Modified Duty Return to Work Program

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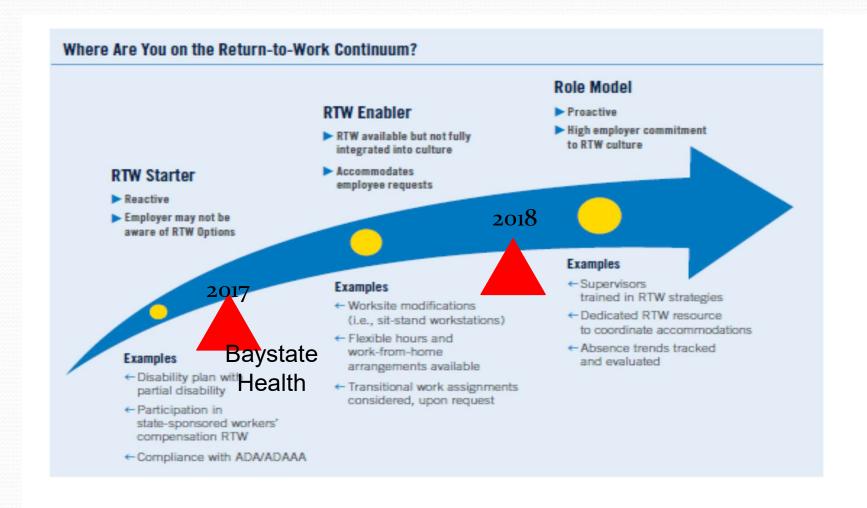
Mini-Workshop Objectives

- Define Best Practices for Modified Duty Program
- Overview of funding Modified Duty Program
- Overview of Baystate Health Program Enhancements from 2017 to 2018
- Define Return to Work Coordinator role

Where We Were Last Year....2017

- Created a Return to Work (RTW) Coordinator (RN) position to implement a modified duty program
- Grant-Program funded (one year position)
- Position reports to EHS Program Manager, and Senior Medical Director

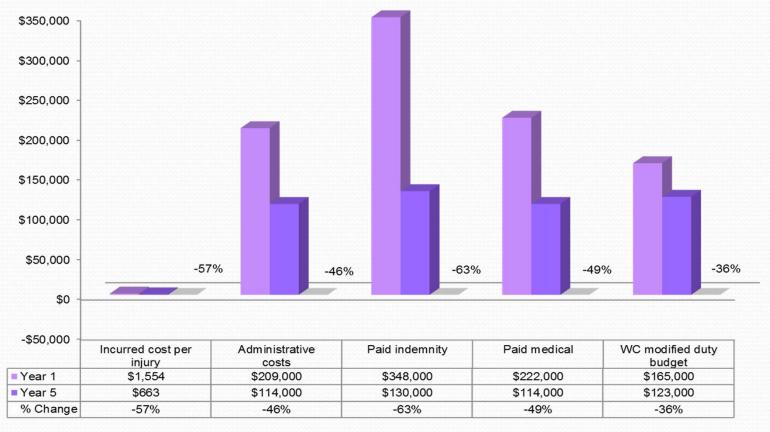
Where is Baystate on the RTW Continuum?



The Benefits of A Modified Duty
Program In A Hospital Setting – A Comparison Study
Philip Adamo
From the Department of Occupational Health

Back to the future....





Where We Are Now...2018

- Lorana Miceli, RN position hired in May 2017
- Modified Duty Program Grant funded (with 300K)
- Senior Leadership impressed with results;
- Grant ending and an FTE position was approved to maintain the program role
- The success of the program pays for itself over and over
- Employee engagement has improved

Benefits of Modified Duty RTW Program

The goal of a stay at work/ modified duty program is to help individuals with an injury or condition remain productive and at work, while effectively managing any physical or psychological limitations associated with their condition or illness.

Absence negatively affects workplace productivity, morale, and the bottom line. A successful modified duty program can lessen those negative effects.

A successful program requires a committed and coordinated partnership between Baystate Health, the treatment team at EHS, vendor partners and the affected employee.

Modified Duty Return to Work Program Process initiated - May 2017

- Return to Work (RTW) Coordinator is notified of employee work capacity, and identifies return to work restrictions.
- RTW Coordinator contacts employee:
 - Reviews work capabilities/work capacity
 - Reviews Modified Duty (RTW) Program

- RTW Coordinator communicates with Department Manager for temporary modified duty placement
- If original Department is unable to accommodate, the RTW Coordinator contacts a (sponsor) Department, for placement of a temporary modified duty position

- Departments can charge a Cost Center (workers' compensation) on a temporary basis for the modified position
- Once modified duty position is offered, a Modified Duty Program Offer Letter is sent to employee to acknowledge temporary placement of position

- RTW Coordinator continues to case manage and follow-up with employee until able to return to full capacity in original position
- The Modified Duty Return to Work Program is a time-limited, up to 12-week program.
- At the end of the 12-week Program, RTW Coordinator evaluates employee status/work capacity and notifies the employee of the program expiration date.

- At the end of the 12-weeks, the employee returns to their pre-injury position (full capacity) if authorized by the health care Provider
- If unable to RTW full duty, employee is placed back out of work on workers' compensation
- Employee is referred to workers' compensation carrier for benefit eligibility; and referred to Disability Management for LOA eligibility

• If employee unable to return to pre-injury role, referral to ADA Coordinator or Talent Acquisitions may apply, to review possible career counseling opportunities

Baystate Health Results

Modified Duty Return to Work Program

Lorana Miceli, RN, started as RTW Coordinator in May, 2017

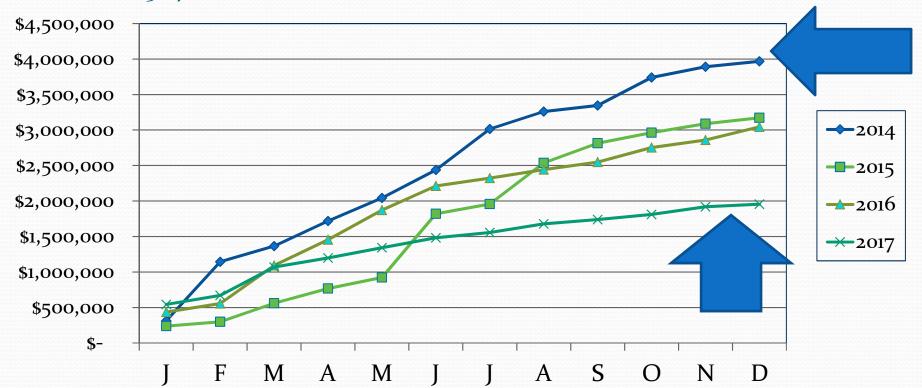
- The goal for the program is to place 75% of employees with a work capacity to a transitional duty role within 5 days of their release to work date.
- The program is currently exceeding this goal having returned 65 released employees (100%) to work in a transitional position with an average of
 1.4 days to be placed in an assignment after their release date.
- At the end of the 12-week modified duty program:
 - 86% employees returned to work within 12-week time period to their full duty/full capacity position
 - 14% employees were placed back out of work for exceeding the program; (with eventual RTW full duty/full capacity or permanently transferred to another department)

Baystate Health Cumulative Calendar Year

Delta 2 million \$

Total Incurred for All Claims (Based on 12 months- Calendar year)

Valued as of 12.31.17







Lost Time Analysis

Baystate Health – Workers' Compensation Lost Time Analysis Valued as of 12/31/2017

Baystate 5 Year Lost Time Analysis

Claim Year	Number Lost Time Claims	Total Lost Time Amount Paid	Lost Time Days	Average Cost per Lost Time Claim	% of LT Claims	% of Money From LT Spent
	Total Claims	Total Paid				
2014	168	\$1,092,356.06	12,615	\$6,502.12	13%	31%
	1245	\$3,573,630.46				
2015	240	\$872,040.91	7,775	\$3,633.50	18%	32%
	1327	\$2,705,957.57				
2016	230	\$618,386.22	7,444	\$2,688.64	15%	27%
	1512	\$2,321,746.85				
2017	187	\$368,886.80	3,786	\$1,972.66	14%	30%
	1372	\$1,221,799.34				
2018	46	\$14,631.86	125	\$318.08	11%	32%
	402	\$46,050.01				







Benchmarking

SISCO Self-Insured Hospitals* – Workers' Compensation Cost per \$100 of Payroll – Ultimate Losses Average of Last 3 Years (10/1/2014 – 9/30/2017)



*General Hospitals Only (Behavioral Health Excluded)







Where Are We Going Now?

- Develop process to implement modified duty return to work program for non-occupational absences
- Create cost center, similar to workers' compensation cost center, for utilization of non-occupational injury/illness absences
- Expand RTW Coordinator role to manage STD/LTD claims for early return to work

Success Story

Johanny

- <u>Case Review</u>: Workers' Compensation claim
- 45 year old female DOH: 2002
- Patient Care Technician (full-time day shift)
- June, 2017 Date of injury (Lumbar strain)
- June October, 2017 RTW modified duty
- November December, 2017 RTW Extension
- January February, 2018 FMLA (out of work)
- February, 2018 Referral to Talent Acquisitions
- March, 2018 Transfer to New Position:
- Operations Associate / Monitoring Technician (full-time)

Mini-Workshop

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THANK YOU!

