New Ideas for Your Worst Claims

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This Is Where the Big Money Is!
10-20% of Cases Account for 80-90% of Costs

Hypothetical
Total Resource Utilization by Percentiles
Two Main Sub-Groups of Poor Outcomes

“Classic” Catastrophes
- Look serious from day 1
- Obvious immediate or imminent anatomical / functional loss or multi-system insult
- Congenital issue, devastating illness or major trauma, etc.

“Creeping Catastrophes”
- Start out looking like common health problems
- Recovery stalls
- Nothing works
- Illness > disease
- Desperation drives search for expensive / destructive measures
- Go downhill over time
- “Lost causes” get on CPP
Sad Sam

- Bad disc; surgery
- Mediocre work history
- Supervisor never called: “They will handle it”
- Weak supervisor
- Teasing by co-workers
- Disabling doctor
- “Stay home until you’re able to do your job.”
- PERMANENT DISABILITY

Lucky Lou

- Bad disc; surgery
- Mediocre work history
- Supervisor kept in touch: “We need you”
- Good supervisor
- Support from co-workers
- Function-oriented MD
- Transitional work; adaptive equipment
- BACK TO WORK IN 6 WEEKS
Worklessness Is a Poor Outcome

- Book: *Is Work Good for You?* Waddell and Burton
- More “toxic” and “risky” than the most dangerous jobs: ↑morbidity & ↑mortality.
- Chronic pain, over-limitation, deconditioning,
- Loss of enjoyable activities; nothing to do, boredom, purposeless.
- Loss of identity, self-respect
- Frustration, anger, powerlessness, fear, despair.
- Social isolation; marital / family dissolution.
- Loss of income & benefits, slide into poverty.

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Relative Earnings of Workers’ Comp Claimants Who Received Cash Award

SOURCE: Reville, et al. 2001a, p. 48
Get Better Help to People In The Gap

Medical Offices

Delay Uncertainty

Workplaces

Delay Uncertainty

“not mine: NOT a medical issue”

“not mine: this IS medical”

Result: Needless Impairment, Work Disability, Job Loss, Worklessness

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Plan for Today

Problem: People Who Fail to Recover

Why this happens: BPSE Model

Solutions:
- Work disability prevention paradigm
- Multi-dimensional care model

What do we need to do differently?
Injured or Ill? Enter Here
How Does It Look to Employees?

- Surprised by injury
- Pain / discomfort / inconvenience
- Disrupted daily life & work
- Vulnerable; concerned for safety / comfort
- Unfamiliar (hostile?) territory: the “systems”
  - Transformed into “patient” and “claimant”
- Uncertain how to find good medical care
- Uncertain about the future
- Abandoned, shunned, fending for themselves
Thrust into the Maze

Injury / Illness Occurs

Primary Care Physician
Chiropractor
Emergency Room
Specialist Physician
Walk-in Clinic

Benefits Dept
FMLA
STD
MRI
Union
Attorney
IME
Union Rating

Wellness Coach
RTW Coordinator
LTD
Case Manager

PBM
Rx
Work Comp

X-ray
Surgeon

UR
Pain Clinic

Psychologist

Voc Rehab

SSDI

Life Looks Good Again

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People Wonder About Impact of New Medical Conditions on Life

- How long am I going to be laid up?
- How long do I have to take it easy?
- What can I still do? What shouldn’t I do?
- What should I do to speed my recovery?
- When will life be back to normal? ...if ever?
- What does this mean about me? My future?
- Who can really help me? Whom can I trust?
How Does It Look to Doctors?

Discomfort serving as “designated guesser” for SAW/RTW – with too little info & no training.

YET, the doctor has a powerful influence on the situation by providing factual information, advice, and care that will either encourage / support or discourage / impede functional recovery and SAW/RTW.
New BPSE ("bip-see") Model

A bio-psycho-socio-economic model of human illness, disease, and disability is the most accurate way to explain the variability in impact of health conditions on life.

The BPSE model takes into account the entire context in which the person lives and the health problem is occurring — the dynamics in biological, psychological, social and economic domains.

Another name might be the “whole life” model.
Research on Negative BPSE Influences on Impact of Health on Work

- **Personal / psychological**: Catastrophising (even minor), low self-efficacy, belief that “stress” is a cause.
- **Social**: Single parents, unstable relationships, “victim” of society, rented or public housing.
- **Occupational**: Job dissatisfaction, work seen as cause, weak attendance incentives
- **Cognitive**: Health illiteracy; vigilant self-monitoring, false beliefs
- **Economic**: Availability of other sources of income
Issues in Other Dimensions

- No access to needed / effective medical care
- Workplace, family, marital, personal problems
- Lack of information / knowledge
- Illiteracy, low education, learning difficulties
- Lack of practical know-how / expertise
- Weak life skills
- Learned helplessness, weak coping skills
- Limited worldview, no life goals / philosophy
- Residual from past events (e.g., injury, ACE)
- Altered ("hot reacting") nervous systems
Dose-Response Relationship – Adverse Childhood Events

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10 pt Adverse Childhood Events Score

1. Raised by single parent
2. Witnessed physical abuse of mother
3. In jail
4. Drug addict / alcoholic
5. Mentally ill / suicide
6. Neglect, whether emotional or physical
7. Repeated abuse, whether emotional, physical or sexual.
More ACE Info

- Many other demonstrated medical links
- 20 years lower life expectancy w/ high score
- 10-15% of US population has ACE scores 4+ per 2010 CDC Survey in 6 states
- HCP’s don’t want to talk about these things. It looks like “A can of worms……”
- Hidden by shame, secrecy, social taboo.
- The strongest known predictor of adult health status – 52% of functional disability.
Lost or Stuck in the Maze

Injury / Illness Occurs

- Primary Care Physician
- Chiropractor
- Emergency Room
- Specialist Physician
- Walk-in Clinic
- Benefits Dept
- X-ray
- Surgeon
- Work Comp
- Rx
- UR
- MRI
- STD
- Union
- Attorney
- IMM
- Case Manager
- Voc Rehab
- Wellness Coach
- RTW Coordinator
- IMP
- LTD
- Attorney
- STD
- STD
- LTD
- SSDI
- Psychologist
- PBM
- Pain Clinic
- IME
- IMF
- IMP
- IMP
- IMP

Life Looks Good Again

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How Might This Manifest?

- Passivity, lack of curiosity or energy
- Workplace conflict; job dissatisfaction
- Pathetic stories / victimization / blaming
- Poor compliance / nothing works
- Ineptitude, spaciness
- Ignores or resists suggestions
- Demands, requests / expectations
- Attempts at manipulation
- Hostile, untrusting, evasive, adversarial

*Anything else?*
This Is Where the Big Money Is!!

Hypothetical Total Resource Utilization by Percentile

- Resource Use by Decile

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At 12 weeks, employees have only a 50% chance of ever returning to work.
Core Concepts

- Functional impairment, “invalidism,” and work disability are often preventable (so may be needless or iatrogenic -- and potentially remediable -- when we notice them).

- A person’s functional status after a health problem occurs is often best explained by factors in NON-medical domains.

- The problem will show up in the medical domain, but the solution may lie elsewhere.
The employee has the most power to determine the eventual outcome of a disability situation —

. . . because he or she decides how much discretionary effort to make to get better and get life back to normal.
The employer plays the second most powerful role in determining the outcome –

... by deciding whether to manage the employee’s situation actively, passively, supportively, or hostilely, and whether to provide for on-the-job recovery.
Unalterable Factors That Predict Prolonged Disability

- Prior history (medical and life experiences)
- Age, immigrant status, family circumstances
- Educational attainment
- Occupational skill level
- Employment status / unemployment rate
- Financial incentives
Positive BPSE Influences re: Impact of Health on Work

- Respect for employer
- Job satisfaction
- Moral obligation
- Positive attendance incentives (esp. co-workers)
- Strong health literacy
- Well-managed chronic health condition
- Behaviors, beliefs, and confidence.

  – NOTE: Changing these things does not always require a mental health professional.
Remediable Factors

- Interval away from work
- Physical / interpersonal demands of job
- Job stress / dissatisfaction
- Negative expectations
- Distress, fear-avoidance
- Depression, anxiety
- Maladaptive coping, catastrophizing
- Pain intensity and pain behavior
- Functional disability

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So What Shall We Do Now?

1. Adopt the Work Disability Prevention Approach

2. Employ a Multi-Dimensional Analysis & Care Model
SOLUTION PART 1:

ACOEM’s Work Disability Prevention Model:

“Preventing Needless Work Disability by Helping People Stay Employed”
How To Prevent or Reduce Work Disability

*↓* Functional Impact of Medical Condition

*↑* Ability / Willingness to Cope

*↑* External Support
We Can Influence Which Way the Swing Groups Go

Good Outcome Certain

Good, unless . . .

Bad, unless . . .

Bad Outcome Certain

Ignored?
Disrespected?
Abandoned?
Alienated?
Unmonitored?
No limits?

Noticed?
Cared about?
Valued?
Respected?
Needs Met?
Educated?
Strengthened?
Supported?
Coached?
Monitored?
Corralled?
SOLUTION PART 2:
Multi-Dimensional Analysis & Care Model
Keys to Short-Circuiting Creeping Catastrophes

1. “Worklessness” should be considered a poor outcome and a sign that programs and or services are inadequate. What is missing?

2. The problem will show up in the medical domain, but the solution may lie elsewhere.

3. A multi-dimensional, person-centric, prevention-oriented, function-focused, evidence-based, and outcome-driven approach is the most effective approach.
Three Intervals / Opportunities

- Day 1-14: Early Injury Response
- Months 2-12: Extra Support
- Year 2+: Salvage Operation
Early Injury Response

Medical Offices

Delay Uncertainty

Workplaces

Delay Uncertainty

“Not mine: NOT a medical issue”

“Not mine: This IS medical”

Result: Needless Impairment, Work Disability, Job Loss, Worklessness
Words Are Part of the Treatment

For many problem issues, credible expert advice has been shown to affect outcome (alcohol, drugs, seatbelts, exercise, nutrition). Here, too.

What doctors tell patients with common health complaints may be the most important thing the doctors do -- the words they use, the topics they emphasize, and their predictions.

For people with serious medical problems, these things may be even more important.
Avoid Medicalizing Everyday Problems
-- Choose Reassuring Words

**SAY THIS**
- Normal aging process
- Sort of like grey hair of the back
- Back ache
- Your spine looks about the same as other people your age -- who don’t have pain.
- Stay active; movement has been proven to be good. Walking will reduce your pain. Keep life as normal as possible.

**NOT THIS**
- Degenerative Joint Disease
- Degenerative changes (they will hear “arthritis”)
- Back injury
- Bulging disc, disc protrusion
- Loss of cartilage; bone on bone.
- Avoid strenuous activity; be careful what you do. If it hurts, don’t do it.
“Activity helps you recover.”

“Some discomfort is normal when returning to activities after an injury.”

“You can help with your own recovery.”

“You can protect yourself from re-injury.”

“Early and safe return to work makes sense.”
“Information As Therapy”

IT HELPS, BUT ONLY IF it comes from a “credible authority” perceived as:

1. trustworthy
2. benevolent
3. expert in the matter at hand
Be Efficient & Consistent:
Deliver Standard Messages via Materials

- Use them to inform and educate all parties.
- “Canned” statements on forms and emails
- Brochures, fact sheets – like “The Back Book”
- They speak for you: philosophy / approach
  - Routine use implies that you consider education to be a regular part of the care process.
  - Content of the materials is your advice
- A credible source increases acceptance.
Helpful Tips for Injured Workers: How to Minimize Life and Work Disruption

Are you curious about what to do when you suddenly have a medical condition that is affecting your work? Here is our advice on how to handle that situation. Here is what to do if you want to feel better, get your daily life back to normal and manage your benefits as smoothly as possible. We have served thousands of people in situations like yours, and we want you to have the best possible experience and recovery.

Our top 10 suggestions

1. Ask questions until you understand
2. Keep good records
3. Ask your doctor what you can do – and when
4. Stay active
5. Suggest solutions
6. Tell people about your work-related injury promptly
7. Keep in touch with your workplace
8. Keep in touch with your EVC and your MCO
9. Take care of your mind as well as your body
10. Be brave

1. Ask questions until you understand

You deserve to know what is going on. Ask questions if your doctor says something you do not understand. Do your part to take care of yourself. One way by learning about your medical problem and the steps about your treatment. Even if the medical staff seems rushed, remember they are there to serve you. The same goes for EVC and the managed care organization (MCO) staff. Ask for explanations until you are comfortable. You are their customer.

2. Keep good records

Use a folder to keep all your papers in one place and organized. Take this folder to every doctor’s appointment. Share the information as needed.

3. Ask your doctor what you can do – and when

Ask your doctor what you can do to help yourself get better. At every visit, ask your doctor for a daily activity prescription. This describes what you can safely do now – both at home and at work. Ask what specific activities or tasks you need to avoid, and which ones of your job are still OK. These activities will change over time.

4. Stay active

Solid medical research shows that recovery is often more rapid and complete when people keep their daily routine as normal as possible during their recuperation. Being active also helps to prevent slow progress or even cure chronic conditions.

5. Suggest solutions

Be a problem solver. See if you can stay busy and productive during your recovery – and keep getting your full paycheck! Talk to your supervisor if your injury prevents you from performing your job, maybe there are parts of your job that you can still do to keep you at work.

If you and your employer can’t come up with a solution to work within the doctor approved capabilities, talk to your MCO or your EVC claims representative. We may be able to help.

Continues on the next page.
The Early Injury Assistance Resource Center is a good place to start if you were recently injured at work and filed a claim for workers’ compensation benefits. The purpose of this website is to give you some basic information and helpful suggestions. It will show you the big picture and describe what usually happens most of the time – but it will not describe every detail. (See the disclaimer.)

This site repeats and expands on the material covered in the call you may have already received from an Early Injury Assistance specialist. (See our Welcome message.)

The Ohio Bureau of Workers’ Compensation (BWC) exists so that injured workers get medical care for their work-related injuries as well as any other benefits they are legally due. BWC wants you to have the best possible experience while doing that. Click on the links below to find what you need. And call the BWC Contact Center with any questions.

**Educate Yourself**

- Basic Facts - Workers' Compensation
  - Introduction to Workers' Compensation
  - Introduction to BWC and your MCO
  - How the process gets started - what to expect
  - Your rights & responsibilities

- Basic Facts - Medical & Health Information
  - Medical conditions and their treatment
  - Medical care delivery process

- Key Websites
  - Guide to Early Injury Assistance Website
  - Guide to BWC Website
  - MCO Contact Information

**Get Help for YOUR Situation**

- How to Play Your Part
  - General suggestions for managing this situation
  - Your role in your medical care and recovery
  - Your role in managing your claim for benefits

- FAQs - Frequently Asked Questions about Basic Facts

- Needs and Concerns - Suggestions for Handling Them

- Things to Download and Print (tip sheets, log form, handbook)

- Get live help / Contact us (BWC, Ombuds Office, MCO, EIA)
Extra Support at 4-6 wks OOW

Result: Needless Work Disability, Job Loss, Withdrawal from Workforce

“Not mine: NOT a medical issue”

“Not mine: This IS medical”

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When Something’s Not Right

- Find a way to get YOURSELF comfortable.
- Express concern and a desire to help.
- Learn more about how THEY see it.
- Address their personal situation / distress.
Detecting Issues and Concerns

- Notice subtle cues.
  - Their choice of words, tone of voice, body language, interactions with you or with others

- Get things out in the open.
  - Be alert and curious. Ask.
  - “What have you been wondering about?”

- Get clear about the context, the big picture.
  - “Why are you asking?”
  - “It looks to me like . . . . .”
  - “What will you do with this?”
It Helps to Acknowledge Human Issues

- Create openness in them to your input.
  - Do not discount, pigeonhole, or be judgmental.
  - Listen deeply; listen for unmet human needs.
  - Be warm, respectful, and worthy of trust.

- Normalize their concerns / needs / issues.

- If you are comfortable that we ALL have a mind-body connection (it’s human / universal), they will find it more acceptable, too.
Most Employees Don’t Know

- It is often “medically safe” to work despite chronic pain – and many/most people do.
- The limitations their doctor has set are ESTIMATES.
- How “the system” works – what their rights & responsibilities are
- What the best way to handle this situation is
- What they are heading for – if they think “disability” looks like the best answer:
  - Poverty; Timeline and reality of entry into a disability system – and what life is like afterwards.
- What else is possible – alternative jobs / careers
1. Normal human reactions to life upset (e.g. grief, confusion, anger) are not mental illnesses. Avoid creating a medical condition where there is none.

2. Remind EE to use simple measures that assist in recovery:
   – Sleep, nutrition, exercise
   – Avoid drugs and alcohol.
   – Avoid isolation; rally social network.

3. Distinguish between medical and non-medical issues.

4. Tell EE / ER / MD / adjuster about non-medical issues that need to be addressed.
Your Opportunity to Influence

- They are vulnerable, listening for advice – and at a pivotal point. Ignoring distress is harmful.

- Ask yourself: How can I help this person have the best possible future? How can I keep this person a productive member of society?

- If it is medically safe for them to do anything productive at all, advise them to find a way to stay in the workforce.

- Help employees focus on exploring what they can still do, instead of their symptoms & inabilities.
Use Early Screening & Packaged Intervention Programs For Extra Support

- Systematic screening & situation assessment
- A menu of solutions, for example
  - Nurse case management, RTW coordinator
  - Single counseling session with BPSE-friendly doc
  - Time-limited evidence-based standardized and structured programs, e.g., PGAP, PHIP, Stanford Chronic Illness course, shared medical decision-making, etc.
  - Fast job protection services: Help negotiating w/ employer; job hunt, or career change

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Fail-Safe & Salvage Operations

“Not mine: NOT a medical issue”

“Not mine: This IS medical”

Result: Needless Work Disability, Job Loss, Withdrawal from Workforce
The Arthur Boorman Story

https://www.youtube.com/watch?v=qX9FSZJu448
High Cost Failures of Today’s “Systems”

Usually:
  – chronic pain and debility,
  – opioids and/or many meds,
  – extensive & ineffective medical care,
  – low quality of everyday life.

Often already been “burnt”
  – wary, angry, despairing.

High ACE score or similar risks likely.
Start Fresh

Take a new look at the current situation from the perspective of the person.

– Respect their predicament and point of view.

Develop and carry out a dual strategy:

– Medical and/or psychological intervention
– Supplemental (multi-dimensional) interventions.

Look deeper and wider for root causes.

– What has been missing? What might help?

Engage professionals whom the employee will trust and get them “whole enough to heal.”
A Turnaround Will Require:

- Earning trust
- Building will to recover & give up “sick role”
- Structure, continuity, and personal (human) support
- Coordinated, intensive effort to address factors in several domains
- Enough time to build skills and confidence: learn, practice, relapse, etc.
Medical Interventions

- Interfere aggressively with plans for ongoing or future inappropriate care, e.g., surgery, procedures, opioids.
  - UR, Peer-to-peer, PCM, etc.

- Educational consultation for employee with credible, expert, patient-friendly physicians/psychologists who listen carefully and offer strategic advice.

- Refer to effective treatment providers who focus on functional recovery.
More May Be Needed

10-20% of people DO have frank psychiatric co-morbidities, especially depression & anxiety, but may not have access to good (effective) mental healthcare.

There ARE good (credible) self-help mental health resources available on the Internet.
Supplemental Interventions

• Look at what has been missing & supply it.
• Information & personal support are therapeutic.
• Strengthen & develop the person
  • Shift their focus to creating a more satisfying life.
  • Grow their motivation & determination to succeed
  • Increase their confidence & skill at coping
• Find new resources, vendors, payment methods & set up new protocols and processes
Example: Maze-Masters

- Confidential non-medical multi-dimensional program delivered via internet, mail and phone. Lasts 6 to 18 months.

- Personal support / coaching / tutoring from Maze-Masters Guide
  - Weekly phone meetings & emails
  - Project lists
  - On-going monitoring of progress & satisfaction

- Educational / developmental resources
  - Project lists
  - Materials (websites, books, CDs, DVDs)
  - Experiences (cognitive, mental, physical, social)

- Orchestrated events resolve specific issues ("snarls")
Missing Materials/Suppliers/Vendors

- Health education / health literacy
- Instruction in self-care and self-management skills for chronic conditions
- Facilitation of shared medical decision-making ("really" informed consent)
- Life skills training, including workplace.
- Coping / resiliency training
- Multi-dimensional intervention
- Cognitive behavioral psychotherapy
Takeaway Tips - 1

Be pro-active:

- Drive these situations pro-actively & systematically.
- Set up protocols, and use tools and automated methods to ensure the right things happen all the time.
- Meet reasonable needs of workers (and their workplace supervisors, and physicians).
- Attend to the extra needs of the 10% of vulnerable workers at risk for creeping catastrophes.
Takeaway Tips - 2

You deliver the most value and really earn your keep on the most difficult cases!

- Educate yourself (see resources).
- Master the skills required.
- Find vendors who provide missing services.
- Find a way to pay for them.

Get and keep everyone on the same page

- Communication & collaboration
- Education
- Standardization.

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Recommended Reading re: ACE

- Start here: www.acestudy.org
- Read Felitti’s chapter in Lanius book
- See CDC MMWR study on ACE
  - http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm
- Google “ACES / Felitti” on You Tube
- Robin Karr-Morse book, Scared Sick
Resources:
Worklessness, BPSE Model

Is Work Good for You?
- [http://www.dwp.gov.uk/docs/hwwb-is-work-good-for-you.pdf](http://www.dwp.gov.uk/docs/hwwb-is-work-good-for-you.pdf)

Powerful introduction to new thinking re: sickness, illness & disability by Sir Malcolm Aylward.
- “Tiny url”: [http://tinyurl.com/cdx5jhi](http://tinyurl.com/cdx5jhi)

Recommended Readings re: Multi-Dimensional Care

- SAMSHA: *8 Domains of Wellness*
- Michael Balint, MB: *The Doctor, His Patient & The Illness*
- Allen Barbour, MD: *Caring for Patients*
- American Chronic Pain Association: *From Patient to Person.*
- Fred Luskin, PhD: *Forgive for Good*
- David Hanscom, MD: *Back in Control*
- Howard Schubiner, MD: *Unlearn Your Pain*
Examples of Reputable Self-Help Resources

FREE - Patient education brochure: “If Opioids Have Not Relieved Your Chronic Pain”
www.webility.md

American Chronic Pain Association
- (website) www.theacpa.org;
- (work book) From Patient to Person
- (free book) Guide to Medications

Mayo Clinic (website) www.mayoclinic.com

MedLine Plus www.medlineplus.gov

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THANKS! Stay in touch!

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– Go to www.webility.md to apply