



# Best Practices in Work Disability Prevention:

What would stakeholders in British Columbia, Canada, support and act on?

An Evaluation of the BC Summit to Prevent Needless Work Disability - Noushin Khushrushahi, Marc White, Celina Dunn, Perry Strauss, Dr. Jaime Guzman



Work disability is a complex, multifactorial phenomenon that calls for early intervention, sustained post-injury employment, and effective stakeholder communication in order to improve the overall health and employment outcomes of injured or ill workers.

Research in the field of work disability prevention and management is lacking when it comes to stakeholder concerns and perceptions of the factors influencing the problem.

Further information on stakeholder-identified work disability management priorities is necessary for the identification of feasible and concrete action plans aimed at addressing the full spectrum of work disability.

## Project Scope

To determine stakeholder perspectives about work disability prevention and management in British Columbia (BC), Canada, through the lens of the 2006 American College of Occupational and Environmental Medicine (ACOEM) guidance statement, "Preventing Needless Work Disability by Helping People Stay Employed." (see Box 1)

## Methods

116 purposefully-selected stakeholders with roles in disability policy and practice at the local and provincial level, participated in the BC Summit to Prevent Needless Work Disability (BC Summit), held on November 25, 2008, to discuss the 16 recommendations in the ACOEM guidance statement.

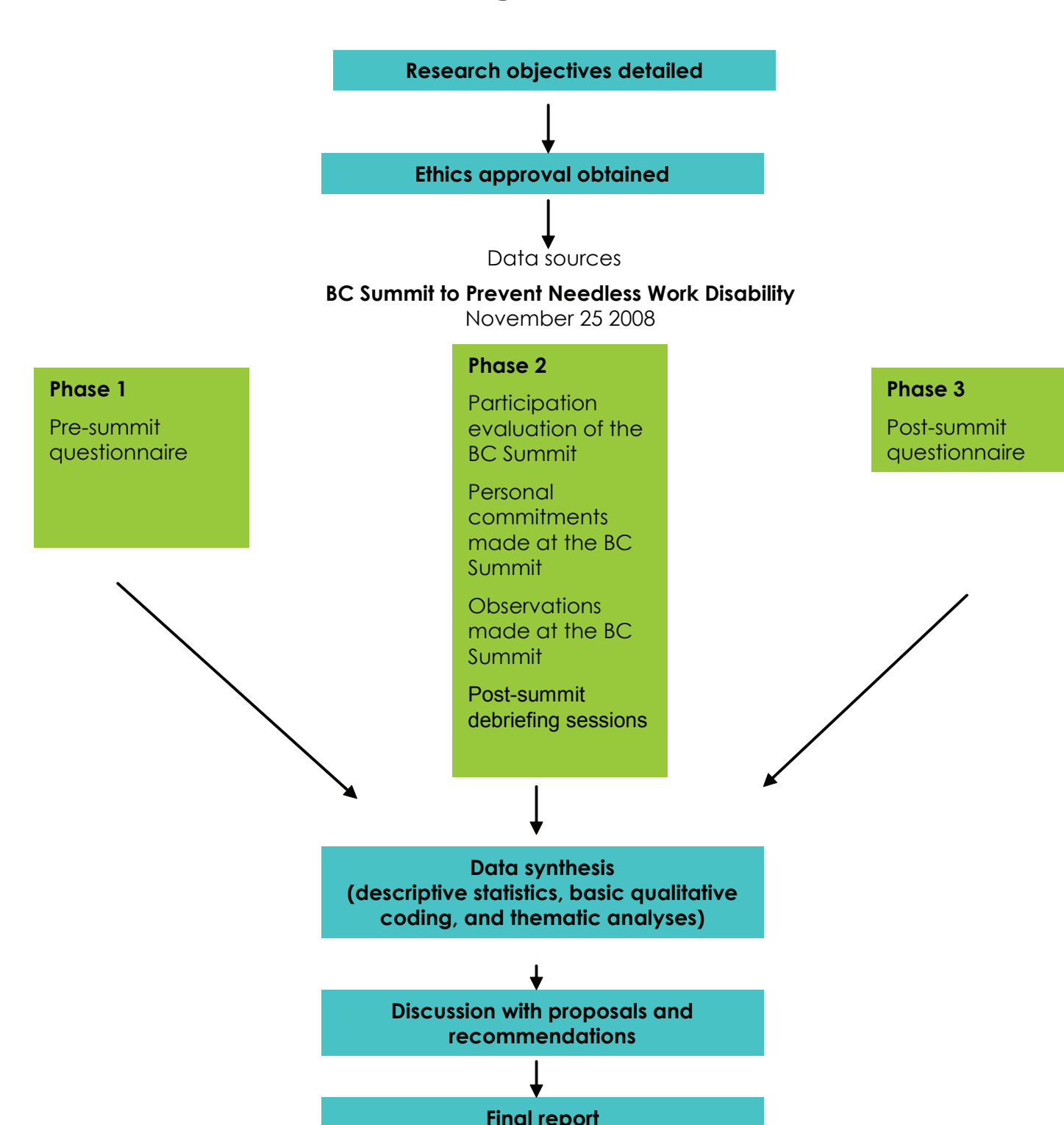
A multi-method, three-phase approach was adopted (see Figure 1):

**Phase 1:** 81 stakeholders took an online survey assessing pre-summit knowledge and opinion on the relevance of the recommendations

**Phase 2:** Participant observation, field notes and written stakeholder personal commitments were collected at the BC Summit and analyzed

**Phase 3:** 43 stakeholders took a post-Summit online survey in March 2009. Each response was linked to previous pre-Summit responses given by each participant, in order to re-assess the relevance and priority of the ACOEM recommendations in BC. Notes from post-Summit debriefing sessions were also analyzed. Per fall and compensation costs (wage loss and healthcare only) were obtained from WorkSafeBC.

Figure 1: The research process a methodological overview



### BOX 1: Abbreviated list of the 16 recommendations in the ACOEM statement

#### Adopt a disability prevention model

1. Increase awareness of how rarely disability is medically required
2. Urgency required because prolonged time away from work is harmful

#### Address behavioral and circumstantial realities that create and prolong work disability

3. Acknowledge and deal with normal human reactions
4. Investigate and address social and workplace realities
5. Find a way to effectively address psychiatric conditions
6. Reduce distortion of the medical treatment process by hidden financial agendas

#### Acknowledge the contribution of motivation on outcomes and make changes to improve incentive alignment

7. Pay physicians for disability prevention work to increase their professional commitment
8. Support appropriate patient advocacy by getting treating physicians out of a loyalties bind
9. Increase "real-time" availability of on-the-job recovery, transitional work programs, and permanent job modifications
10. Be rigorous, yet fair, in order to reduce minor abuses and cynicism
11. Devise better strategies to deal with bad-faith behavior.

#### Invest in system and infrastructure improvements

12. Educate physicians on "why" and "how" to play a role in preventing disability
13. Disseminate medical evidence regarding recovery benefits of staying at work and being active
14. Simplify/standardize information exchange methods between employers/payers and medical offices
15. Improve/standardize methods and tools that provide data for SAW-RTW decision-making
16. Increase the study of and knowledge about SAW/RTW

## Results

### Phase 1:

All 16 recommendations deemed relevant

Highest priority stakeholder engagement for the following ACOEM recommendations:

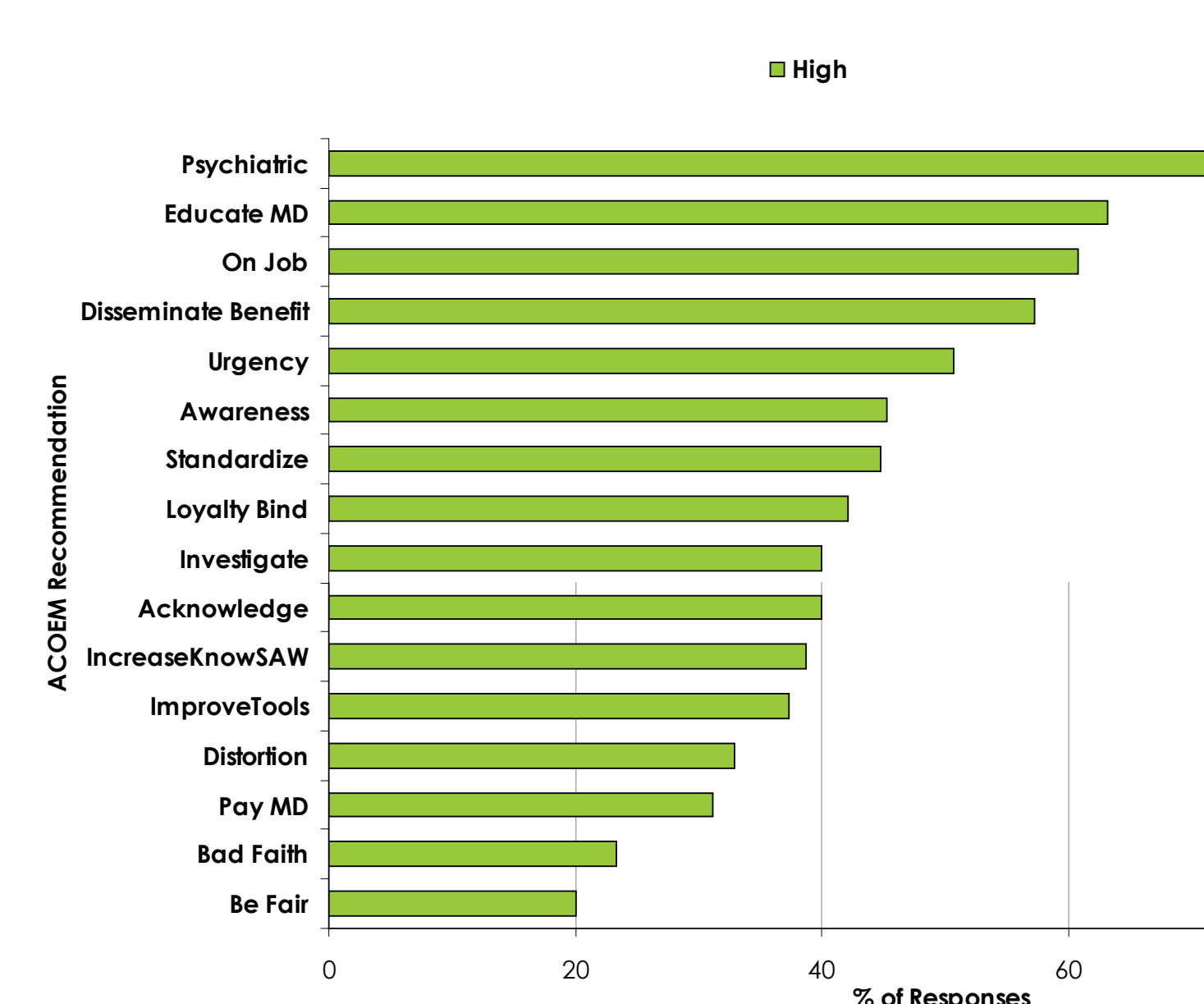
- Find a way to effectively address psychiatric conditions
- Increase "real-time" availability of on-the-job recovery, transitional work programs, and permanent job modifications (see Figure 2).

### Phase 2:

Based on the responses to the Summit evaluation form provided at the BC Summit:

- 92.4% of respondents answered positively when asked to rate if the information presented at the BC Summit was very interesting
- 66.2% of the respondents indicated that the BC Summit was good or very good at impacting their prior beliefs, knowledge, and attitudes; 28.6% of respondents felt that the BC Summit was satisfactory in this regard, and only

Figure 2: Pre-Summit relative priority of the ACOEM recommendations



- 5.2% of the respondents felt that the BC Summit was poor or very poor at impacting their prior beliefs, knowledge, and attitudes
- 74.4% of the respondents answered positively when asked if the BC Summit made them think differently about some important issues.

Major themes identified from participant written commitments and observations made during the BC Summit include:

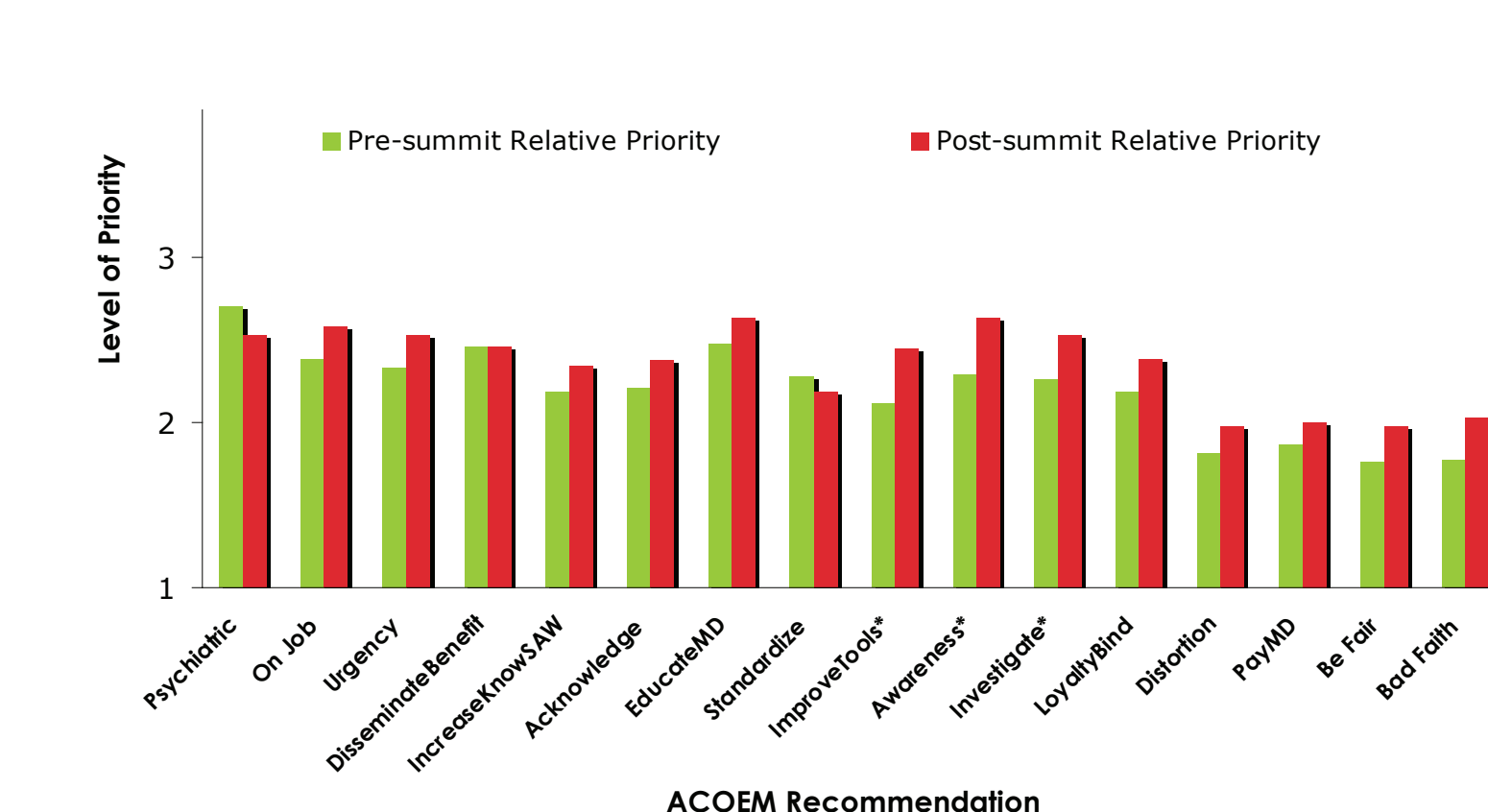
- Raising the profile of work disability as a serious concern for workforces and society
- Raising the profile of work disability prevention
- Improving internal communication around the issue
- Fostering collaboration and reducing duplication of efforts
- Educating stakeholders and professionals, including physicians
- Improving communication among and across stakeholders

### Phase 3:

A noticeable increase was seen in the highest priority stakeholder engagement for the following ACOEM recommendations:

- Investigate and address social and workplace realities
- Increase awareness of how rarely disability is medically required
- Urgency required because prolonged time away from work is harmful
- Improve/standardize methods and tools that provide data for SAW-RTW decision-making (see Figure 3).

Figure 3: Pre and post summit relative priority of the ACOEM recommendations



## Implications

The BC Summit successfully increased stakeholder awareness of the ACOEM recommendations, especially with regards to investigating and addressing social and workplace realities facing injured workers, improving and standardizing tools for making better informed intervention decisions, and increasing the profile of work disability as high priorities in BC.

## Acknowledgments

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