your goals? Why is return to work important to you,'" he said. "You need to put the worker in the lead role of RTW."

Far too often the process involves an injured worker seeing his doctor who asks, 'can you go back to work,' and the worker says 'no.' "There's no engagement or activation," Kennedy said. "That approach isn't patient- or worker-centric, and it has nothing to do with evidence based medicine. The worker is sidelined and many will wait for return to work to happen 'to them' not 'with them,' despite the advocacy-based model."

### **The VRCs**

The skill of the VRC is to coach, rather than assess injured workers. Washington's system, and perhaps others, miss the mark by using VRCs as 'assessors' rather than counselors. Assessing is not a RTW intervention.

VRCs who are involved say the first appointment allows them to begin developing a relationship with the injured worker, to talk with them about their return-to-work goals, meet with the employer on possible options, and attend medical appointments to talk with the doctor and worker so that all parties can be aligned to achieve the worker's goals. The VRC and injured worker discuss the person's current job status and what the employer may be able to offer. The premise of the program is that having skilled VRCs working with injured workers early in the process is the best method to keep time-loss benefits from growing to unnecessary levels.

As of the quarter ending Dec. 31, 2018, the percentage of injured workers who return to work after receiving the earlier VRC services is more than 130 percent higher than those who received services much later, based on historic data.

The rate of injured workers who are found able to work at their job of injury has also increased substantially, but in recent quarters, has begun to turn downward as the system focuses more on ultimate RTW outcomes. On the other hand, the percentage of workers who are returning to work — either to the job of injury in the same job, a different job, or for a different employer — has steadily increased since claim managers started making earlier referrals. The department is looking for more positive results soon.

Vocational Recovery represents a new service that is expected to be rolled out statewide by the beginning of next year.

In addition to the partnerships with, and earlier referrals to VRCs, several additional changes have helped generate the positive results, such as:

- Claim managers have been trained to use first calls to injured workers to identify and resolve RTW barriers
- The percentage of claims with billings for opioids 6-12 weeks after injury is down from 4.7 percent of time-loss claims to less than 1 percent

“The shift for vocational services is primarily due to operational efficiencies, thanks to the hard work of our claim managers. This has paved the way for our vocational services to begin changing rather organically as the parties VRCs work with (injured workers, employers, medical providers) are much different people early in a claim, before disability has really taken hold and become the worker's ‘identity,’” she said. “We expect more great things as we roll out Vocational Recovery as the first referral because it will include best practices for VRCs that are worker-centric, designed to engage and activate a worker, providing a clear path for them to choose to RTW.”