

For Your Insight: Research and Practice From the Field Vol. 31

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This monthly 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. An accessible version of For Your Insight is attached to this email.

Disability Prevention and Communication Among Workers, Physicians, Employers, and Insurers—Current Models and Opportunities for Improvement

Pransky and colleagues (2004) examine communication approaches in four models of disability management and how it affects disability outcomes.

1. Medical model focuses on strategies that medical providers use to identify risk factors, provide patient education, and determine job restrictions;
2. Physical rehabilitation model focuses on strategies that improve physical conditioning to improve return-to-work (RTW) outcomes;
3. Job match model focuses on data (i.e., physical requirements of different occupations) and ergonomic principles to assess the functional limitations of the worker to perform his or her job.
4. Managed care model focuses on work absence data to create norms for disability duration by injury type and assumes RTW can be improved “by providing more intensive case management once threshold limits of disability duration have been surpassed.”

The authors found that each of these disability management models uses top-down communication approaches that often overlook perspectives of the patient, employer, and other psychosocial factors (i.e., social and emotional issues). In the medical model, the authors found that medical providers have little incentive to “conduct worksite evaluations, provide more extensive patient counselling and education, or to become more involved in addressing work restrictions.” Moreover, both employers and patients viewed statements from medical providers as authoritative and felt like medical providers often do not consider their perspectives. The physical rehabilitation model often involves communication between the physical therapist, patient, and employer. However, the model does not account for interpersonal conflicts between patients and the employer or other personal concerns the patients have about RTW. For both the job match model and the managed care model, authors found that communication from medical providers was impersonal, based on authoritative statements derived from research, and often did not account for the opinions of workers and their supervisors. The authors concluded that to improve disability prevention, communication-based interventions that incorporate patient preferences and expectations into medical care should be further explored and utilized.

Abstract available: [Pransky, G. S., Shaw, W. S., Franche, R., & Clarke, A. \(2004\). Disability prevention and communication among workers, physicians, employers, and insurers—current models and opportunities for improvement. *Disability and Rehabilitation*, 26\(11\), 625–634.](#)

Tags: RTW, communication, disability prevention

A How-To Guide for Injury and Work Disability Prevention

The Disability Management and Return to Work Committee (2021) developed this guide for how stakeholders at the employee, employer, insurer, medical provider, and government levels can use practices that put the worker in the lead role of the return-to-work (RTW) process for preventing work disability. This resource includes recommendations for each stakeholder:

- *Employees* generally do not have to be fully recovered from their injuries to RTW. Because of this, they should begin to incorporate work into the recovery process as soon as possible. Employees should also work actively with everyone involved in the RTW process (i.e., medical provider, insurer, employer) and raise issues or concerns when needed.
- *Employers* should create an environment in which all employees are engaged in injury prevention. One example is for employers to consider financial rebates for costs saved by improvements to health and safety. In terms of RTW, employers should communicate quickly with injured employees, find ways to modify job roles, and set expectations. Employers should also consider developing early RTW plans to reduce turnover and lower medical costs. Employers may also consider creating transitional work plans for their injured employees.
- *Insurers* should track RTW data to evaluate RTW opportunities and help both medical care providers and claims professionals anticipate RTW. Insurers may also consider developing methods of communication between “sales, underwriting, and the claims departments to assess opportunities for improving the employers’ engagement in the RTW process.”
- *Medical providers* should ensure that treatment and diagnosis are thoroughly documented. Documentation should include RTW goals and a way to evaluate patient improvement. Thorough documentation can help others (e.g., the employer) involved in the patient’s care understand work restrictions and functional goals. Communication between the medical provider and the employer and other caregivers (i.e., physical therapist) also plays an essential role in helping patients RTW.
- *The government* can take a proactive approach to preventing work disability by ensuring stakeholders are aware of available RTW programs and benefits, educating legislators on the benefits of RTW, removing legal barriers to RTW, and creating incentive programs for employers to provide RTW opportunities.

Resource available: [Disability Management and Return to Work Committee. \(2021\). A how to guide for injury and work disability prevention. The International Association of Industrial Accident Boards and Commissions. https://resources.iaabc.org/1hs07su/](https://resources.iaabc.org/1hs07su/)

Tags: RTW, disability prevention, work-centric practices

The Personal Physician’s Role in Helping Patients With Medical Conditions Stay at Work or Return to Work

Jurisc and colleagues (2017) outline six core principles that physicians should support for effective stay at work/return to work (SAW/RTW) plans:

1. *Develop a treatment plan* that is informed by best medical practices and identifies when medical interventions should take place in the SAW/RTW process;

2. *Quickly and clearly* identify where the injury took place (e.g., workplace), which may help to determine the appropriate payer (e.g., workers' compensation) and reduce delays in treatment;
3. *Identify and minimize unnecessary delays in healthcare treatment*, such as delays in treatment approval;
4. *Document patient care thoroughly, accurately, and timely*, which may reduce delays in SAW/RTW, approval of medical treatment, and payment of bills;
5. *Prescribe activities* that include detailed recommendations for gradually increasing activity over time; and
6. *Gradually resume activities* for patients ready to RTW before they are fully healed, which may require careful planning and discussions with both the patient and employer and with appropriate specialists.

Along with implementing these core principles, physicians should develop SAW/RTW plans that include the patient's recovery expectations and inquire how the patient's injury affects their responsibilities at home and in the workplace. These plans should also identify obstacles that would prohibit SAW/RTW. In addition, SAW/RTW plans should encourage communication between the physician, patient, and his or her employer early in the rehabilitation process. If a patient cannot RTW when he or she is ready (e.g., employer policies or unwilling to accommodate), then the physician should offer to contact the employer and document that the employer could not provide work duties that match the activities a patient can handle. Because successful SAW/RTW plans often require collaboration and the exchange of information between multiple stakeholders (i.e., case managers, family members, benefits payers), physicians should understand the different roles of stakeholders in the SAW/RTW process to help their patients be productive at work.

Full text available: [Jurisc, M., Bean, M., Harbaugh, J., Cloeren, M., Hardy, S., Liu, H., Nelson, C, & Christian, J. \(2017\). The personal physicians role in helping patients with medical conditions stay at work or return to work. *Journal of Occupational & Environmental Medicine*, 59\(6\), e125–e131.](#)

Tags: RTW, SAW, physician communication practices

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