

Using Behavioural Insights

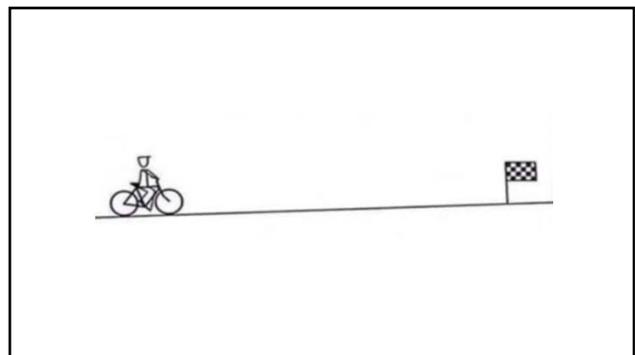
Nudging injured workers
back to work

PRESENTER DISCLOSURE

- Speaker's Name: Jason Parker
- Relationship with Commercial Interests:
 - None to declare
- Potential for conflict(s) of interest:
 - None to declare

Objectives

- Understand Work Disability as a separate condition
- Uncover 4 behavioral insights
- Implement nudges to help workers recover and RTW
- Enhance your skill in preventing Work Disability



Case Study - Dennis

Dennis is a manager at a retail store. He initially filed a claim for an ankle injury. He was making slow progress and saw his doctor. Imaging results revealed that the injury was not healing and surgery was recommended. Dennis undergoes surgery. Dennis appears to be super motivated and he was not really concerned about not returning to work because it is not an issue of if just a matter of when. Dennis has spoken to his doctor and he expects to return to his job full time and full duties after some PT. APF shows an expected RTW date.

Dennis Redux

- Dennis did return to work as expected.
- He was not able to sustain his RTW due to a reinjury. The doctor is recommending 4 more weeks off.
- He acknowledges he has a long history of not pacing himself and tends to over do things. He took on too much work and was on his feet too long. It was at the end of the day and he was tired. His foot slipped and he twisted his ankle.
- The doctor doesn't think it is broken, just strained and wants him off work for 4 weeks to prevent re-injury again because he has trouble pacing himself.

Fidelity Audit

- Knowing what you know now what would you change in the first call?
- Was Dennis at risk?
- Was it preventable?

The "Opportunity"

Managing Claims:
We know how to:

- Determine Eligibility
- Arrange Treatment
- Obtain Restrictions and/or Limitations

So why do most claims exceed expected duration?




Work Disability Prevention

"[Work Disability] Occurs when a worker is unable to stay at work or return to work because of an injury or disease.

Work disability is the result of a decision by a worker who for potential physical, psychological, social, administrative, or cultural reasons does not return to work. While the worker may want to return to work, he or she feels incapable of returning to normal working life.

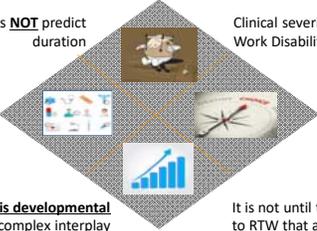
Therefore, after the triggering accident or disease has activated a work absence, various determinants can influence some workers to remain temporarily out of the workplace, while others return, and others may finally not return to work at all."

(Handbook of Work Disability – Prevention and Management. Loisel and Anema 2013)

Work Disability is a separate condition

Medical does **NOT** predict duration

Clinical severity does not predict Work Disability



Work Disability is developmental in nature. It is a complex interplay of decisions, fears, motivation, biases, and emotions.

It is not until the worker decides to RTW that actually anything ever happens

The Paradox – The Zero Sum Game

"Despite ample research demonstrating at best a weak link between clinical severity measures and work ability, clinical evaluations often dominate in compensation systems that attempt to establish a physical, objective basis for work disability compensation. The impairment-based model of work disability persists, as clinical measures are key criteria for benefits eligibility in many compensation schemes."

- Parsons DO. Measuring and deciding disability. In: Weaver CL, editor. Disability and work. Washington: AEI Press; 1991

The Work Disability Problem

PROBLEM



Work Disability is the result of delayed recovery factors that can not be solved with more investigation, more medical document, or more expert opinions.

There appears to be an inverse relationship with customer service and duration. Simply providing good customer service does not solve the Work Disability problem.

Good customer service is **NOT** a proxy for Engagement and Activation.

SOLUTION



A worker-centric approach that addresses decisions, fears, motivation, biases, and emotions is the best practice for dealing with the Work Disability problem.

There are various determinants of work disability that are modifiable

Successful RTW is a complex phenomenon of motivation, action planning, and goal attainment.

Work Disability Prevention

The Biopsychosocial-Behavior Model

"Return to work can be conceptualized as a complex human behavior change, with the employee taking the final decision to RTW."

Behavioral Determinants as Predictors of Return to Work After Long-Term Sickness Absence: An Application of the Theory of Planned Behavior. J Occup Rehabil (2009) 19:166–174



To influence behaviour you have to influence behavioural motivational and behavioural ease.

Listening to Workers

- Many are quite vulnerable and are looking for positivity, support, and empathy
- Many are unsure of what to expect
- The vast majority of workers want to RTW
- IWs do not want to feel like they are being forced back to work
- IWs are often interested in knowing how other people go through the recovery and back to work process



The Neurology of Motivation



'The need for control is a biological imperative'

Motivation is strongest when our choices and decisions **give us control** and **they attach a larger meaning to our actions.**



"Sometimes I think the collaborative process would work better without you."

How workers think about RTW

CM goal is for the injured worked to RTW in a timely manner



Personas	Goal-Related Processes	Timeliness of RTW
Fast Freddie	Injury → Back to Work	On-time or early
Middle Mike	Injury → Recovery → Back to Work	On-time or later than expected
Slow Sally	Injury → Recovery	Very late or never

How workers think about Recovery

"The JP Theory"



Personas	Goal-Related Processes	How Workers think about Recovery
Fast Freddie	Injury → Back to Work	Risk
Middle Mike	Injury → Recovery → Back to Work	Degree of Severity
Slow Sally	Injury → Recovery	Resolution

4 Behavioral Insights

- Loss averse
- Present bias
- Tend to procrastinate
- Self control problems



Loss Aversion

Losses loom larger than gains



RTW > Debilitating injury
 however
 RTW (with modified duties) < RTW (with previous duties)
 RTW (Alternate work) < RTW (Own job)

Present bias and hyperbolic discounting



Present bias and timing of RTW
 - Is it near or far?



Gaining Commitment

Commitment and Consistency

Desire to be or appear to be consistent
 with that we have committed to.



Gaining Commitment

Commitment and Consistency

Getting workers to make a commitment to their own recovery and RTW

What can be said:

"Taking charge of your recovery can help ensure a successful recovery"

"What do you think needs to happen in order for you to return to work successfully?"

Avoid leaving the impression they have the sole responsibility. Feelings of lack of support and isolation can occur.

Remember: small choices and decision are key to activating the striatum.

Gaining Commitment

Commitment and Consistency

Early and safe return to work

What can be said:

"What is the most important thing about returning to work for you?"

"My role is to help you with your recovery and your RTW as soon as it is medically appropriate."

"Getting you back to work in a timely fashion will allow you to have a better chance to 'X'."

If you are a clinician: "Returning to work in a timely manner is one of the goals of this treatment. Is that one of your goals too?"

Boosting Confidence

Social Proof



The greater the number of people who do something,
 the greater the 'proof' that it is correct.

Boosting Confidence

Social Proof

What can be said:

"Would you like to know what other people in your situation did to RTW?"

"People in your position typically take X amount of time to recover, and are back to work within X amount of weeks"

"Most people, like you, find that when they do 'X' are able to achieve their goal of RTW more often."

Reassurance

"[Is] something a therapist does, with the aim of reducing anxiety and changing beliefs and behaviours."

2 types of Reassurance:

Affective reassurance – a swift and immediate emotional response

Cognitive reassurance – a slow and demanding neutral transfer of information



Reassurance

"Cognitive reassurance improves outcomes not only in the short term, but also in the long run. Affective reassurance at best improves patients' satisfaction at consultation exit, but there was also evidence for an association with poorer outcomes."

Cognitive and affective reassurance and patient outcomes in primary care: a systematic review – Pincus et al 2013

But... Affective + Cognitive = Better Outcomes

Reassurance

What NOT to say:

When I went to the ER to have a painful ingrown toenail removed, I was sobbing, gagging, petrified...the works by my doctor knew how to calm me down.

"Don't worry about a thing," he assured me. "I just looked up how to perform this operation on Youtube."

Reassurance

Affective reassurance

- I can see that you've been suffering
- I am really listening
- I really understand
- I really care
- You can rely on me to help
- It's going to be alright

Reassurance

Cognitive reassurance

- Here is an explanation which I think fits what you've described
- Here is what I propose we do
- Here is what I think might happen in the future
- Here is what you can do about it

Take Aways

IWs can have increased feelings of vulnerability, isolation, and uncertainty.

There was contradictory or insufficient evidence for other factors:

- such as practitioner style, and empathic communication.
- for request fulfilment for tests, referrals and medication prescription (which fits with recent reviews of excluded studies)

Nudging IWs towards RTW can go a long way to helping “stuck” workers get “unstuck”.

A worker-centric approach is **THE** best practice.



*Specializing in:
Work Disability Prevention
Absence Management
RTW Solutions*

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