## Wellness and Workers Compensation: One Employer's Journey

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### **Objectives**

- Recognize lifestyle and personal health conditions and their impact on Worker's Compensation claims
- Discuss organizational, departmental and personal ways to mitigate claim costs and duration through health improvement
- Identify primary and secondary prevention programs and how they promote wellness



"Most diseases, injuries, and other health conditions experienced by working people are multifactorial, especially as the workforce ages."

Schulte, et al.; Am J Public 3 Health 2012



#### TOTAL WORKER HEALTH™

NIOSH (CDC); created 2011

Today, emerging evidence recognizes that both work-related factors and health factors beyond the workplace jointly contribute to many safety and health problems that confront today's workers and their families.



## Association of Health Risks With the Cost of Time Away From Work

TABLE 4
Mean Annual TAW Costs\* by Risk Level and HRA Participation Among Those With Occurrences

	Mean STD		
Mean TAW Cost**	Mean ABS Cost**	Cost**	Mean WC Cost**
\$1,764 <sup>a</sup> (n = 319)	\$764 <sup>ac</sup> (n = 273)	\$737° (n = 179)	\$1318° (n = 149)
$1,224^{b} (n = 367)$	$$541^{abd} (n = 318)$	$$694^{\circ} (n = 157)$	$$826^{\circ} (n = 149)$
$1,096^{b} (n = 410)$	$$493^{b} (n = 334)$	$$521^{\circ} (n = 155)$	$$890^{\circ} (n = 172)$
$1,243^{\circ} (n = 1,096)$	$$590^a (n = 925)$	$$653^{\circ} (n = 491)$	\$900° $(n = 470)$
$1,416^{\circ} (n = 2,994)$	\$686 <sup>b</sup> ( $n = 1,905$ )	$$714^d (n = 1,374)$	$1,218^{\circ} (n = 1,405)$
	\$1,764 <sup>a</sup> (n = 319) \$1,224 <sup>b</sup> (n = 367) \$1,096 <sup>b</sup> (n = 410) \$1,243 <sup>c</sup> (n = 1,096)	\$1,764 <sup>a</sup> ( $n = 319$ ) \$764 <sup>ac</sup> ( $n = 273$ ) \$1,224 <sup>b</sup> ( $n = 367$ ) \$541 <sup>abd</sup> ( $n = 318$ ) \$1,096 <sup>b</sup> ( $n = 410$ ) \$493 <sup>b</sup> ( $n = 334$ ) \$1,243 <sup>c</sup> ( $n = 1,096$ ) \$590 <sup>a</sup> ( $n = 925$ )	Mean TAW Cost**         Mean ABS Cost**         Cost**           \$1,764a (n = 319)         \$764ac (n = 273)         \$737c (n = 179)           \$1,224b (n = 367)         \$541abd (n = 318)         \$694c (n = 157)           \$1,096b (n = 410)         \$493b (n = 334)         \$521c (n = 155)           \$1,243c (n = 1,096)         \$590a (n = 925)         \$653c (n = 491)

Wright, et al. JOEM 2002



# Self-assessed personal health risk does impact future lost productivity in WC & STD

Kuhnen, et al. JOEM Sept 2009



#### Kuhnen HRA Risk Factors

- Blood Pressure
- BMI
- Cigarette Smoking
- Alcohol consumption
- Safety belt use
- Cholesterol levels
- Stress levels
- Physical activity

- Drug use
- Perceived health
- Disease
- Life satisfaction
- Job satisfaction
- Illness days
- Health age index
- Low risk management



### Obesity & Workers Compensation

- BMI proportionally related to CTS
- Associated with increased time lost from work and costs among workers' compensation claimants sustaining severe injuries

  Tao et al.; JOEM July 2015
- 2X the # of claims
- 7X higher medical costs
- 13X more days of work loss

Duke Medical Center 2007 Archives of Internal Medicine



#### Adverse Childhood Events

#### The True Nature of Preventive Medicine



Mechanisms By Which
Adverse Childhood Experiences
Influence Adult Health Status

- Links childhood trauma to long-term health and social consequences.
- Anda et al; CDC
- Over 17,000 Kaiser
   Permanente patients
   participating in routine
   health screening



#### Metrics & Measurement...in parallel not serial

- Health risk assessments / screenings
- Health insurance claims
- Workers compensation records
- Sickness & Absence
- Employee / Culture surveys
- OSHA logs / Loss history
- Wellness engagement; program review



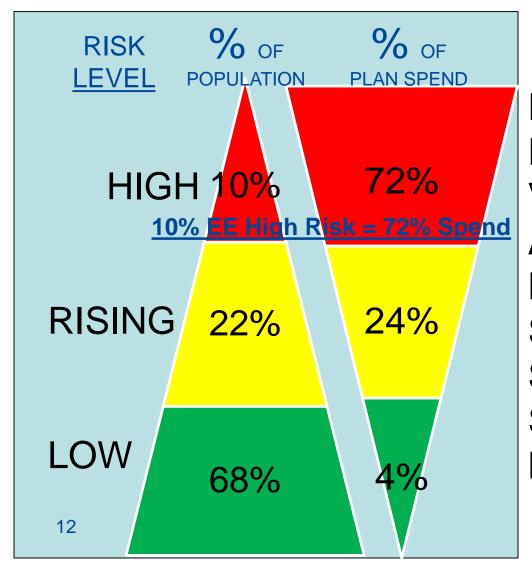
### Lifestyle, Aging & Co-Morbidities

- Weakening bones
- Imbalance/coordination
- Stiffening joints/ligaments
  - Motion, Flexibility
- Decreased strength
- Slowed healing
- Tendon degeneration (tearing)
- Surgical risk

- Coping
- Tolerance
- Resilience
- Risk taking
  - Care, concern,
     investment in
     employer/future,
     purpose in life



#### Risk, Cost & Diagnoses



Depression/Anxiety **Diabetes** Vascular disease **Arthritis** Neuropathy Sleep Apnea Substance abuse Smoking: Nicotine, CO Many others

Froedtert &

### Workers' Compensation Benefits of a Wellness Program

- Direct and indirect care of the employee
- Increase aerobic capacity and strength
- Improve flexibility; delay degeneration
- Increase circulation/oxygenation
- Improve focus, coping, resilience
- Decrease risk taking; increase personal responsibility

## My "prescription" to a worker, supervisor and employer

- Nutrition, rest, fitness (aerobic/resistance)
- Pre-work stretching
- Onsite care connected to a PCP relationship
- Aggressively prevent & manage chronic disease
- ↓ Risk / ↑ Responsibility
- Financial counseling
- Tobacco cessation

- Support health and wellness activity
- Wellness program with continual improvement
- "Employer of Choice"
- Supervisor training
- Care for family
- Balance "carrots and sticks"
- EAP



## Froedtert Health: An Integrated Journey

- Taking care of staff from hire to..... retire
  - Ensure that our staff feel cared about
  - Take a pro-active approach to overall health and well-being of our staff
  - Provide targeted programs based on the needs and health concerns of our staff population.
  - Analytics guide programming
    - Medical claims
    - Health Risk Appraisal
      - Risk Stratification
      - Age
      - Co-morbidities
    - Workers Compensation



## Business case for Wellness – National Perspective

#### Benefits of Worksite Wellness

- Improved well-being
- Increased productivity
- Improved morale
- Decreased absenteeism
- Improved health status
- Decreased healthcare costs







#### Creating a Culture of Health and Well-being

- Environment
  - Safety
  - Tobacco Free
  - Healthy Food
  - Provide support, tools and resources
  - Create opportunity to make the right choice



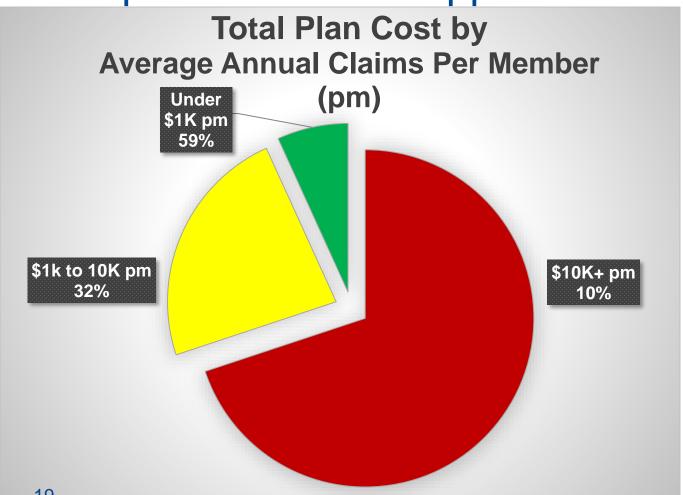
### Creating a Culture of Health and Well-being Choose to....theme

- Staff Engagement
  - Self-responsibility/accountability for health
    - Take care of self
    - Engagement/behavior change
    - Return to healthy state if injured or ill
    - Tie WC to general health and self care which promotes recovery and improved quality of life



### Wellness Works Program

Population Health Approach







#### Health Assessment/Questionnaire

- Identifies individual risks
- Creates annual health snap-shot
- Aggregate data drives programming and

strategies

- Modifiable risk
- Rising risk trends
- Chronic conditions





#### Wellness Works Programming

#### Traditional Wellness Programming

- Physical activity
- Nutrition
- Stress/EAP
- Tobacco Cessation
- Self-care
- Weight Management

#### On-site Workplace Clinic

- Free, acute care
- Assess WC injury and manage health needs
- On-site Health Coaching
  - Registered Nurses, Registered Dietitian, Pharmacist, Exercise Physiologist
  - Targeted programs aimed at improving health and reducing cost

#### Condition Management

- Care Coordination through IHN (ACO)
  - Facilitated by TPA, Care Coordinators in Medical Homes and IHN, and Wellness Works



#### Proactive Approach: Focus on Obesity

#### **Cultural Changes:**

- Dining Rooms: Choose to Eat Healthy Program
- Activity: Indoor and Outdoor Walking Trails/maps
- Benefit Plan Design alignment with Wellness Program

#### **Programming Changes:**

- Education/Awareness/Transparency
  - Challenges (Maintain-Don't Gain, Fit and Focused etc..)
- Onsite Coaching
  - Focus on Pre-Diabetes/Diabetes/Metabolic Syndrome
  - Weight Management
- Onsite Dietitian
- Onsite Physical Activity



#### **Coordinated Efforts**

- Key stakeholders in wellness, injury prevention and injury management
  - Executive Leaders/ Managers/ Supervisors
  - Wellness Communication and Programming
  - Facilities / Maintenance
  - Occupational Health / Workers Compensation
  - Ergonomics / Safety
  - Staff members



### Primary Injury Prevention:

- Physical Work Environment
- Job Description- Physical Requirements
- New Hire Process
- Ergonomics
- Culture of Safety





### Physical Work Environment Facilities/Maintenance

- Designing healthy workspaces
- Consideration of safety and wellness
  - New construction / remodel / repair
- Equipment
- Environment of Care- Safety Rounds



### What were they thinking?









### Active Computer Workstations – Wellness

 Design for health and wellbeing







## Job Description Human Resources/Managers

- Are the physical demands of the job safe?
- Are the lifting, pushing and pulling requirements OK for the majority of the working population?
- Is the frequency of the heavier tasks reasonable? Is there enough recovery time?
- Does it require repetitive movement, sustained or awkward postures.

Physical Demands Categories			
Sedentary Work	Requires the occasional lifting of 10lbs or less		
Light Work	Requires lifting a maximum of 20lbs		
Medium Work	Requires lifting a maximum of 50lbs, but with frequent lifting of up to 25lbs		
Heavy Work	Requires lifting a maximum of 100lbs		
Very Heavy Work	Requires lifting in excess of 100lbs, with frequent lifting of 5lbs or more		

S. H. Snook and V. M. Ciriello

The design of manual handling tasks: revised tables of maximum acceptable weights and forces

Ergonomics 34(9):1197-1213, 1991

Application manual for the revised NIOSH Lifting Equation Waters, Putz-Anderson, Garg 1994



## New Hire Process Occupational Health

Pre-placement physical (ADA and EEOC guidelines) immunizations, referral to PCP, lifting education

Communication with PCP regarding any medical issues that may put worker at risk.

Need accurate job description

Determine temporary or permanent work restrictions and accommodations



### Ergonomics Safety

 The science of modifying work processes and the environment to reduce physical stressors on employees and improve job efficiency and productivity.



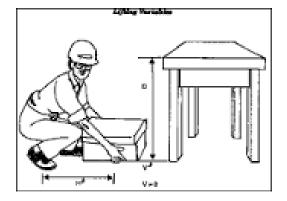




### Ergonomic Risk Factors

- Force
  - Lifting, pushing, pulling and carrying
- Awkward Posture
- Repetition / Duration
- Physical stresses (physical environment)
  - Lighting, temperature, flooring, contact stress,

vibration





## Injury Prevention – Safety/Ergonomics

• Early ergonomic evaluations in the "discomfort and fatigue" stage can decrease the probability of progression to pain, lost work days, medical visits, restricted duty, surgery and possible permanent restrictions.



## Injury Prevention Ergonomics / Safety, Staff

push measurements for a Phlebotomy cart				
Push	carpet	Tile floor		
initial force, lbs.	12-15 Lbs.	6-8 Lbs.		
sustained force. lbs.	5-6 Lbs.	3-4 Lbs.		



- Identify the problem
- Ergonomic assessment
- Evaluate equipment, worker and work process
- Implement changes as needed
- Worker education on body mechanics, proper lift techniques and proper push pull techniques



## Workplace Injury Management Occupational Health / Workers Compensation

- Case Management
- Early investigation and assessment
  - Prevent from happening again
  - Manager involvement
- Communication with healthcare providers
- RTW program
- Ergonomics



## Workplace Clinic Wellness

- Injury Assessment
  - Holistic approach
    - Connection of personal injury to general health
  - Wellness referral opportunity
    - Focus on overall health and well-being
    - Open door to PCP preventive care, routine care, gaps in care
- Treatment
  - Provides staff with options for treatment
- Referral to appropriate provider
- Role of the Medical Director



# Successful Return to Work following an injury ALL Involved

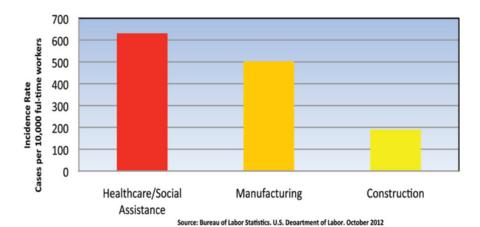
- Work with manager and worker to understand the work restrictions and provide a safe work environment
- Ergonomic evaluation to determine risks of the job tasks and recommend changes
- Determine if worker can safely do their job or a temporary job
- Educate staff in good posture, body mechanics and proper lift techniques



### Safe Patient Handling

 The most recent statistics tell us that almost half of all reported injuries in the healthcare industry were attributed to overexertion and related tasks. Nurses and nursing assistants each accounted for a substantial share of this total

U.S. Department of Labor | June 25, 2015





### Successful Safe Patient Handling Program

#### **Facilities**

Ceiling lifts included in all new and remodeled patient rooms

#### **Management**

Policy, Financial support

#### **Nursing Management**

Annual Education for healthcare workers

Unit champions

Putting safe patient handling into practice

#### **Occupational Health**

Investigate any injury related to patient handling.

#### **Educational Services**

Including Safe Patient handling in new employee orientation

#### **Ergonomics / safety**

Evaluate patient handling tasks and recommend safe methods for moving and transferring patients.

#### Wellness

stretches, strengthening, wellness programming





## Wellness...one component in WC claim prevention/mitigation

- HR: Hire, placement, training, retention
- Wellness: injury prevention/recovery
- Safety/ergonomic
- Case Management
- Appropriate & coordinated care
- IME/legal

