



# ***Center of Occupational Health and Education at The Everett Clinic: e-News***

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## **Vocational Recovery Project: How an innovative approach reduced worker disability and saved almost \$2 billion in the process**

By Dianna Chamblin, MD, COHE at The Everett Clinic Medical Director

In 2014, the Washington Department of Labor and Industries launched another effort to improve the return to work rate for injured workers. The program was designed for earlier referrals from claim managers for interventions by private sector vocational rehabilitation counselors. These providers are needed on a significant number of claims, following efforts of [Early Return to Work](#), ERTW, staff whose role is to facilitate return to work with the employer of record. The Early Vocational Services (also known as “Early Ability-to-Work Assessment”) effort has been a resounding success and receiving national attention.

How? ERTW is usually accessed through a referral from the claims manager or from the Health Services Coordinator within a Center for Occupational Health and Education, COHE. The ERTW team has been extraordinarily helpful to COHE providers who focus on maintaining safe work abilities when they complete the Activity Prescription Form. ERTW aids employers to find transitional duty, create the job description, consider/obtain ergonomic equipment/changes and apply for Stay at Work Benefits to allow their injured employee to stay safely at work during their recovery process.

Referral for private vocational services is through the claims manager. The goal is first to aid in returning to the same job and same employer in the ability to work assessment, AWA. If this is not possible, their mandate is to explore other options with the same employer such as transitional duty during the recovery period, temporary or permanent job modification or even new job role. They will provide similar but broader assistance than the ERTW team. If return to the original employer is not possible, then a cascade of steps ensues including exploring prior job experiences with new employers or short-term retraining.

As a result, L&I reports over a 20% reduction in the number of long term disability cases. Not only does this translate to saved lives from disability prevention but an anticipated cost savings of about two billion dollars. Pretty impressive progress and great complementary processes with COHE, Stay and Work Program and other medical best practices such as reduced opioid prescribing!

The statistics in this Dashboard summary presented at the Workers' Compensation Advisory Committee earlier this year by Vickie Kennedy, Assistant Director Insurance Services, emphasize the impact of these successful, collaborative efforts to help injured workers heal and return to work:

## Dashboard summary

Measure	Change from 2012 (unless otherwise noted)	Highlights
<b>Long Term Disability</b> – share that received a TL payment in the 12 month post injury	Down 17.9 % ↓	Lowest since 2002
<b>Persistency</b> – Ratio: claims with a TL payment in the 6 <sup>th</sup> month to those with payment in the 3 <sup>rd</sup> month	Down 5.9 % ↓	
<b>High risk claims</b> – share return to work at 12 months	Up 7.8% ↑	Highest since 2002
<b>Resolution rate</b> - time-loss claims at 6 months	Up 6.3% ↑	
<b>Median time-loss days paid at 1<sup>st</sup> AWA referral</b>	Down 67.9% ↓	Lowest since 2002*
<b>% RTW outcomes</b> when 1 <sup>st</sup> AWA referral made by 90th day of TL	Up 54.2% since 2014 ↑	
<b>% RTW outcomes</b> - all first AWAs	Up 121% since 2014 ↑	Highest since 2004*
<b>WSAW participation</b>	Steady utilization ↔	
<b>COHE utilization</b>	Up 84.4% ↑	Highest since 2002
<b>Auto adjudication of claims</b>	Up 69% from 2014 ↑	Highest since 2002*

\* Earliest year for which measurement is available

Abbreviations: TL= Time Loss, AWA= Ability to Work Assessment, RTW= Return To Work, WSAW= Washington Stay at Work, COHE= Centers for Occupational Health and Education.

## **Allergies dragging you down at work? Consider allergy shots.**

By Vivek Agarwal, MD, Allergy, Asthma & Immunology expert.

### **What are allergy shots?**

Allergy shots are formally known as subcutaneous immunotherapy, which is a type of treatment for allergies. It is used to treat patients with allergy symptoms related to exposures from the environment such as pet dander, dust mites, pollens, grasses, and molds. It is the closest that we have to a “cure” for allergies. These shots work by building a tolerance to the allergens rather than treating the symptoms like you would with over the counter medications.

### **How can they help me?**

Patients who respond to allergy shots have a significant reduction in allergy symptoms including watery/red/itchy eyes, runny nose, nasal congestion, sneezing, rashes and even asthma symptoms like coughing and wheezing. Many patients are also either able to eliminate entirely or significantly reduce their use of other allergy medications such as antihistamines, nasal sprays, eye drops and inhalers. Allergy shots help patients enjoy better quality time outdoors and with their pets.

### **How often do I have to get them?**

At the start of treatment, there is a short “build up” phase where patients visit 1-3 times per week. Then after a few months patients reach the “maintenance” phase where they are placed on a stable dose given approximately every month. Most patients including children tolerate allergy shots very well. In many cases, patients require a treatment course for a few years though many benefit from longer treatment.

## **Speak up, I can't hear you!**

By Salvatore Taliercio, MD, Ear, Nose & Throat (ENT) Specialist.

Hoarseness is a very common problem and refers to abnormal voice changes. Hoarseness is a symptom, not a disease and one-third of the US population experiences this symptom at some point in their lives. Hoarseness is more common in those with significant voice strains, such as construction workers, teachers and telephone operators. All ages can be affected, from newborns to seniors. Women are typically affected more often than men. If you are experiencing hoarseness, you should see a healthcare provider for evaluation and care, whether medical or surgical.

There are many reasons you may experience hoarseness. If you have been sick, you may have laryngitis. Viral laryngitis typically resolves itself without treatment and improves with hydration,

limited voice use and time. All patients with hoarseness, or a suspected “laryngitis”, that persists beyond two weeks should have an evaluation an ENT provider.

Several chronic medical conditions such as chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and even rheumatoid arthritis can include hoarseness as a symptom.

### **COPD**

Patients with COPD who feel a severe voice restriction (due to limited breath support and irritation from the use of inhaled steroids which can alter the vibration of the vocal cords) should have an evaluation by an otolaryngologist, ENT provider.

### **CHF**

Cardiac conditions such as CHF can cause changes in the blood vessels around the heart, pushing on the nerve that controls the movement of the vocal cords, resulting in a weak, breathy voice.

### **Autoimmune Conditions**

Rheumatoid arthritis and lupus, among other autoimmune conditions, can cause nodules on the edges of the vocal cords. A possible vocal cord concern related to a medical condition can be diagnosed in a matter of minutes with an ENT provider. ENT physicians receive special training in the study of voice and vocal cord disorders.

### **Reflux**

Reflux is often thought to be a cause for voice concerns, but it does not cause changes in voice quality. While many patients with voice concerns also suffer from reflux, it should not be assumed that a raspy or breathy voice is simply a symptom of reflux. Evaluation with a laryngologist allows a division of reflux symptoms and voice concerns. A plan for treatment can then be established immediately. Often this treatment is not surgical and involves work with a speech-language pathologist in improving vocal technique and hygiene. Laryngologists are ENT doctors that spend an additional year studying vocal cord function and perform microsurgery on the vocal cords.

While certain medical conditions can cause hoarseness, many illnesses are limited to the vocal cords. The most significant non-medical risk factor that causes voice concerns is smoking. Smoking causes chronic irritation of the thin tissue at the edge of the vocal cords. This can result in the development of polyps, which causes the classic smoker’s voice. There is also an increased risk of developing vocal cord or laryngeal cancers.

## Thirsty? Six reasons you should drink more water

By Everett Health Tips, Staff



### **#1 — Mood booster**

Researchers asked study participants to increase their consumption of water from five to 10 cups a day, subjects felt calmer and more satisfied with their life.

### **#2 — Faster healing**

Dehydration can delay the recovery process. Water improves the microvascular circulation in your skin.

### **#3 — Lower stroke risk**

A study from Johns Hopkins Hospital stated that people who had suffered a stroke, 44 percent were dehydrated. Dehydration may cause your blood to thicken and have a harder time passing through blood vessels.

### **#4 — Better workout**

Have a water bottle handy for before, during and after exercise helps to prevent problems like heat stroke and painful cramps.

### **#5 — Headaches**

Often a migraine can be triggered by dehydration. If your head starts pounding reach for 1-6 cups of water.

### **#6 — Brainpower**

Dehydration suppresses blood vessels in the brain and can lead to lethargy and short-term memory loss. Refilling your water bottle will help you stay sharper!

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**Marti Bradley, COHE Program Director at [mbradley@everettclinic.com](mailto:mbradley@everettclinic.com) . *Thank you!***