“Importance of Return to Work” - an Interactive Workshop

Chairperson:

Karen Huyck MD, PhD, MPH

Tuesday, March 29th, 2022

12:35-1:15pm

Overview of Work Disability and Why Preventing Work Disability Matters

Michael Erdil MD, FACOEM

OEHN

UConn Health DOEM

Why Disability Prevention Matters: National Safety Council Injury Facts

Time Lost Due to Work-related Injuries - 2019

DAYS LOST

- total in 2019 ------ 105,000,000
- due to injuries in 2019 ------ 70,000,000
- due to injuries in prior years --------- 35,000,000
- in future years from 2019 injuries --- 55,000,000

Days lost estimates do not include time lost by people with nondisabling injuries or other people directly or indirectly involved in the incidents.

Work Injury Costs - 2019

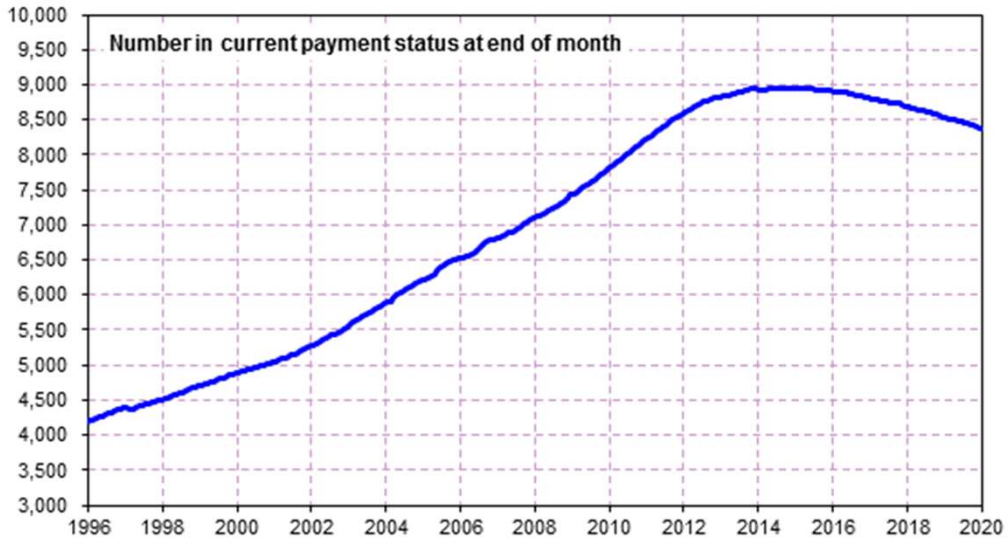
COST

- total in 2019 ---- $171.0 billion
- per worker ------ $1,100
- per death ------ $1,220,000
- per medically consulted injury ----- $42,000

The true cost to the nation, employers, and individuals of work-related deaths and injuries is much greater than the cost of workers' compensation insurance alone. The figures above show National Safety Council estimates of the total economic costs of work-related deaths and injuries.

https://injuryfacts.nsc.org/work/costs/

Why Disability Prevention Matters: SSD Disabled Worker Trends



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https://www.ssa.gov/OACT/STATS/dibGraphs.html

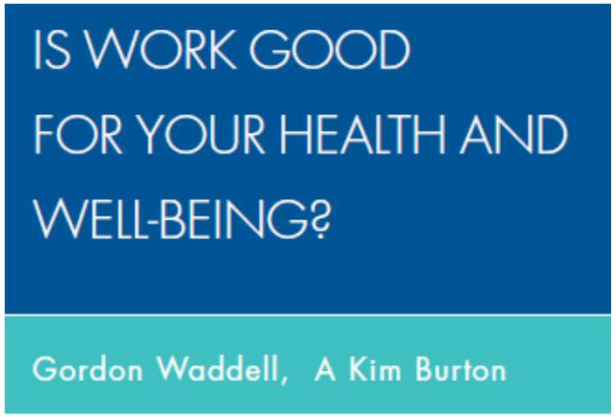
TABLE I. SSDI Insurance Awards by Diagnosis Group, 1983, 2003, 2012; Social Security Disability Insurance Awards (%) by Diagnosis Group*

Diagnosis group	1983	2003	2012
Heart disease	21.9	11.4	8.4
Musculoskeletal disorders (e.g., back pain)	13.4	26.3	29.8
Mental disorders	16.3	25.4	31.8
Cancer	11.8	9.4	3.1
Nervous system	8.4	8.5	9.3
Lupus	5.0	3.8	4.1
Endocrine system (e.g., diabetes)	4.8	3.1	3.4

*Autor and Duggan [2006], Social Security Administration [2012].

Franklin Am J Indust Med 2015

Work Benefits and Decisions



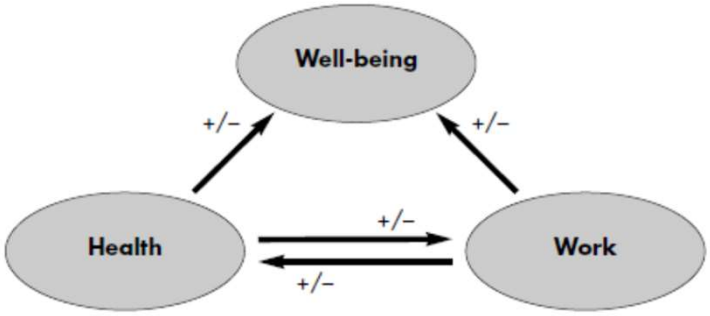


Figure 1. Possible causal pathways between health, work and well-being
(+/- : beneficial or harmful effects)

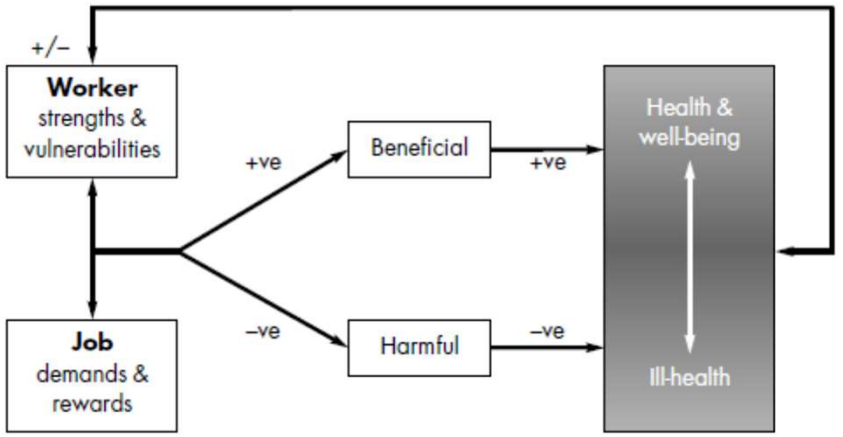
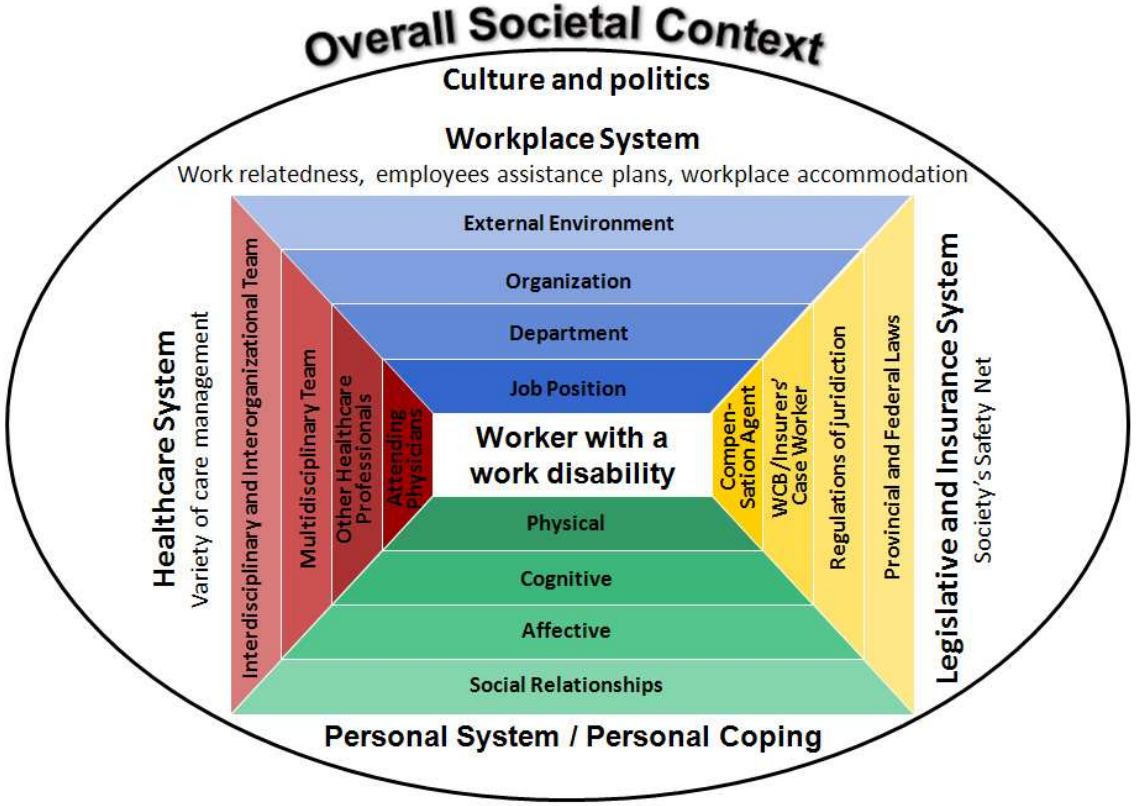


Figure 2. Work and health: interactions can lead to differing consequences

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

Stakeholders and Factors Contributing to Disability

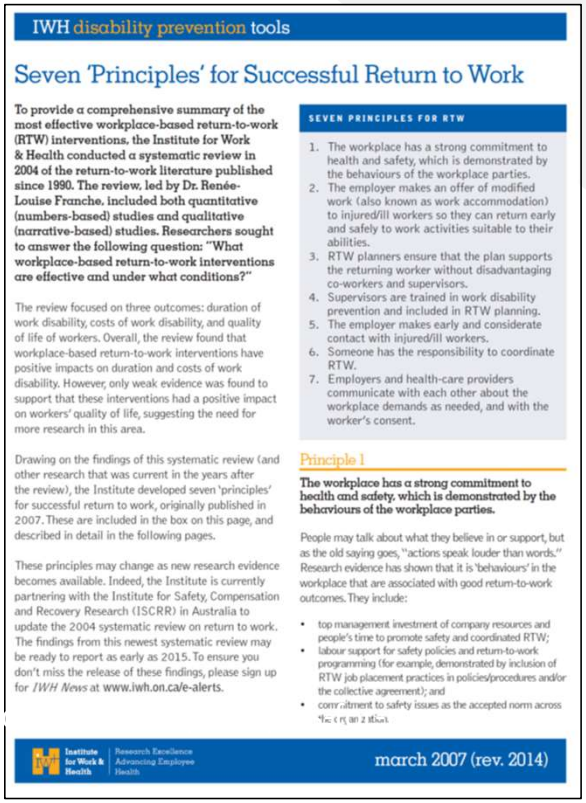


(Loisel et al, J Occup Rehabil, 2005)

https://pubmed.ncbi.nlm.nih.gov/16254752/

Seven RTW Practices

1) Demonstrated commitment to health and safety
2) Routine offer of modified work/ job accommodation
3) RTW without disadvantaging co-workers
4) Supervisors trained and included in RTW planning
5) Early and considerate contact with injured worker
6) Designated person to coordinate RTW
7) Communicate with providers (with worker consent)



IWH disability prevention tools

Seven 'Principles' for Successful Return to Work

To provide a comprehensive summary of the most effective workplace-based return-to-work (RTW) interventions, the Institute for Work & Health conducted a systematic review in 2004 of the return-to-work literature published since 1990. The review, led by Dr. Renée-Louise Franche, included both quantitative (numbers-based) studies and qualitative (narrative-based) studies. Researchers sought to answer the following question: "What workplace-based return-to-work interventions are effective and under what conditions?"

The review focused on three outcomes: duration of work disability, costs of work disability, and quality of life of workers. Overall, the review found that workplace-based return-to-work interventions have positive impacts on duration and costs of work disability. However, only weak evidence was found to support that these interventions had a positive impact on workers' quality of life, suggesting the need for more research in this area.

Drawing on the findings of this systematic review (and other research that was current in the years after the review), the Institute developed seven 'principles' for successful return to work, originally published in 2007. These are included in the box on this page, and described in detail in the following pages.

These principles may change as new research evidence becomes available. Indeed, the Institute is currently partnering with the Institute for Safety, Compensation and Recovery Research (ISCRR) in Australia to update the 2004 systematic review on return to work. The findings from this newest systematic review may be ready to report as early as 2015. To ensure you don't miss the release of these findings, please sign up for *IWH News* at www.iwh.on.ca/e-alerts.

SEVEN PRINCIPLES FOR RTW

1. The workplace has a strong commitment to health and safety, which is demonstrated by the behaviours of the workplace parties.
2. The employer makes an offer of modified work (also known as work accommodation) to injured/ill workers so they can return early and safely to work activities suitable to their abilities.
3. RTW planners ensure that the plan supports the returning worker without disadvantaging co-workers and supervisors.
4. Supervisors are trained in work disability prevention and included in RTW planning.
5. The employer makes early and considerate contact with injured/ill workers.
6. Someone has the responsibility to coordinate RTW.
7. Employers and health-care providers communicate with each other about the workplace demands as needed, and with the worker's consent.

Principle 1

The workplace has a strong commitment to health and safety, which is demonstrated by the behaviours of the workplace parties.

People may talk about what they believe in or support, but as the old saying goes, "actions speak louder than words." Research evidence has shown that it is 'behaviours' in the workplace that are associated with good return-to-work outcomes. They include:

- top management investment of company resources and people's time to promote safety and coordinated RTW;
- labour support for safety policies and return-to-work programming (for example, demonstrated by inclusion of RTW job placement practices in policies/procedures and/or the collective agreement); and
- commitment to safety issues as the accepted norm across

Institute for Work & Health | Research Excellence Advancing Employee Health

march 2007 (rev. 2014)

https://www.iwh.on.ca/tools-and-guides/seven-principles-for-successful-return-to-work

VT RETAIN – Vermont Early Work Disability Prevention Program

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Dartmouth-Hitchcock
Geisel School of Medicine

Disclaimer

- Retaining Employment and Talent After Injury/Illness Network (RETAIN)
- Funded by the U.S. Department of Labor (DOL), Office of Disability Employment Policy (ODEP)
- Joint initiative led by ODEP in partnership with DOL's Employment and Training Administration (ETA) and the Social Security Administration (SSA)
- **Explores ways to help people who experience illness or injury remain in the labor force**
- Purpose is to **test the impact of early intervention strategies that improve stay-at-work/return-to-work (SAW/RTW) outcomes** for individuals who experience injury or illness
- Modeled after **Washington State's Centers for Occupational Health Excellence (COHE)**.

Preparation of this presentation was fully funded by the United States Department of Labor in the amount of $14,543,706 under Cooperative Agreement No. OD-36366-21-75-4-50.

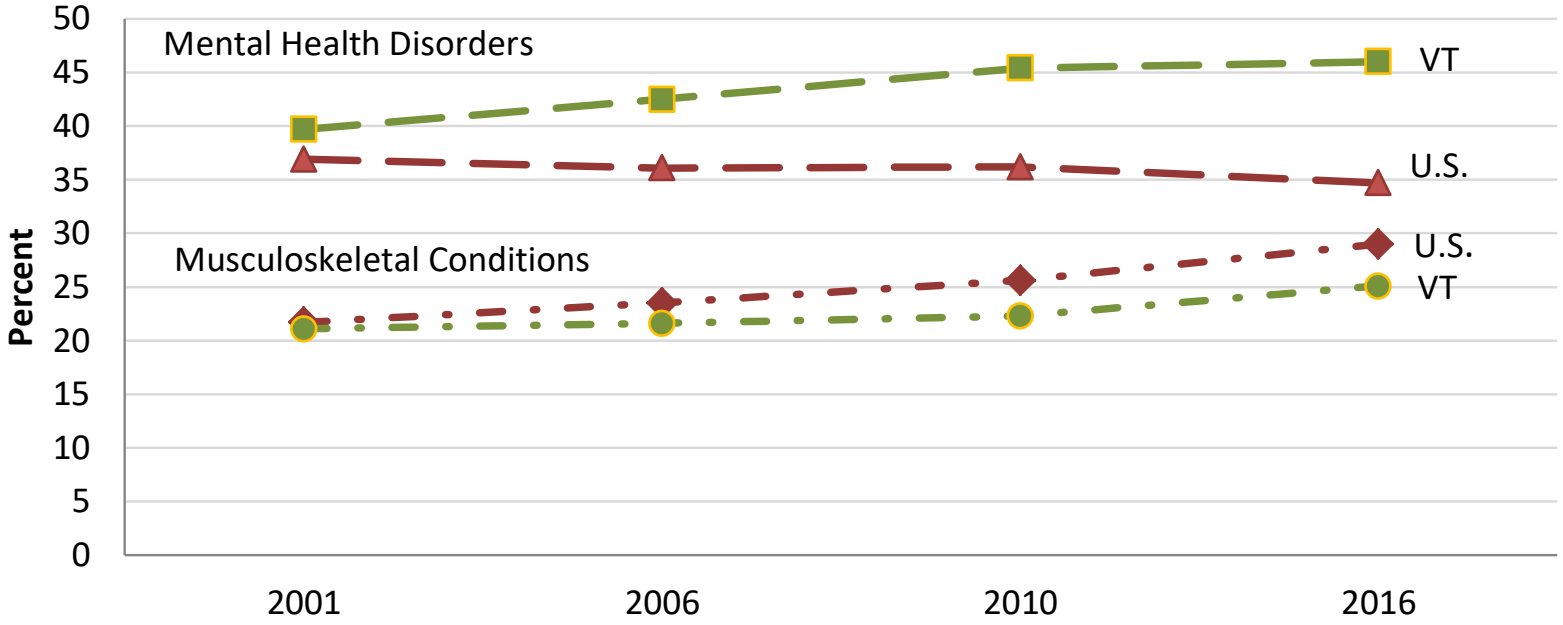
This presentation does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

Required RETAIN SAW/RTW strategies

1) RTW Coordinators coordinating health and employment service delivery
2) Recruiting and training health care providers in occupational health best practices
3) Incentivizing participating health care providers to use occupational health best practices
4) Early communication to all stakeholders to return the worker to work as soon as possible
5) Workplace-based interventions and accommodations
6) Job retraining/rehabilitation for workers who can no longer perform their prior job
7) Tracking and monitoring the medical and employment progress of participating workers.

Vermont Disability Statistics

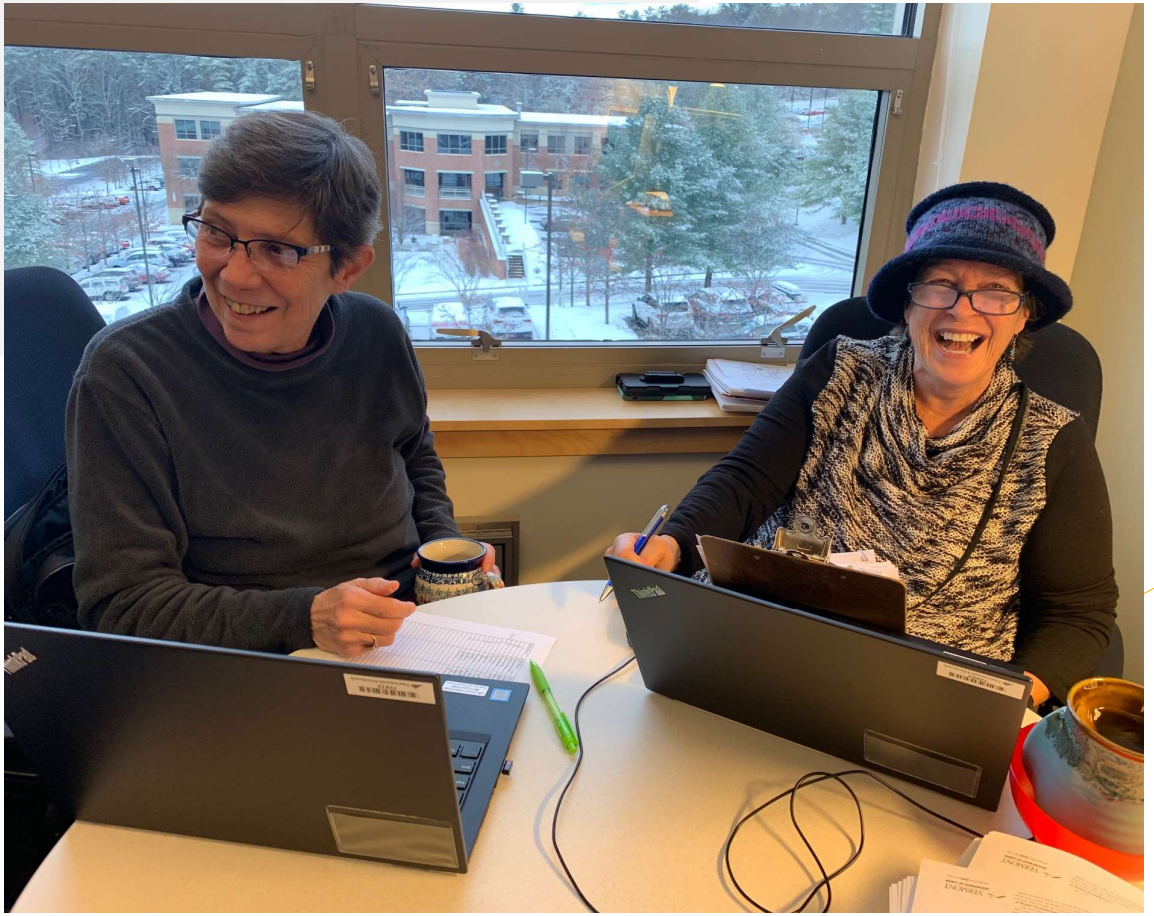
Figure 2. Shares of SSDI Beneficiaries who became eligible on the basis of mental health disorders or musculoskeletal conditions; Vermont and the U.S.; 2001, 2006, 2010 and 2016



Source: SSA, *Annual Statistical Report on the Social Security Disability Insurance Program*, various years, Table 11.

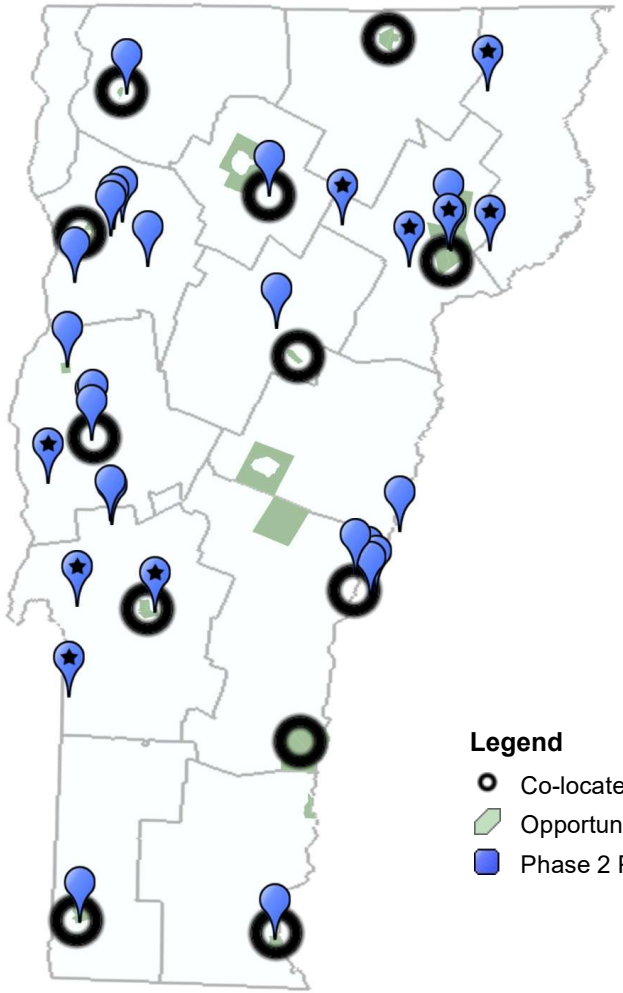
VT RETAIN Phase 1 Early RTW Program Outcomes

- ✓ Conducted 19 focus groups and over 30 interviews
- ✓ Collaborated with 6 pilot practices
- ✓ Enrolled 103 worker participants
- ✓ High satisfaction rates from providers and patients
- ✓ High stay at or return to work rates for patients
- ✓ Conducted training sessions for 100 providers:
  - 29% of providers confident identifying risk of work disability → 89% were confident post-training
  - 32% of providers confident in writing RTW letter → 78% confident post-training
- ✓ Piloted 3 new SAW/RTW programs to fill gaps identified by needs assessment
- ✓ Developed and piloted a mobile health care coordination system to support SAW/RTW (LINK-VT)



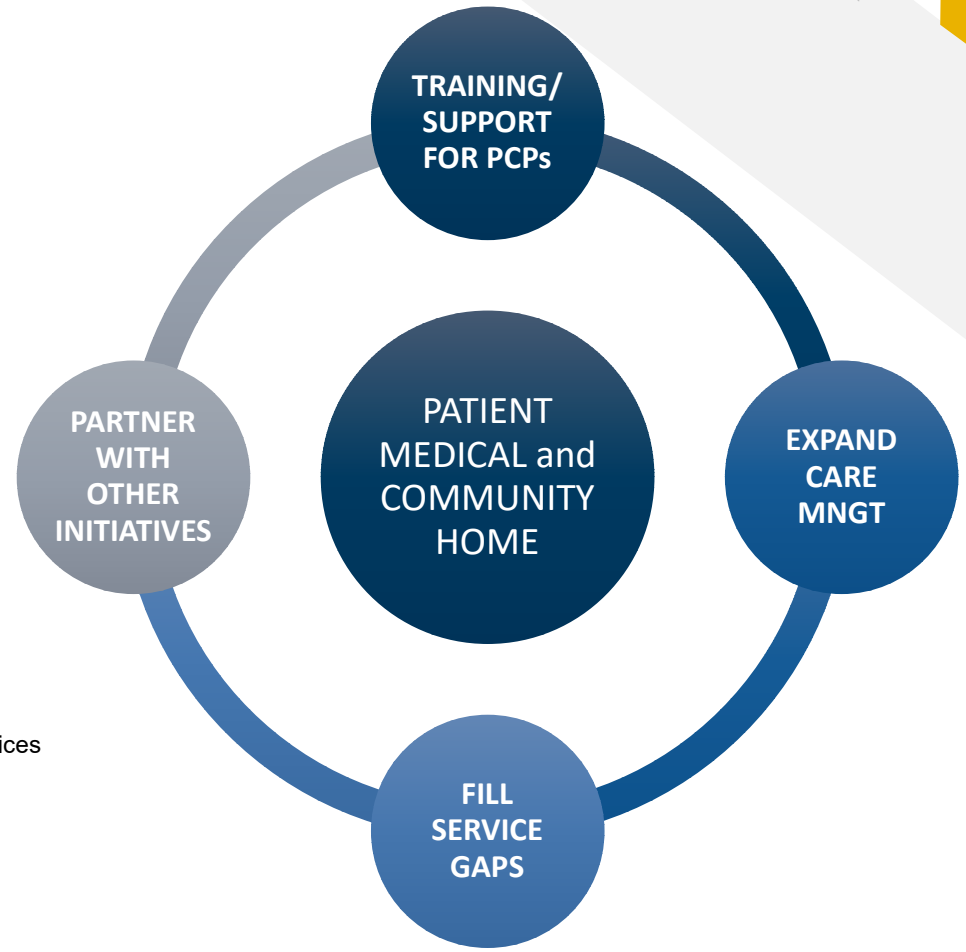
VT RETAIN Work-Health Coaches

VT RETAIN Phase 2 model



Legend

- Co-located health and employment services
- Opportunity Zone
- Phase 2 Practice



Challenges Associated with Returning Workers with Mental Health Conditions to Work

Ken Larsen, DMin, PhD
American Board of Medical Psychology
New England Baptist Hospital

2022
Work Related Injuries Workshop

Working with Claims Professionals

- WC Adjusters
- Utilization Review
- Nurse Case Managers

DIA Guideline #27

- Lewis Millender, MD
- DIA Guideline 27
- Return to Work Key

"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."

Determining Causation

- Usually determined before I meet the worker
- But, I always qualify ‘whether’ or ‘which’ emotional / behavioral piece is work injury-related
- Examples: early childhood abuse, previous trauma, history of depression and anxiety, chronic pain, etc.

- Comorbidity and Legal Standards:
  - Is the comorbidity work-related or non-work-related?
  - Does the comorbidity and the work injury combine to result in incapacity? how? and to what extent?
  - Does comorbidity prolong treatment, delay recovery, limit treatment options?
  - Or, are there two co-existing independent medical conditions that separately cause different disabilities?
  - The employee has to show that the work injury was a cause, however minor, of a comorbidity flair up.

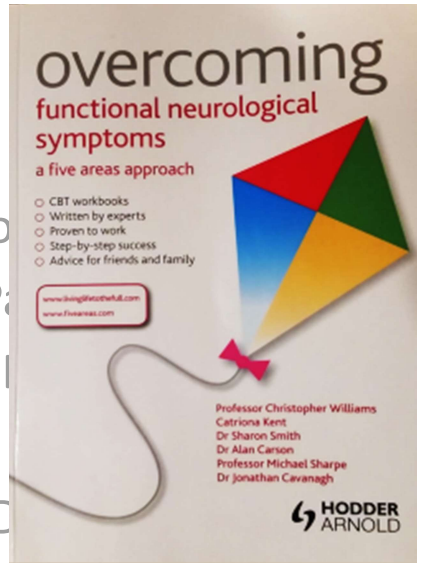
Michael Ready, Esq.
Ready, Kiernan & McNally, LLP
Wareham, MA

Common Treatments

- Cognitive Behavioral Treatment (CBT /related approaches)
  - Cognitive Restructuring of sensory & procedural information
  - Setting Goals. Problem Solving, Emphasizing RTW
  - Reestablishing Coping Mechanisms / Teaching New Ones
  - Overcoming Functional Neurological Symptoms Program
  - Clinical Hypnosis (mental rehearsal)
  - Pain/Psycho Pharmacological Review
- Limbic Oriented Approaches:
  - Eye Movement Therapies:
    - Eye Movement Desensitization Reprocessing (EMDR, Brainspotting)
    - Eidetic Memory Reprocessing (EMR, Trauma Theater, Rewind Therapy)
  - Mind-Body Medicine (Bio-Psycho-Education / Autonomic Self-Regulation)
  - Graded Motor Imagery Therapy (R/L discrimination; mirror therapy)

Diagnoses, Signs & Symptoms

- Stress
- Anxiety /
- Depressio
- Chronic P
- CRPS (RS
- Phantom
- ASD, PTSD
- TBI, PCS
- RTW Obstacles



Functional neurological symptoms include weakness, movement disorders, and involuntary sensory experiences.

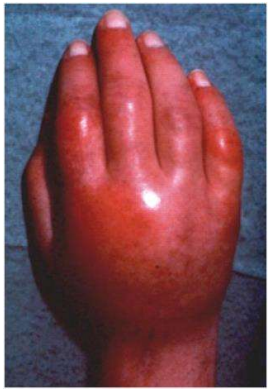
The brain of a patient with functional neurological symptoms **is structurally normal, but functions incorrectly.**

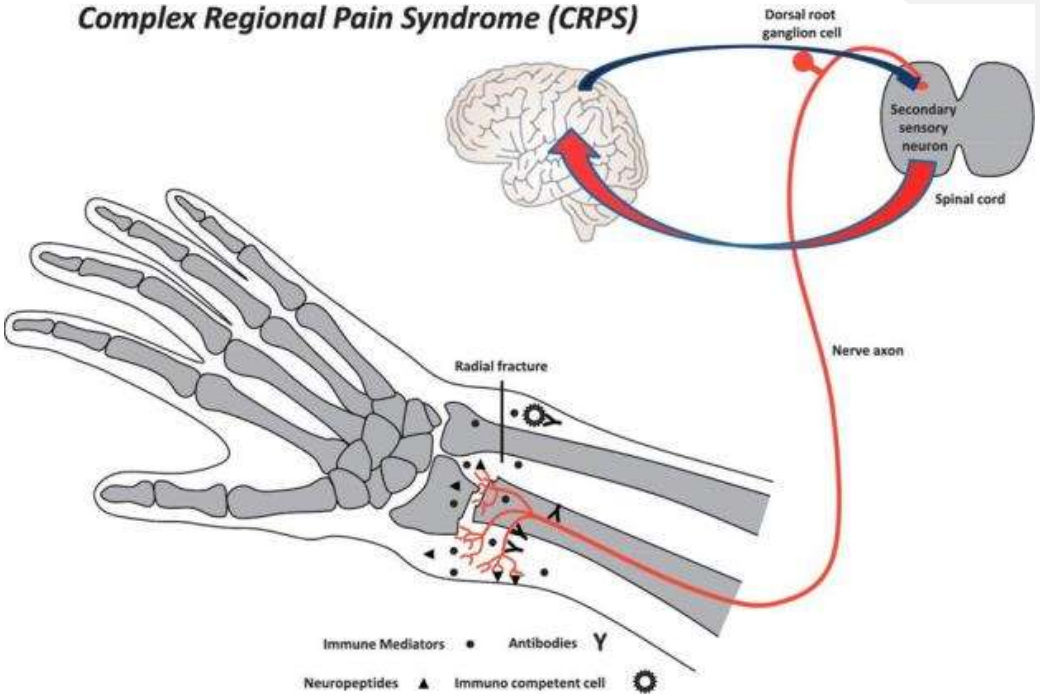
These symptoms are REAL, not FAKE.

This workbook provides a structured use of Psychoeducation and CBT

Diagnoses, Signs & Symptoms

- Stress
- Anxiety / Panic
- Depression
- Chronic Pain
- CRPS (RSD)
- Phantom Limb
- ASD, PTSD
- TBI, PCS
- RTW Obstacles





Diagnoses, Signs & Symptoms

- Stress
- Anxiety / Panic
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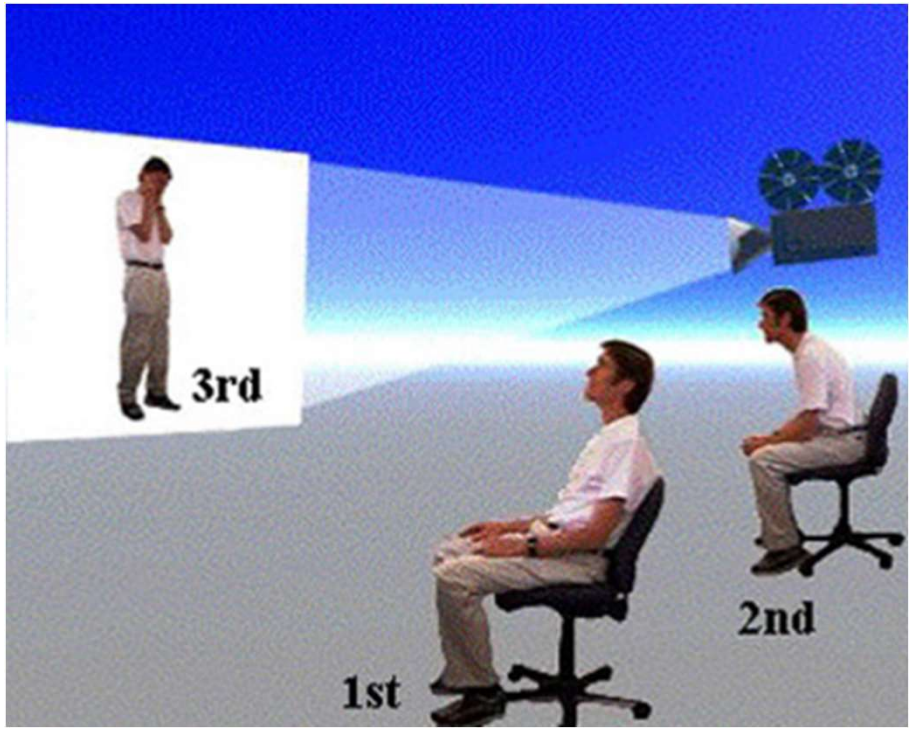
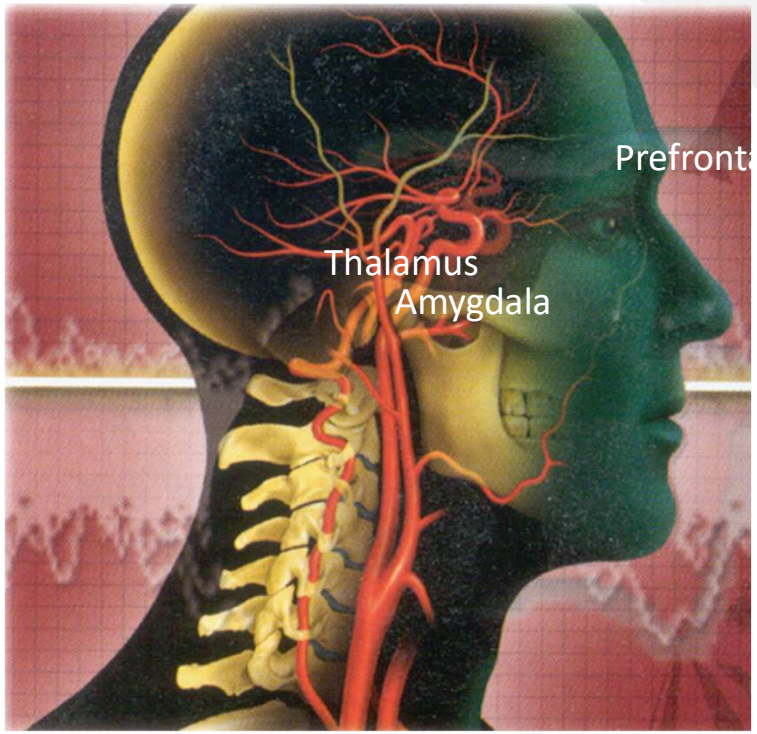
- ASD, PTSD
- TBI, PCS
- RTW Obstacles


DIAGNOSIS of PTSD
The Essex First Mate, Owen Chase, 1820, in his surviving journal, graphically describes the first account of Workplace PTSD
•Sleep Deprivation
•Obsessive Dwelling
•Tormenting Memories
•Nightmares & Flashbacks
Essex First Mate Owen Chase
#INTHEHEARTOFTHESEA

REWIND TECHNIQUE





Reference Bessel van der Kolk; Frank Corrigan: Recruiting the midbrain for accessing and healing traumatic memories

RTW Obstacles

- Stress
- Anxiety / Panic
- Depression
- Chronic Pain
- CRPS (RSD)
- Phantom Limb
- ASD, PTSD
- TBI, PCS
- RTW Obstacles

- Maladaptive Attitudes & Beliefs
- Display of Pain Behaviors
- ↑ Emotional Reactivity
- Reinforcement by Family
- Lack of Social Support
- Unconscious Secondary Gain
- Life Job Dissatisfaction
- Trauma, Abuse History

Return To Work: Case Presentations

Case 1: Table Saw Injury to Left Hand

- Patient: 42 year-old male
- Employed as carpenter making desks, counters & doors for Mass Cabinet Inc
- DOI: 10/18/2017 Table Saw Accident, deep cut into 5th digit of left hand
- Referred and seen initially 11/30/2018 for PTSD
- RN Case Mgr Coventry / Adjuster Cove Risk
- Mental Status:
  - A & O x 3, oriented to reality, complains of symptoms consistent with PTSD associated with his work injury which left him disfigured and unable to return to work until his left hand is rehabilitated. He shows signs and symptoms of depression and anxiety associated with injury. Cognition and judgment grossly intact, speech and language within normal limits. Even though English is not his native tongue, we were able to communicate without difficulty. He was cooperative and eager to work on getting better.
- Symptoms:
  - "I get two hours of sleep at night at most" then he catches up with a full 8 hrs once or twice in the week.
  - He reports nightmares of the accident 4-5x weekly. "in my dreams the table saw eats my hand."
  - He also reports flashbacks during the daytime hours – 5 days out the week – some days 3-4x
  - "When I remember what happened, it's like a switch goes off in my head and I can't stop it." (triggers)
  - While he denies depression – he showed evidence consistent with fluctuating depressive signs on exam
  - He stated that his wife is very supportive and encourages him to "think positively – up – not down."
  - In spite of this he is often overcome with negative thoughts and worries about his hand and his future.
  - For coping, he mostly uses distractions methods

Case 1: Table Saw Injury to Left Hand

Initial Visit Cont. (11/30/2017)

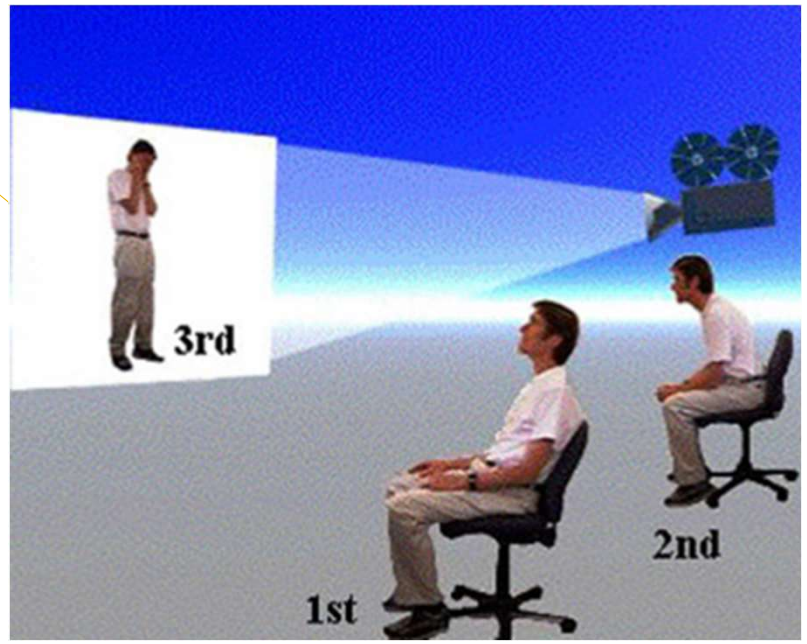
- Treatment Goals:
  - Symptom reduction, skill acquisition, improve functioning, reduce ineffective behaviors, introduce RTW philosophy, address and eliminate symptoms clearly associated with PTSD
- Treatment Rendered:
  - Patient was taught skills in autonomic self-regulation
  - This entailed learning abdominal breathing techniques to stimulate the vagal system reducing pain anxiety
  - ANS autoregulation included targeting supra-sensorial symptoms contributing to organic stress
  - Demonstrated progressive muscle relaxation and rapid induction methods
  - This is a staple prescription of skills for managing both physical and emotional responses to injury
  - Additionally, cognitive restructuring providing challenge to negative self-deprecating thoughts
- Diagnosis:
  - ICD-10 F43.10 posttraumatic stress syndrome (primary)
  - ICD-10 F06.4 anxiety disorder due to known physiological condition – injury to the left hand (secondary)

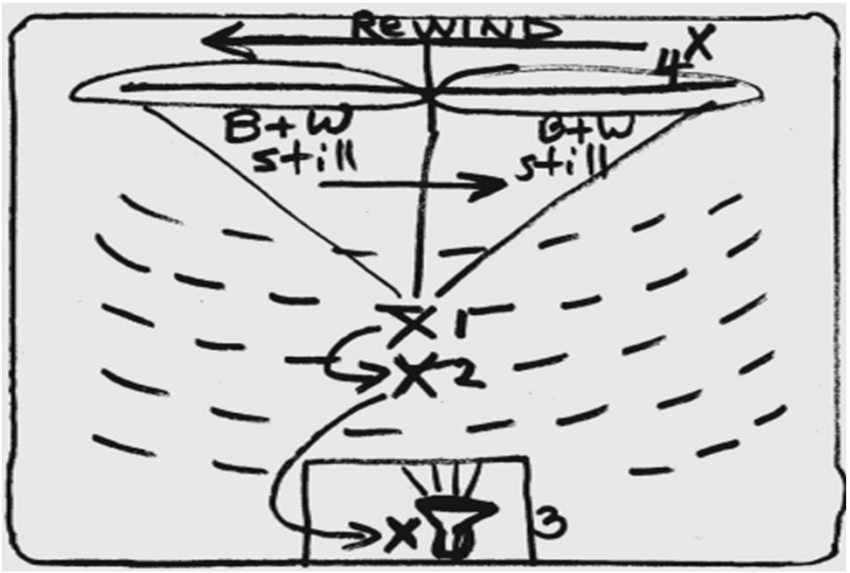
Case 1: Table Saw Injury to Left Hand

Second Visit (12/15/2017)

- Treatment Rendered: Eidetic Memory Reprocessing (EMR)

"Visual-kinesthetic dissociative technique, using ideomotor signaling, establishing an 'observing ego,' and reprocessing the event at the limbic level, extinguishing unconscious triggers assoc with implicit memories"





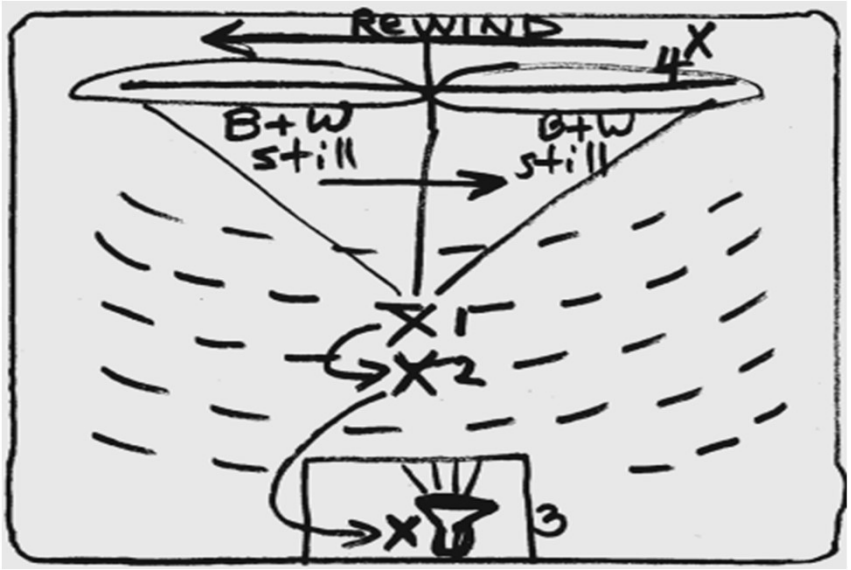
Case 1: Table Saw Injury to Left Hand

Second Visit Cont. (12/15/2017)

- Treatment Rendered: Eidetic Memory Reprocessing (EMR)

"Visual-kinesthetic dissociative technique, using ideomotor signaling, establishing an 'observing ego,' and reprocessing the event at the limbic level, extinguishing unconscious triggers assoc with implicit memories"

1. Reinforced diaphragmatic breathing
2. Cognitive map was drawn
3. Safe end points established
4. Ideomotor signal established
5. **First Phase: Forward Run of Movie**
   "Structured Exposure Phase"
6. *Result: this took only one try – he actually remained in projection booth, and stated, "that was easy." He was satisfied that the movie represented what he experience.*



Case 1: Table Saw Injury to Left Hand

Second Visit Cont. (12/15/2017)

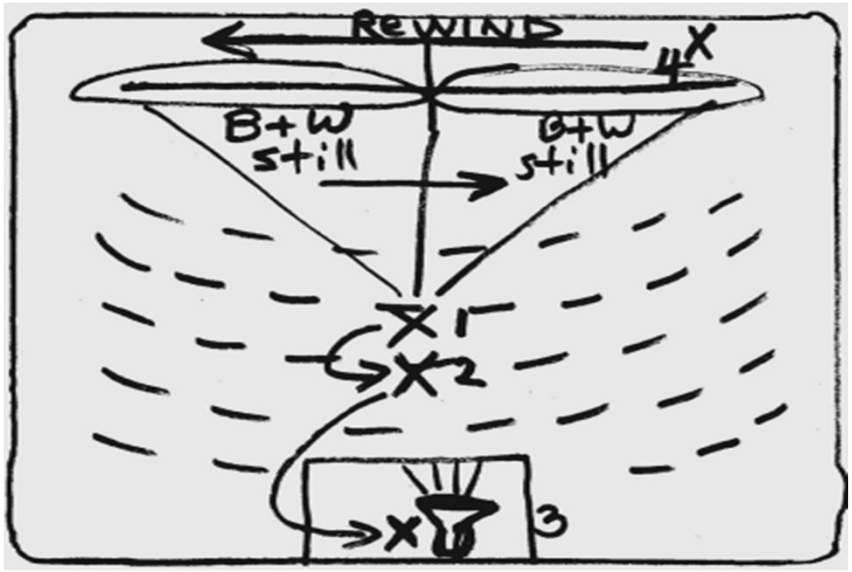
- Treatment Rendered: Eidetic Memory Reprocessing (EMR)

"Visual-kinesthetic dissociative technique, using ideomotor signaling, establishing an 'observing ego,' and reprocessing the event at the limbic level, extinguishing unconscious triggers assoc with implicit memories"

6. Second Phase: REWIND of Movie
"Centrally Mediated Reprocessing"

7. *Rewind 1: "I felt the cut" his affect was calm*
8. *Rewind 2: "I saw everything this time"*
9. *Rewind 3: "looks the same but must faster"*
10. *Rewind 4: Laughing – reported he felt goose goose bumps on his right arm.*
11. *Rewind 5: "this was really fast and easy"*
12. *Rewind 6: "It felt and looked like nothing"*

Patient revisited the trauma in reverse without the affect of panic and terror. REM observed.



Case 1: Table Saw Injury to Left Hand

Third Visit (1/23/2018)

- Treatment Rendered: Follow-Up to EMR Session

He reported that his nightmares and flashbacks had resolved.

His remaining challenge is he looks at his hand and gets "stressed and sad and worried if his hand will become functional and how long will it take." This is what we worked on in depth during this session.

13. Cognitive Restructuring
providing sensory & procedural information and problem solving about his concern; that he has an injury – but it need not define who he is as a person – nor should it derail his 'force of character' and the 'human energy' he has to relate to others and to RTW.

14. Future Pacing: *mental rehearsal of RTW*

15. He looks forward to a Work Hardening Program once physical therapy concludes.

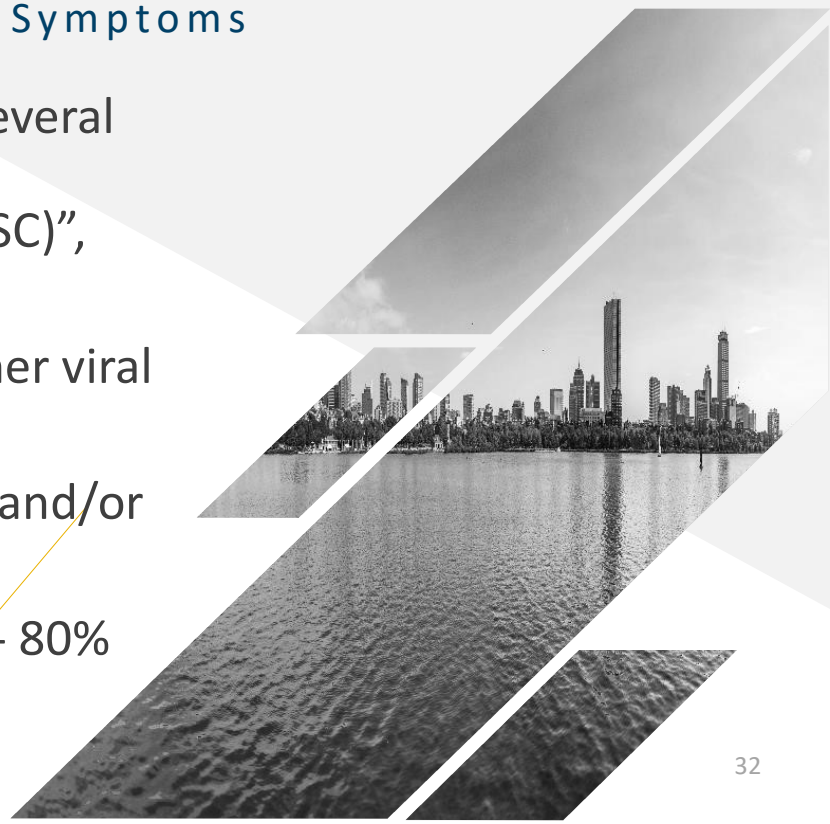
Case 2: Post-acute Covid Illness

- Patient: 46 year-old female ICU nurse diagnosed with COVID January 6, 2021 by PCR.
- No clear hospital exposure incident. Possible Holiday exposure.
- Day 14: Repeat PCR negative. Employee still reported fatigue and headaches and mild cough
- Day 21: Seen in Employee Health with persistent severe fatigue, brain fog, dyspnea on exertion.
- Instructed to remain out of work by PCP for 4-6 weeks.
- Re-evaluation by Employee Health on Day 28. No Call, No Show.
- Re-evaluation by Employee Health on Day 42 in Employee Health. Still notes fatigue, chest tightness, dyspnea and cognitive symptoms. During evaluation tearful about “COVID SITUATION” in ICU. Normal Chest Xray. No other diagnoses. Normal P02 and 6-minute Walk Test.
- Notes poor sleep. Frequently tearful. Increased Stress at Home. Childcare issues. Brain Fog persists.

Post Covid Cases: Post-acute Covid Illness

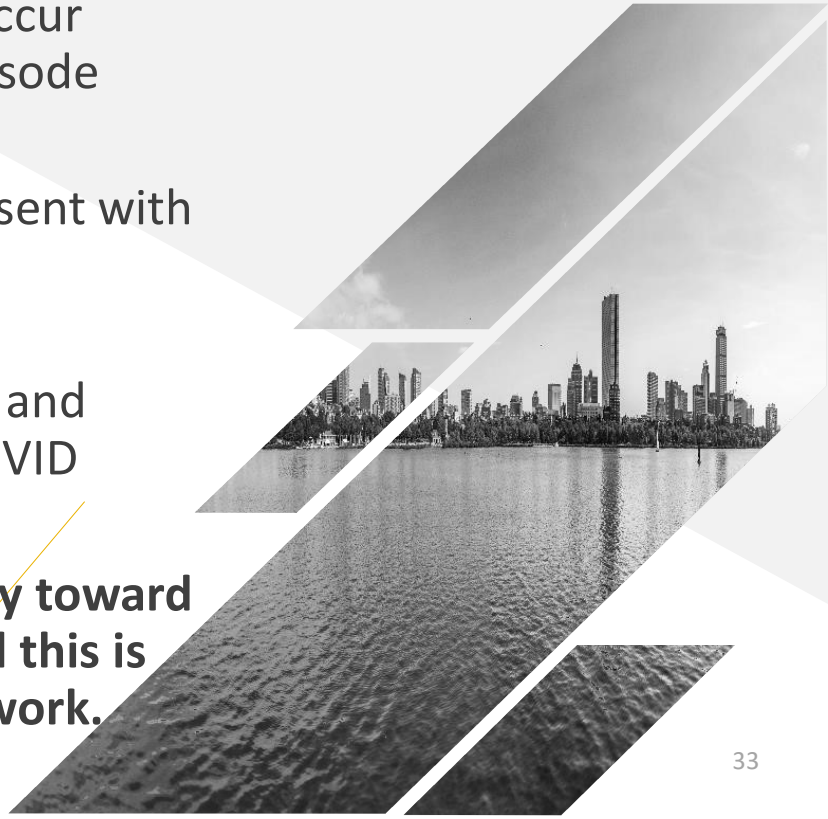
Medical presentation complicated by Psychiatric Symptoms

- Background: Poorly defined syndrome that goes by several names: “long COVID”, “long haulers”, “post-COVID conditions”, “post-acute sequelae of SARS-COV-2 (PASC)”, “chronic COVID”
- Characteristics: Sequalae similar to recovery from other viral illnesses, critical illness, and/or sepsis
- Heterogenous manifestations can be physical, social, and/or psychological
- Frequency of long-term symptoms varies widely: 5% - 80%



Post Covid Cases: Key Points

- New or persistent symptoms (lasting >4 weeks) may occur among patients with COVID-19 regardless of acute episode severity.
- In addition to respiratory symptoms, patients may present with fatigue, sleeping difficulties, depression, anxiety, and neurological dysfunction.
- Baseline and serial comprehensive reviews of systems and physical exams may better document possible long COVID manifestations and improve management.
- **There is still a lot we do not understand, and empathy toward patients experiencing long COVID is fundamental and this is approach is critical to returning these individuals to work.**



Post Covid Cases: Strategies to RTW

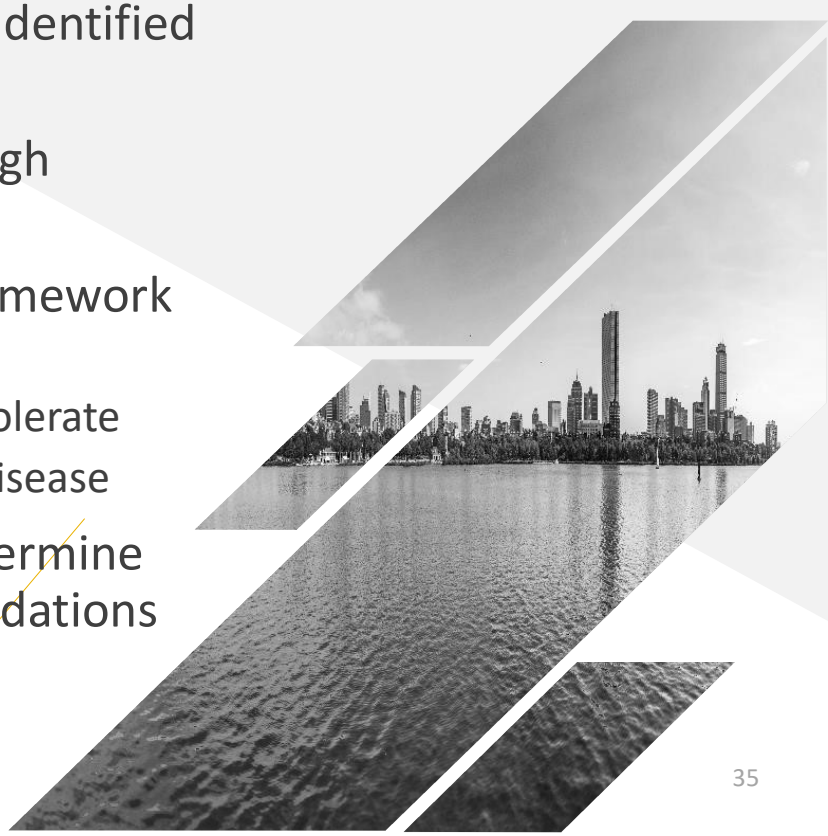
Use strategies for Chronic Illness Coping

Try to promote “Psychological Flexibility”

- Core principle in Acceptance & Commitment Therapy, an empirically supported approach to psychotherapy. Good data on its utility in chronic illness (McCracken, 2011).
- Psychological Flexibility is a person’s ability to be aware of their current thoughts, emotions, and sensations, free of judgment and effort to escape, avoid, control, or extinguish unpleasant
- Keeping patients in the present and minimizing catastrophizing and fortune telling is important
- Focus on functionality, not “right or wrong” or “correct or incorrect”
- Encourage a focus on usefulness in the moment

Post Covid Cases: Strategies to RTW

- Until universally established constellation of symptoms identified and recognized, RTW will be case by case basis
- Will take multi-disciplinary approach with anticipated high utilization of specialists to r/o other illness
- Must encourage proper positive mental and physical framework for return to work
  - Gradual increase in activity level intensity and duration as tolerate
  - Must consistently address psychological aspect of chronic disease
- Remain engaged with supervisors and employers to determine opportunities for tele-work as needed and/or accommodations within the workplace.



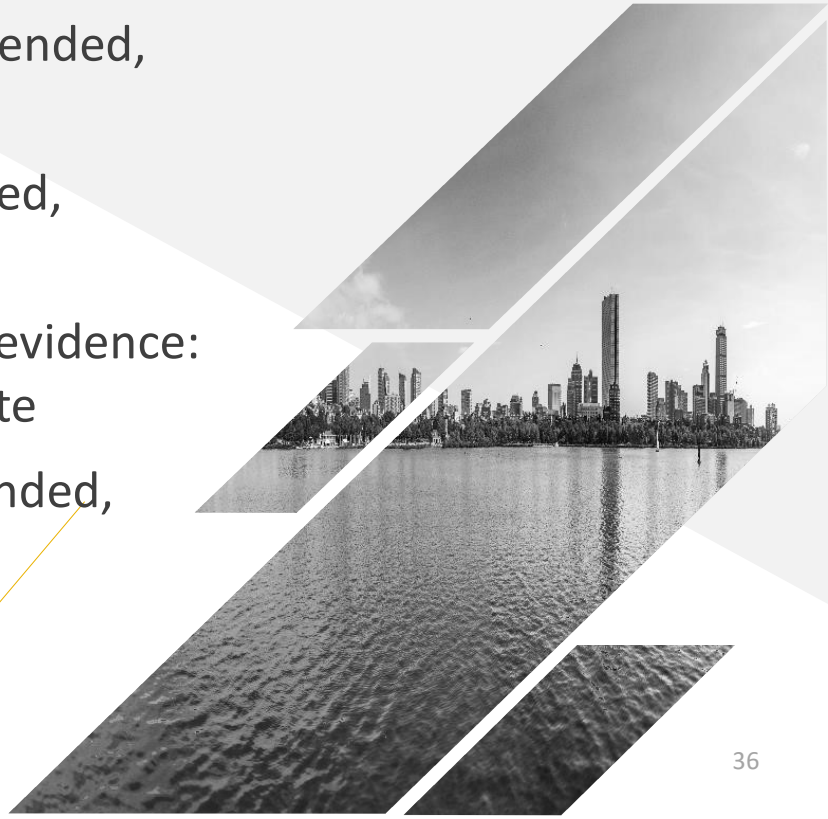
Post Covid Cases: ACOEM GUIDELINES

Pulmonary Rehabilitation: Strength of evidence: Recommended, Insufficient; Level of confidence: Moderate

Cardiac rehabilitation; Strength of evidence: Recommended, Insufficient; Level of confidence: Moderate

Exercise therapy for physical debility/fatigue; Strength of evidence: Recommended, Insufficient; Level of confidence: Moderate

Cognitive Rehabilitation; Strength of evidence: Recommended, Insufficient; Level of confidence: Moderate



Q & A

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