



Workers' Compensation Health Initiative

An RWJF national program

SUMMARY

The *Workers' Compensation Health Initiative* supported demonstration and evaluation projects that tested new models to contain costs and to improve the quality of health care received through workers' compensation programs.

The program provided funding to state government agencies, employers, labor unions, insurers, health care providers and researchers who sought to launch and assess promising changes in the way medical care is delivered through workers' compensation programs.

Twenty-one grants were awarded—11 for demonstration projects, seven for evaluations and three others focused on establishing resource centers and an interstate database of information related to the workers' compensation field.

Key Results

According to Jay Himmelstein, M.D., Ph.D., the program director, *Workers' Compensation Health Initiative*:

- Brought medical care issues to the forefront of the workers' compensation field.
- Helped advance a national research agenda for the study of the social and economic consequences of workplace illness and injury.

Key Findings

In a report, *Workers' Compensation Medical Care: Innovations in Research and Policy-Making*, which summarized conclusions gleaned from the individual completed projects, the national program office concluded that:

- Managed care can contain workers' compensation medical costs more successfully than traditional fee-for-service care by using a variety of techniques.
- Effective communication among patients, employers, providers and insurers throughout the course of treatment, including return to work, can result in cost savings and improved patient satisfaction.

- Efforts to coordinate or integrate medical care and wage replacement benefits available through workers' compensation with other private and public health insurance programs (i.e., 24-hour coverage) have proved technically challenging and politically difficult.

Program Administration

A national program office at the University of Massachusetts Medical School, under the directorship of Himmelstein, director of the school's Center for Health Policy and Research, managed the program.

Funding

In October 1995, the Robert Wood Johnson Foundation (RWJF) Board of Trustees authorized funding of up to \$6 million.

THE PROBLEM

State-based workers' compensation systems were developed in the United States during the early 1900s in recognition of the individual, family and social costs associated with workplace injury and disease.

Most states now require that employers purchase or self-insure workers' compensation benefits for their employees. Approximately 95 percent of American workers are covered by workers' compensation insurance, which typically includes payments for medical and rehabilitative expenses resulting from work-related injury or disease, as well as reimbursement for a portion of lost wages.

For most forms of employment, the statutory basis for workers' compensation resides at the state level, with federal statutes protecting federal employees or those workers employed in some significant aspect of interstate commerce. Some laws also protect employers and fellow workers by limiting the amount an injured employee can recover from an employer and by eliminating the liability of co-workers in most accidents.

Despite attempts to simplify claims and limit lawsuits, workers' compensation has evolved into an expensive, complicated and adversarial system that all too often pits an injured worker against an employer's insurance company. Significant barriers to obtaining appropriate medical care abound. For example:

- **Injured workers are often left without access to effective medical care until their workers' compensation claim is approved.** For example, investigators at the Mount Sinai School of Medicine found that insurance carriers in New York State denied 79 percent of claims for work-related carpal tunnel syndrome.

Although more than 96 percent of those decisions that were challenged were eventually decided in favor of the injured employee, workers waited 429 days, on average, for approval of their claims. Meanwhile, many were left with no way to pay for needed care. (Most general health plans will not pay for medical treatment for an illness or injury once a workers' compensation claim has been filed.)

- **Many clinicians fail to adequately evaluate work-related conditions.** Few medical schools provide extensive training in the recognition and treatment of occupational ailments. Practicing physicians have little time or incentive to visit patients' workplaces or fully investigate possible occupational causes of illness.

Researchers at Harvard University found that physicians at a large health maintenance organization failed to properly diagnose and report cases of occupational asthma 21 percent of the time, in part because they did not obtain detailed work histories.

- **Other physicians avoid seeing injured workers altogether.** Some physicians dislike the adversarial nature of workers' compensation cases and the extensive documentation frequently required. Establishing eligibility for workers' compensation benefits may require diagnostic testing and vocational and physical assessments that are beyond the scope of the typical primary care practice.

Potential remedies for job-related illness, including job retraining or restructuring, are frequently met with controversy. This can embroil doctors, patients and employers in legal actions and lengthy administrative procedures.

Even with all of these problems, rising costs remained the primary impetus for reform of workers' compensation health care at the time of the program's inception.

Employers' outlays for workers' compensation in 1993 were approximately \$57.3 billion, an increase of 64 percent since 1984, after adjusting for inflation. Expenditures for the medical component of workers' compensation grew during that period at an average annual rate of 12.6 percent, outpacing the average annual growth in general health care costs of 10.2 percent.

A number of reform measures were already in the works or being discussed:

- **Managed care strategies.** As costs mounted, many states looked increasingly to managed care strategies as a way to control medical expenditures under workers' compensation. Traditionally under workers' compensation, medical care has been furnished in a fee-for-service environment with few restrictions on choice of provider or type of care.

As of 1995, 24 states had either authorized or mandated the use of managed care organizations by injured workers, and 59 percent of employees were covered by workers' compensation insurance that contained some type of managed care arrangement.

Most states had adopted medical fee schedules and regulated hospital charges. However, few studies had assessed the effect of such measures on the cost or quality of health care provided through workers' compensation.

- **Twenty-four hour coverage plans.** The Clinton administration's national health care reform plan would have required that employees receive all of their health care through the same insurance plan, regardless of whether the injury or illness occurred at home or at work. The plan provided additional momentum for states and the private sector to develop initiatives linking workers' compensation and general health care under some form of 24-hour coverage.

The possible benefits of such a linkage include streamlined and more cost-effective administration, reduced cost shifting between workers' compensation and the general medical insurance system, coordination of insurance financing and benefits and improved communication among providers. See [Program Results](#) on ID# 020229 for a study of a pilot program that provided 24-hour coverage to workers in Oregon.

- **Other nontraditional approaches.** In an effort to lower premiums and reduce premium taxes, many employers had moved from traditional workers' compensation insurance plans to self-insurance (in which employers provide their own coverage for workers' compensation liabilities) and plans with large deductibles, retrospective rating (in which employers may receive premium refunds or be assessed additional premiums based on the cost of work-related injuries at their sites) and other loss-sensitive mechanisms.

The percentage of employers that were self-insured increased from 18.1 percent in 1980 to 30.3 percent in 1992. As employers began to bear more of the direct costs associated with the payment of medical benefits, interest in the way cases were managed increased.

In the mid-1990s, various agencies launched efforts to study and improve health care for injured workers.

The National Institute for Occupational Safety and Health (NIOSH), the federal agency responsible for conducting research and making recommendations for the prevention of work-related disease and injury, instituted two rounds of grant awards in 1996 and 1999 for investigators studying the delivery of medical services to workers with occupational injuries and illnesses.

At about the same time, the nonprofit Workers' Compensation Research Institute in Cambridge, Mass. began a multi-year effort to create a national research database to identify previous studies of medical care delivered through the workers' compensation system and to conduct analyses of the impact that provider networks and other new arrangements for delivering such care could have on the cost and quality of care provided.

CONTEXT

Prior to its support for this national program, RWJF had provided support for the Oregon Study (ID# 020229) and also had supported a comprehensive review of the current status of health care provided to federal employees with work-related illness or injury under the Federal Employees Compensation Act. (See [Program Results](#) on ID# 026091.)

Himmelstein, the principal investigator for that grant, was appointed the director of the *Workers' Compensation Health Initiative* national program office later the same year.

PROGRAM DESIGN

In October 1995 RWJF's Board of Trustees authorized funding of up to \$6 million for six years for the *Workers' Compensation Health Initiative*, a national program to support demonstration and evaluation projects that tested new models for improving the quality of workers' compensation health care and containing its costs.

According to Allard Dembe, the program's deputy director, the *Workers' Compensation Health Initiative* was the first major grant program in the field of occupational health care to be sponsored by a national private foundation. Individuals and agencies eligible as grant recipients included state government agencies, employers, labor unions, insurers, health care providers and researchers.

The program was limited to projects that dealt with the health care aspects of workers' compensation, rather than such issues as replacement for lost earnings.

Further, the *Workers' Compensation Health Initiative* focused primarily on refining and testing models that were already being widely discussed among experts, rather than on developing new models from scratch.

For greater impact on the field and policy-making, RWJF preferred that projects cover a large number of employers and employees, or that they focus on efforts that affected the field in general. Though private sector organizations were eligible for funding, funds could not be used to provide seed money for the development or marketing of commercial products.

Instead of funding an overall evaluation of the *Workers' Compensation Health Initiative*, as was the norm, RWJF elected to fund evaluations of the individual projects supported under the program.

The pattern that the *Workers' Compensation Health Initiative* followed was reflected in the objectives of the first two funding rounds.

- In the first round, demonstration projects predominated.

- In the second round, evaluation projects predominated.

The third and final funding round focused on establishing resource centers and an interstate database for the gathering and dissemination of information and data related to the workers' compensation field.

This pattern was also reflected in the decision at RWJF to assign two program officers to oversee the national program—Michael Beachler for demonstration projects and Beth Stevens for their evaluation. After Beachler and Stevens left RWJF, Michael Rothman became the sole program officer.

The program sought to provide funding for demonstration projects that:

- Supported the development and implementation of new models for financing or delivering medical care for workers' compensation beneficiaries.
- Implement previously developed, but untried models.
- Test new applications of successful models.

In general, demonstration grants were expected to average \$250,000 over a three-year period.

The grants for evaluations supported the design and implementation of research that assessed the demonstration projects or other significant innovations already in place. They were expected to average \$400,000 over a four-year period. Although staffers associated with the demonstration projects could arrange the evaluations, RWJF stipulated that independent researchers had to conduct the evaluations themselves.

THE PROGRAM

National Program Office

The national program office was established at the University of Massachusetts Medical School, in Worcester, Mass., under the directorship of Jay Himmelstein, M.D., Ph.D., assistant chancellor for health policy, director of the Center for Health Policy and Research and a professor in the Department of Family Medicine and Community Health.

He previously was an RWJF Health Policy Fellow, serving the U.S. Senate Labor and Human Resources Committee. (For a description of this program, see [Program Results](#) on RWJF's *Health Policy Fellows Program*.)

Deputy Director Allard Dembe, Sc.D., is an associate professor in the Department of Family Medicine and Community Health at the University of Massachusetts Medical School and senior research scientist at the University of Massachusetts Center for Health Policy and Research.

Deputy Director Sharon Fox was assistant professor in the Department of Family Medicine and Community Health when the *Workers' Compensation Health Initiative* began; she is currently working for Employers Insurance of Wausau.

The University of Massachusetts Medical School received six grants from RWJF, totaling more than \$2 million, to provide technical assistance and direction to the program. These grants were in addition to the \$6 million authorized to support individual program projects.

The national program office's role was to determine the content of the program, oversee the grant solicitation and review process and provide technical assistance to grantees.

Technical Assistance and Direction

The national program office's technical assistance activities included:

- Site visits.
- Assistance in the preparation of grantee communications materials, articles and press releases.
- Development, publication and dissemination of technical reference articles and reports by the national program office and its consultants.
- Development of a national program website for use by grantees and applicants.
- Help in preparing and organizing financial and budget reports.

In addition, the national program office provided technical assistance to organizations not funded through *Workers' Compensation Health Initiative*, including federal agencies such as National Institute for Occupational Safety and Health and the Agency for Healthcare Research and Quality, and to professional organizations, employers and labor groups.

National Advisory Committee

A 13-member national advisory committee was selected in March 1995. The members represented key stakeholder groups and leading academics in the field of workers' compensation.

John Burton, Jr., Ph.D., dean of the School of Management and Labor Relations at Rutgers University, chaired the committee. (See [Appendix 1](#) for a complete roster of committee members.)

The committee's chief function was to provide guidance to the national program, review grant applications, participate in site visits and make decisions about grant awards. Members also served as links to the constituencies and organizations they represented.

Project Selection

Twenty-one grantees received funding under the *Workers' Compensation Health Initiative*. Recipients included state government agencies, community coalitions, private health care systems, professional organizations, unions, employers and accreditation agencies.

The national program office originally planned two funding rounds, with demonstration projects predominating in the first round and evaluation projects in the second. For demonstration projects, priority was given to proposals for significant large-scale innovation. Other criteria, as stated in the Call for Proposals, included:

- The likelihood that the new model would moderate rising costs while maintaining or improving the quality of care provided to injured workers.
- Evidence that the model is feasible.
- Collaboration with multiple agencies involved in the field of workers' compensation.
- Adequate financial and in-kind matching support.
- Evidence that the project, if successful, would continue after RWJF support ends.
- The replicability of the innovation in other settings.

For evaluation projects, priority was given to applications that showed:

- An ability to assess the effects of a demonstration project on both the costs and quality of care.
- The strength of the proposed evaluation methodology for answering important policy questions.
- The applicant's experience and qualifications related to the project and the availability and commitment of key personnel.
- Cooperation of the sponsors of the project being evaluated.
- Adequate financial and in-kind matching support.

First Round of Funding

More than 700 agencies and individuals contacted the national program office, seeking information about the program.

The national advisory committee and RWJF selected eight applicants to receive grants. In addition, two other grants that RWJF had previously awarded were added to the program—one to the State of Maine Department of Insurance for the establishment of a 24-hour coverage pilot program (ID# 024757), and the other to the University of

California at Los Angeles for an evaluation of four 24-hour pilot projects underway in California (ID# 027125).

A total of approximately \$2.9 million was distributed to the 10 grantees, which were officially notified in November 1996. Seven of the ten projects were demonstrations; three were evaluations. (For a list of the projects funded during the first round, see [Appendix 2.](#))

Second Round of Funding

For the second round of grants, the national program office received 45 completed applications. The national advisory committee members chose eight projects—four demonstration projects and four evaluation projects—totaling approximately \$2.7 million in funding. (For a list of the projects funded during the second round, see [Appendix 3.](#))

Final Round of Funding

The first two funding rounds resulted in 18 awards totaling \$5,558,775. That left \$441,225 of the original program funds that the national program office could use for additional grants, along with approximately \$250,000 that remained unspent by the program's projects.

In conjunction with RWJF staff, the national program office identified two special projects that could be supported with the remaining funds:

- A state-based resource center for the improvement of workers' compensation medical care.
- A planning and feasibility study for the creation of a national research database that could be used for the study of workers' compensation medical care.

In October 1999 the national program office awarded three new grants totaling \$698,844. (For a list of projects funded during the third round of funding, see [Appendix 4.](#))

The *Workers' Compensation Health Initiative* supported a range of projects, including:

- The development and evaluation of so-called "24-hour coverage" plans that allow employees to seek coverage for their work- and non-work-related conditions through a single system. (See [Program Results](#) on ID#s 030317 and 034232.)
- The application of managed care strategies to the delivery of medical care for workers' compensation cases, and comparisons with fee-for-service plans in terms of the costs of care, time lost from work and rates of return to full employment. (See [Program Results](#) on ID# 030319.)
- The formation of community coalitions in rural areas to improve delivery of medical care for work-related injuries. (See [Program Results](#) on ID# 034224.)

- The development and evaluation of a program designed to provide more timely access to medical treatment for garment and textile workers in New York. (See [Program Results](#) on ID#s 030519 and 034231.)
- The development of performance measures that can be used by managed care organizations to assess the quality of care provided to patients with work-related illness or injury. (See [Program Results](#) on ID# 034233.)
- The creation of resource centers and databases to allow policy-makers and researchers to gather and disseminate reliable information on workers' compensation issues. (See [Program Results](#) on ID# 037820.)

Limitations

According to the program's deputy director, the only substantial setback experienced by the program was that enrollment in a number of the 24-hour coverage demonstration projects did not meet initial expectations. According to national program office staff, decreases in premiums for workers' compensation insurance nationally and declines in work-related injuries appear to have reduced some of the demand for reforms of this kind.

OVERALL PROGRAM RESULTS

Overall Results

National program office staff said *Workers' Compensation Health Initiative* had these impacts on the workers' compensation field:

- **The *Workers' Compensation Health Initiative* brought medical care issues to the forefront of the workers' compensation field.** By testing health care models, developing standardized health care guidelines and performance measures and establishing resource centers and databases for gathering and disseminating reliable information and data, the *Workers' Compensation Health Initiative* enhanced the knowledge and effectiveness of people working in the workers' compensation field.
- **The *Workers' Compensation Health Initiative* helped advance a national research agenda for the study of the social and economic consequences of workplace illness and injury.** Traditional investigations of medical care under workers' compensation have focused relatively narrowly on evaluating direct medical costs and the amount of time needed for return to work.

Work completed under *Workers' Compensation Health Initiative* stressed new methods to assess not only the direct economic results of work injuries, but also their indirect consequences on vocational and social function, quality of life, psychological well-being and satisfaction with care, risk of re-injury, subsequent labor market experiences and other functional outcomes.

Findings and Recommendations

In a paper published in the January/February 2002 Health Affairs, the investigators identified these key findings from *Workers' Compensation Health Initiative*, along with strategies to improve workers' compensation health care:

- **Many workers' compensation reform efforts have been directed at containing costs rather than at enhancing quality of care.** Attempts to advance quality have been impeded by the lack of a common definition of "quality" and the absence of uniform and standardized quality measurements. These efforts are also hampered by a fragmented health care system, in which the major stakeholder groups often have divergent goals and do not coordinate their efforts adequately. Suggested strategies for improvement include:
 - Adopt state regulations requiring certification of health plans that provide medical care under workers' compensation.
 - Mandate reporting of quality-of-care performance measure in workers' compensation.
 - Insert specific quality expectations in contracts between purchasers of workers' compensation medical care (employers, insurers) and provider organizations.
 - Implement a uniform data collection process for workers' compensation medical care.
 - Encourage employees' involvement in the design of workers' compensation medical care plans.
 - Encourage closer coordination of quality improvement efforts among employers, insurers, providers, workers and labor representatives.
 - Conduct additional research aimed at establishing the business case for employers' purchasing high-quality workers' compensation medical care.
- **Medical care and rehabilitation services for injured workers are often inadequately coordinated with primary prevention and workplace safety efforts.** Suggested strategies for improvement include:
 - Expand education for primary care providers in the assessment of vocational function and in techniques for preventing and managing disability.
 - Establish reimbursement mechanisms that support delivery of prevention-oriented and disability management services.
 - Adopt performance scorecards to measure the adequacy of disability prevention.
 - Expand workers' ability to choose qualified providers and therapists rather than being restricted to clinicians selected by the patient's employer and insurer.

- Require employers to have effective disability prevention and management programs in place, including transitional or light-duty assignments for injured persons and job accommodations when necessary.
- **Little attention has been paid to evaluating the costs and quality of workers' compensation medical care, or patients' access to it.** A variety of barriers are involved, including:
 - Researchers' limited access to workers' compensation insurance claims data.
 - The paucity of information on medical care and functional status in existing research databases.
 - A lack of trained occupational health researchers.
 - The absence of a national workers' compensation data collection or reporting system.
 - The inability to link workers' compensation data to general health information.

More attention also needs to be paid to understanding the relationship between workers' compensation medical care and the care provided under other private and public health insurance plans. Suggested strategies for improvement include:

- Promote uniform processes to define and collect data among states.
- Encourage further study of interactions between workers' compensation and other health insurance systems to assess the advantages and disadvantages of more closely coordinating or integrating these systems.
- Advocate for state workers' compensation agencies to establish research bureaus.
- Conduct additional research on the relationship between workplace illnesses and injuries, effective medical care and disability management and patient outcomes.
- Pursue studies that quantify the determinants of high-quality workers' compensation medical care and optimal outcomes.
- Undertake studies that evaluate variation in workers' compensation medical care and outcomes based on workers' social and demographic characteristics, to ensure that all injured persons and groups have equitable access to timely and appropriate care.

In a report, *Workers' Compensation Medical Care: Innovations in Research and Policy-Making*, which summarized conclusions gleaned from the individual completed projects, the national program office concluded that:

- **Managed care can contain workers' compensation medical costs more successfully than traditional fee-for-service care by using a variety of techniques.** These include:

- Introducing discounted fee schedules.
- Decreasing use of medical services by requiring prior approval for those services (prospective utilization review).
- Applying treatment guidelines.
- Using case management approaches that improve communication among patients, employers and medical providers regarding workers' medically necessary limitations in activity and appropriate job modification.

As in general health care, however, patient satisfaction is sometimes diminished with the introduction of managed care techniques.

- **Effective communication among patients, employers, providers and insurers throughout the course of treatment, including return to work, can result in cost savings and improved patient satisfaction.** Communication can be improved through such techniques as stakeholder education, enhanced case management and communication protocols.
- Efforts to coordinate or integrate medical care and wage replacement benefits available through workers' compensation with other private and public health insurance programs (i.e., 24-hour coverage) have proved technically challenging and politically difficult.

Enrollment in a number of the 24-hour coverage demonstration projects did not meet initial expectations, the only substantial setback experienced by *Workers' Compensation Health Initiative*, according to the deputy director. According to national program office staff, decreases in premiums for workers' compensation insurance nationally and declines in work-related injuries in some states appear to have reduced some of the demand for reforms of this kind.

Communication of Findings and Lessons

Program staff worked to disseminate findings and lessons learned from the program. Nine policy briefings were held in various sites throughout the country, aimed at educating state policy-makers about issues related to medical care for work-related injuries and illnesses.

The national program office subcontracted with Burness Communications, a Bethesda, Md., public relations firm, to help develop and implement the dissemination plan. Additionally, Burness helped program staff plan and produce a variety of briefing papers covering lessons from *Workers' Compensation Health Initiative*.

Program staff disseminated lessons from *Workers' Compensation Health Initiative* through books chapters, articles and reports. The national program office's [website](#) contains information on *Workers' Compensation Health Initiative* and individual projects,

along with a Bibliography and links to other websites related to workers' compensation. (See the [Bibliography](#) for details.)

LESSONS LEARNED

1. **When conducting projects in real time, in a changing environment, researchers should understand that unforeseen events might cause disappointing results.** Some projects to develop 24-hour coverage did not achieve enrollment levels anticipated. This was due in part to decreases in premiums for workers' compensation insurance and declines in work-related injuries that reduced demand for these and other reforms. (Program Director/Deputy Program Director)
2. **The strategy of incorporating evaluation into each demonstration project frequently allowed project personnel to make adjustments in projects while they were ongoing.** In several instances, the working relationships between the project staff and evaluators provided opportunities for more immediate feedback. (Deputy Program Director)

AFTERWARD

RWJF funding for *Workers' Compensation Health Initiative* ended in September 2002. RWJF has made a \$129,913 grant to the Center for Health Policy and Research to build on the lessons learned through *Workers' Compensation Health Initiative* (ID# 046437). The primary objectives of this project were to:

- Provide assistance to state workers' compensation systems to measure and improve the quality of health care provided to injured or ill workers.
- Expand the dissemination and use of tools developed as a part of *Workers' Compensation Health Initiative* through the development of Web-based tool kits and training modules for key agency personnel, health care providers and other stakeholders.
- Foster development of an enduring research infrastructure for the study of workers' compensation medical care, in cooperation with NIOSH and other public and private research agencies.

Prepared by: Robert Crum

Reviewed by: Richard Camer and Molly McKaughan

Program officers: Michael Beachler, Beth Stevens and Michael Rothman

APPENDIX 1

National Advisory Committee

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

John F. Burton, Jr., Ph.D. (Chair)

School of Management and Labor Relations
Rutgers University
New Brunswick, N.J.

Brian Atchinson

UNUM Provident Corporation
Portland, Maine

Peter Barth, Ph.D.

Professor of Economics
University of Connecticut
Storrs, Conn.

Joan Buchanan, Ph.D.

Professor
Department of Health Policy
Harvard Medical School
Boston, Mass.

Pamela Chritton, R.N.

Director of Medical Management
Managed Healthcare Northwest
Portland, Ore.

Jim Ellenberger

Assistant Director of Health and Safety
AFL-CIO
Washington, D.C.

George Gomez, Esq.

Lenexa, Kan.

Godfrey W. (Skip) Harper, III, Esq.

Stark and Stark
Lawrenceville, N.J.

Eric Nordman

Senior Regulatory Specialist
NAIC
Kansas City, Mo.

Dana Gelb-Safran, Ph.D.

Director
Health Institute, New England Medical Center
Boston, Mass.

Emily Spieler, Esq.

West Virginia University
College of Law
Morgantown, W.Va.

Roger Thompson

South Windsor, Conn.

Kenneth Wells, M.D.

Corporate Medical Director
El Paso Corporation
Houston, Texas

APPENDIX 2

Projects Funded During the Program's First Round of Fundin

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

(Titles in blue link to Program Results reports.)

Demonstration Projects

Development of 24-hour Hour Coverage Pilot Projects (ID# 024757)

Grantee: State of Maine Bureau of Insurance

(\$250,000; November 1995 to October 1997)

See the program's [website](#) for a description of this project.

Design, Implementation and Evaluation of an Integrated Prescription Drug Program for New York State Employees (OneCard Rx) (ID# 030317)

Grantee: New York State Department of Civil Service

(\$254,561; November 1996 to July 1999)

Development of a Coordinated Benefits Model of Health Care for Work-Related and Non-Work-Related Conditions (ID# 030318)

Grantee: Institute for Research and Education, HealthSystem Minnesota

(\$254,270; January 1997 to December 1998)

Demonstration of an Employee-Provider Collaboration Geared to Early Return to Work in Workers' Compensation Cases (ID# 030518)

Grantee: Mid-American Coalition on Health Care

(\$271,529; November 1996 to October 1998)

See the program's [website](#) for a description of this project.

Demonstration to Improve Medical Care and Disability Management by Using Occupational Medical Practice Guidelines (ID# 030517)

Grantee: American College of Occupational and Environmental Medicine

(\$123,938; November 1996 to July 1998)

Development of a Model Care System to Reduce or Prevent Disability Among Workers' Compensation Cases (ID# 030519)

Grantee: Union of Needletrades, Industrial and Textile Employees (UNITE)

(\$262,557; November 1996 to April 1999)

Creation of a Managed Care Program for Workers' Compensation (ID# 030651)

Grantee: The Electrical Employers Self-Insurance Safety Plan
(\$374,094; January 1997 to December 1999)

See the program's [website](#) for a description of this project.

Evaluation Projects

Evaluation of California's 24-Hour Pilot Demonstration (ID# 027125)

Grantee: University of California, Los Angeles, Center for Health Policy Research
(\$458,994; March 1996 to February 1999)

See the program's [website](#) for a description of this project.

Evaluation of the Cost, Quality of Care, and Satisfaction with Washington State's Workers' Compensation Managed Care Pilot (ID# 030319)

Grantee: University of Washington
(\$252,768; October 1996 to June 2000)

Evaluation of the Effectiveness of Mandatory Treatment Parameters for Workers' Compensation Cases (ID# 030652)

Grantee: Stratis Health (\$386,708; January 1997 to June 1999)

See the program's [website](#) for a description of this project.

APPENDIX 3

Projects Funded During the Program's Second Round of Funding

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

(Titles in blue link to Program Results reports.)

Demonstration Projects

Demonstration and Evaluation of Performance Measurement for Workers' Compensation Managed Care Organizations (ID# 034233)

Grantee: American Accreditation Health Care Commission
(\$393,638; April 1998 to December 2000)

Replication of a Model Health Care Delivery Management Program in Rural New York State (ID# 034224)

Grantee: Champlain Valley Physicians Hospital Medical Center
(\$319,559; April 1998 to September 2001)

Development and Evaluation of an Integrated Approach to Case Management within the Federal Employees Compensation Act (ID# 034366)

Grantee: Georgetown University Medical Center

(\$481,104; May 1998 to January 2002)

Project to Improve Quality and Costs of Care for Patients with Work-Related Injuries (ID# 034229)

Grantee: Maine Medical Assessment Foundation

(\$205,440; April 1998 to September 2000)

See the program's [website](#) for a description of this project.

Evaluation Projects

Development of a Coordinated Benefits Model of Health Care for Work-Related and Non-Work-Related Conditions (ID# 030971)

Grantee: Institute for Research and Education, HealthSystem Minnesota

(\$499,986; July 1998 to December 2001)

Evaluation of a Model Care System to Reduce or Prevent Disability (ID# 034231)

Grantee: New School for Social Research

(\$217,752; May 1998 to October 2000)

Evaluation of an Integrated Workers' Compensation/Health Insurance Prescription Drug Program for New York State Employees (ID# 034232)

Grantee: New York Department of Civil Service

(\$334,323; May 1998 to April 2001)

Development of a Clinical Tool to Assess Compliance with Occupational Medical Practice Guidelines (ID# 034365)

Grantee: University of Colorado Health Sciences Center

(\$221,719; May 1998 to April 2000)

APPENDIX 4

Projects Funded During the Program's Third Round of Funding

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

(Title in blue links to Program Results report.)

Developing a State-Based Resource Center to Improve Information and Care Surrounding Work-Related Injury and Illness (ID# 037820)

Grantee: State of Rhode Island Department of Labor and Training

(\$267,500; October 1999 to October 2001)

Planning and Development of a Technical Resource Center to Improve the Quality of Medical Care for Injured Workers (ID# 037922)

Grantee: Public Health Institute

(\$81,079; October 1999 to September 2000)

See the program's [website](#) for a description of this project.

Developing and Testing of a Standardized Method for Creating an Interstate Database for the Study of Workers' Compensation Medical Care (ID# 038151)

Grantee: The University of Texas Health Science Center at Houston School of Public Health

(\$350,265; November 1999 to September 2002)

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Sponsored Conferences

"Technical Assistance Cluster Meeting," March 7, 1997, Cambridge, MA Attended by approximately 65 people, including *Workers' Compensation Health Initiative* grantees and representatives of the Workers' Compensation Research Group.

"1997 Annual Meeting of the Workers' Compensation Health Initiative," May 14–15, 1997, Orlando, FL. Attended by 36 people, including *Workers' Compensation Health Initiative* grant recipients, national program office staff, RWJF staff and *Workers' Compensation Health Initiative* National Advisory Committee members.

"1998 Annual Meeting of the Workers' Compensation Health Initiative," June 11–12, 1998, Charleston, SC. Attended by 49 people, including grant recipients, national program office staff, RWJF staff and *Workers' Compensation Health Initiative* National Advisory Committee members.

"Technical Assistance Cluster Meeting," September 15–16, 1998, Washington. Attended by approximately 60 researchers representing projects sponsored by *Workers' Compensation Health Initiative* and National Institute for Occupational Safety and Health.

"Functional, Economic, and Social Outcomes of Occupational Injuries and Illnesses: Integrating Social, Economic, and Health Services Research" (Joint NIOSH/RWJF Technical Assistance Meeting), June 13–15, 1999, Denver. Attended by 103 leading workers' compensation researchers including grantees from *Workers' Compensation Health Initiative* and the *Workers' Compensation Health Initiative* National Advisory Committee.

"1999 Annual Meeting of the Workers' Compensation Health Initiative," September 13–14, 1999, Berkeley, CA. Attended by 53 people, including *Workers' Compensation Health Initiative* grant recipients, national program office staff, RWJF staff and *Workers' Compensation Health Initiative* National Advisory Committee members.

"2000 Annual Meeting of the Workers' Compensation Health Initiative," June 15–16, 2000, Washington. Attended by 65 people including representatives from the National Institute for Occupational Safety and Health and the Agency for Healthcare Research and Quality.

"2001 Annual Meeting of the Workers' Compensation Health Initiative," September 6–7, 2001, Newport, RI Five presentations, three discussion groups and three reports from discussion groups.

Sponsored Workshops

"Applicant Workshop," December 6, 1995, San Antonio.

"Applicant Workshop," February 15, 1996, Boston.

"Applicant Workshop," May 13, 1997, Orlando, FL. Attended by approximately 80 potential grant applicants.

"Special Applicant Workshop for the Third Round of Grantmaking," March 5, 1999, Cambridge, MA Attended by approximately 40 potential applicants.

PROJECT LIST

Reports on the projects managed under this National Program are listed below. Click on a project's title to see the complete report, which typically includes a summary, description of the project's objectives, its results or findings, post grant activities and a list of key products.

- [As Part of *Workers' Compensation Health Initiative*, Prescription Card Is Made Available to New York State Workers—But Few Use It \(February 2004\)](#)
- [Evaluation of Washington State *Workers' Compensation Health Initiative* Finds Managed Care Program Cuts Disability Costs \(June 2008\)](#)
- [Minnesota *Workers' Compensation Health Initiative* Finds Costs Fall When Patients Feel Cared For \(February 2004\)](#)
- [Problems With Data Hinder Evaluation of Managed Care in *Workers' Compensation Health Initiative* Project \(February 2004\)](#)
- [Rhode Island *Workers' Compensation Health Initiative* Finds Stakeholders Need Help Accessing Care \(February 2004\)](#)
- [Under *Workers' Compensation Health Initiative*, N.Y. Union Health Center Helps Injured Garment Workers, But Claims Take Long to Be Decided \(February 2004\)](#)
- [Under *Workers' Compensation Health Initiative* Community Coalition Provides Access to Care for Injured Workers in Rural New York County \(February 2004\)](#)
- [Workers' Compensation Health Initiative Researchers Disseminated \(February 2004\)](#)