

For Your Insight: Research and Practice From the Field Vol. 32

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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.

Practices of Return-to-Work Coordinators Working in Large Organizations

Durand and colleagues (2017) identified the tasks and activities conducted by return-to-work (RTW) coordinators. The researchers surveyed 195 RTW coordinators in large businesses (i.e., those with 500 or more employees) about how often they perform 49 tasks and activities. The RTW coordinators rated three activities as most important: (1) ensuring policies and regulations are followed as they apply to work absences and RTW; (2) contacting the injured worker; and (3) using medical diagnoses and limitations to plan for RTW. The RTW coordinators collaborated primarily with workers and their supervisors. The researchers concluded that tasks and activities conducted by RTW coordinators are largely similar in large businesses. Future research should look at whether the tasks and activities of RTW coordinators are similar in small- and medium-sized businesses.

Abstract available: [Durand M. J., Nastasia, I., Coutu, M. F., & Bernier, M. \(2017\). Practices of return-to-work coordinators working in large organizations. *Journal of Occupational Rehabilitation*, 27\(1\), 137–147.](#)

Tags: RTW, RTW coordinators, practices

Data Analysis for Stay-at-Work (SAW)/Return-to-Work (RTW) Models and Strategies Project: Early Intervention Pathway Map and Population Profiles

Nichols and colleagues (2020) examined (1) the different pathways that lead injured workers to apply for federal disability benefits and (2) the types of interventions that prevent injured workers from going on federal disability. The authors reviewed publicly available survey data and existing SAW/RTW programs. The authors identified six pathways, which are early interventions, that may help to keep injured workers in the labor force and prevent them from applying for federal disability:

1. unemployment insurance,
2. workers' compensation,
3. public assistance programs,
4. private disability insurance,
5. job training or educational enrollment, and
6. health care utilization.

Specifically, the authors found that utilization of public assistance programs, private disability insurance, and health care were associated with higher rates of participation in federal disability benefits 17–20 months after

work absence. The top pathways accessed by injured workers are health care utilization and public assistance. The authors also found that injured workers do not frequently use the unemployment insurance and workers' compensation pathways. Therefore, interventions seeking to reach injured workers through unemployment insurance and workers' compensation wouldn't be as effective. The authors concluded that designing early intervention pathways around only one pathway may not be successful to identify injured workers who are at risk of leaving employment. However, designing early intervention pathways around utilization of health care and public assistance programs have the potential to reach greater numbers of injured workers.

Full text available: [Nichols, A., Dastrup, E., Epstein, Z., & Wood, M. \(2020\). *Data Analysis for Stay-at-Work/Return-to-Work \(SAW/RTW\) Models and Strategies Project: Early intervention pathway map and population profiles*. Abt Associates.](#)

Tags: RTW, SAW, interventions

Improving Pain Management and Support for Workers With Musculoskeletal Disorders: Policies to Prevent Work Disability and Job Loss

Shaw and colleagues (2017) highlighted six topics for improving musculoskeletal pain and disability management policies. These six topics were identified by eight experts in musculoskeletal conditions and pain management:

1. *Drug formularies and treatment guidelines.* State and professional associations should ensure that treatment guidelines recommend (a) interventions that increase function, minimize work disruption, and prevent loss of livelihood; and (b) early identification of SAW/RTW challenges, including multistakeholder communications, and worksite problem-solving sessions. In addition, federal and state governments should ensure that drug formularies (i.e., the list of prescription drugs approved by a particular health insurance policy) are transparent and evidence based.
2. *Education and training.* Educational and licensing institutions should require training for health care providers who treat musculoskeletal conditions and offer certifications to distinguish providers who complete the training. In addition, state and professional organizations should work to increase health care providers' and workers' awareness of pain management services that use biopsychosocial approaches—that is, approaches that blend biological, psychological, and socioenvironmental factors.
3. *Health care reimbursement policies.* The American Medical Association and other health care entities should develop dedicated billing codes and fee structures for disability- and pain management-focused interventions. Health insurers should offer plans that encourage biopsychosocial pain assessment for people with musculoskeletal conditions lasting more than 6 weeks. In addition, payers should view employment as a critical health outcome. Payers should also offer incentives to health care providers to use evidence-based pain management strategies.
4. *Employer disability and prevention practices.* State and professional organizations should address challenges associated with musculoskeletal conditions by promoting employer practices about workplace communications and accommodations. In addition, states may consider mandating professionally facilitated worksite meetings on SAW/RTW for “workers at risk of long-term disability or job loss.”
5. *Data collection and monitoring.* The federal government should ensure that prescription drug monitoring programs at the state level are uniform to better track opioid prescriptions across patients and pharmacies. In addition, health care providers should collect information about work and work status to guide clinical decision making.

6. *Federal leadership and policy change.* The federal government should develop a leadership collaboration across federal agencies to promote uniformity of SAW/RTW practices and create common research and policy priorities. The federal government should also develop an institute for “mitigating the [musculoskeletal] disorders on people’s participation in life and work.”

Full text available: [Shaw, W., Gatchel, R., Christian, J., & Toms Barker, L. \(2017\). *Improving pain management and support for workers with musculoskeletal disorders: Policies to prevent work disability and job loss* \(Volume 1: Policy Action Paper\). U.S. Department of Labor, Office of Disability Employment Policy.](#)

Tags: Musculoskeletal conditions, pain management, state and federal policies, work disability

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