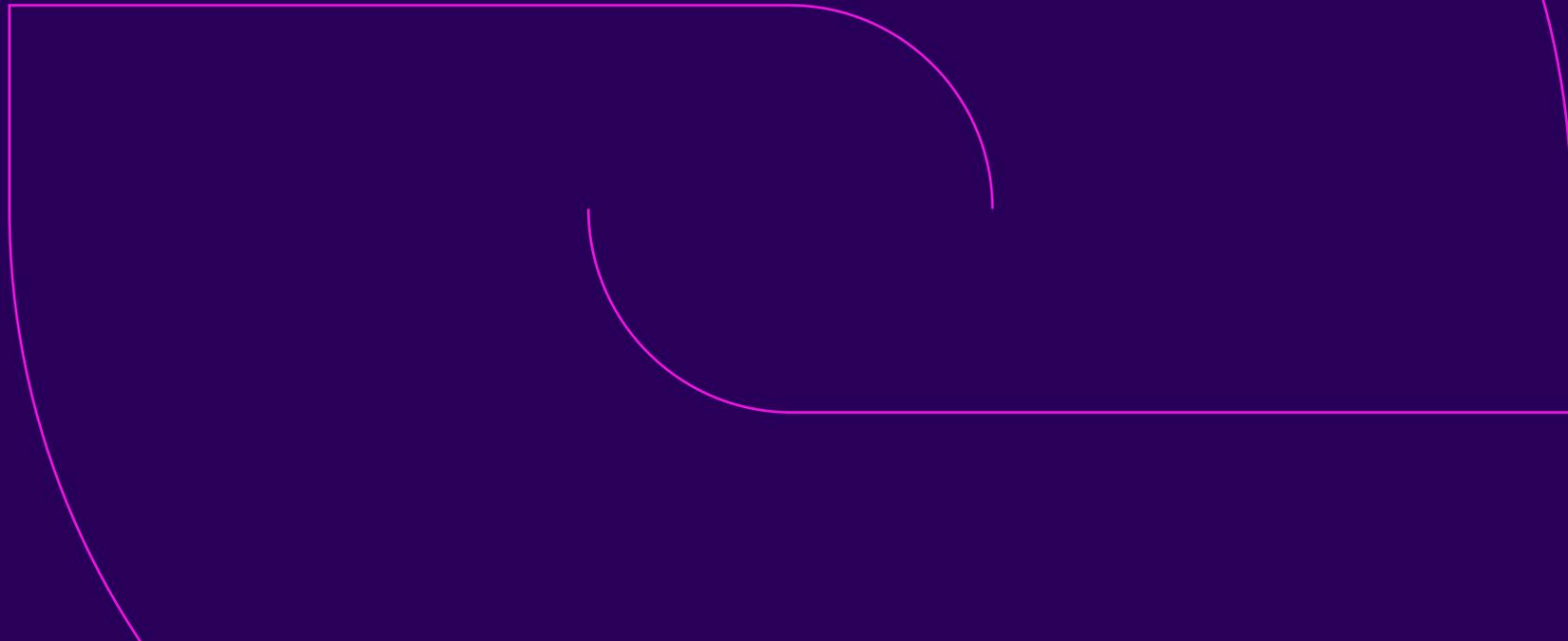




ESSENTIALS OF RETURN TO WORK

Recognizing the Impact of the Personal Element



**Claims with co-morbidities
are twice as costly as
otherwise comparable
claims. (NCCI)**

Non-occupational health conditions and behaviors of injured workers can influence the outcome of an injury so strongly that they can derail recovery and delay return to work. This can result in lost productivity and increased medical and indemnity expenditures. These personal factors can cause claims costs to double, according to research by the National Council on Compensation Insurance and others. This brief provides a quick guide to these conditions and behaviors, which are seen as the personal element, and suggests how best to address them, using skill and persistence.

The personal element includes a myriad of features, such as personal health conditions (hypertension or obesity, for example), behaviors (lack of exercise, smoking), expectations (fear of continued pain), health literacy (lack of knowledge about medicine), and social/psychological risks (poor coping skills, social isolation).

Experienced clinicians, case managers, and claims adjusters know these issues are often present. If recorded at the outset of injury, they serve as flags (green, yellow, red) for predicting claims outcomes.

But the personal element cannot be simplified to neat tables, flowcharts, or a foolproof predictive model. The data is often not available, in part due to privacy concerns. The combinations of personal issues can be complex. Plus, many workers defy all the apparent odds against or for their timely recovery. What can be done to contain or even reverse the impact of some of these factors?

ELEMENTS:

- › Co-morbidities
- › Expectations
- › Health Literacy
- › Psycho-Social Issues

Do Wellness Programs Help?

Can worksite wellness programs affect the personal element to reduce the frequency or duration of work injury? Very tentative evidence exists suggesting that wellness programs may reduce frequency of work injury. Closer collaboration between wellness programs and claims payors will yield useful insights. The duration of work injury and injury costs are also driven by factors addressed in wellness programs, such as smoking cessation, weight loss, preventive care, and health coaching.

The Challenge of Personal Health Conditions

Many injured workers have pre-existing health conditions unrelated to their jobs, which clinicians may note while treating the work injury. These are called co-morbidities. Roughly one out of ten injured workers has a co-morbidity that needs medical care in order for recovery to proceed on course. The most common of these co-morbidities include hypertension, diabetes, substance abuse, and obesity. Some conditions may often be overlooked, such as anxiety and depression, and many go untreated.

Morbid obesity is closely associated with very long durations of work disability. This is due to elevated nutritional, circulatory, range of motion, and endurance problems. In cases where pain treatment involves prescribed painkillers, substance abuse—in particular drug abuse—can cause irrational behavior, depression, and even fatality.

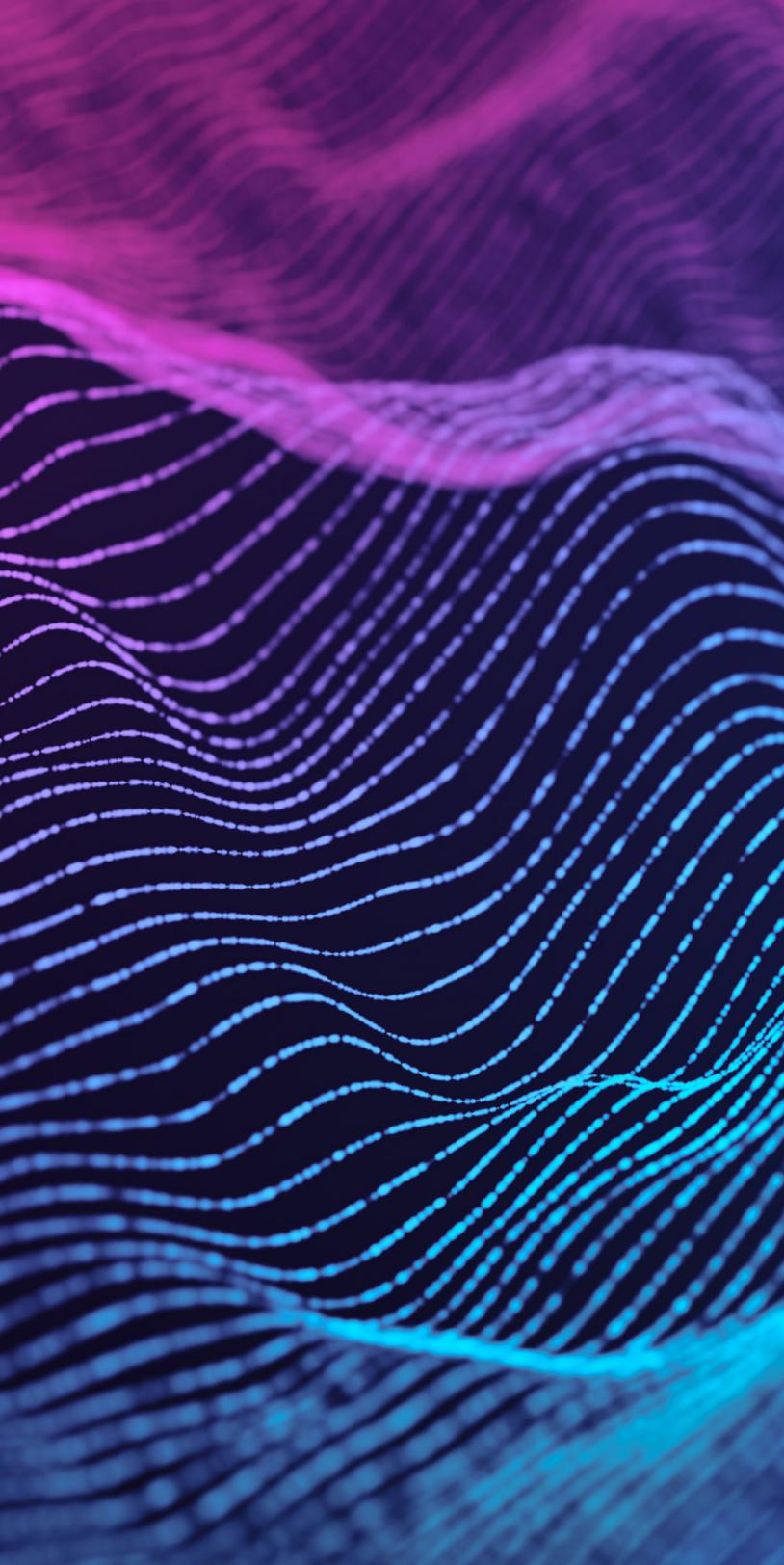
Claims payors and employers do not like to pay for treatment for co-morbidities. A health plan, however, can pay for this care. The Affordable Care Act may result in injured workers getting more care for co-morbidities under their health plans. Another impediment to addressing co-morbidities is concern by payors about crossing HIPAA privacy boundaries in discussing personal health issues.

WHAT TO DO: High-quality medical care will result in closer attention given to these issues. Medical case managers can coach the worker and locate medical providers best suited to help on non-occupational health problems. Case managers and claims adjusters can discuss a prudent claims strategy when treatment for a personal condition is indicated.

Smoking's Effect on Recovery

Smoking impedes injury recovery in at least three ways. Smoking compromises medical treatment, for instance, by inhibiting bone healing. Smoking also affects lung capacity, often an important factor in restoring physical function. It is also a marker among injured workers of persistent searching for "fixes," leading to aggressive pain medication use.

WHAT TO DO: Physicians and medical case managers can delineate the problems that need to be addressed, coach the worker, and advise the adjuster.



The Hidden Barrier of Poor Health Literacy

Poor health literacy is the *single most common* personal element impeding timely recovery and return to work. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and the services needed to make appropriate health decisions. Limited health literacy is especially present among injured workers with little formal education or with limited English proficiency. Poor health literacy may mask a more serious problem of poor or no reading skills in any language.

WHAT TO DO: A case manager and attending physician should uncover any steps needed to help the worker understand the recovery process, including medical choices, such as surgical and pain management options.

Strengthening the Worker's Expectations

The entire recovery team needs to be “on deck” to ensure the worker takes initiative to recover. Passivity may look like deliberate malingering—but it is frequently a more subtle challenge to a successful claims outcome.

If injured workers anticipate long-term pain and continued impairment, even at the outset, their recovery is more likely to be delayed or non-existent. Poor coping strategies and low social support also contribute to delayed recovery.

WHAT TO DO: Influence the worker's expectations:

- › The employer demonstrates confidence that most employees will fully recover from injury, at their pre-injury wage
- › The claims adjuster talks constructively with the worker about the process of recovery and conditions for receiving workers' compensation benefits
- › Medical providers discuss functional recovery with their patients rather than dwell on relieving symptoms
- › The case manager coaches the worker on medical choices and highlights the process to recovery

Selected Sources

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