



A Collaborative Early Intervention Model; Supporting Return to Work for Health Care Workers

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Based on the Graduate Project by Karlene Dawson - Project Leader, FH and Project Chair, Dr.
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Introduction

- PEARS Plus, a collaborative model between community therapists, WorkSafeBC and Fraser Health, was developed in 2006.
- The goal was to help eligible employees maintain or reach the functional levels needed to stay at or return to work in a safe, durable and timely manner

Workplace Injuries

- In 2007, there were over 173,000 injury claims in BC, an increase from previous years
- 50% of these were sprains and strains (WorkSafeBC, 2007)
- 8-12% of payroll could be attributed to disability costs (Beger, 1998)

Disability in Healthcare

- Absenteeism rate for injury and illness for full-time RNs was 83% higher when compared to Canadian workforce (Canadian Labour and Business Center, 2003)
- Hospital workers are at higher risk for back injuries due to patient handling (Obrien-Pallas, 2004)

PEARS Plus

- The model accessed community physiotherapists and focused on connecting all stakeholders
- The employer was the primary driver
- Focus was on recovery in the workplace





Early Intervention, Collaboration and Workplace Connection

- Prognosis for employees returning to work is much greater if there is:
 - A high-level of communication amongst all stakeholders
 - Coordination of rehabilitation efforts
 - Flexibility within the workplace (Stultz, 1995)

The Physiotherapist...

- Should collaborate with employer to establish a workplace based recovery plan
- Need not be the gatekeeper but can provide pertinent information about current functional status (Harder & Scott, 2005)



Purpose of Pilot Study

- This pilot study was designed to provide a **sustainable model** that focused on **workplace collaboration** between the employer, the insurer and the treating therapist to **support an employee's recovery and early, safe, RTW.**



Hypothesis

- It was hypothesized that the PEARS Plus model would demonstrate a reduction in **short-term disability (STD) duration, a reduction in STD claims costs and an increase in RTW durability** when compared against the PEARS model and a non-intervention model.



Measures

- Case control study
- 3 Reference Groups
 - Pears Plus
 - Pears
 - Stream 1 PT
- Compared RTW outcomes for:
 - Duration
 - Cost
 - Durability



Eligibility Criteria

- The employee had to have sustained a WSBC eligible acute MSI
- Employees with MSIs resulting from repetitive motion were excluded from this project.





Service Agreement Expectations

- Initial visits are scheduled within 48 hrs of request
- The participant is not billed directly
- Initial report is sent to WorkSafeBC and FH Workplace Health within 3 days of initial visit outlining recovery plan and functional status
- PTs could bill for communication

Eligibility

- Eligible employees could access Stream 1 Physiotherapy at select PT clinics prior to claim adjudication
- Treatment was limited to 22 visits and an 8 week period
- Emphasis was on stay at work or return to work through transitional and modified work.



Design

- Quasi experimental study
- Pilot study period was from May 1, 2007 to April 30, 2008



Participants

- 289 healthcare workers
- Average age and gender of the injured claimant was similar across reference groups
- Nursing assistants and registered nurses were the highest users across the programs



Participant Demographics

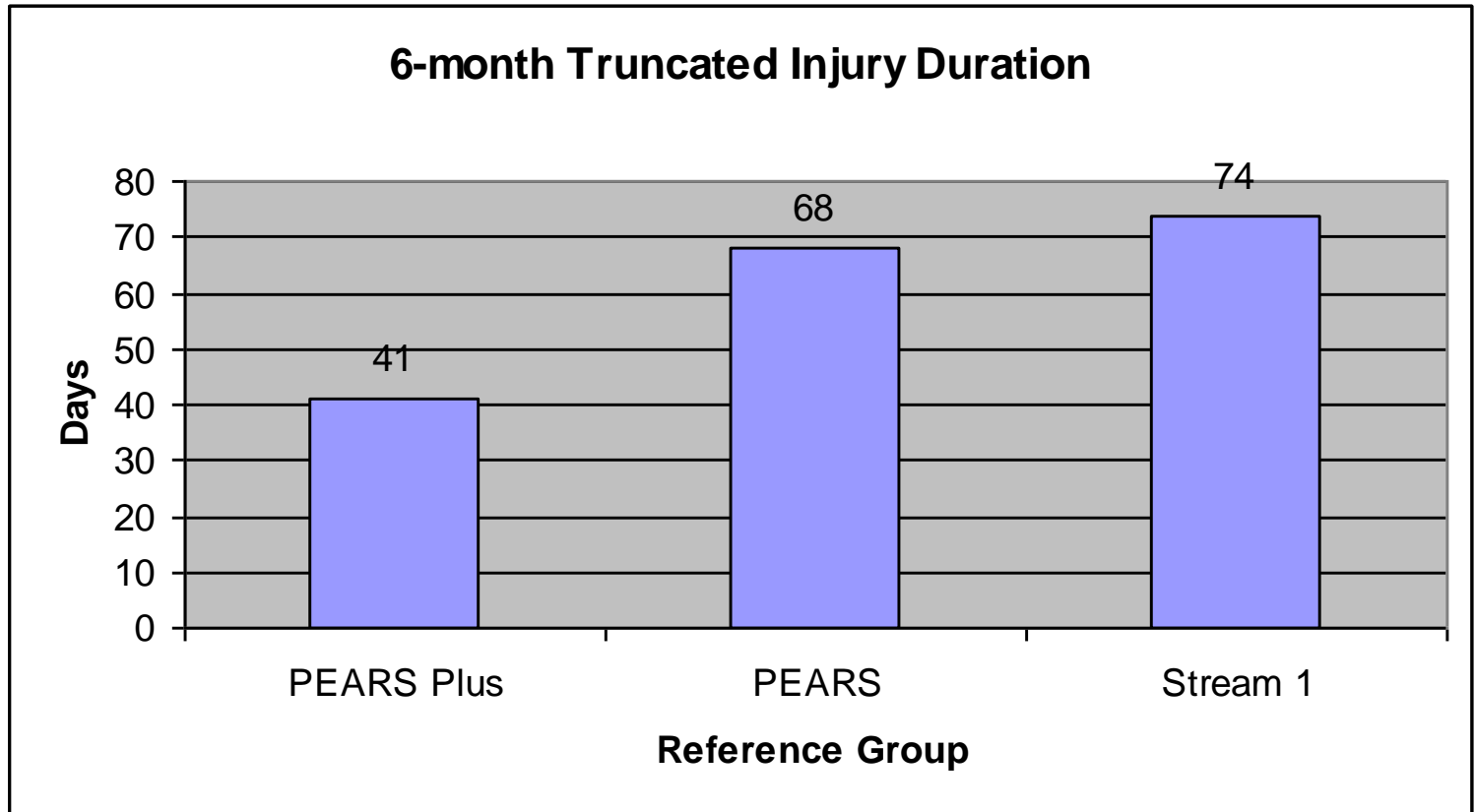
	PEARS Plus	PEARS	Stream1
Participants (Injured Workers)	92	93	104
% HCO claim	16% (15)	28% (26)	4% (4)
% STD claim	84% (77)	72% (67)	96% (100)
Average Age of Injured Worker	45	45	44
# of Injured Workers by Gender	75F/ 6M/ 11Unsp	69F/ 10M/ 14Unsp	88F/ 10M/ 6Unsp
Occupation Classification of Injured Worker Participants	49% Nurse Assistant 14% Registered Nurses 13% Home Support Workers	41% Registered Nurses 20% Nurse Assistant	38% Nurse Assistant 27% Registered Nurses 14% Licensed Practical Nurse

Primary Analysis

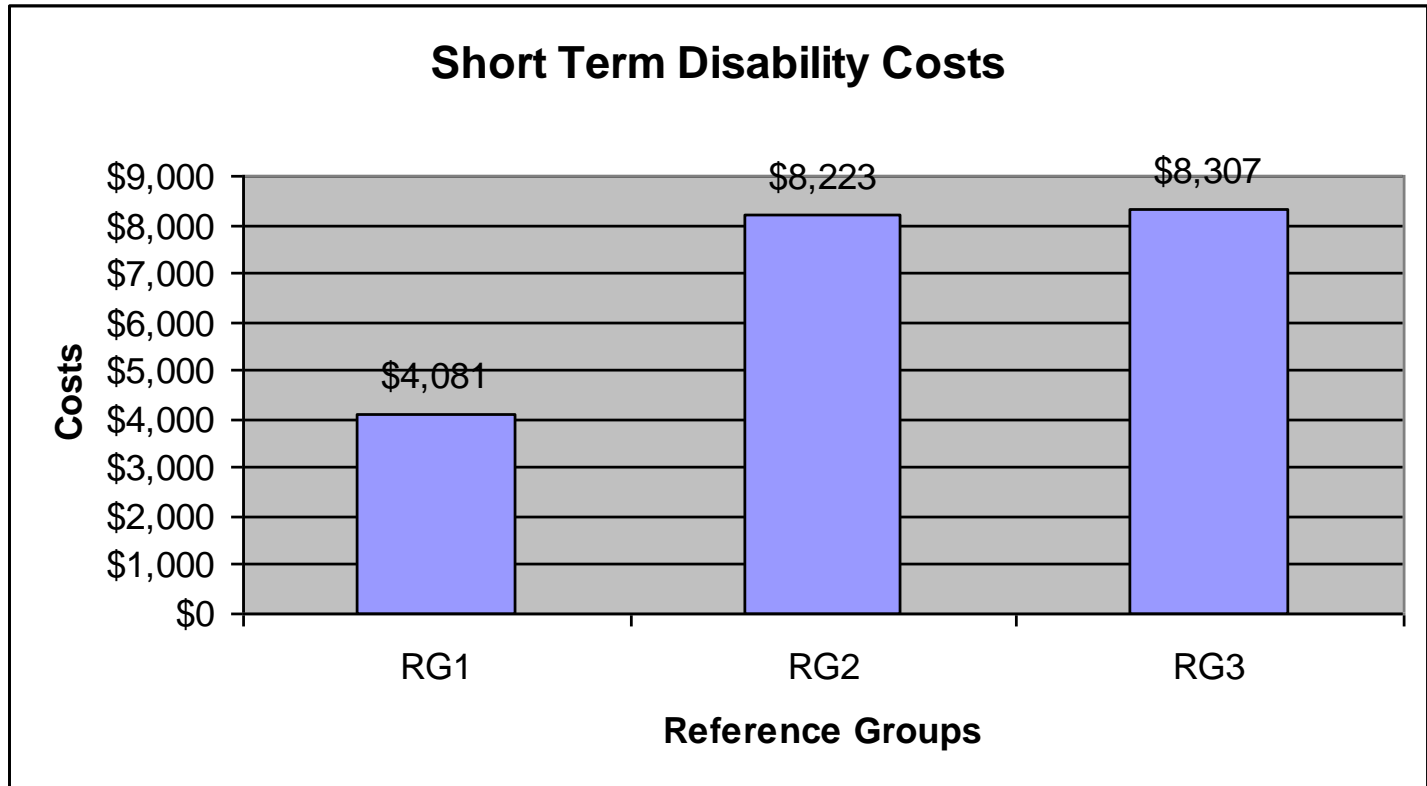
- Statistical analysis was conducted to determine if STD duration, STD claims cost and durability of intervention differed across the three models differed.



Discussion – STD Duration



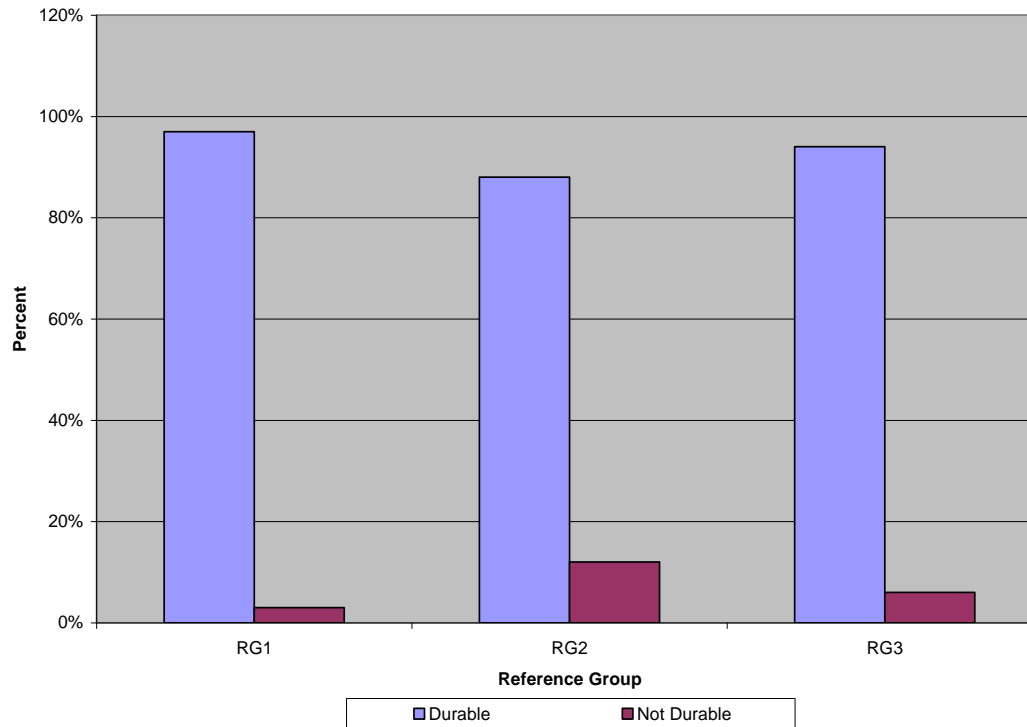
Short Term Disability Costs



Discussion – RTW Durability

- There was insufficient claims within the reference groups to reliably assess durability (i.e. counts less than 5)

Frequency of Outcome Type by Reference Group



Summary

- PEARS Plus model combined elements of early intervention, physiotherapy, workplace connection and collaboration amongst the workplace, insurer and physiotherapy provider.



Results

- This study demonstrated that PEARS plus is an effective and sustainable way of delivering early intervention services and in the end performed statistically better than its predecessor.
- This study demonstrated that this connection can be established with the workplace regardless of location.



Results (cont.)

- The workplace was the driver, allowing greater potential to engage the worker into RTW.
- Financial burden removed for the worker and for the Employer.
- Common understanding between Fraser Health and the insurer.





Limitations to the Study

- PEARS Plus and PEARS were both voluntary programs
- Only participant group was analyzed
- 6-month truncation applied to data
- Each treatment group was managed by a different WorkSafeBC office and corresponding FH DM team

Key Learnings:

- The experience of the PEARS Plus Project has led to the greater understanding of the need for:
 - **Early Intervention**
 - **Collaboration amongst stakeholders**
 - **Importance of Workplace Connection**



New Opportunities...

- FH has applied those concepts in the development of more exciting initiatives:
 - RECOVER (2009 – present)
 - The Workplace Health Call Center (2007)
 - EIP (2008)
 - Enhanced Disability Management Program (2009)
 - EARL (2010)
 - Keeping the Connection (2010 – present)





Questions?



For additional information

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