

Best Practices in Case Management

Chairperson: Michael Kelley

Monday, April 30th

2:15 – 2:55 pm

*Work Related Injuries Workshop
April 30th & May 1st, 2018*

Bilingual Case Management Needs & Benefits

Maria “Ginger” Medina
& Paula McDonough

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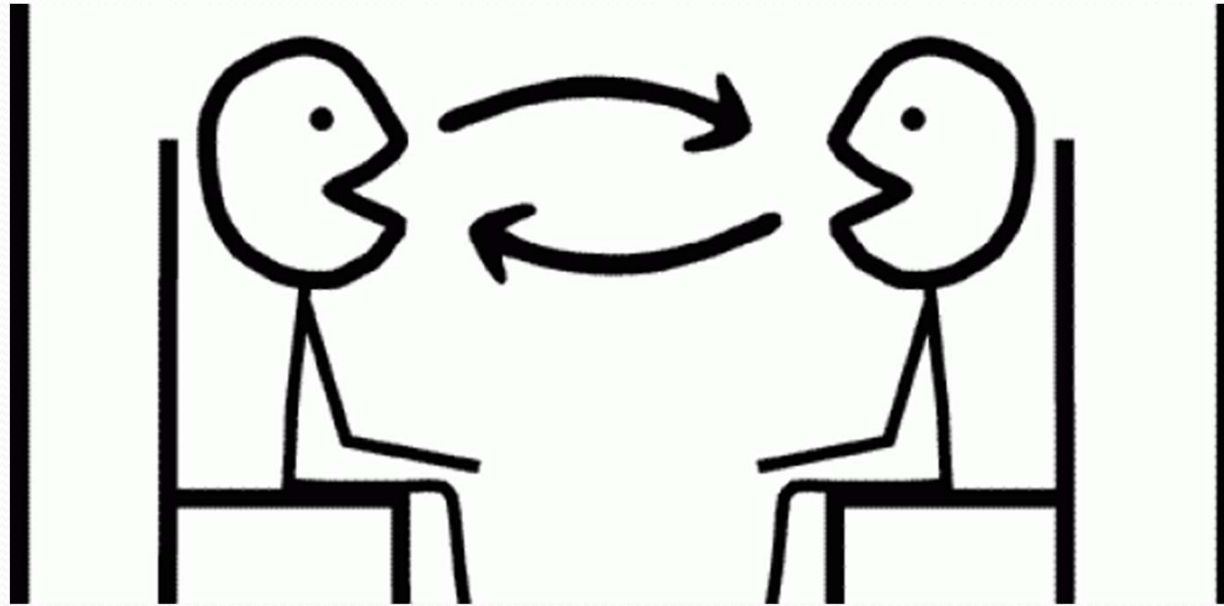
Statistics

Latinos of all nationalities will make up the largest U.S. minority group with 12.5 percent of the population, followed by blacks (12.3 percent) and Asians (3.6 percent).

Ten percent of the U.S. population is foreign-born. By 2050, minorities will make up approximately 47 percent of the U.S. population.

*Am Fam Physician. 2005 Dec 1;72(11):2267-74. Juckett, G.

The Interview





Communication and Social Interaction

- Personalismo
- Respeto
- Simpatia



Concepts of Health

- Visual
- Sense of Bienestar
- Nutrition
- Prevention Strategies



Improving Case Management

- Education
- Bridging communication gaps
- Providing solutions

Best Practices for Patients with Addiction



Mary L. Guyette,
RN, MS, ACNS-BC

Mary L. Guyette earned a BS in nursing and an MS in nursing from the University of Vermont. Mary has worked in hospitals as a bedside nurse, extended care facilities as supervisor and educator, Urology as an advanced practice nurse and Vermont Technical College as a clinical instructor. For the past 16 years she has used her education and expertise in the role of medical case manager, communicating with all concerned parties and coordinating care for the injured worker.

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Outline

- Definitions
 - Dependence vs addiction
 - Substance use disorder
- Best Practices
 - Prevention
 - Screening
 - Diagnosis
 - Treatment

Best Practices with Patients with Pre-Existing Psychiatric Conditions






Early identification – brief targeted intervention – guided by emphasis on Return To Work

Kenneth A Larsen, DMin, PhD
New England Baptist Hospital
Pro Sports Behavioral Medicine



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Summary of Different Types of Flags

Flag	Nature	Examples
 Red	Signs of serious pathology	Cauda equina syndrome, fracture, tumor
 Orange	Psychiatric symptoms	Clinical depression, personality disorder
 Yellow	Beliefs, appraisals, and judgments	Unhelpful beliefs about pain: indication of injury as uncontrollable or likely to worsen Expectations of poor treatment outcome, delayed return to work
	Emotional responses	Distress not meeting criteria for diagnosis of mental disorder Worry, fears, anxiety
	Pain behavior (including pain coping strategies)	Avoidance of activities due to expectations of pain and possible reinjury Over-reliance on passive treatments (hot packs, cold packs, analgesics)
 Blue	Perceptions about the relationship between work and health	Belief that work is too onerous and likely to cause further injury Belief that workplace supervisor and workmates are unsupportive
 Black	System or contextual obstacles	Legislation restricting options for return to work Conflict with insurance staff over injury claim Overly solicitous family and health care providers Heavy work, with little opportunity to modify duties

Nicholas, et al, “*Early Identification of Psych Risk Factors (Yellow Flags) in Patients.*”

Phys Therapy Journal 2011

Psychosocial Risk Factors in Recovery Delay

- Maladaptive Attitudes & Beliefs
- Display of Pain/Stress Behaviors
- Negative Reinforcement by Family
- Lack of Social Support
- Compensation Issues
- ↑ Emotional Reactivity
- Job Dissatisfaction
- Acute Trauma or Abuse History





Additional Factors Identifying At-Risk Workers

- Significant psychosocial factors negatively impacting recovery
- A history of childhood abuse (verbal, physical, mental)
- Those unresponsive to conservative therapies
- Previous history of delayed recovery or rehabilitation
- Loss of employment or prolonged absence from work
- Lack of employer support to accommodate needs
- Identification of barriers to recovery from an industrial injury
- Of these factors, lost time from work has the highest value in predicting patients who will have delayed recovery.

[Medical Treatment Utilization Schedule (MRUS), 2017]

[Wash State Dept of Labor & Industries: Occupational Health Best Practices, 2015]

Subsyndromal Indicators

- In general, behavior patterns characterized as anxious and socially avoidant were found consistently related to poor health outcomes. [Wall, Ogloff, Morrissey, J Occup Rehabil, 2006]
- For injured workers – it is simply signs that he/she is not committed fully to recovering or to returning to work. Telltale signs are missed appointments, poor compliance with home exercise, and tendency to blame others.
- These “soft” prodromal factors can be easily missed early-on, which, in turn, prevents digging a bit deeper into the underlying psychosocial pathology.

[Washington State Dept of Labor & Industries; 2015]

Background & Extent of Problem

- Those at risk should be aggressively managed to avoid ineffective therapeutic efforts and needless disability.

[Medical Treatment Utilization Schedule (MTUS), 2015]

- The influence of worker's personalities are often neglected factors when initially evaluated;
Yet these personality factors are significantly associated with poorer outcomes.

[Wall, Ogloff, Morrissey, J Occup Rehabil, Dec 2006]



Pandora's Box: The Dreaded Fear of Addressing Psych Issues

- The fear is that psychological difficulties will be uncovered, and once they are, it will greatly complicate matters and add to expense and delays.
- However, all the available data suggest that half and possibly more of all Worker's Compensation costs are attributable to psychosocial factors.
- This is a huge problem, and ignoring it will not make it go away

[Health Psychology for Risk Managers and Insurance Adjusters, 2012]

Bucket - A

Responds well to Evidence-Based Treatments

- In this bucket are the known risk factors that actually respond well to immediate and short-term psycho-education, cognitive restructuring and targeted behavioral treatments:
- Acute > Chronic Pain Syndrome
- Acute Stress > Chronic Posttraumatic Stress
- Underlying History of Childhood Trauma

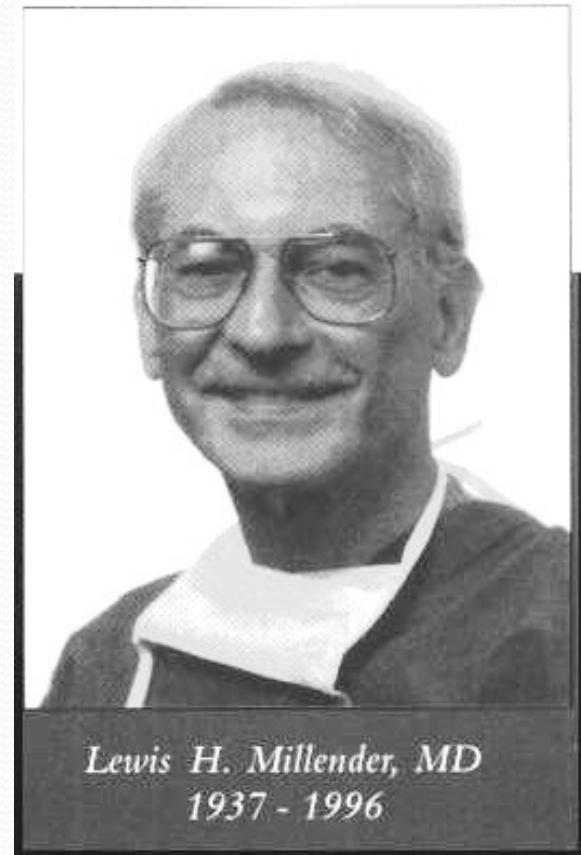
Bucket - B

Evidence-based Treatments Tied Directly to Injury

- In this bucket are the more elusive factors that are
- the bane of Workers Compensation – sometimes felt
- to be the "black hole" of psychological management.
- emotional or mood syndromes
- personality disorders
- dysfunctional coping styles
- Issues with anger and rage
- history of substance abuse

DIA Guideline #27

“Allows rapid, brief, and efficient use of a range of behavioral approaches directed at improving the use of a variety of **pain** and **stress management** strategies, improving **problem-solving skills**, and emphasizing a therapeutic **Return To Work.**”

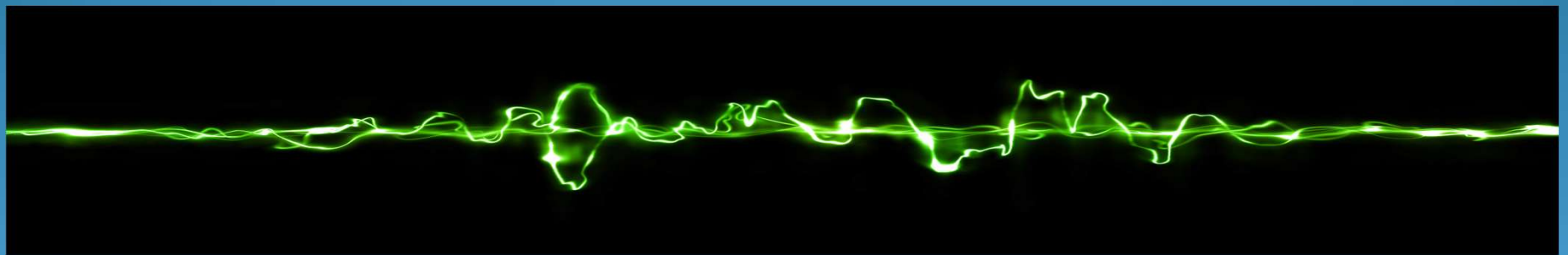




DIA Guideline #27

“Behavioral symptoms **which are out of proportion** to what would be expected as they often have strong psychosocial components - **persistent complaints of pain, anxiety, depression and anger** - and thus the treatment should include psychological support.”

Thank You



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