



INSIGHTS

THOUGHT LEADERSHIP, ARTICLES, CASE STUDIES & MORE

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OBESITY WITHIN WORKERS' COMPENSATION CASE MANAGEMENT:

STRATEGIES TO HELP PATIENTS ALONG THE ROAD TO RECOVERY AND IMPROVE REHABILITATION OUTCOMES

The battle of the bulge has been a losing battle for many as the obesity rate for Americans has steadily increased to over 40%.^[i] More and more of the population, as indicated, have problems with weight management due to a sedentary lifestyle and job duties. With increased weight, we also see an increase in related health issues, including diabetes and cardiovascular disease, which are among the leading causes of death in the United States. When we consider the impact of obesity on recovery and rehabilitation within workers' compensation case management, the effect is even more significant. In this **INSIGHT** article, we explore obesity within workers' compensation case management, and strategies nurse case managers can use to help their patients along the road to recovery and improve rehabilitation outcomes.

In 2016, the Journal of Occupational and Environmental Medicine, an official publication of the American College of Occupational and Environmental Medicine (ACOEM), published

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a study comparing workers' compensation costs and outcomes for obese, overweight, and normal-weight workers. The study found that for workers with major injuries, costs averaged about \$470,000 for obese and \$270,000 for overweight workers, compared to \$180,000 for normal-weight workers.^[iii] Now, as nurse case managers, our work is purely focused on the recovery and rehabilitation of the injured individual, but the financial data clearly demonstrates that weight can have a profound impact on the time and resources needed for the injured worker's recovery.

As nurse case managers, our approach to evaluating patients is very holistic, and we review all their diagnoses and comorbidities at the initial evaluation (meeting). In the patient's initial meeting, comorbidities regarding weight are evaluated when taking the patient's height, weight, and assessing their BMI. Obesity occurs when a BMI is over 30. When a nurse case manager is first meeting a patient addressing comorbidities is a very delicate discussion. Often, the conversation regarding their weight status is approached throughout the patient's treatment plan as the treatment plan is an ever-evolving process, and evaluation of their response to the treatment is also

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evolving. With today's typical lifestyles, patients' weight can vary from being within normal BMI ranges, to overweight, or the patient can be obese. Visual evaluation of patient is usually sufficient to identify the patient's BMI.

The diagnosis of obesity is a significant diagnosis in which we often do not see the ramifications until it's become the standard in our life. While many people are obese but do not have any other health issues, the extra weight will eventually take a toll on their bodies and deteriorate other systems. For case management of work-related injuries, chronic illness, congenital or developmental issues, the diagnosis of obesity further complicates existing diagnoses - recoveries are delayed, and complications can occur.

Because the nurse case manager's work is holistic, we cannot ignore the diagnosis of obesity, regardless of the work injury. We need to address it and assist in determining ways the patient can resolve this issue while we are also working on treating the primary diagnosis.

IDENTIFY AND INFORM

As the patient's advocate and trusted partner in their rehabilitation and recovery, the nurse case manager plays a crucial role in helping them improve their

overall health. While the injury or illness of the claim is the number one concern, the patient's weight can affect their recovery and should be identified in a respectful and nonjudgmental way. The National Institute of Diabetes and Digestive and Kidney Diseases suggest asking patients if you can talk with them about their general health, including their weight. Studies also show that patients prefer terms like "weight," and "BMI" when talking about obesity, and dislike terms such as "fatness," "excess fat," and "obesity." Don't forget to be sensitive to medications that may contribute to their weight gain or challenges losing weight.

Inform the patient of not only the health risk and negative impacts of their weight, but more importantly, highlight the positive effects of losing weight during their recovery and their overall health. Working towards a positive outcome may be more motivating for the patient than trying to avoid a negative consequence of being overweight.

Spend some time learning about the patient beyond their medical records and charts to understand better their eating and drinking patterns and what they may enjoy doing for physical activity. The 2015-2020 Dietary Guidelines for Americans suggest questions like "What's your family's favorite dinner" "When you're thirsty, what kind of drink do you reach for?" or "Does eating healthier seem hard or unrealistic?"^[iii]

Here are some additional resources:

Just Enough for You: About Food Portions– This resource is published by the National Institute of Diabetes and Digestive and Kidney Diseases and provides information on portions and servings, how much someone should eat, how to manage portions and eat well when money is tight and much more.



USDA's ChooseMyPlate– This is a great resource to help with creating toolkits and integrating additional resources into the patient's recovery and rehabilitation plan, including the MyPlate Plan which can be personalized based upon age, sex, height, weight, and physical activity level, and shows the patient's food group targets – what and how much to eat within their calorie allowance.

Physical Activity Guidelines for Americans– Published by the U.S. Department of Health and Human Services, this guide is an essential resource for health professionals when designing physical activity programs.

SET & FACILITATE GOALS

The goal for good health and wellbeing is for all to be within the appropriate weight scale for their body type. While helping a patient execute their recovery and rehabilitation treatment plan, help them integrate goals for achieving a healthy weight. The Mayo Clinic recommends focusing on process goals instead of outcomes goals. An outcome goal is the target result – lose X number of pounds. A process goal is how you will reach that outcome, for example, walking 30 minutes per day, or drinking water at every meal.^[iv]

When checking in with the patient about

their treatments, be sure to check-in on their commitment to the process and their treatment for weight loss. Empathize with them through setbacks and encourage them to get back on track. Depending on the person and body type, losing weight may be much harder than simply increasing activity and reducing calories, not to mention the patient may be suffering through pain or taking medications that make it even harder to lose weight. The nurse case manager's support, encouragement, and guidance can be critical to the patient achieving their goals and the success of their recovery.

CASE STUDIES

Henry



Henry* is a 45-year-old truck driver who did short distance hauls. During one of his runs, Henry injured his lower back. Case management was assigned to facilitate treatment for his low back injury, which included physical therapy, medications, injections, and modified work duty.

Henry transitioned smoothly through his rehabilitation program and did well with the relief of his back pain, yet one of his comorbidities was obesity. Throughout his rehabilitation program, his physician

discussed with him the potential impact of obesity on his back and general health, including increased pain and discomfort, diabetes, and cardiovascular disease. With this knowledge, and once his acute pain was resolved, Henry decided he wanted to lose weight. Proper nutrition, along with a safe diet and exercise plan, was established, and Henry participated fully. By the time he recovered from his injury and was back to full-time employment, Henry had lost 35 pounds and was maintaining a daily exercise program to keep the weight off.

Henry's nurse case manager played a critical role in his recovery and weight-loss success. The case manager knew Henry needed encouragement and an accountability partner to achieve his weight loss goals and improve the outcome of his recovery. Education and support by the case manager, including the setting of small achievable goals, monitoring progress, supporting Henry and celebrating wins, were critical to his success.

Casey

When presented with patients enduring catastrophic injuries, the focus of care is often centered on acute interventions needed to maintain health. However, for recovery to be effective general health and wellness are also important to long-term success.

Casey* is a 35-year-old female, C4-C5 quadriplegic. With impaired lung function, and spasm and tone occurring due to spinal cord injury. Treatment for Casey was oral muscle relaxants, an anti-spasmodic, and a baclofen pump. All of these treatments were effective in managing spasms, which in turn positively impacted her function. However, post injury, Casey gained significant trunk

(abdominal) weight. Gaining weight can further impair an already impaired respiratory status, and in her case, this occurred.

Casey also experienced diaphragm paralysis, which impaired her ability to cough effectively. The recent weight gain further impaired her respirations while she slept. Casey already needed a CPAP for central and obstructive sleep apnea. However, her status deteriorated, and she needed the assistance of a ventilator to breathe at night. While multiple discussions were held regarding the benefits of weight loss, the key to helping Casey was when her nurse case manager facilitated an appointment with a gastroenterologist and a nutritionist to assist with creating an achievable plan for weight loss.

Casey gradually lost weight through diet and an increase in activities she was capable of doing. Her respiratory status improved as her abdominal girth declined. The results also presented a decrease in pain and spasms and allowed for better sleep quality. Casey was able to tolerate being out of bed longer in her chair and needed less medication. More importantly Casey was able to travel, something she could not envision prior to this. Her overall health improved, decreasing respiratory and blood pressure issues and decreasing the potential for complications due to her injury.

Whether assessing the physical, psychological, or economic impacts of obesity, integrating and achieving healthy weight loss into a workers' compensation, or any, patient's treatment plan improves outcomes for all stakeholders.

**Names and characteristics of patients and injuries discussed in 'Case Studies' were changed to protect their identity and privacy.*

REFERENCES

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