Job Loss After an Injury or Illness: What Government and Business Can Do

Yonatan Ben-Shalom, Mathematica Policy Research
Jennifer Christian, Webility Corporation
Jane Ryan, Mayo Clinic

Presented at the 2016 IBI Annual Forum

S@W/R2W
Stay-at-Work/Return-to-Work
POLICY COLLABORATIVE

MATHEMATICA
CENTER FOR
STUDYING DISABILITY POLICY

Agenda

- Opening remarks
- Jennifer Christian, Webility
  - Policy recommendations to establish accountability for SAW/RTW outcomes
- Jane Ryan, Mayo Clinic
  - Implementing accountability at Mayo Clinic
- Yonatan Ben-Shalom, Mathematica
  - What government and business can do

The SAW/RTW Policy Collaborative

- Sponsored by the Office of Disability Employment Policy at the U.S. Department of Labor
- Identifies and promotes effective Stay-at-Work/Return-to-Work policies for workers after an injury or illness
- Conducts outreach to key stakeholders, both public and private

Millions of Workers Fall Through the Cracks

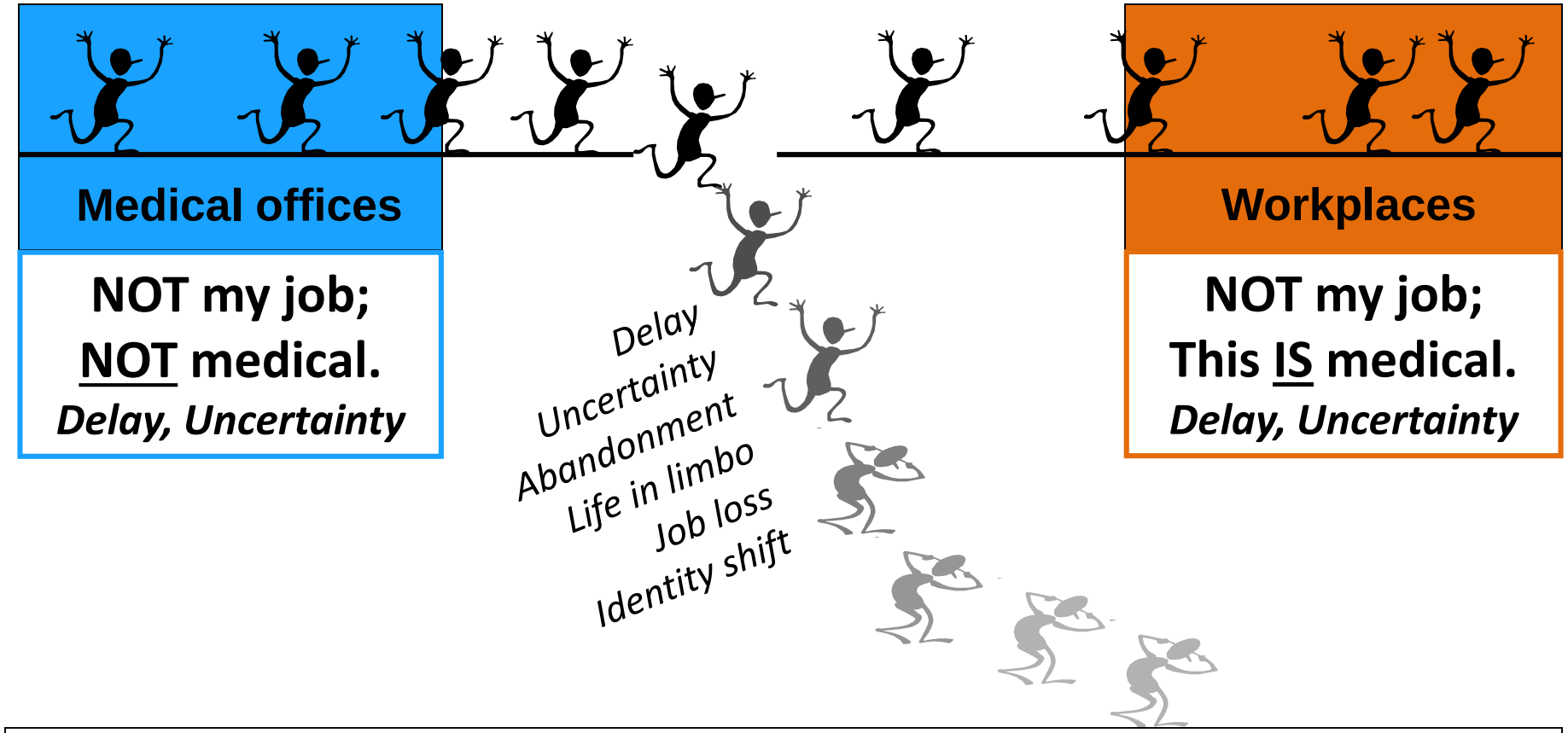
Magnitude of the Problem

- About 2.5 million workers leave the labor force every year—at least temporarily—because of injury or illness
- 3 million workers applied for Social Security Disability Insurance in 2011; 1 million awards
- In general, no one is held accountable
  - No federal agency is tasked with preventing avoidable work disability ("secondary prevention")
  - Most employers do not demand accountability

Why We Should & How We Can Establish Accountability for Job Loss After Injury and Illness

Jennifer Christian, MD, MPH
Webility Corporation
Wayland, Massachusetts

SAW/RTW Gap: Whose Responsibility Is It?



Result: Needless Work Absence, Job Loss, Withdrawal from Workforce

Initial Request Vs. Final Focus of Inquiry

1. INITIAL REQUEST:

Promoting work as a positive health outcome

2. FINAL FOCUS:

Because working is a positive health outcome,

how and where can we instill more accountability

for keeping adults healthy enough to work

-- and actually working?

SAW/RTW Collaborative Policy Work Group

Ed Corcoran, Consultant, formerly Raytheon
Kim Jinnett, MPH, PhD, Integrated Benefits Institute
Ann Kuhnen, MD, MPH, The Hartford (Disability Insurance)
Jane Ryan, RN, QRC, The Mayo Clinic
William Shaw, PhD, Liberty Mutual Research Center
Mary Ellen Wright, Kansas Medicaid

Interviews/Dialogue with Other Experts

Casey Chosewood MD, MPH, NIOSH, Total Worker Health
Marianne Cloeren, MD, MPH, FACOEM Managed Care Advisors
Peter Dandelides MD, WorksiteRx, formerly United, AETNA, CIGNA
Aaron Konopasky JD PhD, US EEOC
Carolyn Langer, MD, MPH Massachusetts Medicaid, formerly Harvard-Pilgrim Health Plan
Pamela Mazerski, MPA, former Associate Commissioner, Social Security Administration
Kathryn Mueller MD, MPH, FACOEM, State of Colorado, 2014 President of ACOEM
Steven Serra, MD, MPH, Senior Medical Director, AETNA
Bruce Sherman, MD, FCCP, FACOEM National Business Coalition on Health
David Stapleton PhD (Economics) Mathematica
Hal Stockbridge MD, MPH, Washington State Dept. of Labor & Industries
Sara Tamers, NIOSH, Total Worker Health
Richard Victor PhD (Economics) Workers' Comp Research Institute
Karen Wolfe BSN, PhD, MedMetrics (data analytics)
and many others with whom I spoke informally.

The Report:
"Establishing Accountability to Reduce Job Loss After Injury or Illness"

See handout: a 2 page summary

Full report with detailed recommendations and suggestions is on Mathematica's website:

Establishing Accountability to Reduce Job Loss After Injury or Illness

www.mathematica-mpr.com/our-publications-and-findings/projects/~/media/publications/pdfs/disability/sawrtw_accountability.pdf

Overview

1. Lay out four premises to serve as foundation for policy recommendations
2. Describe the four individuals who have the most influence over the outcome
3. Summarize the status quo
4. Make three major recommendations for change
5. Describe a future with accountabilities in place
6. Suggest specific ways that federal or state government could promote these changes

The Four Premises

1. **A healthy adult life means participating fully in life and engaging in productive activity, paid or unpaid, for as long as is feasible.**
   - This includes adults with chronic conditions and disabilities.
2. **Maximizing the number of adults who are self-sustaining taxpayers and contributors to the economy is vital to our country's future.**

(continued)

The Four Premises

3. **Today, none of the three professionals who usually get involved in a worker's health-related employment disruption feels responsible for helping workers keep jobs, nor does the organization in which they work, nor do they coordinate their efforts.**

4. **The current situation reflects the complex, variable, fragmented, and dysfunctional nature of our country's network of health care and social welfare programs and systems --- in both the private and public sectors.**

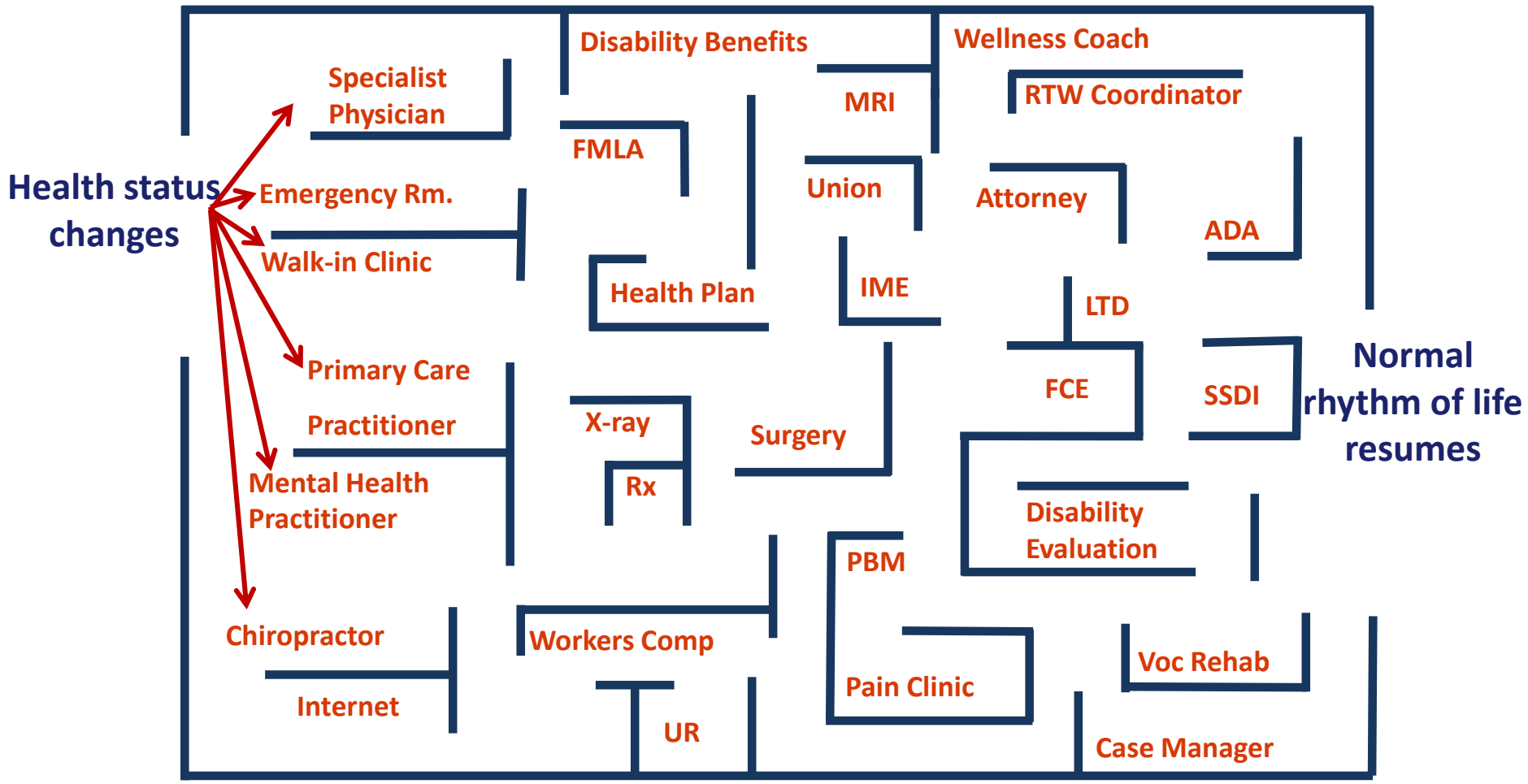
The Four Frontline Players

1. **Affected individual**
   - Who decides how much effort to make to get better
   - Who needs a strategy for the best way to handle the situation
2. **Three professionals in separate worlds**
   A. **Treating doctor/health care practitioner**
      - Who works in a health care delivery organization
      - Who makes decisions about treatment and SAW/RTW

   B. **Workplace supervisor and/or HR professional**
      - Who acts on behalf of the employer
      - Who decides whether/how hard to look for a solution

   C. **Benefits claims representative(s)**
      - Who acts on behalf of the health plan, workers' compensation, and / or disability benefits program—whether private or public
      - Who decides what to pay for, given the rules

Affected Individuals Thrust into a Maze



How It Looks to the Three Professionals

1. **The treating doctor/health care practitioner**
   - Focus is diagnosis and treatment
   - Not trained in why/how to provide helpful SAW/RTW advice
   - Pressed into service as “designated guesser”
   - Time spent on SAW/RTW issues is unrewarded
   - Unaware of workplace realities

2. **The workplace supervisor and/or human resources professional**
   - Focus is administering employer’s policies/procedures
   - Not typically evaluated on outcomes, e.g., total $$, job loss
   - Unsure how to interpret medical advice
   - Usually inexpert at SAW/RTW dialogue, finding solutions

(continued)

How It Looks to the Three Professionals

3. **The benefits claims representative(s)**
   - Focus is administering benefits program correctly
   - Health payers: focused exclusively on medical costs
   - Typically not accountable for aggregate outcomes of individual claims (total cost, lost workdays, lost jobs)
   - Unfamiliar with workplace realities and employer's obligations

Supporting Players Create the Environment in Which Frontline Players Operate

Organizations where they work

- Employing organizations (private/public sector)
- Health care delivery organizations (private/public)
- Payers: health plans, disability insurers, workers' comp insurers (private/public, including CMS and SSA)

Other players

- Intermediary organizations and vendors in each industry
- Advocacy groups, labor unions, and lawyers
- Social service and charitable organizations
- Local, state, and federal government agencies that determine policy or provide other health- or disability-related services to individuals
- State and federal legislatures

Three Main Recommendations

1. **Set preservation or restoration of full participation in life, especially return to paid work for those who experience health-related employment disruptions, as a major purpose and expected outcome of health care, disability benefits, and workers' compensation programs**
   - Consider these outcomes as positive indicators of good quality and value
   - Consider *avoidable* impairment and work disability as poor outcomes and potential indicators of lower quality/value

(continued)

Three Main Recommendations

2. **Develop formal mechanisms to establish and enable accountability for these outcomes among the three professional players with the most influence on them**
   - Mechanisms that:
     - make the **wrong** things happen **less** often
     - make the **right** things happen **more** often
     - remove or minimize operational and administrative obstacles to information sharing and teamwork among the participating organizations

(continued)

Three Main Recommendations

3. **Design and implement an array of strategies powerful enough to effectively disrupt the forces perpetuating the current suboptimal marketplace equilibrium, and to deliver transformational social change**
   - Relevant strategies begin with leadership on social and health policy
   - Other strategies include public information and social marketing campaigns, incentives for organizations in the private and public sectors, new legal and regulatory mandates, and changed priorities for research and development

Future Vision of the Private Sector with Accountabilities in Place

The American Public

- Presumes that all working-age individuals, including those with chronic conditions and disabilities, will earn a living or be otherwise productively engaged and participate as fully in society as they can.
- Is confident that if something happens to them, they will get encouragement and the help they need to adapt to change, get back into the rhythm of everyday life and work from their doctor, employer and insurers -- all working together.
- Has many avenues available to allow people with changing health to preserve their financial / functional independence, and to continue contributing in various ways for as long as possible.

Employers

- Know they are obliged to make an adequate effort (which varies with employer size) to help employees who develop disabling medical conditions to avoid job loss.
- Are trying to retain affected employees and keep them productive, or offering them practical assistance in finding new jobs elsewhere.
- Are routinely calling on experts to assist them in the SAW/RTW process in order to assure adequate compliance and avoid financial consequences of poor performance.
- Keep a log & report data to the government regarding disability-related job loss (analogous to OSHA logs).

Health Plans, WC, & DI Insurers

- Are aware that employers have SAW/RTW obligations and help them comply with requirements and avoid fines.
- Track and report their own SAW/RTW outcome metrics, adjusted for account size, to the government or an independent entity which in turn makes comparative data available to the public to guide purchasing decisions.
- Routinely covers a specified set of SAW/RTW services, adjusted for the employer's in-house capabilities.
- Routinely make the services of professionals with expertise in SAW/RTW available in individual cases -- whenever the local health care delivery team lacks that capability.

Healthcare Professionals / Organizations

- Know that patients, employers, and insurers routinely rely on public data about SAW/RTW outcomes in selecting providers.
- Track functional progress and use SAW/RTW outcome data to gauge effectiveness of their care.
- Routinely identify patients at special risk and counsel / manage them appropriately. Focus treatment on restoring function.
- Other professionals with extra expertise in SAW/RTW are easily accessible. Health care teams routinely coordinate with employers and insurers to facilitate work.
- Can bill and get paid for time & effort devoted to SAW/RTW.
- Report standard metrics to a government / independent entity that publishes comparative data to guide purchasing decisions.

Making Change Possible: Suggestions

- **Capture and consolidate data; create metrics**
- **Encourage frontline players to work toward positive SAW/RTW outcomes**
- **Provide federal leadership in public health, health care, and social policy arenas**

Government Leadership Is Essential

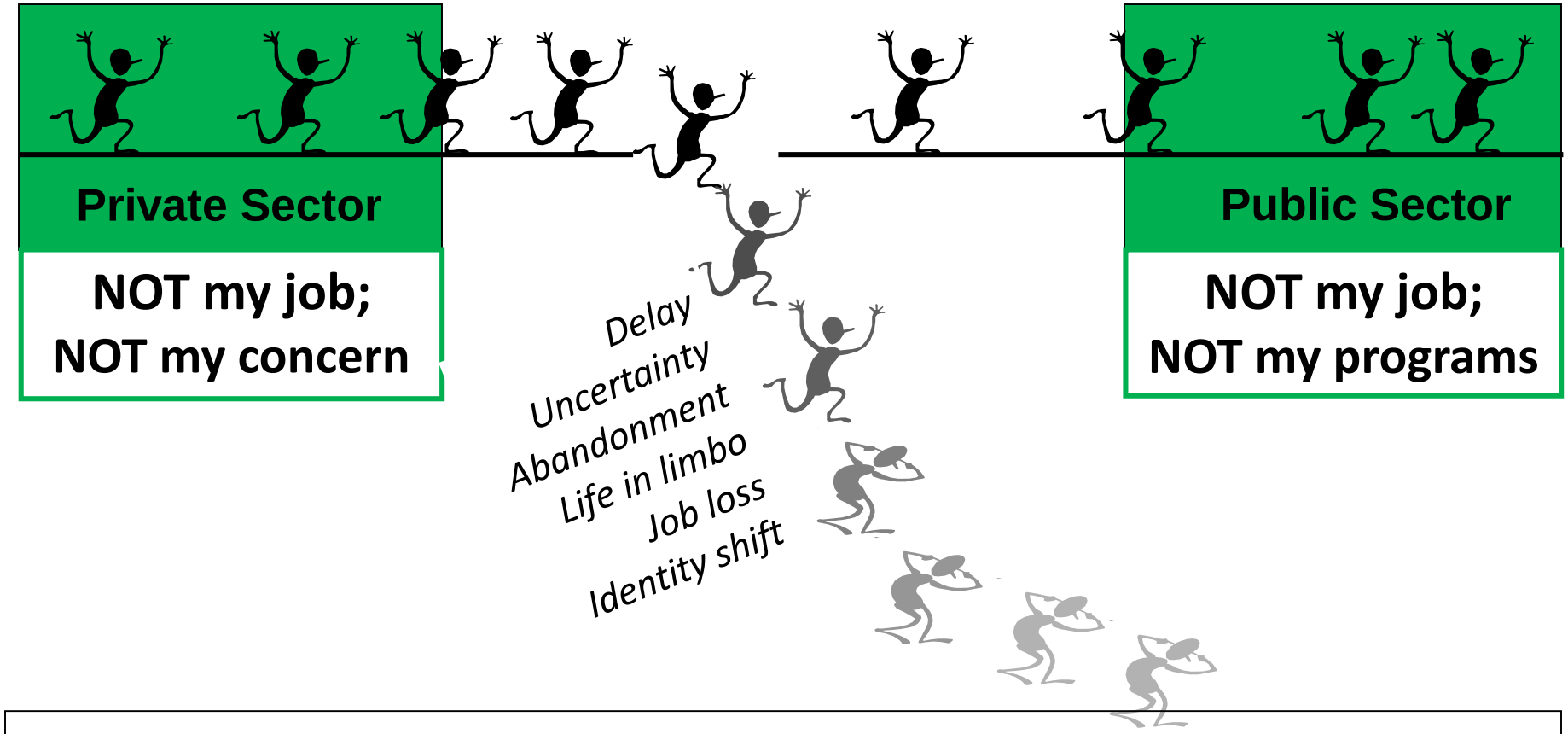
Problem:

The USA today lacks an epicenter for efforts to prevent needless work disability, job loss, and workforce withdrawal among working adults after an injury, illness, or changed disability

Solution:

Designate one federal and/or state agency and empower it to lead and drive this whole initiative forward over time; expect it to monitor and report progress in implementing recommendations over time

The Gap: Whose Responsibility Is It?



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Improving SAW/RTW Outcomes for Mayo Clinic Employees

Jane Ryan
Return to Work Section Head
Mayo Clinic
Rochester, Minnesota

MAYO CLINIC

Who We Are

Mayo Rochester

28,429 Allied Health
2,154 Physicians, Scientists & Research Associates
2,596 Residents and Fellows

Outpatient Practice
- 1.5 million visits annually

2 Hospitals and one long-term Care Facility
- 2,059 licensed beds

5 Schools
- Health Related Sciences
- Mayo Medical School
- Mayo School of Graduate Education
- Graduate School of Medical Education
- School of Continuing Professional Development

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Integrated Disability Management is Consistent with Mayo Values

Respect

Compassion

Integrity

Healing

Teamwork

Excellence

Innovation

Stewardship

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History of Integrated Disability Management

- 1986 At Saint Marys Hospital, a RTW Coordinator was hired in response to high Worker's Compensation costs

  Return to Work efforts, including a transitional work program, commenced for all employees when a medical condition impacted work ability

  Program concepts were communicated to leadership, supervisors and employees emphasizing the value statements espoused by the organization
- 1993 Mayo Clinic, 2 hospitals and 1 long term care facility merged

  SAW and RTW program at SMH was endorsed for the entire organization in Rochester
- 1997 Approval to self administer WC
- 1998 Formal Job Search Program
- 2011 STD Advice to Pay
- 2015 FMLA

  Occupational Health Redesign
- 2016 Occupational Health Services Office

  STD

Benefits of SAW/RTW

- Employee
- Employer
- Health Care Provider
- Insurer

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Integrated Management Practice

Onsite office for:

- Self- insured/self- administered WC & LTD
- STD
- FMLA

Occupational Health Office

- Restrictions management
- Expedite appointments
- Disease management/health and wellness referrals

SAW/RTW Program

- Oversees accommodations
- Transitional work

Job Search Program

- Job seeking skills
- ADA compliance in hiring

Onsite EAP

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Improvements of New Design

- Knowledge of absences
- Early engagement with all stakeholders
- Work is part of the message from the outset
- Consistent messaging and focus on function
- Wellness approach
- Opportunity for comprehensive metrics
- Education for employees, supervisors, providers

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Metrics

RTW rate: 92%

Direct cost savings: $8.3 million

Job Search Program: 61% retention

OSHA:

- LT Rate: Mayo- .93 ; Industry -1.2
- DART Rate: Mayo -1.23; Industry - 2.1

Satisfaction Survey:

- Employee: 90%
- Supervisor: 93%

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Opportunities for Improvement

- Offer managed SAW/RTW program for physician staff
- Change eligibility for LTD to partial absence
- IT support to improve absence and case management documentation for reliable data
- Develop curriculum for medical case managers
- Develop accountability measures for medical case management
- Changes to STD policy
- Work unit reporting and accountability
- Develop meaningful and comprehensive metrics
- Health and wellness referrals
- Education is a requirement for supervisors

Contact Information

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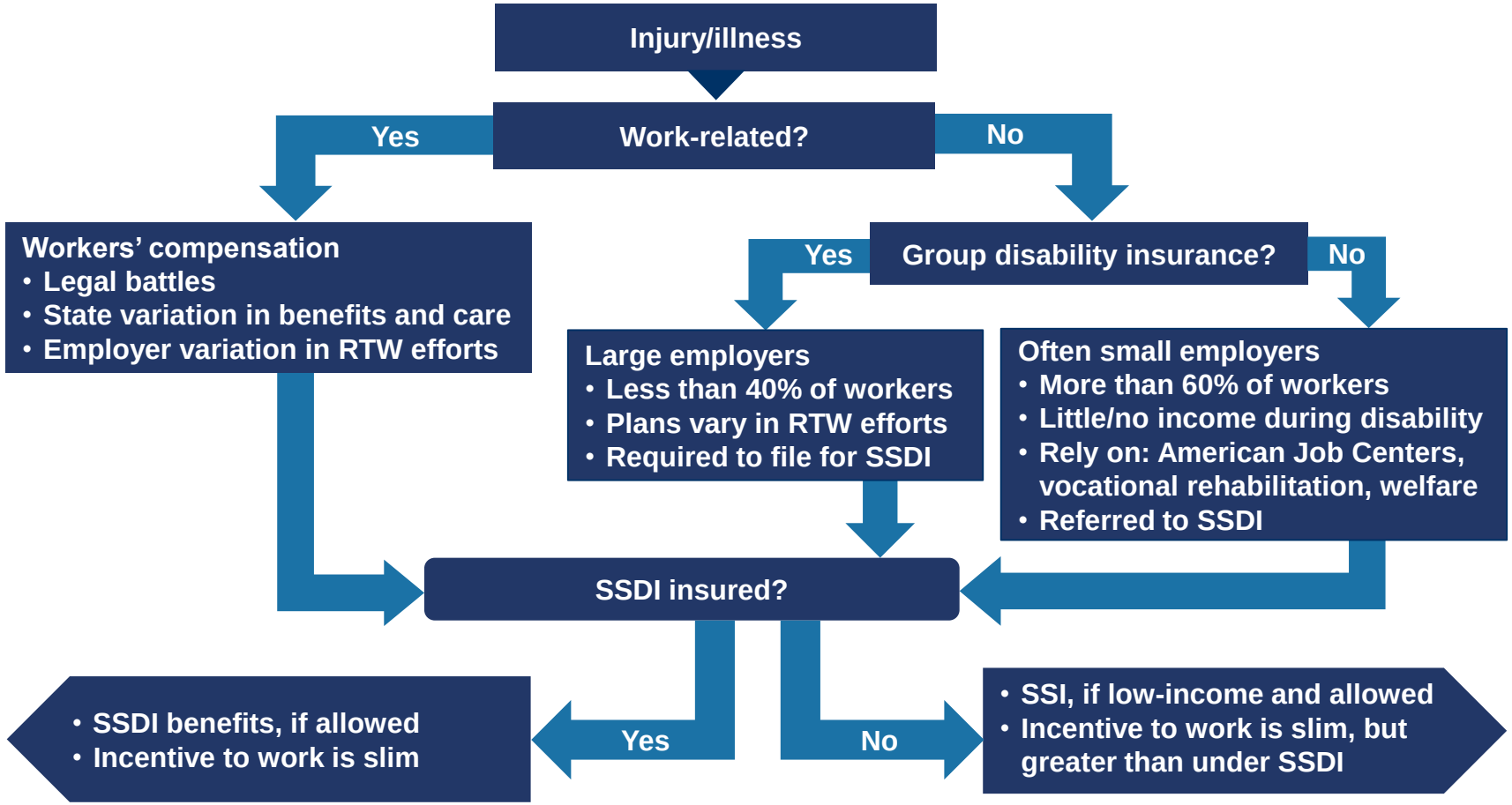
How the Disability Safety Net Works (or Doesn't)



RTW = return to work; STD = short-term disability; LTD = long-term disability; SSDI = Social Security Disability Insurance; SSI = Supplemental Security Income

The Price Is High

- Workers and their families
- Employers
- Clinicians
- Government/taxpayers
  - About $500 billion (80% federal, 20% states)

Role of Government: Lead/Enable

- Help get the right help, to the right people, at the right time
- Test, promote evidence-based best practices
- Set expectations, track outcomes
- Be a model employer

Role of Business (1)

- Clarify fit with organization's values
- Designate leaders
- Create positive SAW/RTW culture
- Track outcomes
- Demand, incentivize accountability
  - Frontline supervisors
  - Benefit providers
  - Service providers, including physicians

Role of Business (2)

- Use external resources, programs
  - State Vocational Rehabilitation Agencies
  - Employer Resource Networks (ERNs)
  - Job Accommodations Network (JAN)
  - Employer Assistance and Resource Network (EARN)
- Share best practices, lessons learned

Takeaway Points

- Workers fall through the cracks
- General lack of responsibility, leadership
  - At federal government
  - At state governments
  - In many businesses
- High cost to workers, employers, taxpayers
- Important roles for government, business

Dialogue

- What can business do?
- How can government help?
  - Federal
  - State

Audience Q & A

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