

ACOEM WORK DISABILITY GUIDELINES 16 RECOMMENDATIONS

- Recommendation 1** **Stop assuming that absence from work is medically required and that only correct medical diagnosis and treatment can reduce disability.** Pay attention to the non-medical causes that underlie discretionary and unnecessary disability. Reduce discretionary disability by increasing the likelihood that employers will provide on-the-job recovery. Reduce unnecessary disability by removing administrative delays and bureaucratic obstacles, strengthening flabby management, and by following other recommendations in this report. Instruct all participants about the nature and extent of preventable disability. Educate employers about their powerful role in determining SAW/RTW results.
- Recommendation 2** **Shift the focus from “managing” disability to “preventing” it and shorten the response time.** Revamp disability benefits systems to reflect the reality that resolving disability episodes is an urgent matter given the short window of opportunity to renormalize life. Emphasize preventing or immediately ending unnecessary time away from work, thus preventing development of the disabled mindset, and disseminate an educational campaign supporting this position. Whenever possible, incorporate mechanisms into the SAW/RTW process that prevent or minimize withdrawal from work. On the individual level, the healthcare team should keep patients’ lives as normal as possible during illness and recovery while establishing treatments that allow for the fastest possible return to function and resumption of the fullest possible participation in life.
- Recommendation 3** **Encourage all participants to expand their SAW/RTW model to include appropriate handling of the normal human emotional reactions that accompany temporary disability to prevent it becoming permanent.**
- Recommendation 4** **The SAW/RTW process should routinely involve inquiry into and articulation of workplace and social realities; establish better communication between SAW/RTW parties; develop and disseminate screening instruments that flag workplace and social issues for investigation; and conduct pilot programs to discover the effectiveness of various interventions.**
- Recommendation 5** **Adopt effective means to acknowledge and treat psychiatric comorbidities; teach SAW/RTW participants about the interaction of psychiatric and physical problems and better prepare them to deal with these problems; perform psychiatric assessments of people with slower-than-expected recoveries; routine; and make payment for psychiatric treatment dependent on evidence-based, cost-effective treatments of demonstrated effectiveness.**

- Recommendation 6** **Develop effective ways and best practices for dealing with these situations.** Instruct clinicians on how to respond when they sense hidden agendas. Educate providers about financial aspects that could distort the process.
- Recommendation 7** **Develop ways to compensate physicians for the cognitive work and time spent evaluating patients and providing needed information to employer and insurers as well as on resolving SAW/RTW issues.**
- Recommendation 8** **The SAW/RTW process should recognize the treating physician's allegiance; reinforce the primary commitment to the patient/employee's health and safety, and avoid putting the treating physician in a conflict of interest situation; focus on reducing split loyalties and avoid breaches of confidentiality; use simpler, less adversarial means to obtain corroborative information; and develop creative ways for treating physicians to participate in SAW/RTW without compromising their loyalty to their patients.**
- Recommendation 9** **Encourage or require employers to use transitional work programs; adopt clearly written policies and procedures that instruct and direct people in carrying out their responsibilities; hold supervisors accountable for the cost of benefits if temporary transitional work is not available to their injured/ill employees; consult with unions to design on-the-job recovery programs; require worker participation with ombudsman services available to guard against abuse; and make ongoing expert resources available to employers to help them implement and manage these programs.**
- Recommendation 10** **Encourage programs that allow employees take time off without requiring a medical excuse; learn more about the negative effect of ignoring inappropriate use of disability benefit programs; discourage petty corruption by consistent, rigorous program administration; develop and use methods to reduce management and worker cynicisms for disability benefit programs; train all parties to face situations without becoming adversaries; and be fair and kind to workers in the SAW/RTW process.**
- Recommendation 11** **Devote more effort to identifying and dealing with employers or insurers that use SAW/RTW efforts unfairly and show no respect for the legitimate needs of employees with a medical condition; and make a complaint investigation and resolution service – an ombudsman, for example – available to employees who feel they received poor service or unfair treatment.**

- Recommendation 12** Educate all treating physicians in basic disability prevention/management and their role in the SAW/RTW process; provide advanced training using the most effective methods; make appropriate privileges and reimbursements available to trained physicians; focus attention on treatment guidelines where adequate supporting medical evidence exists; and make the knowledge and skills to be taught consistent with current recommendations that medicine shift to a proactive health-oriented paradigm from a reactive, disease-oriented paradigm.
- Recommendation 13** Undertake large scale educational efforts so that activity recommendations become a routine part of medical treatment plans and treating clinicians prescribe inactivity only when medically required, specify that medical care must be consistent with current medical best practices; or preferably, adopt an evidence-based guideline as the standard of care.
- Recommendation 14** Encourage employers, insurers, and benefits administrators to use communication methods that respect physicians' time; spend time digesting, excerpting, and highlighting key information so physicians can quickly spot the most important issues and meet the need for prompt, pertinent information; and encourage all parties to learn to discuss the issues – verbally and in writing – in functional terms and mutually seek ways to eliminate obstacles.
- Recommendation 15** Help physicians participate more effectively in the SAW/RTW process by standardizing key information and processes; persuade employers to prepare accurate, up-to-date functional job descriptions (focused on the job's maximum demands) in advance and keep them at the benefits administrator's facility; send them to physicians at the onset of disability; teach physicians practical methods to determine and document functional capacity; and require purveyors of functional capacity evaluation methods and machines to provide published evidence in high-quality, peer-reviewed trials comparing their adequacy to other methods.
- Recommendation 16** Complete and distribute a description of the SAW/RTW process with recommendations on how best to achieve desired results in disability outcomes; establish and fund industry-specific, broad-based research programs, perhaps in the form of independent institutes or as enhanced university programs; collect, analyze, and publish existing research; formulate research to better understand current practices and outcomes, determine best practices, and test alternative solutions to problems; develop a way to effectively communicate the findings of completed research to all decision-makers; and solicit needs for future research.