

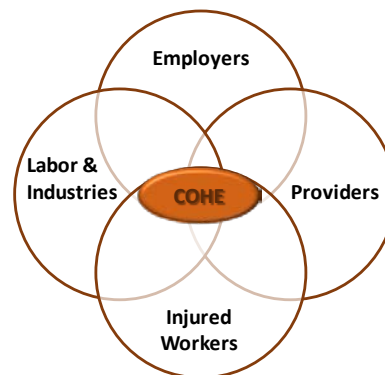
## Improving Occupational Healthcare Delivery to Support Workers' Compensation Return to Work

### BUILDING ON EVIDENCE-BASED PRACTICE FROM WASHINGTON STATE'S CENTERS OF OCCUPATIONAL HEALTH & EDUCATION (COHE) EXPERIENCE

The "Replicating and Adapting the COHE Model" Policy Working Group (PWG) of the U.S. Department of Labor's Office of Disability Employment Policy's Stay-at-Work/Return-to-Work Policy Collaborative explored the policy considerations of adopting/adapting the return-to-work (RTW) strategies of the State of Washington's Centers of Occupational Health & Education (COHE). With the implementation of its COHE program, Washington took a systematic approach to supporting RTW in workers' compensation by making ongoing improvements to its occupational healthcare system and involving all stakeholders—medical providers, insurers, workers, employers, and the state workers' compensation system—in the effort. The PWG examined the COHE program as well as other states' programs that have replicated elements of the model and/or adapted COHE-type strategies in their efforts to improve both health and RTW outcomes for workers with work-related injury or illness and reduce these workers' long-term disability. The PWG addressed the opportunities and challenges in adopting policies at the state level that promote both recovery and RTW within the workers' compensation system.

By coordinating care, training healthcare providers, coordinating communication among all stakeholders, and supporting the use of occupational health best practices, Washington State's COHE program has been successful in improving worker outcomes, reducing the risk of long-term disability and premature exit from the workforce, and promoting workers' RTW.

#### What is COHE?



Source: Washington Department of Labor and Industries

Formal evaluation of COHE's short-term effects found decreased medical costs and a 21% reduction in the likelihood of being out of work and on disability one year after injury. COHE has also had significant long-term effects: Over an eight-year follow-up period, the population of injured workers treated through COHE experienced 231,500 fewer disability days per 10,000 workers compared with injured workers treated by non-COHE providers. This translates into 634 years of disability avoided per 10,000 injured workers.

The importance of a strong RTW focus and effective occupational healthcare delivery in workers' compensation programs cannot be overstated. The challenge for policymakers lies in identifying feasible policies and initiatives that are of demonstrated value, and ensuring that such initiatives are inclusive of all stakeholder groups within their workers' compensation system—workers, insurers, medical providers, employers, and the state workers' compensation system itself.

## RECOMMENDATIONS

The PWG provides the following recommendations for states working toward improving workers' compensation healthcare delivery with the goal of achieving better health and employment outcomes for workers.

- 1. Take a systems change approach.** Improving occupational healthcare delivery in workers' compensation so that both the worker's health and RTW outcomes are maximized requires having a vision of how the whole system does and should work.
- 2. Consider replicating or adapting the COHE model.** COHE is not just for single-payer states where much of the power of the workers' compensation insurance marketplace lies with the state agency. The COHE model may serve as a platform on which an effective system for delivering quality healthcare that promotes RTW can be built.
- 3. Build on existing systems and initiatives.** Many states have existing laws, regulations, and policies on which to build.
- 4. Start with a pilot program.** Begin adoption/adaptation of the key elements of an evidence-based model such as COHE on a small scale by implementing a pilot program.
- 5. Begin with small steps that address key components.** In states where implementing the successful strategies of the COHE model may not be immediately feasible, adopt a goal or a vision that incorporates as many components of COHE as feasible.
- 6. Make strategic use of the state workers' compensation regulatory apparatus.** Most states already have an institutional mechanism for implementation of a COHE-type program in the state's workers' compensation healthcare system. For example, the Colorado Department of Workers' Compensation was able to promulgate a new regulation that opened a pipeline for stakeholders to propose pilot programs on healthcare quality initiatives such as COHE.
- 7. Identify clinical champions in partner organizations, and recognize their central role in healthcare delivery and RTW.** In the COHE experience, the presence of strong medical and clinical leadership and connection is as important, if not more so, as the structure of the state's insurance market.
- 8. Share information about the demonstrated benefits of a strong RTW program with businesses of all sizes, and use financial tools to incentivize their participation in the system.** Promote business investment in RTW programs through education regarding the value of RTW as well as through subsidies and other financial incentives such as reduced workers' compensation premiums.

### Reference

Sung, D., Lore, H., & Magill, K. (ed.) (2017). *Improving Occupational Healthcare Delivery to Support Workers' Compensation Return to Work: Building on Evidence-Based Practice from Washington State's Centers of Occupational Health & Education (COHE) Experience*. Report submitted to the U.S. Department of Labor, Office of Disability Employment Policy. Columbia, MD: IMPAQ International, LLC, August 2017.

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For more information about the Stay-at-Work/Return-to-Work Policy Collaborative see <http://www.impaqint.com/stay-workreturn-work-policy-collaborative-swr2w>.