IAIABC Journal

Fall, 2009 Vol. 46, No. 2

Contents

(continued on back cover)

About The 60 Summits Project and Where the Rubber Tree Plant• Is Going

Jennifer Christian*

Introduction

When we see a sorry outcome of a workers' comp case today – especially someone who long ago suffered the kind of work-related injury from which most people recover but who has never bounced back and resumed a normal life, and is convinced of his/her inability to ever work again – why do most of us content ourselves with simply feeling bad about it? Or content ourselves with blaming "them" (those bad doctors or insurance companies or lawyers or employers or judges)? Or indulge in our usual rant about "the system" – about which we believe can do nothing?

• Remember this? "Once there was a silly old ant, tried to move a rubber tree plant. Everyone knows an ant can't move a rubber tree plant. But he had high hopes, he had high hopes, he had high apple pie in the sky hopes. So if you're ever feeling low, 'stead of letting go, just remember that ant. Whoops, there goes another rubber tree, whoops, there goes another rubber tree, whoop, there goes another rubber tree plant

* MD, MPH. Founder and Chair of The 60 Summits Project, as well as President of Webility Corporation in Wayland, Massachusetts.
Email: jennifer.christian@60summits.org

Instead, why don't we promptly investigate what happened at every step of the way, to see what could have been done better at any point, and then make changes to the way we conduct our own part of the process, or demand that our colleagues, business partners, customers, or vendors work with us differently, or team up with others to take effective action that changes the regulations or laws that are creating those breakdowns? I think there are two main reasons why we tend to react the way we do today.

Lack of a Shared Positive Vision

The main reason, I believe, is that we don't really have positive vision of how the situation should have been managed in the first place – of how the process should usually work – so we're not curious about where it went wrong, exactly. There is also no widely shared social commitment to minimizing the impact of injuries on workers and their employers, of achieving the best possible outcome in every case. Thus, for example, there is no equivalent of the National Transportation Safety Board called in to evaluate the crash of this person's life in order to see whether improvements need to be made throughout the whole industry in order to make sure this doesn't happen again. The real NTSB thinks of every airplane crash as an opportunity to learn and improve the whole airline transportation system. Today in workers' compensation, every human crash is a pathetic story, and that's that.

In my view, helping prevent injuries and when they do occur, helping people get their lives back to normal as soon as possible should actually be the "point" of workers' compensation systems. However, a 19th century view of the world is still reflected in today's workers' compensation laws in most English-speaking jurisdictions, and more broadly, the "systems" that have sprung up around those laws. The laws assume that work-related injuries and wrecked lives are an unavoidable consequence of industrial activity, establish methods for determining eligibility for financial compensation, replacing lost wages, paying medical bills, and making cash awards for the workers so injured. Under this claims processing model, the focus is on processing and evaluating and adjudicating a person's claim for workers' compensation and then paying the benefits as accurately and promptly as possible. Meanwhile, how the workers fare in the "real world" is their own private business.

I suggest that we should count it as a failure and a signal that we didn't do our jobs right every time an injured worker with a common everyday medical condition:

- remains in the sick role longer than is medically required due to ineffective or disjointed medical care, or inattention to the psychosocial, interpersonal, environmental, social, or motivational issues that are keeping them there; and
- sits home instead of working for weeks, months or years for reasons that are fundamentally non-medical, like poor communication, bureaucratic processes, and discretionary decisions by people who play significant roles in the situation but aren't focused on or committed to helping the workers get their lives back on track.

Changing the "point" of workers' compensation systems would require a significant shift in how people see them – but it is possible. In fact, spreading of new ways of thinking through a population has led to virtually all large scale social change. Abundant examples exist where a shift in the way the public saw an issue led to changes in the social fabric. In the specific examples highlighted below, human events that used to be considered isolated private tragedies became the focus of public attention, and a public or social mandate developed. That mandate (a widely shared feeling of duty or responsibility) was manifested as a diffuse "safety net" of mixed private and public sector programs, services, and individual behaviors in different sectors of society.

Example: Shifting Beliefs and Public / Social Support for Women in Childbirth

The most striking example I can think of is the issue of childbirth, during which there are two lives at stake – mother and infant. In prior centuries (and in primitive societies today), childbirth was a private family matter, and often a tragic one. In the middle ages, it was so dangerous that an estimated one in four women died in childbirth. They received last rites as they labored at home, and babies were rushed to baptism because they

might not survive. Sad outcomes – mothers dying, stillborn babies, newborns dying – were and in some parts of the world still are very common. Then, gradually over time, developments occurred. As societies became more organized, one of the earliest tasks assigned to government was to make records and track statistics about issues that were seen as important to the public welfare, like births and deaths. Simple ways to improve birth outcomes were gradually identified, such as good nutrition, basic sanitation, education of the mother and her birth attendants, and so on. A few laboring women with a baby too large to pass through the birth canal had access to physicians who had developed crude instruments for use in desperate attempts to save their lives. The doctors would either drag the baby out with early versions of forceps or sacrifice the baby by crushing its skull, thus saving the mother. And many times, delayed or inept interventions caused bad outcomes.

The idea that vulnerable mothers and infants were dying unnecessarily emerged, and began to offend people. As time went on, the public began to consider maternal and infant deaths as signs of inappropriate management and to look for a higher degree of expertise in birth attendants. In the first half of the twentieth century, governments started being held responsible for assuring that basic preventive health services were available for all pregnant women and babies, and for setting educational requirements and licensure standards for birth attendants. Today, prenatal clinics, immunizations, and adequate nutrition are provided to virtually all women and infants either through the private sector or public health departments. In the developed world, a woman in labor comes to a hospital or birthing facility where an entire team of highly trained and fully equipped professionals awaits her, intent on keeping both mother and baby safe and achieving the best possible outcome. Nowadays, a death in childbirth is assumed to have been preventable and is considered a health system failure. Maternal and infant mortality rate statistics are now seen as a basic measure of how advanced a society is.

Lack of Personal Accountability

Even though today some people may feel that the point of workers' compensation should be to help people get their lives back to normal, most of

us don't feel like there's much that we can do about it. We don't really feel as though prolonged work disability and loss of employability are unacceptable, probably preventable and our responsibility – and yet they are. We blame it on "the system," and yet there is no system other than the one we human beings have created. In his book Community, Peter Block says that one hallmark of a "stuck" community is its rejection of "associational life" by which he means "the myriad ways citizens come together to do good work and serve the public interest." A stuck community prefers to see the problem as "the system" (Block, p. 43). In that world, the dominant public conversation is "based on a culture of fear, fault finding, fragmentation, and worry more about taxes than compassion; it is more about being right that working something out, more about gerrymandering for our own interests than giving voice to those on the margin" (Block, p. 45).

If everyone were to see the occurrence of bad workers' compensation employment outcomes as a signal that we didn't do our part to make things come out right – whether or not that assertion is 100% true – we would generate real power to drive improvement.

Examples: Grassroots Activism Concerning Drunk Driving and Domestic Violence.

Two other brief accounts of social change initiatives have relevance here, as well, because in both cases plain citizens took on "the system" at the grassroots level and made a big difference: drunk driving and domestic violence. In the late twentieth century, groups of volunteers whose lives had been touched by drunk drivers and were tired of the blind eye being turned to this issue by the justice system banded together to alert the public. Local chapters of Mothers Against Drunk Driving (MADD) increased the visibility of tragedies caused by drinking and driving, and they turned the spotlight onto the police who had been failing to even book drunk drivers and judges who had been letting them off easy in court. Over a matter of years, the press and the public took notice, and put pressure on legislatures in many states to lower the legal blood alcohol limit and strengthen penalties for driving while intoxicated.

During the same period, local advocacy groups made similar advances with regard to police and court responses to physical and verbal abuse

within families, where the victims are primarily women and children. The advocates' insistence on a new manner of speaking changed the terminology in common use. "Harsh parental discipline" and "marital squabbles" were renamed "child abuse" and "domestic violence." These volunteers persuaded the police and the courts to see beating of wives and children as the same or worse kind of criminal behavior as assault and battery among equal adults. Laws were passed that required medical professionals to report possible child abuse or suspected domestic violence and strengthened penalties, but also linked social services programs to the criminal justice system. These two social advances – reducing drunk driving and protecting women and children – occurred because groups of citizens banded together to make an overlooked corner of society work better. They drew the attention of existing power structure to new ways of thinking and demanded higher levels of accountability and better social outcomes.

Future Vision: When Everyone Wants to Prevent Needless Work Disability

What will it be like in the future, when the new work disability prevention model becomes the dominant paradigm? Here is what I see. Excellent work disability prevention programs will emerge once the assertion is made that all medically-unnecessary work disability is wasteful, potentially harmful, can be averted – and that when it occurs, it is a signal we have not done our jobs right. This view will drive the evolution of workers' compensation programs towards preventing needless work disability.

One can then imagine a system redesigned to provide appropriate support and deliver the best possible human as well as financial outcomes for the population of injured workers and their employers. The focus will shift to anticipating and assessing the impact of illness or injury on the whole situation (person + workplace), and then actively driving the real-world situation towards the best achievable overall outcome. Because most everyone will be on the same page and share the same ideas, everyone's response to an injury, illness or age-related loss of capacity in a worker will reflect their awareness of the urgent and time-sensitive need to help the worker and employer keep life as normal as possible. It will be common knowledge that absence from work is only rarely medically required, and that

needless work disability is hard on the worker as well as on the workplace. Everyone's focus will be on finding solutions and eliminating obstacles in the path of restoring that sense of normalcy.

Employers, insurers, doctors and workers will start from the presumption that workers with medical conditions will be allowed to recover on the job unless there is a problem for which a solution can't be found. Whenever the employer, doctor or insurer becomes aware that someone has been out of work for more than a few days, they will react as though an unfortunate event has occurred. They will start looking for the issue that is causing the delay and sending notes to each other about it, because they expect to work together to resolve it. When one party drops the ball, the others work to get them engaged or to fill in for them.

As a routine matter at the time of hire new employees are oriented as to their organization's commitment to reducing needless work disability from work-related injuries/illnesses and helping people keep their jobs whenever possible. The individuals who are likely to be called on to respond either to the needs of an employee who is injured at work, or to the workgroup from which they come, are routinely trained in the policies and procedures involved, so they know what to do at the time of injury and in the first few critical days following it.

All of this will be happening in a context reinforced by laws and regulations that set expectations and provide incentives and consequences for employers and insurers, and that require them to demonstrate their results in terms of employment outcomes at 3,6, 12 and 24 months. Likewise, the laws/regulations will require other participants in the SAW/RTW process to be trained and equipped to provide appropriate guidance and support in the process, and will provide incentive and consequences for demonstrating mastery and effectiveness in producing optimal outcomes.

We can help people whose lives are disrupted by illness or injury to get "back in saddle" by assuring them prompt access to health care, by making sure that the treatment they get is the most effective known option, and by reducing unnecessary work absence while they recover which will in turn reduce the risk of job loss and withdrawal from the workforce. We can also help employers minimize workplace disruption, lost productivity, and

unnecessary benefit costs while workers are coping with altered functional capacity due to injury, illness or aging.

Factors Influencing the Organizational Design of The 60 Summits Project

Many factors – suggestions from others, some big ideas I gleaned from key books, a few quotations and some of my own realizations – shaped the design of The 60 Summits Project. Here are some major ones:

1. *Focus on the needs of the average worker and the average workplace supervisor – instead of on the laws, politics, money, or war stories.*

   In my opinion, the WDP report and the work disability prevention model are a way to put the emphasis where it should be – on meeting the reasonable needs of the worker and the workplace supervisor – and less on the politics of what each stakeholder group "deserves" or "demands" in dividing up the pie. The ACOEM SAW/RTW report says that improving SAW/RTW process depends on people in different professions and sectors of society:

   - having a shared positive vision of how it should go, and
   - taking a collaborative problem-solving team approach to make sure things actually go that way.

   Where today – other than in ACOEM's WDP – is there a clear picture of what we think should happen following a workplace injury? What does the worker need, and what experience do we want them to have? What does the supervisor need, and what should their experience be like? That picture has been missing.

   And in its absence, the system has tended to devolve to a squabble between vested interests. Workers' compensation often reminds me sadly of the Old Testament story about King Solomon and the mothers of two babies, one alive and one dead. The mothers asked the king to decide which of them would get the living baby, since they both claimed it was the other's baby who had died. King Solomon took the living baby in hand and made as though to cut it in two so each mother could have

half. One woman thought that sounded fair; the other one begged him to stop and said she would prefer to give the baby up. King Solomon then knew which of them was the real mother – the one who was willing to lose her child rather than have it killed – and so he gave her back her baby. In workers compensation today, it sickens me to see much of the conversation is about dividing that injured worker (or small employer) up in enough pieces so that each stakeholder gets a "fair share."

2. *If the goal is to change how a lot of people think by exposing them to the new ideas in the ACOEM WDP paper, then someone has to get the new ideas in front of those people.*

   It is not enough when experts content themselves with writing recommendations, and organizations content themselves with adopting official reports and publishing them on their website. Moving beyond pontification is required. Taking the ideas out into the world is what needs to happen. People must be introduced to the ideas, given opportunities to engage with the material, to talk about it, and to decide what it means for them and what they intend to do with it.

   But who would do that? ACOEM is a professional society of physicians, not a social change organization. Having looked around and seen no other likely organizational candidates, on impulse I decided that I would get the process started. Out of thin air, I plucked the idea of holding Summits in every jurisdiction in the U.S. and Canada, since the authors of the WDP report came from both countries. As the saying goes, "If not me, who? If not now, when?"

3. *The ACOEM WDP report should be the centerpiece for The 60 Summits Project.*

   The WDP report serves as good framework for discussion at the Summits themselves, but also provides a central focus and boundaries for the scope of the project.

   As the framework for the Summits, the report provides an excellent orientation and jumping-off point for multi-stakeholder conversations because:

- It has a positive and balanced tone, and uses straightforward and simple language.

- It contains a lot of factual information and observations from a group of experts with wide-ranging experience, and is supported by a wealth of research evidence.

- It acknowledges commonsense realities and the "elephants in the room."

- It paints a clear picture of what ought to happen when an injury occurs, and makes specific recommendations for how to improve 16 specific aspects of the SAW/RTW process.

Kathy Diaz from New Mexico's Food Industry Self-Insurance Fund originally suggested the idea of convening the key stakeholders to discuss the report and decide what to do about ACOEM's recommendations, so I call her the mother of The 60 Summits Project. .

Using the WDP report as the centerpiece for the entire project provides a central focus, a finite scope and clear boundaries for the project. Keeping it at the center also protects the planning groups, the participants in Summit workshops, and the Action Groups from hijacking by those with single-minded passions, pet projects, or vested interests.

4. *Harness pent-up desire for improvement among volunteer professionals.*

At the moment I decided to really take on The 60 Summits Project, I took stock of what was available: a single person with a totally untested idea, no resources, no organizational infrastructure, no institutional backing, and thus no "legitimacy" in the eyes of people in power. I only had one person-power's worth of strength and ability to get things accomplished, but I did have some expertise and credibility as the lead author of the ACOEM WDP report, an ability to write and speak in public, and a list of contacts built up over decades of work in a variety of jurisdictions and settings.

So I decided to see if I could send out some kind of homing beacon

that would attract others with experience in the SAW/RTW process to come forward and join me in the effort. I gambled that they would have enough pent-up desire for improvement (and pent-up discomfort with the low quality of the system they were forced to operate in) that I could harness that energy to make the project move forward.

It was easy to decide against taking the route of approaching people at the top and asking them if they wanted to hold a Summit. The most efficient way to get a "yes" answer is to identify people who will be ready to say "yes, of course" as soon as they hear about an idea, rather than waste energy trying to change reluctant people from a "no" to a "yes." I had also realized that some of the people who derive their position (and/or their incomes) from complaining about problems or managing difficult problems are actually not interested in improving the situation, because they would lose power or money if things really did change for the better.

So, I decided to test whether the idea of holding Summits appealed to some people, and if it did, to see how far we could run with it. If the right kind of people showed up – ones who want to make the right thing happen, who want to have an impact, and who are willing to get their hands dirty – they would be willing to do most of the work.

5. *Attract the right kind of people by painting a vision of a grassroots effort to build a "first class" system.*

   In my experience, people who want to do the right thing and perceive themselves as a "quality act" are chagrined to find themselves working in systems they perceive to be producing second class results. This is particularly true for those who chose the helping professions because they wanted to be healers or to make a positive difference in people's lives. It distresses these professionals to see harm being done to people by a system intended to help them. Harnessing that discomfort, frustrated good will and drive for excellence, and channeling it into concrete action can make things happen. Giving people who've been feeling stuck and impotent an opportunity to do something positive generates a lot of enthusiasm and energy. Giving them something specific to do, and a roadmap for how to do it can accomplish remarkable things. Some

people really do think like citizens, and believe that their participation can make the society run better.

6. *Most of the conversation during the Summits should be for action, not about ideas.*

   Rather than compete with existing organizations and programs, I wanted to find an empty niche. There is no shortage of educational conferences with presentations about new scientific data, and more than enough speeches about what ought to happen. The place where things seem to fall apart is in the step between what ought to happen and what you are going to do to make it actually occur.

   I wanted our Summits to offer people something different, a chance to listen to each other and to move out of the "audience" zone into the "active" zone. As a result, the Summits are designed so that the participants spend most of their time listening to each other's reaction to ACOEM's recommendations, considering how to respond to ACOEM's recommendations, and making plans to tackle the things that really do cause work disability.

7. *A successful Summit has to empower the participants and "teach them to fish."*

   It's common for every participant in the workers' compensation system to report that they feel powerless and like someone else is in charge. But in fact, workers and employers actually do have the most direct power to determine the outcome of potential health-related employment disruptions. They each make discretionary decisions about how to respond to the situation.

   - Workers decide how much effort to make to get well and get life back to normal.
   - Employers decide whether to manage the employee's situation actively, passively, supportively, or hostilely, and whether to provide for on-the-job recovery or provide reasonable accommodations on a long term basis.
   - Doctors primarily influence the situation by providing factual information and advice that will either encourage and support or discourage and obstruct efforts at SAW/RTW. Employers and

> payers often thrust doctors into the middle on issues that make them feel uncomfortable and about which others have more direct knowledge. Even naïve doctors can often provide useful guidance when asked appropriate questions and provided with sufficient information on which to base those decisions.

My goal for the Summits is to have every participant leave with a clear vision for to play their role in the SAW/RTW process constructively, and a personal commitment to make use of the power they have to drive the outcome in a positive direction.

We Can Get There From Here

In a prior article in this Journal, I described the American College of Occupational and Environmental Medicine (ACOEM) Work Disability Prevention (WDP) Guidance Document (Christian, 2008). The desire to create a mechanism for implementing ACOEM's recommendations for improving the stay-at-work and return-to-work process in the real world – the WDP model – gave rise to the 60 Summits Project. When the 60 Summits process was originally conceived, there was little by way of a model for how to go about accomplishing that purpose. The grassroots movement to change the way we think about work disability is now moving forward, due to the energy and vision of the volunteers who passionately believe that there is a better way to treat injured workers and others facing work disability. Your cooperation and participation is more than just a good thing – like the little ant, with belief, perseverance and effort, we can change the way we do business and make the world a little better place.

References

Block, P. (2008). *Community: The Structure of Belonging. San Francisco: Berrett-Koehler.*

Christian, J. (2008). Preventing needless work disability by helping people stay employed, A blueprint for process improvement from the American College of Occupational and Environmental Medicine (ACOEM). *IAIABC Journal, 45, 215.*

Jennifer Christian is an internationally recognized expert in work disability prevention and management, as well as an innovator. She is a physician, and is board-certified in occupational medicine with both an MD and masters in public health from the University of Washington. Dr. Christian is president of Webility Corporation which provides management consulting as well as live and web-based training services to employers, claims payers, healthcare organizations, and government agencies.

In 2006, she founded the non-profit 60 Summits Project . Participants across North America are being drawn to its collaborative multi-stakeholder model for preventing needless work disability by helping people stay employed. She has received several awards for this initiative, including the 2008 Frances Perkins award from the IAIABC, a Risk Innovator award from the publishers of Risk & Insurance Magazine, a Responsibility Leader award from Liberty Mutual insurance company, and the President's award from the American College of Occupational & Environmental Medicine (ACOEM).

She has led the development of several resource documents that ACOEM has produced. Among them is the landmark report that provides the intellectual framework for The 60 Summits Project.

In 2001, she founded the Work Fitness & Disability Roundtable, an email discussion group..

