Welcome!
Stay-at-Work/Return-to-Work Policy Collaborative

A New Look at Ways to Minimize Work Disability and Job Loss after Illness or Injury
SAW/RTW POLICY COLLABORATIVE SUPPORT

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INTRODUCTIONS

AGENDA

- Background and Introductions
- Update from US DOL’s Office of Disability Employment Policy (ODEP)
- Policy Issues and Recommendations from Policy Working Groups
  - Replicating and Adapting the State of Washington’s Centers of Occupational Health and Education (COHE) Model
  - Musculoskeletal (MSK) Conditions and Pain Management
  - Transition Back to Work
- Questions and Discussion
SAW/RTW POLICY COLLABORATIVE

- U.S. Department of Labor’s Office of Disability Employment Policy
- Policy Working Groups (PWGs)
  - Replicating and Adapting the State of Washington’s Centers of Occupational Health and Education (COHE) Model
  - Musculoskeletal Conditions & Pain Management
  - Transition Back to Work
- Community of Practice
INTRODUCTIONS

POLICY WORKING GROUP ROLE

- Identify key stakeholders and what it would take to make/implement policy changes
- Review current literature including relevant policies, legislation, and initiatives
- Participate in webinars and online dialogues to engage the larger Community of Practice
- Conduct discussions to share ideas, identify policy gaps, and propose action-oriented policy responses
- Produce a policy action paper with policy recommendations and additional products to support policy changes
INTRODUCTIONS

TODAY’S PRESENTERS

- Daniel Sung – Colorado Division of Workers’ Compensation
- Melinda Campopiano – SAMHSA
- Alan McClain – Arkansas Rehabilitation Commission
- Jennifer Sheehy – Deputy Assistant Secretary, Office of Disability Employment Policy
Thank You Subject Matter Experts and Policy Working Groups!

Upcoming SAW/RTW initiatives from ODEP
REPLICATING/ADAPTING COHE POLICY WORKING GROUP

Daniel Sung
Healthcare Policy Manager
State of Colorado
Division of Workers’ Compensation
WHAT ARE COHEs?

Centers of Occupational Health and Education
REPLICATING/ADAPTING COHE PWG

- Focused on:
  - Core elements of COHE and other coordination of care programs
  - Occupational health best practices that promote SAW/RTW
  - Issues in adapting, adopting, and replicating COHE in states across the country
  - Identifying aspects of the COHE model that are generalizable regardless of the structure of the state’s insurance market
POLICY RECOMMENDATIONS

REPLICATING/ADAPTING COHE

1. Take a systems change approach.
2. Consider replicating or adapting the COHE model.
3. Build on existing systems and initiatives.
4. Start with a pilot program.
5. Begin with small steps that address key components.

6. Make strategic use of the state’s workers’ compensation regulatory apparatus.

7. Identify clinical champions in partner organizations, and recognize their central role in healthcare delivery and RTW.

8. Share information about the demonstrated benefits of a strong COHE-type program with businesses of all sizes, and use financial tools to incentivize their participation in the system.
REPLICATING/ADAPTING COHE PWG PRODUCTS

- **Policy Action Paper** – Improving Occupational Healthcare Delivery to Support Workers’ Compensation Return to Work: Building on Evidence-Based Practice from Washington’s Centers of Occupational Health and Education (COHE) Experience
- **Policy Brief** – Improving Occupational Healthcare Delivery to Support Workers’ Compensation Return to Work
- **Centers of Occupational Health and Education Pilot Project Guide**
MSK CONDITIONS & PAIN MANAGEMENT
POLICY WORKING GROUP

Dr. Melinda Campopiano
Senior Medical Advisor
SAMHSA
Center for Substance Abuse Treatment
MSK CONDITIONS & PAIN MANAGEMENT

- Pain associated with MSK conditions
- Barriers to effective pain management
- Biopsychosocial pain management strategies
- Addressing the opioid crisis
KEY PAIN MANAGEMENT/RTW STAKEHOLDERS AND POLICYMAKING OPPORTUNITIES

**STATE GOVERNMENTS**  
(Workers’ Compensation Boards, Licensing Boards)  
- Utilization review  
- Surveillance  
- Disciplinary action  
- Prescription Drug Monitoring Programs  
- Dispensing limits  
- Drug formularies  
- Overdose prevention measures

**FEDERAL GOVERNMENT**  
(Centers for Disease Control and Prevention, Department of Labor, Medicare, Equal Employment Opportunity Commission)  
- Occupational Safety and Health Administration enforcement  
- Equal Employment Opportunity Commission enforcement  
- Pilot initiatives (e.g., overdose prevention, national surveillance, billing codes)

**DISABILITY INSURER**  
(Including Workers’ Compensation)  
- Benefit plan design and service authorization  
- Case management  
- Lost day tracking  
- Loss prevention  
- Payment for treatment to facilitate functional recovery/SAW/RTW/behavioral pain management

**HEALTH INSURER**  
- Benefit plan design & service authorization  
- Drug formularies  
- Reimbursement  
- Tracking  
- Dispensing limits

**EMPLOYER**  
- Accommodation  
- Flexibility  
- Employee Assistance Program  
- RTW coordination  
- Problem solving  
- Sick leave policies  
- Support

**HEALTH CARE PROVIDER**  
- Opioid prescribing practices  
- Screening Prescription Drug Monitoring Program  
- Pain treatment and referral options (including telehealth)  
- Opioid agreements  
- Patient education and self-management instruction  
- Access to behavioral medicine/health psychology

**OTHER NATIONAL AUTHORITIES AND RESOURCES**  
(American College of Occupational and Environmental Medicine, American Medical Association, Institute of Medicine, American Academy of Orthopaedic Surgeons, Disability Management Employer Coalition, Workers Compensation Research Institute, Medical Schools, Universities, Other Professional Organizations)  
- Treatment guidelines  
- Consensus papers

**Worker managing an acquired pain problem**  
- Stop working  
- File for SSDI

**Keep working or job searching**
POLICY RECOMMENDATIONS

MSK CONDITIONS & PAIN MANAGEMENT – SIX FOCUS AREAS

1. Drug formularies and treatment guidelines
2. Education and training
3. Reimbursement for healthcare services
4. Employer injury and disability prevention practices
5. Data collection and monitoring
6. Federal inter-agency leadership
Focus Area #1: Drug Formularies and Treatment Guidelines

1. Ensure that treatment guidelines, claim/case management protocols, and utilization management protocols preferentially recommend interventions that support RTW.
2. Ensure that treatment guidelines, claim/case management protocols, and utilization management protocols recommend early identification of SAW/RTW challenges and solutions.
3. Ensure that drug formularies are transparent, evidence-based, facilitate effective prevention and treatment of both chronic pain and substance abuse.
4. Foster collaboration and apply greater consistency/uniformity in pain treatment guidelines, drug formularies, and/or Prescription Drug Monitoring Programs (PDMPs).
Focus Area #2: Education and Training for Providers and Patients

5. Require training for all providers who treat MSK pain to address a broad view of pain management including biopsychosocial screening, the potential for substance abuse, and RTW.

6. Establish standardized training and certification for specialists in
   a. Short-term biopsychosocial counseling and patient education
   b. Evaluation and effective treatment of co-existing dependence/addiction

7. Increase consumers’, primary care providers’, and medical specialists’ awareness of biopsychosocial approach to pain management.
Focus Area #3: Reimbursement for Healthcare Services

8. Establish dedicated billing codes and fee structures for time-limited, behavioral pain management interventions.

9. Insurance plans should encourage biopsychosocial pain assessment and disability-focused services for MSK pain and work disability.

10. Payers should view employment as a critical health outcome indicator and provide incentives for healthcare providers to use evidence-based pain management strategies to improve RTW.
Focus Area #4: Employer Injury and Disability Prevention Practices

11. State and professional organizations should promote improved employer practices for workplace communication and accommodation and workplace injury and illness prevention strategies.

12. States should mandate a professionally facilitated worksite meeting for workers at risk of long-term disability or job loss.
POLICY RECOMMENDATIONS

Focus Area #5: Data Collection and Monitoring

13. States should improve the uniformity, reach, and utility of Prescription Drug Monitoring Programs.

14. The federal government should provide pilot funding for states to conduct system- and patient-level evaluations of the effectiveness of policy changes.

15. Insurers should view employment as a health outcome indicator and collect work status to guide clinical decision-making and as a quality-of-care indicator.
Focus Area #6: Federal Inter-Agency Leadership

16. Initiate a leadership collaboration across federal agencies to foster uniformity of policies in SAW/RTW practices and to establish common research and policy priorities.

17. Fund a free-standing entity or institute for mitigating the impact of MSK disorders on workforce participation.
RESOURCES

MSK CONDITIONS & PAIN MANAGEMENT PWG PRODUCTS

- **How Musculoskeletal Conditions Lead to Life-Long Disability**
- **How to Mitigate Risk Factors for Long-Term Musculoskeletal Work Disability**
- **Screening and Intervention to Prevent Musculoskeletal Work Disability: Three Case Examples**
TRANSITION BACK TO WORK
POLICY WORKING GROUP

Alan McClain
Commissioner
Arkansas Rehabilitation Services
TRANSITION BACK TO WORK PWG

- Focused on:
  - Challenges in transition back to work for both worker and employer
  - Three strategies that can facilitate transition back to work:
    1. Partial RTW, such as light duty, reduced hours, workplace modifications and temporary assignments
    2. Partial disability benefits
    3. Employer incentives
POLICY RECOMMENDATIONS

TRANSITION BACK TO WORK

1. Facilitate the development of evidence of the effectiveness of transition-back-to-work strategies.

2. Promote coordination and collaboration among stakeholders.

3. Promote to employers the benefits of supporting transition back to work for employees who left the workforce due to injury, illness, or disability.

4. Provide financial incentives to employers.

5. Provide employers with technical resources.
6. Encourage employers to offer, and employees to take up disability income protection coverage.

7. Incorporate provisions for partial disability benefit payments into temporary disability insurance programs.

8. Implement RTW programs for state employees.

9. At the national level, establish an interagency coordinating committee at the executive level to address RTW issues.
RESOURCES

TRANSITION BACK TO WORK PWG PRODUCTS

- **Policy Action Paper** – Transition Back to Work: Policies to Support Return to Work after Illness or Injury

- **A State Policymaker’s Guide to Engaging Employers in SAW/RTW Programs**
QUESTIONS & DISCUSSION

For more information:


▸ http://www.impaqint.com/stay-workreturn-work-policy-collaborative-swr2w

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THANK YOU!
POLICY WORKING GROUP

REPLICATING/ADAPTING COHE PWG – SUBJECT MATTER EXPERTS

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  Consultant in Occupational and Environmental Medicine – Resources for Environmental and Occupational Health, Inc. (REOH)

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POLICY WORKING GROUP

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POLICY WORKING GROUP

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- **Lisa Jordan, MS, CRC, CPDM**, President Human Solutions, LLC

- **Alan McClain, MPA**, Commissioner Arkansas Rehabilitation Services

- **Brian Nease, DCBS**, Employment Services Manager State of Oregon Workers’ Compensation Division

- **Ann M. Shannon, JD**, Claims Policy Manager Ohio Bureau of Workers’ Compensation (BWC)