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@work

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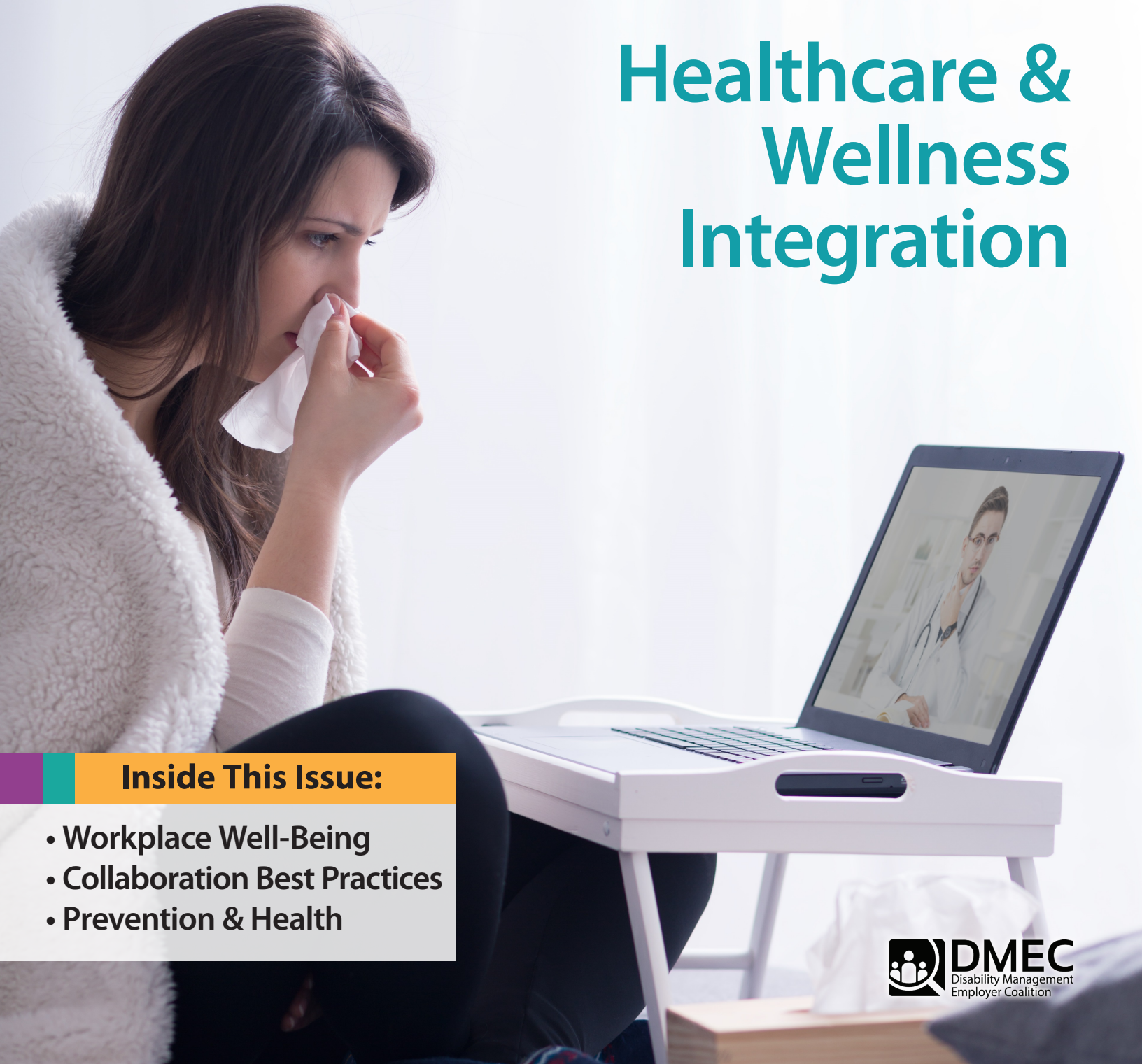

Healthcare & Wellness Integration

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@Work magazine is the official publication of the Disability Management Employer Coalition.

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@Work welcomes submission of articles of interest to disability and absence management professionals at all levels. Instructions for submission are published online at www.dmec.org/work-magazine.

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Contact DMEC
800.789.3632
info@dmec.org
5173 Waring Road, Suite 134, San Diego, CA 92120-2705

Editor
Peter Mead, CPDM
editor@dmec.org
For all editorial questions

Layout & Production
Mark Jaquette

Editorial Review Panel
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Return to the Workplace Survey Results

From July 28 through Aug. 5, 2020, DMEC gathered feedback on how organizations approach efforts to return employees to the workplace amid the COVID-19 pandemic. This is the second in a series of short surveys on the impacts of COVID-19. The survey had 325 participants, with the majority having under 500 employees. **Access survey.**

New Resource!

Linking Clinical Guidelines and Disability Duration Estimates to Improve Patient Care

By
Kerri Wizner, MPH, CPH
Epidemiologist
MDGuidelines

The use of evidence-based guidelines can help prevent overtreatment and the provision of low-value care — wasteful practices that annually cost the U.S. healthcare system $78 billion.[1] Although some healthcare systems have embraced the use of clinical practice guidelines throughout their networks, individual clinicians often need to advocate for the use of decision-support tools in their medical practices.

Similarly, the use of clinical practice guidelines by disability case managers has increasingly taken root. When educated in clinical best practices, disability managers know to ask patients the quintessential question "Have you talked to your doctor about this?" in an effort to guide patients and improve outcomes. Researchers have found that using clinical practice guidelines can help address major barriers to effective disability case management, including patient communication, case complexities, insufficient training, and inadequate collaboration with involved healthcare providers.[2]

When equipped with the right information, disability managers can play a critical role in supporting both patients and their healthcare teams. For example, research shows that workers undergoing carpal tunnel surgery who are prescribed opioids according to treatment guidelines returned to work faster than those who were prescribed opioids outside of guidelines.[3] In such cases, treatment guidelines recommend prescribing no more than a five-day supply of only short-acting opioids, with a maximum morphine equivalent dose of 50 mg per day.[4] When cases are treated outside of guideline recommendations, educated disability managers can provide information to support a meaningful conversation between the clinician and the patient.

Disability case managers frequently refer to a disability duration resource that estimates injury/illness durations based on expert clinical opinion and backed by real-world claims data. Case managers have long used disability duration estimates to flag cases with longer-than-expected durations for a given intervention. Increasingly, this information is now being used by clinicians at the point of care.

A more proactive use of disability duration estimates by both clinicians and disability managers could help set expectations about the recovery timeline for patients early in the care continuum.[5] For example, a conversation about pain expectations before surgery can decrease patients' subsequent requests for opioids by framing the idea that some temporary pain is to be expected following surgery but that it will be adequately controlled.[6] Educating patients in advance about their expected disability durations also supports return-to-work efforts, which can impact both clinical and financial outcomes.[7] If disability duration estimates are available at the initial patient encounter, then expectations can be effectively established right at the outset.

Disability duration estimates are most effective when used together with clinical diagnosis and treatment guidelines. This combination helps track the patient's functional recovery while ensuring that appropriate and effective care is being delivered. For example, if a patient with low back pain is not able to perform regular work activities after an optimal period of recovery according to disability duration estimates, clinical practice guidelines can support and explain modified treatment approaches to facilitate recovery.[8] By using evidence-based clinical treatment guidelines at important functional recovery milestones, disability managers can assist patients to return to their normal activities as quickly and safely as possible.

Bridging the gap between clinical patient care and disability management is essential to help patients get the right care at the right time and prevent unnecessary delays in recovery. Decision-support information systems are a key strategy to standardize recommendations based on scientific evidence so that clinicians and disability managers have the latest guidance and data at their fingertips. These tools have been

proven to increase both the efficiency and effectiveness of the healthcare system — and most importantly, to give patients healthier outcomes.

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