# Healthy Worker 2020:
# A collaborative care plan for injured workers

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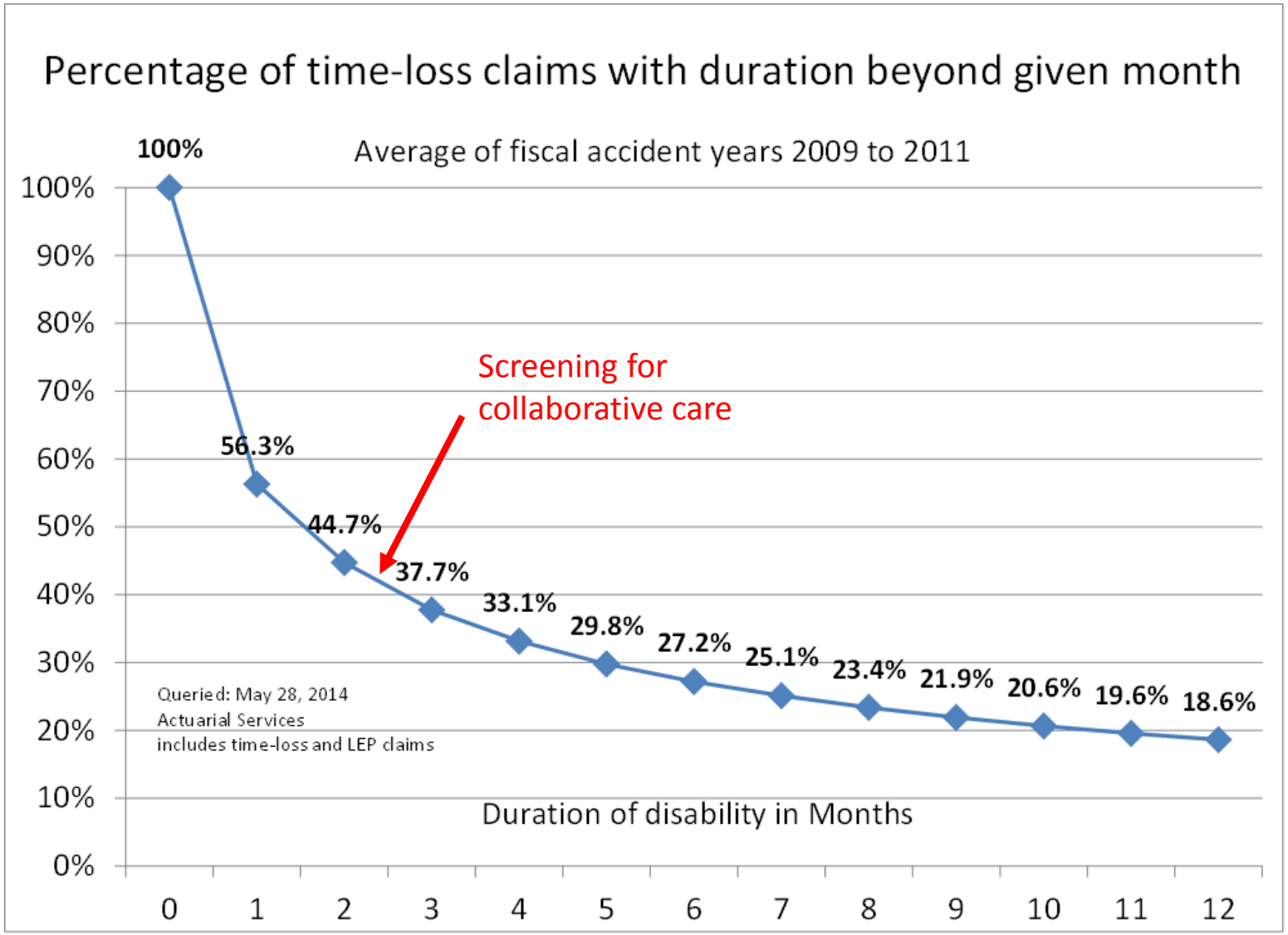
# Disclosures – none.

# Duration of time-loss



# Pain & Behavioral Health Collaborative Care Program

## *Target Population*

***Injured workers with pain and/or behavioral health issues – at risk for time loss and disability***

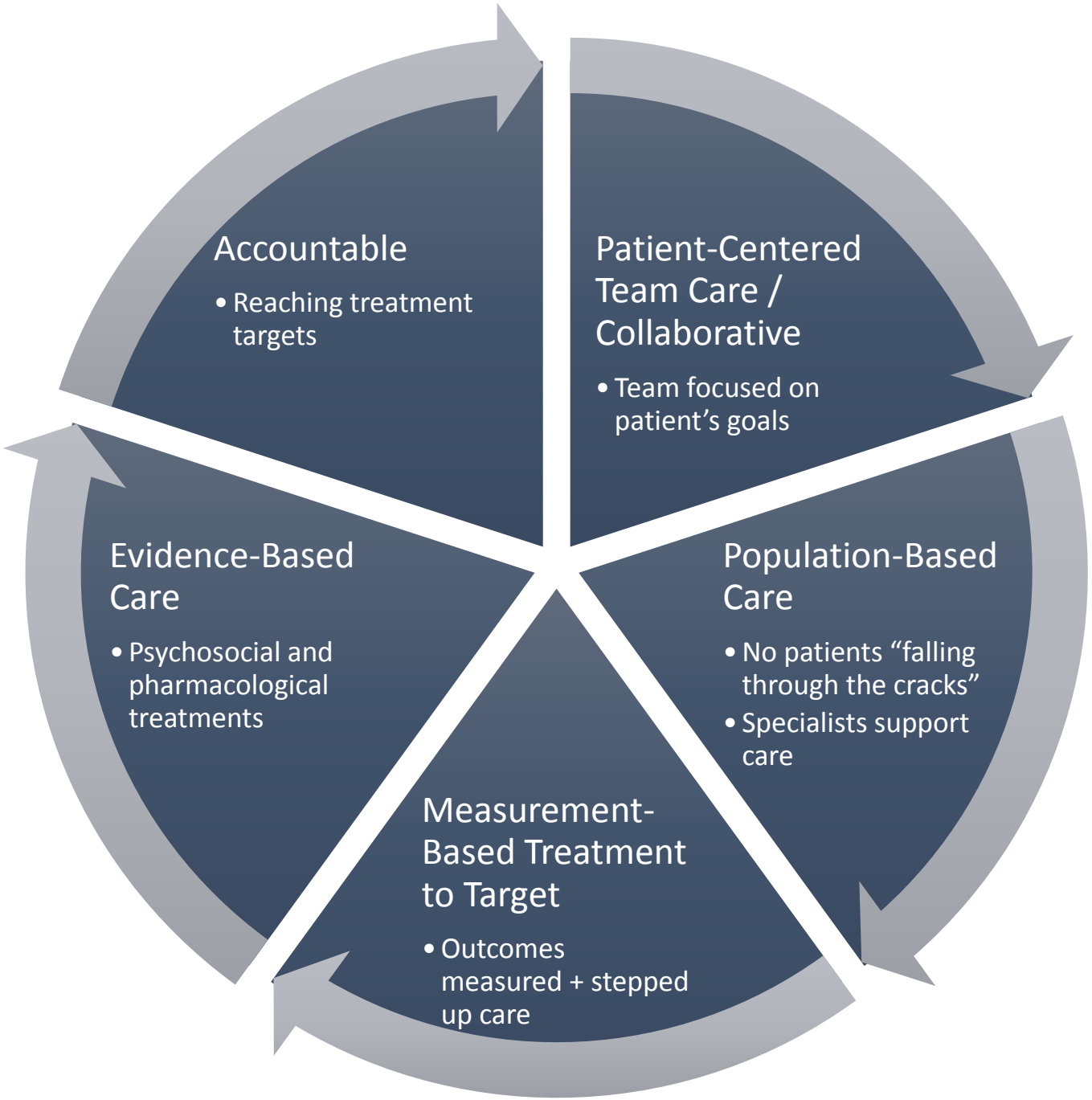
- *Preventing long term disability*
- *Addressing a critical gap in care for injured workers*
- *Targeting engagement in treatment early in their claim process*
- *Brief, targeted treatment → stepping up care as needed*
- *Using an evidence based model of team-based care*

# Collaborative Care

- A type of ***integrated healthcare*** developed to treat common behavioral health conditions
  - Originally mental health conditions
  - Used now for cancer, diabetes, cardiovascular disease, pain & other conditions
- Team-based system of care
- Based on 5 core principles
- Cochrane Review 2012: 79 trials and 24,308 patients

https://aims.uw.edu/collaborative-care

# Principles of Effective Collaborative Care



# Treatment formats

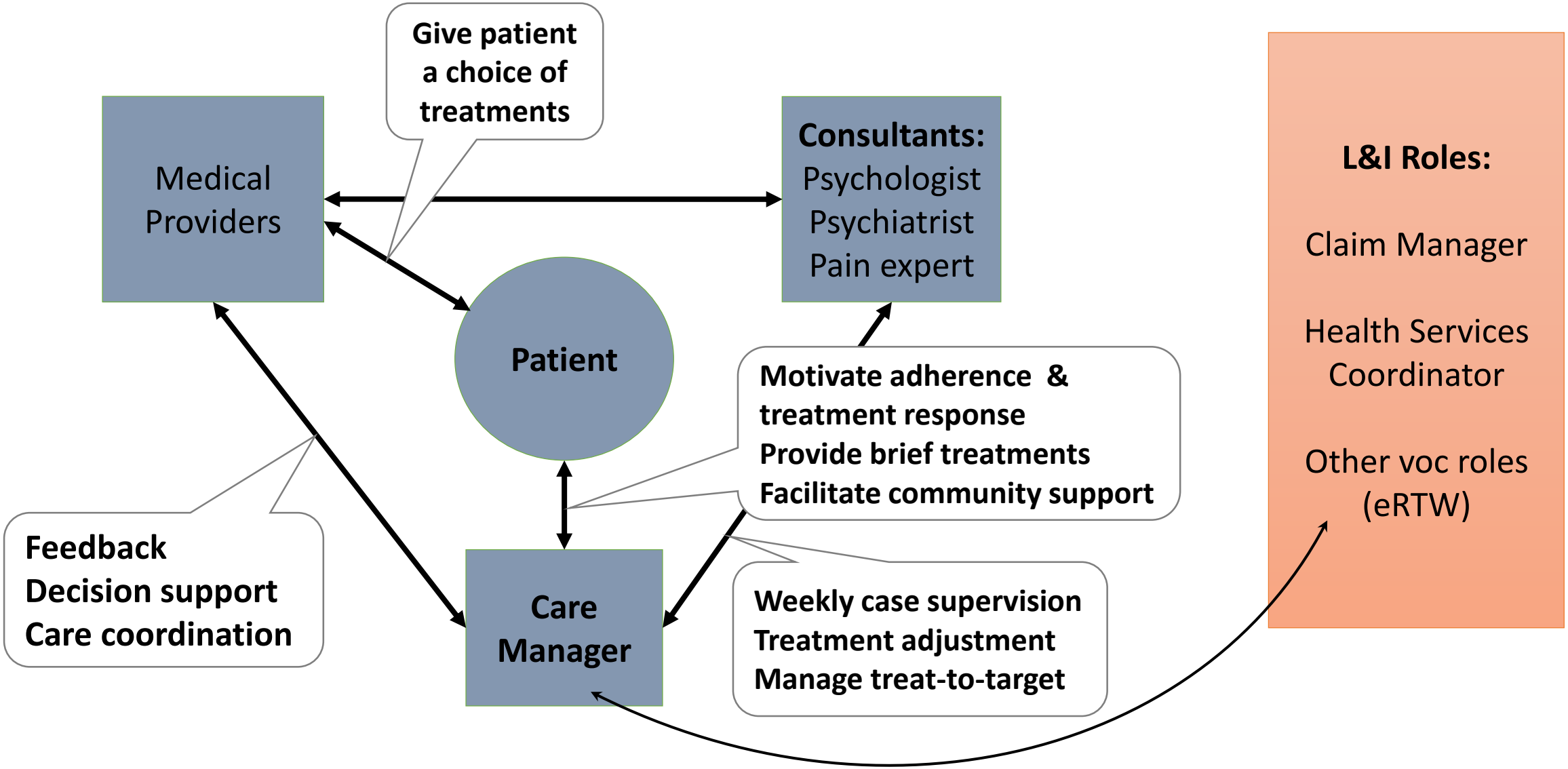
## Traditional Behavioral Health (treatment as usual)

- Single behavioral health expert
- Psych assessment
- Typically address a very targeted problem
- Costly training
- Rigid protocols
- Limited population generalizability
- Time consuming treatments - Typically delivered face-to-face
- Point of care treatment, no outreach
- Limited population reach

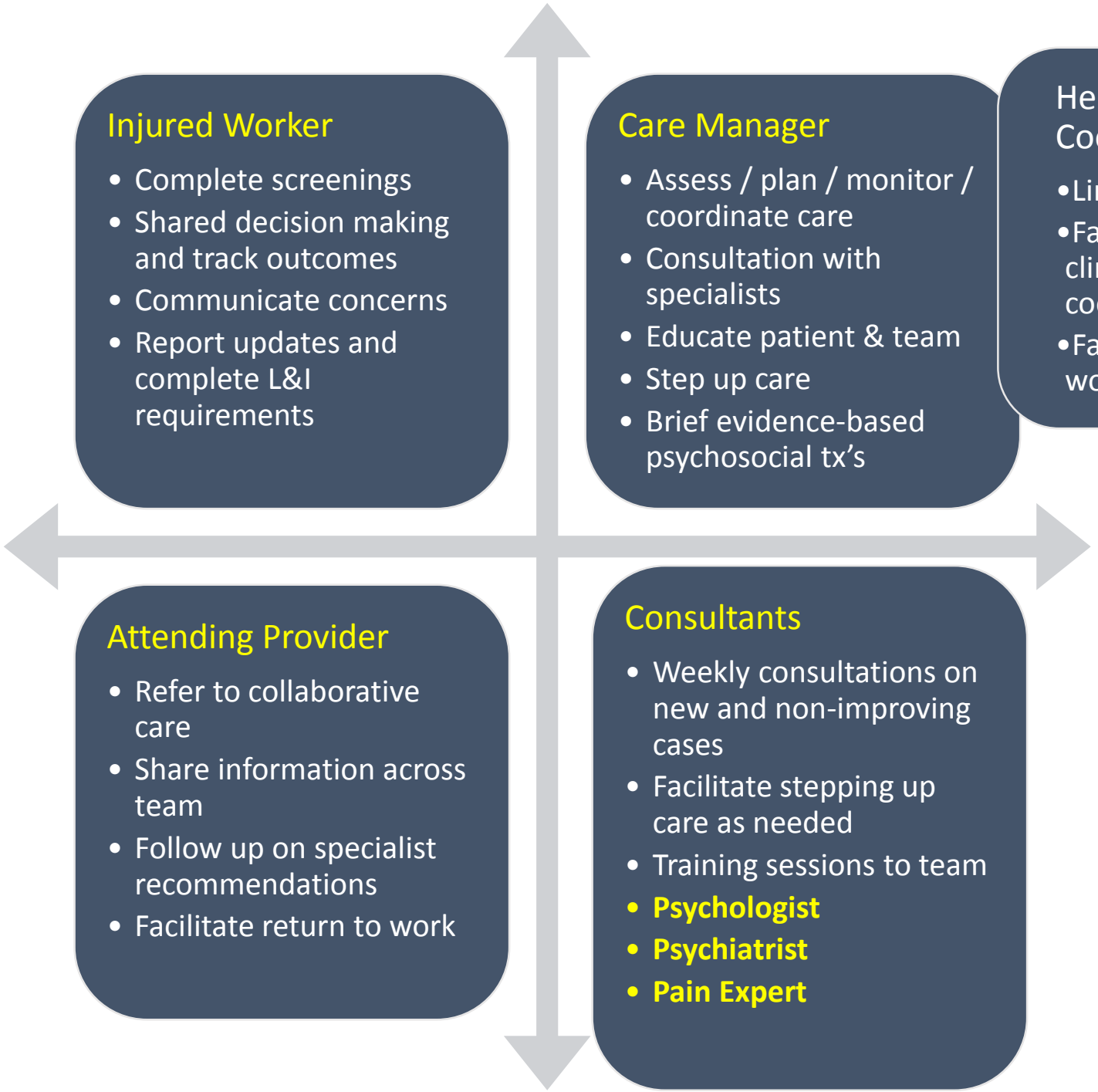
## Collaborative Care

- Care manager (specialist consultants)
- Systematic screening
- Brief evidence based treatments
- Interdisciplinary team care
- Medication management and consultation
- Utilizes telehealth to reach patients
- Flexible
- Focus on patient engagement
- Increased intensity in treatment as needed
- Lower cost than traditional treatments
- Broad population reach

# L&I Collaborative Care Model

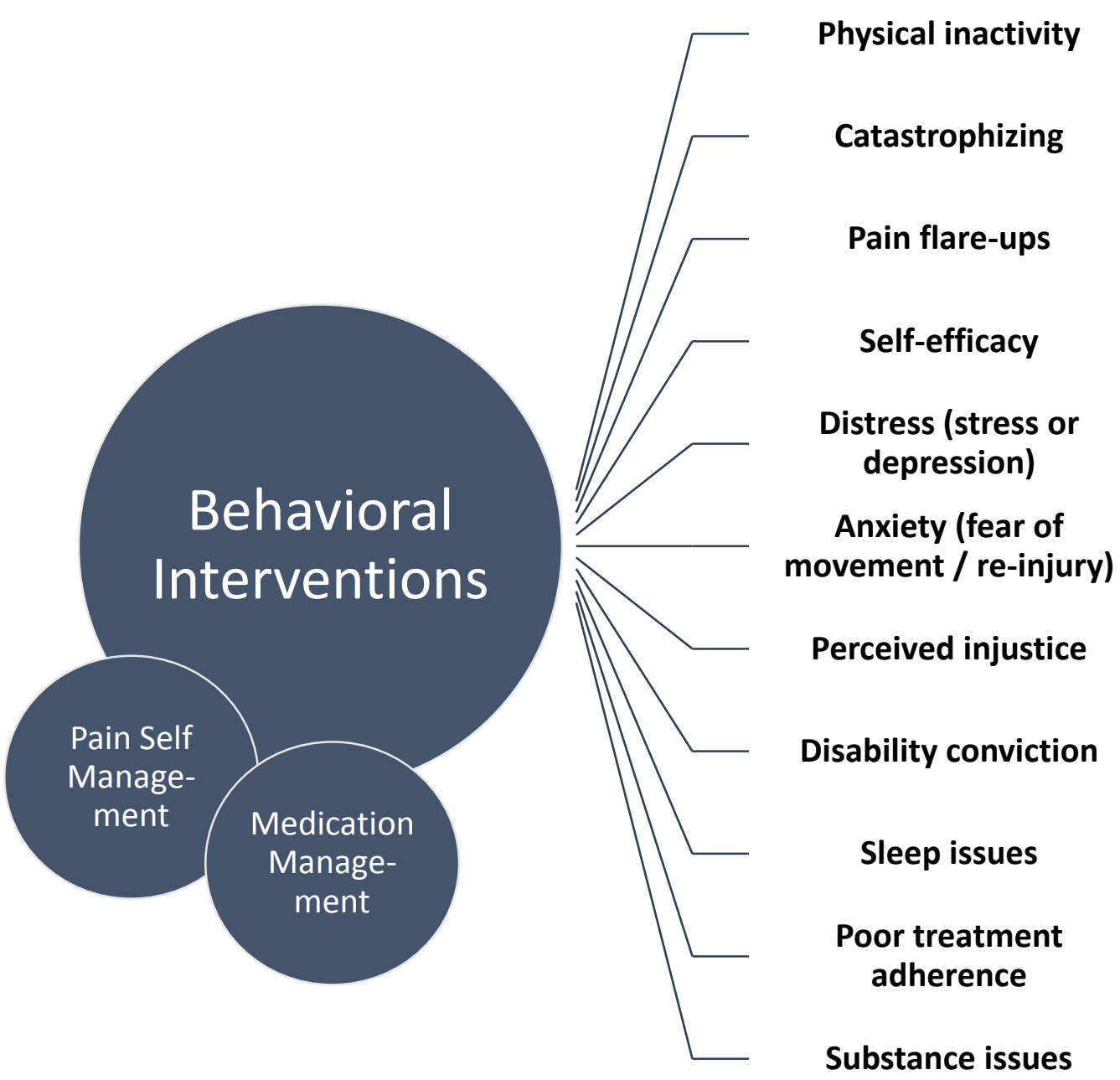


# Roles for Collaborative Care Team Members



# Core Behavioral Interventions

- Education (including sleep hygiene education)
- Self-monitoring: identifying progress & strengths
- Goal-setting/values
- Behavioral Activation (including activity coaching)
- Cognitive restructuring
- Crisis Management
- Anxiety Management
- Relaxation training
- Problem solving
- Nurturing positive emotions
- Mindfulness meditation
- Motivational Interviewing
- Building helpful social support & engagement




# Chronic Pain Psychosocial Risks / Symptoms

# Episode of Chronic Pain & Behavioral Health Care

## *2-6 months*

**Standard clinical symptom measures**

- Depression - PHQ-9
- Anxiety - GAD-7
- Pain intensity and interference
- PROMIS
  - Pain Self efficacy
  - Sleep
  - Pain catastrophizing

| Session /Activity | Content |
|---|---|
| **Care Manager & Injured Worker** | |
| **Session 1** | Patient-centered assessment & care planning:<br>• Assessment<br>• Self-management & care<br>• Set recovery expectations<br>• Develop initial treatment plan |
| **Sessions 2 to #**<br><br>**Session frequency will range from 1/week to 1/month & typically decreases over time** | Ongoing sessions:<br>• Monitor outcomes & response<br>• Monitor adherence, self-management, & work status<br>• Coordinate medical management<br>• Provide brief behavioral interventions<br>• Provide support for pain self-management & maintenance of gains<br>• Intensify/step up treatment |
| **Final Session** | • Relapse prevention plan<br>• Provide resources to maintain gain |
| **Specialist weekly consultation** | • Discuss new patients<br>• Discuss non-responding patients<br>• Review progress, barriers, plan<br>• Monitor outcomes<br>• Recommend treatment adjustments |
| **Other Activities** | • Inform L&I staff as needed<br>• Facilitate referrals (i.e., PGAP, voc services) |

# Case example: treatment as usual in L&I

- 34 year old mother of 4
- Works nights as nursing assistant
- Injured back transferring patient, seen in urgent care, referred to occ med
- 2 weeks later – meds not working, prescribed NSAIDS and referred for PT
- Released to light duty, but employer has no light duty available
- 3 months after injury  - no improvement
- 6 PT sessions, home exercises, no benefit from meds, switched meds
- Referred to different PT and to PGAP (PHQ9 score of 20)
- Declines PGAP because of childcare

# Challenges

- Remote versus co-located deployment of care managers
- Integration with existing care across numerous settings with small populations of injured workers
- Sustainable work force development for care managers, psychologists, and psychiatrists in chronic pain
- Electronic tracking system solutions
- Cross setting successful collaboration (i.e., care settings, L&I, employers)

# Recommendations

- Train workforce with clinical core competencies that will get refined under guidance of psychologist/psychiatrist specialty consultants
- Work directly with clinical care setting champions to collaborate on adaptations needed to be successful as early as possible
- Start simple with electronic tracking (e.g., Excel spreadsheets) to avoid complicated hurdles to getting started
- Try to avoid payor/plan specific customizations within the clinical team to allow for utility to broader populations of patients

# Thank you

Questions/Contact:

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