

# OHSIG Newsletter for March

## Combined Sections Meeting 2018 Update



The APTA Combined Sections Meeting returned to NOLA February 22<sup>nd</sup> to February 24<sup>th</sup>. Attendance surpassed over 17,000 professionals, educators, and students! There was plenty of interesting educational sessions, exhibit hall vendors, and platforms to view over the 3 days. Here is a short run down on what was presented by members of our OHSIG:

### **Direct-to-Employer Physical Therapy: Building Supply and Demand**

Presenters:

Todd E. Davenport, PT, DPT, MPH, OCS

Lorena P. Payne, PT, MPA, OCS

Mike Eisenhart, PT

The World Health Organization and United States Centers for Disease Control and Prevention each emphasize the importance of ensuring total worker health. Physical therapists are in a unique position to leverage total worker health initiatives in order to turn the tide of high medical costs and relatively poor health outcomes in the US. Employers are motivated to lower medical costs, maintain a productive workforce, and reduce out-of-pocket medical expenses. Direct-to-employer physical therapist services can be tailored for specific worker cohorts with the goal of reducing risks associated with disabling and expensive chronic diseases. A workgroup was convened through the American Physical Therapy Association to develop the rationale and toolkits for starting population health programs in the occupational environment. This session, sponsored by the Occupational Health Special Interest Group of the Orthopaedic Section, is to provide an update regarding the Direct-to-Employer Work Group's activities and future directions.

### **Onsite Physical Therapy Driven Corporate Employee Health Wellness**

Presenters:

Russell Certo PT OCS

Tracy Ervin MPT

Physical therapists account for disease and dysfunction when developing appropriate exercise and rehabilitation services. This expertise can be expanded into the corporate employee health and wellness setting. Chronic disease management needs to be taken into a broader spectrum that includes physical therapist driven care. A single-site private practice can contract with employers to deliver these lifestyle management services in collaboration with primary care. A multisite office or a corporate entity with hundreds of offices can use these programs to differentiate itself in the marketplace and grow their business by 20%. Onsite industrial-based therapy can adopt these programs and deliver them to the employees they engage with in an overall employee wellness plan. Fifty percent of health care is controlled by self-insured companies who have a vested interest in the health of their employees. Employees and their health are viewed by many companies as an asset. The employer also understands they will have a 30-year relationship with their employee. As a payer of health care, these companies are now looking for partners who can deliver an effective corporate employee health program that is far superior than any wellness program they have tried in the past. Who better to serve this market and capitalize on this opportunity than the physical therapy profession? The PT who is already delivering a worker comp and prework screening service for a company is in the best seat to deliver a total workplace well-being program that includes the management of employees with chronic diseases. We can become the Director of Wellness for any self-insured company.

Companies who view employees as assets and that manage health are the most successful companies at managing health care costs. Every business understands that a healthy workforce has greater productivity, higher morale, less absenteeism, and lower workers comp costs. Employers and corporate America pay the entire health care bill for the country. Half the bill is paid directly through health benefits to employees and the other half of the country's health care costs, paid for by public programs, are subsidized by taxes paid by corporations and the payroll taxes of America's workforce. Unfortunately, employers have not taken advantage of their role as consumers in the health care marketplace. The Trilogy Employee Health Program is a total worker wellness plan that engages employees with innovative programs to improve individual health and creates bridge programs for return to work after injury. We integrate current traditional occupational health and prework screening programs with our expertise in chronic disease lifestyle management programs creating a total worker wellness model. These programs are based on best practices, are evidence-based, and produce the outcomes rarely obtained in most wellness programming.

#### Cost Containment:

In addition to reporting significant health benefits, this model has also been successful at demonstrating reduction in cost.

Average \$4,000 reduction in annual total cost of care per participant  
70% decrease for inpatient care costs  
20% decrease for outpatient care costs  
20% of participants moved from a higher risk pool to a lower risk pool  
This program has seen an average completion rate of 70% and an average 10% reduction in body weight. Significant biometric improvements were also reported in the following parameters ( $p < .05$ ):

Blood pressure (62% reduction in hypertension in those with a BMI > 30)  
Waist circumference (average 2.3 inches lost)  
MOG Fitness Score Improvements of 15%  
VO2 & Functional Capacity Improvements

Improved engagement and self-efficacy

The latest trend in medical delivery is the idea of the triple Aim: creating a better patient experience, acquiring better outcomes, at a lower cost. TRILOGY provides services through collaboration between Primary Care, Physical Therapy,

### **How Physical Therapists Can Enhance Firefighter Police and Military Readiness**

Presenters:

Julie Collier

Kaitlin Vail

Ricajrd Westrick

Kristen Wilburn

Addressed the role of sports physical therapists working with various types of tactical athletes focusing on how PTs across the country can develop similar programs. Physical therapists who currently work with firefighters, law enforcement, and military personnel discussed the physical demands placed n tactical athletes, common musculoskeletal conditions, and related variables considered when working with this population. The speakers discussed specific examples of PTs working with tactical athletes to enhance readiness and performance, including the Fairfax County Fire Department Wellfit Center, Idaho State University's Center for Tactical Athlete Performance, and the US Army's Performance Triad and Holistic Health and Fitness programs.

### **Toward "Transforming Society": The Role of Physical Therapy in Population Health**

Presenters:

Todd Davenport

Mike Eisenhart

Dr Dawn Magnusson PT PhD

Medical expenditures in the United States surpass \$3 trillion annually, far exceeding other industrialized countries, while many important health indicators lag far behind. The diagnosis for the high cost of medical care in the United States generally relates to high chronic disease burden and high reliance on expensive medical, technological, and pharmacological management. By shifting some of our attention toward improving the health of communities, while continuing to care for individual clients, physical therapy could be well-positioned to lower the chronic disease burden and our society's reliance on expensive tertiary care strategies. The result: lower overall medical costs and improved health outcomes for our clients and communities. This session will provide a roadmap for physical therapy to promote the health of populations through primary prevention and chronic disease risk factor management. The speakers will discuss the rationale and provide examples for a population health approach focused on upstream management of risk factors in large cohorts and preventive lifestyle interventions provided on an individual basis

## 2019 Combined Sections Meeting

The 2019 Combined Section Meeting is already in stages of planning. The 2019 CSM dates are January 23-26, 2019 in Washington D.C.

Submissions for presentations were due March 21, 2018.

However, Abstract submissions (posters and platforms) are still open. Deadline for abstract submissions: June 15, 2018 For more information click this link:

<http://www.apta.org/CSM/Submissions/>



Are you a member of our closed Facebook group?? If not- **come and join the conversations!!**

Here is the link to the Facebook group:

<https://www.orthopt.org/content/special-interest-groups/occupational-health/become-an-ohsig-member>

Sharing some of what has been discussed on the OHSIG closed Facebook page:

Research:

### **Effectiveness of Workplace Interventions in Return-to-Work for Musculoskeletal, Pain-Related and Mental Health Conditions: An Update of the Evidence and Messages for Practitioners**

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Abstract

**Purpose** The objective of this systematic review was to synthesize evidence on the effectiveness of workplace-based return-to-work (RTW) interventions and work disability management (DM) interventions that assist workers with musculoskeletal (MSK) and pain-related conditions and mental health (MH) conditions with RTW. **Methods** We followed a systematic review process developed by the Institute for Work & Health and an adapted best evidence synthesis that ranked evidence as strong, moderate, limited, or insufficient. **Results** Seven electronic databases were searched from January 1990 until April 2015, yielding 8898 non-duplicate references. Evidence from 36 medium and high quality studies were synthesized on 12 different intervention categories across three broad domains: health-focused, service coordination, and work modification interventions. There was strong evidence that duration away from work from both MSK or pain-related conditions and MH conditions were significantly reduced by multi-domain interventions encompassing at least two of the three domains. There was moderate evidence that these multi-domain interventions had a positive impact on cost outcomes. There was strong evidence that cognitive behavioural therapy interventions that do not also

include workplace modifications or service coordination components are not effective in helping workers with MH conditions in RTW. Evidence for the effectiveness of other single-domain interventions was mixed, with some studies reporting positive effects and others reporting no effects on lost time and work functioning. Conclusions While there is substantial research literature focused on RTW, there are only a small number of quality workplace-based RTW intervention studies that involve workers with MSK or pain-related conditions and MH conditions. We recommend implementing multi-domain interventions (i.e. with healthcare provision, service coordination, and work accommodation components) to help reduce lost time for MSK or pain-related conditions and MH conditions. Practitioners should also consider implementing these programs to help improve work functioning and reduce costs associated with work disability.

Open access article link: <https://link.springer.com/article/10.1007%2Fs10926-016-9690-x>

Joseph Paduda's weblog Managed Care Matters: <http://www.joepaduda.com/2018/03/opioids-bad-news-and-good/> discussed a recently released study funded by the Workers Compensation Research Institute:

### **The Impact of Opioid Prescriptions on Duration of Temporary Disability**

By David Neumark, Bogdan Savych, Randall Lea, M.D.

Study link: <https://www.wcrinet.org/reports/the-impact-of-opioid-prescriptions-on-duration-of-temporary-disability>

Pearls from the study:

patients with multiple opioid scripts are out of work three times longer than patients with no opioid scripts

patients can be weaned off opioids within two years and successfully return to work.

### **Facebook live recorded session:**

On February 5, 2018, APTA sat down with a panel of experts and a patient to discuss **the opioid epidemic** and ways that the health care system and the public must change to improve the health of society. Here is a link to that discussion:

<https://www.facebook.com/AmericanPhysicalTherapyAssociation/videos/10157059779298294/>

### **Other items:**



OHSIG plans to launch an open LinkedIn group. This will be an additional site for us to communicate with each other and open our conversations to a wider audience. (Our closed Facebook page will remain intact.) Our goal is to further engage our members while promoting our profession. Enabling a wider audience to understand how we as physical therapists and specialists in movement can better assist companies and industries to manage their healthcare costs while improving their employees' productivity and morale. Notification to OHSIG members via email will go out once this discussion group has been launched.

**Opportunities for mentoring:** At our OHSIG meeting at CSM this year student PTs voiced interest in accessing mentoring opportunities with our members. As a direct result of this request we will initiate a casual mentoring program through our closed Facebook page. We are currently working through the process of matching students with members and hope to have this program launched within the next month. We anticipate a long range plan developed around our goals of establishing an entry level curriculum for the physical therapist in the occupational health environment.

Don't forget to bookmark the occupation Health Special Interest Group Website:

<https://www.orthopt.org/content/special-interest-groups/occupational-health>

Please feel free to contact your committee members.

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