

When Other Medical Issues Arise

Chairperson: Cathy McKeever

Monday, March 25th, 2019

10:20-11:00am

*Work Related Injuries Workshop
March 25th & 26th, 2019*

Comorbidities that Prevent Resolving Work Injury



Catherine L. Reno, RN BSN MBA CCM

Catherine Reno is a Workers Compensation Case Manager with over 22 years experience handling head injuries, traumatic orthopedic and surgical injuries along with burns. She enjoys challenging cases and works to provide an optimal solution to barriers to recovery .

Work Related Injuries Workshop
March 25th & 26th, 2019

- 
- According to the Official Disability Guidelines the following entities present themselves as barriers to return to work

1. Depression/PTSD
2. Psychosocial Status
3. Use of Opiates
4. Diabetes
5. Obesity



6. Substance Abuse

7. Hypertension

8. Smoking

9. Legal Representation



Other Barriers:

1. Language
2. Social Network
3. Cultural
4. Homelessness

Comorbidities and Legal Standards



Michael Ready, Esq.
Ready, Kiernan & McNally, LLP
267 Main Street
Wareham, MA 02571
mready@rkm-law.com

*Work Related Injuries Workshop
March 25th & 26th, 2019*



Identify the Comorbidity

- 1. Is there the simultaneous presence of two or more chronic diseases or conditions?
- 2. Is the comorbidity diabetes, heart disease, cancer, rheumatoid arthritis, osteoarthritis, sleep apnea, obesity?
- Is the comorbidity an injury to another body part unrelated to the body part injured at work?

Does the Comorbidity Play a Role in Incapacity?

- 1. Is the comorbidity itself disabling?
- 2. Does the comorbidity and the work injury combine to result in incapacity?
- Is the comorbidity work-related or non-work-related?
- Is it a combination of medical factors impacting on each other to cause or prolong incapacity?
- Or, are there two co-existing independent medical conditions that separately cause different disability?

Comorbidity Independently Disabling

- 1. The Administrative Judge must base the disability assessment and order of benefits **only** on the work-related diagnosis. Akinmurele v. Target Corp., 25 Mass. Workers' Comp. Rep. 387 (2011)
- 2. The Administrative Judge must look with something akin to “tunnel vision” to determine the extent of disability caused solely by the work injury. Francis Williams v. Massachusetts Insurer's Insolvency Fund, 30 Mass. Workers' Comp. Rep. 337 (2016)

Comorbidity Combines with the Work Injury

- 1. The causation standard found in Section 1(7A) of the workers' compensation statute applies.
- 2. If the comorbidity is work-related a simple “as is” standard applies meaning the employee has to show that the work injury was a cause, however minor, of the incapacity and need for treatment.
- 3. If the comorbidity is non-work-related the employee has to prove that the work injury is a major cause of the incapacity and need for treatment.

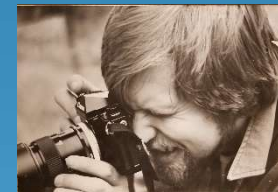
Does Comorbidity Affect Treatment?

- 1. Does the comorbidity limit treatment options?
- 2. Does the comorbidity prolong treatment or delay recovery and return to work?
- 3. The Administrative Judge will assess treatment and duration of recovery based on individual facts of the injured employee considering the effects of the comorbidity.

Underlying Psychological Dynamics of Addiction in Work Injuries



Kenneth A Larsen, DMin, PhD
American Board of Medical Psychology
New England Baptist Hospital
Pro Sports Behavioral Medicine



Adventure
Challenge
& Love of
Photography



*Work Related Injuries Workshop
March 25th & 26th, 2019*



Workplace Drug Abuse Stats

- Drug abuse is a big problem for employers
- 5 million say they use prescription painkillers non-medically
- 70% of those abusing illicit drugs & binge drinkers are actively employed
- 12% of American workers are under the influence at work
- Abuse costs employers \$81 billion annually
- In some industries such as construction, trucking and manufacturing, natural resources and mining industries, and public utilities, the percentage of ***workers under the influence*** at work are even higher



Effects of Workplace Drug Abuse

- Drug abuse leads to ***lowered productivity, physical injuries*** and ***fatalities***
- 16% of ER patients injured at work have alcohol in their system
- Drinking on the job can lead to ***aggravated assault & sexual battery charges.***
- Other side effects of addiction and drug abuse at work can include:
 - Poor job performance
 - Inability to focus or concentrate
 - Needless risk-taking affecting self and coworkers
 - Coworkers reporting increased mental stress at work due to abuse dynamics



Signs of Workplace Drug Abuse

- An addiction heavily impacts the way a person *thinks, feels* and *acts*
- Most addicts hide their drug use from their employers and coworkers
- To **avoid injuries** it's important to **recognize telltale signs of addiction**
- While it's hard to tell sometimes, here are some signs:
 - Sudden **avoidance behavior** patterns in coworkers
 - A worker irrationally **blaming** coworkers for personal mistakes
 - Someone openly talking about having **money problems**
 - Showing a **decline** in personal **appearance** or **hygiene**
 - Complaining of **failing relationships** at home
 - Taking **time off** for vague illnesses or so-called family problems



Substance Abuse Treatment

- Most workers, especially those living paycheck to paycheck, are reluctant to take time off from work for *inpatient treatment*
- Fortunately, *outpatient programs* can effectively help workers recover while retaining some normalcy at work
- Employee Assistance Programs started as a national initiative of the NCADD
- EAPs are helpful at pointing workers and their loved ones to community resources for both emotional support and treatment
- AA and NA can also provide accountability during recovery
- It helps if the employer understands that *with proper medical assistance* the worker *can get well* and *return to normal productivity*



Mechanisms Linking Substance Use to Injuries at Work

- Nearly all fatal and near-fatal occupational injuries are *transportation incidents*, the rest are grouped into being *struck by or against an object*, *falling to a lower level*, or being *a victim of a homicide*.
- Studies on the impact of alcohol and benzo substance-use on *impairments in reaction time, reasoning, coordination, and judgment* indicate that **even minimal amounts of substance use** while working, *increases risk of injury*.



Mechanisms Linking Substance Use to Injuries at Work

- In addition to the acute effects of alcohol and drug use on judgment and psychomotor skills, *substance use that occurs hours before a worker begins his or her shift can cause **spillover effects***, such as fatigue and hangovers, that may independently increase injury risk. Hangovers exist not only for alcohol use but for drug use as well.
- An alternative explanation linking substance misuse to occupational injuries is based on the hypothesis that persons more likely to misuse alcohol and other substances may be more likely to be engaged in other behaviors that increase the risk of injury, a concept termed ***deviance proneness** (leading to increased risk taking & noncompliance with workplace safety policies)*.



Mechanisms Linking Substance Use to Injuries at Work

- Economics also provides an explanation for how substance use may be associated with occupational injuries.
- One study on the effect of drugs on workplace accidents, stipulates that because workplace accidents result in **loss of income**:
 - *On the one hand, many workers are **less likely to use drugs** as the “cost” of **missing work increases** – compensation being only a fraction of their full wage*
 - *On the other hand, since worker’s compensation for lost wages is associated with missing work, some may see this as **preferable over work they don’t enjoy** and thus are **more likely to use drugs***
 - *There is no question that drug use affects injury risk, but it is difficult in **analysis of wages and substance use** to determine the **direction of causality**.*



Emergent Themes

- Impact of substance use on occupational injuries varies by *age & gender* and this needs to be studied further *because*
- they reflect differing *rates of use* and *job hazards* across these two groups.
- There is also variation in substance use, occupational injuries, and the association between the two (*age & gender*) *across different industries*.
- Other factors related to alcohol and substance use, such as *social structures* and *level of risk aversion*, may better explain injury than alcohol and substance use do. And this is also potential for further study.

Psychosocial Risk Factors in the Workplace

Psychological Support <> Competency <> Safety & Protection

For some organizations, the most important aspect of **psychological support** may be to ***protect workers against traumatic stressors at work.***

Employees who **feel they have psychological support** have greater:

- *Job attachment*
- *Commitment*
- *Job satisfaction*
- *Greater quality of involvement*
- *Positive work moods*
- *Increased job performance*
- *Desire to remain with the organization (lowering turnover)*
- *And, demonstrate behaviors of personal choice that benefit the organization*

Psychosocial Risk Factors in the Workplace

Psychological Support <> Competency <> Safety & Protection

Employee *perceptions* of the ***lack of psychological support*** from their organization often leads to:

- Increased absenteeism or withdrawal behaviors on the job (*passivity*)
- More conflict & strain – which can lead to fatigue, headaches, burnout
- Greater anxiety and exacerbation of substance abuse (*self-medication*)
- Increased turnover, loss of productivity & increased costs, and
- Greater risk for accidents, behavioral incidents and injuries

Psychosocial Risk Factors in the Workplace

Psychological Support <> **Competency** <> Safety & Protection

Work Competence exists in a workplace where there is a **good fit** between **employees' interpersonal** and **emotional competencies**, their **job skills** and the **position they hold**.

A **good fit** means that the employees possess the **technical skills** and **knowledge** for a particular position as well as the **psychological skills of**
*self-awareness, impulse control, persistence, self-motivation,
and social empathy to do the job.*

A **subjective job fit** (when employees feel they fit their job) can be more important to their health and safety than an **objective job fit** (when the employee is assessed and matched to the job).

Psychosocial Risk Factors in the Workplace

Psychological Support <> **Competency** <> Safety & Protection

A **good job fit** is associated with:

- Fewer health complaints
- Lower levels of depression
- Greater self-esteem
- A more positive self-concept
- Enhanced performance
- Greater job satisfaction
- Employee retention
- And is protective against behavioral acting out

Psychosocial Risk Factors in the Workplace

Psychological Support <> **Competency** <> Safety & Protection

A **poor job fit** is associated with:

- increased experiences of job strain
- which can be expressed as emotional distress & provocation incidents
- or excessive dwelling on thoughts
- defensiveness, energy depletion & lower mood levels
- lack of enjoyment & engagement
- poor productivity
- conflict & greater voluntary turnover
- **leads to substance abuse as a way of coping**

Psychosocial Risk Factors in the Workplace

Psychological Support <> Competency <> **Safety & Protection**

Workplace **psychological safety** is demonstrated when employees feel able to put themselves on the line, *to ask questions, seek feedback, report mistakes and problems, or propose a new idea* without fearing negative consequences to themselves, their job or their career.

A **psychologically safe and healthy workplace** actively promotes *emotional well-being* among employees while taking all reasonable steps to *minimize threats to employee mental health*, including taking steps to *minimize the exacerbation of substance issues* that may be present by *fostering education and awareness*.

Psychologically protected workplaces experience fewer grievances, conflicts and liability risks.

Impact of Psychosocial Risk Factors in the Workplace

Substance Use, Misuse & Abuse at Work

Substance *use, misuse, abuse and lack of coping strategies* can have a significant impact on mental health at work.

Addictions and mental health conditions are often coupled (called a *concurrent disorder*), and as was noted earlier, 70% of this population are on the job.

However, it is often the *addiction* that first gets noticed, especially in the workplace.

Substance use can become a serious problem that **can effect the work place**; and the **work place can exacerbate substance use** if known mental health risk factors are not addressed in the organizational culture.

Psychosocial Risk Factors in the Workplace – What to Do?

Substance Use, Misuse & Abuse at Work

Employers should look for **warning signs** that indicate an employee may be struggling with substance abuse.

Some signs of substance abuse are similar to those caused by *increased stress, lack of sleep and physical or mental illness*.

Don't assume that an employee has a substance abuse problem; however, ignoring warning signs will only make the problem worse if someone is indeed struggling.

Use EAP and community resources to address SA issues *for prevention of injuries*.



References

Bloomberg Law: Labor & Development, 2018
Bunn, Slavova & Bernard, Trauma Registry Study, 2014
National Study on Alcohol-related Occupational Injuries, 2017
National Council on Alcoholism and Drug Dependence (NCADD)

The Effects of Substance Use on Workplace Injuries by
The Rand Center for Health & Safety in the Workplace, 2010

OSHA Fact Sheets 2018
Canadian Center for Occupational Health & Safety (CCOHS), 2018

An Employee's Guide to Workplace Substance Abuse:
Strategies and Treatment Recommendations
By the National Business Group on Health, 2019



Q&A

[references to cases]