worksafebc

Preventing needless work disability

New guideline looks at how employers and insurers can work more effectively with health care providers to reduce the impact of injury, illness, and age on people's lives and work, and help them remain fully engaged in society.

group of 21 American and Canadian physicians representing seven specialties developed a guideline called "preventing needless work disability by helping people stay employed" for the American College of Occupational and Environmental Medicine (ACOEM). The guideline answers two fundamental questions: Why do some people who develop common problems like backache, wrist pain, depression, fatigue, and aging have trouble staying at work or returning to work? How can employers and insurers work more effectively with health care providers to reduce the disruptive impact of injury, illness, and age on people's daily lives and work and help them remain fully engaged in society?

Guideline recommendations

The ACOEM guideline lists sixteen areas (grouped under four general recommendations) where the stay-at-work/return-to-work process can be improved:

- I. Adopt a disability prevention model:
 - Increase awareness of how rarely medically excused days off work is medically required.
 - Act with urgency because prolonged time away from work is harmful.

- II. Address behavioral and circumstantial realities that create and prolong work disability:
 - 3. Acknowledge and deal with normal human reactions to illness and injury.
 - 4. Investigate and address social and workplace realities that affect the outcome of the stay-at-work/return-to-work process.
 - 5. Find a way to effectively address psychiatric conditions.
 - 6. Reduce distortion of the medical treatment process by hidden financial agendas.
- III. Acknowledge the contribution of motivation on outcomes and make changes to improve incentive alignment:
 - Pay physicians for disability prevention work to increase their professional commitment (contingent on completing training).
 - 8. Support appropriate patient advocacy by urging treating physicians out of a loyalties bind.
 - Increase "real time" availability of on-the-job recovery, transitional work programs, and permanent job modifications.
 - 10. Be rigorous, yet fair, to reduce minor abuses and cynicism.

- 11. Devise better strategies to deal with bad-faith behavior.
- IV. Invest in system and infrastructure improvements:
 - 12. Educate physicians on why and how to play a role in preventing disability.
 - Disseminate medical evidence regarding recovery benefits of staying at work and being active.
 - 14. Simplify and standardize information exchange methods between employers/payers and medical offices.
 - 15. Improve and standardize methods and tools that provide data for stay-at-work/return-to-work decision making.
 - 16. Increase the study of and knowledge about stay-at-work/ return-to-work.

Visit www.acoem.org and look under "Policies and Position Statements" to read the guidelines.

60 Summits project

The 60 Summits project was conceived by one of the writers of the ACOEM guideline to disseminate and implement the recommendations across North America.

The purpose of the summit is to create an opportunity for key stakeholders to:

- Participate in a needs assessment.
- Discuss the 16 recommendations.
- Identify priorities for change.
- Develop concrete action plans to effect those changes.
- Encourage collaborative approaches to put plans into action.

Visit www.60summits.org for more details.

Continued on page 217

Annual WorkSafeBC Physician Education Conference

Saturday, 11 October 2008, at the Coast Capri Hotel in Kelowna.

Plenary, workshop, and worksite visit topics will include:

- imaging
- chronic pain
- musculoskeletal medicine

- occupational diseases
- physical examination skills
- disability prevention

Mark your calendars and plan to attend.

For updates visit www.worksafebc.com/news_room/conferences.

calendar

Each scholarship is worth \$400. To apply, e-mail the answer to the question "Please describe how your participation in this conference will benefit yourself and others" to ipconf@inter change.ubc.ca. For more information and registration visit www.inter professional.ubc.ca/bdl.html, call toll free in Canada or the US 1 877 328-7744 (from overseas: 001 604 822-6156), or e-mail devcogneuro@gmail.com. To see more feedback on the first conference in this series visit www.interprofessional.ubc.ca.

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Continued from page 188

BC Summit

The BC Summit, to be held in Vancouver in late 2008, will be the first of the 60 summits to be held in Canada. It will focus on the prevention of both work- and non-work-related disability in the private and public sectors of BC. The effort is aligned with the philosophy of the provincial Legacies 2010 Now strategy to engage BC organizations and other key stakeholders in the adoption and application of healthy workplace strategies.

An enthusiastic, multi-stakeholder steering committee has formed to plan this inaugural Canadian event, but we need the participation of stakeholders, including physicians. If you're interested in planning activities or participating in the summit, contact co-chair Celina Dunn, MD, manager, Medical Services, Work-SafeBC, at 604 232-5825 or celina. dunn@worksafebc.com or Larry Myette MD, MPH, director, Strategic Workplace Health, Healthcare Benefit Trust, at 250 220-4160 or larry .myette@hbt.ca.

-Peter Rothfels, BEd, MD, ASAM, WorkSafeBC Director of Clinical Services and Chief Medical Officer