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**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**

**S@W/R2W**

**Stay-at-Work/Return-to-Work**  
POLICY COLLABORATIVE



# SAW/RTW POLICY COLLABORATIVE SUPPORT

- ▶ **Linda Toms Barker**  
SAW/RTW Project Director  
Principal Research Associate  
IMPAQ International, LLC



# 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

# 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

# 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

# OFFICE OF DISABILITY EMPLOYMENT POLICY



- ▶ Thank You Subject Matter Experts and Policy Working Groups!
- ▶ Upcoming SAW/RTW initiatives from ODEP

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# REPLICATING/ADAPTING COHE POLICY WORKING GROUP

## **Daniel Sung**

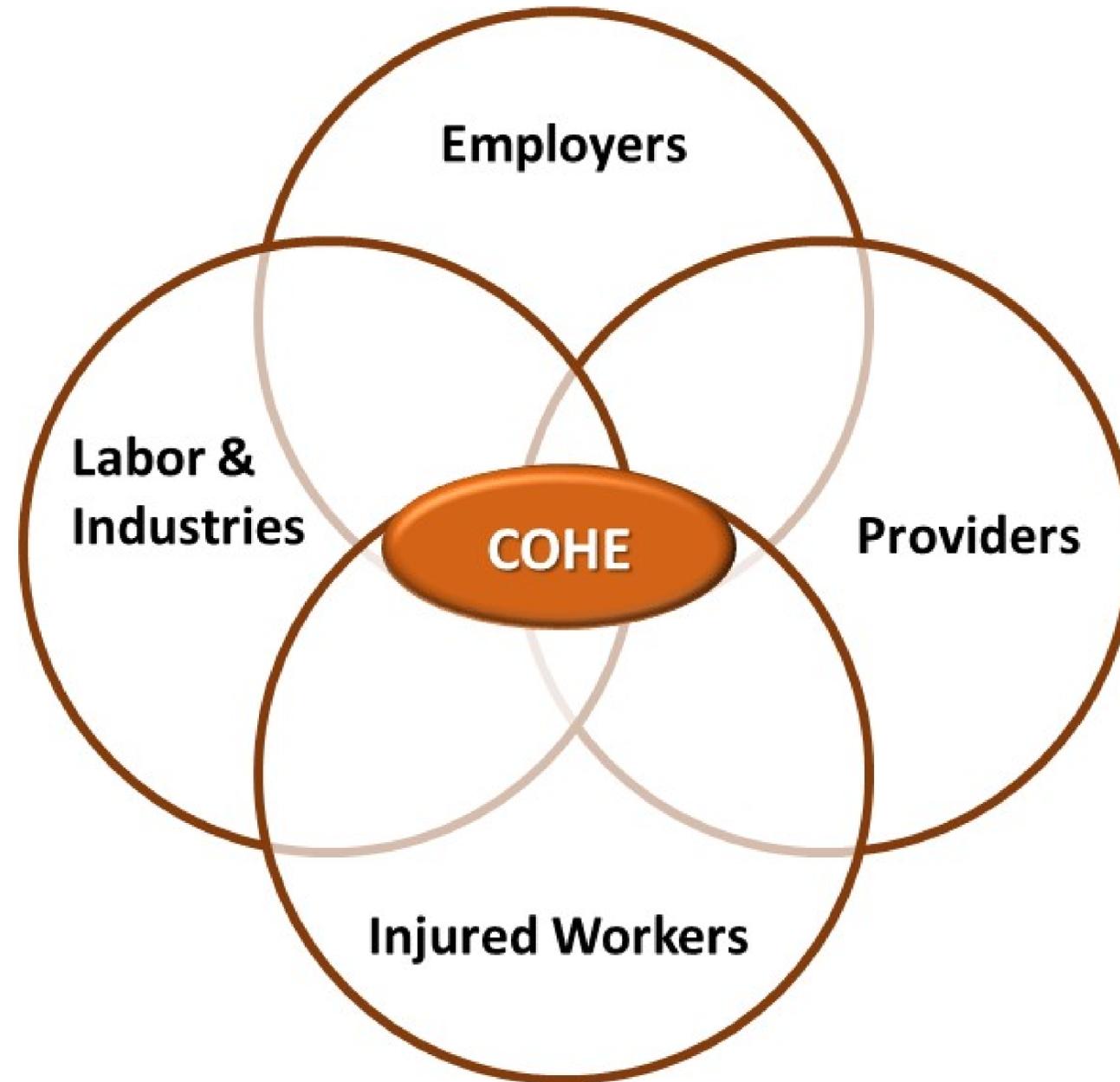
Healthcare Policy Manager

State of Colorado

Division of Workers' Compensation



# WHAT ARE COHEs?



Centers of Occupational Health and Education

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# 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

# 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.

## REPLICATING/ADAPTING COHE

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

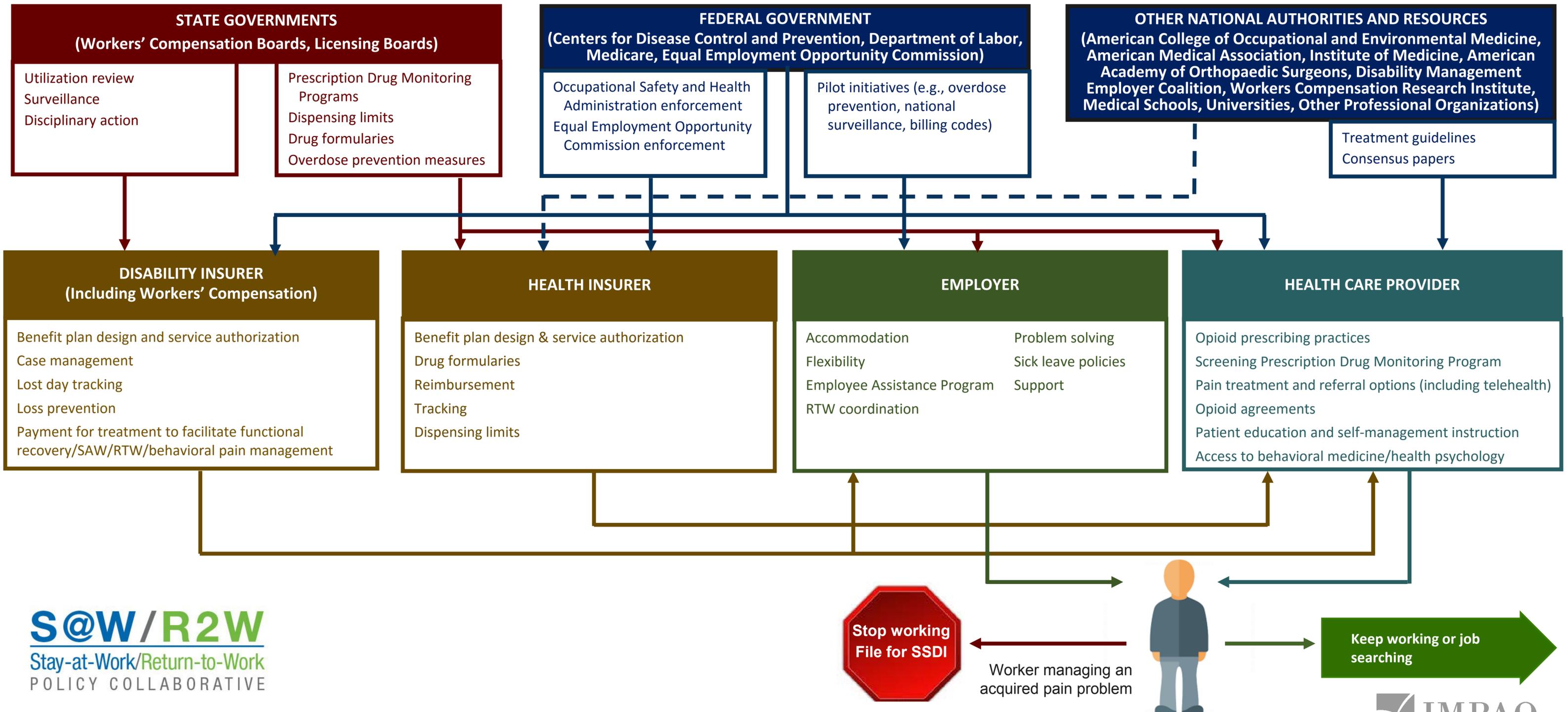


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# MSK CONDITIONS & PAIN MANAGEMENT

- ▶ 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



# 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

# MSK CONDITIONS & PAIN MANAGEMENT

## 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).

# MSK CONDITIONS & PAIN MANAGEMENT

## 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.

# MSK CONDITIONS & 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.

# MSK CONDITIONS & PAIN MANAGEMENT

## 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.

# MSK CONDITIONS & PAIN MANAGEMENT

## 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.

# MSK CONDITIONS & PAIN MANAGEMENT

## 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.

# MSK CONDITIONS & PAIN MANAGEMENT PWG PRODUCTS

- ▶ **Policy Action Paper** – Improving Pain Management and Support for Workers with Musculoskeletal Disorders: Policies to Prevent Work Disability and Job Loss – Volume 1
- ▶ **Resource Compendium** – Improving Pain Management and Support for Workers with Musculoskeletal Disorders: Policies to Prevent Work Disability and Job Loss – Volume 2
- ▶ **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**

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# TRANSITION BACK TO WORK POLICY WORKING GROUP

**Alan McClain**

Commissioner

Arkansas Rehabilitation Services



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# 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

# 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.

# TRANSITION BACK TO WORK

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.

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# 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:

- ▶ <https://www.dol.gov/odep/topics/Stay-at-Work-Return-to-Work.htm>
- ▶ <http://www.impaqint.com/stay-workreturn-work-policy-collaborative-swr2w>
- ▶ Linda Toms Barker  
[ltomsbarker@impaqint.com](mailto:ltomsbarker@impaqint.com)

**THANK  
YOU!**



## REPLICATING/ADAPTING COHE PWG – SUBJECT MATTER EXPERTS

- **Susan Campbell, MES**, COHE Contract Manager  
Washington State Department of Labor & Industries
- **Margaret Cook-Shimanek, MD, MPH**, Workers' Compensation Co-Medical Director  
Montana Department of Labor & Industry  
Consultant in Occupational and Environmental Medicine – Resources for Environmental and Occupational Health, Inc. (REOH)
- **Leah Hole-Marshall, JD**, Medical Administrator  
Washington State Department of Labor & Industries
- **Heather Lore, MBA**, Senior Manager, Membership and Communications  
International Association of Industrial Accident Boards and Commissions (IAIABC)
- **Dan Sung, JD, MBA, PWG CO-LEAD** Manager, Medical Policy  
Colorado Division of Workers' Compensation
- **Jason Swant, BS**, Claims Assistance Unit Supervisor  
Employment Relations Division, Montana Department of Labor & Industry
- **Thomas Wickizer, PhD**, Chair and Stephen F. Loeb Professor  
Division of Health Services Management and Policy,  
College of Public Health, Ohio State University
- **Steve Wurzelbacher, PhD**, Director  
Center for Workers' Compensation Studies (CWCS), National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC)

## MSK CONDITIONS & PAIN MANAGEMENT PWG – SUBJECT MATTER EXPERTS

- **D.C. Campbell, MA**, Director  
Workers' Compensation Research and Evaluation Group  
Texas Department of Insurance
- **Melinda Campopiano, MD**, Senior Medical Advisor  
Substance Abuse Mental Health Services Administration (SAMHSA)  
U.S. Department of Health and Human Services
- **Jennifer Christian, MD**, Founder, President, Chief Medical Officer  
Webility Corporation
- **Jack T. Dennerlein, PhD**, Associate Director, Center for Work, Health, & Wellbeing  
Harvard T.H. Chan School of Public Health  
Professor, Department of Physical Therapy, Movement & Rehabilitation Science, Bouvé College of Health Sciences, Northeastern University
- **Deborah Fulton-Kehoe, PhD**, Senior Research Scientist,  
Occupational Epidemiology and Health Outcomes Program  
Department of Occupational and Environmental Health Sciences, University of Washington
- **Robert J. Gatchel, PhD, ABPP**, Director of the Center of Excellence for the Study of Health & Chronic Illnesses Distinguished Professor  
Department of Psychology, College of Science, University of Texas at Arlington
- **Jaymie Mai, Pharm, D**, Pharmacy Manager  
Washington State Department of Labor and Industries
- **William S. Shaw, PhD, PWG CO-LEAD**  
Department of Family Medicine and Community Health  
University of Massachusetts Medical School

## TRANSITION BACK TO WORK PWG – SUBJECT MATTER EXPERTS

- **Joe Ashley, RhD, CRD**, Assistant Commissioner for Grants and Special Programs  
Virginia Department for Aging and Rehabilitative Services
- **Winthrop S. Cashdollar, MPP**, Executive Director, Product Policy  
America's Health Insurance Plans
- **Henry Claypool, BA**, Policy Director  
Community Living Policy Center (CLPC),  
Institute for Health & Aging, University of California, San Francisco  
Founder, Claypool Consulting
- **Roberta Etcheverry, CPDM, PWG CO-LEAD**, Chief Executive Officer  
Diversified Management Group (DMG)
- **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)