"Ask Dr. J"

The "Ask Dr. J" columns are authored monthly by Jennifer Christian, MD, MPH, President of Webility Corporation. See previous columns at www.webility.md.

Dr. J's columns also appear in the monthly Bulletin of the Disability Management Employer Coalition (DMEC). To purchase a book of Dr. J's collected columns, go to www.dmec.org.

The columns often summarize issues discussed by the Work Fitness and Disability Roundtable, a free, multi-disciplinary e-mail discussion group moderated by Dr. Christian. Apply to join the Roundtable at www.webility.md.

August 2006 – Who Has the Best Expertise in Functional / Vocational Issues?

Dear Dr. J:

Are there better sources for us to rely on than treating providers for realistic assessments of our employees' current ability to function when they are coping with medical conditions, and for predictions of their future ability to work, or be employed, or perform substantial gainful activity?

We've been relying on the opinions of treating providers to tell us what injured employees can do and can't do and whether they will ever be able to come back to work. This causes us a lot of problems because the information they provide is so often late, either scanty or too generic, and often seems to simply be a statement of what the patient wants. Independent medical examinations by specialist physicians don't seem to be much better. At a conference, you recently said that most physicians have never had any training in how to assess functional capacity and the impact of restrictions/limitations on their patients' ability to do jobs in the real world. If not treating providers or specialist IMEs, whom should we turn to for this kind of expertise?

We need to make decisions in our attendance program, in our workers' compensation, salary continuation (short-term disability) program, and our long-term disability programs. We also want to help our currently disabled employees who need Social Security benefits get them.

Alice In Alabama

Dear Alice:

Good question, Alice. Like you, many benefits decision-makers are relying equally and indiscriminately on all kinds of treating providers, which is unwise given that most clinicians are neither prepared nor interested in doing this kind of work.

The decision-makers who need expert input on medically-related functional and vocational issues are absence managers at employers, workers' compensation claim managers, public and

private short- and long-term disability benefit claim managers, Social Security disability evaluators, and all the judges who handle appeals coming out of these programs.

Although legislators and benefits program designers wish it were not so, the truth is that the ability to function and work in the "real world" is determined by a lot more than simply having the physical/mental ability to do specific activities. Study after study has steadily shown that what people can actually do is heavily influenced by their desires/intentions, age, sex, general health status, conditioning, belief systems, culture, the support provided by tangible, social, financial, and geographic environments, etc.

So, your question should really be phrased this way: Which professionals will be best prepared to accurately and comprehensively:

1. Evaluate the whole situation of a person coping with specific medical/mental conditions;
2. Realistically assess the implications of those particular conditions for their current and potential future ability to function in the workaday world and perform job functions;
3. Distinguish between the aspects of the situation that are covered by a particular benefits program and those that are not;
4. Effectively assist people in getting life back to normal, which usually means a return to work or other gainful activity.

Clearly, a single profession does not "own" this area of expertise. There are several professions within which there is a substantial subset of people who have medically-related functional and /or vocational expertise, or who have the background / worldview / skill set to be able to rapidly develop it.

The question is where are you most likely to find that clinical competency? Here's my list of preferred professions. They are listed in order of my personal estimate of the likelihood that individuals in that profession actually have this expertise. In my judgment, the first six professions above the line are likely to have larger subsets and the last six are likely to have smaller subsets of people able to provide this kind of expertise. (Members of the Work Fitness & Disability Roundtable recently reviewed my list, and I have modified it to reflect their input.)

1. Occupational medicine physicians
2. Occupational therapists
3. Vocational rehabilitation counselors, vocational evaluators, job placement specialists
4. Physical medicine and rehabilitation (PM&R) physicians
5. Physical therapists
6. Nurse case managers, rehabilitation nurses
7. Social workers
8. Clinical Psychologists
9. All other physicians (including psychiatrists)
10. Chiropractors
11. Physician Assistants
12. Nurse practitioners

The various professions initially prepare their members more thoroughly in some areas than others. Some are stronger on medical, others on functional, others on vocational issues. Once they graduate, individuals continue to develop their skills through work experience and

additional training. Thus, beyond completing a basic professional education, benefits decision-makers should also require their medically-related functional / vocational experts to have:

1. Credentials indicating mastery. People should have the certifications or designations or licenses generally accepted within each profession as indicative of mastery (whether certification like CRC, CCM; academic degrees like an MA, MS, PhD, MD or DO; medical board certification; state licensure; or the like).

2. Evidence of substantial pertinent work experience. This means regular and substantial involvement in situations involving the widest possible array of medical conditions where the issues at hand include functional and/or vocational assessment and return to work. Two years would seem a reasonable minimum.

3. Supplementary education in pertinent areas. This means post-graduate training, and can either be continuing professional education or additional formal schooling. Supplementary education should be mandatory for those professions that are prone to take a strictly medical, psychological, or biomechanical approach (physicians of most specialties, psychologists, chiropractors, physician assistants, nurse practitioners, physical therapists). Pertinent issues include, for example, the precepts of disability prevention and the positive benefits of work during recovery, functional assessment, design of transitional work assignments, introduction to workers' compensation and disability benefit programs and regulations, and so on. At least 12 CEUs in return to work issues, assessment and planning seems like a reasonable minimum in the absence of formal schooling in this topic.

4. A history of appropriate decision-making in the "real world". Since it is the work product you are buying, not the person, scrutiny of the typical quality of previous work products makes sense. This could be determined by requiring work samples, successful passage of an examination, recommendations, and/or by an analysis of records in a database. As an alternative, you can try to eliminate providers after the fact because they consistently make inappropriate decisions, though this is actually harder. Either approach will require an objective review process and trained quality reviewers.

NOTE: The experts you find based on the above criteria will NOT be equally prepared to handle all issues. Because medical conditions vary as do their impacts on specific people and their circumstances, you will need to decide which experts to use under which circumstances. The central issue in some situations will require an expert with considerable medical expertise; other situations will revolve more around functional evaluation; and still others are more vocational in nature. Sometimes it's best to use one expert to collect specific detailed data about one aspect of a situation in order to enrich the information available to another expert who will then make a more global assessment and decision.

Find yourself an expert willing to serve as your in-house advisor or consultant. He or she can help you sort out which situations should be handled by which type of expert. Your in-house advisor could come from any one of the six preferred specialties listed above, because they will know where to go for advice if they need it.

Remember, all the members of any one of the professions listed above are not going to be equally adept or wise or expert. There are duds among the best educated, and stars in some professions that generally don't even have these issues on their radar. For example, there are some orthopedists, psychiatrists, psychologists and chiropractors who are absolute masters at return to work issues – several of whom are members of the Work Fitness and Disability

Roundtable – but many more who are not. You should judge experts by the quality of their work products, not their resumes.

My suggestions:

Try to find a good board-certified occupational physician and work closely with them. In terms of breadth of training and world-view, "occ docs" are best prepared to give the most definitive answers but only when provided with detailed information collected by one or more of the others. As physicians they can sort out the medical issues and see their implications for function and work. As specialists in health-related work problems as well as work-related health problems, they are more familiar with the workplace than any other physician group. Also, most well-trained occupational physicians understand that some situations are best handled by a team using a collaborative problem-solving approach, and are accustomed to collecting information from multiple sources, weighing and analyzing it, and formulating a course of action.

Unfortunately, board-certified occupational physicians are in very short supply. Also, physicians in general are typically the most expensive solution. Moreover, someone has to manage the whole situation and carry out the plan once the opinion has been rendered. Thus, you will need to figure out alternative plans and use a variety of functional/vocational experts to staff your team.

If you don't have access to a good occupational physician who has working relationships with the other experts, create your own "virtual perfect expert" by combining the skill sets of a team. Find the best-available local professionals and get them working together. For example, one winning combination might be:

- a treating clinician of whatever specialty (family physician, orthopedist, psychiatrist, chiropractor, etc) with a natural inclination to use a common-sense results-oriented functional restoration approach and a willingness to work in partnership teamed up with
- an occupational therapist who does thorough and good quality evaluations and
- a certified case manager, whether nurse or vocational rehabilitation counselor, who has the time to hand-hold the parties through the return to work process.

You can further shape your best-available local professionals to meet your needs by requesting that they take advantage of supplementary education provided by the American College of Occupational and Environmental Medicine, the American Association of Occupational Health Nurses, the Case Management Society of America, Webility Corporation, and others. In fact, many of the professionals who today are functional/vocational experts started out in other arenas and shaped themselves over the years – including yours truly!

Here's a question to ponder: What would happen to the problematic cases in your company if you granted authoritative status to opinions regarding ability to work only if they were based on work done by professionals with the credentials suggested above?

Alice, please let me know if this advice has been helpful.

Smiling,
Dr. J

Webility Corporation ● 95 Woodridge Road ● Wayland, MA 01778

www.webility.md ● *508-358-5218* ● mail@webility.md