

Proposal for a Community-Focused Health & Work Service

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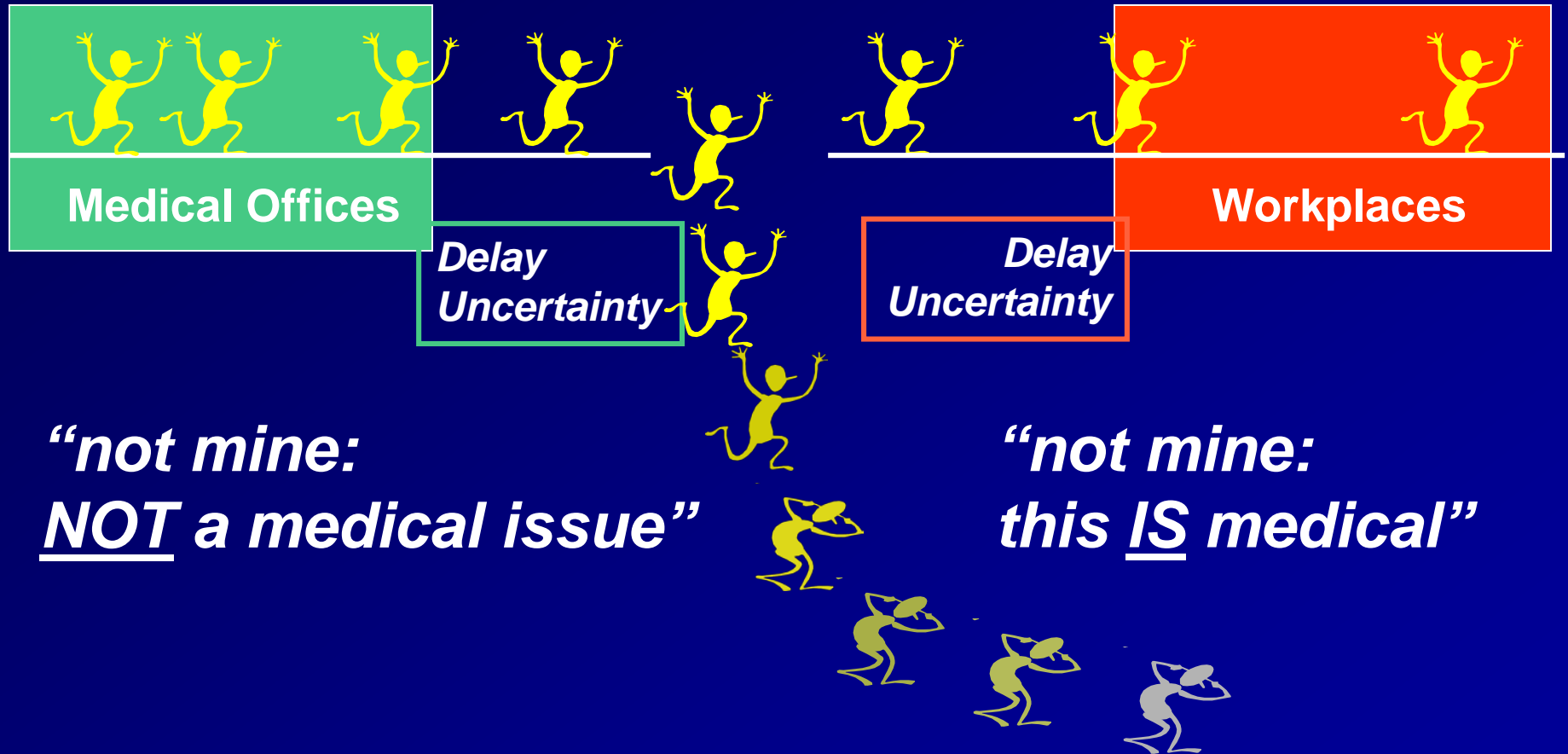
Kim Burton

Thomas Wickizer

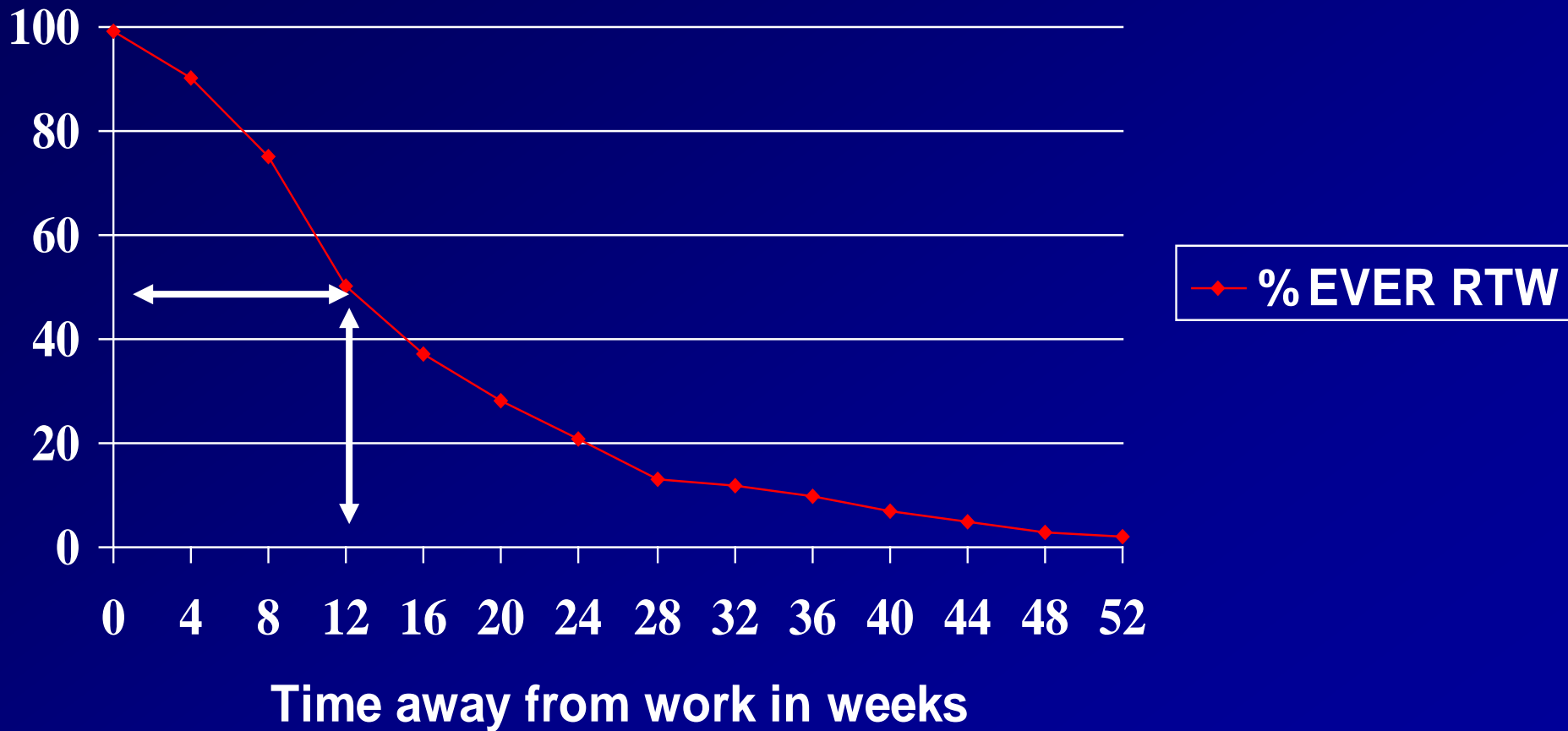
Big Opportunity

- 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



Elapsed Time Is Critical



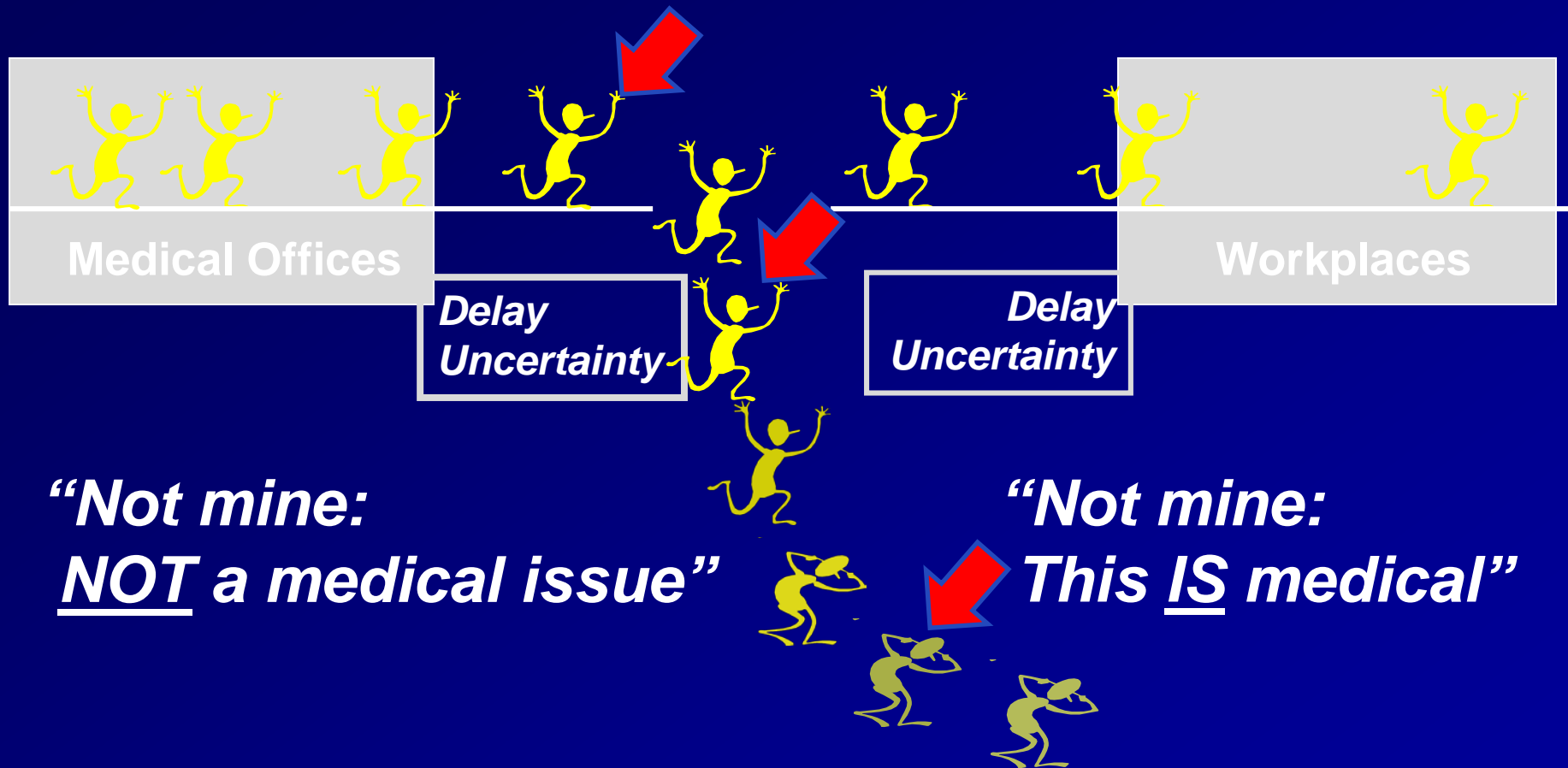
How to Avoid Needless Impairment & Work Disability

1. Minimize residual impairment and maximize preservation / recovery of functions affected by the medical condition by:
 - Improving access / reducing delays in care.
 - Increasing effectiveness of treatment.
 - 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



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

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

- Feasibility? Acceptance? Effectiveness? Scope? Cost? Impact on SSDI?
 - 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.