



Disability Prevention — A Clinician Primer to Optimize Patient Health and Return to Work

The Issue

American employers spend an average of 6-8 percent of their total payroll on programs that cover employees during medical related absences. In a hospital setting unnecessary time off imposes significant additional costs on employers, including overtime.

UPMC has over 80,000 employees. On any given day, 2,230 employees were absent from work — a number that represents almost 3 percent of the total employee population. 579,791 work days were lost in calendar year 2018 due to unscheduled time off, short term disability, workers compensation claims, family medical leave, and personal leaves of absence.

The Role of the Physician

Clinicians play a crucial role in disability management.

Clinicians are frequently involved in the assessment of disability as the treating clinician, in consultation, or as an independent medical examiner. 10 percent of primary care physician visits involve a determination of work ability.

Too often, doctors allow their patient to drive the disability determination. Physicians prefer the role of patient advocate, have limited formal training on how disability management works, are pressed for time and have a lack of knowledge of the nature of the patient's work or their workplace environment.

The American College of Occupational and Environmental Medicine (ACOEM) *Stay at Work/Return to Work* guidelines recommend shifting the focus from managing disability claims to preventing them. The simple request for a sick note can disguise important medical or psychosocial issues.

An assessment of disability is best made on the basis of objective findings to ensure that the perceived disability doesn't mask these unaddressed psychological or social issues.

Return to Work: Impact on Patient Outcomes



Taking individuals “off work” is a prescription for a poor outcome and often leads to:

- Loss of social relationships with co-workers
- Loss of self-respect that comes from earning a living
- Loss of the sense of identity that comes from their occupation
- Decrease in physical activity, resulting in loss of muscle, strength, and tone



The odds of a worker ever returning to work drop 50 percent by the twelfth week of being off work.

Absenteeism: Impact on Employers



Productivity loss, when quantified, is a major organizational cost

- American employers spend an average of 6-8 percent of their total payroll on programs that cover employees during medically related absences
- Poor worker health costs amount to 60 cents for every dollar employers spend on health care benefits, according to the Integrated Benefits Institute



Unnecessary medical time off imposes significant additional costs to employers. For example:

- Overtime hours
- Temp worker training
- Decreased productivity

Ultimately, the physician's role is to treat the condition, to fulfill the appropriate role of patient advocate, to facilitate health and well-being and return-to-work activities. Clinicians should provide education about the therapeutic benefits of return to optimal function, including work.

The Solution

The problem is clear — employee disability claims are costly to a hospital system — not only from a financial standpoint but from a lost hours and productivity perspective.

The role of the clinician is also clear — he or she is at the center of the process to determine employee disability, its duration, and when the employee can return to work.

At UPMC, our solution has been to offer in-house physician training on disability leave management and best practices for return to work for employees.

This one-hour training webinar is facilitated by Dr. Michael Rowe, UPMC's Senior Medical Director. Dr. Rowe provides clinical oversight for Workers Compensation and Absence Management programs for UPMC's WorkPartners affiliate.

Dr. Rowe earned his Doctor of Osteopathic Medicine degree from the Lake Erie College of Osteopathic Medicine and his bachelor's degree in pharmacy (cum laude) from Duquesne University.

Dr. Rowe joined WorkPartners as senior medical director in March 2016, bringing with him more than 15 years of experience in occupational medicine, claim review, and medical cost containment with Concentra Medical Centers. As an integral part of the WorkPartners leadership team, he is focused on the design and implementation of numerous medical management initiatives to improve quality and cost-effectiveness of care delivered to clients and their injured workers. In addition, Dr. Rowe's expertise as a licensed pharmacist helps determine appropriate drug utilization, and he works to avoid opioid abuse along with its associated human and financial costs.

This activity is approved for AMA PRA Category 1 Credit TM.

The University of Pittsburgh designates this live activity for a maximum of 1 AMA PRA Category 1 Credit TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Best-Practice Return-to-Work Philosophy



"The Industrial Athlete" — physical activity and work are therapeutic

- Important to identify barriers preventing return to work



Early return to work helps patients avoid reinforcers:

- Disability benefits
- Family and co-worker sympathy
- Reduced responsibility
- Assumption of disability as a way of life



Clinicians, insurers, and employers must work together and accept the challenge in difficult cases to keep people working.

- Helping people get better faster
- Helping people in the pursuit of well-being through work
- Saving the employer and payer money

DISABILITY PREVENTION TRAINING TOPICS

- Importance of Disability Management
- Impacts of Disability on Patient Outcomes
- Impacts on the Employer
- National Guidelines and Supporting Medical Literature
- Disability Types
- Completing the Disability Management Paperwork
- Identifying Appropriate Work Restrictions
- UPMC's best practice return-to-work philosophy, with a focus on how **work is therapeutic** and leads to a more positive health outcome