

Work Disability Prevention The Evolution of RTW

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Agenda

- Manage the disability or prevent needless work disabilities?
- Why?
- Key components
- Why again?
- What can employers do now?

Why move from RTW to
Work Disability Prevention (WDP)?

Costs of Disability

An unemployment existence is a worse negation of life than death itself. Because to live means to have something definite to do - a mission to fulfill and in the measure in which we avoid setting our life to something, we make it empty...

Human life, by its very nature has to be dedicated to something

Jose Ortega y Gasset

Work is good for recovery

The First Six Months of Disability

- *1 in 3 experience additional disability*
- *1 in 3 experience marital problems*
- *1 in 4 experience financial problems*
- *1 in 5 experience a clinical depression*
- *1 in 6 become involved in substance abuse*

Dianne Dyck, 2009 *Disability Management Theory, Strategy and Industry Practice, Fourth Edition*

Work is Good for Your Health?

- Returning to work improves health by as much as unemployment damages it
- Remaining in or returning quickly to work is beneficial for people:
 - with physical and mental health problems
 - of all ages
- The benefits of work are also greater than the harmful effects of prolonged absence
- Aspects of work can pose a risk to health, far more people gain health benefits from work than are negatively affected by it



New Evidence

- Recent research and current international best practices
- A speedy return to work is *one* of many factors in preventing needless work disability
- Expanded concepts
- Prevention of disability focus versus management

Work is good for recovery

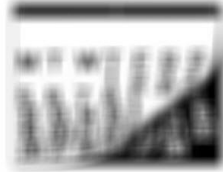
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What is Work Disability
Prevention (WDP)

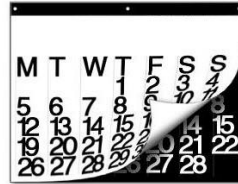
Evolution



1988
Return to Work
(RTW)



2005
Stay at Work
(SAW)



2014
(WDP)

Disability Management

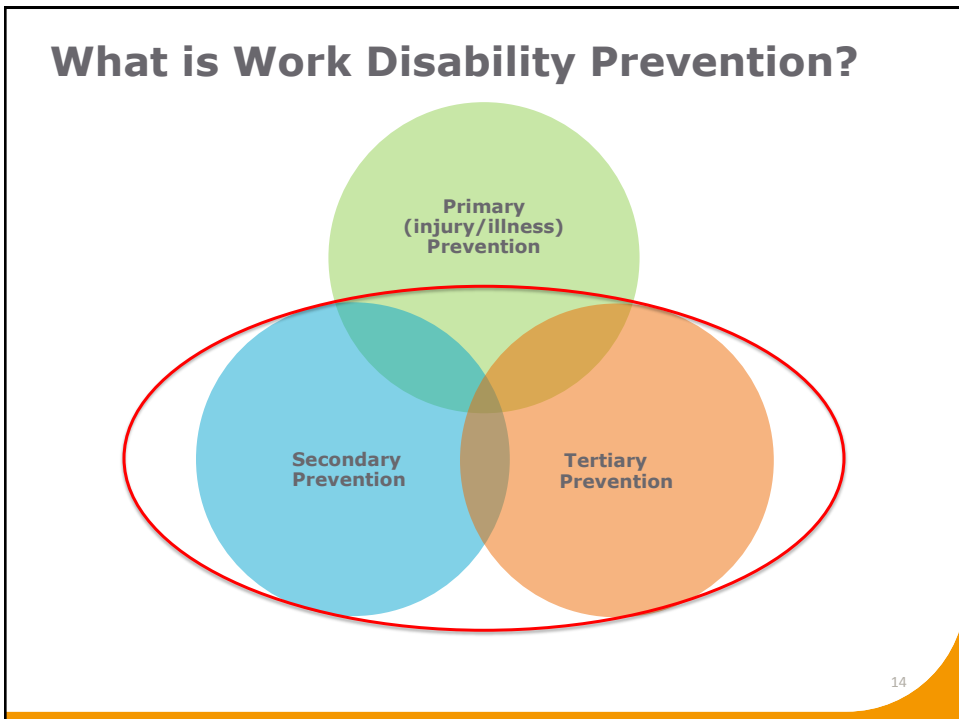
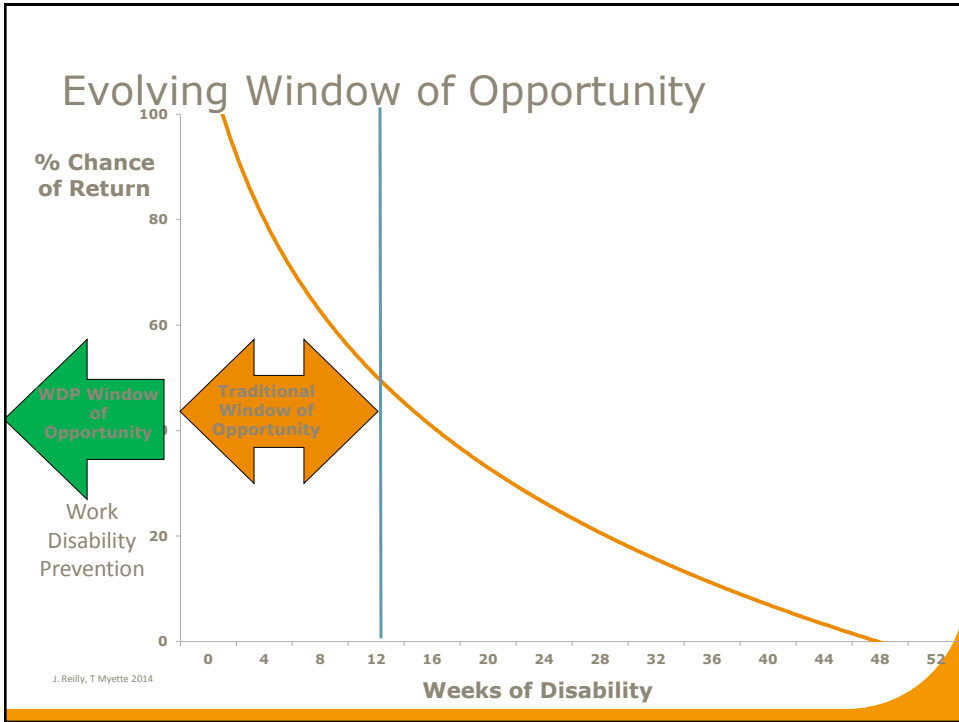
Work Disability Prevention

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Back Pain: Don't Take It Lying Down

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Traditional Biomedical approach



- Physician Driven
- Diagnosis focused
- Medical note = disability
- Medical recovery before rehab
- Recovery = return-to-work



WDP Biopsychosocial approach



- Collaborative & Participatory
- Worker focus
- Focus on function
- Concurrent medical and rehab
- Holistic
- Addresses medical, environmental; work & personal factors

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Work Disability

The causes of work disability are multiple, complex, and often distinct from associated health conditions or treatment

Source: Pransky GS, Loisel P, Anema JR. Work Disability Prevention Research: Current and Future Prospects. J Occup Rehabil. 2011;21:287-292.

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New Evidence

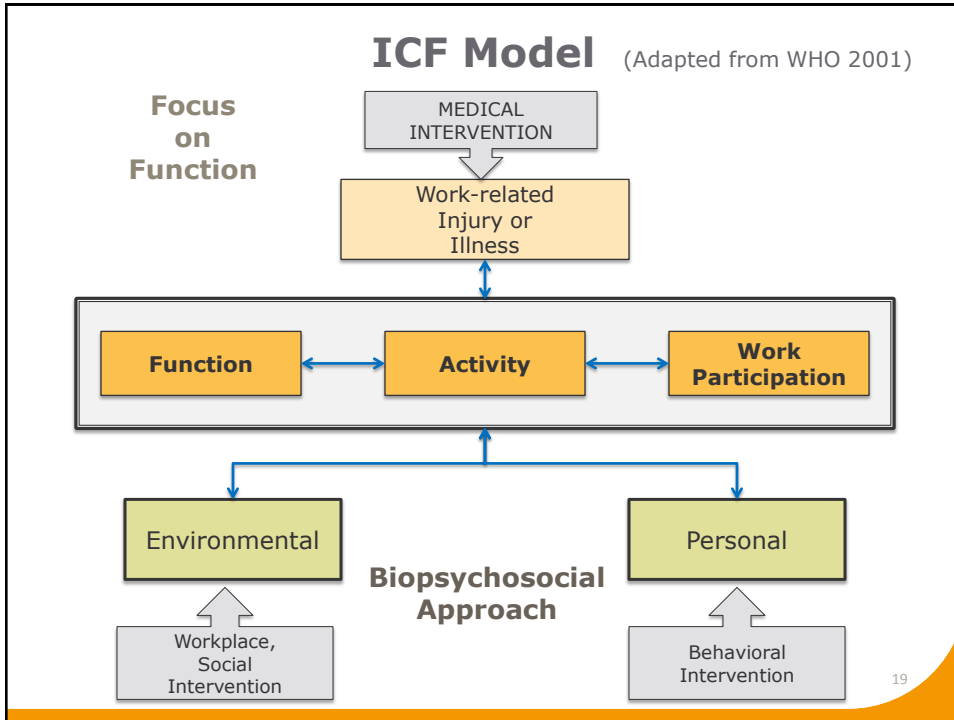
- After centuries of domination by a biomedical model a paradigm shift is happening
- An accumulation of evidence & expert opinion has led to changing concepts in medicine, psychology and law

These forces are propelling a broad societal shift away from Cartesian assumptions and toward a biopsychosocial paradigm

Daniel Bruns et al July 2010

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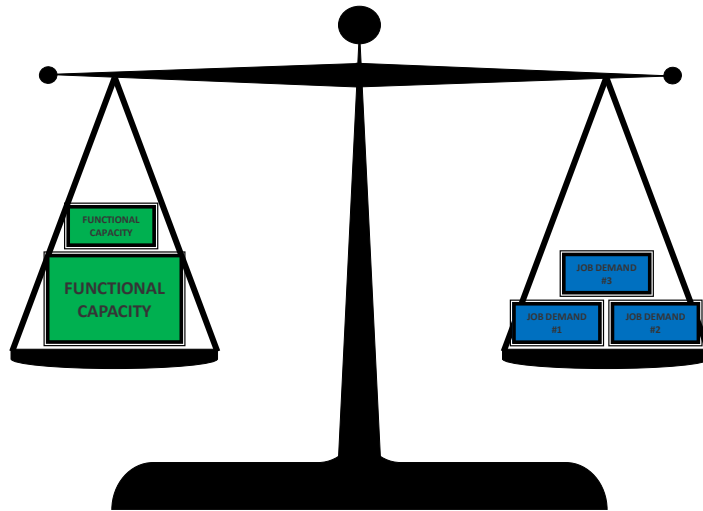
Factors that Influence
Work Disability



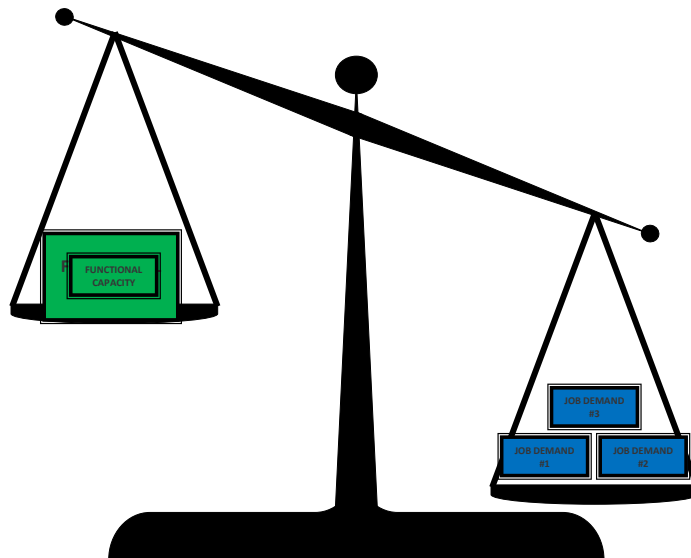
Influencing Factors

Health-Related Factors	Personal Factors
Relates to the health conditions and its management	Relates to characteristics of the worker: demographics, attitudes, beliefs, behaviours
Environmental Factors: <u>Work related</u>	Environmental Factors: <u>Non-work related</u>
Relates to characteristics of the design, organization and management of work and the social context of the workplace	Relates to characteristics of the worker's personal life, relationships and social network

Injury or Illness

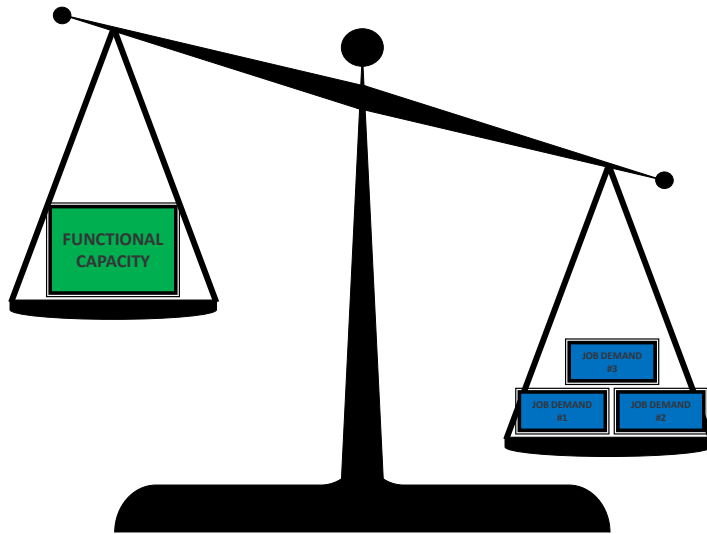


Traditional Medical Approach

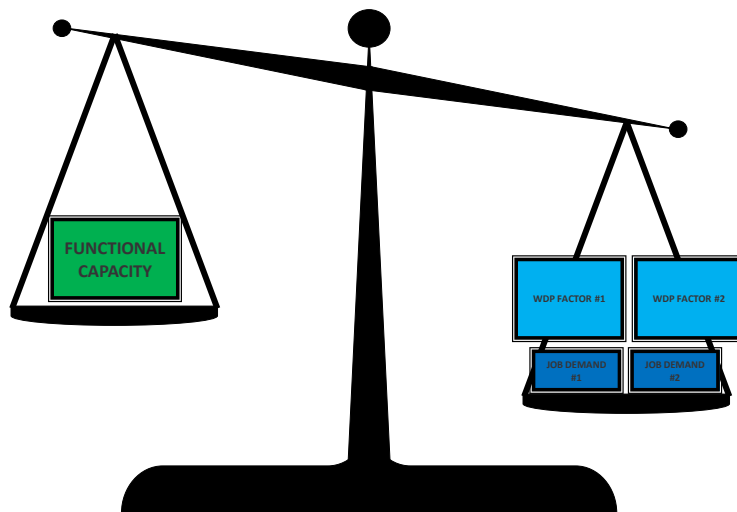


Traditional RTW programs

Medical/diagnosis focus

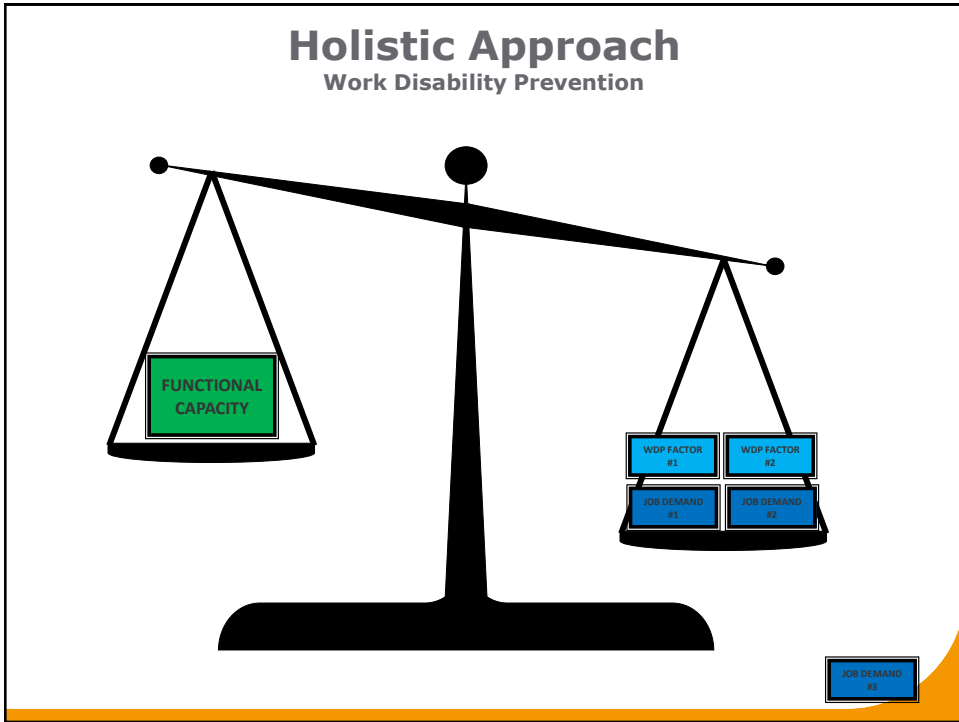


Why Hasn't it Balanced?

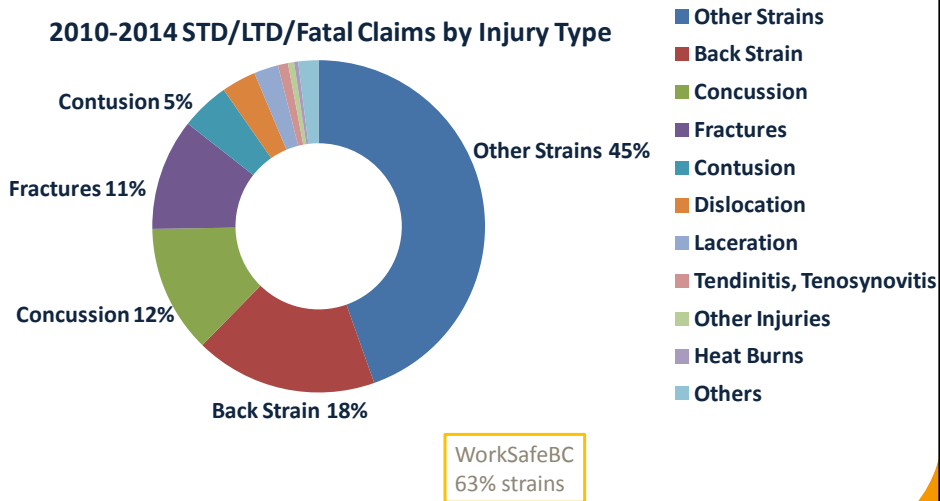


WDP Factors

JOB DEMAND #3



WDP approach is particularly effective for common **physical** and **mental** disorders: e.g. musculoskeletal strains & sprains, anxiety, mild depression



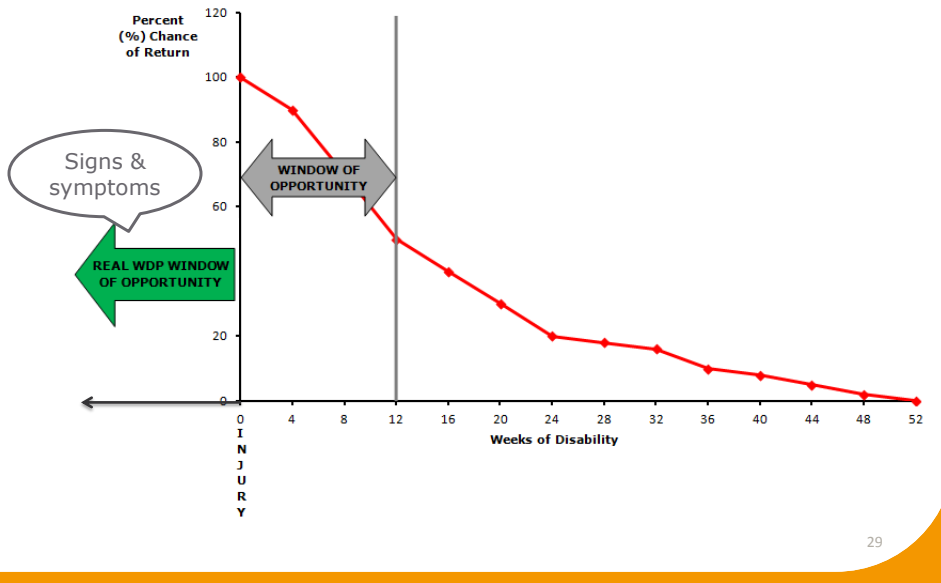
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Opportunity

- WDP approach is particularly effective for common **physical** and **mental** disorders
 - musculoskeletal; strains & sprains
 - anxiety
 - mild depression
- More than 60% of all claims at WorkSafeBC in 2014 were physical strains and sprains
- Mental health claims now accepted – Bill 14

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Evolving Window of Opportunity



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How to get from RTW to WDP..

From Disability Management to Disability Prevention

Component	DM	WDP
Policy with senior level commitment	YES	YES
Roles & responsibilities: competencies	PARTIAL	YES (change for supervisors)
New role: WDP Coordinator	NO	YES
Education & training for all roles	NO	YES
Organizational-level assessments	NO	YES
Pre-injury/illness identification	NO	YES
SAW/RTW Assessments	YES	YES (significant change)
Collaborative development of plan	PARTIAL	YES
Ongoing monitoring & adjusting	PARTIAL	YES
Remain in Work plans	NO	YES
Evaluation	PARTIAL	YES
Management review and improvement	NO	YES

Guiding Principles

- **Workplace**-based
- Strategic **leadership** and line management commitment
- **Accommodating**, non-discriminating workplace culture
- Accountability and **support** to enable proactive work disability prevention
- **Holistic** approach: prevention and **early intervention**

Essential Elements

- ✓ Policy, resources
- ✓ Worker centered
 - Collaborative and participatory
 - Shared goals
- ✓ Focus on function
- ✓ Key roles assigned : WDP Coordinator, Supervisors
- ✓ Competencies and authority
- ✓ Education and training

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Essential Elements

- ✓ Early intervention – sense of urgency
- ✓ Offer modified duties
- ✓ Early and ongoing communication
 - Respectful
 - Worker, supervisor and health care provider
 - Supervisor and co-worker support
- ✓ Monitor progress



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Supervisors The Front-line Connection

The intimate knowledge of the supervisor makes them a key factor in navigating the RTW process with workers, and creating a supportive role for the employer to take in this process

Southgate et al (2011)

Supervisor and Co-Worker support

Tale of Two Supervisors

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Accommodate, Accommodate, Accommodate

- *There is substantial evidence that employers who promptly offer appropriately modified work can reduce the duration of work loss by 30% - 50%*
- *A frequent spin off is a reduction in the incident of new back pain claims*

Frank et.al 1998 (MSI conditions)

Offers of Modified Work

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Work Disability Prevention Summary

Holistic



Job Demands - Function

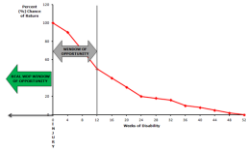


Worker Focused



Stay at Work

Early(er) identification:



Senior Leadership Commitment



Remain in Work



Accommodation



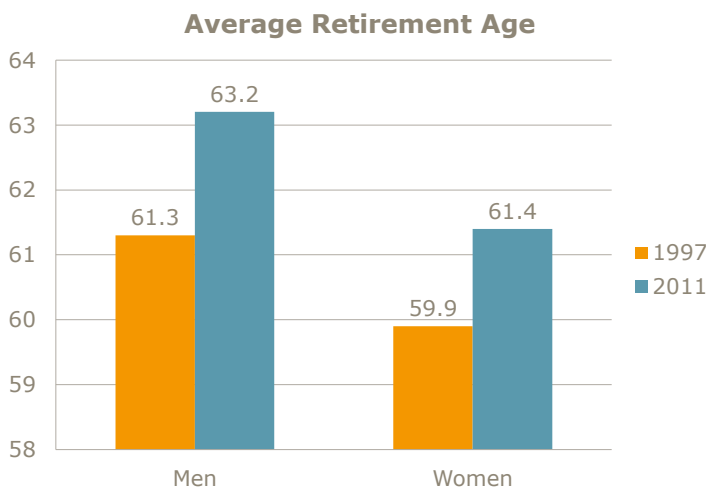
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Why move from RTW to Work Disability Prevention (WDP)?

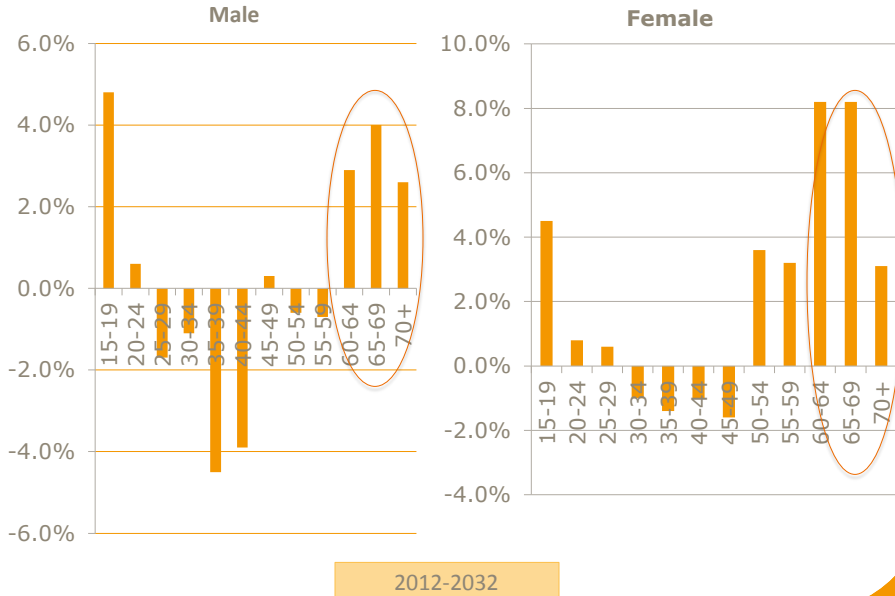
Changes in labour force participation

- Older workers will stay in the workforce longer due to changes to retirement benefits.
- Middle aged men will be less likely to stay in the workforce due to:
 - greater numbers seeking education throughout their lives
 - societal changes (increasingly homemakers)
- Increasing numbers on disability (beyond just workers' compensation):
 - Proportion of people between ages 15-64 with a disability in Canada is climbing (grown from 9.9% to 11.5% between 2001-2006) expected to keep climbing
 - Men with a disability are less likely to participate in the labour force due to nature of occupations (even though more men overall participate in the labour force)
 - Men were less likely to have their workplace accommodation needs met

Later Retirement



Changing Labour Force Participation



Aging Workers

Myths	Facts
Older workers are sick more often	Workers over the age of 45 have a lower than average rate of "sick time."
Older workers quit more often	Older workers have a far lower turnover rate than average, and stay on the job much longer.
Older workers are less capable of evaluating information, making decisions and solving problems	Time has forced older workers to successfully evaluate more information, solve tougher problems and make critical job related decisions; older workers tend to be capable, make thoughtful decisions, and are reluctant to take risks.

Aging Workers

Myths	Facts
Older workers are rigid and inflexible and have trouble adapting to change	Older workers have had to accept job related changes such as new co-workers, new supervisors, increased workloads, new technologies and new pay scales throughout their working life. 85% of employers say older workers are open to, and adapt to change very well
Older workers have poor memories	Age is not directly linked to memory. Factors that affect memory are consistent through the lifespan, including poor nutrition, emotional upsets, poor health and depression
Older workers are less competent	In an Australian survey, 68% of employers reported that mature workers are more reliable, 69% said they have a better work ethic, and 77% said mature workers are more committed to the work

The Labour Gap

B.C. will be experiencing labour shortages at the same time that:

- The proportion of the population in what was, the traditional working age shrinks
- Labour force participation declines amongst middle age groups while increasing amongst older age groups.

Workplaces that do not adjust to changing demographics will find it harder to recruit and retain older workers

Employers: Call to Action

*Work can be the psychosocial
vehicle to "recover"
from an illness or injury*

MacEachen et al 2010

Work is good for recovery

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What can employers do now?

- Take stock of what you are doing now – current RTW/STD/LTD programs
- Fill your "job jars"
- Train your supervisors
- Offer work accommodations before workers go off work
- Be supportive and collaborative
- Involve your worker
- If your worker does go off work have early, respectful and ongoing contact
- Keep your worker connected to their employment – make them feel valued

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Employer WDP Self-Assessment

	Yes	No	Uncure
Senior Level Commitment			
Has senior management developed and implemented a WDP policy for the organization?			
Has senior management identified responsibility, authority, accountability and resources for the WDP program?			
Assignment of responsibility and accountability—champion, coordinator, case manager			
Are Managers and Supervisor held accountable for WDP processes as part of their regular performance reviews?			
Does the organization employ or contract a case manager or work disability coordinator to support SAW/RTW/RW in individual cases?			
Participatory approach			
Are injured or ill workers involved in collaboratively developing WDP, and modified work/accommodation plans?			
Do worker representatives have a say in planning and implementation of the WDP program?			
Holistic, biopsychosocial approach with a focus on function			
Does the organization's RTW or WDP program recognize that work disability is a complex and dynamic process that is influenced by medical, personal and social factors?			
Does the WDP Program focus on the worker's ability rather than his or her diagnosis or symptoms when planning SAW/RTW/RW?			
Prevention and early intervention to facilitate SAW/RTW			
Is there an early intervention (stay at work) component to your current program?			
Are supervisors trained to identify early changes in performance or behavior that indicate the onset or recurrence of common health problems that are related to work disability?			
Early communication and collaboration with workers and other stakeholders			
Is there a practice of early communications with:			
a) The Worker?			
b) The Health care provider?			
c) WorkSafeBC?			
Does the organization communicate and collaborate with the worker's health care providers and WorkSafeBC to plan for early, safe and sustainable RTW?			
Offer of modified work/accommodations			
Is there a specific policy and standard procedures in the organization regarding accommodation of ill and injured workers?			
Does the organization routinely offer modified work to those employees whose work ability is impaired by a physical or mental			

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Thank you Questions?

Judy Reilly and Patrick Whalen

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