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Caring for the Total Worker

Successful treatment and return to work requires a skilled interdisciplinary team working with a biopsychosocial approach to address the injured worker's entire condition. We'll discuss the existing barriers to this approach and highlight practical ways to overcome them.

Clinical Perspective: Why Caring for the Total Worker is Important

For the injured worker's return to work and recovery, caring for the total person is the best and most cost-effective strategy. Following an evidence-based diagnosis based on the bio-psycho-social model of healthcare, the patient advocacy model assists and empowers stakeholders for IW's best interest. This includes encouraging return to work, reducing attorney involvement, and improving medical outcomes.

Psychosocial-Behavioral Risk Factors vs. Mental Health Conditions

Psychosocial-Behavioral Risk Factors include attitudes and beliefs, perceptions, emotional reactions and relational factors. Mental Health Condition comorbidities are defined by the Diagnostic & Statistical Manual of Mental Disorders.
A growing number of studies support the biopsychosocial approach to care based on the understanding that mental health and psychological consequences of injuries can interfere with recovery to pre-injury levels of function and long-term wellbeing.

These factors intensify and/or prolong treatment, Interfere with participation in rehab and with ability to manage/direct care. They tend to increase costs and to result in suboptimal outcomes.

Challenges and Suggested Interventions

The challenges are difficult because they lack visibility in the fragmented healthcare system compounded by the unique parameters of the Workers' Compensation system that dictate worker and provider engagement.
Suggested interventions include: Risk Stratification & Screening measure the injured worker for depression and anxiety, self-efficacy, perceived justice, financial status, family and cultural factors, as well as on a scale evaluating the patient's tendency to experience pain and to catastrophize.

Selecting the appropriate provider requires finding someone with empathy, who provides assurance and sets expectations while taking a holistic approach that include pre-existing issues and workers' comp injuries.
Working from a treatment toolbox - one size does not fit all cases – allows the provider to monitor behavior changes. Techniques include motivational interviewing used by "front-line" providers to influence low motivation and a readiness to change models to adapt to the injured workers' needs.
Cognitive and Behavioral Therapy (CBT) can identify and correct distorted or maladaptive beliefs and provide education, relaxation exercises, coping skills training, and stress management for symptom reduction and improving function.
Psychodynamic Therapy uncovers unconscious patterns of past conflicts and develops the patient's insights about the past and present connections.

Self-care and self-empowerment techniques include mindfulness, yoga, and tai chi.
Other "tools" include prescription medications and specialized modalities, such as PGAP – Progressive Goal Attainment Program, eye movement desensitization methods and community support programs.
It's also important to be aware of the expertise needed for stakeholder collaboration. Its takes an experienced village to care for an injured worker. That includes, healthcare providers, employers, payers and the injured worker and his or her family.

Employer Perspective

Pre-injury, the employer must provide a strong risk management program, a positive work environment, and a good relationship between supervisor and employee. Workers should be encouraged to get primary care treatment before injury occurs, and mental health treatment should be available to all employees.

Post-injury, good communication is crucial. Communication between supervisor and injured worker should include regular status checks. The supervisor should listen and be a sounding board for the injured worker.
Between the adjuster and injured worker, it's important that the injured worker understand the claims process and that the adjuster provide timely payments of benefits and medical bills.

Communication between the nurse case manager and the injured worker includes appointment reminders, a clear understanding of the medical condition and of the next steps in the process for the injured worker.
A strong return to work program includes light duty work, accommodating restrictions, and restoration to full duty work.

Carrier Perspective

Adjustor Training Historically Doesn't Address Total Worker
Historically adjusters are trained to investigate, determine compensability and manage benefits tightly to reduce costs. Their training typically revolves around jurisdictional law, cost containment, litigation and systems. Very few claims organizations offer training specific to empathy, behavioral interviewing or holistic health management. Although newer predictive models are effective at detecting bio-psychosocial factors, once identified, the adjuster or case manager have to know how to manage that information for better outcomes.

Competing Priorities Create Friction
It starts with the employer and often translates into how they interact with the carrier / Third Party Administrator and injured workers. The advocacy model makes sense, we understand intrinsically that caring for the whole person will lead to better recovery and more effective return to work. Organizations want to do right by their employees BUT they also face extreme pressures to produce efficiencies and profits. The resources needed to support advocacy carry some costs; both direct and indirect, whether that is providing additional services such as counseling, transportation and childcare or enhanced medical such as weight loss or smoking cessation or training adjusting staff or lowering caseloads to allow for a more intimate interaction with injured workers. That is often at odds with how carriers and TPAs are measured and evaluated – Loss Ratios may drive higher due to additional allocated expenses, lower caseloads means higher labor costs, TPAs are often evaluated on average cost per claim rather than holistic measures such as return to work and Stay at Work success.

Practical Suggestions on How Carrier and TPA Can Support Advocacy Models
Understand and work within the legal framework of individual jurisdictions. Lisa will speak in more detail but it is important to understand what types of enhanced services can be provided without compromising the carrier or TPA's right to limit, restrict or terminate benefits at some later date.

Look for ways to bridge personal health and the claim. Segregation of medical history has a negative impact on total health and recovery. Strict privacy regulations make it very difficult for the claim organization to get full health history and medical records.

I have long advocated for the idea that Workers' Comp jobs are indeed social service positions. Select adjusters specifically on ability to interact well with injured workers. Look for both empathy and the ability to deliver tough messages in a kind way. Look for adjusters that can ask probing questions and get to the heart of what else is going on with that injured worker.

Use data to build the case for Advocacy and Outcomes. There is good data out there to support that the model results in less medical treatment, fewer long term medications, sustainable return to work and overall job satisfaction. Employers have to buy in first and then the carriers and TPAs can afford the enhancements needed to support the model.

Nurses are often the best advocates for total health. Make the ROI case to assign case managers to cases where they can have positive impact.
Don't ignore the support systems already in place – does the employer provide the carrier / TPA with all the details around their benefits plans? Carrier / TPA should ask for details around health, short-term disability, long-term disability, employee assistance plan, and legal plans.

If WC benefits cease, are adjusters empowered and educated on how to help the injured worker find community support services and benefits? Can they refer to Medicaid or Social Security Disability Insurance Benefits?
Get a broad medical release and give staff a script that helps them explain why it is important for the adjuster and treating physicians to have ALL of the medical and social history.

Legal Implications

The workers' comp system is a no-fault system that shields employer from excessive liability and guarantees the worker compensation for work injuries for waiving the right to sue the employer in civil court. It is a "social welfare" program that is subject to abuse.

Claims with a psychological element can be particularly challenging due to the difficulty in substantiating the complaints and the cause. A psychological component can be added/included in a physical injury claim either at the outset or later by a request for a diagnosis update (a physical-mental).

A mental-mental claim involves a mental condition "injury" caused by non-physical means. Mental-mental claims are prohibited by statute in some jurisdictions. An example is a claim where a worker witnesses a traumatic event such as robbery or a serious injury or death to a co-worker but has no physical "injury" resulting from the incident. The common claim is a claim for post-traumatic stress disorder (PTSD) including fear of returning to work in the same position. Other jurisdictions recognize mental-mental claims, but require a showing of a specific work event causing the injury, which was an abnormal working condition. Whether the condition was abnormal would depend on the specific type of employment/work environment. For example, a robbery at a convenient store is more common that an active shooter situation in an office setting.

Finally, a mental-physical claim involves a traumatic event witnessed that leads to a physical condition. A physical-mental claim is most common with a worker that sustains a disabling physical injury and has a resulting mental response (such as PTSD or depression/anxiety) from the injury itself or the persisting disability. If the responsible party provides treatment for the mental condition and the same becomes permanent, the condition can be added to the claim and the attending costs associated such as counseling, medication, disability from work, and a permanency award. If there is a causal connection between the injury and mental condition, the same should be treated and included in the claim.

Investigating and understanding the claimant's baseline mental status is helpful in determining when the worker has reached MMI from the compensable condition. A mental-physical claim is uncommonly seen, and the employee has an uphill battle with establishing causation between the work environment and the physical condition. An example is working in a stressful environment (verbal abuse, harassment, having classified information) and having a heart attack. Obviously, the causation is difficult to meet for a worker since so many other factors lead to a heart condition causing a heart attack.