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The People Have Spoken: Perceived Barriers in North Carolina Workers' Compensation Case Management

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Case management services within the Workers' Compensation system are critical for successful return to work outcomes. This study examined the perceived barriers encountered by case managers providing services within the North Carolina Workers' Compensation system. Open-ended questionnaires and Likert-scaled surveys were administered to practicing case managers within the North Carolina Workers' Compensation system to identify and determine levels of agreement of perceived barriers. Noted barriers included communication problems with plaintiff attorneys, interpretational difficulties with the North Carolina Workers' Compensation statutes, and challenges with clients and their social support system. Future recommendations for continued research are provided.

Case management services within the Workers' Compensation system are a vital component of the rehabilitation process. By coordinating both the medical and vocational rehabilitation services that are entitled to workers with compensable injuries, the likelihood of successful return to work outcomes have been noted (Betters & Shaw, 2009; Betters & Shaw, 2006; Blackwell, Leierer, Haupt, & Kampitsis, 2003; Gardner, 1991; Nadler, Mulford, Wagner, Stitik, Malanga, Levy, & Just, 2000; Pergola, Salazar, Graham, & Brines, 1999; Tugman & Palmer, 2004). Case management promotes efficacious service delivery, while maintaining due consideration for quality care, to the injured worker population. By reducing the amount of time an injured worker is out of work, case management is not only efficient, but also cost-effective, as rapid return to work outcomes minimize incurring health care costs, lost wage benefits, and restores work-related tax contributions (Betters & Shaw, 2009; Blackwell et al., 2000, Della-Posta & Drummond, 2006; Pergola et al., 1999; Selander, Marnetoft, Bergroth, & Ekholm, 2002).

Case management services, however, are not provided without challenges. There are war stories that many case managers can share, and most have that "one client" that will always be remembered. Troubling experiences that circulate within the case management community focus on different parties involved in the system as well, including "fraudulent insurance companies," "incompetent medical providers," and "evil attorneys." Professional organizations, such as the International Association of Rehabilitation Professionals (IARP) and the Case Management Society of America (CMSA) are available, and opportunities for case managers to network and collaboratively problem-solve are present. However, the quandary that exists is that although enlightening, informal dialogue lacks the validity necessary to enact change. To date, only one study has been conducted exploring the perspectives of case managers working with Workers' Compensation clients (Pergola et al.). This investigation, although informative, was limited to opinions regarding medical care delivery, and perspectives were offered by nurse case managers, occupational physicians, and claims managers. Workers' Compensation case management issues have not been fully analyzed with the vocational rehabilitation research body, and there is a complete lack of literature empirically investigating the challenges that Workers' Compensation case managers confront while providing services.

This study examined the perceptions of case managers providing services within the North Carolina Workers' Compensation system. Specifically, this study aimed to discover barriers that limit case management service delivery. By determining the obstacles that interfere with the case management process, recommendations can be made to alleviate or elimi-

nate the barriers in order to promote successful service implementation.

Methods

A convenience sample consisting of 361 medical and vocational case managers was initially contacted via Survey Monkey, an online surveying tool, to secure participation. All case managers that completed the study were current members of the Carolinas Chapter of the International Association of Rehabilitation Professionals (IARP), and all of the participants currently provided Workers' Compensation case management services within the state of North Carolina. No additional exclusionary criteria were used.

The research design for this study was a quasi-experimental design, with two different instruments utilized for measurement. Both surveys were conducted via Survey Monkey, which allowed the participants to respond at their convenience while maintaining their anonymity within the rehabilitation field. The first survey consisted of the following twelve open-ended questions to assess perceived barriers:

1) Please list any barriers that you encounter while providing Workers' Compensation case management that you believe are attributed to the current Workers' Compensation statutes (a.k.a. The Rehab Rules).
2) Please list any barriers that you encounter while providing Workers' Compensation case management that you believe are attributed to the practices of Workers' Compensation insurance carriers.
3) Please list any barriers that you encounter while providing Workers' Compensation case management that you believe are attributed to the practices of the medical community, including physicians, therapists, etc.
4) Please list any barriers that you encounter while providing Workers' Compensation case management that you believe are attributed to the practices of the legal community, including attorneys and legal staff.
5) Please list any barriers that you encounter while providing Workers' Compensation case management that you believe are attributed to the practices of employers, including employers at the time of injury and potential employers.
6) Please list any barriers that you encounter while providing Workers' Compensation case management that you believe are attributed to the practices of the client, including the client's family and social support.
7) Please provide your sex.
8) Please provide your age.
9) Please provide your race/ethnicity.
10) Please provide how many years you have been providing Workers' Compensation case management services within the state of North Carolina.
11) Please provide your current professional credentials, such as CRC, CDMS, etc.
12) Please provide what region in North Carolina you currently provide Workers' case management services, choosing from either West (west of Winston-Salem), Central (between Winston-Salem and Raleigh), or East (east of Raleigh). You may provide more than one region if needed.

The second survey consisted of 43 four-point Likert-scaled questions, utilizing "Strongly Disagree," "Slightly Disagree," "Slightly Agree" and "Strongly Agree" labels. The questions for the second survey were derived by identifying consistent thematic elements within the responses from the first survey. To justify the creation of a question for the second survey, at least 33% of the respondents needed to comment on a variable during the first survey in order to be used for item development. The purpose of the second survey was to the assess levels of agreement among the participants and to identify consistently perceived barriers within North Carolina Workers' Compensation case management.

Results

Of the 361 case managers originally contacted, 42 (11.6%) completed the first survey. From this subsample, 31 (73.8%) completed the second survey, resulting in an approximate 8.5% composite response rate. Although this rate is low, it was assumed to be minimized, as the 361 case managers initially contacted were not all qualified to participate given the two exclusionary criteria. Because the Carolinas Chapter of IARP was utilized, the listing included those practicing in North Carolina and South Carolina, so those not practicing in South Carolina could not participate. Also, it was predicted that not all IARP members within the Carolinas Chapter were currently practicing Workers' Compensation case management, thus reducing the number of qualified participants. Stratifying the list by these two criteria for participant selection would have been ideal, however it was not a feasible option.

The participants completing both surveys were predominantly female (83.9%), as only five males participated. One participant was African American, and the remaining were Caucasian (96.8%). The age range of the sample was 31-75 years, with a mean age of 50.3 years and a mode age of 54 years. Regarding number of months providing Workers' Compensation case management services in North Carolina, the range of time was 15-372 months, or roughly 1-31 years. The

mean number of months was 158.1 months, or 13.2 years, and the mode was 216 months, or 18 years.

When analyzing professional credentials, 18 (58.1%) were current CCMs, 13 (41.9%) were current CRCs, 7 (22.6%) were current CDMSs, 2 (6.5%) were current CVEs, 5 (16.1%) were CLCPs, and 2 (6.5%) were LPCs. The regional coverage of case management services within the state of North Carolina was widely distributed, with 6 (19.4%) providing services in the western part of the state, 7 (22.6%) providing services in the central part of the state, and 8 (25.8%) providing services in the eastern part of the state. Some of the participants reported service provision across these three regions, including 2 (6.5%) within both the western and central areas, 4 (12.9%) within the central and eastern areas, and 1 (3.2%) within the western and eastern areas. There were also 3 (9.7%) that reported providing state-wide coverage.

Reviews of the responses from the second survey were separated by the identified perceived barrier, including the North Carolina Workers' Compensation statutes, the insurance carriers, the medical community, the legal community, the employers (both former and potential), and the injured workers. The perceptions of the case managers were indicative of their experiences while providing services within the North Carolina Workers' Compensation system.

North Carolina Workers' Compensation Statutes

The case managers indicated that they perceive significant ambiguity within the statutes, especially in regards to the concept of "suitable employment." There were also issues pertaining to governance and oversight of the parties within the Workers' Compensation system. The first issue, suitable employment, was clearly reported as lacking a universally understood definition, with 93.5% of the participants agreeing. A case manager commented, "The rules can and are interpreted differently by all parties on the case, especially the rules applying to suitable employment."

A second case manager also explained, "The definition of suitable employment is very vague, allowing situational differences for interpretation."

A very broad concern related to the perceived lack of oversight for all parties outside of case management within the Workers' Compensation system. Respondents appeared to be frustrated by the statutes due to very specific guidelines for their practices, however a perceived lack of oversight for others, especially insurance adjusters and plaintiff attorneys, persists. When asked, 89.5% of the participants felt that there was ambiguity in the statutes related to governance of other parties' practices, and 83.3% perceive a lack of accountability for other parties within the current statues, specifically plaintiff attorneys. A case manager argued, "Attorneys seem to have no rules to follow. I adhere to the rules, but it seems attorneys can do anything they want."

A third noteworthy item pertaining to the statues involved seeking permission in order to provide services. When asked, 77.5% of the respondents agreed that they feel required to seek permission from the plaintiff attorney prior to providing case management services.

Insurance Carriers

The perceived barriers related to the insurance carriers were very specific and pinpointed to issues regarding the roles and functions of insurance adjusters. Over three quarters (77.5%) of the participants perceived insurance adjusters as a barrier, as they tend to go beyond their professional scope pertaining to medical and vocational issues. A noteworthy finding was the perceived belief that insurance adjusters are not open-minded to vocational options outside of direct job placement. A case manager shared, "If something is not required by law, it will not be approved."

A second case manager commented, "Adjusters do not appear to have the workers' best interest in mind when they refuse to consider appropriate options."

A final interesting response suggested that adjusters intentionally do not always act as timely as they could, thereby delaying the rehabilitation process. A case manager stated, "Some adjusters are very slow to answer. They act like they are paying the bills out of their own pocket."

Overall, the case managers did not appear to find companies and related policies as barriers, but identified how adjusters operated and impacted individual cases as problematic.

Medical Community

The case managers did not perceive many barriers involving the medical community, and seemed satisfied with the medical providers and their services. The only notable issue related to Workers' Compensation physicians is the lack of training they may have in regards to the North Carolina Workers' Compensation system, as 77.5% of the case managers reported concerns with this issue. Others suggested that the current system is demoting interest in providing medical services to injured workers. A case manager explained, "Some communication issues. Several physician offices are steering away from comp because they are tired of dealing with the legalities of it."

A second case manager commented, "Physicians are scared of lawsuits and decline to bite the bullet and be honest about a client's exaggeration of symptoms or plain old pretense and afraid to return to work activities."

A separate issue noted was a perceived barrier related to physical therapists, as 76.7% of the participants reported that physical therapists can go beyond their role and function, particularly when they render opinion that should only be provided by the physicians.

Legal Community

The overwhelming agreement regarding barriers to case management service delivery included plaintiff attorney activity. Plaintiff attorneys were perceived to interfere with the case manager and injured worker relationship, as well as complicate the entire rehabilitation process. The biggest concern reported by case managers involved the perception that plaintiff attorneys instill a sense of mistrust in case managers among the injured workers, creating an obstacle to even initiate case management services. Among the participants, 87.1% reported this as a significant barrier. A case manager argued:

> Telling the injured worker that the case manager's job is to 'get the benefits stopped' or 'to make you go back to work.' Engendering a mistrust of the case manager, especially vocational, at the outset of the relationship causing a barrier to the case manager/injured worker relationship.

A second case manager included, "Attorneys can say what they want about a case manager with no recourse."

The respondents also perceived plaintiff attorneys to, at times, deliberately delay the rehabilitation process, which according to some was for personal monetary gain. According to the participants, 93.6% believe that plaintiff attorneys maintain too much control in the North Carolina Workers' Compensation system; 93.6% believe that plaintiff attorneys desire to prolong the amount of time a case is open; 83.9% believe plaintiff attorneys desire secondary gain and do not hold the clients' best interests during the rehabilitation process; 83.9% believe that plaintiff attorneys intentionally restrict communication with case managers; and 81.5% believe prefer to not work with case managers towards return to work outcomes. A case manager commented:

> Attorneys are only in it for the money. That is evident in how they coach the injured workers with their symptoms and addition of body parts. It is so obvious when they are well at one visit and the next they are on 'deaths door' in pain, etc. Attorneys have too much control, they drag out the files because they make more money that way.

A second case manager explained, "There is NO incentive for attorneys to encourage injured workers to RTW."

It must be reported that the case managers did not perceive all plaintiff attorneys equally. A case manager commented "Depending on the the atty it can be a wonderful experience or a case from hell."

Case managers appear to recognize, according to their perceptions, plaintiff attorneys that practice appropriately and those who do not. It does seem, according to the participants, that there are fewer of the former than desired.

Employers

Case managers reported the greatest barrier related to employers, both former and potential, is the lack of opportunity most are willing to give to an injured worker. This opportunity includes both returning to work at the original place of employment, as well as considering a client with a history of a work-related injury for employment. When asked, 87.1% of the participants believed that employers purposefully avoid contact with their employees while they are involved in a Workers' Compensation claim, and 83.9% conveyed that they believe employers are not willing to provide light-duty work during the rehabilitation process. A case manager commented "Many employers will not give someone with a cane or leg brace a chance."

However, it appeared based on the level of agreement and additional comments that most case managers do not think that employers are close-minded for personal reasons. Among the case managers, 87.7% stated that employers lack sufficient knowledge regarding the Workers' Compensation system, which may result in decision-making and behaviors that are not conducive to the rehabilitation process. A case manager explained, "Lack of knowledge regarding reporting of injuries, good return to work policies, modified duty policies."

According to the case managers, employers may be perceived as less of a barrier to service delivery if a greater understanding of the system was present.

Injured Workers

Upon review of the data, the case managers depicted two major barriers relevant to the injured workers. These two barriers included incorrect insight pertaining to the Workers' Compensation system and subsequent improper expectations, as well as difficulties related to the injured workers' social support. Regarding misunderstanding how the system works, 96.8% of the case managers believed that their clients lack sufficient knowledge about the system when the clients first begin to work with them. This most likely suggests why 83.9% of the case managers feel that injured workers maintain unrealistic expectations. A case manager stated: "Some clients think their workers comp injury is a way to never work again."

Case managers also reported frustration with the injured workers' social support, typically a spouse, sig-

nificant other, or other close family member. 83.4% of the case managers believed that injured workers are pressured by their support system to magnify their symptoms, and 80.6% of the case managers feel that family members interfere with the case management process. A case manager argued, "Family members push the injured worker to portray him/herself as more disabled than they may be."

One additional finding that is of interest is how case managers viewed the preparedness of clients when initiating vocational rehabilitation. Among both medical and vocational case managers, 84.1% reported they feel that injured workers are not mentally ready to return to work when beginning vocational case management.

Discussion

This study examined the beliefs and perceptions of case managers providing Workers' Compensation case management services within North Carolina. The goal was to identify a consensus of the perceived barriers to service delivery, with the hope of isolating key issues so attention could be warranted. Although specific concerns were identified, such as the wording within the Workers' Compensation statutes, or insufficient understanding of the statutes among physicians, employers, and injured workers, a general theme was noted across all perceived barriers. It appears that the biggest obstacle within North Carolina Workers' Compensation case management is poor communication. A lack of clear and consistent communication can be found intertwined in all of the case managers' perceived barriers. The Workers' Compensation statues, according to the case managers, lack clarity and precision. The most commonly agreed upon component was the definition of "suitable employment," which is the ultimate outcome measure within the rehabilitation process. According to the North Carolina Workers' Compensation statutes (NCWC, 2000), suitable employment is defined as:

> employment in the local labor market of self-employment which is reasonably attainable and which offers an opportunity to restore the worker as soon as possible and as nearly as practicable to pre-injury wage, while giving due consideration to the workers' qualifications (age, education, work experience, physical and mental capacities), impairment, vocational interests, and aptitudes. No one factor shall be considered solely in determining suitable employment. (p. 4).

It is both understandable why case managers may find this definition to be vague and unclear. It is equally understandable as well for why the North Carolina Industrial Commission purposely utilizes this definition in order to not pigeon-hole rehabilitation outcomes. However, the fact that there are practicing case managers who find suitable employment difficult at times to interpret is problematic. The lack of clarity, as perceived by the case managers, can easily be recognized as a barrier. This is especially valid if additional parties, such as insurance adjusters or plaintiff attorneys, disagree with the case manager's interpretation, thus promoting increased communication issues. It also makes sense that other individuals, specifically physicians, employers, and the injured workers, may have challenges in fully understanding the system. It is assumed that these parties may not be as well-versed in the statues as the case managers, attorneys, and adjusters. If professionals trained to provide services daily that are governed by the statutes argue over interpretation, it is far less likely that those who are not consistently involved in the Workers' Compensation system will be capable of doing so accurately.

There are additional barriers that are related to inadequate interpretation of the statutes. Case managers perceive that several professionals overstep their scope of practice within the Workers' Compensation system, including insurance adjusters, physical therapists, and plaintiff attorneys. This may be the effect of either insufficient instruction of what these professionals can or cannot do, or it may be incongruent expectations maintained among case managers. Both possibilities can be considered a direct result of poor communication, as roles and functions are not universally understood by all parties in both scenarios. This, of course, is contingent on both parties ethically practicing within scopes of practice, which is a separate issue altogether.

Communication is also dysfunctional between the parties involved in Workers' Compensation rehabilitation when it comes to seemingly simple operations. There appears to be disconnection at times, which demotes successful service delivery, especially between case managers and plaintiff attorneys. Although there were some case managers who reported minimal or even no difficulties with plaintiff attorneys, the data indicated that most case managers find the greatest barriers in their service delivery attributed to the interactions with plaintiff attorneys. The problems appear to be related to perceived motive, as case managers seem to think that most plaintiff attorneys are only in the Workers' compensation system to capitalize off of the injured workers. According to case managers, the majority of plaintiff attorneys are financially driven, and therefore behave in ways to promote economic benefit. For example, some case managers perceived increasing the amount of time an injured worker's case is open as a financial incentive for plaintiff attorneys. Case managers also report that plaintiff attorneys purposely create disconnection between the case manager and client, which may be construed as another tactic to delay a successful return to work. Of course, plaintiff attorneys may also maintain percep-

tions of case managers that influence their behaviors. This is only another example of poor communication, most likely tempered by mistrust at some level, which serves as an increasingly difficult barrier within the Workers' Compensation system.

There are also several obstacles related directly to those the case managers serve, as the client him or herself was also mentioned as a barrier to service delivery. Clients and their significant others or family members were sometimes identified as problematic when it comes to providing case management services. This is not surprising, as the client is shaped by all of the stimuli encountered from the very initial point entering the Workers' Compensation system. Clients may be reactive based on their experiences with the insurance company, the medical providers, and their former employers, which unfortunately direct most injured workers to pursue legal representation. Ineffective communication during the beginning stages of the Workers' Compensation experience may breed unrealistic expectations and inflated senses of entitlement. All of these may increase the complexity within the responsibilities of the case manager, and could easily be perceived as barriers. Case managers need to recognize the baggage that may develop as an injured worker navigates the Workers' Compensation system, and be ready to engage the client appropriately so a common goal can be established by both parties.

There are individuals within the field who argue that the system is adversarial, and that it always will be. Workers' Compensation is a disability compensatory system fueled by insurance companies driven by profit margins. Workers' Compensation is not a social service. There is a need for parties involved in the system to stay above the "bottom line." However, given that the provision involved this system is restorative services to injured workers, most of who are likely going to experience some degree of functional limitation not previously present at the time of the accident, it is vital that those working in the Workers' Compensation system be conscious of this at all times. This very principle is stipulated within the North Carolina Workers' Compensation statutes as Rule II.A (2000):

> The purpose of these rules is to foster professionalism in the provision of rehabilitation services in Industrial Commission cases, such that in all cases the primary concern and commitment of the RP (rehabilitation provider) is to the medical and vocational rehabilitation of the injured worker rather than to the personal or pecuniary interests of the parties. (p. 1).

It should be expected that all parties involved in the Workers' Compensation system are equally committed to the same goal, which is the appropriate delivery of rehabilitation services to the injured workers they represent. This common objective should act as the underpinning of all services provided, and therefore should foster effective communication among the parties.

Limitations

There are several limitations to this study. First, the study was exploratory and cannot infer any of the findings due to its descriptive nature. The sample size limits external validity, as only case managers currently providing services within North Carolina that were willing to participate responded. Generalizing any of the ideas and perceptions regarding barriers to Workers' Compensation case management service delivery must be done cautiously. Internal validity may be questioned, specifically in regards to instrumentation, as the items within the second survey were generated from the first survey responses. The measures may therefore focus on issues that were salient at the time of completing the first survey, which may be excessive due to history or circumstance. Finally, exceptions were noted among most of the perceived barriers, therefore suggesting that although consensus was established, the barriers were not universally perceived.

Recommendations

The only way to accurately determine perceived barriers within North Carolina Workers' Compensation case management is to replicate with a representative sample to assess reliability. It would be interesting to also replicate in additional states to assess any consistency in light of state specific statutes. Should representative perceptions be identified, modifications should be made to alleviate noted barriers and post-testing should be conducted to measure any potential changes in perceptions. Although it is unlikely that all perceived barriers could be remedied, it would be interesting to see how changes that could be made may impact the case managers' viewpoints.

Conclusion

Workers' Compensation, although arguably overflowing with problems, is a valuable necessity. For as much criticism as the system receives, it is a functional disability compensatory system, providing critical benefits to injured workers who would be in far worse circumstances without them. In an ideal world, case management services would be provided seamlessly, and rehabilitation outcomes would be timely and without fail. Unfortunately, this is most likely unrealistic because of the multivariate nature of disability and rehabilitation. Improvements would greatly enhance the current situation, and case management services could dramatically augment return to work outcomes. Most importantly, the promotion of

effective communication among all parties operating within the Workers' Compensation system would advance alleviation of the obstacles that persistently hinder service delivery. By eliminating as many barriers as possible, case management services would be one step closer to the ideal.

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