

RTW and claims processing: Research perspectives

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*Work Related Injuries Workshop
May 1st & 2nd, 2017*

Problems with compensation systems (claimant focus groups)

- Complexity of the claims process
- Need for legal representation
- Injury recovery process slower than expected
- Timeliness of health care delivery
- Lack of transparent communication

Murgatroyd, Lockwood, Garth, & Cameron, BMC Public Health, 2015

Encounters with claims managers:

Claimant complaints

- 14.3% Treated me with indifference
- 13.9% Doubted my complaints
- 11.4% Treated me disrespectfully
- 10.2% Rejected my suggestions
- 9.7% Did not listen
- 9.4% Was irritated/impatient
- 6.5% Interrupted me
- 6.1% Spoke in a way I couldn't understand

Friberg et al. (submitted): Sickness absentees' perceptions with an insurance agency.



Predictors of legal representation

- Gender (male)
- More disabled
- More lost work time
- Language other than English spoken at home
- Hospital admission
- Poorer mental health

Casey, Feyer, & Cameron, Injury 46, 918-925, 2015.

Psychosocial factors and delayed RTW

- Pain catastrophizing
- Distress, worries, mood
- Fear of movement
- Passive coping strategies
- Preoccupation with health
- Extreme symptom report
- Negative expectations for recovery



Shaw, van der Windt et al., J Occup Rehabil. 2009;19:64-80.

Workplace factors and delayed RTW

- Heavy physical demands
- Fear of re-injury on the job
- High job stress
- Job dissatisfaction
- Low social support
- Inability to modify work
- Negative outlook overall



Shaw, van der Windt et al., J Occup Rehabil. 2009;19:64-80.

What are your concerns about RTW?

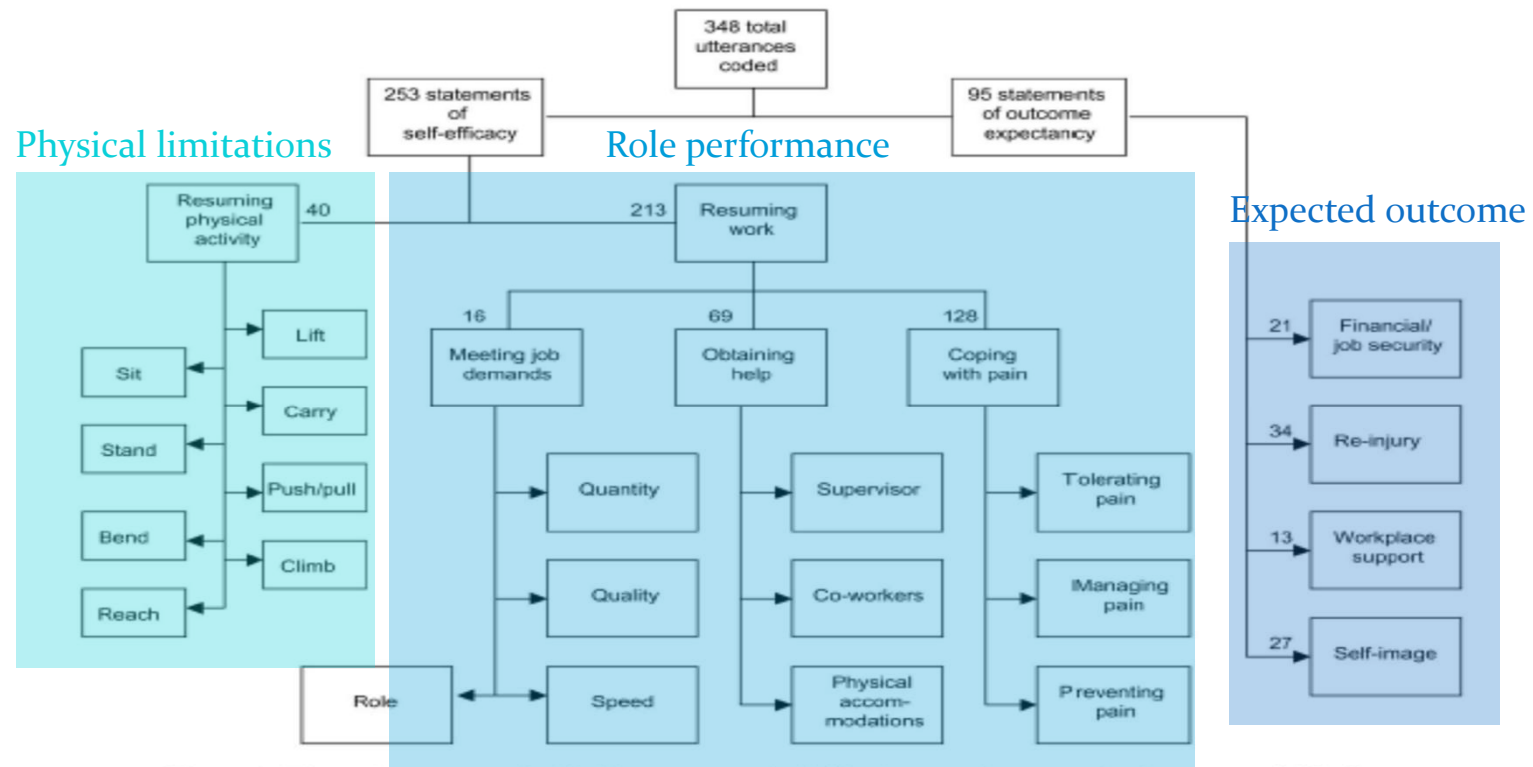
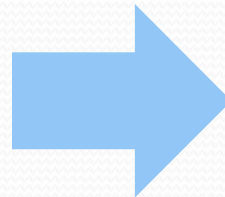


Figure 1. Thematic content of self-efficacy among individuals returning to work after onset of OLBP.

Shaw, Huang, Disabil Rehabil. 2005;27:1269-1281.

A paradigm shift in RTW research:

- Biomedical
- Biomechanical
- Medical restrictions
- Measurable impairments



- ▶ Psychosocial
- ▶ Organizational
- ▶ Worker concerns
- ▶ Perceptions of workability



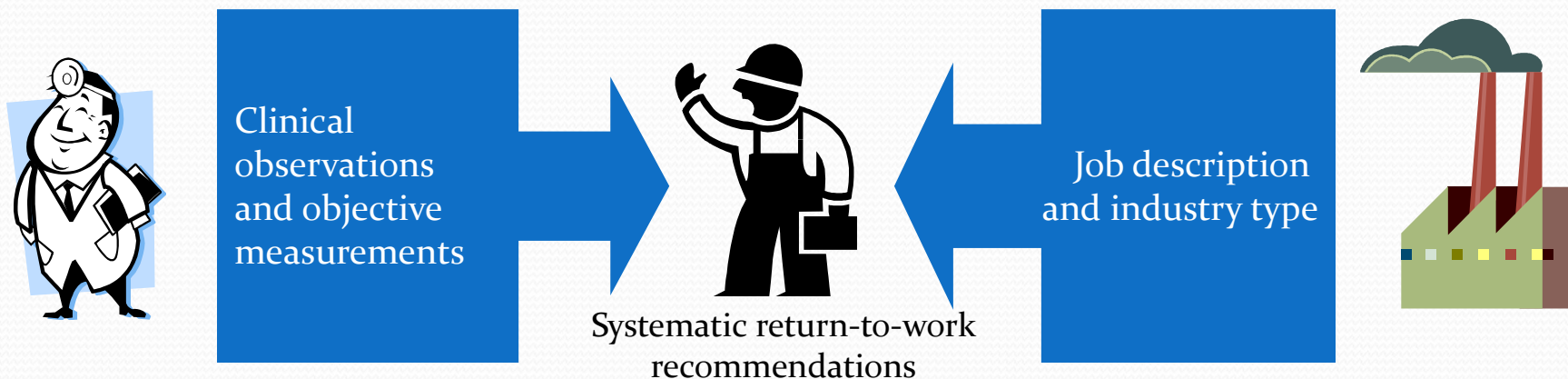
**A challenge for insurers
and employers!**



One-way communication in RTW



RTW recommendations: Looking beyond medical restrictions



Underlying assumptions:

- Providers have workplace details
- Job restrictions are easily applied
- Worker input is unnecessary

Dealing with complex RTW cases:

Bottom-up versus top-down process

Top-down process:

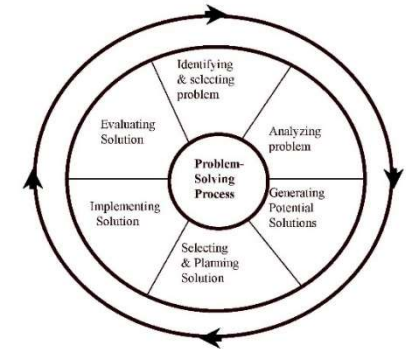
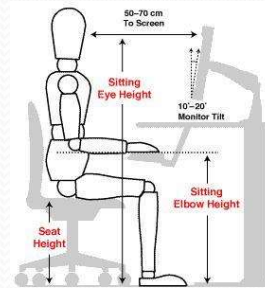
- Medical diagnosis
- Functional assessment
- Report of task limitations
- Job description
- Offer of modified duty
- Supervisor notification
- Worker acceptance

Bottom-up process:

- Monitor and revise as-needed
- MD review for medical clearance
- HR review for policy compliance
- Worker/supervisor draft RTW plan
- Supv. assesses leeway and support
- Worker identifies task limitations
- Worker/supv. list job tasks

Elements of effective RTW strategies

- Participatory ergonomics
- Problem solving process
- Job accommodation process
- Provider communication
- Worker-centered focus
- Iterative and continuous
- Not time intensive



Job accommodation works!

- Doubles likelihood of RTW.
- Reduces disability costs by half.
- Involving workers/supervisors critical.
- Typically administrative in nature and low cost.
- Involves brainstorming and interactive efforts.
- But — only 2/3 of recommended accommodations are actually implemented!



What to expect from employers?

- 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).

<http://www.iwh.on.ca/seven-principles-for-rtw>

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 (ISCR) 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 the organization.

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march 2007 (rev. 2014)

Use existing job flexibility and leeway

- Change the ordering of job tasks
- Vary the speed or pacing of work
- Switch or rotate among activities
- Use equipment to reduce discomfort
- Avoid uncomfortable or awkward postures
- Alter tasks to fit personal preferences
- Alternate physical and sedentary tasks
- Working from a different location
- Ask for occasional help
- Take micro-breaks to stretch
- Customize work stations
- Alter job hours
- Use available lift-assist devices
- Reduce long reaches
- Use mechanical transport devices



Tveito et al., Disabil Rehabil. 2010;32:2035-2045.

Engaging workers in RTW planning:

- “What are your **biggest concerns** about returning to work?”
- “What job tasks will be **most difficult** for you?”
- “How could you **vary or adjust your work** to be more comfortable?”
- “How much **help will you get** from supervisors/ co-workers?”
- “How will you deal with any **future problems** at work?”

