Proposal for a Community-Focused Health & Work Service

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Big Opportunity

A large / growing fraction of SSDI awards are due to conditions that are among the most common health problems in America and the world -- but only rarely cause permanent withdrawal from the workforce.

They are low back pain & other chronic musculoskeletal conditions, and common mood disorders, particularly depression and anxiety.

Our evidence-informed proposal will help more working people with these conditions avoid adverse secondary consequences for health & life – keep their jobs, stay in the workforce, and not need SSDI.
Gap In Social Fabric Causes Harm

Medical Offices

Delay Uncertainty

Workplaces

“not mine: NOT a medical issue”

“not mine: this IS medical”

Result: Needless Work Absence, Job Loss, Withdrawal from Workforce
Elapsed Time Is Critical

% EVER RTW

Time away from work in weeks

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How to Avoid Needless Impairment & Work Disability

1. Minimize residual impairment and maximize preservation / recovery of functions affected by the medical condition by:
   - Improving access / reducing delays in care.
   - Paying specific attention to function.

2. Restore / strengthen the worker’s motivation & ability / willingness to cope.

3. Arrange workplace and logistical support to enable timely SAW/RTW.
6 Key Distinctions

1. Work-disability vs. Impairment- disability

2. Common health conditions vs. typically disabling conditions ("classic" disabilities)

3. Potentially avoidable / remediable adverse secondary consequences of common health conditions vs. irrevocable loss.

4. Immediate response vs. early intervention

5. Functional recovery vs. functional restoration

6. Jobs are lost at the speed of life, not bureaucracy. Early events, expectations, and concerns are key.
Three Intervals for Intervention

Medical Offices

Delay Uncertainty

Workplaces

Delay Uncertainty

"Not mine: NOT a medical issue"

"Not mine: This IS medical"

Result: Needless Impairment, Work Disability, Job Loss, Worklessness

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Key Features of Proposal

- Establish a nationwide HWS prepared to respond immediately when workers develop new conditions or changed disabilities expected to last > 2-4 weeks.

- Provide simple low cost services during the initial period: the first 12 weeks (or so) after work disruption begins.

- Take referrals from workers, doctors, employers, payers, and social service agencies.

- Act as communications hub for worker, physician, employer, and payer; resolving minor issues & expediting decisions in health care & SAW/RTW.

- Deliver service primarily via telephone with local contractors as needed.
Getting From Here to There

Legislative/Regulatory Change
– Statutory change will be required

Implementation and Intermediate Steps
– Proposal includes detailed plan by phase.
– Recommend full commitment now with criteria for stopping if proposal does not pan out.

Reasonable Concerns
  UK and Washington State experiences are helpful.
  Step-wise development plan allows correction.
Proposal + Enrichments

Main report with references

Three appendices available at
www.webility.md/SSDI-HWS

1. Important Details – Key Concepts, etc.
2. Gaps in Social Fabric That Create Work Disability (Lucky & Unlucky People)
3. United Kingdom (Fit for Work Service) and State of Washington (COHE Program) – development history & program description.