

## **Return or Pay the Price**

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### **Introduction**

Surging medical costs, expensive lawsuits, over-treatment, and long lost-time injuries have helped push national spending on workers' compensation claims from \$2.1 billion to over \$60 billion annually according to the National Council on Compensation Insurance (NCCI, 2002). In addition, The National Academy of Social Insurance reported that workers compensation benefits started growing faster than wages in 1992. Furthermore with the increase in the aging workforce and length of recovery time for older workers, many companies as a means of reducing disability costs have realized that benefits, human resources, as well as claims adjusters are not enough to impact lost time cases. As a result, more organizations are beginning to re-examine their efforts in controlling disability costs and are realizing that the most effective way to control the costs and loss of productivity is to interact with Safety and Health to change and impact the organization's culture.

#### **Traditional Role of Safety in Return-to-Work**

Traditionally safety professionals have been marginally involved in the return-to-work process in most companies. Why? Safety and health is typically viewed as looking for preventative measures to decrease the frequency of injuries—not the severity. Most safety and health professionals focus on planning and implementing safety policies and procedures, establishing measurable goals for the achievement of safety, plan and implement programs to training managers and employees, conduct and coordinate inspections and audits to mention a few. Figure 1 summarizes the key tasks of safety professionals within most organizations.

<b>Key Tasks/Responsibilities of Safety Professionals</b>
<ul style="list-style-type: none"> <li>• Maintain OSHA logs</li> <li>• Plan and implement safety policies/procedures</li> <li>• Establish measurable safety goals</li> <li>• Train managers and employees on various safety programs</li> <li>• Conduct/coordinate safety audits and inspections</li> <li>• Investigate accidents</li> </ul>

**Figure 1. Key Tasks of Safety Professionals.**

On the other hand, return-to-work has typically been considered a component of Medical Management, which is usually a function of claims. Claims examiners are responsible for administering all aspects of the injured worker’s claim. This includes adhering to all federal and state laws regarding worker’s compensation. The claims examiner is also responsible for processing all paperwork involved in a claim including medical reports, employee statements and addressing litigation files and payments. Claims examiners usually make contact with injured workers to explain their benefits under the laws of Worker’s Compensation. Figure 2 summarizes the key tasks of claims examiners.

<b>Key Tasks/Responsibilities of Claims Examiners</b>
<ul style="list-style-type: none"> <li>• Knowledgeable about federal and state Worker’s compensation laws</li> <li>• Screen and determine compensability</li> <li>• Coordinate modified duty</li> <li>• Assign rehabilitation nurses and vocational specialists</li> <li>• Communicate with injured employee, medical provider, company representatives</li> </ul>

**Figure 2. Key Tasks of Claims Examiners**

## Return-to-Work Programs

Returning an injured person to work is difficult following an extended period away from work. Hall & Kaleta (2005) found that there was a 50% chance of an employee returning to work from a work-related injury or illness when they have been off of work for at least six months. They also found that the chances decrease to 25% following a year and then 2% when they have been off of work 2 or more years. Therefore early intervention strategies should be determined to help return employees to work. According to the Integrated Benefits Institute (2004), an effective return-to-work program can reduce a company's disability costs anywhere from 20 to 40%. An effective RTW program focuses on returning a worker to employment as soon as possible after an injury or illness and allows them to be a successful part of the company. By returning an injured employee to work, Curtis and Scott (2004) found that the mental state of the injured employee improved.

What is an effective return-to-work program?

According to Bose (2008), the key elements of an effective return-to-work program are:

- **Corporate Commitment**  
This element is focused on the company and the role that they play in return-to-work. A company should have established policies and procedures that look at not only the aspects of returning an injured employee to work, but also sets up a process to minimize disabling injuries. Some of the corporate elements are:
  - Accident prevention
  - Safety program
  - Review of workplace design process (Ergonomics)
  - Claims management
  - Employee Assistance Program
  - Wellness Program
- **Management Involvement**  
As with all successful company programs, management support it is critical. Management support not only includes assisting in the development of the RTW program, but also assuring that all managers, supervisors and employees are trained on the RTW process, that job analyses exist for all positions so that all stakeholders understand the physical demands of the job, and that metrics are established to evaluate the effectiveness of the program. Additional elements of management involvement are:
  - Physician interaction; and
  - Providing accommodations
- **Additional Resources Identification**  
In addition to policies and procedures as well as management involvement, companies should look at additional resources that can facilitate returning an employee to work. Some of these are:
  - Work hardening
  - Ergonomic consultations
  - Occupational Medicine Provider

### Barriers to Returning Employees to Work and the Safety Professional's Impact

While many companies possess some form of return-to-work and while there are numerous resources to help with this process, Bose (2008) found that there were some recurring themes within many companies that impede the success of the return-to-work program. Most of these issues parallel those that safety professionals deal with day in and day out within the scope of their jobs; and most safety professionals have the ability to break down barriers, change existing paradigms and assist their company in developing a RTW culture.

<b>RTW Program Barriers</b>
<ul style="list-style-type: none"><li>• Re-injury</li><li>• Lack of communication among stakeholders</li><li>• Availability of essential function job descriptions</li><li>• Reasonable accommodation</li><li>• Lack of program structure</li><li>• Lack of program metrics</li></ul>

**Table 1. Return-to-work Program Barriers.**

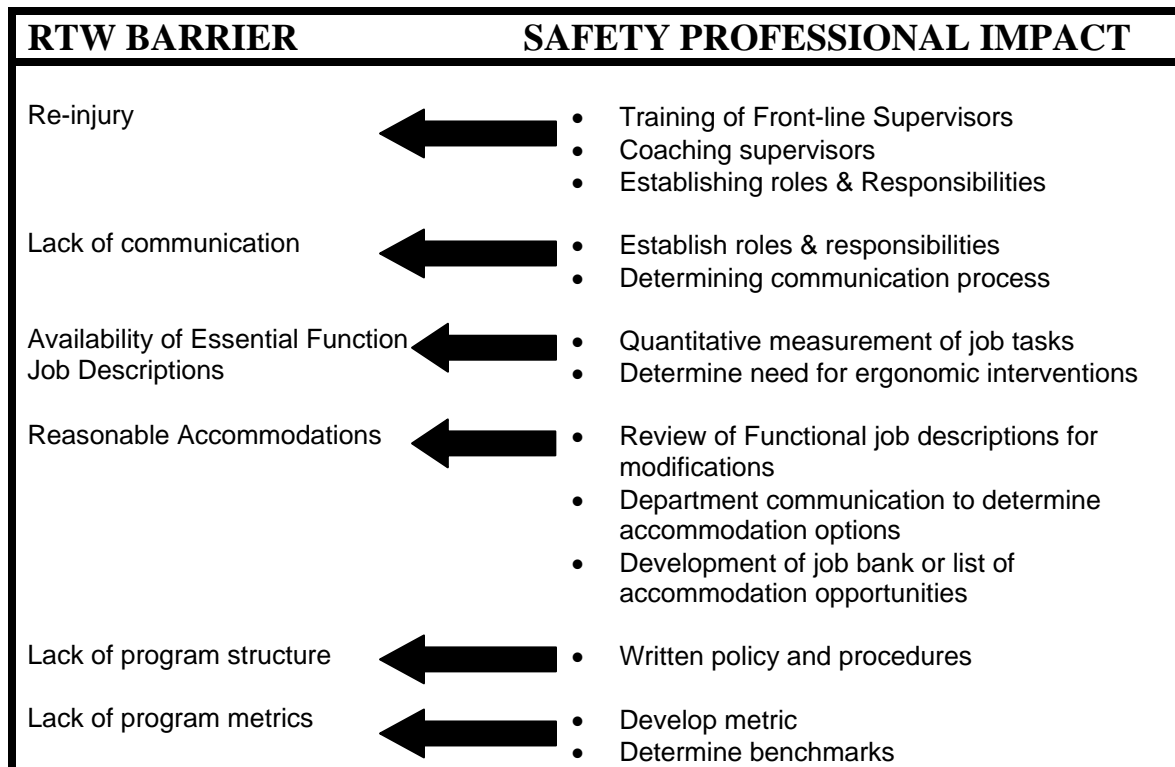
One of the recurring themes expressed by managers and supervisors is the fear of employee re-injury. Many companies do not offer modified or transitional work for injured employees out of a fear that they will re-injure themselves (Krause, 1998). One of the activities that most safety professionals engage in is training front-line management on their role and responsibility in various safety activities as well as how to observe unsafe behaviors that put employees at risk for re-injury. Involving a safety professional in the design of the RTW training allows them to assist in determining the roles and responsibilities of supervisors, and incorporating at-risk behaviors is one way to address re-injury with injured employees.

When an employee is given restrictions after being seen by the doctor, there are multiple stakeholders involved in the process. Some of the key stakeholders are the employee, employer, physician and the insurance claims department. It is essential that each of these individuals is aware of when and how to communicate with each other in order to arrive at a successful outcome. In an effective RTW program, each stakeholder is aware of the procedures to follow and knows how and when to communicate with each other. Safety professionals in the course of implementing and developing programs have to address the communication issues that could arise—these are usually resolved by determining the roles and responsibilities of each entity and developing a procedure to address the communication flow.

A third element that contributes to an effective RTW culture is that of essential function job descriptions. Most organizations have job descriptions that are typically developed by Human Resources and usually contain some physical demand parameters. Unfortunately, most of

these are based on best guesses and lack quantitative measurement. In addition these tools in the current state do not allow for the physician to fully grasp the physical demands of the job and therefore make appropriate restrictions. Most safety professionals have a basic knowledge of ergonomics which allows them to determine quantitatively the forces, weights and duration of tasks within jobs. This further enables the physician to have a more accurate understanding the physical demands of the job. Hall and Kaleta in 2005 found that when full information regarding the job was not provided or determined, it resulted in negative outcomes such as litigation, re-injury and additional exposure.

Lack of accommodation was another element that can cause a RTW program to be ineffective. Programs with modified job tasks had about two times more success in returning injured employees to work compared to those programs that didn't offer modified work. (Schonstein, et al 2003). Most safety professionals with a basic ergonomic background have the ability to modify and adjust workstations to decrease ergonomic risk factors. When an essential function job description has been designed, it enables the safety professional to review the physical demands of the job and, based on restrictions, determine if the current position can be modified. When a position cannot be modified, communication among other departments to determine accommodation opportunities can be facilitated by safety personnel. Safety professionals within most organizations work with various departments at different levels—as a result, they possess the ability to seek, question and determine accommodation opportunities that can enhance the RTW process.



**Figure 3. Return-to-work Program Barriers and Safety Professional Impact.**

Many companies that understand the cost-benefit of returning injured employees to work attempt to accommodate those employees given restrictions; but if the program is loosely structured with minimal documented procedures as well as roles and responsibilities, the results are varied. Safety professionals within most organizations are responsible for the development of safety policy and procedures. Most policy and procedures also outline the roles and responsibilities of each involved party. Companies that have a well defined policy and procedure tend to approach RTW in a systematic fashion that creates an effective RTW program.

“What is measured—gets done.” Most companies appear to understand the benefits of RTW, but on the other hand, they never establish goals or benchmark data to determine if their program is effective and moving in the right direction. Safety professionals within most organizations are tasked with showing continual improvement, and one way to demonstrate this is to develop metrics to assess a program’s success or need to enhance. Safety professionals in addition also are familiar reviewing numbers to determine performance averages and establishing benchmarks. Using a safety professional to establish RTW program metrics will allow an organization to determine its RTW program effectiveness.

## **Conclusion**

As corporations attempt to control worker’s compensation costs as a way to impact the bottom line, safety professionals are integral in tackling this issue. While safety professionals have focused on decreasing the frequency of injuries by developing programs, establishing goals, determining metrics and communicating among various departments---these skills and knowledge can be applied to impacting the severity of injuries. Safety professionals have the ability to create an extraordinary return-to-work culture that moves an organization away from an unstructured, informal return-to-work program to a formal –“we value our employees and want everyone back.”

## **Bibliography**

- American Society for Safety Engineers (ASSE). 2005. “Using Risk Principles for Safety and Health Discussions.” *Report of Roundtable Discussions at the ASSE Symposium*. Retrieved July 12, 2008.  
(<http://www.asse.org/practicesspecialities/riskmanagement/risk05roundtablereport.php>)
- Bose, H. “Returning Injured Employees to Work.” *Professional Safety*. June 2008: 63-68.
- Bureau of Labor Statistics Data. “Occupational Injury and Illness Data 2001.” 2005
- Curtis, J & Scott, R.L “Integrating disability management into strategic plans.” *AAOHN Journal*. Vol. 52, No. 7. 2004: 298-301.
- Hall, R. & Kaleta, S. “New return-to-work strategies.” *Benefits & Compensation Digest*. 2005: 33-39.

Integrated Benefits Institute. "Full Cost Study." 2001.

Krause, N. et al. "Modified Work and Return-to-work: A Review of the Literature." *Journal of Occupational Rehabilitation*. Vol. 8, No. 2. 1998: 113-139.

National Academy of Social Insurance (NASI). "Workers Compensation Costs Rising Across the Nation." 2003.

Schonstein, E., Kenny, D.T, Keating, J., et al. "Work conditioning, work hardening and functional restoration for workers with back and neck pain." *Cochrane Database of Systematic reviews*. Issue 3. 2003.