



How to Prevent Light Duty as a Career Path!

"Achieving the Return to Work Dividend"

The Return to Work Dividend Many organizations believe that an employee must be 100 percent capable of doing all job tasks or they will not bring the worker back to the job following a work disrupting injury or illness. This is referred to as the *Risk Management Myth*. A common rationale for this approach is that the employer believes non occupational injuries or illnesses will turn into work related injuries. Managers report that the use of light duty will have unintended consequences and become a permanent, unmanageable entitlement. That is, it will become a highly desirable career path.

Moving to a transitional work model pays the employer and the impaired employee dividends as measured by less lost time, reduced disability payments and increased personal income. Recent studies indicate the use of transitional work programs can reduce lost work days between 50% to 75 percent over a two year period.

The terms *light duty*, *restricted duty*, *modified work*, or *adjusted work* are commonly used within corporate communities to describe an employer's attempt to address the consequences of injury and the resulting work disability. Among typical employers, however, the methods and strategies used to modify job demands or the work environment to meet the functional capabilities of an impaired worker are not incorporated effectively into the organizational structure.

All too often, the human resource managers, occupational health nurses or supervisors receive a prescription note from an attending physician indicating that a worker is ready to return to work.

The return to work is conditional on being placed on "light duty". Light duty may be interpreted as no lifting, bending, stooping, twisting and/or no repetitive sitting! The initial reaction to this type of request may be quiet annoyance, followed by confusion, frustration and ultimately a smoldering resentment. The worker may then be invited or encouraged to stay at home or return to work under unsafe conditions.

For many employers, return-to-work procedures based on clear communication, solid administrative support and timely implementation steps are intermittent at best, nonexistent at worst. Employer attempts to design and implement effective return-to-work programs often rely on a hit or miss approach based on motives of reward and punishment. Those programs deemed successful often rely on personal charisma or simple political clout to achieve the program goals. Such development methods result in limited or temporary success.

This article provides practical information about the transitional work process. The intent is to invite an employer to move away from a static, ambiguous, unproductive light duty assignments to a dynamic, goal focused transitional work approach. The Transitional Work Model is presented with general recommendations for developing and administering the program at the work site working in collaboration with the employers' insurer, claims administrators and participating healthcare providers.

The need for a transitional work program is based on several key human resource, work adjustment and disability management principles illustrated in Figure 1.

Figure 1: Disability Management Principles

- Impairment and disability are not automatically equal.
- Accurate and timely measurement of the difference between job demands and worker capacities reduces disability costs.
- Eliminating competing self-interest as work return barriers reduces lost time, excessive health care costs and controls litigation.
- Work disability is an employee relations issue and can be negotiated.

Impairment and Disability

At an operational level we must recognize that impairment and disability are not the same. Impairment is a reflection of the degree of injury a person has experienced, a measure of objective loss. Work disability, on the other hand, is based on the degree of adjustment and/ or adaptation a worker or employer applies to facilitate that person's capacity to work. Disability is the subjective impact of the impairment. The nature and scope of work disability is not an independent function, but dependent on a wide range of influences.

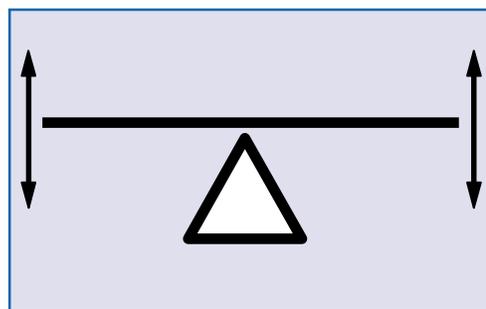
Too often we confuse these two very critical ideas in laying the foundation for considering work disability issues. We do not take into account the degree of adjustment and adaptation the worker and the employer are able or willing to make.

Job Demand vs. Work Capacity

In traditional light duty efforts, one or both of the respective sides of this equation are left incomplete or are characterized by inaccurate or false assumptions. At the heart of a successful work return experience is the reliable and valid measurement of these critical features. Figure 2 illustrates the balance between the job demands and worker capacities

The employer must not only be able to define the demands of the job, but establish the corresponding accommodation options

The medical provider and injured worker must determine and clearly communicate the current and future physical capacities.



Competing Self-Interests The work return process is fueled by the interplay of competing self-interests. Self-interests can originate with the worker, family members, medical providers, attorneys, labor officials, insurance carriers, supervisors and co-workers. A poorly constructed light duty program typically responds to a single self-interest, either ignoring or attempting to counterbalance a perceived threat or unfair situation.

To ignore or inflate self-interest only enhances its potential as a barrier. A critical review of the competing self-interests within worker's compensation, group health or group disability networks suggests the most compatible self-interests are those of the employer and the employee.

Program Fragmentation Over the past years employers have implemented a variety (i.e. a mishmash) of strategies to control the impact of injury, illness and chronic health problems in the work place. Employers try new insurance plans for long term disability, seek out that "perfect physician" or have implemented a new and/or different managed care strategy to control health care costs.

The management team may have applied any number of hit or miss light work assignments prematurely. The clearest form of program fragmentation is when an employee receives two letters on the same day from his or her employer, with two very different messages. Risk management says "Come back to work!"; Human resources says "Stay at home!".

The characteristics of a fragmented disability management effort are confusing with competing policies and procedures. This is referred to as Bureaugenic Disability. These policies are typically guided by the personal disability beliefs of both the employee and supervisor and are usually based on narrow injury or illness experiences. The strength and rigidity of these personal beliefs can increase the level of work disability found in a work force.

The fragmentation can obscure or dilute the actual costs of work disability. An uncoordinated corporate response to work disability superimposed on the requirements of the Family Medical Leave Act and the Americans with Disabilities Act will make the employer extremely vulnerable to disability generated litigation.

Negotiated Disability When we accept the principle that work disability is influenced by the competing self-interests, then it becomes subjective and negotiable. The employer is able to influence this process at all critical points. The most direct illustration of the range of influences is highlighted by the two extreme negotiation points. At the broadest level, all workers' compensation and group disability benefit schedules, eligibility criteria and definitions are set (negotiated) by state legislatures or through contractual agreements. At the most intimate point of the disability negotiation, the physician asks his or her patient, "When do you want to go back to work?"

The process of bringing an individual back to work in a safe and timely manner is dependent upon achieving a successful balance between the demands of the job, the work place and the workers' capacity to meet these demands. Light duty schemes or exotic work assignments to get an employee back to occur at the time of employee selection and placement, during work performance evaluations, as you develop a health care network for your work force or when you define work site conditions (i.e. flexibility) in a labor management agreement.

The employer must be able to develop pathways that invite the worker to: physically improve; protect his or her long-term employability and resume a productive role within the organization. This negotiated pathway must facilitate a transition through decreasing levels of impairment in conjunction with increasing levels of functional ability and work performance.

Return-to-Work Planning The most effective way to control the overall impact of work disability is to develop a planned process of returning the individual back to work, i.e. the work prescription. "Entitlement Thinking" is generated by undefined return-to-work expectations by the worker and the employer, alike. Return-to-work planning should not be confused with medical case management and managed care.

Prior to the effort to offer any form of transitional work, the employer must commit to:

- A philosophical perspective that presumes the employee who experiences a work disruption due to an injury or illness is expected to get better and return to work.
- A process that establishes a clear work return plan, detailing options or pathways for both the employee and the supervisor

The return to work plan identifies the key elements of the return-to-work process. The most common employer assumptions are that... all employees will automatically come back to work; the physician will automatically recommend the employee goes back to work; the insurance carrier will automatically plan the back to work process and that, above all, the supervisor will automatically want the employee back.

The basic questions are: What is the return-to-work plan? What do we need to do medically to increase the probability of a successful and safe resumption of work? What do we need to do to promote work site flexibility without the loss of productivity? What will be the process to resume full work? What conditions need to be met? What is the schedule? When do we begin and, most importantly, when are we done?

The Transitional Work Model A transitional work program is designed to prevent unnecessary lost time. The concept of transitional work is not new, having been used as a tool in many types of work adjustment programs for decades.

Figure 4 illustrates the common tenets of transitional work. The manner in which most light duty assignments are currently implemented may inadvertently promote a lengthier work disruption or an unnecessary safety risk. Therefore, an effective transitional work program is based on two primary assumptions or tenets:

A transitional work program is different from light duty assignments. Transitional work is designed as a series of planned and orchestrated steps that identify the goals and staff responsibilities to support the resumption of full work. It defines the criteria for entering and exiting the program. Medical opinion is

replaced by functional facts. Passive, open-ended light duty assignments are replaced by active and planned rest ration efforts.

The transitional work program should not be an informal, "seat-of-the-pants" program. Nor should the program be cast in concrete with no changes encouraged or allowed. The program should be based on a set of agreed upon

guidelines that direct the decision making related to work performance and the physical or psychological impairments presented. The program goals should reflect the level of interest and need the management team has for controlling work disability. This need should be balanced with the self-interests of the work force.

#1 Tenet

Following an injury or illness, an individual's health and function increase incrementally, rather than in an all-or-nothing fashion.

#2 Tenet

The vast majority of work tasks can be modified for short periods of time without reducing the overall productivity of an organization, department or work team.

The program should be employee neutral. That is, it should not be construed as a reward or punishment, but simply a process that directs the actions of both the employee and supervisor in a fair manner.

The program is commonly referred to as a Dual Track Program. The employer will have two simultaneous activities (Track 1 = Work site accommodations; Track 2 = A work return focused physical conditioning program) moving forward at the same time.

Track 1 is the series of work site accommodations that can be applied for an agreed upon period of time that are gradually brought closer to the full work demands.

Track 2 is an active work conditioning program applied while the person is working. The incremental exercises increase the person's functional ability over a determined period of time.

The Dual Track Transitional Work Program is mutually supportive and creates a working partnership between the manager, the injured worker and the medical and rehabilitation providers. The employee, the attending physician and employer will agree to a return-to-work timetable taking into consideration work site demands and expected treatment progress.

An injured worker can begin on a single track (e.g. work conditioning), move from one track to the other (i.e. work site accommodations) or travel both at the same time in a graduated fashion. The dual track approach is especially useful for a work force that has high physical job demands, a widely dispersed work force or few options for work site accommodations. and expected treatment progress. An injured worker can begin on a single track (e.g. work conditioning), move from one track to the other (i.e. work site accommodations) or travel both at the same time in a graduated fashion.

It also can be used to prevent lost work days, reduce the number of lost work days or reduce performance deficits created by chronic health problems such as arthritis, etc.

The blending of managed care procedures with long term disability and workers' compensation insurance programs will require an employer to construct the *best fit* combination of disability prevention services.

The employer will be required to have an integrated work disability program that will respond in a timely manner to all forms of work disrupting injuries, illness and chronic health problems. The prevention and management of work disability may not necessarily become the function or responsibility of a single corporate department, nor will the control of work disability costs be solely within the domain of a health care insurer, provider or disability insurance group. There will be a defined function that a designated person is accountable for.

The development of an integrated disability management benefit program will create a balanced menu of economic protection, timely access to health care and return-to-work incentives. This will protect the overall work force productivity and the individual's work performance.

The transitional work program can become the cornerstone to the integration of work disability benefits within and across an organization. This includes short and long term disability created by personal illness or chronic health problems, as well as work-related injuries or illnesses.

Corporate Applications

Light duty applications can be difficult within a variety of work settings. The use of a transitional work program creates a wide range of options to bring an employee back to work.

Small Businesses — The transitional work concept can be applied effectively within a small business or a larger company that distributes its work force into small work units. The transitional return-to-work process allows for a more rapid return to work, reducing time off. It also offers a balanced program of increased physical demands that may not be present within a smaller organization.

Rural industry — An employer whose work site is isolated from medical practitioners can develop a transitional work model that enhances both the provision of medical care and return-to-work planning.

Organized Work Force — There is a common belief that return-to-work planning is more difficult in an organized work force. What is common is for return-to-work planning to be distracted by other more critical contract issues.

The use of a transitional work program within an organized work force typically defines the use of seniority in the job rotations that may be used or permitted within a labor agreement. In many cases, work site options can be defined and promoted in a way that increases the effectiveness of return-to-work planning. As a result, when a transitional work program is agreed upon within a labor and management, a powerful and positive message is conveyed to the work force.

Large Industry — The large, multi-divisional employer has the greatest potential for program fragmentation. With a widely dispersed work force, completing divergent tasks across multiple medical, disability benefit and worker compensation systems, the corporate-based transitional return-to-work program offers a standardized and integrated approach.

A national or international employer can develop a corporate disability prevention model with the transitional work program as the cornerstone. The model can be molded to the respective divisions, benefit plans or compensation jurisdictions in a manner that meets the corporate goals of

protecting its work force and reducing the impact of injury and illness in the work place.

The concept of negotiated disability provides the foundation for the application of a wide range of effective strategies to prevent and control work disability.

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