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The challenge of implementing return to work programs –
a review of barriers in a systemic perspective

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OVERVIEW

- Introduction
  - Work disability paradigm
  - Return to work programs
  - Implementation failures
- Aims and methods
  - Review the evidence about barriers to implementation
  - Litterature review and synthesis
- Results
  - Barriers identified
- Discussion
  - What's next?

Introduction

The development of RTW programs

- From primary studies to reviews
  - Focus on trial effectiveness
    - Does the program work under « controlled » circumstances?
    - YES
- From research to practice
  - Focus on implementation and sustainability
    - Can the program live longer than the research project?
    - ???

Lindström et al.1992; Yassi et al.1995 ; Loisel et al.1997
Schaafsma et al. 2010 ; van Oostrom et al. 2009

The challenge of implementing evidence

- Autralia
  - The Victorian Work Cover Authority mass media back campaign
- Norway
  - The Norwegian Active Sick Leave scheme
- USA
  - The Maine Medical Assessment Foundation
- Canada
  - The Quebec work rehabilitation consortium
- France
  - The therapeutic return to work program
- (…)

Loisel et al. 2005

The arena in work disability prevention

Loisel et al. 2005

RTW prog. are complex interventions

- What makes an intervention complex?
  - Number of interacting components
  - Number and difficulty of behaviours required by those delivering or receiving the intervention
  - Number of groups or organisational levels targeted by the intervention
  - Number and variability of outcomes
  - Degree of flexibility or tailoring of the intervention permitted

Anderson, R. (2008). "New MRC guidance on evaluating complex interventions." British Medical Journal: 944-945.

Recommendations in implementation

- Assess the local context
  - Barriers & Facilitators
  - Different stakeholders
- Develop an implementation strategy
  - Based upon the contextual assessment

Loisel et al.2005 ; Wensing 2010

Aims and methods

Aim / *Question*

- Review of / *What is* the published evidence of barriers and facilitators to implementing RTW programs (?)
  - in a systemic perspective
    - Among different systems
      - Healthcare; workplace ; insurance systems
    - At different levels
      - individual; organisational; legal-political levels

Methods (1/3)

- (Tentative) litterature review
  - Adapted from the scoping studies framework
    1. Identify the research question
    2. Identify relevant studies (!)
    3. Select studies (!)
    4. Chart the data
    5. Collate, summarize and report results
    6. Consult stakeholders

Arksey and O'Malley 2005 ; Levac et al. 2010

Methods (2/3)

- Mapping of the literature

Healthcare system

Workplace system

Insurance system

- Barriers to the adoption of LBP guidelines
  - Explicit literature search
    Medline; Healthstar; All EBM reviews
- Implementation of RTW programs
- Implementation of participatory ergonomics
- Qualitative studies on return to work
- Studies on the compensation process
  - Litterature reviews -> Snowballing
  - Handsearching
    JOR; SJWEH; Implementation science
  - Author tracking

Baril and Berthelette 2000 ; MacEachen et al. 2006 ; van Eerd et al. 2010

Methods (3/3)

- Study selection
  - Relevance criteria (yes)
    barriers during RTW process / implementation
  - Quality criteria (no)
- Data extraction and presentation
  - Arena model (stakeholders)
  - Levels of interest
    - Individual level
    - Team / Organisational level
    - Outer context (political, legal, financial, etc.)

Results

Results – **B.** in the healthcare system

Outer context	• Physicians shortage • Lack of financial interest in return to work • Fee for service (favors medicalisation) • Medical secrecy (restrains collaboration) • Adversarial relations between practioners / insurance system
Organisational level (primary care practice, OHS, rehabilitation center)	• Poor interactions (primary / in-patient care / occupational heath care) • Focus on physiologic rather than occupational outcomes
Individual level (healthcare Practioners)	• Lack of time and increased demands • Lack of knowledge (labour market ; legislation ; rehabilitation; ...) • Very limited contacts with employers • Reluctant to address psychosocial problems • Feelings of isolation and diminished control • Diagnoses with prolonged treatments and absence from work • Advice on activity after injury differing from that in practice guidelines (...)

Results – **B.** in the workplace system

Outer context	• Difficulties to comply with profuse / unsuitable occupational legislation • Economic competition
Organisational level Workplace	• Downsizing, restructuring, merging / cost minimization • Production requirements • Lack of knowledge / clarity / endorsement of OHS and RTW issues • Non reporting or contesting workers' accident claims • Conflicts / Poor social dialogue in the workplace • Disagreement with "early" return to work before full recovery
Individual level Injured worker	• Experience of negative feelings, distrust and power imbalance • Lack of knowledge / one's rights and duties • Resistance to socially awkward job modifications
Co-workers	• Resent the imposition of an injured worker's workload • Suspicious about the extent and duration of an injured worker's injury
Managers	• Non-supportive or absent supervisors • Lack skills for managing complex psychosocial workplace dynamics • Lack training about ergonomic principles • Not enough time to manage non production needs

Results – **B.** in the insurance system

Outer context	• Complexity of social and occupational legislation • Slow pace of claims adjudication, bureaucracy and waiting times • Erratic payment of economic benefits • General lack of information and guidance of the workers
Organisational level Insurance agency	• Lack of face-to-face interactions (telephone or mail) • Lack of communication between case managers or departments • Cost minimization • Lack of human, financial and information resources
Individual level Injured worker	• Low literacy ; lack of knowledge of process and procedures • Physical and mental health effects of the claim decision-making processes
Case manager	• Disrespect and humiliation of work-injured claimants • Return-to-work requirements that appear arbitrary and contradictory
Insurance physicians	• Lack of knowledge about workers' cases • Inconsistency of evaluations and recommendations

Results – **B.** beyond systems

- Lack of resources
  - Time
  - Human and financial issues
- Lack of knowledge
  - Each other's role and responsabilities
- Professional and legal boundaries
  - Distrust ; competition ; misunderstandings
- *Tremendous effort required for "everyone to be on the same page'*

MacEachen et al. 2010

Discussion

Discussion (1/3) – Methodological challenges

- Balance comprehensiveness / feasibility
- Make decisions for study selection
- Draw a global **&** meaningful picture

Levac et al. 2010 ; Greenhalgh and Peacock 2005

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Discussion (2/3) – Implementation challenges

- What levels to watch ?
  - Outer context
    - Belgium; Sweden ; but…
    - Pros & Cons of the top-down approach
  - Organizations
    - Maybe the most feasible, but…
  - Individuals
    - Ultimate level of implementation, but…
    - Risk of being bogged in the details

Ståhl, et al. 2010, 2011; Poot et al. 2009

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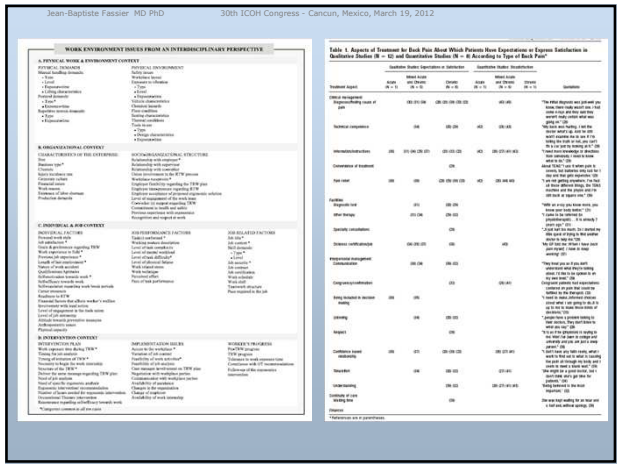

Discussion (3/3) – Implementation challenges

- What implementation strategies?
  - Many interventions
    - EPOC review group
  - Knowledge gaps
    - Methods for selecting interventions
      - Theory vs. Exploratory based development
      - Single vs. Multicomponent interventions
    - Proof of effectiveness and efficiency
    - Best involvement of stakehoders

Wensing et al. 2010 ; Baker et al. 2010

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Conclusion

Conclusion

- A strong case is present that implementing return to work programs faces many barriers among the stakeholders at different levels
- The best way to identify and address them remains largely ignored
- But implications should be considered at the very beginning of any project (time, money & sweat)

Jean-Baptiste Fassier MD PhD 30th ICOH Congress - Cancun, Mexico, March 19, 2012

Thank you for your attention

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