



Effective RTW

The Role of Psychosocial Factors

“What Stakeholders are Saying”

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Intervention Mapping Team

Learning Objectives

- 1) Outline why is RTW is important
- 2) Describe the Intervention Mapping Project
- 3) Summarize what we learned from stakeholders about psychosocial factors in RTW
- 4) Outline a framework for successful RTW coordination

Current trends in Ontario

A paradox:

- A declining incidence of lost-time compensation claims
- A rising duration of disability episodes

Claim Persistency

- 60% of injured workers not back to work within one year remain on benefits until age 65
- Increased burden of suffering of injured workers

WSIB annual report 2005

Financial Costs

Persistent claims drive system costs

- average cost of a lost time claim has increased from \$11,006 in 1998 to \$17,846 in 2005

Future benefit liabilities have grown significantly

- Benefits liability grew by \$840 million in 2005.

Large increases in health care costs

- WSIB health care costs have increased 10.4% per year over the last 7 years. Health care costs now account for 25% of the total cost of a new lost time claim.

WSIB annual report 2005

WSIB 2008-2012 Strategic Plan

“The WSIB will develop programs, tools and partnerships that encourage and support workplaces and communities to realize early, safe, and sustainable RTW that improves the quality of life for workers and workplaces.”

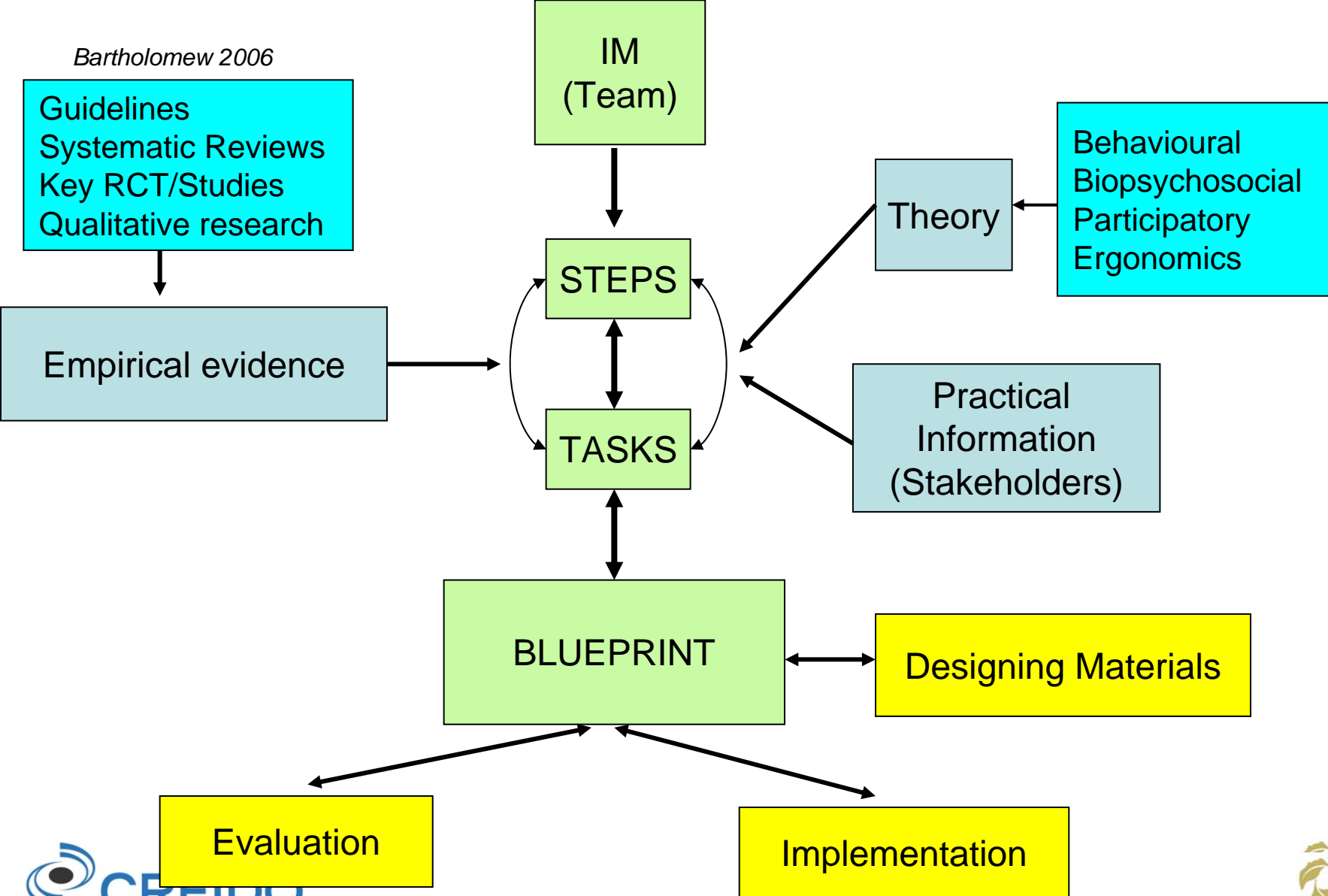
Intervention Mapping Project

Intervention Mapping

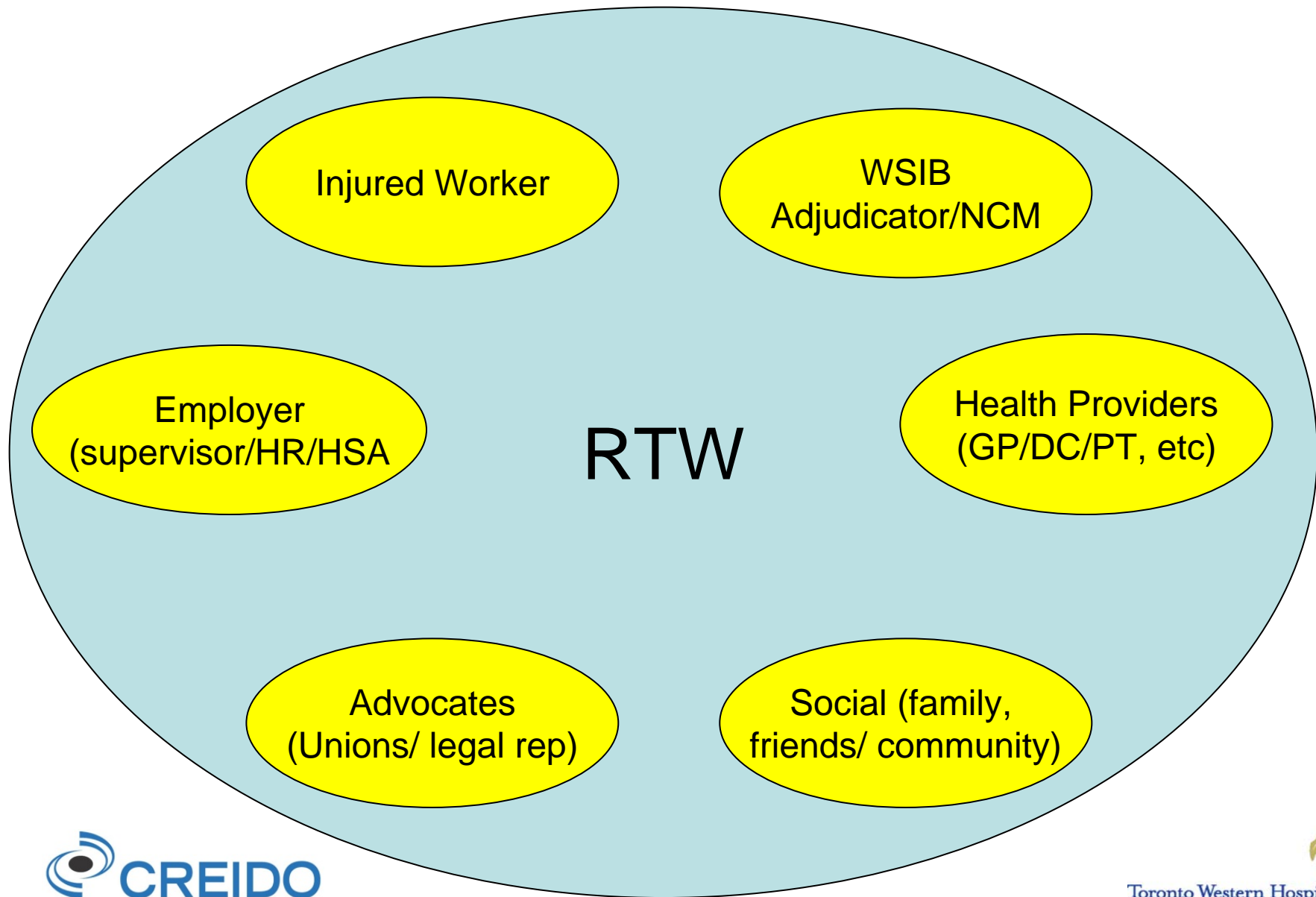
- “Systematic method for developing and designing an intervention or program”
- Commonly used to develop community health promotion interventions/ programs
- Used as a framework/guide or road map for planning and executing complex programs/interventions

Intervention Mapping Framework

Bartholomew 2006



Important Stakeholders in RTW



Stakeholder Feedback

Small employers

Large Scheduled II
employers

Unions and Injured
worker groups

Injured workers

WSIB case

managers and
administrators

Physicians

Chiropractors and
physiotherapists

Return-to-work
Coordinators

Stakeholder Feedback

Workplace return to work (RTW) program **What we learned from stakeholders**

- 1) Workplace relationships before the injury dictates the relationship after the injury
- 2) Communication among stakeholders is important-
injured worker/employer/union/health care
practitioner (HCP)/Workplace Safety and
Insurance Board (WSIB)

Stakeholder Feedback

Workplace return to work (RTW)program

What we learned from stakeholders

- 3) Multi-faceted interventions are needed with a focus at the workplace
- 4) Injured worker must be involved in the RTW decision making process

Stakeholder Feedback

Workplace return to work (RTW) program

What we learned from stakeholders

- 5) Need someone to indentify RTW barriers and mediate and coordinate a RTW plan
- 6) Ongoing follow-up after RTW is important

Evidence Synthesis of Literature

- Work accommodation offer
- Health care practitioner-workplace contact
- Early contact with worker by the workplace
- RTW coordination
- Labour-management cooperation
- Educational interventions for managers and supervisors
- People-oriented and safety-focused culture
- Shared decision making among stakeholders

Determinants in RTW

Most of the determinants are psychosocial in nature and not clinical

A focus on clinical interventions (medicalization) may actually impede RTW

Effective RTW

Biomedical Model

Traditional Approach

Based on identifying source of pain (physical pathology) followed by clinical interventions

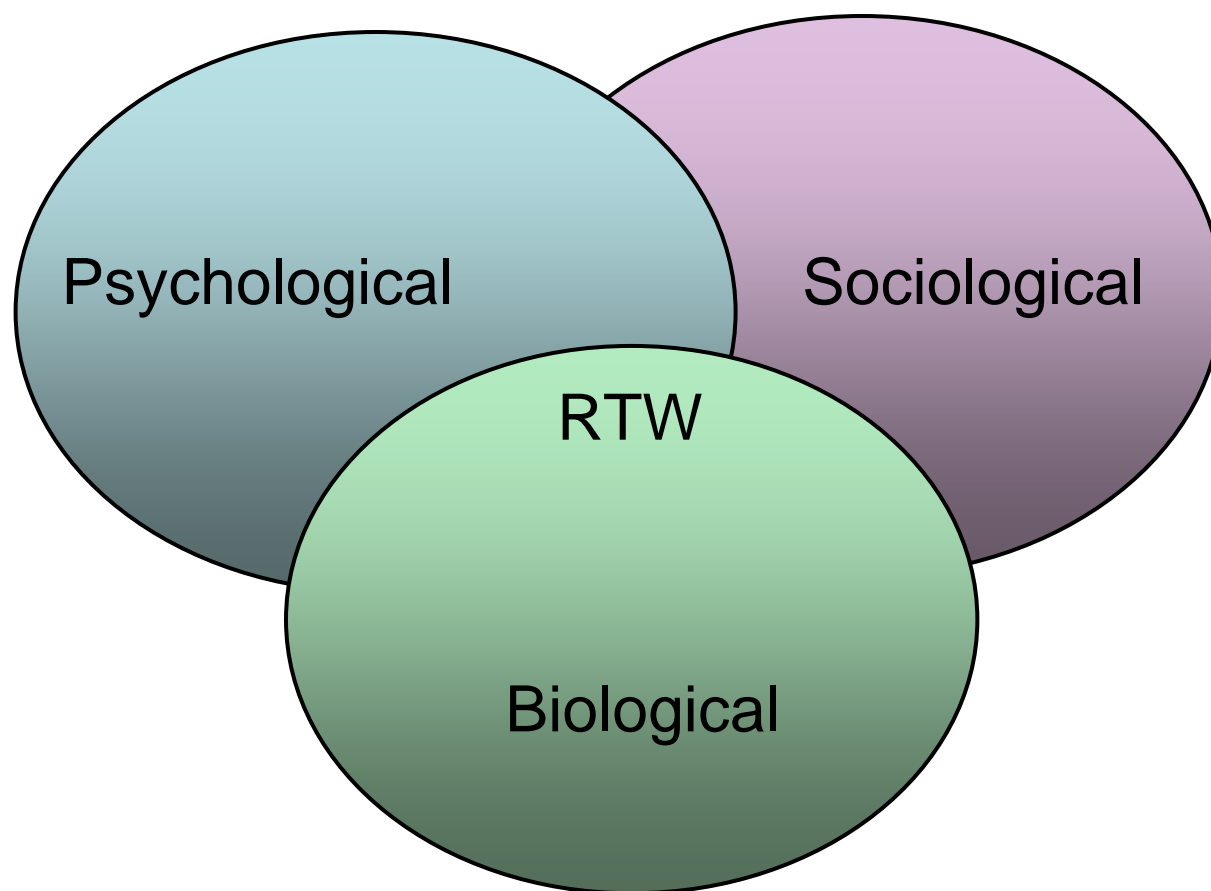
Directed at pathology (pain medication, physiotherapy chiropractic)

Biopsychosocial Model

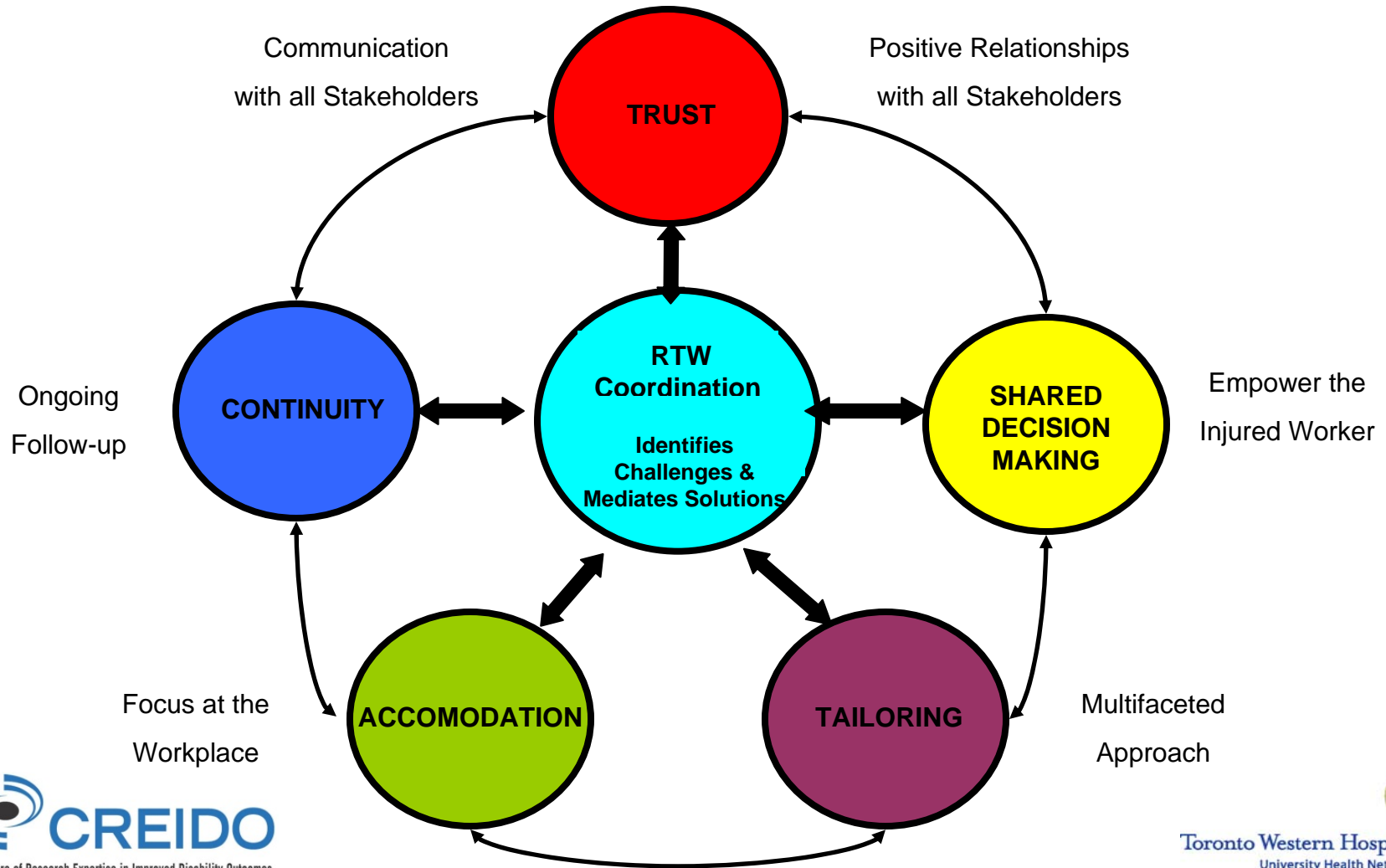
Alternative Approach

Based on identifying and modifying maladaptive behaviours, beliefs and social interactions that can influence pain and disability

Biopsychosocial Model of Disability Prevention



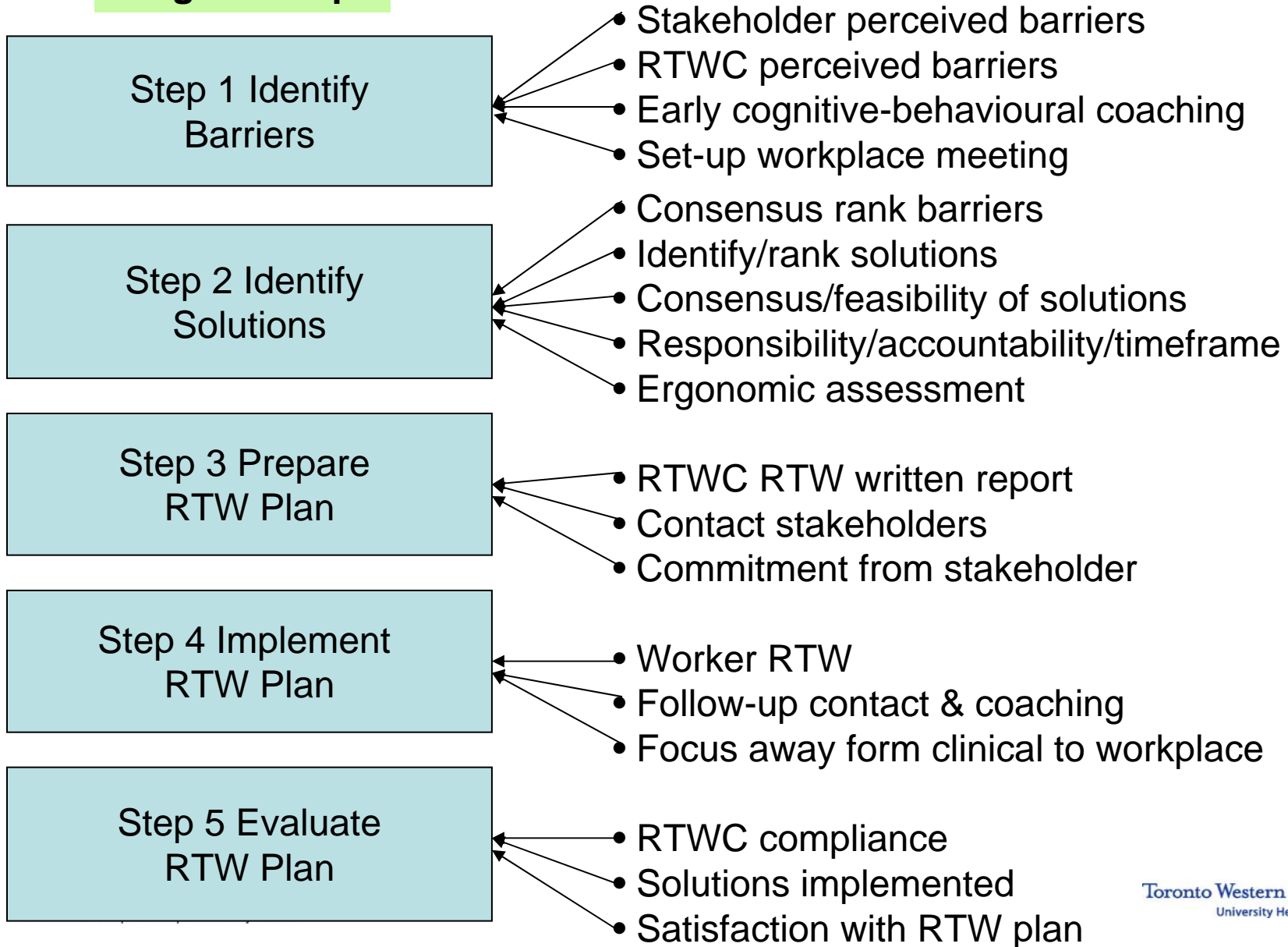
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Draft Workplace RTW Program

Activities

Program Steps



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Thank you.