



RTW Showcase: Optimum Durations

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THE ROI OF SHIFTING THE CURVE TOWARD OPTIMUM DURATIONS



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Each year, U.S. employees are absent from work for 1.4 billion days, including sick time, disability days, leave that falls under the Family and Medical Leave Act, and health-related impaired performance.¹ Beyond diagnosis, there are many nonmedical factors that affect how long an employee is away from work, including clinical recommendations, disability plan constraints, and workplace culture. There is evidence that returning to normal activities, including work, when people are physically able after an illness or injury is beneficial for overall well-being,

mental health, and financial stability.² But how many people return to work (RTW) as soon as they are able to do so?

It's in an employer's best interest to encourage and offer safe RTW when an employee is ready, and — as outlined below — focusing on average cases instead of excessively long claims can be a savvy approach. In fact, employers that shorten the duration of claims by just a few days can see a return on investment (ROI) of more than \$500,000.

Recovery Time Frames

Clinicians use the term “physiological optimum” to describe the time individuals ideally need to recover from specific injuries, illnesses, or medical procedures based on biological and functional healing. These recovery estimates reflect uncomplicated cases and a return to full duty in a best-case scenario in which an employee receives the right treatment at the right time, has no comorbidities, and is not adversely affected by socioeconomic or psychosocial factors. Optimum durations are driven by data and reviewed by medical practitioners who tease out the biology of recovery from complicating factors.

Musculoskeletal pain is one of the most predominant, costly, and detrimental disorders in a workplace. Let’s examine low back pain, a common diagnosis that typically has a wide range of recovery times. The physiological optimum duration for nonspecific treatment ranges from zero to 42 days, depending on the job class or activity level of the employee:

ACTIVITY LEVEL	OPTIMUM DURATION (DAYS)
Sedentary	0
Light	1
Medium	7
Heavy	21
Very Heavy	42

Using a national injury and illness data set, which includes claims across many industries, a year’s worth of low back pain data indicates that 4.6% of people were able to RTW at or before the physiological optimum. The national data set, due to its breadth, contains data from both well and poorly managed claims. To account for more strategic recovery interventions, data from a health insurance employer was explored for the same diagnosis during the same time frame. In this group, 16.7% of the employees were able to return at or before the physiological optimum. And an investigation of a statewide workers’ compensation system found that 18.4% of claims for people with low back pain were returning to work within the physiological optimum.

While optimum values are not reached in the majority of cases, this analysis demonstrates that optimum recovery timelines are possible, and that nonmedical factors associated with these claims can be studied and potentially used to help others knock down barriers to recovery.

Shifting the Curve

When looking at recovery times for injured or ill employees, there is often a relatively few number of cases that likely represent complex recovery scenarios and increase condition-specific average durations for leave. Although employers managing disability and absence often focus on preventing or closing excessively long claims, shifting the average case one to two days closer to the optimum has a greater effect overall.

For example, if the 3,062 claims from the national dataset with a low back pain diagnosis that were above the optimum were shifted two days closer to the optimum duration, the result would be a savings of 4,308 disability calendar days and \$530,990 in indemnity payments.

In contrast, if you target the very long (more than 364 days) outlier cases and shortened them each by a full month, the savings would only be 300 disability calendar days and \$17,493 in indemnity payments because of the sheer volume of claims (shortening 73.5% of claims by two days versus 0.3% of claims by 30 days).

This mathematical view of shifting the curve has also been used to evaluate changes in blood pressure. Doctors discovered that a change of one to two blood pressure points accounted for 60% of the decline in prevalence of high blood pressure around the globe.³ Lowering blood pressure by 5 mmHg diastolic reduces the risk of stroke by 34% and ischemic heart disease by 21%.⁴

In the disability industry, early involvement and preventive strategies are achievable. By setting goals closer to objectively determined, evidence-based care recommendations, employers can understand the core differences in employee populations that RTW by the optimum duration. Once you understand the differences, you can determine the most appropriate strategy.

Strategy

When selecting conditions for which interventions to shift the curve will have the biggest effect for your company, look for employee injury or illness durations that reach the same or longer durations than national averages and claims that have a large gap in duration compared with the optimum. If the condition has a wide range of recovery durations or has a bell-shaped curve that spans at least a few weeks or months as in the low back example, it might be a better target for creating initiatives to support RTW because earlier recovery is already occurring for some people.

Consider three levels of interventions: systematic, workplace community, and individually focused. An example of a systematic intervention could be choosing an insurance plan that works with physician groups that use evidence-based medicine. A research study in the workers' compensation space found that when guideline-recommended treatments were provided in the first week of low back pain care, patients returned to work 11.5 days sooner than those who didn't follow the guidelines.⁵

A workplace community intervention could be building a compassionate company culture. A meta-analysis found that support from supervisors was essential for achieving sustainable RTW for those with musculoskeletal disorders or common mental health disorders. Supervisor support helped employees have a positive attitude toward work, improved their self-confidence and optimism, and made them feel valued.⁶ Transitional duty or modified duty can also be powerful workplace tools to help employees RTW safely and within an appropriate time frame.^{7,8}

Finally, individual-level programs support an employee's personal choices and can include education (e.g., goal setting, recovery expectations); exercise (e.g., stretching or conditioning at work, a walking program); or counseling (e.g., for sleep, nutrition, or stress).⁹

These levels of supportive intervention can be implemented separately or jointly for far-reaching involvement.

While it's not possible for everyone to recover within the optimum time frames, it's helpful to identify conditions for which interventions can help larger numbers of people overcome barriers to recover just a little bit sooner so they can return to their normal routines as soon as it is safe to do so.

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