




**STATE OF NEW MEXICO**

# Workers' Compensation Administration

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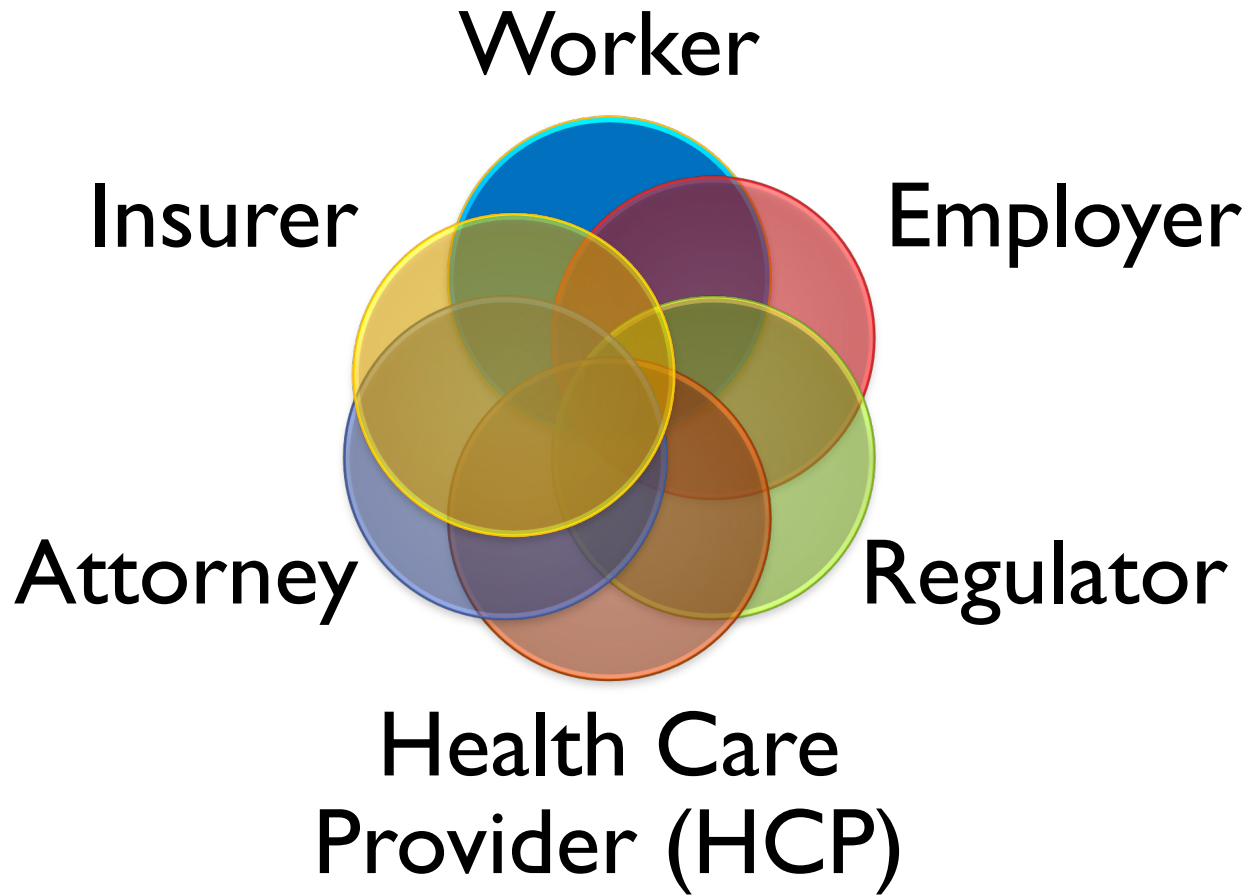
**ONE TEAM | ONE GOAL**

A Better New Mexico for Workers and Employers



# **WCA Return-to-Work (RTW) Town Hall**

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RTW Coordinator



**Effective RTW strategies involve ALL workers' comp stakeholders**

**Panel introductions**

# Goals for today's Town Hall

## – Opening the discussion –

- ✓ Review current WCA RTW services
- ✓ Present successful RTW programs in other states
- ✓ Hear from panel/community on what is possible/desirable in New Mexico
- ✓ Next steps?

Handout packet / feedback form

# RTW video



[https://youtu.be/izB9v\\_HN6wE](https://youtu.be/izB9v_HN6wE)  
Used with the permission of the NCCI

# Tackling medically unnecessary disability

**“60% to 80% of lost workdays attributed to medical conditions in the United States involved time off that was not really required by the condition itself.”**

**The Personal Physician’s Role in Helping Patients with Medical Conditions Stay at Work or Return to Work**

Journal of Occupational and Environmental Medicine  
June 2017 edition

# Reasons for medically unnecessary disability in workers' comp

- ✓ Time-of-injury employer unwilling to accommodate light duty work restrictions
- ✓ HCPs not considering light duty releases
- ✓ Workers unable to get timely treatment due to shortage of HCPs taking workers' comp
- ✓ Souring of time-of-injury employer/employee relationship causing RTW motivational issues
- ✓ Communication breakdowns between parties

# RTW findings – 2001 RAND study

- ✓ Time to RTW in NM is much longer than it is in other states.
- ✓ NM's longer time-off work durations are related to less frequent return to at-injury employer.
- ✓ Active RTW programs in more successful states may account for better RTW rates.

Difficulty measuring current-day RTW rates

The neutral governmental agency in a key role



## MISSION OF CURRENT SERVICES

See handout #1

Help injured workers safely and efficiently return-to-work with their time-of-injury employers via:

1. OUTREACH to promote workers' comp pre-planning

2. EMPLOYER CONSULTATIONS done one-on-one / voluntarily to achieve workers' comp best practices



# Provider's Report of Physical Ability See handout #2

- ✓ For last 2 years, disseminated as a voluntary form employers give to workers
- ✓ Various employers / HCPs / insurers have forms
- ✓ **Can we make a mandatory form to be filled out by ALL treating HCPs at each workers' comp appointment?**
- ✓ About 20 other states have a standardized medical / RTW form

# Early RTW Initiative is successful overall but challenges include...

- ✓ Employer lack of motivation due to detachment from true claim costs
- ✓ Administrative and time burden, esp. for smaller companies w/ few injuries, don't seem worth it
- ✓ WCA's only incentive "it's good for you"
- ✓ Hard to measure/see "results" and gage how well they actually support their workers

Can we do more?

# Our workers' comp structure

**NM has commercial & self-insurance**

## **WCA funding comes from:**

- ✓ \$4.30 fee per worker on payroll, paid quarterly by the employer
- ✓ \$2.00 can be passed onto worker
- ✓ \$0.30 for Uninsured Employer Fund (UEF)

**Few early intervention options for injured workers and the role of Department of Vocational Rehabilitation (DVR)**

# What is possible by the state agency... Quite a lot

Because medically unnecessary disability is a multi-faceted issue, we are looking at multi-faceted solutions.

## **We will focus on successful programs in:**

- ✓ Oregon – employer reimbursements
- ✓ Washington – HCP supports
- ✓ Idaho – worker support / RTW facilitation

# In depth – Oregon model

## Employer-at-Injury Program:

Reimburse employers for some costs when they provide **temporary, light-duty jobs**:

1. Wage subsidy - 45% of worker's gross wages for up to 66 work days within a 24-consecutive month period
2. Training (e.g. tuition) up to \$1,000
3. Tools (e.g. , keyboard tray) up to \$5,000
4. Clothing (e.g. , steel-toed boots) up to \$400

# **In depth – Washington model**

## **Centers of Occupational Health and Education (COHEs):**

1. Care Coordination
2. Occupational health best practices
3. Regular HCP training/performance feedback
4. HCP incentives
5. Advisors and COHE medical director
6. Community outreach

Other states such as CO are piloting

# Care Coordinator video



<https://youtu.be/YjCTLMS7HIA>



# In depth – Idaho model

## Field Consultant Program:

- ✓ Governmental “claim service manager” assigned to worker for life of claim
  1. Employer site visit to assess job-of-injury position/other light duty tasks
  2. Gather information for HCP
  3. Work with employer to accommodate
  4. If can't, help worker look for work in their field or, if that's not possible put together training plan

# Bringing it all together

We are looking to adapt aspects of EACH of the aforementioned programs into one that fits NM




Image courtesy of FreeAbqImages.com, a public/private partnership between Marble Street Studio, the City of Albuquerque and local business and organizations.

# A word on tracking...

**Tracking for WCA Annual Report and to understand how NM compares to other states on claim length/severity:**

- ✓ Many stakeholders want us to track
- ✓ WCA current reporting, First Report of Injury (FROI or E-1) / Second Report of Injury (SROI or E-6) / Annual Expenditure Report (AER), does not allow for any reliable RTW tracking
- ✓ Ideas on how you can help us track?



**Thank you for helping us  
better serve our workers'  
compensation community**

**Fill out handout #3 / place in  
feedback box at the back**

**Discussion by panel & audience**