Workers' Comp

A Team Approach to Building a Better Return-to-Work Program

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6 MIN READ

Employers who develop a highly structured return-to-work program have seen significant reductions in the number of lost time days due to workplace injury. In developing and implementing these programs, case managers play a highly important role in ensuring their success. In today's Inside Workers' Comp, Judy Meyer, MBA, RN, CCM, AIC, utilization manager for Genex Services, explains how her program works.

Tom Kerr (TK): Judy, what would you consider to be the central role case managers play in helping develop a return?to?work program?

Judy Meyer (JM): You know, Tom, Genex works comprehensively with our injured workers and our customers. We assess the employee and injury in its totality while being flexible and adaptable with changing events. We strive for the best outcome for the injured workers and their employer.

So, the return?to?work plan that Genex uses involves partnering with all involved parties. It is vital to understand the employers return-to-work philosophy and availability of modified or transitional work. The case manager takes into consideration the injured employee, the extent of the injuries, and timely treatment by multiple providers, specialists and therapists. The Genex team is made up of a case manager and a return?to?work specialist (RTWS). The first step is the initial contact with the injured worker as it sets the tone for an early, appropriate, safe return to work.

The initial contact is called a meet-and-greet or initial interview with the injured worker. This initial message is about the worker receiving timely care, what the anticipated recovery time for this condition and RTW in transitional or modified duty could look like. Questions and concerns are addressed.

TK: How can case managers work with employers to improve their return?to?work programs?

JM: Anything that impacts the injured worker and the customer is taken seriously. Building relationships with the employer, their managers and supervisors make the transition to return to work easier for the employee. Both the employer and supervisor need to be involved in the process. They are an integral part of the process.

Here is an example. We compare the provider identified employee work abilities to the injured worker's job description/job analysis to identify what part of their jobs they could safely perform in their return to work, either light duty or modified duty. We communicate proactively with the supervisor/manager to secure an

agreement with them. We also talk with the injured worker of the job tasks that match his work abilities, addressing any concerns. Communication with all parties makes this works very smoothly.

If RTW isn't an option at the time, the case manager will ask consideration of more physical therapy, work hardening or job coaching. (Our customer supports are ongoing, moving care and treatment forward.)

TK: When you talk about the job analysis, do case managers often check to see if it matches what the injured worker does on the job?

JM: Yes, we do. My customer has a bank of job descriptions or job analysis. They are reviewed and updated by the return?to?work specialist on an annual basis. The RTWS visit the job sites, reviews the tasks associated with jobs and reviews the job analysis with the supervisors to validate accuracy. When we become aware of a lost time case or surgical case, the telephonic case manager accesses the job descriptions for accurate communication with the employee, employer and provider in understanding and planning the RTW process and potential work tasks that will match restrictions.

TK: How important is employee engagement when it comes to return to work?

JM: Employee engagement is an integral part of a successful return?to?work plan. The employees are key and we encourage them to be their own advocates for returning to work, especially when they understand how we are assisting them in their safe and effective return to the workplace. Timely communication is crucial between the employee, employer, provider, and case manager. We take a self?advocacy approach, encouraging and coaching injured workers to advocate for themselves. This approach is pivotal when they're attending their office visits as they can positively influence their restrictions for the return?to?work plan.

When the employee feels part of the RTW process — being knowledgeable of the light?duty tasks available that they can do safely — they feel comfortable. They want to return to work. This assists the provider in release to modified duty. A win-win for everyone!

TK: How do case managers help the employee become an active participant in the return?to?work plan?

JM: Again, communication is key. The employee's kept aware of the progress of his return?to?work plan. Light ?duty tasks/jobs that he can perform are identified and then presented to the injured worker for his understanding.

Light duty tasks/jobs are then presented to the provider at the next office visit. We advise the worker that we are sending him or her to the provider and that we have explained the tasks to the worker prior to the visit. The case manager will ask, "If these tasks are not appropriate, what can the worker safely do?" The case manager then goes back to job tasks for a match, and then presents those options to the supervisor, the worker and then the doctor. The communication ends when the worker has successfully returned to work and completed treatment.

TK: What other professionals do case managers typically work with when you're establishing a light-duty program?

JM: As we mentioned earlier, case managers work with return?to?work specialists who are also on the team. Return?to?work specialists are vocational rehabilitation counselors. This customer has a RTWS whose primary responsibility is creating and reviewing the customer's jobs. The RTWS analysis or job description is an assessment and identification of the physical demands of a job. The analysis identifies and measures essential functions, weights, frequency & force, sit/stand/walk/climb demands and safety considerations. It is then reviewed with the supervisor or manager for accuracy.

The RTWS is ultimately familiar with the customers jobs and their physical demands. The RTWS can collaborate with injured worker, supervisor, case manager and provider to identify any light?duty task within their jobs assist in creating a successful return?to?work plan.

Again, the provider also plays an essential role. The case manager ensures the provider has the job analysis of light-duty jobs, past, current and potentially future with the worker's chart. We follow up with the provider for any questions about job availability, work abilities and RTW date. Of course, ensure the next office visit scheduled.

TK: So, when you say that communication is the key, is the case manager considered the communication hub, the person who makes sure everybody's on the same page?

JM: The case manager is the hub. The communication flows in and out, adapting to changing conditions, treatments, procedures, questions, expectations between employee, employer and providers. It always comes back to the case ensure that nothing falls through the cracks and we keep moving forward.

It works. Every team member does their job and hands off to the next in a timely manner. The case manager and the return?to?work specialist collaborate at the foundational level of identifying tasks with the employee, with the employee supervisor and manager. The case manager ensures that information is in the hands of the provider on the appropriate day and time. Then the follow?up occurs. So, it really has made a difference in effectively returning workers and reducing disability duration days.

TK: When it comes to the various forms of communication — verbal, written, electronic — which do you feel works best for case managers when working with injured employees?

JM: Our case managers prefer verbal. We can answer any questions and ensure understanding. COVID has presented some additional challenges to make sure injured workers aren't missing appointments. We make outreaches to the injured worker to say, "Just a reminder, you have an appointment tomorrow. This is the time. This is the place. Remember, this is what we're going to ask about. This is what we intend to cover, and these are questions for the doctor." So, we like to call first and then, if we need to, we can text and email them if it doesn't interfere with the workday.



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