



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES
Office of the Medical Director
PO Box 44321 • Olympia Washington 98504-4321

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Steve Wurzelbacher, PhD, CPE, ARM
Director
Center for Workers' Compensation Studies (CWCS)
National Institute for Occupational Safety and Health (NIOSH)
Centers for Disease Control and Prevention (CDC)

John Howard, MD, MPH, JD, LLM
Director, NIOSH

Dear Dr. Wurzelbacher and Howard,

We very much appreciate having been invited to participate in the NIOSH sponsored meeting of workers compensation leaders in Washington, DC on Dec 11. We are submitting a specific proposal, to which we would appreciate a response in writing, regarding the critical need to increase the request for funding for secondary prevention of disability as a high priority at NIOSH. This request is from Washington State and the American College of Occupational and Environmental Medicine. Please direct any written response to both authors and their respective institutions.

Prioritizing secondary prevention at NIOSH

Five percent of injured workers are associated with 80% of cost and lost time in workers compensation systems. The majority of these workers end up on long-term disability following injuries that would not be considered serious at their outset. Since these injuries occur in working aged people, the loss of productive life may be many years. A recent paper on the burden of disease in America used, Years Lived with Disability (YLD) to measure the disability engendered in workers compensation systems. The top five YLD, including 3 categories of musculoskeletal disease, totaled over 12 million YLD:

The State of US Health, 1990-2010

Burden of Diseases, Injuries, and Risk Factors JAMA 2013; 310: 591-608

Years lived with disability 2010

- Low back pain 3.18 million YLD
- Major depressive disorder 3.05 million YLD
- Other musculoskeletal disorders 2.6 million YLD



- Neck pain 2.13 million YLD
- Anxiety disorders 1.86 million YLD
- Diabetes (#8) 1.16 million YLD
- Alzheimers (#17) .83 million YLD
- Stroke (#23) .63 million YLD

Disability engendered in Federal and State workers' compensation systems may progress to a burden on the Social Security Disability System (SSDI). Over the past 30 years, the proportion of SSDI recipients with musculoskeletal disabilities has risen to nearly 1/3 of recipients. As studies of aging workforces demonstrate, the older workforce is likely to require longer recovery times than younger workers, and the SSDI burden is likely to increase. In the Washington workers compensation system, as many as 9.2% of compensable claims initiated in 2007 appear likely to end up on permanent disability, many on SSDI:

Workers' Compensation: Poor quality health care and the growing disability problem in the United States (Franklin et al, Am J Ind Med 2014 (Sept 30))

Table II. Ultimate SSDI status for compensable cohorts 1997-2007

	Incident Claim Years	
	1997	2007
Percent compensable claims with SSDI by 2012	2.1%	2.9%
Percent compensable claims with SSDI or at risk for SSDI by 2012	5.4%	9.2%

Preventing these disabilities and the burden placed on the individual and Federal and State systems should be of the highest priority for NIOSH. Several parties at the NIOSH Center for Workers Compensation Studies stakeholder meeting in Washington, DC suggested that this type of research should be the purview of the insurers and others that hold the data. The problem is that neither the research nor capacity to use data in meaningful ways resides in most insurers. In addition, from many years of experience using Washington State workers compensation data for secondary prevention research, we believe that it will take substantial research incentives to do so.

We thus believe that secondary prevention requires serious consideration for substantially increased research funding. Although preventing injuries is an essential activity of NIOSH, preventing worker disability should also

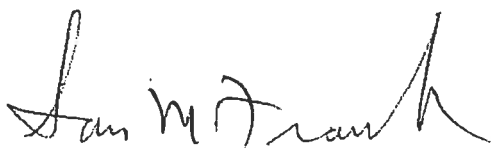
hold a prominent position. With increasing pressure on SSDI it is essential that US worker productivity for those who have been injured on the job be maintained, and disability prevented. Both existing and new WC data can be used to identify strategies that lead to decreased disability for injured workers. This information could assist in directing meaningful interventions for increasing secondary prevention. Areas of emphasis could include:

- 1) Summarizing scientific evidence that has already meaningfully contributed to secondary prevention in workers' compensation systems, including at least the following:
 - a. Risk factors for disability, including modifiable risk factors
 - b. Screening tools of risk factors that could accurately identify workers in the first 2-6 weeks following injury at greatest risk of developing long term disability.
 - c. Best practices and health system changes that have shown promise in preventing disability.
 - d. Evaluating research on return to work following occupational injury.
- 2) Identification of interventions that have been shown to either increase or prevent disability
 - a. Identification of methods successful in reducing interventions that have led to increased disability, such as emphasis on opioids, potentially harmful procedures such as spinal fusion and thoracic outlet surgery, and ineffective prolonged services (physical therapy, psyche interventions).
 - b. Identification of systems and system changes that have shown promise in secondary prevention of disability, including at least the following: Centers of Occupational Health and Education in WA State, Kaiser On-the-Job, and other collaborative care arrangements.
- 3) Since the development of chronic pain is typically concomitant with the development of disability in workers compensation, investigate methods to prevent the transition from acute/subacute (musculoskeletal) pain to chronic pain.

Following the identification of promising approaches to preventing disability, NIOSH, either alone or in collaboration with other Institutes, could promote intervention trials to reduce disability in the workplace. These trials would engage NIOSH with employers, workers, and workers compensation insurers in a common mission.

We would appreciate a response in writing regarding this proposal.

Sincerely yours,



Gary M. Franklin, MD, MPH, Medical Director, Washington Department of Labor and Industries; Research Professor, University of Washington; Email: meddir@uw.edu



Kathryn Mueller, MD, MPH, FACOEM, President, American College of Occupational and Environmental Medicine; Professor, Dept of Psychiatry and School of Public Health; Email: Kathryn.Mueller@ucdenver.edu