Overcoming Psychosocial Barriers to Recovery: Is It a Viable Solution?

(CLM011)

Speakers:

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• Ann Schnure, Vice President Risk Management Claims, Macy’s
Learning Objectives

At the end of this session, you will:

• Understand how psychosocial risk factors impact work disability and drive costs
• Learn how to identify injured workers and disability claimants at risk for delayed recovery
• Learn about various strategies for overcoming psychosocial barriers to recovery
• Understand key metrics for proof of concept and return on investment
Overview

- **Injury rates have declined but duration of work absences have increased**
- **Past multidisciplinary solutions are not working (consulting, high-tech imaging, opioids)**

**THE PROBLEM**

“In the United States alone, the annual direct costs associated with pain conditions are an estimated $20 billion.”

Overview

Disability: A behavioral problem affecting lifestyle
Overview

- Research suggests that pain explains only 10% of delayed disability.

- Psychosocial barriers account for as much as 30% of the variance in the magnitude of disability.

In some cases, symptom-focused interventions have actually been shown to increase disability duration.
Fundamental Concepts

TO HELL WITH CIRCUMSTANCES
I CREATE OPPORTUNITIES

BRUCE LEE
Fundamental Concepts

DO, OR DO NOT... THERE IS NO TRY
-YODA
Background

- Psychosocial factors often act as barriers to an injured worker’s rehabilitation and RTW

- “Yellow flags” can be personal, job-related, or environmental and may be directly related to the workplace incident or may reflect more general perceptions

- “Yellow flags” can be directly linked to workplace incidents or may reflect more general perceptions
Program Overviews

- Progressive Goal Attainment Program
- Physiotherapy
- IMCS - Cope
What is PGAP?

• Evidence-based treatment program for reducing disability

• Included in the 18th edition of the *Official Disability Guidelines* (Work Loss Data Institute, 2013)

• Developed in Canada by Dr. Michael Sullivan at the University Centre for Research on Pain and Disability in Halifax, Nova Scotia
Integrated PGAP/Physiotherapy

Psychosocial barriers:

- Catastrophizing
- Fear / Avoidance
- Disability Beliefs
- Perceived Injustice

Recovery

Baldwin; Main; Sullivan; Vlaeyen; Waddell; et al.
Psychosocial Barriers

Catastrophic Thinking
Psychosocial Barriers

Perceived Injustice

“Nothing will ever make up for what happened to me.”
Psychosocial Barriers

Fear/Avoidance

“Activity will hurt and make it worse.”
Psychosocial Barriers

Disability Beliefs

“My doctor says I may never be able to work.”
What is PGAP?

The injured worker meets with the PGAP consultant once a week for up to 10 weeks

Consultants target psychosocial risk factors through:
- Structured activity scheduling
- Graded activity involvement
- Goal-setting
- Problem-solving

400+ PGAP consultants (OTs, PTs, RNs, Vocational Rehab, etc.) nationwide, trained and certified by Michael Sullivan
Program Overview

The injured worker meets with the physiotherapist two times a week for up to 10 weeks

• Active interventions are coordinated with the weekly PGAP goals

• Supports reintegration into a schedule and promotes supervised physical activity
It’s less about “knowing” than “doing”
Start with baby steps........
And end with RTL/RTW
Set Goal

Support Goal Attainment

Set Bigger Goal

Get Life Back

Change
My filter.........
Optimizes the Value of the PT
Fundamental Concepts

A goal without a plan is just a wish.

Accountability
Fundamental Concepts

“A GOAL without a PLAN is just a WISH”
Workflow

1. Potential Case Identified
2. Initial Screening and Scored Evaluation
3. Full Patient Assessment
4. Patient Attends Treatment Sessions

Coordinated communication with the case owner. HIPAA Secure.
Implementation and Results

Easy to Implement
• Easy to use
• Readily integrates into existing workflows
• Customizable communication
• Approval obtained on a case-by-case basis

Documented Results
• 77% enrollment success rate
• 33% reduction in the ongoing use of pain medications
• 60% RTW results
More Program Results

... Successful return to work was achieved for 50% of the participants with chronic low back pain.

~ Sullivan, et al.

... 40% of chronic pain patients who attended a 6-week program successfully returned to work.

~ Watson, et al.

“Depressive symptoms resolved in approximately 40% of patients after 7 weeks of physical therapy.”

~ Wideman, et al
Not Just a Theory

- 30,000+ cases completed in 10 countries

United States:
- Social Security Administration: (5 Year Contract)
- Washington State Department of Labor & Industries
- VA Veterans for PTSD
- American Airlines
- Kaiser Permanente
- Costco
- And more
Fundamental Concepts

- Can integrate/complement/coordinate with other delayed recovery programs:

  Pain Management Solutions

  Behavioral Health Care Network
MACY’S Overview

- Macy’s is in pilot phase of implementing their chronic pain/delayed recovery solutions – originally sending only open complex long term cases.
- The treating physician was cooperative with the program in most cases.
- We met resistance from several of the injured workers.
- We had success with the judge ordering the worker to participate.
- Phase two for us is all claims with two or more weeks of lost time.
How to Treat Psychosocial Factors without ‘Buying’ an unwarranted Psych Claim

• New codes established

*Health and behavior assessment and intervention*

Psychiatric diagnosis and treatment codes are **NOT used**

The Physical Diagnosis is the working diagnosis

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>96150</td>
<td>Initial assessment to determine biological, psychological and social factors affecting health and any treatment problems</td>
</tr>
<tr>
<td>96152</td>
<td>The intervention service to modify the psychological, behavioral, cognitive and social factors affecting health and well-being</td>
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</table>

Unfortunately Medicare set the fee for this new code very low for psychologists to provide care under; and we request authorization at $275 per hour
<table>
<thead>
<tr>
<th>IMCS</th>
<th>National Networks</th>
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<tbody>
<tr>
<td>YES</td>
<td>Pain Specialists: Health Providers in Psychology</td>
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<tr>
<td>YES</td>
<td>Practice Guidelines</td>
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<tr>
<td>YES</td>
<td>Seamless workflow with Adjuster/Case Manager</td>
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<tr>
<td>YES</td>
<td>Standardized Biopsychosocial Assessment</td>
</tr>
<tr>
<td>YES</td>
<td>Goal Oriented Functional Restoration Treatment</td>
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<tr>
<td>YES</td>
<td>Opioid Reduction Behavioral Treatment</td>
</tr>
<tr>
<td>YES</td>
<td>Integration with Treating Physicians and PT</td>
</tr>
<tr>
<td>YES</td>
<td>Case Coordination with Adjuster/Case Manager</td>
</tr>
<tr>
<td>YES</td>
<td>Measurable Outcomes Data</td>
</tr>
<tr>
<td>YES</td>
<td>Treat via Non Psych codes</td>
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COPE with Pain Disability Model

$ Chronic Pain & Disability Behavior $

- Lifestyle: Exercise, Smoking, Alcohol and Drugs, Obesity / Diet
- Work Attachment / Age
- Depression / Anxiety Personality Disorders
- Hx of Childhood Abuse
- Perceived Injustice (retribution owed)
- Fear Avoidant Behavior (Guarding)
- Catastrophic Thinking

Cortisol, substance P, serotonin, Norepinephrine, vasodilatation, vasoconstriction
Neurobehavioral Effects of Opioids

Dependence & ‘Addiction’

- Release Dopamine (Pleasure)
- Paired association of Pleasure with initiating reason for opioids
- Turn off innate pleasure responses
- Increase SAR

- Effects of Opioids on evolved brain
- Effects on ‘primal’ brain
- Effects on emotional brain (depression/anxiety)
- Withdrawal (aversive stimulus: Avoidance)

Demotivation, compromised ability to regulate unsafe behaviors
WORKFLOWS.....Early Intervention

Utilize IMCS Pain Screening Questionnaire

.....to enable Occupational Physicians/adjusters/case managers assess risk for chronic pain, delayed recovery and opioid abuse
Early Intervention Screening

PSQ-Pain Screening Questionnaire (Linton)

PSQ 21 Questions (5 minutes)

• Pain Attitudes, Beliefs and Perceptions
• Catastrophizing
• Perception of Work
• Mood/Affect
• Behavioral Response to Pain
• Activities of Daily Living
Early Intervention Screening

PSQ-Pain Screening Questionnaire (Linton)

Sample Questions……On a Scale of 1 to 10 …

• How would you rate the pain you have had during the past week
• In your view, how large is the risk that your current pain may become permanent?
• An increase in pain is an indication that I should stop what I’m doing until the pain decreases
  • I should not do my normal work with my present pain.
Early Identification Case Identification

Case Manager/Adjuster/OccDoc is assigned a case

Pain Screening Questionnaire
21 questions (web based admin and scoring)
Stratifies Claimant Risk for Psychosocial Factors influencing Chronic Pain and Delayed Recovery

Low Risk Score
Continue Case Management & Medical Management

Moderate Risk Score
Continue Case Management & Medical Management

High Risk Score
Move to Case Management ‘Validation’
**WORKFLOWS.....Chronic Pain**

### Claims Indicators

- Inadequate or delayed recovery
- Chronic pain diagnosis
- Medication issues and/or drug problems
- Compliance issues with prescribed medical treatment
- Psychosocial factors negatively impacting recovery
- Catastrophic injuries
- Pre-surgical clearance for back surgery, pump, spinal stimulator
- PTSD claims
Peer Review Physician determines that . . .

- Opioid regimen is not Best Practices
- Opioid regimen does not meet specific State Guidelines
- Use of opioids for longer than medically indicated
- Use in dosages higher than recommended
- Use in combination with other legal drugs & OTC meds
- Use in combination with illicit drugs
- Use when performing tasks when medication use is contraindicated
- Treating Physician has agreed to . . .
  - Opioid Tapering and/or COPE with Pain Program
WORKFLOWS.....Attending Physician Prescribes Program

Treating MD Rx
COPE with Pain
CPT 96150/96152

Referral to IMCS
Web based
Secure Email
Phone
IMCS Psychologist performs COPE with Pain assessment

Finalize treatment plan, establish goals and durations

COPE with Pain Treatment (4-12 sessions)

Treatment Goal Attainment

Peer to Peer call

Adjuster/NCM Conference

YES Authorize Tx?

NO

Peer to Peer call

Adjuster/NCM Conference

Discharge Meeting with Adjuster/NCM Conference
COPE with Pain Treatment

Macy's
- Case Management
- Guidelines-based Medical Management
- Active Exercise Rehabilitation
- Return to Work Coordination

IMCS
- COPE with Pain Cognitive Behavioral Therapy
COPE with Pain
Cognitive Behavioral Therapy (CBT)

✓ CBT is brief and time-limited.
✓ A sound therapeutic relationship is necessary for effective therapy, but not the focus.
✓ CBT is a collaborative effort between therapist and client.
✓ CBT is based on stoic philosophy.
✓ CBT is structured and directive.
✓ CBT is based on an educational model.
✓ Homework is a central feature of CBT.
## Treatment

### RTW Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Control Group</th>
<th>Intervention Group</th>
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<tbody>
<tr>
<td></td>
<td>High Risk and Very High Risk</td>
<td>High Risk</td>
</tr>
<tr>
<td>Sample Size</td>
<td>36</td>
<td>62</td>
</tr>
<tr>
<td>% claims closed at 26 weeks</td>
<td>33%</td>
<td>76%</td>
</tr>
<tr>
<td>% working at 26 weeks</td>
<td>17%</td>
<td>68%</td>
</tr>
<tr>
<td>Avg claim duration at 26 weeks</td>
<td>24 weeks</td>
<td>18.7 weeks</td>
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*Coupland, M., Margison, D. Early Intervention in Psychosocial Risk Factors for Chronic Pain, Musculoskeletal Disorders and Chronic Pain Conference, Feb 2011, Los Angeles, CA*
Treatment

Outcomes @26 wks+

High Risk vs. Low Risk Psychosocial

• 9% Fewer Pt. get Physical Therapy
• 10% Fewer Pt. get Imaging Studies
• 13% Fewer Pt. get Injections
• 6% Fewer Pt. get Surgeries
• 5% More Pt. get Vocational Rehabilitation

Coupland, M., Margison, D. Early Intervention in Psychosocial Risk Factors for Chronic Pain, Musculoskeletal Disorders and Chronic Pain Conference, Feb 2011, Los Angeles, CA
Case Closed: MMI / RTW

- No MMI or Impairment Rating by IMCS Psychologist
- Treatment is under the COPE with Pain codes
- Physical diagnosis is the ONLY compensable diagnosis
Questions?