

FOH

Federal Occupational Health
a division of the U.S. Public Health Service

Innovative

Customized

Cost-Effective

Solutions

Disability Prevention and Management Services (51)

PRESENTERS

- Neal Presant, M.D., Consultant, Federal Occupational Health
- David Bingaman, LCSW, CEAP, Associate Director of EAP, Federal Occupational Health

FOH DISABILITY PREVENTION AND MANAGEMENT SERVICES

- Federal Occupational Health
 - part of U.S. Dept. of Health & Human Services
 - performs health related consultations with other Federal Agencies through interagency agreements
 - services include health units, employee assistance, industrial hygiene, medical consultation

FOH RESOURCES

- EAP counselors
- Occupational health nurses
- Occupational medicine physicians
- Physical therapists/Ergonomists
- Vocational rehabilitation specialists
- Other medical specialists as needed -
(psychiatry, physiatry, orthopedics, etc.)

Disability Facts

- Costs of disability topped \$340 billion in 2000
- The National Institute of Mental Health estimates that the current total cost of mental health disability in the U.S. is \$150 billion annually
- 6% of payroll costs can be attributed to disability costs

Disability Facts

- 335% increased cost of psych. disability between 1989 and 1995
- 300% increase in psych. disability claims in last decade
- Depression alone is estimated to cost employers \$24 billion a year in absenteeism and lost productivity

Disability Facts

- 15% of overall disability costs are related to psychiatric cases
- 1/3 of all disability cases have a primary or secondary psychiatric component

Disability and Depression

- 90% or more of patients referred for psych evals after a disabling injury present mild to severe depression
- Major depressive symptoms typically develop within 8 and 14 months from date of injury

Multiple Causes of Depression

- Loss of role status, both in family and in community
- Loss of hope of recovery
- Loss of self-esteem
- Chronic pain

Behavioral Aspects of Physical Disability

- Psychiatric issues (particularly depression) are associated with:
 - 68% of chronic low back pain patients
 - 40-60% of heart attack patients
 - 10-27% of stroke patients
 - 25% of cancer patients

Substance Abuse in the Workplace

- More than 90% of alcohol abusers and 74% of other drug abusers are employed
- Substance abusers are up to 4 times more likely to have an accident on the job
- 47% of serious workplace accidents and 40% of fatal workplace accidents involve alcohol or other drugs or both

Workers Comp Claims

- Substance abusers are 5 times more likely to file workers comp claims than non-abusers.
- The average disability costs employers \$12,600.

Source: U.S. Dept. of Labor

Definition of EAP

- Worksite-based program designed to assist work organizations in addressing productivity issues and “employee clients” in identifying and resolving personal concerns that may affect job performance.

EAP Core Technology

- Consultation with, training of and assistance to work organization leadership
- Problem ID and assessment
- Constructive confrontation, motivation, and short-term intervention
- Referral, case monitoring and follow-up services

EAP Core Technology

- Consultation to work organization re: service providers
- Consultation to work organization re: health benefits
- ID of the effects of EAP services on the work organization

EAP Preventative Services

Reducing Incidence of Disability

- Health and Wellness Seminars
- Supervisor consultation re: troubled employees and troubled workplaces
- Early recognition and resolution of work-life related stressors

EAP Preventative Services

Reducing Incidence of Disability

- Facilitated understanding
- Return to work facilitation
- Critical incident stress management

EAP Impacts Bottom Line

- According to EAPA, a well run EAP can reap an employer the following savings:

33% less use of sick leave benefits

65% less workplace accidents

30% reduction in workers comp claims

35% decrease in health insurance costs

DISABILITY SERVICES

- Services that are not part of OWCP
 - Reasonable accommodation
 - Fit for duty
 - Advanced sick leave/possible sick leave abuse
 - Family Medical Leave
 - Expert witness testimony
 - Continuation of health benefits for disabled offspring

REASONABLE ACCOMMODATION

- Requests often occur after prolonged absence
- In long term absence generally is for new supervisor or work at home
- If has been out long-term, prognosis for amicable settlement not good

WHAT AGENCY MD NEEDS

- Medical documentation from personal health providers
- Release to talk directly with health providers
- Explanatory note of introduction from Agency-Be specific with your questions!
- Relevant personnel history
- Position description and requirements

WHAT MEDICAL ADVISOR DOES

- Evaluate medical documentation
- Determine capabilities based on documented disabilities
- Compare capabilities to job description/requirements
- Give medical opinion as to whether requested accommodation will enable disabled employee to perform essential functions

EVALUATING MEDICAL DOCUMENTATION

- Criteria from 5 CFR 339
- Does diagnosis make sense?
- Is it supported by medical evidence?
- Would diagnosed illness be expected to cause the claimed disability?
- Is treatment optimal and appropriate?

IS DISABILITY PRESENT?

- Is some impairment in life function documented?
- Is it consistent with diagnosis and alleged severity of illness?
- Is disability permanent?
- Would level of impairment be expected to improve?

REVIEWING PERSONNEL HISTORY

- How long in this position?
- Previous evaluations
- Supervisor's impression of capabilities
- Recent changes in performance level
- Adverse personnel actions

DOES ACCOMMODATION REQUEST MAKE MEDICAL SENSE?

- Does accommodation match disability?
- Is there medical rationale to justify it?
- **It is not a medical decision as to whether a proposed accommodation is reasonable.**

FIT FOR DUTY EXAMS

- Often offered or required as means of resolution (See session 21)
- Want to have done by appropriate specialist
- Ask correct questions!
 - Can employee perform work in PD?
 - Alternate PD's?
 - Precise restrictions? Permanent?

FIT FOR DUTY #2

- Good sources for physicians
 - American Board of Independent Medical Examiners (www.abime.org)
 - Academy of Organizational and Occupational Psychiatry (www.aoop.org)
 - Postal Service Medical Directors
 - Commercial sources

IS THIS PERSON DANGEROUS EXAM

- Variation of FFD exam
- Ideally, have psychologist/psychiatrist team
- Psychological testing and evaluation of medicines important
- Can this person carry a weapon? (law enforcement variant)

ADVANCED SICK LEAVE

- Is this a serious condition?
 - Very subjective definition
 - If same criteria as FMLA (e.g. NORD V agreement between IRS and NTEU), most cases will be accepted
 - Usually ask for copy of medical record for requested time period

FAMILY MEDICAL LEAVE

- Based on treating physician's certification of "serious medical condition"
- Reviewing physician can confirm is chronic condition requiring continuing care
- Can get an idea of expected need for absences
- Second opinion exams rarely change things

LEGAL MEDICAL REVIEW AND EXPERT WITNESS

- Review of plaintiff medical records
 - review in detail
 - look for inconsistent or downplayed items
 - look for non-work causes of problems
- Provide witness whose specialty matches needs

PREVENTION

- Avoid unrealistic personnel evaluations
 - Unfair to employee and manager
 - Hard to declare an “outstanding “ employee medically unfit
- Get medical information early
 - Try to accommodate before personnel actions
 - Easier to accommodate before sides have fixed positions

MORE PREVENTION

- Make efforts to provide accommodation, even if dubious of results
- EAP as soon as possible
 - counseling
 - mediation (facilitated understanding)

ILLUSTRATIVE CASES

- Unusual learning disability case
 - Look for other issues!
- Depression and danger case
 - Put in unarmed position until certified as improved
- Vision and hearing impaired office worker
 - Are performance problems from sensory deficits or cognitive deficits?



Federal Occupational Health

... improving health and safety of
the government workforce

- Leva Lessure (301) 594-0264
llessure@email.foh.dhhs.gov
- Joe Lemmon (301) 594-4443
jlemmon@email.foh.dhhs.gov
- Neal Present (301) 594-0273
npresent@email.foh.dhhs.gov

Disability Prevention and Management Services (51)

**Neal Presant, M.D., Consultant, Federal Occupational
Health**

**David Bingaman, LCSW, CEAP, Associate Director of
EAP, Federal Occupational Health**