“Delayed Recovery”
Consequences and Management

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Today’s Agenda

- Conceptual and clinical overview (MB)
- Implementation (AW)
- Results to date (MB)
- Questions, answers, comments
Truths

- While catastrophic claim costs remain stable, clinically simple or routine, non-catastrophic medical and indemnity costs have been escalating.

- “Delayed recovery” and “overutilization” is driven by inadequate IW coping skills and physician ignorance.

- “Chronic Pain” (and polypharmacy) is often the final common pathway of “Delayed Recovery.”
Early Intervention is **OUR Opportunity**

- To prevent “delayed recovery” and promote timely RTW
- To improve employee’s personal coping skills now, and for the future
- To close potentially disastrous claims timely (often without lawyers)
- To conserve significant resources
SWY Proof of Concept

- Early Intervention Pilot with 5 KOJ Clinics
- First time Low Back Pain claims
- Modified Orebro Musculoskeletal Pain Questionnaire administered
- Additional disciplines (psych and/or PT) provided immediately
- Results: No DR cases, no AAs, all IWs return to U and C work
The Dynamics of “Delayed Recovery”

- Medical diagnoses legitimize IW distress
- The diagnostic/treatment process permits sublimation of complicating psychosocial issues
- MD “advocate” accepts “locus of control”
- Injury is “medicalized”
- Complicit OVERUTILIZATION of medical services occurs without constraint or explanation
Features of “Delayed Recovery”

- Protracted recovery
- ACE (Adverse Childhood Experience) burden
- Catastrophic thinking, excuses
- Fear avoidance and embellishment
- Anger (perceived injustice) toward Employer
- Anxiety/depression by history
- External locus of control
- Minimal resilience
Features of “Delayed Recovery” (cont’d)

- Vague diagnoses and ineffective treatment
- Multiple early treaters/doctor shopping
- ER visits, drug seeking
- “Cure” focus
- Polypharmacy (eventually narcotics)
- Secondary gain
- Legal representation
- Ongoing OVERUTILIZATION
Consequences of “Delayed Recovery”

- An estimated 10% of WC cases (DR cases) consume 75% or more of medical and indemnity resources
- Needless disability (real or imagined)
- Needless morbidity and mortality
The Paradox of “Delayed Recovery”

- Not inevitable
- Predictors have long been identified and
- Effective treatment (CBT) is known, and is increasingly available
- Making “DR” a largely preventable or manageable phenomenon
The Safeway Inc. Approach to DR Management

- A Functional Restoration approach
- Consistent with national treatment guidelines
- Focus on skill acquisition, improved function, and RTW
- Independent self-management is goal, but those “at risk” require more attention/care
“Functional Restoration...”

Is the clinical process by which an individual acquires the skills, knowledge, and behavioral changes necessary to assume or re-assume primary responsibility (“locus of control”) for his/her physical and emotional well-being post injury, thereby maximizing functional independence, capacity for gainful employment, and avocational/recreational activities.”

Melvin Belsky MD
Cognitive Behavioral Therapy

- The technique long used to establish behavioral change in Functional Restoration

- The most powerful tool in health education and psychology for effectuating behavioral change for independent self-management ("Resilience")

- Neuroplasticity is basis for change
Principles of CBT

- Brief and time-limited
- The therapeutic relationship is not the focus
- A collaborative effort
- Structured and directive
- Based on an educational/self-management model, focused on skills acquisition for resilience
- Homework is a central feature of CBT
Steps of Effective CBT

- Assessment: identification of the cognitive behavioral “yellow flags”
- Appraisal stage (2-3 sessions): teaching the patient the core CBT techniques and determining if the patient is engaging and benefiting from CBT therapy
- Reappraisal/Coping stage (2-3 sessions): Development of adaptive coping responses
- Adjustment Stage (2-6 sessions): normalization back to functional activity, psychological well-being, and retraction from dependency on the medical treatment/care system.
Treatment Elements

- Mindfulness
- Testing/altering core beliefs
- Progressive relaxation
- Autogenic hypnosis
- Further development of internal locus of control
- Reduction in automatic negative thinking
- Reinforcement of functional gains
View from the payers desk

If only magic would work
The Conundrum

- Psychosocial factors: Strongest predictive factors for recovery
  BUT ...........
- Psych treatment may lead to psych claim
- Treatment never ends and PD is higher

**SOLUTION**
- CPT codes without a Psych diagnosis
- Specialty panel using limited treatment

Cognitive Behavioral Therapy
“COPE” Program

- Network of trained Health Psychologists
- Assessment has bio-psychosocial focus
- Treatment has CBT focus
- IMCS (Integrated Medical Case Solutions)
Safeway’s Approach

1. Screen at 2 wks post injury – ID high risk
2. Case management priority
3. Referral from PTP to panel for CBT
4. Team conferences to support CBT plan
5. Modified duty – RTW programs
6. Communication, communication and more...
7. If agenda is not recovery – change strategy
Management Focus to COPE

- Team discussion regarding participation, problems and progress

- Medical Director to involve, educate and support physicians to integrate CBT into treatment plan

- Minimize and discontinue meds

- A focus on timely, coordinated RTW

- Avoid psych diagnoses

- Reduce perceived need for legal representation where possible
New Program Trends

- 85% complete screening interview
- 12% score high for delayed recovery risk
- PTPs beginning to refer earlier
- Employees showing positive results RTW
- Average sessions of CBT = 6
- Resistant 17%
Impressions To Date

- EI must be started early post injury, and
- Integrated into the Treatment plan by the PTP;
- Effective interdisciplinary communication, full participation of carrier, and dedicated medical supervision are all required;
- Coordination of care (“hand-to-hand combat”) is labor-intensive and time consuming;
- About half of at-risk IWs understand new skill acquisition for increased resilience is in their best interest;
- About half of at-risk IWs have other agenda(s) and will not engage.
Conclusion

- Encouraging and exciting results to date
- Data compilation incomplete
- Resources are conserved, and claims are settled reasonably in about half of cases (projected reduction in total medical/indemnity spending of more than 30%)
- Physicians want CBT as a clinical resource
- Newly acquired skills have utility in workplace post RTW
Early Intervention Requires:

- Internal search
- High quality providers
- Experienced Health Psychologists
- Clinical and claims supervision
- Intense, sustained effort
Questions

- Answers
- Comments
- Concerns
- Insights