RETAIN | Retaining Employment and Talent After Injury/Illness Network

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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.

Readiness for Return to Work Following Injury or Illness: Conceptualizing the Interpersonal Impact of Health Care, Workplace, and Insurance Factors

Franche and Krause (2003) propose a conceptual framework that accounts for physical, psychological, and social factors related to return to work (RTW). This framework adapts and combines two previous models: (a) the Readiness for Return-to-Work model, which looks at the motivational factors related to behavioral changes necessary for RTW, and (b) the Phase Model of Occupational Disability, which addresses the different phases of disability including interactions with healthcare professionals, the insurance system, and employers in the RTW process. Both models examine work disability and recovery as an evolving process. For example, the Readiness for Return-to-Work model uses a five-stage process to describe the behavioral changes associated with RTW: (1) *precontemplation*—the employee is focused on the recovery process and not thinking about RTW; (2) *contemplation*—the employee is weighing the pros and cons of RTW but has not developed any specific steps; (3) *preparation for action*—the employee is making active plans to RTW; (4) *action*—the plans developed in stage three are now put into action, and the injured worker has RTW in some capacity; and (5) *maintenance*—the employee identifies and avoids situations that can interfere with RTW. The Phase Model of Occupational Disability comprises three dimensions of employee interaction with healthcare providers, the workplace, and the insurer: (1) *decisional balance*—interactions that may affect how the employee perceives the pros and cons of RTW, (2) *self-efficacy*—interactions that may positively or negatively affect the employee's belief in their ability to complete RTW-related tasks, and (3) *change processes*—interactions that may affect the behavioral changes that need to occur for the employee to achieve RTW. The proposed framework combines these models to capture the primary activities that lead to behavioral changes, as well as to show the effects of healthcare, the workplace, and the insurance system on RTW. The combination of these two models may also help future research integrate the "developmental, interpersonal, behavioral, and social aspects" of RTW.

Abstract available: Franche, R. L., & Krause, N. (2003). Readiness for return to work following injury or illness: Conceptualizing the interpersonal impact of health care, workplace, and insurance factors. *Journal of Occupational Rehabilitation, 12*(4), 233–56

Tags: return to work, conceptual framework, healthcare, workplace, insurance

What Determines Employer Accommodation of Injured Workers? The Influence of Workers' Compensation Costs, State Policies, and Case Characteristics

Between 1987 and 2010, employer accommodations for injured workers increased by 400% in the United States. Bronchetti and McInerney (2015) reviewed the literature and conducted a data analysis to determine how workers' compensation (WC) costs, state policies, and case characteristics may have affected accommodations for injured workers, especially in terms of the impact of employer characteristics (e.g., size of company). The authors found that the relationship between WC benefits and employer accommodation costs accounts for only 0.55% of the increases in accommodations. In addition, Bronchetti and McInerney found that WC costs and state policies, such as offering employers subsidies to reduce potential costs and expanding the use of large deductibles or self-insurance, explain only one-fifth of the increase in accommodations. The authors also found that workers employed by larger companies are more likely to have different types of injuries (e.g., fractures and dislocations); therefore, these companies are more likely to implement RTW programs. According to Bronchetti and McInerney, these RTW programs best explain the increase in employer accommodations between 1987 and 2010. Because many of the factors the authors explored had little impact on the increase in employer accommodations, the authors suggest that federal polices, such as the passage of the Americans with Disabilities Act, may be a primary factor driving these trends.

Abstract available: Bronchetti, E. T., & McInerney, M. P. (2015). What determines employer accommodation of injured workers? The influence of workers' compensation costs, state policies, and case characteristics. *Industrial and Labor Relations Review*, *68*(3), 558–583

Tags: return to work, accommodations, compensation, state polices, case characteristics

Helping Workers Who Develop Medical Problems Stay Employed: Expanding Washington's COHE Program Beyond Workers' Compensation

Stapleton and Christian (2016) explore ways to expand and adapt Washington's Center of Occupational Health and Education (COHE) to help workers with non-work-related medical problems stay employed. One of the first steps in adapting COHE to support these workers is to explore the types of supports available to these workers. These supports include health insurance, vocational rehabilitation services, unpaid leave, unemployment benefits, and the workforce board. However, there may be challenges to integrating COHE support services into the support systems for workers with non-work-related medical conditions. One of the challenges is for state officials to help stakeholders (e.g., labor organizations and healthcare systems) recognize the kinds of steps that would need to occur to support the integration of COHE. For example, state officials could designate a state agency as the lead in establishing relationships with agencies that support RTW for non-work-related medical conditions. In addition, state officials would also need to establish an advisory board to help achieve consensus among stakeholders. Other steps that could be taken to successfully

integrate COHE into the support systems for workers with non-work-related medical conditions include securing long-term financing for COHE services, recruiting physicians who treat these conditions, recruiting employers, and providing workers with assistance in navigating the COHE system. The authors recommend pilot-testing the integration of COHE into the support systems for workers with non-compensable conditions to establish evidence of effectiveness on RTW outcomes.

Report available: Stapleton, D., Christian, J. (2016). *Helping workers who develop medical problems stay employed: Expanding Washington' s COHE program beyond workers' compensation.* Washington, DC: Mathematica

Tags: return to work, non-work-related medical conditions, workers compensation

Guide to Conducting State Pilot Programs to Improve SAW/RTW Outcomes in Occupational Health

This guide from the Stay-at-Work/Return-to-Work Policy Collaborative explores how states can adapt Washington state's Center of Occupational Health and Education (COHE) as a "platform for building an effective system for delivering quality healthcare that promotes RTW." This guide offers three recommendations: (1) conducting a pilot program, (2) beginning with small steps focused on implementing as many COHE components as possible, and (3) engaging stakeholders (e.g., employers, healthcare providers, unions, the general public). For example, the guide provides an overview of Colorado's strategy in using the COHE model as a platform for the Colorado Division of Workers' Compensation healthcare delivery system. Before adopting the COHE model, Colorado officials met with staff from the Washington state Department of Labor and Industries to learn how COHE operates in their state. Colorado officials also reviewed other evidence-based models before deciding that COHE was the right approach for delivering quality healthcare that promotes RTW. In addition, Colorado officials invited stakeholders to submit proposals related to care coordination and offered them opportunities to recommend other innovative ideas to pilot-test. Once COHE was determined to be the right approach, Colorado took several steps to ensure the success of their pilot, including: (1) maintaining contact with prospective bidders; (2) using public meetings to gather input from all stakeholders, such as healthcare providers, unions, and the general public; and (3) ensuring that key decision makers were at the table. This guide also includes an appendix containing (1) the state regulations Colorado used that enabled stakeholders to propose ideas like COHE for quality healthcare delivery, (2) the guidance document they developed related to coordination of care, and (3) the presentation used to describe the goals of the pilot program.

Report available: Stay at Work/Return to Work Policy Collaborative. (2017). *Guide to conducting state pilot programs to improve SAW/RTW outcomes in occupational health*. Washington, DC: Author

Tags: Occupational health, pilot program, return to work

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