

Stay At Work / Return To Work BEST PRACTICES

Sometimes, despite our best efforts, employees do get injured or become ill. Returning these employees to work via comprehensive **Stay at Work/ Return to Work (SAW/ RTW) programs** can reduce long term negative financial, physical, & emotional health effects for the injured worker. A proactive SAW/RTW program, consistently applied, may prove beneficial for the employee and the employer, and may help ensure the health of Montana's workers' compensation system.

Stay At Work / Return To Work BEST PRACTICES

Montana's public policy provides objectives (MCA Objectives 39-71-105) to be met to ensure the health of our system:

- An objective of the Montana worker's compensation system is to provide, without regard to fault, wage-loss and medical benefits to a worker suffering from a work-related injury or disease. Wage loss benefits are not intended to make an injured worker whole but are intended to assist a worker at a reasonable cost to the employer.
- A worker's removal from the workforce because of a work-related injury or disease has a negative impact on the worker, the worker's family, the employer, and the general public. An objective of the system is to return a worker to work as soon as possible after the worker has suffered a work related injury or disease.
- Injured workers should be able to speedily obtain benefits and employers should be able to provide coverage at reasonably constant rates. To meet these objectives, the system must be designed to minimize reliance upon lawyers and the courts to obtain benefits and interpret liabilities.

The worker's compensation system is made up of several stakeholders including: Employees, Employers, Providers, Insurers, and employee representatives. Making **SAW/RTW programs** efficient and successful requires the best efforts of each stakeholder.

Outlined below are steps and best practices that may be used to develop an effective **SAW/RTW program**.
Each of the best practices identifies the group(s) targeted for the best practice.

Steps in the Stay At Work / Return to Work Process:

1. Adopt a Stay at Work / Return to Work Model

- All employers should have a written SAW/RTW policy.
- Employers should provide training to educate all employees about the SAW/RTW policy.
- Process is triggered when a medical condition or another precipitating event occurs.
- Worker's current ability to work is assessed by the treating health care provider – Functional capacity: *considers functional abilities and any medically-based limitations or restrictions.*
- Increase awareness of how prolonged absence from work often results from factors other than the medical limitations.
- Assist injured workers stay at work or return to work while respecting the confidentiality and privacy of the injured workers medical records.
Best Practice- Determine if injured worker's ability to perform specific job functions has been lost.
Employees, Employers, & Providers
- Urgency is required because prolonged time away from work may be harmful.
Best Practice- Begin return to work efforts on 1st day of absence or within 72 hours of a claim. Early intervention is the key to helping the injured worker stay at or return to work. *Employees, Employers, & Providers*

2. Address Behavioral and Circumstantial Realities that prevent Injured workers from staying at work or returning to work

- Injured workers are more than an "injury" or "illness" and should be seen and treated in a holistic manner.
- Acknowledge and address normal human reactions.
Best Practice- Provide and pay for worker support services to deal with the normal human reactions to injury, illness, and job loss if it occurs. *Employees*
- Investigate and address social and workplace realities.
Best Practice- Conduct SAW/RTW discussions between worker and first line supervisor. Monitor worker and supervisor buy-in. A trained facilitator can help increase program acceptance. *Employees & Employers*
- Educate insurers, healthcare providers, and employers about appropriate exchange of the injured workers' health information for the purpose of SAW/RTW.
Best Practice- Develop communication procedures for providers, employers, and injured workers to focus health care communications to be information-specific, for the development of the SAW/RTW position. Provide notice and opportunity for the injured worker to participate in the communication. *Employees, Employers, Providers, & Insurers*

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- Routinely assess SAW/RTW assignments and make adjustments to conform to the injured worker's abilities as medically released. Maintain open communication between the injured worker and employer through the SAW/RTW assignment so that any issues can be resolved quickly.
Best Practice- Provide procedures for the injured worker, their representatives, medical providers, and employer to openly communicate concerns or changes necessary to ensure successful SAW/RTW including clearly outlined options for the injured worker to use to maintain their work within their abilities as medically released. Vocational Rehabilitation Counselors as certified through the Commission on Rehabilitation Counselor Certification can be a valuable resource for resolving SAW/RTW issues. Provide procedures for injured worker unresolved complaints regarding SAW/RTW programs to be assessed independently, to help the injured worker avoid penalty, denial of benefit or other adverse action that can be taken against the injured worker. *Employees, Employers & Insurers*
- Provide union representatives information as to the purpose for SAW/RTW programs. When reasonable or required include the union in the development and implementation of SAW/RTW programs. Research shows that union involvement in the development and implementation of SAW/RTW programs at unionized workshops contributes to their success.
Best Practice- Provide meaningful opportunities for unions to participate in the development and implementation of SAW/RTW programs. *Employees, Employers, & Unions*

3. Acknowledge the contribution of motivation on outcomes

- Ensure appropriate provider compensation for SAW/RTW tasks. Pay health care providers for the time it takes to answer questions about the workers' ability to stay at work or return to work.
Best Practice- Fee schedules that allow for health care provider's collaboration and prompt communication regarding SAW/RTW. (Hassle Factor) *Providers & Insurers*
- Support appropriate injured worker advocacy by providing health care providers with accurate job task analysis and realistic opportunities for transitional work to help injured employees stay at work or return to work as soon as it is medically safe.
Best Practice- Employers provide job task analysis and job task descriptions for SAW/RTW positions; health care providers provide assessments of functional abilities and estimate the period of time needed to heal. *Employers, Providers, & Insurers*
- Increase availability of work that meets a business need in on the job recovery, transitional work programs, and job modifications.
Best Practice- Provide guidance and support to employers to implement transitional work programs. *Employers*
- Be rigorous, yet fair in order to reduce minor abuses and cynicism. Educate the injured worker, co-workers, supervisors, employers, providers and others about the positive benefits of SAW/RTW programs.
Best Practice- Be fair, kind and consistent in managing SAW/RTW programs. *Employers & Insurers*
- Devise better strategies to deal with bad-faith behavior.
Best Practice- Implement a process for dealing with poor service and unfair treatment by employers and insurers. *Insurers & Employers*

4. Invest in system and infrastructure improvements

- Disseminate medical evidence regarding recovery benefits of staying at work and being active.
- Educate health care providers on "why" and "how" their role can help to reduce job loss periods for injured workers.
Best Practice- Provide active, recurrent education/training to health care providers on SAW/RTW topics. *Providers*
- Simplify/standardize information exchange methods between employers/insurers, provider offices, and the injured worker or their representative. Create avenues for communication for the purpose of assisting the injured worker return to work while ensuring that the injured worker's privacy and medical information confidentiality are preserved.
Best Practice- Use communication methods and forms that are easily understood and may be completed quickly by health care providers. *Employers, Insurers, & Providers*
- Improve/standardize methods and tools that provide data for SAW/RTW decision making.
Best Practice- Standardize key information, processes, and create functional job descriptions in advance. *Employee, Employer, Provider, & Insurers*
- Increase the study of and knowledge about SAW/RTW.
Best Practice- Complete and distribute a description of a SAW/RTW process and conduct research to better understand current practice and outcomes. *Employee, Employer, & Provider*

After a work-related injury or illness occurs, there is a period of healing typically required for the injured individual to return to a point of maximum physical improvement. During this healing period, many of these individuals can perform job tasks within specific physical limitations as provided by their health care provider. One of the primary goals of **SAW/RTW committee of WorkSafeMT** is to educate employees, employers and others involved in the handling of workers' compensation claims in Montana about the options and best practices for allowing, during the healing period, a qualifying individual to continue working in a meaningful capacity.

The **Stay at Work/Return to Work (SAW/RTW) Best Practices** presented here were developed for Montanans to use when implementing SAW/RTW programs to assist workers who have been diagnosed with an occupational injury or disease.

In Montana, there is growing concern regarding how safely, efficiently and effectively injured workers remain in or return to the workforce after an injury or occupational disease diagnosis. At the direction of the WorkSafeMT Foundation, WorkSafeMT's Stay at Work/Return to Work Committee carefully identified the best practices for SAW/RTW in Montana.

The committee consists of 12 members who are active in Montana's SAW/RTW system. Listed below are committee members and the organizations they represent.

Bonnie Lyytinen-Hale, Chair
Headwaters Rehabilitation
Counseling, Inc

Annette Hoffman, Board Liaison
St. Vincent Healthcare

Erika Ayers
Montana State Fund

Terry Bilbrey, RN
Liberty Northwest Insurance

Ken Carpenter, MD
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Midland Claims Service, Inc.
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Cascade Disability Management

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Paige Tabor, DC
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The **WorkSafeMT Foundation** and the **SAW/RTW Committee** are dedicated to educating Montana's employees, employers, healthcare providers, and other interested parties about how SAW/RTW programs may help our injured workers. We are also dedicated to providing accurate and useful materials and resources to encourage SAW/RTW in Montana. For more information about SAW/RTW contact Jason Swant at Jason@worksafemt.com. For more information about WorkSafeMT please visit www.worksafemt.com.