Beyond the BioPsychoSocial Model: The Human Systems Approach
Overview

• Biopsychosocial Model
• Chronic Pain
• Human Systems Approach
  – Initiating Factors
  – Protective Features
  – Risk Factors
• Comorbidities
• Morbidity burden and IW complexity
• Etiology models for understanding and managing co-morbidities
• Prevention
Biopsychosocial Model

- Biological
- Social
- Psychological

Health
• New paradigm
• Understand the whole patient
• Every patient is complex
• Self responsibility
• Education and training
• Long-term change
• Strong provider-patient partnerships
• Personal motivation
• Social Support
Human Systems Approach

Initiating Factors
Trauma
Injury
Repetitive Strain

Acute Pain

Protective Factors
Body: genetic, exercise, posture
Lifestyle: sleep, diet, pacing
Emotions: positive emotions
Society: social support, good relationships
Spirit: mindfulness meditation, beliefs
Mind: self-efficacy, resilience, understanding
Environment: organized, protective

Decreases Risk

Increases Risk

Risk Factors
Body: genetic, co-morbid, repetitive strain
Lifestyle: poor sleep & diet, hurried
Emotions: anxiety, anger, depression
Society: conflict, abuse, secondary gain
Spirit: stress, burn-out, catastrophizing
Mind: confusion, inflexible, no self-efficacy
Environment: danger, unsafe, injury-prone

Chronic Pain
Protective Features

• Body: exercise, posture, health
• Lifestyle: good sleep, diet, balance
• Emotions: joy, happiness, calm
• Society: social support, relationship
• Spirit: purpose, direction, passion
• Mind: optimism, self-efficacy, honesty
• Environment: organized, clean, safe
Risk Factors

• Body: low fitness, co-morbidities
• Lifestyle: poor sleep, diet, strain
• Emotions: anxiety, anger, depression
• Society: stress, abuse, secondary gain
• Spirit: burnout, lost, no purpose
• Mind: unrealistic expectation, confusion
• Environment: chaotic, injury prone
Human System Reconciled

Body & Lifestyle

Society & Environment

Biological

Social

Psychological

Mind

Spirit & Emotions
BioPsychoSocial Human Systems
Reconciliation

- Biological
  - Exercise
  - Posture
  - Health
  - Sleep
  - Diet
  - Balance

- Social
  - Social Support
  - Relationships
  - Organized
  - Protective

- Psychological
  - Emotions
  - Spirit
  - Mind

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Biopsychosocial Intervention Continuum

App/Portal

- Telephonic Coaching
  - HIG Coach
  - $1000

- PGAP + PT
  - PGAP
  - $9000

- CBT Programs
  - CBT
  - $10-15,000

- Abbrev. Functional Restoration Program
  - MD + Psych + PT + others
  - $20-30,000

- Functional Restoration Program (FRP)
  - MD + psych + PT + others
  - $40-60,000

- Chronic Pain Program
  - NCM + MD management + FRP
  - $60-90,000

Lower risk
Shorter disability

BPS Approach in Claims

Higher risk
Longer disability
10-week voluntary telephonic coaching program to reduce delayed recovery and return employees to function by:

- Returning locus of control
- Teaching coping skills: Time management, goal setting, stress, anger, sleep issues
- Reducing psychosocial barriers: expectations, beliefs, thinking, fear, perceived injustice, passivity, coping skills

**The program goals:**

- Increased function
- Decreased disability duration
- Decreased medical and pharmacy utilization
- Increased employer/claimant satisfaction

**The program conclusion:**

- Return to work
- Ten weeks completed
- Voluntary disenrollment
- Lack of contact
- Inconsistent participation

**The program is not:**

- Limited to diagnosis
- Medical management
- Vocational rehabilitation
- A return to work program
- A replacement for claim/clinical staff

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iRECOVER Outcomes

Claim Outcomes Realized

Successful coaching  31% Disability  48% Claim Cost

iRECOVER Participant Satisfaction

Program Satisfaction
• 76% Very Satisfied
• 24% Satisfied

Coach Satisfaction
• 87% Very Satisfied
• 13% Satisfied

Satisfaction with Results
• 79% Very Satisfied
• 21% Satisfied

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iRECOVER: WC Measurement (Spring 2018)

- **iRECOVER Eligible**
  - 32% Fail Screening 1,863
  - 68% Pass Screening 4053

- **Invited 1,197**
  - 36% Control 666
  - 64% Invited 1,197

- **Active 54**
  - 59% Declined 377
  - 41% Deactivated 593

- **Graduated 173**
  - 55% Declined 377
  - 45% Deactivated 593
  - 31% Complete Program 108
  - 69% Graduate RTW 62

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Goals for iRECOVER 2.0

- Broaden iRECOVER’s “reach” via: digital/electronic resources & tools
- Strengthen iRECOVER team capabilities with Triage Consultant
- Transform iRECOVER into a personalized and flexible intervention
- Increase participant engagement, volumes and reporting capabilities
- Improve data/analytics
- Provide more robust clinical and biopsychosocial interventions
iRECOVER: Our History

2015
- Pilot in WC (non C+)
- 5 states
- Data Sciences
- Predictive modeling tools

2016
- Spanish & self-paced interventions introduced
- Countrywide WC expansion (non C+)
- Team increased from 2-6 Coaches
- Expanded to Middle Market (guaranteed cost) on service

2017
- iRECOVER in Group Benefits (Jumbo account)
- Digital tools added to the toolkit
- Updated participant survey process
- CBT and Functional Restoration (limited pilots)

2018
- Customized interventions
- Implemented telephonic participant survey
- Kit and workbook revisions
- Expansion to Loss Sensitive by YE
- PGAP, CBT and Functional Restoration (limited pilots continue)

2019
- Digital solution – all claimant access
- Digital enhancements
iRECOVER: Program Feedback

**WC Graduated Participant - RTW**

- “I benefited from being able to talk through my frustrations/anger about my injury because my life was disrupted.”

- “I feel confident going back to work. A good part of this is due to my participation in iRECOVER.”

- “Insurance companies get a bad rap these days and the fact you’ve put this program into play is wonderful.”

**Graduated Participant – Program Completion**

- “This program taught me a new way to approach things in my life. It never occurred to me there would be a program or philosophy to recovery”

**GB Graduated Participant – RTW**

- “Great program, coaching was so helpful, encouraging and compassionate. I love the CD and writing things down helps me to keep rack of all of me! My thoughts, feelings, learning experiences from the program, my food intake. Very helpful.”

- “I highly recommend this program and applaud The Hartford for initiating it.”

**WB Participant – Midpoint Check-in**

- “I loved the pedometer - It made me aware of how much I was moving or wasn’t moving. I think it helped me through my recovery. It’s really well done, you did a great job putting this program together. I found it very helpful. It made me cognizant of my activity and I’m going to work to continue to increase my activity.”
Graduated Participant – Program Completion

• Participant stated he felt that he was back on track after working through the program.

• Participant told me he is not a very social person so he appreciated the support of speaking with me, walking through concepts and spending time talking with him each week.

Graduated Participant – RTW

• “This program was what gave me the push to get into a different mindset; no I can’t return to my job but this made me really sit and look at my plan, what my restrictions are and what I can do.”

• She felt like she got to the light at the end of the tunnel – she stated at the beginning she thought she would never be back to normal, but she did! She stated that this program helped her get out of her slump, and she thanked me for how helpful I was to her.

• The program made her feel like she wasn’t just a claim number to her worker’s compensation insurance and that we do care about her recovery.

Graduated Participant – Program Completed

• "I appreciated having someone teach me the importance of sharing my goals with my friends and family and that by jotting them down it helped me commit and achieve them."

• "The program helped me be able to open up to family and friends about my injury and what I was going through. It was also nice to be able to talk to someone without feeling judged.”
What is the Target?
Fig. 1. The SEIPS model of work system and patient safety (Carayon et al., 2006b).