

REPORT

FINAL REPORT

The Role of the Physician in the Return-to-Work Process Following Disability Onset

March 2015

Jacob Denne (Economic Systems Inc.)
George Kettner (Economic Systems Inc.)
Yonatan Ben-Shalom (Mathematica Policy Research)

Submitted to:
U.S. Department of Labor
Office of Disability Employment Policy
200 Constitution Avenue, NW
Washington, DC 20210
Project Officer: Meredith DeDona
Contract Number: DOLQ121A21886/DOLU139435199

Submitted by:
Mathematica Policy Research
1100 1st Street, NE
12th Floor
Washington, DC 20002-4221
Telephone: (202) 484-9220
Facsimile: (202) 863-1763
Project Director: Yonatan Ben-Shalom
Reference Number: 40292.400

Preparation of this item was funded by the Office of Disability Employment Policy, U.S. Department of Labor, Contract Number DOLU139435199. This document does not necessarily reflect the views or policies of the Office of Disability Employment Policy, U.S. Department of Labor, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

ACKNOWLEDGMENTS

This report was prepared by Jacob Denne and George Kettner of Economic Systems Inc. and Yonatan Ben-Shalom of Mathematica Policy Research, for the Office of Disability Employment Policy (ODEP), U.S. Department of Labor. The authors thank Gina Livermore for helpful comments on the report and Alfreda Holmes for production support. The authors also thank Meredith DeDona and Michael Reardon of ODEP for their guidance and support throughout the entire study.

CONTENTS

EXECUTIVE SUMMARY	v
I INTRODUCTION.....	1
A. Background.....	1
B. Methods	2
II THE PHYSICIAN'S ROLE IN THE RTW PROCESS.....	3
III CHALLENGES FACED BY PHYSICIANS IN THE RTW PROCESS	5
A. Lack of emphasis on relevant training.....	5
B. RTW not part of physicians' "job description"	5
C. Privacy concerns	5
D. Employee attitudes and behaviors	6
E. Variation in RTW programs	6
IV RECOMMENDATIONS.....	7
A. Options for overcoming existing challenges.....	7
B. Potential ODEP activities.....	9
IV CONCLUSION	12
REFERENCES.....	13

EXECUTIVE SUMMARY

Physicians play an integral role in treating workers who have sustained an injury or illness, typically doing one or more of the following: (1) assess impairment, (2) provide treatment and care, and (3) communicate with third parties. Many physicians do not see themselves or their work as part of the return to work (RTW) process, however (American College of Occupational and Environmental Medicine [ACOEM] 2006). They therefore may not assess employees in terms of their ability to return to work and may not effectively communicate with employers. Physicians could take a more proactive role in the RTW process, but they face many challenges to doing so.

Implementing RTW practices is often difficult because physicians are not trained in them or educated about their benefits during medical school. This issue is exacerbated by the failure of continuing education programs to include RTW practices, an omission that may lead physicians to believe that RTW is not part of their job description. Confusion surrounding privacy issues—what information can and cannot be divulged to employers and others regarding an employee’s medical condition—is another challenge physicians face. The mindset of sick or injured employees can also be challenging: if workers view illness or injury as exempting them from their usual social roles or as protecting them from the demands and stress of their life, or if they have a poor relationship with their employer, they may be less motivated to pursue recovery, including RTW. A final challenge physicians confront is inconsistencies among RTW programs—including widely varying terminology and the absence of standardized paperwork—which can make filling out forms more time-consuming and add to physicians’ administrative burden.

To address these challenges, we outline recommendations for more effectively incorporating physicians into the RTW process. The recommendations are based on ideas presented in the existing research or suggested by the individuals we interviewed, as well as ideas developed by our team. General recommendations regarding the role of the physician in the RTW process include:

- Incentivize the use of RTW best practices among physicians.
- Offer physicians more education opportunities that emphasize training and that focus on implementation; pursue the need for education at an organizational level instead of the individual-physician level.
- Encourage physicians to use more accessible language when speaking with nonmedical personnel regarding RTW issues and opportunities.

We also developed recommendations that the Office of Disability and Employment Policy (ODEP) in the U.S. Department of Labor could implement as it focuses its efforts to improve employment outcomes for people with disabilities. These include the following:

- Add a section for providers and physicians to ODEP’s RTW Toolkit (available online).
- Draft a report identifying best RTW practices being implemented by and in support of physicians.

- Provide physicians with technical assistance, including guidelines for how to reconcile privacy rules from the Health Insurance Portability and Accountability Act (HIPAA) with regulations for state workers' compensation programs.
- Leverage relationships with policymakers to ensure that RTW training is part of medical coursework and continuing education for physicians.
- Urge the RTW community of practice managed by ODEP to focus on physician issues.

Although they play an integral role in the recovery of workers who incur an injury or illness, physicians do not always incorporate effective RTW practices in their care. The lack of focus on RTW in medical practice makes it more difficult for employees and employers to make safe and effective RTW decisions. Once physicians overcome the challenges to incorporating RTW into their practice, they can help more workers successfully return to work.

I. INTRODUCTION

As the federal office focused on improving employment outcomes for people with disabilities, the Office of Disability and Employment Policy (ODEP) in the U.S. Department of Labor has a strong interest in maintaining their employment and reemployment. To support this mission, ODEP engaged Mathematica Policy Research and its subcontractor, Economic Systems Inc. (EconSys), to explore and report on the role of the physician in the return to work (RTW) process. Physicians play an integral role in workers' recovery and RTW following injury or illness. They diagnose and treat medical conditions; they prescribe medication as needed; and they offer guidance on what workers can do to further their recovery, which may include RTW at limited capacity.

To carry out the study, we analyzed existing research and interviewed subject matter experts, including physicians, to learn about the RTW-related practices of physicians and associated challenges and barriers. This report presents our findings. We begin in this chapter with background information regarding the role of the physician in the RTW process and a brief description of our study methods. In Chapter II, we provide an overview of the physician's role in an employee's recovery and how it relates to RTW. In Chapter III, we discuss the challenges that inhibit a physician's full integration into the RTW process. In Chapter IV, we present recommendations on how to integrate the physician into the RTW process more effectively and we outline a role for ODEP in assisting physicians and stakeholders.

A. Background

Each year, millions of workers in the United States experience the onset of long-lasting or permanent conditions that challenge their ability to work. Whether these conditions have occupational or nonoccupational causes, many of these workers are at risk of exiting the labor force, especially if they do not receive timely and effective RTW supports. Leading academic researchers and international health care organizations are increasingly aware that prolonged absence from work can potentially harm individuals' overall well-being, as well as their personal relationships (ACOEM 2006; Orslene 2013; Australasian Faculty of Occupational and Environmental Medicine 2010). According to the American College of Occupational and Environmental Medicine (ACOEM), the percentage of workers who successfully return to full employment drops to 50 percent after 6 months of absence from work.

One way to increase the likelihood that an employee will return to full duty after an injury or illness is for an employer to implement a RTW program. Employer RTW programs aim to maintain the productivity of employees and work units, reduce disability-leave costs, and comply with disability-related legislation (Orslene 2013). These programs often emphasize communication between employers and physicians about workplace demands on employees who have experienced disability onset (Institute for Work and Health 2007). The physician's primary role is to diagnose and treat individuals' medical condition, but physicians are increasingly being asked to provide employers and insurers with medical information and advice related to employees' ability to return to work (Canadian Medical Association 2013). To successfully integrate themselves into the RTW process, physicians need to overcome a number of challenges, including a lack of relevant training, the absence of RTW practices in their job

description, concerns about patients' privacy, employee attitudes and behaviors, and inconsistencies across different RTW programs.

B. Methods

We gathered information for this report in two steps. We first conducted a literature review to identify articles on the subject by leading RTW researchers (within the United States as well as outside it). We used these articles to gain a better understanding of the role of, and challenges faced by, physicians in the RTW process. With this understanding as a foundation, we then interviewed several individuals with expertise in the RTW process:¹

- Jennifer Christian, M.D., M.P.H., President and Chief Medical Officer, Webility Corporation
- Benjamin Doornink, M.B.A., Program Manager, COHE Community of Eastern Washington
- Deborah Jacobs, M.S., Disability Manager, Southern California Edison
- Brian Konowalchuk, M.D., M.P.H., Occupational Medicine Physician, Essentia Health
- Glenn Pransky, M.D., M.Occ.H., Director of the Center for Disability Research, Liberty Mutual Research Institute for Safety

All the individuals were interviewed by phone. Some received material before the interview that outlined the project and listed some preliminary discussion questions. These materials were tailored specifically for the person being interviewed and focused on topics relevant to his or her field. Some individuals were not sent any materials in order to allow for a more free-ranging discussion on various topics.

¹ The individuals interviewed for this report did not review the report contents, and the report does not necessarily reflect their views or imply their endorsement.

II. THE PHYSICIAN'S ROLE IN THE RTW PROCESS

Physicians play an integral role in treating workers who have sustained an injury or illness. Physicians typically do one or more of the following: (1) assess impairment, (2) provide treatment and care, and (3) communicate with third parties. In some cases, they may consult other physicians who are experts in specific injuries or illnesses. According to Taiwo and Cantley (2008), assessment involves diagnosing medical conditions through clinical evaluations and testing methods in order to characterize the severity of the impairment or disability. Treatment involves prescribing medication and activities to help the employee return to their original level of functionality. Communication involves explaining the employee's abilities, restrictions, and need for accommodations, if any, to both the employee and the employer. It may also involve providing objective information to third parties (including benefit administrators, insurers, and attorneys) about the employee's capacity to return to work. In this section, we describe the typical role of physicians in the RTW process and consider the extent to which that role promotes successful RTW outcomes.

Assessment. In assessing an employee's functional capacity to perform his or her job, the physician typically takes the job's duties into account. For example, the assessment for mechanical operators who sustained lower-back injuries at work would test their range of motion and the maximum allowable weight that they could safely lift. Depending on specific circumstances, including whether the illness or injury is occupational and what the relevant state and employer regulations are, the impairment assessment is performed either by the employee's physician or by a physician identified by the employer or insurer. Upon request of the employee, employer, or other third party, the physician also provides an assessment report stating the employee's physical limitations and the level of work he can perform, if any.

Treatment. After assessing the employee's injury or illness, the physician typically creates a treatment plan (though treatment need not be carried out by the physician who did the assessment). The plan is designed to promote optimal functionality in the patient so as to facilitate a successful return to work; it should consist of the best medical practices and be evidence based when possible (ACOEM 2008). Examples of treatment plans include medication to aid in healing and alleviate pain, and activity prescriptions for function at home and work. If the employee's medical/functional recovery does not proceed as planned, the physician may need to investigate and address the reasons for delay and may need to involve other medical professionals. As the employee progresses through the treatment plan, a physician should consider recommending a return to work when the employee is physically able to begin performing work-related tasks.

Communication. Upon assessing the severity of an impairment and outlining treatment options, physicians must communicate their findings and recommendation to employees, employers, and in some cases insurers. Objective and early communication is vital because it may influence employees' own assessment of their functional status and of ability to return to work successfully (Harber 2008). Kosny et al. (2006), for example, reviewed the cases of 187 workers in Ontario who had suffered back, neck, or upper extremity injuries to determine how physicians interacted with employees on the subject of returning to work. The authors found that employees who received RTW dates and were offered guidance about preventing reoccurrence of injury returned to work earlier than those who did not. This finding supports the premise that

physicians who play an active role in the early RTW process have a positive effect on successful RTW outcomes.

Currently, many physicians do not see themselves or their work as part of the RTW process (ACOEM 2006). They therefore may not assess employees in terms of their ability to return to work and may not effectively communicate with employers. Physicians could take a more proactive role in the RTW process, but they face many challenges to doing so. These are discussed in the next chapter.

III. CHALLENGES FACED BY PHYSICIANS IN THE RTW PROCESS

Physicians face a multitude of challenges as they engage with employers and employees in the RTW process. Five challenges are discussed below: (1) a lack of emphasis on relevant training, (2) the view of RTW as outside a physician's job description, (3) privacy concerns, (4) employee attitudes and behaviors, and (5) wide variation in RTW programs. We also mention here an additional challenge—the administrative burden placed on physicians when they assume a role in the RTW process. The growth in disability claims, coupled with increasing evidence supporting the economic and therapeutic benefits of RTW practices, has significantly increased the amount of information requested from physicians by employers and insurers (Ontario Medical Association 2009).

A. Lack of emphasis on relevant training

For physicians outside the occupational medicine or physical medicine and rehabilitation specialties, the lack of emphasis on RTW practices in general medical education and training can lead to ignorance about RTW. Most medical school curricula do not address the benefits of RTW practices for employees with a disability or work-related injury (Heidcamp and Christian 2013). Receiving training in RTW-specific issues can be particularly challenging for physicians employed by large health care organizations, since these organizations can require staff to focus their continuing education on specific issues they deem relevant. If RTW is not among them, these physicians might have few opportunities to learn about RTW practices.

B. RTW not part of physicians' "job description"

According to one interviewee, "a profession defines its own boundaries," and physician unions and other professional organizations do not always consider RTW practices part of a physician's job. Hence they may place little emphasis on practices that might foster patients' successful return to work. If physicians do not see RTW practices as part of their job description, it is more difficult to include physicians in the RTW process; specifically, it is more difficult to ensure that they complete functional limitation forms on time and discuss potential transitional work opportunities with patients.

C. Privacy concerns

According to one individual interviewed, privacy concerns can pose challenges to RTW communication. Physicians may be hesitant to speak with third parties about a patient's injury or illness because they believe such communications are not permissible under the Health Insurance Portability and Accountability Act (HIPAA), which protects the privacy of individually identifiable health information. Physicians who are not familiar with occupational medicine or the RTW process may shy away from speaking with employment coordinators and other individuals who represent the employee in RTW matters. The interviewee suggested that physicians' imperfect understanding of the RTW process and of HIPAA requirements can limit the amount of RTW-related information physicians are willing to share with employers and insurers. One particularly confusing issue for physicians is that while HIPAA prevents physicians from releasing patient information without written permission from the patient, workers' compensation claims typically fall outside of HIPAA, meaning that physicians are allowed to provide employers with information when a workers' compensation claim has been

created. As a result of this confusion, physicians who are allowed to communicate with employers often fail to do so.

D. Employee attitudes and behaviors

Even when the physician understands and implements RTW practices, the injured employee can be a barrier to the process. Employees may take on the role of a sick or dependent person during treatment—that is, they may adopt the symptoms of a physical or mental disorder in order to be cared for, sympathized with, and protected from the demands and stresses of life (Cockerham 2014). Some employees may become defiant and not proactively work with a physician to recover as quickly as possible (ACOEM 2006; *Sociology in Focus* 2012). Employees' connection with their workplace can also affect the RTW process: their stress level, relationship with their employer, and issues regarding job satisfaction might make it hard for a physician to facilitate their return to work (ACOEM 2006). In the most extreme cases, employees who have had negative work experiences may be reluctant to return to work and may use disability benefits and prolonged work absence to remove themselves from the workplace.

E. Variation in RTW programs

A recent study found that employers with RTW programs return employees with an occupational injury or illness to work 1.4 times faster than employers without such programs (McClaren et al. 2010). However, the specific nature and quality of RTW programs can differ markedly. A 2012 survey of organizations varying by size and industry found that large employers (10,000 or more employees) with RTW programs typically had formal programs, while small and medium-size organizations with RTW programs typically had informal programs (Burton Blatt Institute 2012). Informal programs can make facilitating return to work particularly challenging; they have few or no written policies and processes, and they typically offer fewer modified work positions and other practices used to assist in return to work. Formal programs on the other hand have specific written and disseminated organizational policies and practices, and they offer more-clearly defined guidance to physicians on what is needed from the medical evaluation. The lack of a standardized decision-making framework across even formal programs is a significant obstacle to involving physicians in the RTW process, as it creates inefficiencies for physicians as evaluators of employee health (Franche and Krause 2002). Without standardization, physicians must spend more time reviewing and seeking to understand forms that could be easily be standardized (since they are typically looking for similar information), which leaves less time for treating patients.

IV. RECOMMENDATIONS

In this section, we outline recommendations for more effectively incorporating physicians into the RTW process. The recommendations, which include ideas presented in the existing research or suggested by the individuals we interviewed, as well as ideas developed by our team,² are offered as a way to overcome some of the challenges described in the previous chapter. We also offer recommendations for ODEP designed to encourage more effective participation by physicians in the RTW process.

A. Options for overcoming existing challenges

1. Incentivize physicians to adopt RTW practices

One potential method for increasing RTW-related education and implementation of RTW best practices is through incentives. Because disability prevention and RTW practices are typically not reimbursed, physicians may give them a low priority (ACOEM 2006). Instituting policies that financially incentivize RTW best practices could lead physicians to make them a higher priority. Several incentive programs have shown promise, including these two:

- A Massachusetts workers' compensation insurer trained a network of occupational medicine providers and contracted with them to treat and manage employees who experienced injury or illness. The providers were paid the full fee-schedule rates for care plus an extra amount for RTW-related case management. The physicians were further incentivized by bonuses for cases that yielded positive results, such as lower disability rates, employer and employee satisfaction, and lowered medical costs. Overall, workers' compensation injuries that became lost-time injuries decreased between six and eight percent for physicians participating in this program (ACOEM 2006).
- In the state of Washington, the Centers of Occupational Health & Education (COHE) program provides financial incentives for physicians to implement COHE's four recommended best practices for returning employees to work. Wickizer et al. (2011) found that the COHE program had fewer disability days and lower disability costs per employee than a non-COHE comparison group. Employees treated by physicians who more frequently used the recommended best practices experienced quicker return to work than employees treated by physicians who used best practices less frequently. The four best practices in COHE are as follows:
 1. **Completing a report-of-accident form and sending it to the state's Department of Labor and Industries within two business days.** Physicians receive about \$20 extra per case if they meet this goal. Before this program, it usually took between 7 and 21 days for a form to be submitted for an employee with an injury. Currently, roughly 87 percent of forms are returned within the two-day period.
 2. **Submitting an activity prescription form that outlines the employee's physical limitation.** Physicians receive an additional \$50 for completing the form.

² In some instances, it is difficult to attribute a recommendation to a specific source because it is already widely accepted as a good practice by the RTW community.

3. **Making a phone call to the employer to discuss the case and potential RTW options.** Physicians are compensated on a sliding scale based on the length of the phone call with employers.
4. **Identifying and documenting nonmedical barriers to RTW.** Examples include alcoholism, exaggerated illness, and employer-employee relationship. The goal is to identify any nonmedical reasons for a worker's failure to return to work. The physician receives an additional \$150 for this task.

2. Increase education opportunities for physicians

Incorporating RTW-focused training into physicians' continuing education and other programs can address physicians' ignorance about the positive medical and psychological effects of RTW practices. Greater knowledge might lead physicians to implement RTW practices and to promote successful RTW outcomes in the future. The training offered under continuing education should focus on occupational medicine and the RTW practices utilized by occupational medicine specialists with employees who experience injury or illness. Physicians can also leverage the expertise of occupational physicians if they do not have the time or knowledge to work with employees ready to return to work. Training in how to identify employees who are ready to return to work and in what type of physician they should be referred to could be helpful in many cases.

According to interviewees, training programs instituted at the organizational level are likely to be more effective than those targeting individual physicians. In order to get buy-in from the organization, it is important to identify someone in that organization who is knowledgeable and passionate about RTW-related issues. Below, we summarize the views of three of the individual interviewees on RTW education and training for physicians:

- **Interviewee 1** said that organizations have the ability to mandate and suggest training to physicians. Getting buy-in at the organizational level is difficult, and the first step is identifying someone who believes that involvement in RTW practices is an important aspect of a physician's job. Florida and California, for example, have workers' compensation health care provider networks that strongly encourage their physicians to take courses on disability prevention.
- **Interviewee 2** said that the most effective way to offer training is through a physician's hospital system, which provides guidance on what training physicians within the organization need. RTW was not a pressing topic within this individual's hospital system until Human Resources hired someone who had a personal connection to it. Since then, training opportunities have increased, and the hospital system has become more focused on RTW issues.
- **Interviewee 3** suggested that medical providers be recruited to participate in the program. In this individual's experience, marketing a program to a physician organization, such as a hospital system, is more effective than speaking with physicians individually. Once an organization's administration buys in, physicians and their assistants can be trained in RTW practices.

In general, more education on RTW-related issues should be offered to physicians. Training programs exist throughout the country, but they are not effectively incorporated into medical curricula and continuing education programs. Increasing the number of training opportunities, either at the individual-physician level or the organizational level, will make physicians more knowledgeable and more active in RTW cases.

3. Encourage use of more accessible language in communications between physicians and nonmedical personnel

Physicians should be keenly aware of the language they use when speaking with others, especially nonmedical administrators such as RTW coordinators. Physicians would be well advised to use the same language as nonmedical personnel and to avoid shorthand or medical jargon (Canadian Medical Association 2013). Training in preferred terminology and/or standardization of common terms could alleviate this issue (Fenner 2013). A hypothetical communication about transitional work opportunities for an employee with an injury illustrates the need for a shared language. If the physician's clinical assessment and functional capacity report is overly technical or relies on jargon in its description of limited capacity, then nonmedical personnel seeking modified work positions for the employee may not be able to effectively interpret the findings. This may lead to an employee working in unsafe conditions or being asked to complete tasks that are impossible because of his or her physical limitations. The problem can also occur the other way: if the (nonmedical) RTW counselor does not adequately describe the activities of a modified work position, the doctor may unnecessarily deny the employee a release for work or, in a worse case, approve a transitional work opportunity that could re-injure the employee.

B. Potential ODEP activities

We recommend that ODEP consider the following activities in its efforts to aid the RTW community in strengthening the role of physicians in the RTW process.

1. Add a section for providers and physicians to ODEP's RTW Toolkit

ODEP's RTW Toolkit for Employees and Employers, available on its website (<http://www.dol.gov/odep/return-to-work/>), provides a plethora of resources for these groups, including information on laws and discrimination, approaches to working with an aging workforce, and more. But the toolkit does not currently address the physician's role in the RTW process. Creating a section for physicians would provide a one-stop resource for physicians seeking information on RTW practices—and hence could help to promote more successful RTW outcomes. The toolkit might include information on the importance of RTW, list training opportunities, and offer general background on disability and the aging workforce. The toolkit could also add information for employers on how they can most effectively work with physicians in the RTW process.

2. Create a report identifying best RTW practices being implemented by and for physicians

ODEP should conduct a comprehensive study of the best practices used by or supporting physicians in their effort to return sick or injured employees to work, including those of state-sponsored programs in Oregon, Washington, and New Hampshire that have implemented

effective RTW policies. Examples of best practices identified in our research for this report include the following:

- **Employ athletic trainers as part of the occupational therapy team.** These individuals have experience helping athletes return quickly and safely to their sport and can apply their skills to injured employees.
 - **Incentivize physicians to implement best practices.** Washington State’s successful RTW program, which encourages physicians to follow best practices by offering them financial incentives, could be studied and serve as a model for other programs.
 - **Promote relationships between local physicians and employers.** In one Australian RTW initiative, employers pay the actual charge for health care instead of the allowable charge (the rate for service negotiated by the insurance company). In turn, physicians agree to learn about the employer’s programs and to communicate more regularly with individuals within the program (ACOEM 2006).
- 3. Leverage relationships with policymakers to incorporate RTW training into medical coursework and continuing education for physicians**

In a 2012 roundtable, ACOEM recommended that ODEP partner with it and the Institute of Medicine (IOM) to “develop a national strategy and campaign that will educate the medical community, health care policymakers, and health care educators on the role of medical professionals in helping older workers and workers with disabilities to stay at work or return to work” (Heidcamp and Christian 2013). While the focus of the roundtable was on aging workers and workers with disabilities, the same strategies apply more generally to all workers experiencing the onset of illness, injury, or disability. ODEP can leverage its position with federal and state policymakers to encourage more training on RTW for physicians and the organizations that employ them. It can also utilize resources from IOM, ACOEM, and others. For instance, ACOEM provides courses for physicians on occupational medicine and on the role of the physician in the RTW process. ODEP can also provide assistance and training on assistive technology and job accommodations through the Job Accommodation Network (Heidcamp and Christian 2013).

4. Create guidelines for physicians on the privacy rights of employees in the RTW process

A better understanding of HIPAA and workers’ compensation rules and regulations could lead to more effective communication between employers, employees, and physicians. Physicians should have more resources available to them that clarify HIPAA regulations with respect to RTW, that specify the types of information they can provide to employment coordinators, and that explain why the employer and other third parties require this information. ODEP can aid this process by partnering with other agencies and organizations, such as the Department of Health and Human Services, IOM, and ACOEM, to create guidelines on acceptable communication about patients with third parties.

5. Focus RTW community of practice efforts on physician issues

Through fiscal year 2014, ODEP has worked with Mathematica and EconSys to create and manage a RTW community of practice (CoP), which includes a work group of RTW experts from the private sector, including research and nonprofit organizations. The work group guides

the information provided to and discussions held by a larger group of experts that has been invited to participate. If ODEP continues its oversight of the RTWCoP, it could give the role of the physician more prominence throughout the CoP's website. Physician-focused presentations and webinars could be conducted to allow ODEP to gather information from outside sources on how to help physicians overcome challenges to successful RTW outcomes. Invitations and inclusion of more thought leaders on the role of the physician could help to facilitate more discussions on the topic.

IV. CONCLUSION

Although they play an integral role in the recovery of workers who incur an injury or illness, physicians do not always incorporate effective RTW practices in their care. The lack of focus on RTW in medical practice makes it more difficult for employees and employers to make safe and effective RTW decisions. Once physicians overcome the challenges to incorporating RTW into their practice, they can help more workers successfully return to work.

REFERENCES

- American College of Occupational and Environmental Medicine (ACOEM). “The Personal Physician’s Role in Helping Patients with Medical Conditions Stay at Work or Return to Work.” December 11, 2008. Available at http://www.acoem.org/PhysiciansRole_ReturntoWork.aspx. Accessed August 14, 2014.
- American College of Occupational and Environmental Medicine (ACOEM). “Preventing Needless Work Disability by Helping People Stay Employed.” June 27, 2006. Available at <http://www.acoem.org/PreventingNeedlessWorkDisability.aspx>. Accessed August 14, 2014.
- Australasian Faculty of Occupational and Environmental Medicine. “Helping People Return to Work: Using Evidence for Better Outcomes.” The Royal Australasian College of Physicians, 2010.
- Burton Blatt Institute. “Corporate Return to Work Policies and Practices: A National Study.” Syracuse University. June 1, 2012. Available at http://bbi.syr.edu/projects/Return_To_Work/docs/RTW_study_final_report.pdf. Accessed August 14, 2014.
- Canadian Medical Association. “The Treating Physician’s Role in Helping Patients Return to Work After an Injury or Illness.” 2013. Available at <https://www.cma.ca/Assets/assets-library/document/en/practice-management-and-wellness/PD13-05-e.pdf>. Accessed August 14, 2014.
- Cockerham, William C. “Sick Role.” In *The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society*, edited by William C. Cockerham, Robert Dingwall, and Stella Quah. Oxford, UK: Blackwell Publishing Ltd, 2014.
- Fenner, Peter. “Returning to Work After an Injury.” *Australian Family Physician*, vol. 42, no. 4, April 2013, pp. 182–85.
- Franche, R. L., and N. Krause. “Readiness for Return to Work Following Injury or Illness: Conceptualizing the Interpersonal Impact of Health Care, Workplace, and Insurance Factors.” *Journal of Occupational Medicine*, vol. 12, no. 4, December 2002, pp. 233–56.
- Harber, Philip. “The Family Physician’s Role in Assessing Impairment and Disability.” *American Family Physician*, vol. 77, no. 12, 2008, pp. 1655–56.
- Heidcamp, Maria, and Jennifer Christian. “The Aging Workforce: The Role of Medical Professionals in Helping Older Workers and Workers with Disabilities to Stay at Work or Return to Work and Remain Employed.” NTAR Leadership Center. March 2013. Available at <http://www.dol.gov/odep/pdf/NTAR-AgingMedicalProfessionals.pdf>. Accessed August 15, 2014.
- Institute for Work and Health. “Seven Principles for Successful Return to Work.” 2007. Available at <http://www.iwh.on.ca/seven-principles-for-rtw>. Accessed August 14, 2014.
-

Kosny, A., R.L. Franche, J. Pole, N. Krause, P. Côté P, and C. Mustard. “Early Healthcare Provider Communication with Patients and Their Workplace Following a Lost-Time Claim for an Occupational Musculoskeletal Injury.” *Journal of Occupational Medicine*, vol. 16, no. 1, March 16, 2006, pp. 27–39.

McClaren, Christopher, Robert Reville, and Seth Seabury. “How Effective Are Employer Return to Work Programs?” RAND Center for Health and Safety in the Workplace. March 2010. Available at http://www.rand.org/content/dam/rand/pubs/working_papers/2010/RAND_WR745.pdf. Accessed August 14, 2014.

Ontario Medical Association. “The Role of the Primary Care Physician in Timely Return to Work.” *Ontario Medical Review*, March 2009, pp. 23–38.

Orslene, Louis E. “Accommodation and Compliance Series: Return-to-Work Programs.” Job Accommodation Network, Office of Disability Employment Policy, U.S. Department of Labor. March 2013. Available at <http://askjan.org/media/rtwprograms.html>. Accessed August 14, 2014.

Sociology in Focus. “The Sick Role Conflict.” December 17, 2012. Available at <http://www.sociologyinfocus.com/2012/12/17/the-sick-role-conflict/>. Accessed August 14, 2014.

Taiwo, Oyebode, and Linda Cantley. “Impairment and Disability Evaluation: The Role of the Family Physician.” *American Family Physician*, vol. 77, no. 12, 2008, pp. 1689–94.

Wickizer, Thomas M., Gary Franklin, Deborah Fulton-Kehoe, Jeremy Gluck, Robert Mootz, Terri Smith-Weller, and Roy Plaeger-Brockway. “Improving Quality, Preventing Disability and Reducing Costs in Workers’ Compensation Healthcare: A Population-Based Intervention Study.” *Medical Care*, vol. 49, no. 12, 2011, pp. 1105–11.

www.mathematica-mpr.com

Improving public well-being by conducting high quality,
objective research and data collection

PRINCETON, NJ ■ ANN ARBOR, MI ■ CAMBRIDGE, MA ■ CHICAGO, IL ■ OAKLAND, CA ■ WASHINGTON, DC

MATHEMATICA
Policy Research

Mathematica® is a registered trademark
of Mathematica Policy Research, Inc.