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A How-To Guide for Injury and Work Disability Prevention

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EXECUTIVE SUMMARY

In April 2016, the Disability Management and Return to Work Committee published "Return to Work: A Foundational Approach to Return to Function." The 2016 paper provides international, shared perspectives regarding the various stakeholders in workers' compensation: regulators, employers, employees/unions, caregivers, attorneys, and insurers, and what they each have to gain by taking responsibility for their role in return to work.

While the 2016 paper provided some tools, the work here represents the Committee members' commitment to effective return to work programs in systems around the globe by expanding on steps each of these stakeholder groups can take in their jurisdictions. In other words, it is a "how-to" guide for return to work.

But, first, it's important for readers to understand the concepts of work disability, how it's a separate condition from the worker's medical issues, and why the most effective program or system includes a worker-centric approach to return to work.

SHIFTING THE WAY WE THINK ABOUT DISABILITY

The current trends in work and medical disability as a result of injury or illness are quite alarming. After decades of talk about early intervention and integrated disability management, worklessness continues to be an issue for organizations, governments, workers, and society. Workplace disability costs continue to rise despite a steady decline in the incidence of accidents due to better workplace safety and accident prevention initiatives. The National Public Radio (NPR) report, "Unfit for Work. The startling rise of disability in America" (2013) paints a bleak picture of the prevalence and impact of disability in the United States. Similar reports have been done about the cost and impact of disability in other countries.

According to the Integrated Benefits Institute, the total cost of disability in the U.S. is $576 billion. This number includes wage replacement (both non-occupational and occupational injury/illness), treatment, and lost productivity. This roughly amounts to 3.6% of the U.S. GDP. The U.S. is not alone. A Conference Board of Canada report from 2013 estimates the direct cost of absenteeism to the Canadian economy was $16.6 billion.[1] In Australia, the estimated the total economic impact of work-related injuires was $61.8 billion, or 4.1% of GDP for the 2012-2013 financial year.[2] The United Kingdom has similar numbers to Canada and the U.S.

For years historical industry practices have focused on disability management. While this has drawn attention to the need to assist people with injuries and illness back into the workplace, it has not resulted in a substantial reduction in the costs associated with disability. Why? Perhaps because we

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[1] The Conference Board of Canada. (2013). *Missing in Action: Absenteeism Trends in Canadian Organizations.* https://www.conferenceboard.ca/e-library/abstract.aspx?did=5780&AspxAutoDetectCookieSupport=1
[2] Safe Work Australia. (2015). *The Cost of Work-related Injury and Illness for Australian Employers, Workers and the Community: 2012-13.* https://www.safeworkaustralia.gov.au/system/files/documents/1702/cost-of-work-related-injury-and-disease-2012-13.docx.pdf

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have resigned ourselves to accept disability - which compels us to passively manage it instead of focusing on preventing work disabilty through evidence-informed best practices. Again, there has not been an overall reduction in the human, social, and economic costs of unnecessary work disability.

WHAT IS WORK DISABILITY?

The Handbook of Work Disability (Loisel and Anema, 2013) states, "Work disability has become a worldwide major public health problem."

Simply put, if a person is unable to stay at work, resume working, or return to work due to an illness or injury they are considered disabled from working, or in other words, "work disabled." *The Handbook of Work Disability* goes on to say:

> "Work disability is the result of a decision by a worker who for potential physical, psychological, social, administrative, or cultural reasons does not return to work. While the worker may want to return to work, he or she feels incapable of returning to normal working life. Therefore, after the triggering accident or disease has activated a work absence, various determinants can influence some workers to remain temporarily out of the workplace, while others return, and others may finally not return to work at all."[3]

It is well accepted that the biomedical model doesn't fully explain whether a person becomes unnecessarily work disabled or not. In essence, the medical (i.e., the diagnosis) does not predict duration of work disability and clinical severity does not predict whether the person will remain work disabled.

It is helpful to describe work disability as a separate condition. Work disability prevention should avoid linking interventions or actions to specific medical diagnoses and, instead, address the work disability determinants.

Known and well-accepted work disability determinants are:

1. Worker's concerns
2. Worker's perceptions/expectations
3. Workplace conditions
4. Stakeholder attitudes (i.e., medical providers, employers, attorneys, unions, spouses, etc.)
5. Medical factors such as co-morbid conditions, non-evidence based treatment, poor access to treatment options, etc.

None of this means that a person doesn't require treatment. If they have a shoulder injury that requires surgery, physical therapy, and/or graded exercise, then they should have access to it. What it doesn't predict, or explain, is when the worker will choose to return to work and if the employer is willing to offer return to work options. It doesn't fully explain why they are still not at work and/or

[3] Loisel, P., & Anema, J. R. (2014). *Handbook of work disability: Prevention and management*. New York: Springer.

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returning. In addition, medical treatment is often ineffective in improving return to work outcomes once acute conditions have stabilized. More treatment has the increased potential to create worse outcomes (Campbell, Wright, Moseley, Chilvers, Richarcs & Stabb, 2007).[4]

We now recognize that work disability is developmental in nature, and has its own unique set of causes that require unique and individualized interventions. The actual diagnosis is not a very good predictor of whether a person will be able to stay at work when they will return to work, or whether they will return at all.

Long-term, unnecessary work disability is harmful and has been linked to 2-3 times the increased risk of developing mental health conditions, 2-3 times the risk of developing co-morbid conditions, and a 20% increase risk of mortality not to mention the social and economic costs that go along with it.[5] [6] The focus of work disability prevention is helping workers stay productive at work or return to a healthy productive work-life regardless of the ongoing impairment or severity of the medical condition.

Work Disability Prevention After an Injury or Illness Has Occurred.

In a prevention model, there are three levels of prevention; primary, secondary, and tertiary. While primary prevention (the provision of a safe work environment, effective safety policies and training, among other things), our focus here concerns secondary and tertiary prevention. Once an injury/illness occurs the purpose of a work disability prevention model is to minimize medically discretionary and medically unnecessary disability. The focus is on secondary and tertiary prevention measures to reverse the onset of unnecessary work disability or substantially reduce the human, social, and economic costs associated with the development of unnecessary work disability by finding ways to help people stay in or re-enter the workforce.

There are four principles of preventing the development of unnecessary work disability.[7]

1. **Preventing Unnecessary Delays** – Unnecessary delays are often caused by system problems. Unnecessary delays often translate to Unnecessary Duration.
2. **Preventing Unnecessary Duration** – Unnecessary duration is often caused by medically discretionary and unnecessary disability which usually manifest as non-clinical risk factors.
3. **Preventing a Confusing Process** – A confusing process creates uncertainty in the mind of the worker. The process of being ill and/or injured can be very overwhelming for them and can impact their engagement in the claim process and return to work.
4. **Preventing Unclear Return to Work Plans** – There is clear evidence that a perceived lack of control is at the center of the "Web of Disability" (Aurbach, 2014)[8] and in particular when there is

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[4] Campbell, J., Wright, C., Moseley, A., Chilvers, R., Richards, S., Stabb, L. (2007). Avoiding long-term incapacity for work: developing an early intervention in primary care. Peninsula Medical School, Universities of Exeter and Plymouth, Exeter.
[5] Kivimaki, M., Head, J., Ferrie, J.E., et al. (2003). Sickness absence as a global measure of health: Evidence from mortality in the Whitehall II prospective cohort study. *British Medical Journal, 327: 364-368.*
[6] Waddell, G., & Burton, A.K. (2006). *Is work good for your health & well-being?* The Stationery Office.
[7] Courtesy of Centrix Work Disability Services and Jason Parker.
[8] Aurbach, R. (2014). Breaking the web of needless disability. *Work, 48*(4), 591-607

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no clear path or plan to return to work.

Return to work is not something we do to a worker but something we do with them. When it comes to return to work, an approach that is evidence-informed, behaviorally focused, and worker-centric is the best practice. Ensuring work disability prevention programs have the four principles above as the foundation will provide a solid base for the secondary and tertiary prevention of unnecessary work disability.

An article, "Work Disability Prevention Research: Current and Future Prospects" states, "Work disability prevention has evolved from being a component of disease outcomes studies, to a separate and growing research discipline. In part, this is due to recognition that work outcomes often do not correlate with other health outcomes; the causes of work disability are multiple, complex, and often distinct from associated health conditions or treatments; and that work disability creates an important personal, economic and social burden that is often preventable." [9]

WHY WORKER-CENTRIC?

Remember that "work disability is the result of a decision by a worker." So how can the stakeholders in a workers' compensation system influence that decision? We believe the most effective method is through a worker-centric approach. Put simply, worker-centric means we:

- Put the worker in the lead role and make it easy for them to choose to return to work;
- Engage and activate the worker based on what they think needs to happen through goal planning and attainment to enable them to successfully return to work or progress through the process; and
- Develop a relationship and trust with the worker to help identify their motivations, concerns, and risks with returning to work.

In a worker-centric model, questions from insurers, employers, caregivers and other stakeholders are different: rather than asking, "When are you coming back to work?" which often elicits responses such as, "I'm not ready!" or "I'm in too much pain!", the worker-centric question might be: "Why is return to work important to you?" or "What needs to happen for you to return to work?" These questions are designed to help workers connect with their goal of return to work (if that is their goal), and to get them to begin thinking about return to work. The answer to these questions can provide insights into next steps that will move the worker through the claims and treatment process and closer to their decision to return to work.

In the end, integrated work disability prevention is a multi-dimensional, worker-centric, prevention-oriented, evidence-based, function- and outcome-focused process. The concept of preventing work disability relies on an outcome of the person working and this makes stay at work and return to work a strategic initiative for all stakeholders.

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[9] Pransky, G. S., Loisel, P., & Anema, J. R. (2011). Work disability prevention research: current and future prospects. *Journal of Occuoational Rehabilitation.* p. 287-2920

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