

For Your Insight: Research and Practice From the Field

February 19, 2020

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This biweekly update highlights relevant research for RETAIN states and summarizes key takeaways that may benefit program implementation. Each summary includes a link to an article, resource, or formal abstract.

Effectiveness of Workplace Interventions in Return-to-Work for Musculoskeletal, Pain-Related and Mental Health Conditions: An Update of the Evidence and Messages for Practitioners

Cullen and colleagues (2017) reviewed the literature to determine the effectiveness of “workplace-based return-to-work (RTW) interventions and work disability management (DM) interventions” for workers with one of three conditions: musculoskeletal, pain-related, and mental health conditions. The team reviewed 1,112 studies, 36 of which assessed interventions related to RTW and these three conditions. From those 36 studies, the team categorized RTW interventions into four categories: 1) health-focused interventions, which deliver health services to injured workers in the workplace; 2) service coordination interventions, which coordinate the delivery of RTW services to improve communication between employers and healthcare providers; 3) work modification interventions such as the implementation of workplace accommodations; and 4) multidomain interventions, which are interventions that include at least two intervention components from the first three domains (i.e., an intervention that includes both health focused and service coordination components). The studies focused on outcomes related to lost time (i.e., time spent away from the workplace), work functioning, and work disability costs for the injured worker including income replacement costs. Multidomain interventions that included at least two of the three domains significantly reduce time away from work for both musculoskeletal and pain-related conditions. Multidomain interventions also may reduce disability-related costs for workers. In addition, cognitive behavioral therapy interventions without workplace modifications or service coordination components did not help workers with mental health conditions RTW. The authors recommend that employers implement multidomain interventions to reduce lost time and costs for workers with musculoskeletal and pain-related conditions.

Abstract available: [Cullen, K. L., Irvin, E., Collie, A., Clay, F., Gensby, U., Jennings, P. A., ... Amick, B. C. \(2017\). Effectiveness of workplace interventions in return-to-work for musculoskeletal, pain-related and mental health conditions: An update of the evidence and messages for practitioners. *Journal of Occupational Rehabilitation*, 28\(1\), 1–15.](#)

Tags: Return to work, musculoskeletal, pain related conditions, mental health conditions

How Effective Are Employer Return to Work Programs?

McLaren and colleagues (2017) examined the effectiveness of employer RTW programs. Specifically, the authors looked at California workers' compensation claims to understand if RTW programs reduce work-related injury durations, whether there are RTW program components that best reduce injury duration, whether participating in RTW programs leads to long-term employment outcomes, and whether RTW programs are cost effective for employers. The authors found that workers in employer RTW programs returned to work 1.4 times sooner than did workers for whom employer-based RTW programs were not available. Modified work equipment and scheduling accommodations had the greatest effect, reducing injury duration by 3.5 weeks when compared with workers who did not receive modified work equipment or the option to modify schedules. Participation in RTW programs, moreover, did not have a significant effect on long-term employment outcomes. The authors found that RTW programs produced positive returns for large employers in terms of benefits relative to cost. More evaluation is needed to determine if RTW programs are effective for smaller employers. The authors concluded that employer-based RTW programs should be used more often, although some employers may require subsidies and other incentives to make these RTW programs cost effective.

Abstract available: [McLaren, C. F., Reville, R. T., & Seabury, S. A. \(2017, October\). How effective are employer return to work programs? *International Review of Law and Economics*, 52, 58–73.](#)

Tags: return to work programs, employment outcomes, cost effectiveness

Assessing the Costs and Benefits of Return-to-Work Programs

This issue brief from the Stay-at-Work/Return-to-Work Policy Collaborative discusses the costs and benefits of implementing an RTW program in the private sector to see how it affects employers' overall costs. The issue brief describes two scenarios from the employer's point of view. In the first scenario, the employer has an established RTW program that helps the worker who has experienced an injury stay at work full time until retirement. In the second scenario, the employer does not have an RTW program and the worker who has experienced an injury is laid off and replaced by a worker previously in a similar job. The authors compared the cost/benefit between the two scenarios by looking at characteristics such as age at disability onset, time away from work, cost of workplace accommodations, productivity loss, family structure, and health insurance coverage. The analysis revealed that employer RTW programs have cost saving benefits for both the federal government and workers, since RTW may reduce a worker's dependence on Social Security Disability Insurance, Supplemental Security Income, and Medicare for support. The authors conclude that RTW programs may not financially benefit all employers—especially small employers—because implementing such programs generally represents an increased cost to the employer. The authors recommend that

policies offering employers financial incentives and subsidies need further consideration to make RTW programs more cost effective and, therefore, more appealing to employers.

Report available: [Ben-Shalom, Y. \(2015\). *Issue brief: Assessing the costs and benefits of return-to-work programs*. Washington, DC: Stay-at-Work/Return-to-Work Policy Collaborative, U.S. Department of Labor, Office of Disability Employment Policy.](#)

Tags: return to work, stay at work, cost effectiveness

The Role of the Physician in the Return-to-Work Process Following Disability Onset

This Mathematica report discusses the challenges physicians experience with the RTW process and offers recommendations for overcoming those challenges. Based on previous research, the report highlights five obstacles physicians confront relative to the RTW process: 1) lack of relevant training – for example, medical schools often do not focus on RTW issues; 2) many physicians do not view RTW as part of their job, so they place little emphasis on RTW; 3) many physicians worry about RTW and patient privacy concerns – for instance, physicians may be uncomfortable discussing a patient’s injury with an employer because they do not want to violate the patient’s privacy; 4) physician’s belief that workers who experience injury may create barriers to RTW – for instance, some patients may “... adopt the symptoms of a physical or mental disorder” to avoid returning to work; and 5) differences in the quality of RTW programs from employer to employer – that is, differences across employer policies or processes can make it difficult for physicians to support the RTW program. To overcome these challenges, the report offers three recommendations for integrating physicians into the RTW process. These recommendations include: 1) incentivizing physicians to use RTW best practices – for example, the Centers of Occupational Health & Education program in Washington offer physicians financial incentives for implementing RTW best practices such as submitting a form that outlines the physical limitation of the employee and contacting the employer to discuss RTW options; 2) providing more education or training opportunities to physicians focusing on RTW implementation; and 3) coaching physicians to use plain language when talking to individuals who do not have medical backgrounds, which may include training physicians to use terms that employers will understand.

Report available: [Denne, J., Kettner, G., & Ben-Shalom, Y. \(2015\). *The role of the physician in the return-to-work process following disability onset*. Washington, DC: Mathematica Policy Research.](#)

Tags: return to work, physicians