

# Addressing Non-Physical Risk Factors to Improve RTW Outcomes

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# This morning....

- What factors are most important for outcomes in WC
- How we can identify them – early on
- Early intervention for better outcomes in WC
  - Early positive interaction, identify risks
  - Evidence-based care, RTW focus
  - Treat WD promptly
  - Address psychosocial factors
- Innovative ideas in work disability prevention  
.... Can we incorporate some of them??

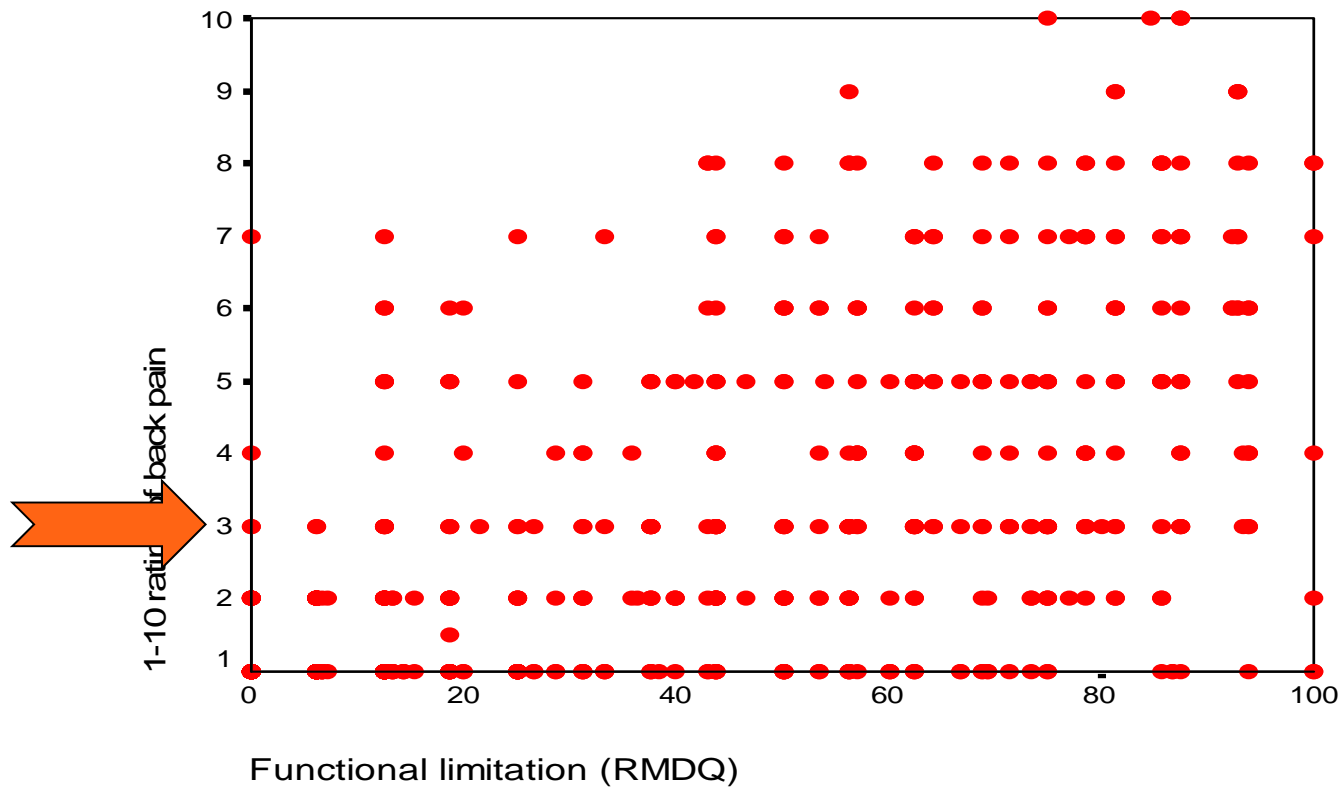
# Clinical severity is **not** strongly related to work disability

- **Spinal cord injury:** 45% RTW regardless of severity (Young and Murphy, 2009)
- **Low back pain:** 3-fold international variation in disability due to policy, not severity (Anema et al, 2009)
- **Cardiac bypass surgery:** Cardiac function unrelated to employment (Fitzgerald, Pransky, 1989)



# Pain vs. functional limitation – 1 month duration LBP

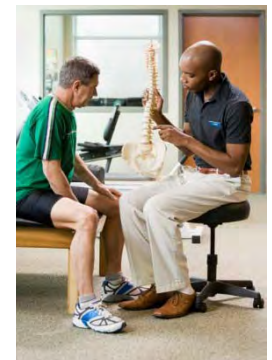
(Shaw et al. Spine 2005)



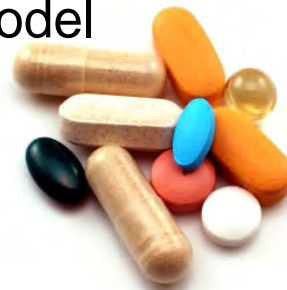
# Iatrogenic disability

Injured wkrs often believe that 'more is better', yet more Rx often **worse** (or no impact) for disability

- Extended PT, 'preventive' chiro for low back pain = WORSE disability outcome (delay RTW, MORE recurrence)
- Back surgery – much less helpful in WC (NSN SPORT)
- Some care only paid for in WC (compounding, nutraceuticals IDET, med marijuana,...) – econ model



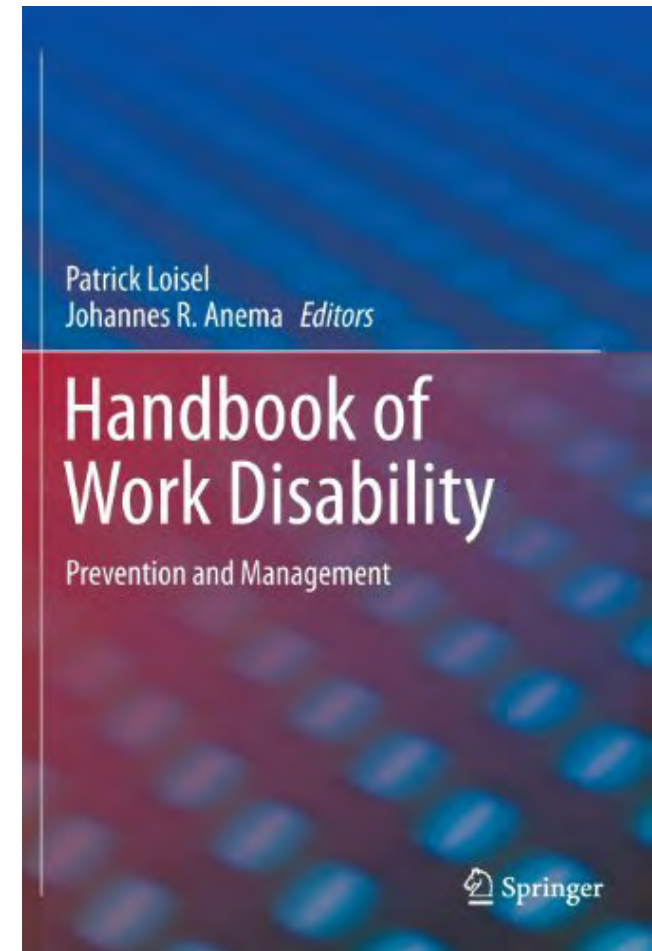
**Common theme (worldwide):  
NO scientific evidence =  
MORE work disability**



(Campbell, Wright et al., Avoiding long-term incapacity for work, 2007)

# Work disability is a **separate condition**

- Linked to an underlying health problem
- Extent of work disability varies
- A psychosocial condition
- Unique causes, risk factors, and effective treatments

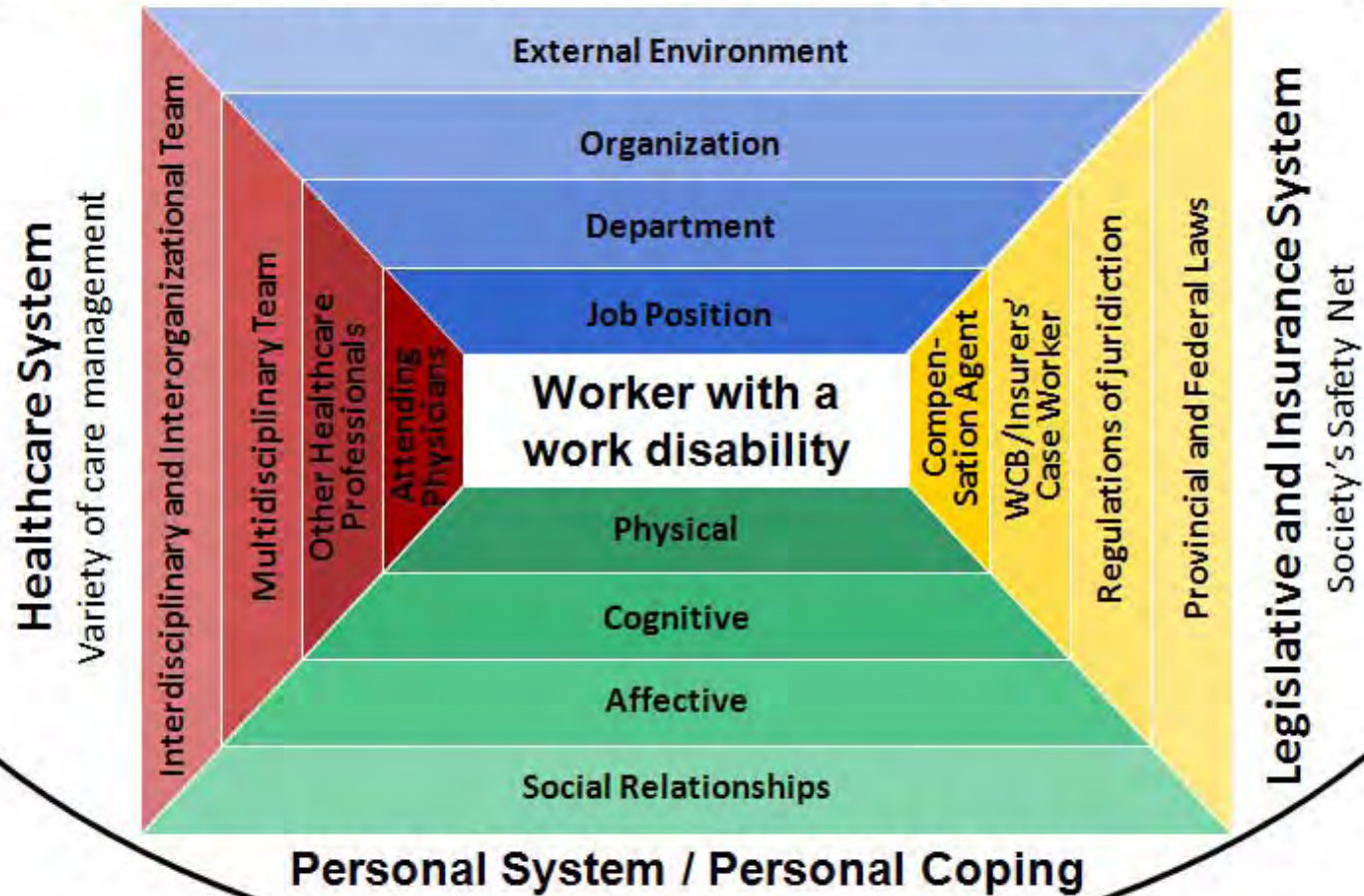


# Overall Societal Context

Culture and politics

## Workplace System

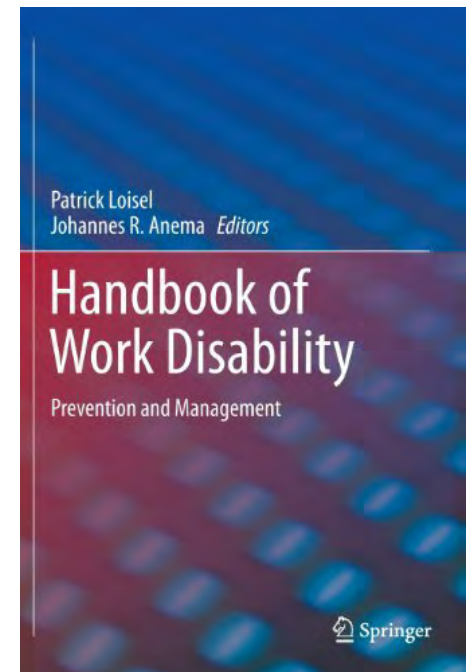
Work relatedness, employees assistance plans, workplace accommodation



(Loisel et al, J Occup Rehabil, 2005)

# - think of work disability as a separate condition

- **Causes** (not just a medical diagnosis)
- **Risk factors** (different from clinical predictors)
- **Consequences** of WD -  
leads to morbidity and mortality (Waddell, Burton)
- **Treatments** (not just health care)
- **Successful practitioners** - different skills
- **Timecourse** (acute / reversible  
vs chronic / permanent - a few weeks??) (Aurbach)  
– Urgency for intervention





# Social / insurance context

## – “Whiplash” example

Neck pain after rear-end collision

- Lithuania - no symptoms > 3 weeks (*Obelieniene, 1999*)
- Greece: 91% WAD full recovery in 4 weeks  
(*Partheni, 1997*)
- Saskatchewan after change in compensation –  
27% drop in % of long-term WAD cases  
(*Cassidy, 1995*)

# Absence from Work: Downward Spiral of Psychological Well-being

Discomfort  
Financial woes  
Job insecurity  
Family stress  
Pain beliefs  
No workplace contact  
Workplace stigma  
No active treatment



Week 1 2 3 4 5 6 7

# Why we need to focus on RTW Early On

- RTW problems become irreversible over time
  - Employer linkage gets lost
  - Worker becomes a sick patient
  - Reversing long term disability requires many resources and costs
  - So it has to be addressed early on
- Prolonged disability drives unnecessary medical care

nthe 80

# Risk factors for Pain are not the same as risks for Work Disability

- Risk factors for back PAIN outcome:

- Pain severity
- Diagnosis
- Somatic focus
- History

- Risk factors for back DISABILITY outcome:

- Workplace conflict
- Wkpl inflexibility
- Fear of injury
- Lack of autonomy
- Pain severity
- Catastrophic view

# Frequency of Workplace Problems in Acute Work-Related LBP

- 28% job tenure < 1 year
- 38% physical job demands > 8 out of 10
- 38% no known modified duty options
- 18% don't enjoy job (less than 5 out of 10)
- 37% very worried about re-injury
- 31% feel unlikely to return < 4 weeks
- 14% job stressful most of the time

(Shaw et al., JOEM 2009)

# Several ways to identify high-risk cases early in clinical care

- Clinician impressions
- Administrative data (WC system)
- Objective measurement (FCE)
- Patient questionnaire (Orebro)
- Semi-structured interview
- Worksite contact or visit

What are some of the advantages and disadvantages of each?

# Örebro Musculoskeletal Pain Screening Questionnaire (ÖMPSQ)

- 25 item, self-administered questionnaire
- 21 items rated on a 0-10 scale
- Scores range 0 - 210

(Linton and Halldèn, 1998)



# Back Disability Risk Questionnaire

- Supervisor response
- Mood and stress
- Pain severity ratings
- Health and wellness
- Physical demands of work
- Self-efficacy for recovery
- Modified work options

(Shaw et al. Spine, 2005)

Appendix: Patient Questionnaire

1. Please briefly describe what you were doing at the time of the injury or when the pain began: \_\_\_\_\_

2. On a scale from 1 to 10, how much pain in your back do you have RIGHT NOW? \_\_\_\_\_

3. Since this episode of back pain began, how has your pain changed?

greatly improved  
 somewhat improved  
 about the same  
 somewhat worse  
 a great deal worse

4. Have you missed work for at least one day as a result of your current back injury?  
 Yes  No

5. How long have you been with your present employer? \_\_\_\_\_

6. Employers, including supervisors or other managers, may have different kinds of reactions to a work injury. Right after your back pain began, did you supervisor...?

a. blame you for the injury?  Yes  No  
b. try to help you?  Yes  No  
c. act angry at you for being off work?  
 Yes  No  
d. question whether you were really hurt?  
 Yes  No  
e. discourage you from filing an injury report or workers' comp claim?  
 Yes  No

7. On a scale from 1 to 10 how physically demanding is your present job? (1 = very light work, 10 = very hard work): \_\_\_\_\_

8. Have you seen a medical doctor for back pain before this episode?  Yes  No

If yes, ...

a. Severe enough that you had to restrict your activities?  Yes  No  
b. Severe enough that you had to stay home from work?  Yes  No  
c. Ever had back surgery?  Yes  No

9. If you needed to go back to work on restricted or modified duty, do you believe your employer would allow it?  
 Yes  No

10. On a scale from 1 to 10 how much do you enjoy your present job? (1 = don't enjoy it at all, 10 = enjoy it a lot): \_\_\_\_\_

11. How worried are you that future physical activity may increase your back pain or result in re-injury?

extremely concerned  
 very concerned  
 somewhat concerned  
 a little concerned  
 not concerned at all

12. Do you think that you will be able to do your regular job, without any restrictions, 4 weeks from now?

definitely  unlikely  
 probably  no  
 not sure

13. Before this episode of back pain, how often did you engage in at least moderate exercise (activities like walking, jogging, and cycling)?

never  
 rarely  
 once per week  
 2-3 times per week  
 more than 4 times per week

14. In general, would you say your health is...?

excellent  fair  
 very good  poor  
 good

15. How much of the time during the past week have you felt downhearted and blue?

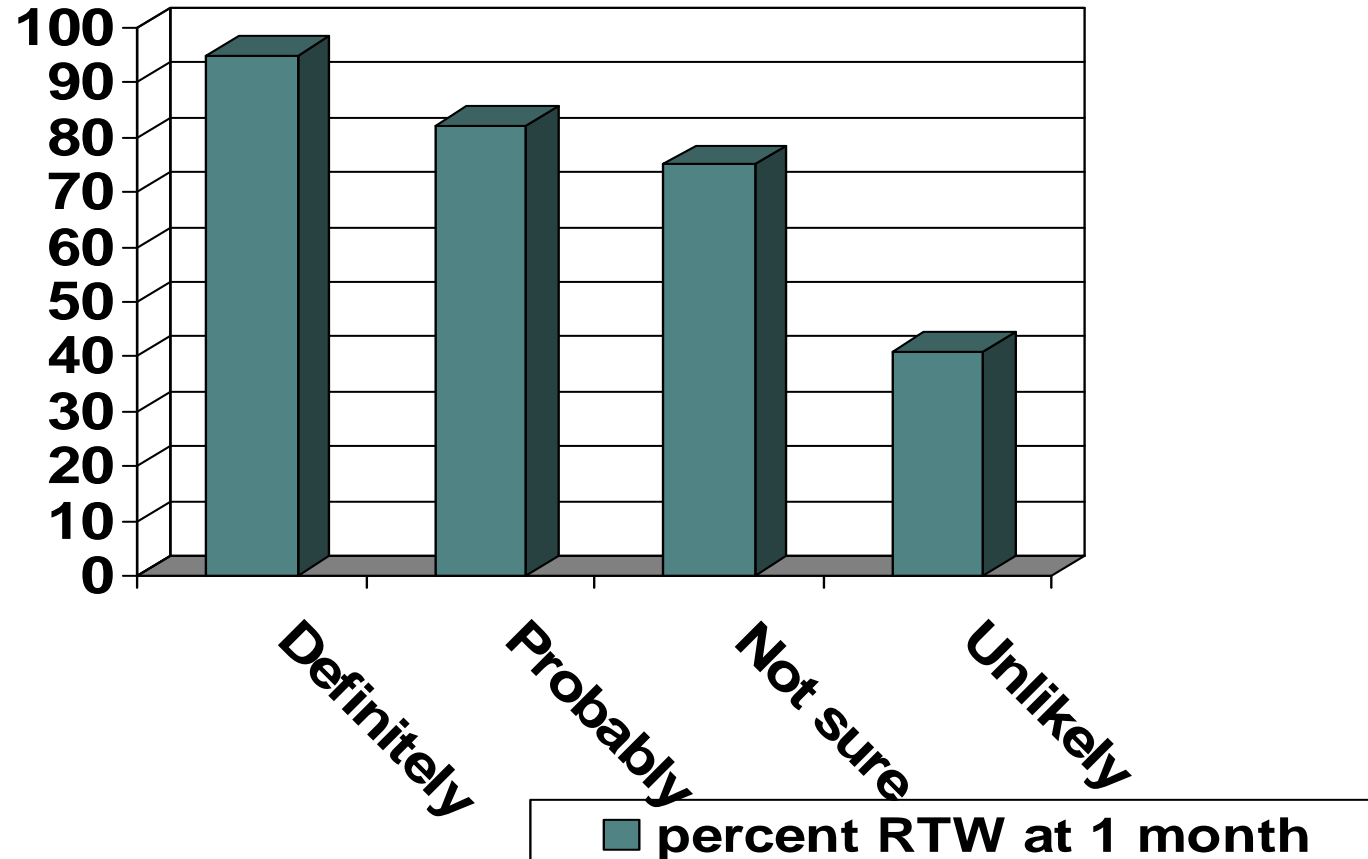
all of the time  
 most of the time  
 a good bit of the time  
 some of the time  
 a little of the time  
 none of the time

16. How much of the time during the past week have you felt under stress?

all of the time  
 most of the time  
 a good bit of the time  
 some of the time  
 a little of the time  
 none of the time

# Expectations for Return to Work

Do you think you will be able to do your regular job, without any restrictions, 4 weeks from now?



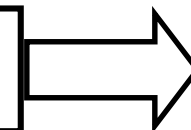
## Low RTW expectations – Pursue Open-Ended Questions

- Are you concerned that the physical demands of your job might delay your return to work?
- Do you expect your work could be modified temporarily so you could return to work sooner?
- Are there stressful elements to your job that might be difficult when you first return to work?
- What kind of response do you expect from co-workers and supervisors when you return?
- Is this a job you'd recommend to a friend?
- Are you concerned that returning to your usual work may be difficult?
- Are you worried about any repeat episodes of back pain once you return to work?

# Acute LBP – 3 Risk clusters

- Immobilized
  - Fear avoidance
  - Physical dysfunction
  - Poor expectations for resuming activity

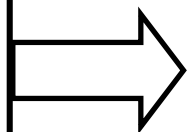
**Graded Activity  
Physiotherapy**



**Improve self  
efficacy for phys  
function**

- Disemployed
  - High physical demands
  - Poor employer response
  - No modified duty
  - Short job tenure

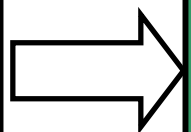
**Worksite  
contact /  
evaluation**



**Improve  
accommodation  
+ support**

- Overwhelmed
  - Mood symptoms
  - Life adversity
  - Work stress
  - Pain catastrophizing

**Problem  
Solving Skills  
Training**



**Improve self-  
efficacy for  
coping with  
ALBP and  
overcoming  
barriers to  
recovery**

# Early intervention for better outcomes in WC

- Early positive interaction + risk factor identification
- Evidence-based care, RTW focus
- Treat WD promptly
- Address psychosocial factors

# Key early interactions

- Supervisor response
- OHS, other providers
- Claims manager
- Family, friends, co-workers

# 1. Employer Focus

## Supervisor Training Program – How to

- Immediate contact
- No blame/inquiry
- Positive, empathic
- “Want you back”
- Ergo/safety educ.
- Problem-solving
- Regular follow-up
- Accommodations
- Workplace update
- Functional inquiry

**Two 2-hour sessions, interactive**

**Mgmt endorsement**

**Over 25% sustained reduction in TTD**



(Pransky, Shaw,  
Work, 2004)

# WC claimants with good outcomes - BC

- Often enter process with bad experiences and advice from others

Most important **claims handler** actions that made a difference:

- **Listening**, genuine empathy – opportunity to start with their concerns (early activation) – ‘what can we do to help?’
- Detailed **explanation** of the process- reduce uncertainty, ‘why’
- **Check-in** calls – when appropriate
- Early **discussion about RTW** – decreases resistance
  - Must be approached carefully and gradually



## Claims managers: Do we use the right language ?

- Negative impact of words like claimant, adjudication, pay without prejudice, pending investigation of your claim, third party action, recorded statement, choose to have attorney representation, acceptance of liability, determination of liability, legal standard for causation...
- Perceived injustice ([Scott, 2013](#))

# Health care primarily focused on RTW can be very effective

## Ten Years' Experience Using an Integrated Workers' Compensation Management System to Control Workers' Compensation Costs

Edward J. Bernacki, MD, MPH  
Shan P. Tsai, PhD

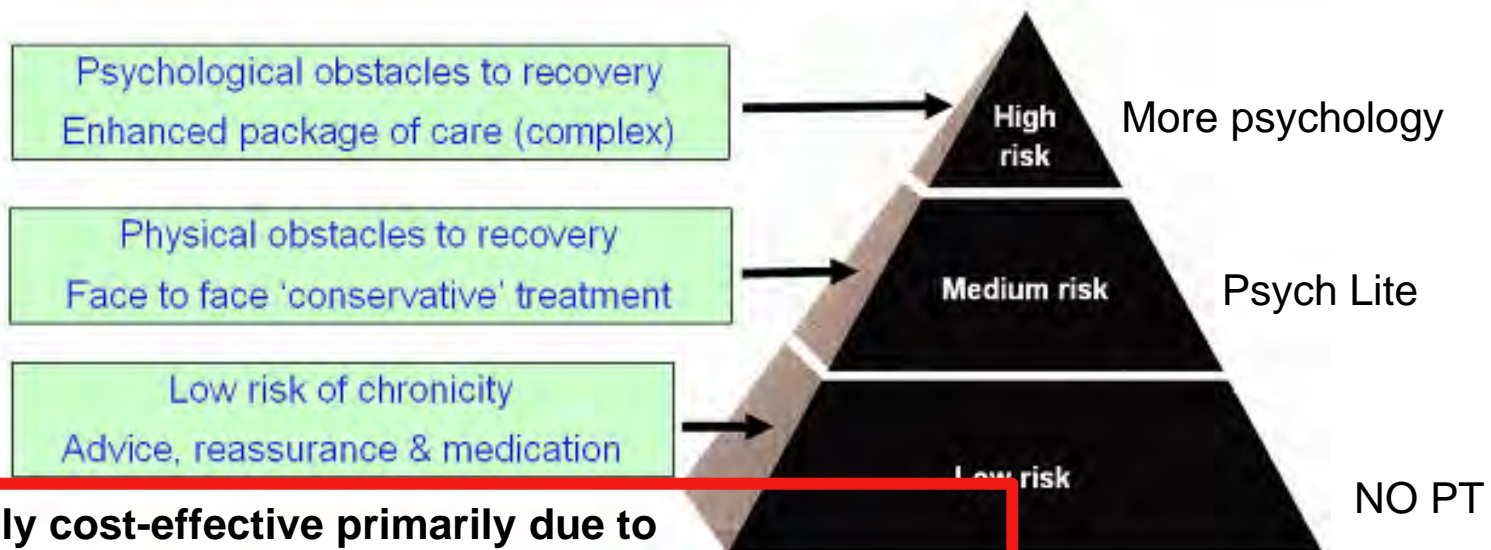
**B**etween 1987 and 2000, employers costs for workers' compensation increased from \$38 billion to \$56 bil

- Evidence-based care
- Continuous workplace communication
- Facilitated accommodations

**77% reduction TTD, 57% reduction in WC medical care**

# Keele StartBack Trial

- Screening of all new LBP patients in primary care referred to physical therapy with a 6-item tool (psychosocial questions)



**Highly cost-effective primarily due to**

- reducing Rx in low-risk (they avoided PT)
- **BIG secondary impact on wk disability (less Rx)**

[Hill, Whitehurst, Lewis et al, Lancet, 2011](#)

**Less is More!**

# Finding light duty / alternate work / accommodation options at work

- Accommodation is the #1 factor in early RTW in WC
- Provide 30% lost work day reduction for employers
- For older workers with chronic health problems, stay at work essentials: (Leijten, 2015)
  - Changes to work stations, working time, work tasks
  - Support from colleagues / supervisors
  - **Largely informal / self-directed accommodations**



Skilled wkr. shortage?  
AAADA ?

Tech – work @ home?

# Getting people back to work decreases WD AND medical costs (Sweden)

- 140 working LBP patients, high WD risk, randomized to
  - Care as usual, or
  - Problem-solving, self-management, communication training for patients AND their supervisors
- Results (6 mo f/u)
  - 72% LESS lost work days
  - **4X LESS likely to seek more health care**

[\(Boersma, Linton et al JOR 2016\)](#)

[\(full text\)](#)



# DTC

The Boston Globe

Health & wellness

DAILY DOSE

## 7 mistakes doctors commonly make for back pain

**Choosing Wisely**<sup>®</sup>

*An initiative of the ABIM Foundation*

ConsumerReportsHealth



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS



FOUNDATION

## Imaging tests for lower-back pain

When you need them—and when you don't

**B**ack pain can be excruciating. So it seems that getting an X-ray, CT scan, or MRI to find the cause would be a good idea. But that's usually not the case, at least at first. Here's why.



FIMDM

[Reveal link](#)

Reveal

Reveal

Updated Monday  
10 unplayed episodes



Billion-dollar scam

Monday • 50 min • California's workers' compensation program covers 15 million workers across the state. If you get hurt on the job – fall off a