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Improving Compliance: Engaging the Individual in Medical Recovery and Return-to-work

Q. What percentage of patients refill their prescriptions as prescribed—and take their medication as directed?

A. It's no secret that patients don't comply with their doctors' advice. Only about 15–20 percent refill prescriptions as prescribed.[1] When patients do get them filled, only about 50 percent take the medications as directed.[2] Taking medications is bad enough, but when the prescription is for lifestyle change—such as weight loss, smoking cessation or exercise—compliance is even worse. Unfortunately, in workers' compensation, recovery from injury often times requires exercise or other behavioral prescriptions. Fortunately, we may be able to enhance compliance through better patient engagement.

Compliance: A problematic concept?

Part of the problem with the notion of compliance is that it implies a passive patient. While patients might have been expected to be docile in the 1950s, 21st-century patients are used to interaction and involvement. They are used to receiving personalized information—from online stores that recommend items they might like to apps that tell them where their friends are to drugstores that remind them when prescriptions are due for refill—and then making their own decisions. No wonder they don't do what they're told.

Many have examined the compliance problem from both the medical and psychological perspective. Vermiere and colleagues from the University of Antwerp, Belgium, reviewed the literature—which addressed as many as 200 different variables—and concluded that "…non-compliance remains a major health problem … numerous studies continue to produce contradictory and variable results. Some recent qualitative research has identified important issues such as the quality of the doctor-patient relationship and patient health beliefs. These results suggest that a shift from a paternalistic biomedical model to a model of shared decision-making is necessary."

To better reflect the focus on shared decision-making and more active patient involvement, we need to shift the paradigm from compliance to patient engagement. Engagement implies a partnership between patients and doctors, with patients playing a key role in their own health care.[3, 4] The next question is, "How do we get there from here?"

What stands in the way

Currently, we face several barriers to engagement. Chief among these is time. Today, a general practitioner's patient roster typically includes about 2,300 patients. Such a large patient roster doesn't leave much time for talk. Primary care physicians spend an average of 13-15 minutes per patient.[5] In that short time—or shorter—it's virtually impossible to give patients the personalized attention they are accustomed to, much less the information they need. In fact one study showed 50% of patients leave the doctors office not understanding what they have been told.[6]

Today, when a patient is uncertain about what to do after the doctor-patient interaction, he or she is likely to turn to the Internet for advice. Without doubt, the emergence of the Internet as an unfiltered source of information for so many people has compounded the compliance problem by making all contributions seem equally valid. This is evident in the increasing number of parents who refuse to vaccinate their children, the grassroots movement against fluoridated water, etc.—all the weight of medical research and authority notwithstanding. Simply having access to

more "information" on the Internet will not guarantee engagement.

For the foreseeable future, it seems that a qualified human still needs to provide interpretation and guidance. The more meaningful conversations are more likely to involve "physician extenders" such as nurses, physician assistants and, in the world of workers' compensation, nurse case managers.

Elements of engagement: Health Belief Model

If a doctor or nurse is going to have meaningful conversations with the injured worker, what should they focus on? Psychologists in the 1950s developed the Health Belief Model, which has shown its value in understanding why people do, and do not, engage in healthy behaviors. Under this model, in order to enlist the patient's engagement in the recovery process, we must understand and take into consideration the patient's beliefs about:

- His/her health
- Severity of his/her condition
- Perceived benefits of treatment
- His/her perceived ability to engage in the treatment intervention[7]

If a smoker does not believe that he is likely to die from lung cancer or heart disease because his "grandfather smoked every day and lived to be 90," he is not likely to stop smoking. If a grossly obese patient does not believe that diabetes is a serious condition, she is not likely to engage in weight loss. Right or wrong, our beliefs are critically important; they determine everything we do. We have known for many years that injured workers whose understanding of their medical conditions varies greatly from their doctors' are less cooperative with treatment and, consequently, much less likely to return-to-work.[8,9] Therefore, if we are serious about wanting to foster healthier behaviors, we must understand patients' beliefs and the basis for them, and address these beliefs if they are wrong.

The Health Belief Model points to the importance of education. However, education is about more than providing information, it's also about making sure the information takes root and is used appropriately. When doctors follow up on their recommendations, compliance seems to improve.[2] Motivational Interviewing[10] seeks to promote behavior change by actively listening to patients' conflicting motivations, evoking their own motivations for change and then guiding them gently down the correct path. Obviously, this approach needs more than a brief, one-time conversation. Engaging injured workers in their own recovery requires an investment in time and labor.

Elements of engagement: Holistic perspective

On paper, work-related injuries often sound simple: a sprained ankle or muscle strain in the lower back, for example. In some cases, however, more is going on than meets the eye. Comorbidities—additional medical diseases or disorders—can complicate a workers' compensation claim, with a negative impact on outcomes.

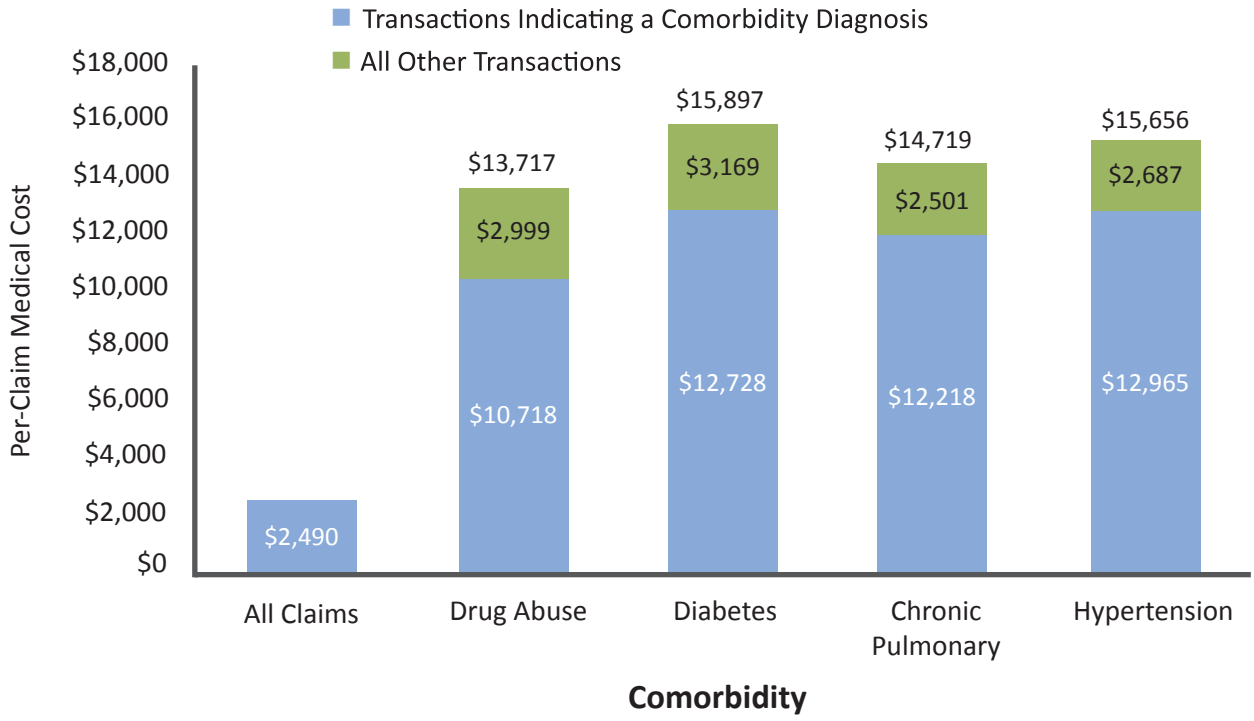
According to the Centers for Disease Control, nearly half of all adults have at least one chronic condition such as arthritis, high blood pressure, obesity, cardiovascular disease, or diabetes.[11] In the general population, rates of hypertension, obesity, and diabetes are increasing. No wonder that the share of workers' compensation claims with a comorbidity diagnosis is increasing too. An October 2012 NCCI Research Brief reported that between 2000 and 2009, that share nearly tripled, from 2.4 percent to 6.6 percent. In fact, the actual share of claims with co-morbidities may be higher, because most comorbid conditions are diagnosed outside the workers' compensation system.[12]

NCCI noted that workers' compensation claims with a comorbidity diagnosis generally received more medical services and had medical costs that were about twice as high as for otherwise comparable claims. It's also interesting to note that although most workers' compensation claims are medical in nature, with no lost time, about half of those with a comorbidity diagnosis also experienced lost time, at obviously greater financial cost. When obesity was the comorbidity diagnosis, 81 percent of claims involved lost time from work. Figure 1 tells the tale in dollars.

Clearly, patient education needs to be targeted, approach each individual holistically, and address all the variables likely to impact on engagement—comorbidities as well as psychological and psychosocial

Figure 1.

Claims With a Comorbidity Diagnosis Are Generally More Costly Than Other Claims



Injury Years 1996 through 2007
Relative Service Years 1 through 4
All Claims includes claims with and without a comorbidity diagnosis
A claim is considered to be a comorbidity claim if its first comorbidity diagnosis occurs within 12 months after injury
Analysis based on sample data provided by carriers for all US states and DC except ND, OH, WA, WV, and WY

Figure 1: Claims with a comorbidity diagnosis are more costly than other claims. Source: NCCI Research Brief October 2012.

factors—and not just the primary diagnosis.

Elements of engagement: Foundation of trust

For education to take root and foster engagement, the source must be credible and empathic. Otherwise, the patient is not likely to believe the treatment recommendations or to become engaged in the treatment. The injured worker must trust that all those engaged in his or her care—not only the doctors, but the employer, insurer, adjuster, case management nurses, etc.—have his or her best interests at heart. Studies show that patients are more likely to comply with treatment when they see the doctor as being very trustworthy and to understand the patient as a whole person—not just a diagnosis. When it comes to patient satisfaction with care, trust trumps most other predictors.[13]

How do you foster trust? Showing genuine interest and spending quality time with the patient would be at or near the top of the list.[14] Allowing patients to express their own views of what is wrong with them gives the clinician an opportunity to correct any misunderstandings. More in-depth conversations also help the doctor or nurse to understand the injured worker's fears and motivations. What is important to the HR representative, the risk manager, or the adjuster isn't necessarily the injured worker's main goal. If you can figure out what is important to the injured worker, you may be able to leverage that into a return-to-work plan.

4 steps to boost patient engagement

Patient engagement must be built on a foundation of trust. Once you have trust, you can educate patients about what they can do to enhance their recovery—and you make them partners in the process. Just remember that education needs to be relevant to the individual's needs, fears, and motivations, and that it

must be carried out with a focus on the whole person. Once you figure out what motivates them, you can leverage that to increase engagement.

#1. Leverage trusting relationships with nurse case managers. After a workers' compensation injury, one of the best decisions an employer can make is to get a triage nurse involved as soon as possible. Nurses are the most trusted health care providers, ranking even higher than physicians.[15] Nurses serve as physician extenders, providing critical patient education—both directly and by guiding injured workers toward reliable, trustworthy sources of educational materials – as well as recommending the most appropriate next steps (self care, urgent care, case management referrals). In this area, nurses can leverage their high levels of trust and do so very cost-effectively.

#2. Focus on what is truly relevant to the injured worker. In addition to addressing medical issues, case management nurses can approach the individual holistically, looking at all the factors that are likely to drive the individual's recovery and return-to-work. To that end, Coventry nurse case managers are trained in our proprietary LASER program, which combines active listening with cognitive behavior therapy techniques. The nurse might probe such issues as:

- Is the injured worker afraid of re-injury?
- Is the injured worker afraid of being fired upon returning to work?
- Does the injured worker understand the nature of the diagnosis and rationale for treatment?
- What issues (e.g. child care) stand in the way of participating in rehabilitation?
- How does the injured worker feel about the job? Is disability a welcome change?
- Does the injured worker view rehabilitation as a passive treatment modality?
- What, if any, secondary benefits does the injured worker gain from current behaviors?
- What does the injured worker like to do in his/her spare time?
- What are the injured worker's goals and ambitions?

One Coventry case manager helped a disabled employee get back to work by focusing on his ability to ride his motorcycle, which coincidentally meant he could then be cleared to return-to-work. Another Coventry nurse facilitated return-to-work by focusing on the individual's desire to afford a larger apartment so her grandchildren could sleep over.

Understanding the injured worker as a whole person, rather than simply as a diagnosis, gives the nurse more to work with in terms of enhancing engagement in both recovery and return-to-work. In fact, the LASER program has resulted in a 14-percent increase in our case managers' RTW statistics.

#3. Use early identification to head problems off at the pass. The industry has long recognized that the longer people stay out on workers' compensation or disability, the less likely they are to return-to-work. In the workers' compensation world, there are several approaches that help address this issue by getting injured workers on the right path as soon as possible.

One approach is using a 24/7 telephonic nurse triage service, such as Coventry's NT-24 program, to assess the severity of any injury within minutes. Nurse triage at the time of injury helps to build trust with the employee because they have a medical professional immediately available to help them make the right decision about treatment needs and they feel well cared for. This program can help save unnecessary trips to the emergency room, ensure that the injured worker has correct information at the outset, and start the rehabilitation process immediately.

Risk modeling is another way to identify claims which may be at risk for delayed recovery and return–to-work as early as possible. Through Coventry's Global inSight® program a nurse case manager is assigned on claims where risk is predicted or emerging. The nurse is able to engage with the injured worker early, establishing trust, provide education and work to overcome barriers to recovery and return-to-work.

Another approach is using an occupational nurse consultant who may be on-site either full or part time. The nurse consultant provides a wider array of services than a company nurse, including:

- 24/7 nurse triage
- Case management when necessary

- Promotion of wellness programs designed to keep employees healthy, which helps them recover more quickly from injuries

According to case studies conducted by the American Association of Occupational Health Nurses, businesses that employ a company nurse reduce injury and illness costs by up to 40 percent.[16]

#4. Understand that the injured worker doesn't care about "health silos."

If we are serious about addressing individual differences and taking a more holistic approach to treatment and recovery, we need to acknowledge the conundrum of "health silos." Sometimes the systems set up to assist injured or disabled individuals actually create more obstacles than solutions. The individual who falls in a hole and now needs back surgery doesn't care whether the accident falls under workers' compensation or the employer's disability policy or some other payment system. All the efforts to make sure the costs are put in the right bucket can be counterproductive. The injured worker suspects that those efforts are directed at denying payments. The result is more anxiety, resentment, and anger, which translate into decreased engagement with treatment, which leads to poor outcomes.

Although some conflict is inherent, a non-confrontational, understanding, solution-seeking attitude on all fronts can go a long way toward obtaining cooperation from the injured worker. With the increasing role that physician extenders are playing in the wake of the Affordable Care Act, it may become more common to have the nurse case manager coordinate with the different stakeholders regarding the injured worker's various medical needs. Providing this single point of contact could help reduce the injured worker's anxiety.

Summary

We cannot take patient compliance for granted. For many reasons, injured workers often do not follow the treatment plan. It is also clear that doctors can't fire any single magic bullet to change this aspect of patient behavior. Change comes when patients are actively engaged in the process and when they understand 1) the "why" behind the treatment plan, 2) how following the plan benefits them, and 3) how they can accomplish the steps necessary to reach the goal.

Getting patients engaged is not complicated, but it does require providers to make an investment in time and effort. Providers must engage in a process of active listening in order to understand what the patient understands and then re-educate the patient as necessary. This practice requires more than a five-minute lecture. It also involves attention to factors that fall outside of many providers' comfort zones—such as language, culture, patients' fears, etc.

In workers' compensation, this task of engaging the patient usually falls to the case management nurse. It is critical to bring the nurse into the case as early as possible following an illness or accident. Trust is easier to build if there is an early foundation. It is also vitally important that these nurses be trained in counseling-type techniques, such as active listening and motivational interviewing which are core tenants of Coventry's LASER program. These skills allow the case manager identify, reinforce, and leverage each individual's own motivation and to engage the injured worker in the process of change.

When it comes to engaging patients, the fix isn't quick—but investing in the process is well worth the effort. It will lead to healthier, more functional, and productive recoveries for many injured workers. It's a win-win for all stakeholders—employers, insurers, and injured workers.

For more information on 24/7 nurse triage, LASER-trained case management nurses, and other resources to help build trust and engage the injured worker in his or her recovery, contact Coventry.

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About Coventry

Coventry offers workers' compensation, auto, and disability cost and care management solutions for employers, insurance carriers, and third-party administrators. With roots in both clinical and network services, we leverage more than 30 years of industry experience, knowledge and data analytics. We offer an integrated suite of solutions, powered by technology to enhance network development, clinical integration and operational efficiencies at the client desktop, with a focus on total claims cost. To learn more go to www.coventrywcs.com for more information.

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