**The Definitive Guide to Return to Work Best Practices**

**Introduction: (5 minutes)**

* Welcome to WC Mastery training
  + The Definitive Guide to RTW Best Practices
* Introduce 3 Major Points –
  + Gaining Stakeholder Buy-In
  + RTW Best Practices
  + Handling Difficult RTW Scenarios

**Main Point #1: Gain Stakeholder Buy-In – (20-25 minutes)**

* **Challenges with Return to Work:**
  + “Getting management commitment. Also, in union shops, getting the union to support it.”
  + “Resistance to work outside of their trade.”
  + “Communications from the treating physician. Consistency on filling out work releases and defining start and end dates.”
  + “Employee buy-in. Employee attorney resistance (fee is reduced if employee returns or doesn't want to work anymore). The employee is undermining successful return because it could reduce the settlement value of the claim.”
  + “Getting departments onboard with returning injured employees with modified tasks, hours, etc.”
  + “Providers that take people off work versus defining their abilities and or limitations.”
  + “Supervisor participation.”
  + “Accommodating restrictions is particularly challenging for small business owners.”
  + “Our supervisors have an ‘all-or-nothing’ mentality and don’t want the employee back unless he is 100%.”
* **Effect of RTW on Outcomes**

1. American College of Occupational and Environmental (ACOEM) statistics: (J Christian, 2006)
   1. *5% of workers’ compensation claims account for 80% of workers’ compensation costs.* 
      1. Preventing 1-2% of these claims translates to a substantial reduction in costs. An effective RTW program, therefore, can realize a significant ROI and prevent needless disability.
   2. *60 – 80% of lost workdays are medically unnecessary*
      1. Lack of stakeholder buy-in, along with several other non-medical factors contribute to the majority of lost work days.
2. Journal of the American Medical Association (Harris, 2005) (as cited in J Christian, 2006)
   1. *Unsatisfactory outcome is 4x more likely*. The researchers in this article examined 211 studies for surgical outcomes. 86 studies involved patients on workers’ compensation and found an unsatisfactory outcome was 4x more likely for those receiving compensation as compared with those who were not.

1. Washington State Department of Labor & Industries (L&I) (Turner et al.)—
   1. *2x more likely to develop chronic work disability.* Research in the monopolistic state of Washington found employees after three weeks who were not offered accommodation for transitional duty were almost 2x more likely to develop a chronic work disability.
2. Is Work Good For Your Health & Wellbeing? (Burton, 2006)
   1. *Shorter recovery times and longer life expectancy*.
   2. *2-3x increased risk for poor general health*
   3. *2-3x increased risk in mental health problems*
   4. *Excess mortality rate of 20%*
      1. a systematic review: The impact of unemployment on health: a review of the evidence. Can Med Assoc J 153: 529-540.
         1. *Increased risk of smoking, alcohol abuse, illicit drug abuse, risky sexual behavior*
         2. *6x higher suicide rates*
3. Probability of Returning to Work. (Industries, 2013) (as cited in (IAIABC, 2016)
   1. *The probability of ever returning to work drops considerably after 12 weeks.* Washington State Department of Labor conducted a study of all their compensable claims from 2011-2012 and tracked them two-years post-injury. The study found the probability of ever returning to work decrease, and the odds of developing a chronic disability increase the longer an employee is off work.
   2. Probability of returning to work:
      1. Within 12 weeks = 92.2%
      2. 13 – 26 weeks = 55.4%
      3. 27 - 40 weeks = 42.7%
      4. 52 – 65 weeks = 32.2%
      5. 66 – 79 weeks = 22.8%
      6. 80 – 92 weeks = 10.7%
      7. > 104 weeks = 4.9%
4. OSHA’s ‘Safety Pays’ Program (OSHA, n.d.)
   1. *Indirect costs are 1.1- 4.5x direct costs.* OSHA’s ‘Safety Pays’ Program demonstrates that the indirect costs of having workers out of work are 1.1 – 4.5x direct costs. Indirect costs include such things as training, replacing workers, and lost productivity.
5. Are you not working because of your injury, or another factor? (Savych, 2015)
   1. *150% more employees are not working because of another factor.* Workers Compensation Research Institute (WCRI) conducted a worker outcomes study and examined Return to Work outcomes that were due to factors other than the injury. They asked the question to injured workers with at least seven days of lost time approximately three years post-injury, are you not working because of your injury, or another factor?
   2. On average across age groups, 150% more employee responded they were not working because of another factor.
   3. By implementing RTW best practices, all of these people could have been back to work before developing a chronic disability.
6. Optimum Recovery vs. Reality in Injury Duration Guideline.
   1. *Only 50% of injured workers are back to work within maximum medically required recovery time.* Injury duration guidelines published by the Work Loss Data Institute (ODG) as well as MD Guidelines publish data on physician consensus on the required physiological healing time for specific injuries.
   2. Required physiological healing time and actual return to work data do not match.
   3. Example: For a partial rotator cuff injury, the injury duration guideline states 85 days is the maximum recovery time needed for someone who does very heavy, labor-intensive work. However, in reality: (data provided by MD Guidelines)
      1. 50% of injured workers with this injury return within 96 days.
      2. 5% return in 18 days.
      3. 95% return in 373 days.
      4. 17 % never return to any work
   4. One of the main reasons for the disconnect between required recovery time vs. the reality of claims data is the lack of buy-in for RTW among key stakeholders.

## **Studies Demonstrating Effect on Costs & Return on Investment**

1. Labor and Industries (L&I) Stay at Work Financial Incentive Program. (IAIABC, 2016)
   1. *$2.40 ROI for every $1 invested.* Washington State is a monopolistic state, meaning the state is the sole provider of workers’ compensation insurance. The state offers a Stay at Work financial incentive program to their employer customers of a 50% reimbursement of their payroll expense for employees who return to work, up to $10,000 or 66 days.
   2. Results of the program through 2015:
      1. *$2.*40 ROI for every $1 reimbursed
      2. 4,000 employers and 16,700 injury claims participated in reimbursement
      3. $41 million has been paid out in reimbursements
      4. 84% of claims have not gone beyond 66 days.
2. How effective are employer return to work programs? (McLaren, 2010) (as cited in (IAIABC, 2016))
   1. *3.6-week reduction in the median number of weeks out of work.* This study found a 3.6-week reduction in the median number of weeks out of work among employers with a RTW program.
3. Back to Work Programs Pay Big Dividends (Friedman, 1995) (as cited in (IAIABC, 2016)
   1. *87.5% reduction in costs*. This study examined Gibson’s Greetings, at one time the 3rd largest greeting card company, and demonstrated an 87.5% percent reduction in costs due to the implementation of a return-to-work program.
4. Crawford & Company Study
   1. *Recover 3x faster, Save 70% in claims costs.* A 1995 study by Crawford & Company found employees recover from injuries 3x faster when they are on the job, and employer return to work efforts can save up to 70% in claims costs.
5. International Social Security Association ISSA Guideline & Return to Work Reintegration (ISSA, 2013)
   1. *3.7 to 1 ROI.* This international report looked at the effects of return to work best practices on organizations and found an average of 3.7 to 1 return on investment over a two year period.

**Employer Commitment:**

* + TD Policy:
    - Temporary.
    - Similar to the employee’s original job; might be transferred
    - Regular business hours.
    - No overtime.
    - No more than 90 days (flexible for ADA)
    - Voluntary withdrawal from the workforce if refuse assignment
    - Original position at MMI or w/ reasonable accommodation
    - Terminate following ADA protocol
  + TD Calculator:

|  |  |  |
| --- | --- | --- |
|  |  | **Estimated Number of Days Saved.** |
| 35 |
|  |  |  |
|  | x 250 | **Estimated Average Indemnity Cost Per Day.** |
|  | = $8,750 | **Total Estimated Savings of Bringing that Employee Back to Work on Transitional Duty.** |
|  | + 3,000 | **Cost of Replacement Labor.** |
|  | = $11,750 | **Grand Total Cost of Employee’s Being Out of Work.** |
|  | / 4.0 | **Company Profit Margin.** |
| **$293,750.00** is the amount of money it would take to “replace” **$11,750.00** on your company’s bottom line.  The Savings of a Transitional Duty Program from saving 35 lost days is **$293,750.00**. | | |

* + - Reality Median RTW – 96 Days
    - Optimum 42 days
      * 40 days – 56 days or 8 weeks
      * 8 weeks x $800 AWW = $6,400
      * Indirect $6,400 = $12,800
  + Supervisors - Free / Reduced Labor
    - Free labor for TD
    - Reduced cost (L&I)
    - If don’t accommodate, charged for indemnity
    - Free labor for Division Transfer
  + Charge Back System
    - Charged cost of claims
      * 20% refund for reporting claim
      * 30% RTW w/in 4 days
      * 20% claim closes in 90 days
* **Employee Commitment:**
  + EE Brochure:
    - We care about you and your ability to get back to a normal routine.
    - We want you as part of the team and will give you our full support.
    - Evidence shows better outcomes, shorter recovery times; avoid devasting impact of no work
  + Policy:
    - Pay rate at 100% of regular wage
    - WC indemnity 66 2/3% after waiting period to max AWW
    - Condition of employment (voluntary withdrawal)
    - Thorough investigation; 100% & 0%
      * Fraud prosecuted
  + Policy mistake:
    - Grossing up salary OOW
    - Paying regular salary OOW
      * Wage continuation
    - Other perks
    - Benefit accrual, company car, gym memberships, etc
    - **Don't use the workers' compensation claim to address human resource issues**

**Main Point #2: RTW Best Practices (15-20 mins)**

* RTW Best Practice Concepts:
  + Collaborative, Individual, Creative, Flexible, Progressive
* Traditional RTW vs Collaborative RTW
  + Traditional RTW
    - Job demands
    - Job Bank
    - Medical restrictions
    - TD Job Offer
  + Collaborative RTW
    - EE, ER, Physician – adjuster, RTW Coordinator, NCM, Peer Review Doctor, Voc Rehab
    - Study: decision making during RTW
      * “stakeholder agreement on a return-to-work goal and acceptance of an intervention plan in which the task demands aligned with the worker’s capacities were essential for return-to-work success.”
* ACOEM – SAW/RTW Framework & Capacity/Risk/Tolerance Model
  + **Work Capacity. Capacity.** What are the worker’s current work capacity, medical restrictions, and functional limitations?
    - **From Doctor – Can be measured physically**
      * What can do?
        + Functional capacity – what can he do today?
      * What can’t do?
        + what can’t the worker do now that he normally could?
      * What shouldn’t do?
        + what he should not do that will make injury worse?
    - ***Collaborative RTW Tip – The IW Needs to Be Involved!***
      * Can’t take for granted what patient says – Google ‘doctors notes’
      * Can’t always take for granted what doctor says
      * Ask –
        + Do you expect to go back to work?
        + What are your expectations about returning to work?
        + Do you think you will be able to Return to Work?
      * Ask –
        + what part of your job can you do today?
        + what part of your job can’t you do?

What needs to happen to transition back to full duty?

* + - Involve injured workers’ family, create individual plan
    - Inform Doctor:
      * Inform of light duty availability
      * RTW is in patients best interest
      * Provide functional demands of job
  + **Functional Demands. What Is RISK of doing functional demands?**
    - What are the functional demands of the intended job?
      * Job description as quantified as possible demands, tasks, other body parts used in range of motion
      * Video of job?
      * Share with treating providers – medical provider brochure
      * State precisely what you need from the doctor & why
      * Resources:
        + Job Accommodation Network [www.AskJAN.org](http://www.AskJAN.org)
        + Occupational Information Network [www.ONETonline.org](http://www.ONETonline.org)
  + **Identify Actions to Resolve. Tolerance Highly Subjective.**
    - If the worker’s functional capacity matches the functional demands, what is required to affect an actual return to work?
    - Collaborate with adjuster, NCM, Peer Review doctor, EE, ER, JAN
* Sequence of Accommodation
  + Original job
  + Modify original job – some, but not all tasks
  + TD in different job in company
  + Off-site alternative job
* Key Points:
  + ideally want doctor to release to return to work, simplifies life,
  + job of the medical management team to make sure what the patient is saying is reasonable or not
* Doctor Won’t Release Patient to Work
  + Peer Review
    - How is staying away from work helping your patient?
    - If your patient returned to you this afternoon and asked to be released to work, would you allow it?
      * If answer if yes, then there are really no medical reasons why shouldn’t go back to work
      * If answer is no, understand medical reasons
    - Collegial, courteous approach
* Tracking Your Progress - Metric #4 Return to Work Ratio
* # days OOW: Date Injured – Date Back to Work (Mon – Tues = 1 day)
* 90-95% back to work 0-4 days
* Story it tells:
  + Strong indicator of SYSTEM success
    - Lost time claim roughly 4-5x more expensive on average,
    - Needless work disability, 5% of claims, 80% of costs
* How to track:
  + Track via: spreadsheet
    - TPA summary of lost work days; adjusters pay for lost wages according to how many days out of work.
    - Start manually in ONE division or location
* *Draw out spreadsheet of 5 claims*
* *Draw out graph with bars for each*

|  |  |  |  |
| --- | --- | --- | --- |
| Employee | Injury Date | Return to Work Date | # Days |
| Jane Smith | 6/20 | 6/20 | 0 |
| Tom Anderson | 5/20 | 5/28 | 8 |
| Bill Jacobs | 4/15 | 5/15 | 30 |
|  |  |  |  |

**Can’t have great RTW Ratio without great Lag Time.**

**Main Point #3: Handling Difficult RTW Scenarios (5-10 mins)**

* Physician Peer Review Intervention
  + 126 cases
  + Average days OOW = 385 “last effort”
  + 48% success rate
    - RTW status
    - MMI status
    - RTW Plan
  + $500 - $700 cost
* RN tears rotator cuff & goes downhill
  + Accommodate injury in slow season, shows up late & texts all day
  + Has surgery, restrictions increase, then can’t use arm at all
  + After 6 months the department had to fill her position
  + Do we need to create a new desk job?
    - Traditional RTW – Psychosocial factors
* **Home health worker doesn’t want to RTW for fear of re-injury.** 
  + Set expectations prior to injury; EE Brochure
  + SAW / RTW framework / Capacity-Risk-Tolerance Model
    - EE, Supervisor, Medical Provider
    - NCM, Peer Review
    - Cognitive Behavioral Therapy
    - Functional Restoration Program
  + Explain OOW riskier than working
  + Additional options:
    - FMLA leave
    - If medically clear, condition of employment
* Construction worker not aware of how to modify job, not interested in returning to work
  + Set expectations prior to injury; EE Brochure
  + SAW / RTW framework
    - EE, Supervisor, Medical Provider
    - NCM, Peer Review
  + Explain OOW riskier than working
  + Additional options:
    - FMLA leave
  + Ask Jan Conference Call
    - Is confidential
    - Call, email, internet chat
    - Will reference EEOC documents
  + Alternative Off-Site Charity position
  + Condition of Employment
* Bullheaded Supervisor is dead set, 100% or nothing
  + Financial incentive
  + ADA law
  + Senior management pressure