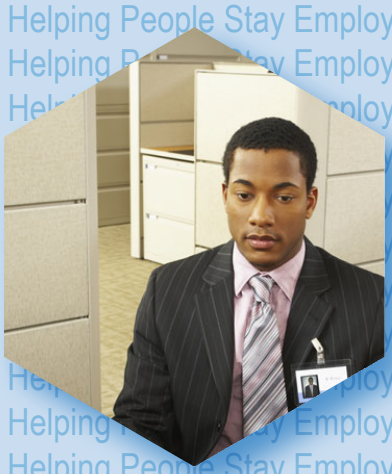
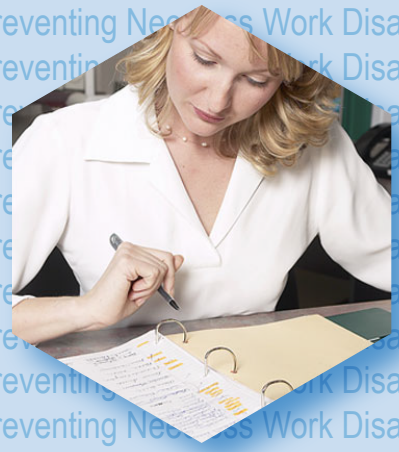
Shaping Our Future: Preventing Needless Work Disability by Helping People Stay Employed in North Dakota





REPORT OF A WORKSHOP SERIES FOR EMPLOYERS & HEALTHCARE PROVIDERS

Provided By:

Workforce Safety & Insurance

To us, it's personal.

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Executive Summary

A series of workshops for employers and healthcare providers was recently held in four North Dakota cities. Entitled "Shaping Our Future: Preventing Needless Disability by Helping People Stay Employed," the workshops were hosted by Work Force Safety and Insurance (WSI – www.workeforcesafety.com). The framework for discussion was provided by a new guideline from the American College of Occupational & Environmental Medicine (ACOEM – www.acoem.org) that has been hailed as a new paradigm for workers' compensation systems. The guideline's focus – and that of the workshops – is improving the process that determines whether an injured worker can stay at or return to work following illness and injury. The employers and healthcare providers who participated responded to brochures and personal invitations issued by WSI, and were provided with reading materials concerning the ACOEM guideline beforehand.

In each of the half-day workshops, employers, healthcare providers, nurse case managers, and WSI staff members listened to a lecture about the concepts underlying the ACOEM guideline and its recommendations. Dr. Jennifer Christian, lead author of the guideline and founder and chair of The 60 Summits Project gave the lecture and led the rest of the workshop. Sitting side by side in small groups, the participants then discussed whether implementing each of the recommendations would actually improve service to injured workers and their employers, and thus the entire workers' compensation system here in North Dakota. If so, they were asked to come up with a set of strategies and concrete actions that should be taken to implement each recommendation. Finally, as each meeting drew to a close, a panel with a local employer, physician, and WSI staff members commented on the proceedings.

The four workshops were held in Grand Forks, Fargo, Bismarck and Dickinson during the week of September 10 – 14, 2007. Total attendance ranged from about 50 in Dickinson to more than 90 in Grand Forks and Bismarck. (See Appendix D, List of Participants and Panelists by City.) Most of the attendees reported a high level of satisfaction with the workshop. In each city, several indicated a willingness to participate in on-going efforts to make the ideas they came up with a reality.

This report provides an overview of the purpose, background, planning for and actual events during the four workshops. It also provides a consolidated summary of the comments and recommendations made by workshop participants concerning each of the 16 recommendations made in the ACOEM work disability prevention guideline, as well as comments made by local panelists about improving the stay-at-work and return-to-work process in their local communities and across all of North Dakota.

Six main themes recurred among the many specific suggestions and plans for improving the SAW/RTW process that came out of the four workshops:

1. **Intention:** Focusing on the process and paying attention; pro-actively managing situations to drive towards positive outcomes.

2. **Structure:** Program design, organization, systematization, and consistent administration.

3. **Communications:** Data adequacy and simplicity, data exchange methods (forms and technology) and expectations for interactive conversation and mutual exchange of information.

4. **Collaboration:** Establishment of a team approach, and development of relationships of mutual trust among those who play major roles in the SAW/RTW process: employees, employers, healthcare providers and WSI.

5. **Education / expectations:** Ensuring that all parties understand and share basic assumptions and goals.

6. **Acknowledging what makes people tick:** A commonsense human touch; attending to normal human reactions and responses; aligning incentives that drive behavior.

Introduction and Background

The American College of Occupational & Environmental Medicine adopted its guideline entitled "Preventing Needless Work Disability by Helping People Stay Employed" in May 2006. Dr. Jennifer Christian led the committee of 21 U.S. and Canadian physicians who developed it founded The 60 Summits Project shortly thereafter, with the purpose of propagating the new model for work disability prevention throughout the 50 US states and Canada. The goal is to convene stakeholder summits in which participants learn about the concepts in the guideline and decide if they want to implement them in their locality. If so, they agree on a strategy and concrete plans to do so.

Workforce Safety & Insurance became aware of the new ACOEM Guideline while it was circulating for comment before its formal adoption. Because of WSI's commitment to building a world-class workers' compensation system for North Dakota, WSI staff eagerly embraced the work disability prevention model and over the last year have implemented internal changes in line with some of the Guideline's recommendations.

WSI then decided to share these new ideas with the parties who play key roles in the SAW/RTW process: employers and healthcare providers. A series of community-based meetings seemed like a good way to disseminate these ideas throughout North Dakota, to empower employers and healthcare providers to see a more positive and pro-active role for themselves in the SAW/RTW process, and develop a shared agenda for future changes and improvements.

The North Dakota workshops were designed to increase awareness and understanding among all attendees of the SAW/RTW Guideline as a whole, as well as, the SAW/RTW process, the gaps and breakdowns that lead to needless work disability and job loss, and the recommendations ACOEM has made.

Key Definitions

ACOEM Guidelines: The American College of Environmental Medicine has issued a variety of guidelines, policies, and position statements over time.

- The most well-known of its guidelines are the *Occupational Medicine Practice Guidelines* for diagnosis and treatment of occupational conditions, adopted in 2002. They are available for sale from ACOEM. The Practice Guidelines were adopted as the presumptively correct standard of care by the California workers'compensation system. **Those guidelines were NOT the topic of the North Dakota workshops.**
- The work disability prevention guideline which WAS the focus of the workshops is the most recent guideline that ACOEM has issued, titled *Preventing Needless Work Disability by Helping People Stay Employed*. It was adopted in May 2006. It is about 20 pages long, and is free on ACOEM's website (www.acoem.org) under Policies and Position Statements.

The stay-at-work and return-to-work (SAW / RTW) process occurs whenever an employed person becomes injured, ill, or has had a change in their ability to function. It consists of a sequence of questions, actions and decisions made separately by several parties that, taken as a whole, determine whether, when and how an injured or ill person stays or returns to work. The process often is derailed because the focus is instead ~~of~~ on certifying, corroborating, justifying, evaluating, or measuring the extent of the disability rather than preventing it.

Work disability. It is important to note that the term "disability" or "work disability" here means time either away from work or working at less than full productive capacity attributed to a medical condition. Work disability ***does not*** mean an impairment, because many people with substantial impairments work full time and full duty. Needless work disability (absence or withdrawal from work) is harmful, disruptive, and costly both to the employee and the employer.

The Planning Process

WSI engaged Webility Corporation to assist with planning and delivery of the workshop series, as well as to provide speaking and leadership services. The planning process involved clarifying the goals, purposes, and design of the workshops themselves, identifying invitees within each of the communities, designing the invitations and the invitation process, arranging the facility logistics and developing all the associated materials that would be used during the workshops.

Format of the Workshop Series

Workshops were held in Grand Forks, Fargo, Bismarck and Dickinson. Each of the 4-hour workshops was held from 3 p.m. to 7 p.m. in order to allow for the greatest number of participants to attend at the end of the workday. See Appendix D for a list of participants in each location.

Jennifer Christian, MD, President of Webility Corporation (www.webility.md) and founder and national chairperson of the 60 Summits Project (www.60summits.org) was the featured speaker. She also led the workshop portion of the event. Several WSI staff provided active support and served as panelists and small group facilitators. University of North Dakota and 60 Summits Project staff also provided support.

The workshops began with a seventy-five minute lecture provided by Dr. Christian that gave an overview of the 60 Summits Project, stressed the importance of preventing needless work disability, outlined key concepts in the ACOEM Guideline and briefly reviewed each of the 16 recommendations in the guideline.

Next, the participants received instructions on how to do their part in the workshop. They had been assigned to small groups (6 or 7 per group) upon arrival. The assignments were made in advance by WSI so that each group would have at least one clinician/provider, one employer and one WSI representative. The WSI staff also helped keep the small groups on track, having been trained briefly beforehand on how to facilitate the discussions and help the group successfully complete their assignment.

Then, all participants – employers, healthcare providers, nurse case managers, and WSI representatives – worked in small groups to develop concrete proposals for how to implement the recommendations in the ACOEM guideline. Each group focused on a different portion of the guideline. They had been assigned at least one of the recommendations for discussion and deliberation. Since there were more recommendations than groups, some groups were assigned more than one recommendation. Group members were then asked to choose the recommendation that was the most important to them. Dinner was served during their deliberation. Each group had seventy-five minutes to discuss, formulate implementation strategies, and decide on concrete next steps for implementation.

Each small group elected a spokesperson to present their reports to all the other groups and panel members. These presentations were then made, and they took in aggregate forty-five minutes.

After these presentations, a panel comprised of local employers, local healthcare providers and WSI staff then commented on the small groups' proposals and practicality of implementing the ideas in the Guideline for the SAW/RTW process in North Dakota. These panel discussions were made in thirty minutes.

After a brief summary wrap-up and completion of evaluations by participants, the meeting was adjourned. Participants were provided evaluation forms to complete, and were encouraged to note whether they would like to be included in whatever follow-up activities WSI decides to undertake as a result of the workshop series.

Summary of Results and Recommendations

Participants were encouraged to determine whether they agreed with the ACOEM guideline, and if so, to develop action plans and recommendations for how to implement it within their own organizations, as well as to make recommendations to WSI. Uniformly, participants were enthusiastic about the ACOEM guideline's recommendations, and wanted to see them implemented. A plethora of suggestions and commitments were made, including some very specific and creative ideas for improvements made by both small groups and the panelists.

See Appendix A, Consolidated List of Detailed Recommendations, and Appendix B, Summary of Panelist Comments for the details.

The Summit evaluation results were very positive, with more than 80% of the participants who responded saying the workshop had been interesting and a good use of their time, had given them new ideas and relationships that would be useful in the future, and that they want to remain involved in follow-up activities. (See Appendix C, Participant Satisfaction: Summary of Evaluation Resultss.)

Next Steps

WSI plans to review the results of the workshop series carefully, and use the consensus that was achieved on broad areas for action to develop and prioritize a list of initiatives to undertake in both the near future and the longer term. WSI also intends to invite those employers and healthcare providers who indicated interest in remaining engaged to participate in on-going dialogue and activities. The purpose of these interactions will be to support all parties in translating ideas into action in their respective organizations, as well as in making positive changes in the way the three parties – employers, healthcare providers, and WSI – communicate and collaborate in meeting the reasonable needs of injured and ill workers and their supervisors during the stay-at-work and return-to-work process.

Appendix A: Consolidated List of the Small Groups' Detailed Recommendations and Action Plans

The following is a summation of the small group responses to each of the recommendations addressed. Notes were kept by the 60 Summits staff throughout all of the Summit meetings. This report is a result of a transcription of those notes in addition to small group summaries which were documented by a scribe from each small group. Since the strategies and next steps developed by each workshop were so similar from city to city, the detailed material below is a consolidated summary from the results of all four workshops.

As mentioned earlier, the workshop deliberations were structured to match the recommendations found in the ACOEM Guideline, and the contents of this section follows that same outline. In the material below, the detailed text of the recommendation found in the ACOEM Guideline is provided in italics. Following the recommendation are the responses of the small groups to that recommendation – potential implementation strategies and concrete next steps. For most recommendations, The 60 Summits Project staff has also provided comments about these implementation strategies and next steps.

The small groups were often given more than one recommendation to discuss, and in some cases the recommendation they were given had several parts. In the interest of time, these groups were asked to address the recommendation or portion which they felt was most interesting, important, or challenging. As a result, a few recommendations in the ACOEM guideline were not addressed, and are missing from the materials below.

I. ADOPT A DISABILITY PREVENTION MODEL

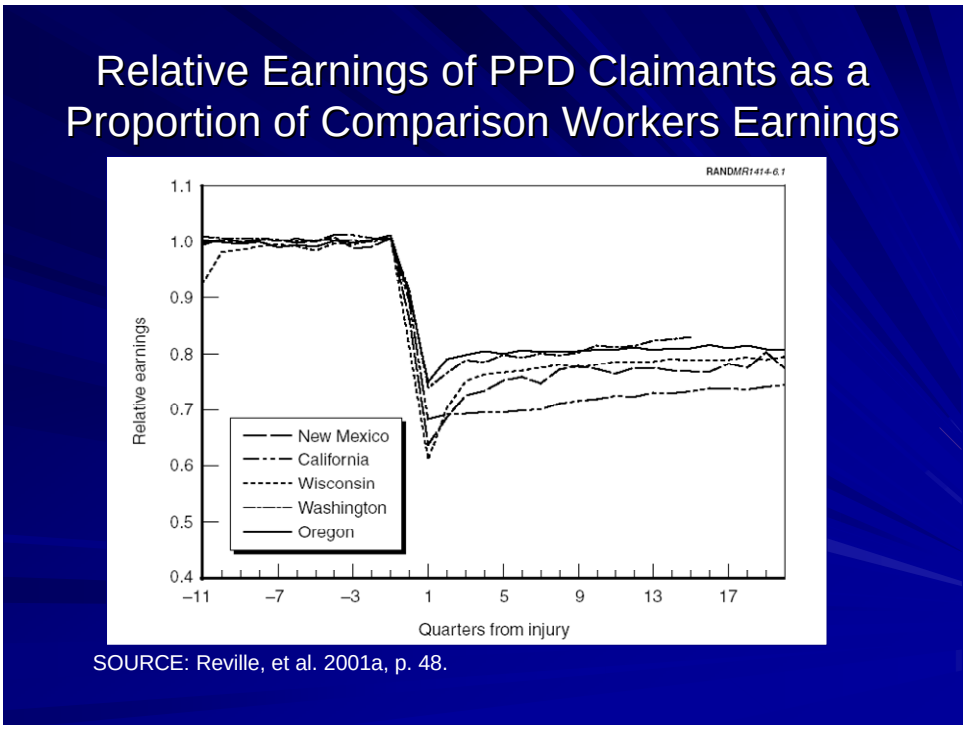
1. Increase Awareness of How Rarely Disability is *Medically* Required

Recommendation: *Stop assuming that absence from work is medically required and that only correct medical diagnosis and treatment can reduce disability. Pay attention to the non-medical causes that underlie discretionary and unnecessary disability. Reduce discretionary disability by increasing the likelihood that employers will provide on-the-job recovery. Reduce unnecessary disability by removing administrative delays and bureaucratic obstacles, strengthening flabby management, and by following other recommendations in this report. Instruct all participants about the nature and extent of preventable disability. Educate employers about their powerful role in determining SAW/RTW results.*

A. Strategies to Implement This Recommendation:

- **Educate physicians, employers and injured workers (IW)**
  - Employer and provider seminars
  - Bring the provider and employer together by offering plant tours

- Educate the IW about the importance of staying at work to preserve earning potential. Use the Reveille Chart from Dr. Christian's PowerPoint presentation which depicts permanent loss of wages due to time away from work.



SOURCE: Reville, et al. 2001a, p. 48.

- Educate the IW about the importance of staying connected to work and other organizations to reduce invalidism

- **Promote on the job recovery**

  - Have a plan to identify all wage loss injuries in the system.

  - Get essential job functions to physician

  - Have a case manager assigned to work internally with the employer and a return to work prescription

  - Every organization should have a light duty or transitional work policy

- **Improve communications**

  - Networking with different organizations, physicians, WSI, employers to communicate better.

B. Concrete next step(s) are:

- Use the Reveille chart to educate employees, supervisors and others within the organization

C. 60 Summits Project Comments:

- Legislators and judges also need to be educated about these concepts.

2. Urgency is Required Because Prolonged Time Away from Work is Harmful

Recommendation: *Shift the focus from "managing" disability to "preventing" it and shorten the response time. Revamp disability benefits systems to reflect the reality that resolving disability episodes is an urgent matter, given the short window of opportunity to re-normalize life. Emphasize prevention or immediately ending unnecessary time away from work, thus preventing development of the disabled mindset, and disseminate an educational campaign supporting this position. Whenever possible, incorporate mechanisms into the SAW/RTW process that prevent or minimize withdrawal from work. On the individual level, the health care team should keep patients' lives as normal as possible during illness and recovery while establishing treatments that allow for the fastest possible return to function and resumption of the fullest possible participation in life.*

A. Strategies to Implement This Recommendation:

- **Switch from managing to prevention – the human side**
  - Keep employer and employee communicating
  - Identify a single person of responsibility and hold them accountable
  - Encourage everyone across the organization to be supportive of the injured or ill employee
  - Recognize staff and remind them of their importance to us and the overall company mission
- **Employees should be back at work as soon as any restrictions are identified by providing modified duty**
  - Be up front with the employee about returning to work with restrictions
  - Communicate with the physician by answering questions or concerns immediately
  - Establish a central bank of job duties for light, medium and sedentary strength ranges for all job sites
  - Send transitional job functions with the injured worker to the first appointment with the physician – have a case manager attend if possible
  - Use workability paperwork to facilitate communication (with emphasis on what the person CAN do) between the employee, provider and the employer

- WSI should fund grants for employers to assist with modifying jobs

- **Education, education, education**

  - Improve the education of everyone else in the company, especially supervisors that have to find transitional work. There are a lot of supervisors that don't know about transitional work.

  - Educate CEOs to recognize the value of the SAW/RTW process and transitional work.

  - Give CEOs specific examples on how putting more money into RTW programs will impact the bottom line by saving human resources and money.

  - Look to other companies to see how they have successfully implemented transitional work programs

B. Concrete next step(s) are:

- Develop a checklist with steps to take from beginning to end and identify who is responsible for what.

- Have WSI host workshops for top management.

- Provide incentives in the form of extra payment for extra work.

- Develop a transitional workability form specific to job duties

- Go to management and get this rolling!

C. 60 Summits Project Comments:

- Employ timelines that count from last day worked, and routinely communicate about duration of time away from work in all claims.

- Establish standards for turnaround time that reflect elapsed time away from work.

- Escalate efforts at return to work as elapsed time increases.

II. ADDRESS BEHAVIORAL AND CIRCUMSTANTIAL REALITIES THAT CREATE OR PROLONG WORK DISABILITY

3. Acknowledge and Deal with Normal Human Reactions

Recommendation: *Encourage all participants to expand their SAW/RTW model to include appropriate handling of the normal human emotional reactions that accompany temporary*

disability to prevent it becoming permanent. Encourage payers to devise methods to provide these services or pay for them.

A. Strategies to Implement This Recommendation:

- **Take good care of employees**
  - Educate employees on the impact/reactions an injury has on a person
  - Build trust by addressing concerns. Provide encouragement, especially around returning to work as soon as possible.
  - Assess employee's reaction to injury or illness
  - Provide a summary sheet for the IW listing their responsibilities and the steps to follow as well as who to contact with problems
  - Provide incentives for employers to offer EAP services to employees
  - Establish an EAP, link to human service center or contact person with whom the IW can discuss issues
  - Train your EAPs and human service providers, don't take it for granted that they understand your workers' needs or the SAW/RTW process.
  - Develop policies that emphasize good and regular communication with employees
- **Educate employer supervisors**
  - Employer supervisors make all the difference
  - Engage the supervisors right away when an injury occurs and stress the importance of the initial contact.
  - Stress the importance of focusing on the employee's needs with concern and empathy
  - Help them to recognize and take action when red flags are present
  - Communicate and develop plan with WSI (DMP and claims adjuster) and the provider on addressing red flag issues.
  - Follow-up with the provider regarding the IW's status.
  - Supervisors need to establish good rapport with the provider and HR/WC manager for the company
  - Repeat this education yearly

B. Concrete next step(s) are:

- Request assistance from WSI on educating workers about the human response to injury.
- Share information from this Summit with our managers
- Immediately, from today forward, be more aware. Raise the awareness and advise staff of the need and awareness for paying attention to the emotional reaction to injuries.
- Set up a work group to include an employer representative, WSI rep, medical professional that can identify training for identification, treatment and appropriate monitoring to have a successful outcome.
- Tomorrow – each go back and review your organization's policies on addressing emotional issues. What happens when an injury occurs? Review how you have previously handled cases with emotional issues.
- Create a work group that can address how the emotional issues of employees are impacted by the injury. Incorporate these issues into an injury management plan.

4. Investigate and Address Social and Workplace Realities

Recommendation: *The SAW/RTW process should routinely involve inquiry into and articulation of workplace and social realities; establish better communication between SAW/RTW parties; develop and disseminate screening instruments that flag workplace and social issues for investigation; and conduct pilot programs to discover the effectiveness of various interventions.*

A. Strategies to Implement This Recommendation:

- Incentivize the development of transitional work programs
- Offer special assistance for small employers to find alternative duties for injured workers
- Have a set of injury protocols for provider to follow
- Develop a form/checklist to help provider communicate restrictions better
- Use checklist for identification of potential issues
- Implement written step by step procedures and adhere to policy and procedures.
- Follow-up if delays are encountered

B. Concrete next step(s) are:

- Formulate a FAQ for employees to access

C. 60 Summits Project Comments:

- Develop protocols for what to do when the situation is complicated by predictable non-medical issues, such as workplace conflict, job dissatisfaction, marital or family stress, progress of co-morbid chronic conditions, etc.

5. Find a Way to Effectively Address Psychiatric Conditions

Recommendation: *Adopt effective means to acknowledge and treat psychiatric co-morbidities; teach SAW/RTW participants about the interaction of psychiatric and physical problems and better prepare them to deal with these problems; perform psychiatric assessments of people with slower-than-expected recoveries routine; make payment for psychiatric treatment dependent on evidence-based, cost-effective treatments of demonstrated effectiveness.*

A. Strategies to Implement This Recommendation:

- Require psychological screening and determine the extent of psychological overlay.
- Create a team of WSI, employer, employee and provider team and EAP around employee's dissatisfaction with supervisor, company and work.
- Provide incentives for employer and provider around education.
- Research other states for similar policies/programs to see what works and doesn't – a model to follow
- Interview potential medical providers who work well with psychiatric issues and who understand the SAW/RTW process (no enablers!)
- Consider using an emotional and behavioral assessment tool in the provider's office – research to find one that can be done economically to identify behavior
- Set up benchmarks based on midrange RTW stats
- Teamwork between doctor, nurse case manager, employee, employer, EAP or mental health provider

B. Concrete next step(s) are:

- Develop education plan for supervisors and employer.

- Set up treatment criteria and expectations to document progress in treating condition

- Stress positive cognitive behavioral perceptions

C. 60 Summits Project Comments:

- Identify mental health providers who effectively treat psychiatric issues and achieve good functional outcomes; establish referral relationships with them.

- Refuse to pay for psychiatric or mental health treatment that continues without concrete evidence of functional recovery (similar to UR for PT, in which clinical evidence of effectiveness is increasingly being required as a condition of continuing treatment authorization and payment.)

6. Reduce Distortion of the Medical Treatment Process by Hidden Financial Agendas

Recommendation: *Develop effective ways and best practices for dealing with these situations. Instruct clinicians on how to respond when they sense hidden agendas. Educate providers about financial aspects that could distort the process. Procedures meant to ensure independence of medical caregivers should not keep the physician "above it all" and in the dark about the actual factors at work. Limited, non-adversarial participation by impartial physicians may be helpful. For example, ask an occupational medicine physician to brief the treating clinician. Where possible, reduce the differences between benefit programs that create incentives to distort. Employers are in a better position to do this than other payers.*

A. Strategies to Implement This Recommendation:

- Make RTW the responsibility of the injured worker, case worker, physician and company.

- Motivate physicians and employers to work with disability management through continuing education and incentives.

- Measure results through the medical provider, employee health and morale and company earnings.

- Align policies to reduce time loss (specifically use of extended sick leave benefit)

- Utilize DMP (designated medical providers) to get the most effective treatment when needed

- Pay the injured worker the same while working transitional work (evaluate progress frequently and regularly)

- Educate providers, employees, supervisors, case managers, EAP

- Have an employee/management committee work on the development and oversee the SAW/RTW process – this produces ownership

- Offer pre and post physical and mental capacity testing

- Use forms that communicate what is needed (WSI forms)

B. Concrete next step(s) are:

- Share this information with employer executives and legislators.

- WSI can share success stories with members.

- Bottom line, look at all to determine what is necessary to support the injured worker in returning to work and what is needed by all of the stakeholders to make this happen.

III. ACKNOWLEDGE THE POWERFUL CONTRIBUTION THAT MOTIVATION MAKES TO OUTCOMES, AND MAKE CHANGES TO IMPROVE INCENTIVE ALIGNMENT

8. Support Appropriate Patient Advocacy by Getting Treating Physicians Out of a Loyalties Bind

Recommendation: *The SAW/RTW process should recognize the treating physician's allegiance; reinforce the primary commitment to the patient/employee's health and safety and avoid putting the treating physician in a conflict-of-interest situation; focus on reducing split loyalties and avoid breaches of confidentiality; use simpler, less adversarial means to obtain corroborative information; and develop creative ways for treating physicians to participate in SAW/RTW without compromising their loyalty to their patients.*

A. Strategies to Implement This Recommendation:

- Incent education of providers

- Pay them for the time it takes to participate in the SAW/RTW process

  - to communicate with the employer about the job duties

  - to evaluate the injured worker in relation to job duties

  - to support the injured workers on the job recovery

- Consider using other clinicians or advocates to assist in the SAW/RTW process to take the burden off of the primary physician (no enablers, please!)

- physical and occupational therapists
- patient advocates or ombudspersons
- case managers
- vocational rehabilitation specialists

- Educate employers about how to communicate more effectively with doctors
- Standardize forms and train on the use of forms that focus on workability
- Communicate with the provider to go over the task list – don't just rely on the WSI form.
- Have the employee attest that these are the job duties they can do, include their comments
- Set expectations – policies should be written, formal and trained
- Use evidence based guidelines to help provide the most effective treatment – reward those clinicians who use them
- Establish expectations and review RTW policy during recovery (if can't, why not?)
- Communication is key at all times throughout the process

B. Concrete next step(s) are:

- Create a study group to look at providing incentives appropriately – include all from the stakeholder group who have a say in this
- Share the ACOEM Guideline with employees, supervisors, providers – all stakeholders
- Make the new SAW/RTW paradigm pervasive throughout our organizations

C. 60 Summits Project Comments:

- Revise the questions that doctors are asked. Don't ask them to make employment decisions; ask them about work capacity. Ask them whether there is a medical contraindication to work, and if not, what would make it possible for the worker to work.

9. Increase "Real-Time" Availability of On-the-job Recovery, Transitional Work Programs, and Permanent Job Modifications

Recommendation: *Encourage or require employers to use transitional work programs; adopt clearly written policies and procedures that instruct and direct people in carrying out their responsibilities; hold supervisors accountable for the cost of benefits if temporary transitional work is not available to their injured/ill employees; consult wit unions to design on-the-job recovery programs; require worker participation with ombudsman services available to guard against abuse; make ongoing expert resources available to employers to help them implement and manage these programs.*

A. Strategies to Implement This Recommendation:

- WSI should incent the employer by providing grants to develop best practice transitional work programs
- Incent employer investment in ergonomically designed jobs which will reduce injuries; require ISO 9000 process
- Incent the employer to pay for expert assistance to develop these programs Don't forget about safety when developing programs - have near miss f reporting requirement to prevent injuries before they happen
- Bring awareness to the workplace through monthly safety tool box remedies
- Create and use games in the workplace to bring safety to forefront
- Have safety and HR resources working hand in hand
- Evaluate and feed information/metrics back into the system to see what's working and not working

B. Concrete next step(s) are:

- Create a study group to look at providing incentives appropriately – include all from the stakeholder group who have a say in this

10. Be Rigorous Yet Fair in Order to Reduce Minor Abuses and Cynicism

Recommendation: *Encourage programs that allow employees take time off without requiring a medical excuse; learn more about the negative effect of ignoring inappropriate use of disability benefit programs; discourage petty corruption by consistent, rigorous program administration; develop and use methods to reduce management and worker cynicism for disability benefit programs; train all parties to face situations without becoming adversaries; and be fair and kind to workers in the SAW/RTW process.*

A. Strategies to Implement This Recommendation:

- Communicate with the employees and ask questions in a sympathetic manner – ask about home life, show interest in personal life
- Help employees to understand the importance of following restrictions at home and at work
- Develop programs that provide fair treatment so employees don't feel singled out
- Have a personal time-off program with flexible policies
- Discourage petty corruption through publicity revealing individuals who defraud the system
- Educate all on treatment guidelines and protocols
- Train on conflict resolution/mediation to avoid development of adversarial relationships

B. Concrete next step(s) are:

- Review existing programs for the fair treatment test and revise where needed
- Look at providing corrective and meaningful action plans for those who inappropriately provide services or engage inappropriately in the workers' compensation system.
- Endorse RTW and on the job recovery as a mission and value statement of the entire organization thereby creating a new culture

11. Devise Better Strategies to Deal with Bad-Faith Behavior

Recommendation: *Devote more effort to identifying and dealing with employers or insurers that use SAW/RTW efforts unfairly and show no respect for the legitimate needs of employees with a medical condition; make a complaint investigation and resolution service – an ombudsman, for example – available to employees who feel they received poor service or unfair treatment.*

A. Strategies to Implement This Recommendation:

- Providers should practice evidence based medicine
- Providers, injured workers, employers, WSI should all understand the importance of evidence based care through education
- Reward providers for practicing evidence based medicine

- Care and the process needs to be streamlined so injured workers get the tests and treatment when needed and according to guidelines without delay

- If recovery goes beyond guideline then review and investigation into all factors is critical to find out why not.

- Get to the true root of the problem as quickly as possible – don't continue to treat medically if the problem isn't medical (for example, the employee doesn't like their job, boss, workplace

B. Concrete next step(s) are:

- Create and train ombudsperson position external to employers, providers, system

- Design the role to keep the system honest/authentic and true to the mission of the SAW/RTW process

IV. INVEST IN SYSTEM AND INFRASTRUCTURE IMPROVEMENTS

12. Educate Physicians on "Why" and "How" to Play a Role in Preventing Disability

Recommendation: *Educate all treating physicians in basic disability prevention/management and their role in the SAW/RTW process; provide advanced training using the most effective methods; make appropriate privileges and reimbursements available to trained physicians; focus attention on treatment guidelines where adequate supporting medical evidence exists; make the knowledge and skills to be taught consistent with current recommendations that medicine shift to a proactive health-oriented paradigm from a reactive, disease-oriented paradigm.*

A. Strategies to Implement This Recommendation:

- Train and incent all physicians/clinicians (including those who are new to the State and to practice) on preventing needless work disability

- Create a plan for ongoing training

- Develop ongoing relationships with physicians/clinicians and evaluate how the SAW/RTW process is going at least annually

- Hold additional workshops on the ACOEM Guideline and Recommendations for the SAW/RTW Process – WSI should sponsor

- Look at metrics (for example, lost work days by physician in relation to evidence based treatment guidelines)

- At the employer level – designate a DMP and communicate the goals for them on SAW/RTW. This will lead to a decrease in lost days, an increase in better medical documentation and increased employee well being and morale.

B. Concrete next step(s) are:

- Review existing training programs and identify the gaps between current program and programs designed around the SAW/RTW process

- Train everyone on the ACOEM Guideline (all stakeholders) immediately

C. 60 Summits Project Comments:

- Training plans need to acknowledge the realities that; (a) injured workers, employers, and the local economy suffer economically because of physician ignorance/discomfort and (b) physicians have the traditional right to determine the scope and boundaries of their own profession; and (c) physicians will be uninterested in this training unless incentives or requirements are provided.

13. Simplify/Standardize Information Exchange Methods Between Employers/Payers and Medical Offices

Recommendation: *Encourage employers, insurers, and benefits administrators to use communication methods that respect physicians' time; spend time digesting, excerpting and highlighting key information so physicians can quickly spot the most important issues and meet the need for prompt, pertinent information; encourage all parties to learn to discuss the issues – verbally and in writing – in functional terms and mutually seek ways to eliminate obstacles.*

A. Strategies to Implement This Recommendation:

- Meet with a company such as Marvin Windows who has successfully implemented a program of communicating with the physician and employer.

- See if they have a documented model that other employers could use regarding the steps to implement strategies for effective communication.

- Educate providers on treatment guidelines (Official Disability Guidelines (ODG) have been adopted by WSI)

- Have a designated medical provider (DMP) for a worker and then also notify their family practice physician when an employee is injured.

- Have case managers work with the provider on RTW tasks and support communication

B. Concrete next step(s) are:

- Get case managers involved to work with the provider on RTW tasks and to support communication to the employer, the injured worker and WSI
- Request that WSI set up more workshops for providers

C. 60 Summits Project Comments:

- Because North Dakota has only one workers' compensation insurer, a statewide solution to this problem seems attainable.

14. Improve/Standardize Methods and Tools that Provide Data for SAW-RTW Decision-Making

Recommendation: *Help physicians participate more effectively in the SAW/RTW process by standardizing key information and processes; persuade employers to prepare accurate, up-to-date functional job descriptions (focused on the job's maximum demands) in advance and keep them at the benefits administrator's facility; send them to physicians at the onset of disability; teach physicians practical methods to determine and document functional capacity; and require purveyors of functional capacity evaluation methods and machines to provide published evidence in high-quality, peer-reviewed trials comparing their adequacy to other methods*

A. Strategies to Implement This Recommendation:

- Create simplified standardized forms for the workforce community
- Train all on the purpose and use of these forms
- Train all on the purpose and importance of functional job descriptions and physical demands and break jobs down into tasks
- Obtain concrete evidence from employers who have done this, results they found and share them with other employers and providers
- Set up a work team to develop a program of injury management that creates a specific plan for the employer. This program can then be used by all teams and all parties can be consistent in managing the claims of that employer. Involve safety, management, labor unions and HR
- Utilize occupational therapist, physical therapists or individuals who are ergonomically trained to help employers to develop functional job descriptions which include both physical and mental capabilities of the job

B. Concrete next step(s) are:

- Create the structure to get the new forms designed
- Determine who will spearhead this initiative on form development and on creating an on the job recovery world defined by functional job descriptions (WSI?)
- Provide incentives to help employers develop functional job descriptions and embrace on the job recovery
- Provide incentives to providers who use them for on the job recovery

C. 60 Summits Project Comments:

- Because North Dakota has only one workers' compensation insurer, a statewide solution to this problem seems attainable.

Appendix B: Summary of Panelist Comments

The material that appears below is a summary of key points, insightful comments, and useful specific examples or suggestions contributed by various panel members during the series of workshops.

Panelist comments focused on the following areas: communication, collaboration, education, proactive management toward positive outcomes, systematization, aligning incentives that drive behavior, taking care of normal human reactions and responses, and creating a RTW culture throughout the state.

Communication and Collaboration

All of the physician/clinician panel members expressed frustration with not knowing what an injured worker's specific functional job duties are at the time of the first and any subsequent medical appointments. The key here is getting this information in front of the clinician at just the right time.

Relying on the injured worker's self report alone results in major delays in releasing the injured worker back to work. One clinician cited the following example where having even basic information reduced delay. A letter was received from the employer the day before the patient was to have surgery. The letter stated that the employee could return to one-handed work. With that information, and the worker's existing ability to use the other arm and hand, the clinician released the employee back to work to recover on the job. Without this very important information the clinician was prepared to authorize weeks away from work.

When an employee can't return to a transitional work assignment or recover on the job because the employer is unable to come up with work in the sedentary or light strength ranges, connecting with other employers was seen as a possible solution. For example, every community has non-profit human service agencies that rely on volunteers to deliver their services. Wage loss benefits would be paid, ongoing treatment provided to increase physical capacity and injured employees could recover on the job by working in these positions until they can return to work with their employer. The emphasis is on preventing needless disability by reducing needless time away from work.

A clinician provided an example of how important communication and collaboration are:

> **"**When I take the time to call the employer to tell them that the employee has symptoms beyond what I see on exam or I tell them the injured worker's perception about their supervisor (bad supervisor), I get no response. I tell them your employee has evidence of an injury but there's friction in the workplace, hassles with other employees or their supervisor. And then what happens is that the patient comes back to me and says 'Doc, why did you tell them I was faking?' I have to explain that's not what I told them, but what has that done for trust? I have learned that you have to be very, very careful about how you talk to the employer. Just last week, I saw a woman who worked for a big box retailer. She had a sprained ankle and just needed a brace. The employer couldn't accommodate her! But the manager took the time to communicate with the employee

and the injured worker recovered almost overnight. That touch, that communication made all the difference!"

Another clinician identified with one of the slide's from the presentation by Dr. Christian on "Preventing Needless Disability." The slide refers to clinicians as designated guessers when it comes to sending workers back to work without knowing or understanding the job tasks to which they are returning. The SAW/RTW process is NOT covered in medical training and it is a missing communication between the employer and the provider. "If we get the employer involved my nurse practitioner said we can significantly reduce time away from work. We need to send the message to the employee 'Your employer is looking forward to having you back.' And we need to mean it! It has to feel like a win, win, win." Communication needs to be authentic.

The most important thing that the ACOEM Guideline and recommendations provide is the method of communication between employees, employers and WSI. It's a tool to help us spread the word about the RTW process. The guidelines state that having a medical diagnosis is not necessary a work disability. Knowing this is the first step in managing and helping someone RTW. It's not the responsibility of just one person. It's the responsibility of the team, employer, employee, provider and WSI. For the team to work, communication is required. The ACOEM Guideline gets us all on the same page.

Education

All members of the panel indicated that more education for all stakeholders (clinicians, employers and their management team, employees (and their families), case managers, legislators and policy makers) is necessary. Panelists agreed that it would be beneficial for all stakeholders to read and understand the importance of the ACOEM Guideline and that the Guideline continue to be shared throughout the state. "This Guideline helped us to feel the sense of urgency around the SAW/RTW process." One of the concerns was how to keep the discussion going that started with these workshops. Panelists looked to WSI staff to help them to keep the conversation alive in North Dakota.

Employer panelists indicated that some clinicians don't know what to do with return to work information based on job functions or functional capacity evaluations. Clinicians indicated that employers don't understand the importance of providing available job information at the time of the first appointment. This is best expressed by an employer who stated **"**I've had the greatest success when I know the physicians, they know how I do business and the type of work that our workers perform."

Also, employer supervisors and managers need to understand the importance of the SAW/RTW process so that they will want to find a transitional assignment for the employee and will choose to communicate genuine concern to the employee. Too many times, employees are looking for "an out" to get away from a less than positive work environment or "bad boss." Also, managers and supervisors may see the injury as an opportunity not to have to deal with performance issues with their employee and prefer keeping them out of the workplace. Performance issues and the work comp injury need to be handled separately'

Creating a RTW Culture in North Dakota

Panel members indicated a sense of urgency around keeping injured workers connected with their jobs and their future earning capabilities. Several stated that North Dakota cannot afford to abandon its injured workers by letting them spiral down into permanent disability because the future economy of the communities and state will be in jeopardy. An aging workforce and poor management of injured employees will lead to a greater number of these employees on public assistance programs in the long run with no opportunity of ever regaining lost income. The health of the state is at stake. "Why wouldn't we want to have everyone fully employed in this state?" Urgency is required!

Dr. Christian commented on a RTW campaign in New South Wales, Australia. They used a public health approach for low back pain by investing in media spots and billboards to teach everyone – all citizens, including those who may develop or now have low pack pain, those who employ people with it, and those who treat it – that staying active and at work is good for people.

Partnership between employers, providers, WSI, Medicaid, the social security disability and the non-occupational health systems may make the difference in keeping people employed in North Dakota.

Systematization and Consistent Administration

Another challenge raised by panelists is to come up with solutions that would speed up the SAW/RTW process. In the short run, a standardized ONE PAGE workability form should be created and given to the employee with the clinician's name on it. The injured worker should understand the information on the form and why it's important to share with the clinician at their medical appointments. This would give direction to the provider at the time the employee is being seen, especially by urgent care facilities. The provider would know that accommodation through transitional work is available. In the long run, this entire communication could be an electronic communication between the employer and clinicians who treat the injured worker – an on-line solution. Panelists recommended that WSI lead the effort in developing this type of work saving tool.

Clinicians spoke about the importance of using evidence based treatment guidelines as a way to consistently administer a SAW/RTW process. Several examples were cited where clinicians wanted to keep the employee off work for weeks when another employee was off for 2 days for the same injury. "I saw an owner of a small business and he went back to work the next day after back surgery. It's not a given that someone needs to be off work for 2, 4 or 6 weeks. Ten years ago you would have been in the hospital 5 days and now that same patient goes home the next day. This applies to non-occupational injuries too. Just because someone has a medical condition doesn't mean they have to stay off work. WSI should make a business decision to know which providers get their patients back to work in a timely manner. Why can't WSI designate preferred providers based on this information?"

Another clinician commented on surgeries performed where the patient could have been managed more conservatively with better results. Evidence based treatment guidelines would help providers and injured workers achieve better outcomes.

Several panelists spoke about how WSI used to have constant turnover of claims staff but in the past several years the agency has had more stability which has helped both clinicians and employers.

Aligning Incentives

Both employers and clinicians spoke about having incentives in place to promote the SAW/RTW process. Employers cited the need to have others assist them in creating functional job descriptions, a bank of transitional job duties broken out by tasks and their overall transitional work programs. These are not roles that anyone in the company is prepared to take on so expertise would need to be brought in from the outside to assist them. Employers would like to see these services covered at least in part by WSI.

Clinicians spoke of the additional burden and responsibility to pay attention to the SAW/RTW process. Not only are they not trained in this process, but spending additional time with the injured worker, communicating with the employer and completing additional forms takes time away from what is already a short appointment time with a patient (average 10-14 minutes). Clinicians need to be paid for their time. Hiring physician extenders such as case managers who do understand the process is a good strategy to assist with the additional communication and administrative duties.

Concern was expressed about clinicians who do not provide good care for injured workers. Many IW have been managed by health care providers at a very high cost, not the dollar cost, but the cost to human productive life, a life that is hurt further by the system. We need to identify and use dedicated providers who collaborate with each other, case managers and WSI. Employees need to be treated by providers who deliver effective care and if not, we should help them to find another provider who will. We are hurting injured workers if we just treat and treat without result. Successful clinicians should be rewarded by the opportunity to treat more patients.

Proactive Management Toward Positive Outcomes

Panelists spoke about "the team sport" concept of managing toward positive outcomes. The employee, employer, provider and WSI are all on the same team managing toward a positive outcome. WSI spoke about their recently instituted injury management teams. where all time loss claims are reviewed by a WSI team and plans are developed around what is needed to keep the employee working. WSI indicates that better team work is needed among employers, providers and WSI along with communication with the injured worker to improve management toward a positive outcome.

Several panel members spoke about the disparity between occupational and non-occupational injuries. Employees can have the same injury, occupational and non-occupational, but the results aren't the same especially where the job is concerned. Why shouldn't we expect a positive outcome for both? Why aren't they managed the same?

Many employers have a RTW program, BUT do they use it? You can have a written program but you need to use it. One employer stated "I make it a requirement with new employee orientation to tell employees that we will develop RTW action plans if they are injured. You

have to make sure you lay your expectations out for your employees and show your caring side so the employee will let the doctor that he/she wants to go back to work. I had an out of work welder. I advised the doctor that I have light duty for my employee and we got the employee back to work. If I hadn't done that who knows how long the employee would have been off? Make sure you cherish and value the employee."

Normal human reactions and responses

Employees need to understand the importance of recovering on the job and the harm of inactivity. They need to understand their restrictions and how to work with them safely. and they need to be able to express their concerns. All of the other stresses and issues in an employee's life continue from the point of injury through recovery, so the employer needs to recognize that the employee may need additional support during this time. Additional support may be found through employer assistance programs (EAPs) or through community human service agencies. It's important that these service providers understand the SAW/RTW process before they are engaged in helping the employee.

Appendix C: Participant Satisfaction - Summary of Evaluation Results

Overall, participants were very satisfied with the workshops. A total of 163 participants from all 4 cities responded to the satisfaction survey.

Role of Respondents:

Employers	56%
Clinicians	17%
Other	11%
Case Managers	10%
WSI staff	6%

Participants were asked to rate a series of statements about meeting preparation, logistics and venue, design and flow of meeting, meeting events and value of meeting as "not-acceptable," "acceptable/OK," "good to great" or "N/A." for question #s 1 -14.

Question #s 1-3 addressed meeting preparation.

1. Invitation and conference brochure (160 responses)
    - 66% good to great
    - 26% acceptable/OK.
2. Invitation from WSI (phone call / personal invitation) (158 responses)
    - 45% good to great
    - 15% acceptable/OK.
3. Reading materials sent prior to the meeting (159 responses)
    - 51% good to great
    - 30% acceptable/OK

Question #4 addressed logistics and venue.

4. Location and facility, meeting room, meal (161 responses)
    - 78% good to great
    - 21% acceptable/OK

Questions # 5 through #9 addressed design and flow of meeting.

5. Plan for the meeting/what was on the agenda (162 responses)
    - 81% good to great
    - 17% acceptable/OK
6. Welcome/introductions (162 responses)
    - 80% good to great
    - 18% acceptable/OK
7. Flow of the meeting/keeping to the plan (163 responses)
    - 79% good to great
    - 20% acceptable/OK
8. Interactions between audience, panelists and speaker (160 responses)
    - 86% good to great
    - 13% acceptable/OK
9. Management of any differences/disagreements (156 responses)
    - 72% good to great
    - 14% acceptable/OK

Questions # 10 through #14 addressed meeting events.

10. Presentation by Dr. Jennifer Christian (163 responses)
    - 87% rated as “good to great”
    - 11% acceptable/OK
11. The small group discussion during dinner (162 responses)
    - 71% good to great
    - 23% acceptable/OK
12. The small group presentations (162 responses)
    - 63% good to great

- 32% acceptable/OK

13. The panel discussion (153 responses)
    - 77% good to great
    - 19% acceptable/OK
14. The wrap up discussion (143 responses)
    - 75% good to great
    - 22% acceptable/OK

Questions # 15 through # 20 addressed overall value of the meeting. Participants were asked to respond whether they disagreed, agreed, were neutral or N/A.

15. The information presented was very interesting (162 responses)
    - 86% agreed
    - 14% neutral.
16. Having met the people at the workshop will help me in the future (162 responses)
    - 79% agreed
    - 20% neutral.
17. It is clear how people get hurt when doctors and employers don't work together to help prevent needless work disability (162 responses)
    - 86% agreed
    - 13% neutral.
18. I got some new ideas about how doctors and employers, can exchange information and actually help each other make better decisions (161 responses)
    - 83% agreed
    - 14% neutral.
19. , This workshop was a good use of my time and effort (161 responses)
    - 82% agreed
    - 15% neutral.

20. Would you like to be a part of any follow-up activities? (147 responses)

- 82% yes
- 20% neutral
- 10% not applicable.

Appendix D: List of Participants and Panelists, by City

The attendees, panelists and facilitators at each workshop are listed below.

Panelists are indicated by **bold-face type** with two asterisks **(******).**

Grand Forks – September 10

NAME	ROLE	ORGANIZATION
Randy Anderson	ND Safety Mgr.	Nordic Fiberglass, Inc
Tim Bailly		Cirrus Design
Barbara Barta **	HR Director	Valley Memorial Homes
Lynn Bartuska	HR Benefit Specialist	Altru Health System
Kay Berube	RN Case Manager	Altru Health System
Coleen Bomber		Northwood Deaconess Health
Jennifer Brekhus		Select Therapy & Fitness
Val Bruhn		Concrete, Inc.
Brian Buchholtz		Minnkota Power Cooperative
David Carda	Administrator	Good Samaritan Society Park River
Heidi Casavan		American Crystal Sugar
Laurie Christianson	Secretary/Treasurer	Swingen Construction
Wayne DeVoe	Safety Manager	Pribbs Steel & Mfg.
Jan Desautel	Admin. Assistant	Lutheran Sunset Home
Sheri Diehl	Benefit Coordinator	Spirit Lake Casino & Resort
Paul Drown PA-C	Physician Assistant	Altru Health System
Rick Else		Telpro
Michelle Engen	Assistant Supervisor	Support Systems, Inc.
Margaret Fedje	Asst. Program Director	Support Systems Inc
Paul Fleissner, MD **	**Physician, Occ. Med.**	**Altru Health System**
Carol Gierszewski	HR Generalist	City of Grand Forks
Surinder Grewal		Altru Health System
Gloria Hanson	Assistant Administrator	Lutheran Sunset Home
Greg Hanson		Valley Memorial Homes
Lynne Hanson	HR Manager	Opp Construction
Jay Haugland		Marvin Windows & Doors

Cindy Healey	RN Case Manager	Altru Health System
Dara Helgeson	Supervisor	Support Systems, Inc
Michelle Hupp		LM Glasfiber, Inc.
Shawn Jerome	Safety Manager	ADM Corn Processing
Perry Knudson		Brown Corporations
Bonnie Knutson	Occupational Therapist	Axis Clinic
Tammy Knutson		Nordic Fiberglass, Inc
Karen Linstad	Risk Manager	North Dakota Developmental Center
Doug Miller		Minnkota Power Cooperative
Sheila Netz		Sheila Netz
Lance Norman		Lance Norman
Annette Palmgren	Physical Therapist	Select Therapy
Michael Pasquariello	Plant Manager	Archer Daniels Midland Company
Dana Paulson	Safety Coordinator	LM Glasfiber, Inc.
Ken Ranisate	Supervisor	Support Systems, Inc
David Schall, MD **	**Physician**	**Valley Bone & Joint**
Daniel Schmelka, MD	Physician, Neurosurgery	Altru Health Systems
Renee Schweitzer**		**Crystal Sugar**
Brian Senger	HR Director	Lake Region Lutheran Home
Ken Severinson	Operations Manager	Nordic Fiberglass, Inc
Becky Skorheim	WFS Coordinator	Good Samaritan Society Park River
Wayne Spidahl	General Manager	Nordic Fiberglass, Inc
Joy Stanghelle	HR Regulatory Mgr.	UAP - Ag Depot
Lucy Swartz	RN Case Manager	Altru Health System
Mark Taus	MN Safety Manager	Nordic Fiberglass, Inc
Luis Vilella, MD **	**Medical Director**	**WSI**
Mary Dean Weinmann		4th Corporation
Jill Weisenberger	RN Case Manager	Altru Health System
Jeff Westrem		Hugo's

WSI Small Group Facilitators

Mark Armstrong	Communications Exec.	WSI
Marsha Buchwitz	Provider Relations Mgr.	WSI
Vicki Dawson	Safety Consultant	WSI

Elsie Grossman	RN Medical Case Mgr	WSI
Cheryl Hahn	RN Medical Case Mgr	WSI
Robin Halvorson **	**RTW Manager**	**WSI**
Harvey Hanel	Pharmacy Director	WSI
Tim Hutchings	Leadership Executive	WSI
Mary Marthaller	Executive Secretary	WSI
Sonja Nallie	Chief, Injury Mgmt.	WSI
Mike Page	Loss Prevention Dir.	WSI
Don Pfaff	Safety Consultant	WSI
Beth Veeder	Program Manger–	CorVel

Fargo – September 11

NAME	ROLE	ORGANIZATION
Mary Jo Andersen	Rehab Counselor	CorVel
Jen Anderson		Magnum
Jennifer Baker	Loss Control & Claims Specialist	North Dakota State University
David Beard, MD	Physician	Advanced Hand Clinic
John Beauclair, MD **	**Physician**	**MeritCare Occupational Health**
Brett Becker	Safety Coordinator	Tecton Products, LLC
John Brandt	Physical Therapist	Heart of America Medical Center
Adam Broers	Employment Coord.	Bethany Homes
Wendy Clemens		Integrity Windows
Robert Cooper, MD	Physician	Fargo Disability
Kenneth Doggett		Preference Personnel
Bonnie Eldredge	RN Case Manager	Meritcare
LaVonne Gerlach	RN Education Practitioner	Anne Carlsen Center for Children
Michael Gonzales, MD	Physician	Meritcare Pain Service
Jeff Gothier		Cummins NPower LLC
Darrell Haselew		DMI Industries
Robert Hasse		Robert Hasse
Dawn Healy		Trail King Industries
Todd Heck	Assistant Manager	Leevers Foods
Becky Herrold	HR Generalist	Swanson Health Products

Greta Hettinger		CorVel
Dave Huus	Safety Director	Manning Mechanical
Tina Jacobson		Contemporary Builders, Inc
Theresa Jaroszewski	Sr. Work Comp Spec.	Bank of the West
Jessica Johnson	HR Coordinator	Vanity, Inc
Kristal Johnson	HR Generalist	Integrity Windows & Doors
Margie Johnson	HR Director	ACCC
Victor Jones		Preference Personnel
Zach Keeton	Safety/RM Coordinator	Butler Machinery Company
Larry Klaahsen		Risk Administration Services, Inc.
Melissa Klose	Executive Assistant	WCCO Belting Inc.
Mary Knipple	Sr. HR Assistant	JLG Industries
Jason Konschak	Plant Manager	Leef Services/G & K Services
Wendy Kopkie	Assistant HR	Northern Improvement Co.
Vickie Manske	Disability Specialist	MeritCare Health System
Robert Martino, MD	Physician	MeritCare
Carla McGarry		Gremada Industries, Inc.
JoAnn Meisner	Manager, Occ. Health	MeritCare Health System
Kathy Miller	Chiropractic Asst.	Cook Chiropractic Clinic
Marlene Nelson	RN-C/Director	Nelson County Health System
Deb Orr		Alpha Opportunities
Jolean Pederson	Assoc. Dir. Public Health & Safety	North Dakota State University
Lori Ann Rexine	HR/Officer Manager	Crete Grain Company
Earl Rogers		Gremada Industries, Inc.
Marian Romanoski	Employee Health/ Risk Manager	Innovis Health
Mary Rustad **	**Risk Manager Coord.**	**Bethany Homes**
Paul Schmidt	Safety Manager	CNH
Amber Schoenborn	Equip. Maintenance	Northern Improvement Co.
Barbara Stein		Dakota Clinic
Anthony Stoner	Facility Engineer	Integrity Windows & Doors
Diane Svaleson	HR & Safety Coord.	Nash Finch Co.
Ina Ann Thomsen		Thomsen Chiropractic

Rob Thomsen, DC	Chiropractor	Thomsen Chiropractic
Peter Vanhal		Tecton Products, LLC
Luis Vilella, MD**	**Medical Director**	**WSI**
Harjinder Virdee, MD	Physician	Northport Medical
Rathin Vora, MD **	**Occ. Med. Physician**	**Dakota Clinic**
Jerry Waswick	Chiropractor	Waswick Chiropractic
LouVay White	HR Manager	Open Door Center
Terry Wolff, MD	Medical Director	CNH
Willard Yellowbird **		City of Fargo

WSI Small Group Facilitators

Virgil Allen	Safety Consultant	WSI
Mark Armstong	Communications Exec.	WSI
James Ash	Safety Consultant	WSI
Lisa Beckman	RN, Medical CM	WSI
Sandra Bilstad	Medical Case Manager	WSI
Marsha Buchwitz	Provider Relations Mgr.	WSI
Vicki Dawson	Safety Consultant	WSI
Robin Halvorson**	**RTW Manager**	**WSI**
Harvey Hanel	Pharmacy Director	WSI
Tim Hutchings	Leadership Executive	WSI
Nadene Lenz	Sr. Medical Case Mgr.	WSI
Mary Marthaller	Executive Secretary	WSI
Sonja Nallie	Chief, Injury Mgmnt	WSI
Don Pfaff	Safety Consultant	WSI
Beth Veeder	Program Manager	CorVel

Bismarck – September 12

NAME	ROLE	ORGANIZATION
Nora Allan, FNP	Family Nurse Practitioner	Medcenter One Occupational Health Clinic

Greg Allen		Cavendish Farms
Kayla Allmendinger	Therapy Director	Knife River Care Center
Jill Becker **	Employee Health Nurse	MedCenter One
Tamara Berger	Voc Rehab Consultant	CorVel
Eric Brenden		Northwest Contracting
Holly Cahill	Admin/HR	Presentation Medical Center
Kristin Chaussee, FNP	Family Nurse Practitioner-C	Medcenter One Occupational Health Clinic
Justin Clock		Justin Clock
Bonnie Dehne	RN Case Manager	Medcenter One Occupational Health Clinic
Jeanne Dekrey		St Alexius
Paul Ellenbecker	Owner	Ellenbecker Chiropractic PC
Barbara Frohlich	Provider Relations	WSI
Lujuanna George	HR Rep.	Prairie Knights Casino & Resort
Allen Gibson, PA-C	Physician Assistant	MedCenter One
E.N. Godfread, MD	Physician	E.N. Godfread
Kenneth Grey Cloud	HR Training Coord.	Prairie Knights Casino & Resort
Diane Hasselstrom	Supervisor	Support Systems, Inc
Deana Heck	Asst. Program Dir.	Support Systems, Inc.
Peggy Hill	RN Case Manager	Medcenter One Occupational Health Clinic
Rick Hofferber, PA-C	Physician Assistant	St Alexius Medical Center - Specialty Clinics
Melana Howe		West River Health Services
Dennis Jordie		Dennis Jordie
Jessica Koble	Rad Tech/CNA	Medcenter One Occupational Health Clinic
Jack Kolberg	Safety Director	Northern Improvement Company
Sherry Kondos	Training/Safety Coord.	SRT Communications, Inc.
Kelly Kraus		CorVel
Sarah Leidenix	RN Case Manager	St. Alexius
Aaron Lucht	Safety Specialist	MDU
Wendy Malard	Medical Case Manager	WSI
Brenda Milkey	RN	MedCenter One

Carol Miller, NP	Nurse Practitioner	St Alexius Medical Center - Specialty Clinics
Pete Miller, Jr.	Regulatory Compliance	MDU
Barb Misterek	Supervisor	St Alexius Medical Center - Specialty Clinics
Missy Mohl	Risk Manager	Knife River Care Center
Mark Monasky, MD **	Physician	St Alexius Medical Center - Specialty Clinics
Roberta Montclair-Johnson	Compliance Mgr.	Prairie Knights Casino & Resort
Stephanie Murdock	Executive Director	Medcenter One Occupational Health Clinic
Ernestdean Murphy	HR Assistant	Prairie Knights Casino & Resort
Joyce Olson		CorVel
Diane Payne	Payroll	Capital City Construction
Augie Pepple		Baptist Home of Bismarck
Jennifer Prischmann	HR Generalist	CrossCountry Courier, Inc
Marlys Reichenberg	Human Resource	Knife River Care Center
Elsa Remer, MD	Physician / psychiatry	Horizon Medical Services
Daren Repnow		Daren Repnow
Bobbie Ripplinger	HR Director	City of Minot
Marilyn Rogers		Good Samaritan Center
Damian Schlinger	Injury & Rehab Spec.	Medcenter One Occupational Health Clinic
Missy Schmidt		Medcenter One
Patricia Sprout		Tesoro Petroleum Corp
Ronald Stenberg **	Safety Manager	Industrial Contractors, Inc
Luis Vilella, MD **	Medical Director	WSI
Jeff Wetzel	Rehab Coord.	Medcenter One Occupational Health Center
Walker Wynkoop, MD **	Physician/Surgeon	MedCenter One
Connie York	Supervisor	Support Systems, Inc.
Carol Zacher	Admin Assistant	Rock View Good Samaritan Center

WSI Small Group Facilitators

Mark Armstrong	Communications Exec.	WSI
LaVal Eberhart	Education Coord.	WSI

Robin Halvorson **	RTW Manager	WSI
Tim Hutchings	Leadership Executive	WSI
Karen Jensen-Leer	Medical Case Manager	WSI
Curt Malafa	Safety Consultant	WSI
Sonja Nallie	Chief, Injury Mgmnt.	WSI
Benjamin Sand	Safety Consultant	WSI
Paula Schilling	Medical Case Manager	WSI
Beth Veeder	Program Mgr.	CorVel
Randy Wegge	RTW Coord.	WSI

Dickinson – September 13

NAME	ROLE	ORGANIZATION
Denise Andress		WRHS
Sandy Baer	—	Catholic Health
Blair Bauer, DC	Chiropractor	Bauer Chiropractic Office
Pam Becker		St. Benedicts Health Center
Debbie Bensen		Catholic Health
Carolyn Benz	Safety Director	Hill Top Home of Comfort
Glenda Buckman	Asst. Program Dir.	Support Systems, Inc.
Maxine Buffalo		4 Bears Casino
Jeanne Buschta		Bethel Lutheran Home
Carlitta Decher		Able Inc
Clark Dees **	Health, Safety & Environmental Spec.	Helmerich & Payne International Drilling Co.
Susan Elsbernd	Employee Health Nurse	Mercy Medical Center
Dean Franchuk		Stallion Oilfield Services
Jon Frantszog		St. Benedicts Health Center
Valerie Frey	WC Nurse	St. Lukes Home
Sandy Gunwall		St. Josephs Hospital
Charlene Hansen		Southwest Healthcare Svc.
Bryce Haugen	Operations Manager	Theodore Roosevelt Medora Foundation
Mark Hendrickson	Asst. Safety Director	Northern Improvement Co.
Jean Herauf	Area Manager	Rehab Visions
Doug Jilek		TMI Systems Design Corp.

Kent Mortenson **	Safety Manager	Steffes Corporation
Sharon Olheiser	Employee Health Nurse	St Joseph's Hospital and Health Center
Sue Roller	HR Director	Baker Boy
Fred Schauer		Baker Boy Bake Shop, Inc
Sharon Scheeler	Business Manager	St. Lukes Home
Steven Schmidt		UND SMHS
Dana Sommers		Catholic Health
Doreen Steckler		Able Inc
Eileen Steffen	Safety Director	St. Lukes Home
Sharon Stroh		St. Benedicts Health Center
Thomas Templeton, MD**	Physician	Dickinson Clinic - MedCenter One Health
Allison Thomas		St. Benedicts Health Center
Stephanie Tinjum	Personnel Director	Theodore Roosevelt Medora Foundation
Carol Treacy		Catholic Health Initiatives
David Ulven		Tioga Machine
Luis Vilella, MD **	Medical Director	WSI
Lee Werchau	Physical Therapist	Rehab Visions

WSI Small Group Facilitators

Mark Armstrong	Communications Exec.	WSI
Marsha Buchwitz	Provider Relations Mgr.	WSI
Robin Halvorson **	RTW Manager	WSI
Harvey Hanel	Pharmacy Director	WSI
Tim Hutchings	Leadership Executive	WSI
Harlan Olson	Safety Consultant	WSI
Tom Solberg	Medical Services Dir.	WSI
Beth Veeder	Mgr. Medical CM	WSI