

## For Your Insight: Research and Practice From the Field

**March 18, 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.

### **A Communitywide Intervention to Improve Outcomes and Reduce Disability Among Injured Workers in Washington State**

Wickizer and colleagues (2004) describe an intervention in Washington state designed to help injured workers receiving care through the workers' compensation system reduce their disability duration. The intervention is based on an earlier managed-care intervention in which injured workers received medical care through occupational healthcare networks. These networks emphasized the "coordination of care and ongoing follow-up to get the injured worker back to work in a timely manner." An evaluation of this earlier intervention found that it was "associated with lower cost per [compensation] claim and greater employer satisfaction with the timing and quality of information provided by physicians." To help pilot a similar intervention in Washington state, the Centers of Occupational Health and Education (COHEs) managed the quality improvement activities, including the following: (1) recruiting physicians from the community to participate in the intervention and tracking the care they provide, (2) sponsoring continuing medical education for participating physicians, (3) offering participating physicians mentoring opportunities with senior clinicians, and (4) initiating care coordination activities to reduce delays in treatment. Washington and the COHEs also encountered several challenges during the pilot test, including difficulty tracking patient care, recruiting a broad base of physicians, and developing collaborative relationships across institutions. The authors acknowledge that each of these challenges may vary in different community settings or regulatory environments. The authors conclude that the intervention shows promise in engaging physicians and healthcare institutions to implement quality improvement initiatives for the purpose of helping injured workers return to work (RTW). However, the success of any workers' compensation quality improvement intervention depends upon patient targeting, timing, and finding the right people to implement the intervention.

Abstract available: [Wickizer, T. M., Franklin, G. M., Mootz, R. D., Fulton-Kehoe, D., Plaeger-Brockway, R., Drylie, D., ... Smith-Weller, T. \(2004\). A communitywide intervention to improve outcomes and reduce disability among injured workers in Washington state. \*The Milbank Quarterly\*, 82\(3\), 547–567](#)

Tags: Return to work, communitywide intervention, disability duration

## A Developmental Conceptualization of Return to Work

Young and colleagues (2005) reviewed the RTW literature to construct a new way to “predict, understand and facilitate good outcomes.” The authors offer a new approach for assessing RTW outcomes, which views RTW as an evolving process that is influenced by “different factors at different times” in the RTW process. This approach could better capture outcomes related to workers still transitioning to employment rather than capturing only the outcomes of those currently working and those out of work. The authors developed four phases for viewing RTW as an evolving process: (1) *Off work*—refers to the first day the worker misses work because of injury and ends when the worker has a viable RTW option; (2) *Re-entry*—refers to the point at which the worker resumes work and stakeholders discuss how the worker can complete work tasks in a satisfactory manner, and concludes when the worker achieves their goal work status; (3) *Maintenance*—refers to when the worker aims to sustain their goal work status and considers whether to pursue advancement; and (4) *Advancement*—refers to when the worker pursues advancement to a higher position. Looking at RTW in the context of evolving phases helps show how outcomes change as workers move through the RTW process. Additionally, examining the outcomes associated with each phase may help identify barriers to achieving RTW goals and facilitate interventions for overcoming those barriers. The authors conclude that viewing RTW as an evolving process may expand thinking of RTW in ways that lead to additional measures and outcomes.

Abstract available: [Young, A. E., Roessler, R. T., Wasiak, R., Mcpherson, K. M., Poppel, M. N. M. V., & Anema, J. R. \(2005\). A developmental conceptualization of return to work. \*Journal of Occupational Rehabilitation\*, 15\(4\), 557–568](#)

Tags: return to work, RTW outcomes

## Seven “Principles” for Successful Return to Work

This tool from the Institute for Work and Health (IWH) describes seven principles for successful return to work (RTW). IWH conducted a review of the RTW literature focusing on three outcomes: (1) duration of work disability, (2) costs of work disability, and (3) quality of life of workers. The seven RTW principles developed by IWH are as follows: (1) *Commitment to health and safety*—this principle calls for the workplace to commit itself to health and safety, which is established by workplace behaviors such as investing in resources that “promote safety and coordinated RTW”; (2) *Modified work*—this principle states that employers need to offer work accommodations to injured workers, which can help workers RTW earlier; (3) *RTW planners*—this principle calls for an RTW plan that supports the injured worker without disadvantaging coworkers and supervisors; (4) *Training work supervisors*—this principle recommends that supervisors be trained on work disability prevention, including RTW planning; (5) *Early employer contact*—this principle recommends that employers make early contact with injured workers soon after injury to improve RTW outcomes; (6) *Coordinating RTW*—this principle calls for designating an individual to support RTW coordination to help everyone in the RTW process understand their role and what to expect; and (7) *Communication between employers and healthcare providers*—this principle recommends that healthcare providers and

employers communicate about workplace demands to support better work accommodations for the injured worker.

Report available: [Institute for Work and Health. \(2017\). \*Seven 'principles' for successful return to work.\* Toronto, Ontario: Author](#)

Tags: return to work, RTW strategies, work disability

## **Behavioral Interventions to Help Workers Keep Their Jobs After an Injury or Illness**

This brief from the Stay-at-Work/Return-to-Work Policy Collaborative explores behavioral interventions aimed at helping injured workers keep their job. Many injured workers need to make the decision to leave work under the stress of their injury or illness, before completely exploring other options. Interactions and guidance from coworkers, healthcare providers, and other stakeholders often result in conflicting advice on the best path for the injured worker. However, behavioral interventions can support the injured worker in their decision-making process. This brief offers three promising behavioral interventions: (1) *coaching and financial counseling*, which include providing “advice on likely financial outcomes if the worker stays on the job instead of going on long-term disability”; (2) *conducting multiparty conversations*, which includes bringing together multiple stakeholders—such as a disability benefits representative, employer, and healthcare provider—to discuss the worker’s capacity to remain at work; and (3) *healthcare provider use of electronic health record (EHR) software*, which would display EHR-based guidelines for time off work to healthcare providers when inputting diagnosis codes. Before fully adopting a behavioral intervention, the authors recommend pilot testing to ensure that the intervention (1) has positive results on job retention outcomes, (2) can be implemented on a small scale with a limited budget, and (3) can be scaled up.

Report available: [Stay-at-Work/Return-to-Work Policy Collaborative. \(n.d.\). \*Behavioral interventions to help workers keep their jobs after an injury or illness.\* Princeton, NJ: Author](#)

Tags: stay at work, behavioral interventions

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