

Claims Consultant

Actions and Information Toolkit

For Workplace Injuries



Here you'll find these:

1. Actions for you to take.
2. Information about your role and the role of the Human Resource Consultant.



Claims Consultant Toolkit For Workplace Injuries

Actions for you to take include the following documents:

- **Has an Employee Been Injured on the Job? Claims Consultant Responsibilities: The **First 5 Steps****
- **Stepped Approach: Roles**
- **Checklist for Monthly Claims Meetings**



HAS AN EMPLOYEE BEEN INJURED ON THE JOB? CLAIMS CONSULTANT RESPONSIBILITIES: THE FIRST 5 STEPS TO A COORDINATED RETURN



Claims Consultant Steps

1. Review the Activity Prescription Form (APF)/Medical information:
 - Is more follow-up necessary?
 - Are Transitional Duties (formerly known as Modified or Light Duties) appropriate in the context of the information provided?
2. Determine if leave is Medically Required, Medically Discretionary, or Medically Unnecessary.
3. Communicate with the Primary Care/Attending Provider.
4. Ensure the current medical supports a clear path to Return to Work to regular duties.
5. Review Transitional Duties with Human Resources.

STEPPED APPROACH: ROLES

Acute Stage

Chronic Stage

Roles	< 2 weeks	2-4 weeks	4-8 weeks	8-12 weeks	> 12 weeks	> 26 weeks
HR	<ul style="list-style-type: none"> Make Initial Contact as soon as possible. Review the APF. Complete the RTW Evaluation. Are Transitional Duties appropriate? Will Transitional Duties lead to RTW to regular duties? Consult with Claims Consultant if more medical is required. Stay in contact. 	<ul style="list-style-type: none"> Stay in contact. Complete 30-60-90 Day Check In Form at 30 days post injury. Ensure employee concerns are being addressed. Is the employee on track with RTW? Are Transitional Duties appropriate? 	<ul style="list-style-type: none"> Stay in contact. Complete 30-60-90 Day Check In Form at 60 days post injury. If not in Transitional Duties, consult with Claims Consultant. Review action plan with Claims Consultant. 	<ul style="list-style-type: none"> Stay in contact. Complete 30-60-90 Day Check In Form at 90 days post injury. Intensify efforts to RTW. Review previous barriers to RTW. Consult with Claims Consultant. Is RTW to regular duties possible? Is RA recommended? 	<ul style="list-style-type: none"> Stay in contact. Complete 30-60-90 Day Check In Form at 120 days post injury. Review action plan with Claims Consultant. Consult with Claims Consultant. Are Vocational Services assigned? Is RA recommended? 	<ul style="list-style-type: none"> Stay in contact. Complete 30-60-90 Day Check In Form at 150+ days post injury (and every 30 days thereafter). Consult with Claims Consultant. Are Vocational Services assigned or are other options available? Is RA recommended?
Claims Consultant	<ul style="list-style-type: none"> Review L&I information and CAC. Start Sharepoint case. Begin early stages of individual action plan. Review medical and ensure a clear path to RTW is in place. Ensure active treatment is in place. 	<ul style="list-style-type: none"> Liaise with the Healthcare Provider. Ensure an action plan is in place to address outstanding concerns and any negative expectations. Discuss Transitional Duties with HR. 	<ul style="list-style-type: none"> Reevaluate employee concerns and expectations. Review all updates from L&I. Consult with L&I about treatment interventions. Discuss Transitional Duties with HR. 	<ul style="list-style-type: none"> Review ineffective treatment with L&I. Reevaluate any known barriers and consider possible unknown barriers to RTW. Discuss Transitional Duties with HR. Refer employee to RA if applicable (discuss with HR). 	<ul style="list-style-type: none"> Consult with L&I about more intensive interventions if employee is not back at work. Reevaluate action plan. Discuss Transitional Duties with HR. Coordinate Vocational Assignment (Ability to Work Assessment). Refer employee to RA if applicable (discuss with HR). 	<ul style="list-style-type: none"> Reassess ongoing medical status. Determine if further assessment is required (consult L&I). Identify alternative RTW plans. Consult with L&I about Vocational Services and other options.

Information on DOC's Transitional Return to Work Program is posted here: <http://idoc/employees/resources/claims.htm#work-injuries>.
Questions? Contact the Occupational Health and Wellness Unit at DOCOccupationalHealthandWellness@doc.wa.gov or 1-888-833-3726.

Focus the discussion on these elements:

- Reducing Medically Discretionary and Unnecessary days [diagnosis does not predict duration]
- Function: Risk, Capacity, Tolerance [workability is based on these]

HR's update consists of:

- Provide 30-60-90 Check In update
 - Improved, Same, Worse
 - Is the employee in Transitional Duties?
 - Is there a plan in place for returning to Regular Duties?
 - What are the employee's expectations about RTW?
 - ✘ Do they think they will be able to RTW?
 - What concerns the employee the most about RTW?

Coaching questions to ask HR:

1. What did you learn at check-in?
2. What are the employee's expectations/concerns?
3. Remind them: Discussion Guide & RTW Eval Questions
4. What is the RTW plan? Is employee involved?
5. When will you talk to them next?
6. Remind them: 30-60-90 Day Check In form

Claims Consultant's update consists of:

- L&I Updates, Medical Updates
- Case Management recommendations [i.e. 'hold off until we get the IME results back']

Case Management Discussion

Based on what we know, determine if it is medically required for the employee to continue to be off work.

Is there any risk of harm to the employee if they RTW (Transitional or Regular duties)?

- Yes – Do very little
 - Provide support to employee
 - Review again on the next medical update
- No – Proceed to arrange for Transitional Duties
 - Step 1 - Have an interactive discussion with the employee about a Transitional Duty plan
 - Step 2 – Meet with Appointing Authority for approval
 - Step 3 - Outline plan and send to Attending Provider for sign off
- Don't know – Find out

Determine Capacity

- Do you have an updated APF?
- Are there clear Limitations and/or Restrictions?
- What does the employee think they can do?

Determine Tolerance

- How much does the employee think they can do?
- Helpful discussion points:
- How many hours do they think they can work?
- If they are in pain or discomfort how much time at work can they tolerate?
 - Use exception based questions (refer to your training manual) if pain is a barrier.

What are the next actions?

- Focus on next actions that improve confidence and reduce fear/avoidance.



Claims Consultant Toolkit For Workplace Injuries

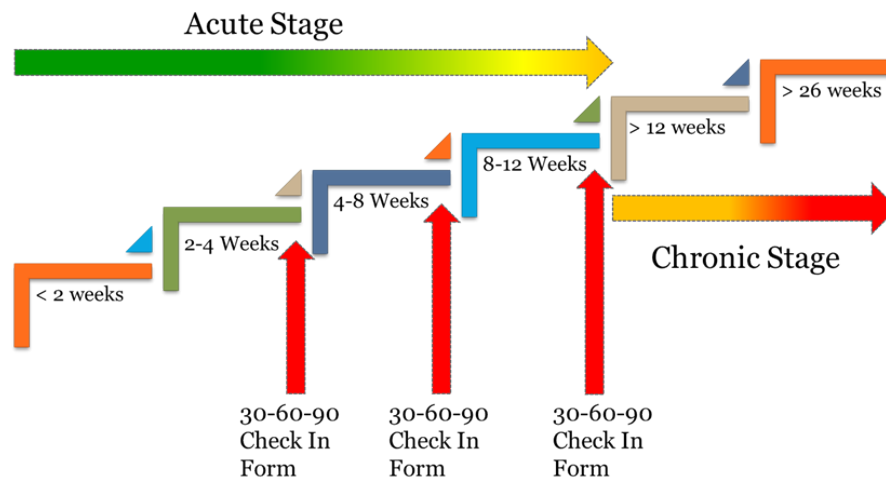
Information for you to read:

- **Stepped Approach to Preventing Work Disability**
- **30-60-90 Day Check-In Flowchart**
- **Offering Transitional Duties: Two Paths**
- **Preventing Work Disability Through Returning to Work and Remaining at Work (HR and Claims Consultant Training Workbook)**

STEPPED APPROACH **TO PREVENTING WORK DISABILITY**

The Stepped Approach to Returning Employees to Work includes:

1. Initial Contact
2. Ongoing Contact
3. 30-60-90 Day Check In
4. Long Term Injury or Illness Planning
5. Supporting Documents



1. Initial Contact: Once the Injury or Illness is Reported

A. **HRC Initial Contact:** Once the initial injury has been reported, the Human Resources Consultant (HRC) makes contact with the employee as soon as possible. The initial contact includes the prompt and appropriate collection, review, and analysis of employee Activity Prescription Form (APF) provided by qualified medical professionals. This Initial intake includes:

1. Was there Day Zero reporting? (**Prevent Unnecessary Delays**)
2. How is the employee doing? (**Care and Compassion**)
3. Does the employee understand the process? (**Prevent a Confusing Process**)
4. What is the employee's current work status?
5. What is the employee's current abilities status?
 - a. How are they doing at home?
6. Are they in any current treatment?
7. What treatment providers are they currently seeing?

B. **Medical Information:** Has the APF been completed?

1. Review current functional abilities.
2. Is there information about Risk, Capacity, and Tolerance?
 - a. If no:
 - Review with the Employee – what do they think they can do?
 - Complete the Return to Work Evaluation (C below).
 - Contact your Claims Consultant.
 - b. If yes, complete the Return to Work Evaluation (C below).

STEPPED APPROACH TO PREVENTING WORK DISABILITY

- C. **Return to Work Evaluation:** The HRC will review whether there are any other barriers the employee has that makes them unable to return to work or remain at work. The HRC will assess known evidence based work disability risk factors to returning to work (**Prevent Unnecessary Duration**):
1. Expectations – Do they have positive or negative expectations?
 2. Fear/Avoidance – What concerns them the most about returning to work?
 3. Is there a release from the doctor to return to work?
 - a. If yes, explore Transitional Duties (D below).
 - b. If no, contact your Claims Consultant.
- D. **Explore Transitional Duties:** Are Transitional Duties appropriate based on the APF and discussion with the employee?
1. If yes, create a customized return to work plan utilizing:
 - a. Transitional Duties – if available.
 - b. Documentation of restrictions and/or limitations.
 - c. Discussion of a plan for the transition back to regular duties.
 2. If no, plan your next follow-up with the worker.
 - a. Contact your Claims Consultant.

2. Ongoing Contact Every 2-4 Weeks (Prevent them from going “off the grid”)

Ongoing Contact: The HRC remains in contact with the employee. On average, ongoing contact is every 2-4 weeks, but may differ depending on the circumstances. For example, a post-operative patient may require a longer interval between contacts depending on the type of surgery. By the same token, the HRC will have more frequent contact with an employee if it is warranted.

3. 30-60-90 Day Check In: Complete the Form at 30, 60, and 90 Days

At 30 Days – Complete the 30-60-90 Day Check In Form. Compare the case now to the initial contact and review progress to date. Re-evaluate Work Disability Risk Factors.

1. Is there Functional Improvement?
 - a. If yes:
 - Determine and document an updated plan.
 - Is there a plan in place to return to regular duties?
 - Target timely RTW.
 - b. If no:
 - Contact your Claims Consultant to discuss:
 - Reasons progress is not being made (what yellow flags are present?).
 - The use of other resources (coordinated with L&I, for example) and other barriers (i.e. secondary diagnoses impeding recovery).
 - Other potential causes of Work Disability.
 - A more “hands on” approach.
 - Determine and document an updated plan.

STEPPED APPROACH TO PREVENTING WORK DISABILITY

At 60 Days - Complete the 30-60-90 Day Check In Form. Compare the case now to the initial intake, 30 Day Check In, and review progress to date. Re-evaluate Work Disability Risk Factors.

- a. Review previous barriers to RTW.
 - a. Are they being addressed?
- b. Is there Functional Improvement?
 - a. If yes:
 - Determine and document an updated plan.
 - Target timely RTW.
 - b. If no, contact your Claims Consultant to discuss:
 - If progress is not being made (i.e. Are yellow flags present?).
 - Consider the use of other Resources (i.e. L&I) and other barriers (i.e. secondary diagnoses impeding recovery).
 - Consider other potential causes of Work Disability.
 - A more “hands on” approach may be necessary.
 - Determine and document an updated plan.

At 90 days - Complete the 30-60-90 Day Check In Form. Compare the case now to the initial intake, 30 Day Check In, 60 Day Check In, and review progress to date. Re-evaluate Work Disability Risk Factors.

1. Review previous barriers to RTW.
 - a. Are they being addressed?
2. Is there Functional Improvement?
 - b. If yes:
 - Determine and document an updated plan.
 - Target timely RTW.
 - c. If no:
 - There is a greater risk of chronic Work Disability if the employee has not returned to work at this point.
 - If RTW has not occurred by the time the 12 week period (90 days) has ended, this will trigger a priority assessment by the Claims Consultant. This deeper assessment will likely reveal the need for a different strategy, revised goals, a new approach, or the involvement of other disciplines.

STEPPED APPROACH TO PREVENTING WORK DISABILITY

4. Long Term Illness or Injury Planning: Complete Specific Actions

By 12 weeks (120 Days)

1. The Claims Consultant reviews with the HRC the action plan for next steps.
2. These next steps will likely include a different strategy, revised goals, a new approach, or the involvement of other disciplines.
3. The Claims Consultant will review options with L&I. These options may include but are not limited to:
 - a. Ergonomic Assessments
 - b. Progressive Goal Attainment Program
 - c. Exposure Therapy
 - d. Vocational Services
 - e. Functional Capacity Evaluations
 - f. Independent Medical Evaluations
 - g. Job Coaching
 - h. Job Analysis
 - i. Team Meetings (in person/teleconference)

After > 26 Weeks (Six – Nine Months)

1. The Claims Consultant reviews with the HRC the action plan. This plan will likely include further assessment to determine:
 - a. Permanent Restrictions and Limitations
 - b. Reasonable Accommodation
 - c. Vocational Services

5. Supporting Documents

1. Stepped Approach Roles
2. 30-60-90 Day Check-In Flowchart
3. 30-60-90 Day Check-In Form
4. Offering Transitional Duties: Two Paths
5. Return to Work Evaluation Questions
6. Return to Work Discussion Guide

30-60-90 Day Check-In Flowchart

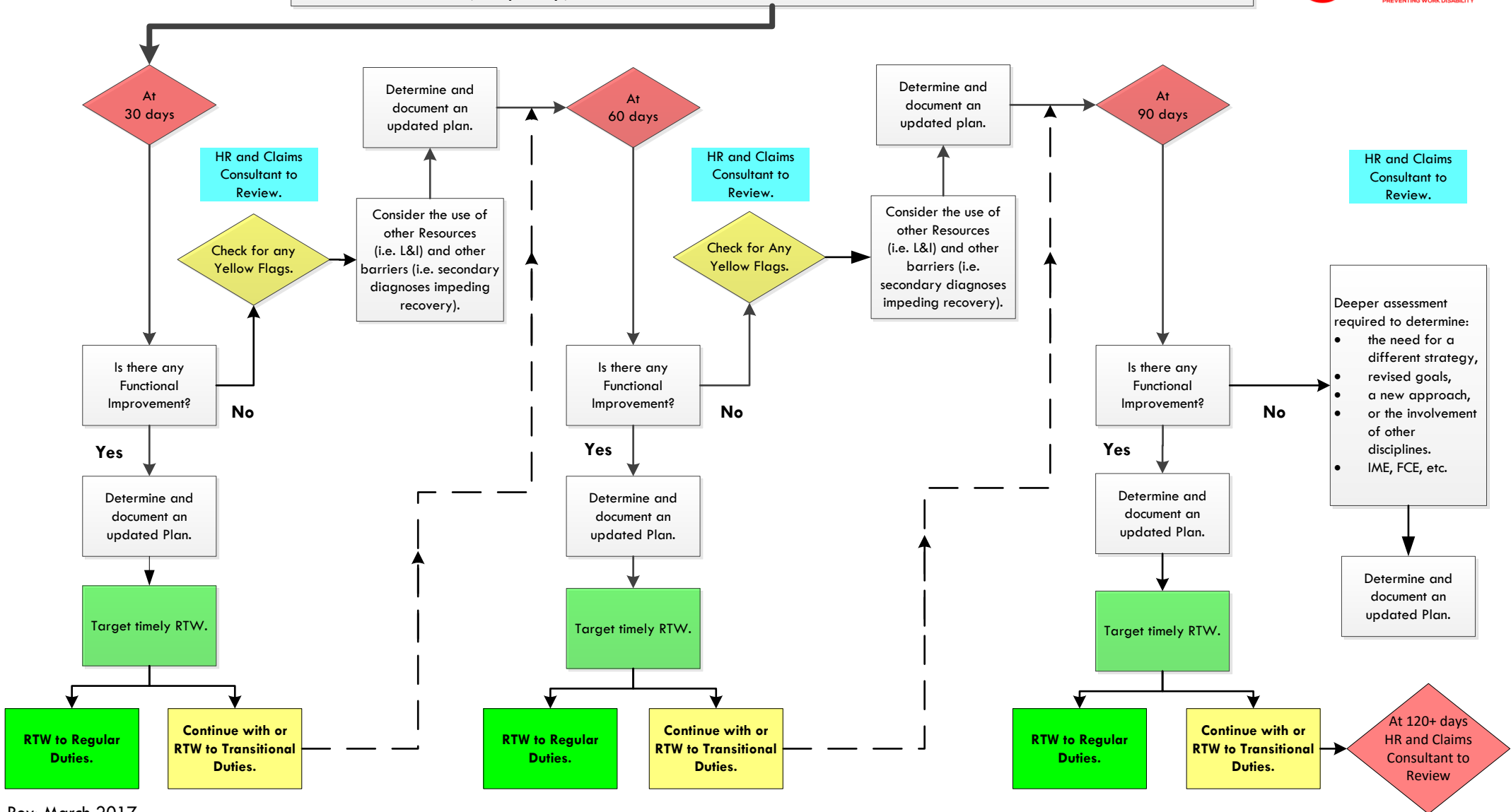


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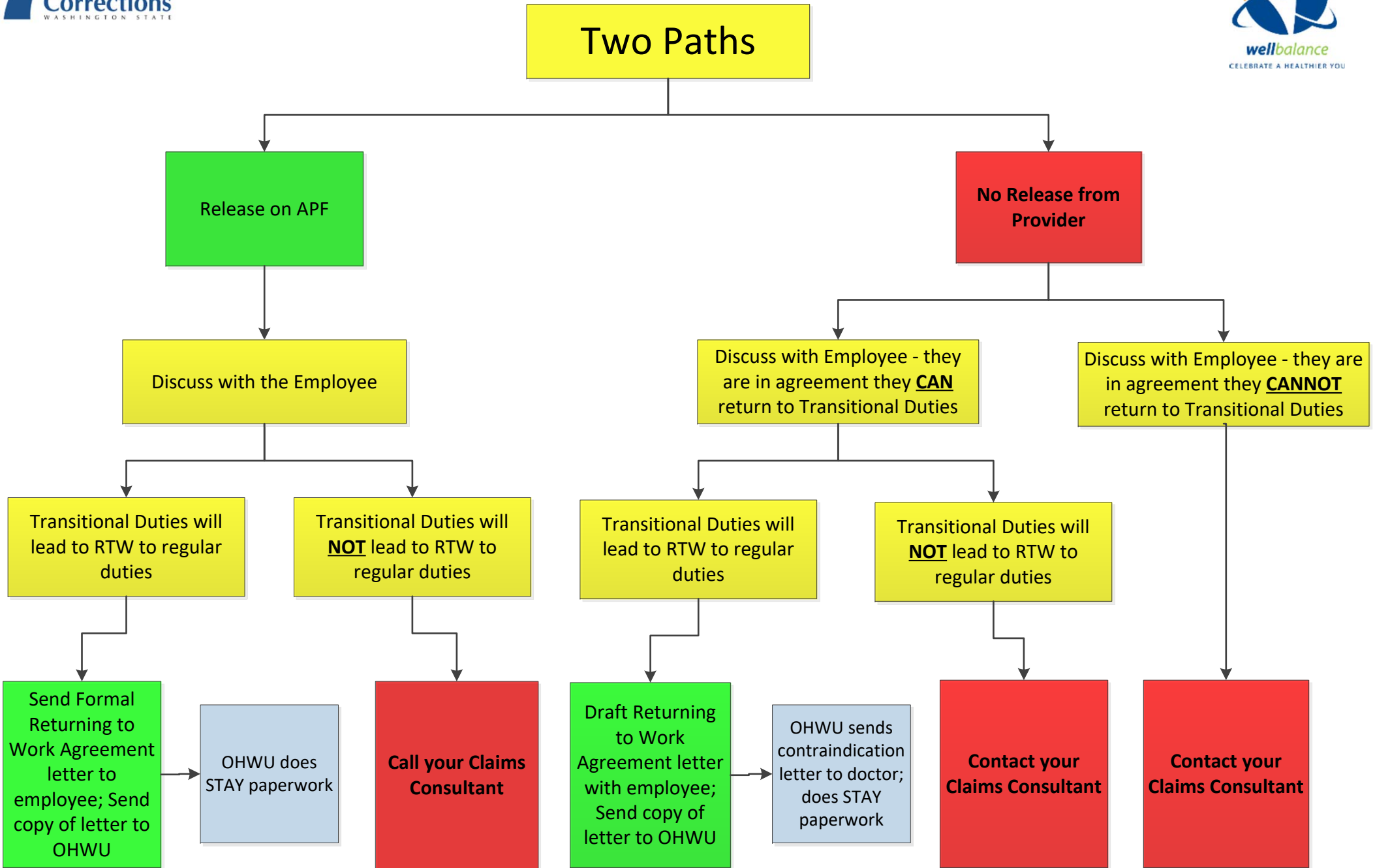


Best Practices:

- Clarify – Medically Necessary vs. Medically Discretionary vs. Medically Unnecessary
- Identify Work Disability Risk Factors
- Ensure evidence-based treatment protocols are being followed
- Provide ongoing contact
- Focus on Risk, Capacity, Tolerance



OFFERING TRANSITIONAL DUTIES: Two Paths





Preventing Work Disability

Through Returning to Work and Remaining at Work

Reducing the Human, Social, and Economic Costs of Work Disability



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Preventing Work Disability Through Returning to Work and Remaining at Work

The Preventing Work Disability workshop will demonstrate skills and strategies that you can use to:

- Expand your circle of influence beyond your circle of control
- Identify the single most important question you can ask to generate commitment to returning to work and remaining at work
- Utilize the 4 components that determine Returning to Work Motivation (RTWM)
- Increase Engagement and Activation
- Create commitment for returning to work at the beginning of an absence
- Create an environment for positive interaction
- Identify the 4 Principles of Work Disability Prevention
- Implement the 4 Outcomes of Work Disability Prevention
- Improve your Interactive Process

CentriX Disability Management Services Inc.

CentriX Disability Management Services Inc. is a Work Disability Prevention company that provides case management, medical management and rehabilitation planning, and advanced training in Work Disability Prevention. Its purpose is to help reduce the human, social, and economic impact of disability through innovative engagement strategies.

Founded in 2005 by Work Disability Consultant and Trainer, Jason Parker, the company has grown and is a recognized leader in Work Disability Prevention. The company provides a variety of case management activities, training, program development, and services that promote engagement and collaboration that are at the heart of best practices of Work Disability Prevention.

Jason Parker is the President and Senior Work Disability Consultant of CentriX Disability Management Services Inc. Jason is the creator of the Return to Work Toolkit, which is the only strategic behavioural risk management tool of its kind. The Return to Work Toolkit has been delivered internationally to over 2000 participants and is recognized as advanced training in Work Disability Prevention. Jason has extensive experience in Work Disability Prevention and Stay-at-Work/Return-to-Work programs with over 20 years of experience covering almost every employer group.

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*Specializing in:
Work Disability Prevention
Absence Management
RTW Solutions*

PREVENTING WORK DISABILITY

Work Disability occurs when a worker is unable to remain at or resume work because of a health problem or their status of their ability to work is altered.



The focus of Work Disability Prevention (WDP) is helping workers stay productive at work, or return to a healthy productive work life.

Without Return to Work (RTW) as an outcome there is no central focus, no unifying purpose for all the stakeholders, and no deliberate effort to prevent Work Disability.

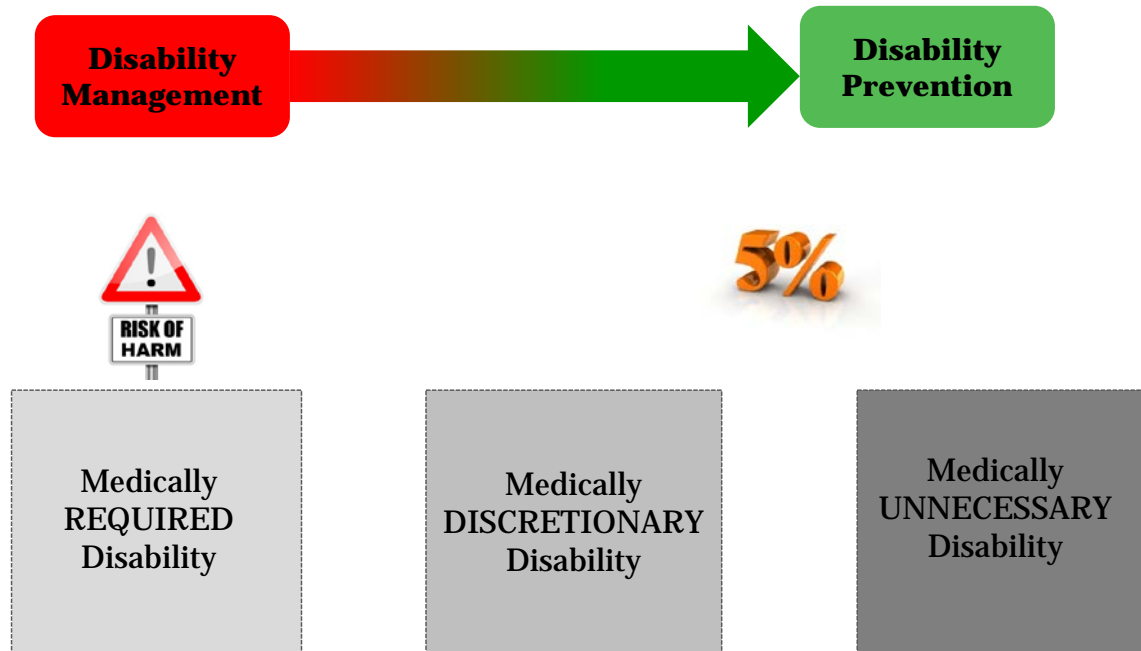
The whole concept of preventing Work Disability relies on RTW as an outcome and this makes RTW a strategic initiative for all stakeholders.

Notes:



PREVENTING WORK DISABILITY

- Adopt a Work Disability Prevention Model
- Provide education about 'How Rarely Disability is Medically Required'
- Urgency is required because prolonged time away from work is harmful



PREVENTING WORK DISABILITY

"Within the return-to-work literature, there is research suggesting that work disability is developmental in nature."

An Exploration of the Factors Considered When Forming Expectations for Returning to Work following Sickness Absence due to a Musculoskeletal Condition

Young et al, November 2015

"[We should] address the work disability problem as a central issue independent from condition."

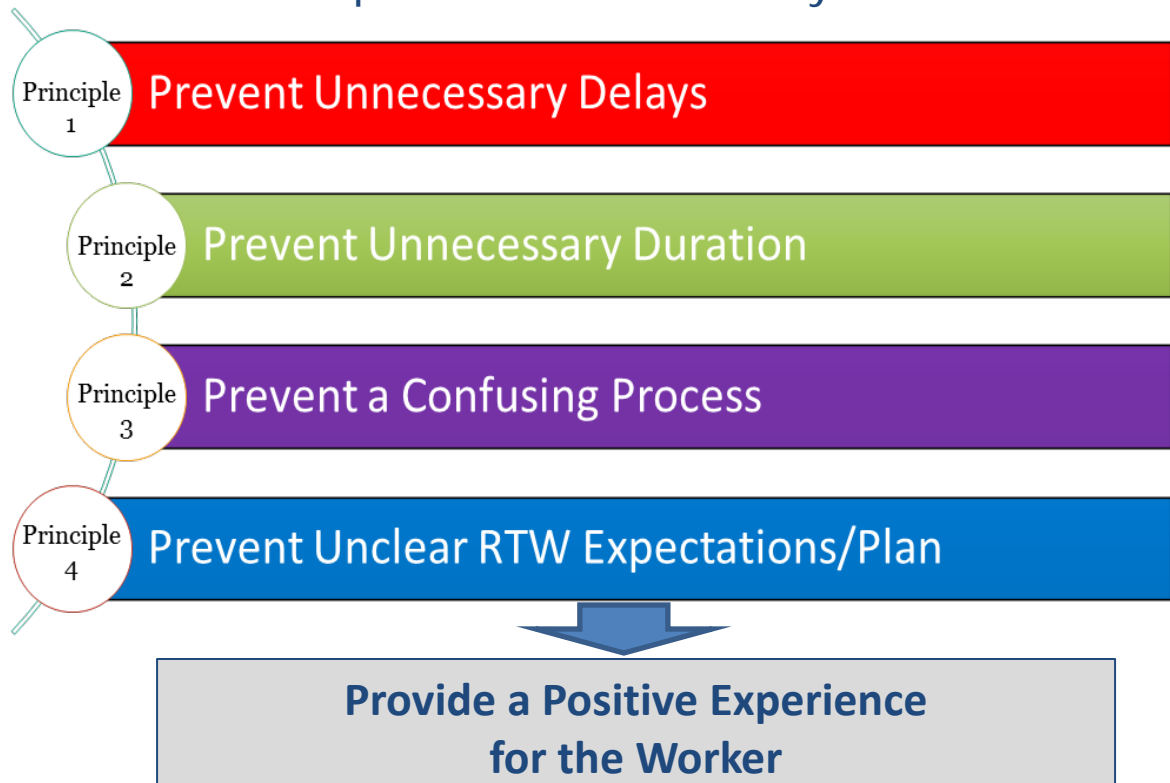
Handbook of Work Disability - Loisel and Anema 2013

PREVENTING WORK DISABILITY

The 4 Outcomes of Work Disability Prevention



The 4 Principles of Work Disability Prevention



FOCUS GROUP INSIGHTS

Make sure there is a Clear and Understandable Process.



Most workers find the process overwhelming.

Most COs felt that a checklist was a tool that would be helpful to make the process less overwhelming.



Clearly defined roles and responsibilities was identified by many COs as important.



Demonstrate Care and Compassion.



Employees want to be involved in their RTW.

“Light Duty” was mostly viewed favorably. However, most felt that it didn’t prepare them to RTW to their own job as a CO.

FOCUS GROUP INSIGHTS

Notes:

STICKY NOTE:

Ask: “How are you doing?”

Remember the Check-in Call

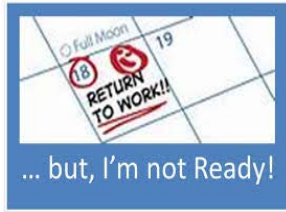
Actively involve the employee in their RTW discussions and planning.

Remember: Assess ability BEFORE when.

FOCUS GROUP INSIGHTS

Outlining specific dates = resistance

Ability BEFORE When



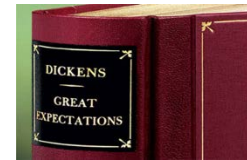
Outlining process

When you/they should be doing stuff

What is going to happen next

Early discussions about RTW seem to reduce resistance

- Discussions about:
 - ✦ Their thoughts about RTW
 - ✦ Their expectations about RTW
 - ✦ Their concerns about RTW



“Interactions between insurers and injured employees were interwoven in cyclical and pathogenic relationships, which influence the development of secondary injury in the form of psychosocial consequences instead of fostering recovery of injured employees.”

Kilgour et al, 2014

Notes:

DEVELOPING A STRATEGY

Engagement is: "...the interventions designed to increase activation; and patients' resulting behavior..."

Activation is: "...patients' willingness and ability to take independent actions to manage their health and care."



"A well-coordinated, education and early activation approach involving primary care physicians, employers, and workers' compensation systems, and targeting workers' beliefs, perceptions, and expectations would likely be most effective."

Izabela Schultz, et al
Spine Vol 27, No 23 pp 2720-2725
2002

"The more a persuasive appeal can explain how the advocated position satisfies needs important to the individual, the greater its impact."

The Dynamics of Persuasion

Notes:

STICKY NOTE:

The individual understands their role in the process, and has the knowledge, skill, and confidence to carry it out.

DEVELOPING A STRATEGY

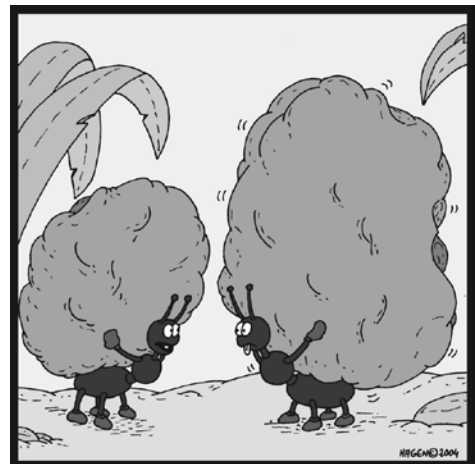
4 CRITICAL SUCCESS FACTORS

1. Day Zero Reporting
2. Completed/updated APF
3. Stepped Approach
 - a. Initial Contact
 - Review of the Blue Packet
 - Early Screening for Risk of Work Disability
 - Early opportunities for Transitional Duties
 - b. Ongoing Contact
 - Keep them on the grid
 - Identify development of Work Disability
 - Catch opportunities for Transitional Duties
 - c. 30-60-90 Day Check-in
 - d. Long term Injury and Illness Planning
4. Ensure a sense of control



It's all about engagement.

Notes:



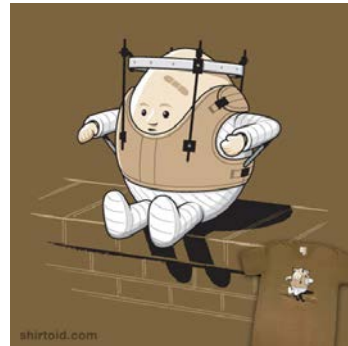
I hurt my back last week, so I've been put on "Light Duty" for a couple of weeks...

DEVELOPING A STRATEGY



Medical **does not** predict duration.

Clinical severity **is not** predictive of work disability.



“As disability is primarily a non-clinical problem, so are the most effective interventions.”

Dr. Glenn Pransky, MD MOCCH, Director, Center for Disability Research, Associate Professor, Harvard School of Public Health and University of Massachusetts Medical School.

DEVELOPING A STRATEGY

Notes:

STICKY NOTE:

“This indicates that reliance on biomedical models is insufficient to explain work disability. It confirms that work disability is a biopsychosocially determined misfit between work environmental demands and individual capability.”
Predictive factors of work disability in RA
de Croon, et al - Ann Rheum Dis 2004;63:1362-1367

ACOEM – WHAT ACTUALLY TRIGGERS RAW/RTW?

Table 1 – The Stay at Work/Return to Work Process Escalation Levels				
<i>The process triggers when a precipitating event, usually health-related, raises the question whether a worker can/should remain at work.</i>				
Escalation Level	Who is involved?	How is current work capacity determined?	How are job demands determined (both usual job and alternatives)?	What triggers the actual return to work?
0	Worker	Personal knowledge	Personal knowledge	Personal decision
1	Worker and Supervisor	Discussion	Discussion	Discussion
	Worker and Physician	Discussion RTW note from physician	Verbal description of usual job	Discussion
2	Worker Physician Claims adjuster/case manager	Formal inquiry Simple physical capacities form completed by MD	List of job's functional demands	Discussion
3	Worker Physician Claims adjuster/case manager Physical therapist Ergonomist or vocational consultant IME examiner Union steward Lawyer	Objective testing Functional capacity evaluation Independent medical opinion	Video of job Ergonomic analysis of job On-site workplace visit	Written offer of employment Formal return to work plan Sign-off by all parties

CASE STUDY - ERIC

Eric is a 56 year old CO and injures his right shoulder after catching his foot on the edge of a box sticking out causing him to trip. He managed to stop himself from falling by reaching out with his right arm. He noticed pain immediately in his right shoulder. He has a previous claim for a shoulder injury a couple of years ago.

He is unable to finish his shift and immediately seeks medical care and is released to work but with restrictions and limitations. He is restricted from offender contact and limited to lifting more than 15lbs. There are no transitional duties available and the Eric remains completely off work. He is off work for 25 weeks before someone contacts him and he is placed in a part-time transitional duty assignment.

During the following 12 weeks of transitional duty he feels isolated and a loss of identity because he isn't in "Blue". Further treatment is delayed due to a clerical error. He reaches the 12 week limit of transitional duty work assignment. During the last 12 weeks he has only added 8 hours/week to his working time. There has been an increase in hours available to work since the Eric started the transitional duty work assignment but he was unable to tolerate the increased hours because of pain, fatigue, and discomfort. He continues to report pain and feels angry that he is going out on time loss again unless he can get an extension to the transitional duty assignment. It has been almost 6 months and he is worried about returning to his regular duties because it has been so long. He has heard there have been some changes but is uncertain what they might be and he is unsure how to return to work.

Additional Physical Therapy has been authorized based on Eric making gains and increasing some of his hours. Return to the job of injury has not been ruled out by the primary care provider. However the CO is questioning whether he will be able to return.

1. What type of Work Disability has occurred here (Remember there are 3 types) and why?
2. Describe the 4 Principles of Work Disability and how they have either helped or hindered the progress of this claim?
3. Despite other stakeholder's roles and responsibilities, what could the HRC and CC do to make a positive impact on the outcome of this claim?

MOTIVATION

'For some, work is all encompassing, woven into the fabric of the person's self-esteem. For others, work is simply a bad habit that has no intrinsic value.'

Kenneth Mitchell



'The motive motivates.'

RETURNING TO WORK MOTIVATION (RTWM)

RTWM is a function of

V = Value or utility of returning to work

E = Expectations and perceived chance of successfully returning to work

C_{rtw} = Real or perceived concerns OF returning to work

C_{nrtw} = Real or perceived concerns OF NOT returning to work

MOTIVATION



Fear/Avoidance



LOSE

Notes:

STICKY NOTE:



'It's not what you cover, but what you uncover.'

'What recovery expectations have you discussed with your patient/doctor?'

Workers with more positive expectations of recovery and return to work spend less time off work.

Expectations = The 3 Ps
Prediction, Probability,
Presumption

MOTIVATION

The personal decision to RTW is driven by what they perceive as the value of returning to work (gain) and what their concerns about not returning to work are (lose).

Expectations have a direct influence on the recovery process and will directly influence the choices that people make about returning to work.

Fear and Avoidance are significant drivers of duration

Discovering and understanding an individual's motivation is an important first step towards creating change and options.

People will change when they connect with something of intrinsic value, something important, something cherished.

"Often by addressing these [tolerance] concerns, discordance about work expectations is lessened and a successful return to work ensues"

AMA Guides to the Evaluation of Work Ability and Return to Work

Notes:

STICKY NOTE:



How confident
are they...
Key factor!

'When people think of the outcomes of their decisions, they think much more short term than that. They think in terms of gains and losses.'

Daniel Kahneman

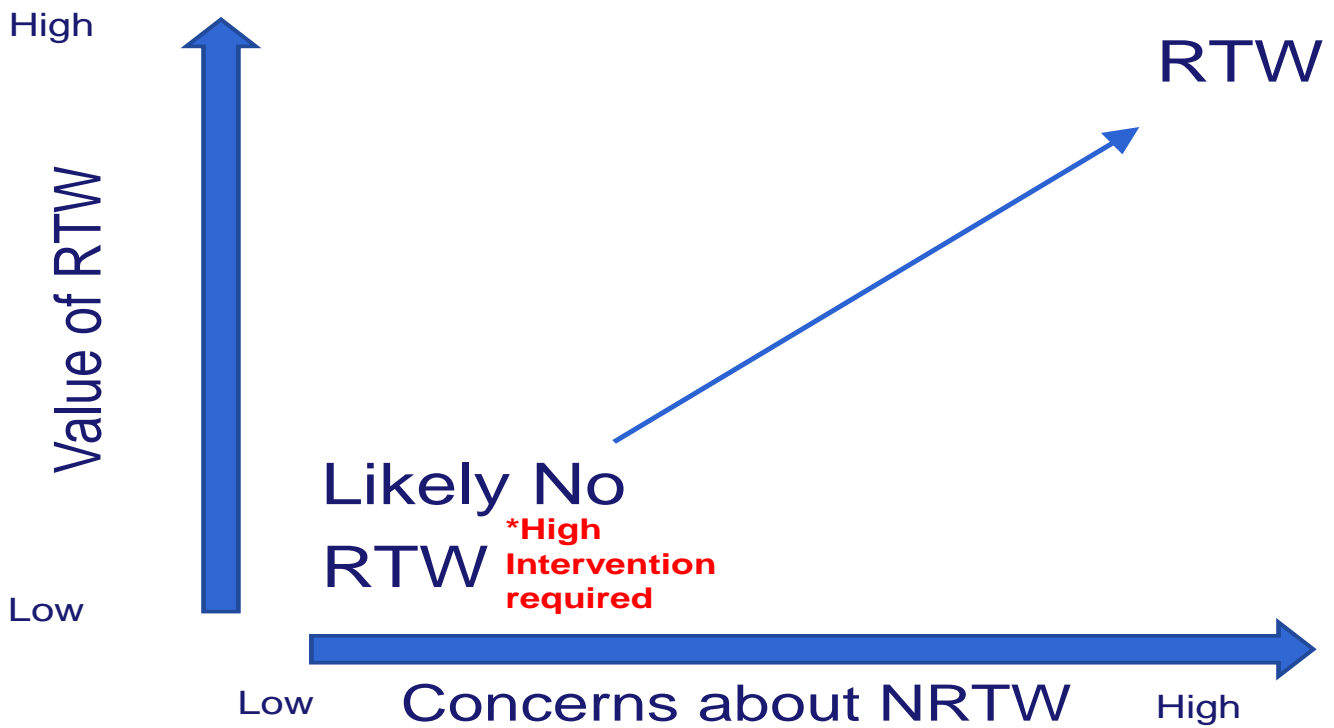
ASSESSING RTW MOTIVATION

Developing your questions

V = Value	
E = Expectations	
C _{rtw} = Concerns about RTW	
C _{nrtw} = Concerns about NOT RTW	

RETURNING TO WORK

DECISION (COMMITMENT) TO RTW



WORK DISABILITY RISK FACTOR MATRIX



EXERCISE - Motivation

What do you want to do or change?_____

Why is it important for you to {accomplish that} ?

Why is {that} important to you?

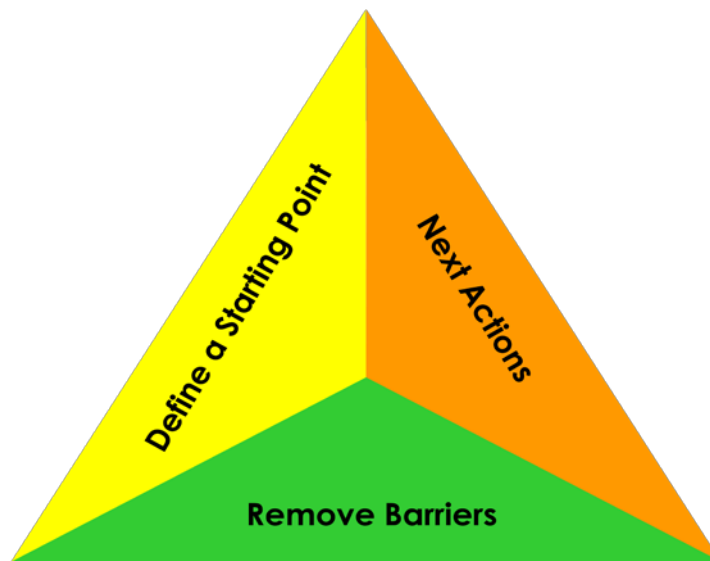
So, ultimately, what would this mean to you?

THE ACTIVATION PROCESS

Define a Starting Point

On a scale of 1 to 10, where 10 means that you are returning to work successfully, where would you rate yourself?

Scale them on their confidence.



Next Actions

What do you think needs to happen ___'X'___?

How will you know ___'X'___?

What do you think needs to happen to move you from a_(their current rating)_ to a (one number higher)?

Remove Barriers

1. Exception Based questions

Q: Have you ever had a time when you were at work and not 100%?

Q: What were some of the things you did to be successful at that?

Q: Do you think some of those strategies might work this time?

2. The **Unsolvable Problem** - Likelihood of that happening scenarios

Q: What does your doctor say about your pain?
(Possible answer: He says that I will have to live with it.)

Q: Ok, what do you think is the likelihood of your pain going away?

You are hoping that they will acknowledge that it is not likely so you can then ask:

Q: If that is the reality of what you are dealing with then what do you think needs to happen so you are returning to work successfully?

STICKY NOTE:

Focus on Next Actions. Turn Outcomes into Next Actions.

'You need to get them to think about what they haven't thought about because they need to think about it.'

What looks like resistance is often lack of clarity
Chip and Dan Heath - Switch

CASE STUDY - RHONDA

The worker reported she was involved in two motor vehicle accidents (MVA). The first occurred in August 2013. She was t-boned and banged her knees quite severely. She stated she suffered bone contusions in her knees due to the impact. She injured the medical collateral ligament (MCL) on the right knee but did not require surgery. She also experienced soft tissue injuries to the upper/lower back.

The worker was recovering and the soft tissue injuries were resolving. She began to RTW and completed 2 shifts at 4 hours each. On her way home, she was involved in a second MVA. She injured her right shoulder and exacerbated the recovering upper/lower back and neck injuries she had from the previous one. She did not RTW and has been off work since then.

The worker reported she still has instability in the right knee where she injured her MCL.

Last month she experienced tingling/numbness in her hand down into the 4th and 5th fingers. She denied any weakness but has noticed her hand strength has declined since the accident. She reported she finds herself guarding the right arm and therefore doesn't use it as much.

She was hoping to RTW on July 21/14 and upon review with her doctor was advised that she shouldn't, based on the fact that her pain was not resolving. Her doctor felt she could do desk work but not her regular duties.

The worker works in the Emergency Department in the Acute A/B units. She works 12 hour shifts and describes the job as being on your feet and "non-stop". She is mostly standing when charting.

The duties she thinks will be the most challenging aspects of her job upon her return are the following:

- lifting patients
- the monitors are above shoulder height and she will have to look up as well as reaching up.
- getting supplies
- the twisting/turning when having to walk will cause her knee pain.
- rolling patients onto stretchers
- carrying portable monitors
- bathing patients and assisting patients with toileting
- bending/stooping (i.e. inserting catheters)

She stated it was important to RTW because she loves her work and that being a nurse is "all I ever wanted." She described the job as defining who she is and not being able to RTW has "hit her so hard." She likes the learning aspect of the job and feels that the injuries have set her 1 year behind where she should be. She added that being a nurse "is what I am supposed to be."

When asked what her expectations about returning to work are she stated she expects to be pain free and doesn't want to have to be at work dealing with her own pain and trying to work. When asked if she sees herself returning to her position she replied "I do for sure, I just don't know when." She acknowledged that she is willing to work with some pain.

She reported that working, being in pain, and not being able to focus is the most concerning thing for her in terms of RTW. She worries about patient safety if she has difficulty focusing.

She stated that not being able to RTW is not an option, adding "I have to return. There is no way I am not returning."

On a scale of 1-10 where 10 means she is successfully returning to work she rates herself currently at a 5.5. In order to progress to a 6.5 she stated she felt she needed to participate in a rehabilitation program as she is under the impression it is a more proactive approach. She added she also feels it is focused on RTW and was happy with the Physical Therapy.

Task:

1. What type of Work Disability is occurring here (Medically required, Medically discretionary, Medically unnecessary)?
2. Identify the 4 factors of RTW Motivation.
3. What does the pattern look like?
4. What would you do? What questions would you ask?

5 QUESTIONS YOU SHOULD BE ABLE TO ANSWER

1. Have they made a "Decision to RTW?" / Do you have commitment from the worker to RTW?
 - Why is it important for them to RTW?
 - What concerns them the most about NRTW?
2. Are they Low vs. Medium vs. High Risk?
 - Do they have positive or negative expectations?
 - What are they fearful of and/or trying to avoid?
 - What concerns them the most about RTW?
3. Where is the worker starting at in terms of their recovery and RTW?
4. What do they think needs to happen next?
 - Is it reasonable? Is it unreasonable?
5. What are the barriers to RTW?
 - Are they solvable? Are they unsolvable?

Notes:



ASK THE WORKER THE FOLLOWING:

Assess Returning to Work Motivation and then shift to a solution focused discussion.

Gain: 'Why is it important for you to return to work?'

Expectations: 'What expectations do you have about returning to work?'

Fear/Avoidance: 'What concerns you the most about returning to work?'

Loss: 'What concerns you the most about not returning to work?'

Define a Starting Point

'On a scale of 1 to 10, where 10 means you are returning to work successfully, where would you rate yourself now?'

Define Next Actions

'What do you think needs to happen to move you from a __X__ to a __X__?'

Remove Barriers:

Is the problem solvable or unsolvable?

- Use exception finding questions for solvable problems.
- Use "What needs to happen next" type questions for solvable problems.
- Use "What is the likelihood of that happening" scenarios to deal with unsolvable problems.

KNOWING THE PROCESSES AND PROCEDURES

- Transitional duties - up to 12 weeks in duration
- Transitional duties cannot be offered without a completed Activity Prescription Form (APF) or approved Employer Job Description (EJD)
- Work Ability is determined by Risk, Capacity, Tolerance
- Day Zero Reporting is the goal

Employee Role and Responsibilities

1. Report all injuries immediately - Day Zero Reporting
2. Complete "Your First 5 Steps to Your Workplace Injury"
3. Stay in contact with their supervisor, HR, and DOC Claims Consultant
4. Think about what needs to happen to RTW successfully
5. RTW as soon as medically appropriate
 - ✦ Transitional Duties as soon as possible if they are not able to RTW to their regular duties.



Supervisor Role and Responsibilities

1. Once the injury or illness is reported
 - Care and Compassion first
 - Can they stay at work?
2. Provide the "Blue Packet"
3. Make sure they know to see their Doctor
4. Call the HR Consultant
5. Immediately plan their follow-up call with the employee



Facility Role and Responsibilities

1. Provide a welcoming environment (Culture trumps policy - every time)
2. Transitional Duties are welcomed and regarded as helping the employee with their recovery and transition back to regular duties
3. Early RTW is encouraged
4. Co-workers are supportive
5. Appointing Authority - Did Day Zero Reporting occur?



KNOWING THE PROCESSES AND PROCEDURES

HR's Role and Responsibilities

1. Once the injury or illness is reported
 - o Confirm: Was Roster notified? (EQUIVALENT FOR SECTIONS?)
 - o Confirm: Does the Occupational Health and Wellness Unit (OHWW) know?
2. Talk to the employee
 - o Tell them: I'm sorry this has happened to you. Are you safe?
 - o Have they reviewed the Blue Packet?
 - o NEVER ask: When are you coming back? Simply let them know: you are missed in the workplace and we are eager to have you back when it is medically appropriate.
 - o Do they have a claim #?
3. Make sure the employee saw their doctor
4. Review if the employee can Return to Work or do Transitional Duties
 - o Do you have an APF?
 - o Complete the 30-60-90 Day Check In
 - o Is there a plan to return to regular duties?
5. Contact your Claims Consultant



Claims Consultant Role and Responsibilities

1. Review APF
 - Is more follow-up necessary?
 - Are Transitional Duties appropriate in the context of the information provided?
2. Determine if leave is Medically Required, Medically Discretionary, Medically Unnecessary.
3. Review Transitional Duties with HR.
4. Ensure the medical supports a clear path to RTW to regular duties.
5. Communicate with PCP.



Notes:

DECODING THE APF TO DETERMINE WORK ABILITY

Risk

- Chance of harm to self or others
- Restrictions



Capacity

- Capacity does not equal Current Ability
- Limitations



Tolerance

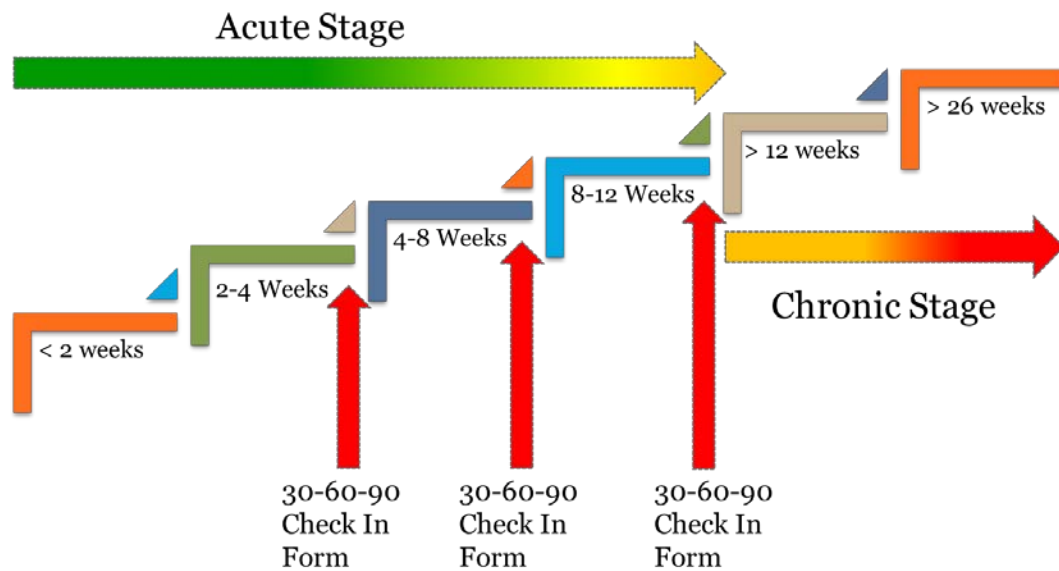
- Ability to tolerate sustained work or activity at a given level.
- No objective measure



- Be alert for masquerading.
- Risk = Contraindication.
- Risk provides information about Medically Required Disability.
- Transitional Duties will be based on Risk, Capacity, and Tolerance.

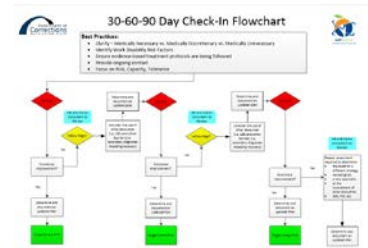
Notes:

STEPPED APPROACH



The Stepped Approach to Returning Employees to Work includes:

1. Initial Contact
 - Set the stage
2. Ongoing Contact
 - Prevent them from going "off the grid"
3. 30-60-90 Day Check In
 - Keeping things on track
4. Long Term Injury or Illness Planning
 - Focus on preventing long term work disability
 - Reasonable Accommodations
 - Vocational Rehabilitation



Notes:



MONTHLY L&I CLAIM CHECK IN

Focus on:

- Reducing Medically Discretionary and Unnecessary days
- Function: Risk, Capacity, Tolerance

Medically
REQUIRED
Disability

Medically
DISCRETIONARY
Disability

Medically
UNNECESSARY
Disability



HR:

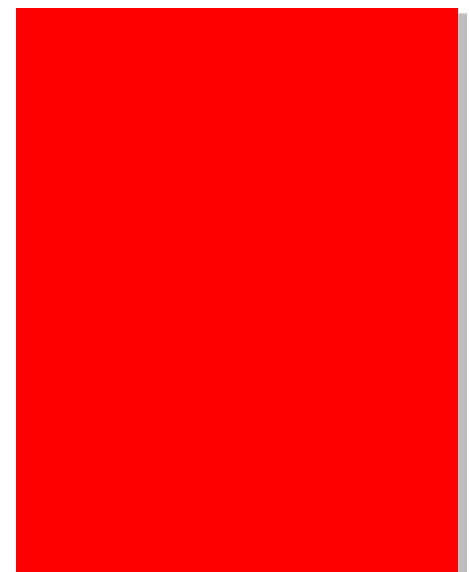
- Provide 30-60-90 Check In update
 - Improved, Same, Worse
 - Is the employee in Transitional Duties?
 - Is there a plan in place for returning to Regular Duties?
 - Other?

Claims Consultant:

- L&I Updates, Medical Updates
- Case Management recommendations

Ensure there is a Next Action

Notes:



CASE STUDY - JUDY

Judy is a 47 year old non-custody staff member. Judy reported reaching up for a box and lost control of it. As it was falling she reached up to try and stop it and injured her right shoulder and elbow. She immediately reported the injury and left work to see her Doctor.

The Doctor provides a completed Activity Prescription Form (APF). He reports that she is off work for the next 4 weeks and will reassess her at that time. Once 4 weeks has passed, Judy sees her Doctor again and completes an updated APF. He notes that she is restricted from working above shoulder height and limited to 5 pounds for carrying, pushing, and pulling. No restrictions are noted for her lower body.

The HRC calls Judy and discusses transitional duties. Judy complains that her shoulder is painful, and she is having trouble sleeping. On top of that she states, "How can I return to work? I can't open the doors. They are heavier than 5 pounds. Especially when it is windy in the fall and winter." Given that she can't get into the facility based on the restrictions and limitations, the HRC and Judy decide to follow-up at her next doctor appointment which is in 8 weeks. Judy advises that her doctor wants her to attend physical therapy and rest.

After 8 weeks have passed, the HRC calls Judy to see how she is progressing. Judy complains that she hasn't made much progress, missed a bunch of physical therapy appointments because she was sick, and her shoulder still hurts.

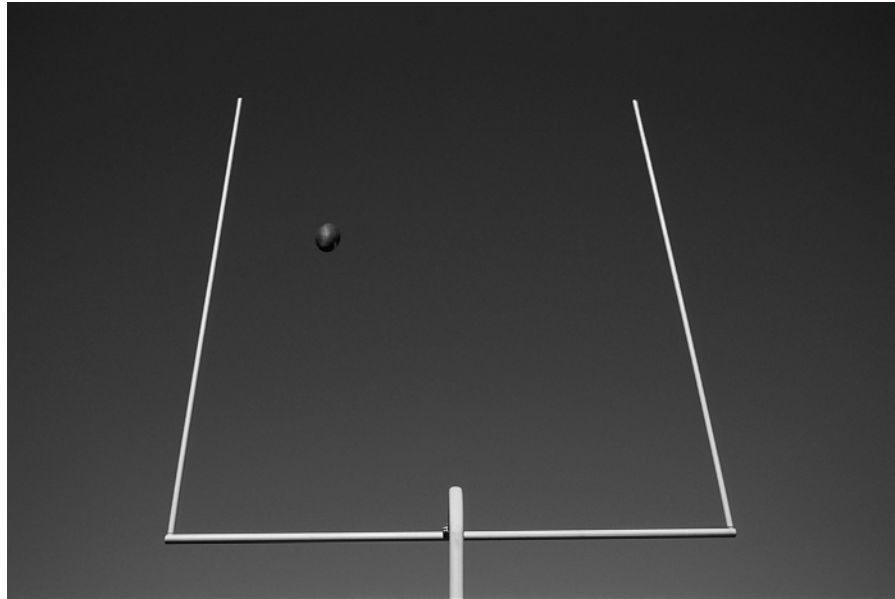
Judy states it is important to RTW for financial reasons. She is unsure how she can return to work if she can't open the door. She feels she is able to do her job just as long as she is within her restrictions and limitations. She is concerned about the amount keyboarding she normally has to do because her shoulder hurts so much. She is also concerned about not returning to work as she is worried about her sick time, pension, and being on reduced income. She rates herself a 2 out of 10, and at this point is unsure about what needs to happen to return to work successfully.

Task:

1. What type of Work Disability is occurring here (Medically required, Medically discretionary, Medically unnecessary)?
2. Identify the 4 factors of RTW Motivation.
3. Are you dealing with a Risk, Capacity, or Tolerance Issue?
4. Which Principle(s) of Work Disability Prevention has/have not been prevented?
5. In hindsight, how would you apply the Stepped Approach?
6. What would you discuss at your Monthly L&I Claim Check In?


GOALS

GOALS



Goals are most powerful when they are meaningful to the person.

Notes:

STICKY NOTE: 

Return to Work HAS to be their goal

Goals are meaningful when they are Intrinsic

Why before How, How before When. The When will follow.

TAKE HOME MESSAGES

There is urgency in Preventing Work Disability.

1. Adopt a Culture that Prevents Work Disability
2. Ensure a welcoming environment
3. Day Zero Reporting
4. Early Return to Work is KEY
5. Demonstrate Care and Compassion
6. Stepped Approach
7. Ongoing contact is paramount
8. Maintain contact after they have RTW
 - Check in at the end of Week 1 and Week 3, and as much as needed, etc.

There are 4 Critical Success Factors

1. Day Zero Reporting
2. Complete/Updated APF
 - Offer of Transitional Duties
3. Stepped Case Management Approach
 - Initial Contact
 - Ongoing Contact
 - 30-60-90 Day Check In Form
 - Long term Injury or Illness
4. Ensure a "Sense of Control"

Your main goal is to build confidence, show support and fairness, and demonstrate care and compassion

Ensure they know the "The First 5 steps to take following your Workplace Injury"

"Keep them on the Grid"

Notes:

STICKY NOTE:



Create an experience that engages AND activates workers.

Activation requires taking ownership.

Include and Empower the worker.

READING LIST

- Influence: Science and Practice - Robert Cialdini (this book is the cornerstone of our work. If you want to make your Disability Management, Return to Work, Health and Wellness Programs more effective and influential then this is a must read.)
- The Tipping Point - Malcolm Gladwell
- Blink - Malcolm Gladwell
- Outliers - Malcolm Gladwell
- Made to Stick - Chip and Dan Heath
- Good to Great - Jim Collins
- Stumbling on Happiness - Daniel Gilbert
- Motivational Interviewing - Miller and Rollnick
- Solving School Problems Solution-Focused Strategies for Principals, Teachers, and Counsellors - Nancy McConkey
- The Dynamics of Persuasion - Richard Perloff
- The Checklist Manifesto - Atul Gawande
- Getting things Done - David Allen
- Resistance and Persuasion - Eric S. Knowles and Jay A. Linn
- The Handbook of Motivational Science - James Y. Shah and Wendi L. Gardner
- Willpower - Roy Baumeister
- The Power of Habit - Charles Duhigg
- The Handbook of Work Disability - Loisel and Anema
- AMA Guides to the Evaluation of Work Ability and Return to Work
- Handbook of Complex Occupational Disability Claims - Schultz and Gatchel