

How to Mitigate Risk Factors for Long-Term Musculoskeletal Work Disability

Background

Pain is the primary cause of lost work time, and musculoskeletal conditions are the most common cause of pain that leads to work disability.¹ Many individuals who apply for Social Security Disability Insurance (SSDI) benefits have experienced job loss and left the workforce because of these problems.

The Stay-at-Work/Return-to-Work (SAW/RTW) Policy Collaborative, funded by the U.S. Department of Labor's Office of Disability Employment Policy, formed a Policy Working Group on Musculoskeletal Conditions and Pain Management to develop policy recommendations for improving SAW/RTW outcomes for workers experiencing musculoskeletal (MSK) pain. The Policy Working Group focused particular attention on the following two questions:

1. Why does a small subset of the millions of working people who develop new and painful MSK health conditions have unusual difficulty recovering, lose their jobs, and eventually apply for SSDI?
2. What can be done so that this subset achieves better medical outcomes, enjoys the many benefits of having a job, and preserves their economic independence by staying in the workforce – so our society can benefit from their continued productive contribution to the economy? Also, the burden on taxpayers can be lightened by reduced growth of publicly-funded benefits such as SSDI.

The diagram on the next page was developed to illustrate how non-medical issues occurring after onset of a painful MSK condition can affect the outcome in terms of both medical recovery and SAW/RTW. The diagram starts after the worker's first visit to the doctor and displays 10 key junctures at which non-medical issues influence the way the episode unfolds. The diagram points out how the likelihood of a good or poor outcome is affected by the way each issue is handled. Issues are resolved or become barriers at these points.

Frontline professionals (healthcare professionals, employers, and claims/benefits administrators) can use this diagram as a tool when they interact with workers experiencing MSK pain. Simple, straightforward actions at key moments make a difference, and addressing the issues at each juncture in a systematic and consistent manner can reduce the number of cases with poor outcomes.^{1,2} The diagram can help identify patients/workers/claimants at increased risk for poor outcomes at any juncture in the episode. It can be used to track progress throughout an episode in a pro-active effort to ensure that appropriate action is taken at each juncture, or to identify suboptimal events requiring corrective action after the fact.

Decreasing the likelihood of poor outcomes will require:

- Special attention to making the right things happen in the first few weeks of an MSK episode that is affecting function and work, and again if it becomes clear the episode will be prolonged or the condition is chronic;
- Initial and on-going screening for adverse situational factors and events known to lead to poor outcomes;
- Implementation of procedures to: (a) increase consistency of optimal actions at each juncture; and (b) ensure systematic efforts to correct or remedy each sub-optimal action that has occurred.

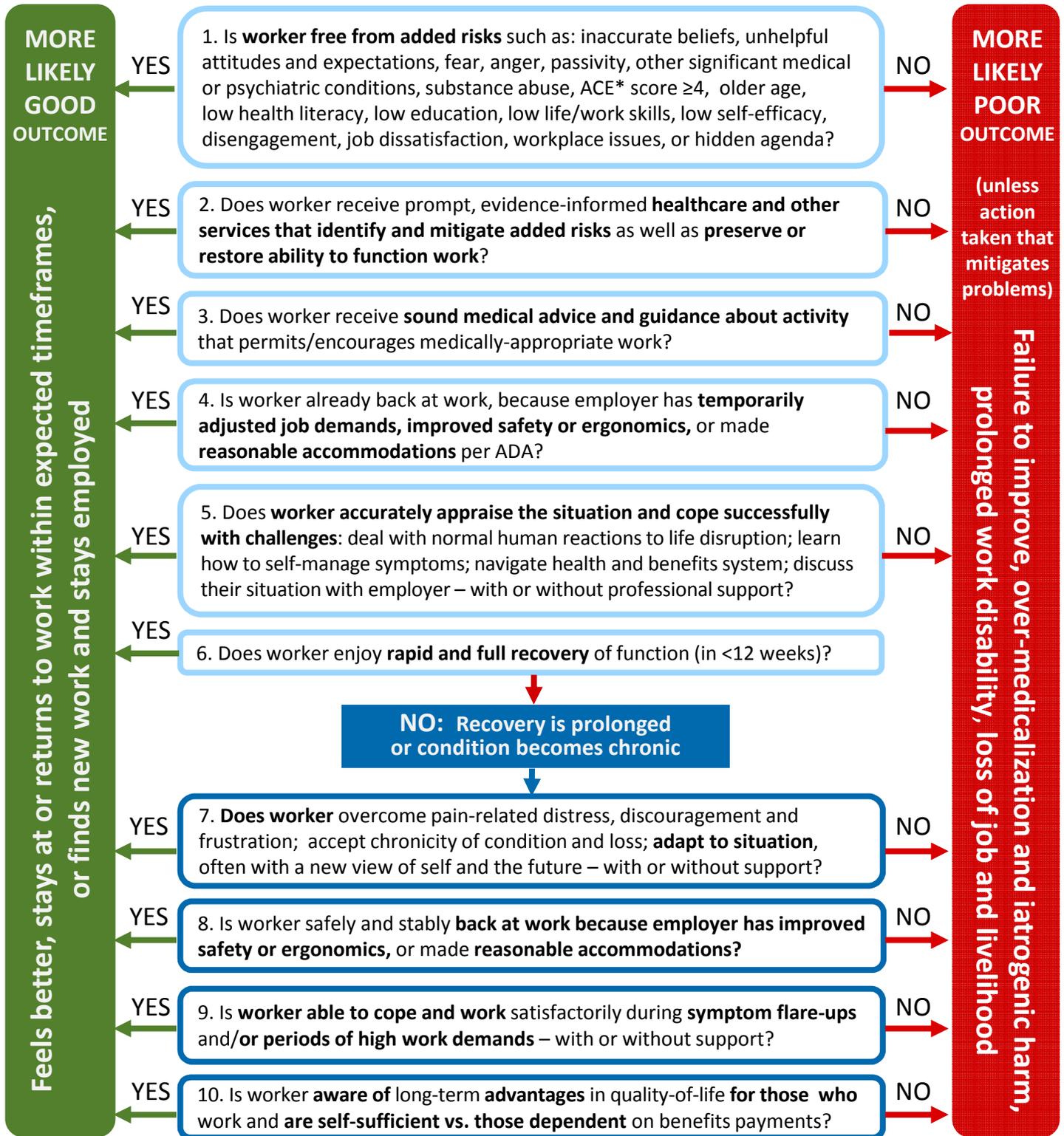
While it will take more concerted effort by stakeholders to determine how to implement these changes, the recommendations made here, along with those from previous SAW/RTW Policy Working Groups (especially "Establishing Accountability for Job Loss to Improve Outcomes After Injury or Illness"),³ are an excellent start.

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As a worker's health episode unfolds, situational factors and events increase the likelihood of a **good** vs. a **poor** outcome

START: Worker seeks care for a common musculoskeletal (MSK) condition

Typical symptoms: pain, weakness, swelling, spasm, decreased function.
80-90% of episodes resolve rapidly and rarely cause job loss.



* ACE = Adverse Childhood Experiences. See www.cdc.gov/violenceprevention/acestudy

Orientation to the Diagram

- In the **blue** box at the top of the diagram, the painful MSK condition begins and the worker first seeks care for it.
- Good outcomes (**green** column on the left): the affected worker feels better, stays at, or returns to, work within expected timeframes, or finds new work and remains in the workforce.
- Poor outcomes (**red** column on the right): the affected worker's condition and/or symptoms fail to improve, with over-medicalization and system-induced harm, prolonged work disability, loss of job and livelihood, withdrawal from the world of work.
- The middle column of the diagram describes key junctures that occur as the MSK episode unfolds over time. These junctures are in rough chronological order, and describe the times when common non-medical issues arise.
- Each juncture asks a question about a specific issue that research has indicated affects outcomes – whether the issue has come up, how it has been handled and/or resolved. The questions focus on the affected individual.
 - Note, however, that the current status can be the result of actions or decisions made by one or more of the four frontline participants based on what they noticed, thought, and did at those key junctures.
 - The four front-line participants are: the affected worker and three types of professionals: 1) the treating doctor and other healthcare professionals; 2) the workplace supervisor/employer; and 3) the professional managing the benefits claim (healthcare, workers' compensation or disability benefits – if any).
- The arrows pointing left and right beside each juncture indicate the impact of a “yes” or a “no” answer on the likelihood of a good vs. a poor outcome.

References:

- ¹ Shaw, W., Gatchel, R., Christian, J., Toms Barker, L. (ed.) (2017). *Improving Pain Management and Support for Workers with Musculoskeletal Disorders: Policies to Prevent Work Disability and Job Loss, Vol. 1 – Policy Action Paper*. For SAW/RTW Policy Collaborative, U.S. Department of Labor, Office of Disability Employment Policy, IMPAQ International, LLC.
- ² Christian, J., Wickizer, T., and Burton, A.K. (2015). A Community-Focused Health & Work Service (HWS). In *SSDI Solutions: Ideas to Strengthen the Social Security Disability Insurance Program*. The McCrery-Pomeroy SSDI Solutions Initiative. The Committee for a Responsible Federal Budget: Washington DC.
- ³ Christian, J. (2015). *Establishing Accountability to Reduce Job Loss After Injury or Illness*. For SAW/RTW Policy Collaborative, U.S. Department of Labor, Office of Disability Employment Policy, Mathematica Center for Studying Disability Policy: Washington D.C.

The Stay-at-Work/Return-to-Work (SAW/RTW) Policy Collaborative was established by the U.S. Department of Labor's Office of Disability Employment Policy (ODEP) to support the development of policies, programs, and practices that encourage the continued employment of workers likely to leave the workforce due to injury, serious illness, or disability. The Collaborative consists of a Community of Practice to provide input and real-time feedback on specific policy topics related to SAW/RTW, and Policy Working Groups (PWGs), led by Subject Matter Experts (SMEs) and supported by IMPAQ International. The PWGs explore policies and practices that curtail long-term work disability and job loss due to injury and illness, provide policy recommendations to key stakeholders, and develop resources to support policy action. The 2017 PWGs focused on three topics: (1) Replicating and Adapting the State of Washington's Centers of Occupational Health and Education (COHE) Model; (2) Musculoskeletal Conditions and Pain Management; and (3) Transition Back to Work. This document is a product of the Musculoskeletal Conditions and Pain Management PWG co-led by Bill Shaw (SME Lead) and Linda Toms Barker (IMPAQ Lead). The diagram was developed by PWG member Dr. Jennifer Christian.

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For more information about the work of the Stay-at-Work/Return-to-Work Policy Collaborative, see ODEP's website at: <https://www.dol.gov/odep/topics/SAW-RTW/research-publications.htm> and IMPAQ's website at: <http://www.impaqint.com/stay-workreturn-work-policy-collaborative-swr2w>

