Welcome and Sign-In

- Please sign-in by chatting
  - your name,
  - your organization
  - anyone else joining you today
- If you have not yet registered, please email uwictp@uw.edu and we will send you a link

General Disclosures

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

Planner Disclosures

The following series planners have no relevant conflicts of interest to disclose:

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- Jessica Whitfield, MD, MPH
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- Esther Solano
- Anna Ratzliff MD PhD

Overview of Learning Collaborative

- Audience:
  - Psychiatric Consultants
  - Working or hoping to work in integrated care settings
- Goals:
  - Provide ongoing integrated care education (CME available)
  - Foster learning and support network
  - Support sustainment of integrated care
- Structure:
  - Monthly lunch hour on 2nd Tuesday
    - Didactic topic 20-30 mins
    - Open discussion remainder of time

Last Session will be June 2025

Thank you all for attending and supporting UW PCLC!

Alternatives to UW PCLC

- UW PACC
- UW Community-based Fellowship
- Collaborative Care Community through APA
- Conferences:
  - UW Integrated Care Conference
  - Collaborative Family Healthcare Association (CFHA)
  - Academy of Consultation Liaison Psychiatry
  - American Psychiatric Association
  - Mental Health Services Conference

Suicide Care in Healthcare Systems

- **Spring and Fall dates**
- **Virtual, live training** is designed to provide you with an understanding of how best to serve patients across the suicide care pathway
- **Audience***:* Primary Care Providers, Psychiatrists, Psychologists, Behavioral Health Providers, Physician Assistants, Nurse Practitioners, and other clinical roles working in healthcare settings.
- **Length:** 8 hours
- **Cost:** $180.00 for Community Clinicians; Free to employees of UW Medicine, Seattle Children's, SCRC Affiliated Clinics, or VA Puget Sound; additional fee if claiming CE.
- **Continuing Education:** 6.75 credits (with optional additional credit available)
- **Register here**: https://uwcspar.org/upcoming-training/upcoming-trainings-and-registration/

Integrated Care Conference 2025

Integrated Care Across the Lifespan: Serving the Behavioral Health Needs of All Ages

June 5-6, 2025, DoubleTree SeaTac

- **Register by May 31!**
- **Keynote Sessions:**
  - Katharine Bradley, MD Kaiser Permanente
  - Karen Bullock, PhD, LICSW, FGSA, APHSW-C Boston College
  - Panel Discussion: Perspectives on Integrated Care Payment, Policy, and Advocacy
- **Conference Breakout Tracks:**
  - Lifespan of the Patient
  - Lifespan of an Integrated Care Program
  - Clinical Care
- **Register here:** https://cvent.me/QVnnB1
- Please email uwictp@uw.edu for more information or visit https://ictp.uw.edu/conference-feature/

Scan for more information

Integrated Care Training Program

COMMUNITY-BASED INTEGRATED CARE FELLOWSHIP APPLICATIONS OPEN

- This fellowship welcomes psychiatric providers seeking additional training to deliver integrated care in community-based settings
- CME-accredited and is free for Washington State providers
- **WHEN:** September 2025 – June 2026
- **APPLY:** Visit **ictp.uw.edu/apply;** deadline to apply is **May 18**
- **REQUIREMENTS:**
  - active medical license
  - Current practice
  - Brief personal statement
  - Current CV
  - Letter of support from current employer, if employed

Scan for more information

Resources

- AIMS Center office hours
- UW PACC
- Psychiatry Consultation Line
  - (877) 927-7924
- Partnership Access Line (PAL)
  - (866) 599-7257
- PAL for Moms
  - (877) 725-4666
- UW TBI-BH ECHO

Disability Determination, Injury and Impairment Assessment

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Disability Defined

- a physical or mental condition that limits a person's movements, senses, or activities.
- The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity.
- Other definitions exist – to be continued

Disability assessment is a component of forensic and general psychiatry

- Pure Psychiatric presentations
- Medical presentation with Psychiatric contribution or underpinning
  - Chronic pain, somatoform and conversion predominate. Personality Disorder often present.
  - Controversial Diagnoses (functional somatic syndromes)
    - MCSS, Fibromyalgia, Chronic Fatigue, other
- Controversial Entitlements
  - e.g. Service/ESA – emotional support animals

Understanding Disability is Important because:

- Disability/Injury claims are an unavoidable part of practice
  - Patients will request your help
    - Consider inquiring early
    - Does that new patient want treatment or something more?
  - Payers will ask for input
  - Lawyers will call, write and/or issue subpoenas for your records and opinions

Disability is a big problem!

- 26% of US population have a disability (CDC)- 61 million Americans
- 600 + Billion in cost to the US annually
- 6.3% Direct and 8.0% Indirect Cost as percentage of payroll.
- 4% of US budget spent on disability by SSA
  - In 2023, 141 billion spent on 7.6 million workers and 1.2 million spouses and children.
  - Increase from 1.5 million beneficiaries in 1970
  - The number of workers receiving disability benefits has increased 3x since 1972
  - 1.3% increased to 4.6% of working age adults.
  - 1-2% of federal budget.
    - What has changed in 40+ years?

Disability is a big problem!

- There are no winners in disability.
  - It may be needed but it carries a personal and social cost
- Losers are the person, the family, the employers, the taxpayers – all of us
- Disability is complex in origin and prevention.
- Your role is important in assisting in understanding, management and reduction of disability
- A disability system can and does impact behaviors of people
  - Disability criteria, acceptable diagnoses, potential payments and other variables may impact how individuals respond

Socio-Cultural Context of Disability:

- The nature of injury and disability must be understood within a cultural framework
  - our views of the human condition and society
    - Locus of control: victim or in-control, choice or helpless…
  - the modes of inquiry that we engage in and how we interpret events and circumstances
    - Medical, sociological, economical, political…
  - the influences that may occur from external forces
    - Claimants, patients, advocates, colleagues, clients…

Additional Contextual Issues:

- Moral hazards
  - How does a system impact behavior?
- Legal entitlements and obligations
- Economic contingencies
- Medicalization of normal life
- Role of the workplace and employer
- Injury not equal to disability and not equal to pain.
- Diagnosis does not mean impairment.

Medical – Legal Challenges:

- Preceded by does not mean caused by
  - "Post hoc ergo propter hoc"
- Causation of psychiatric conditions typically multifactorial and rarely unifocal
- Long-term pathology = long term problems, short-term events = short term problems
- Consider the premorbid status
  - Are claimed issues related to events?

Multiple Contexts and Varying Definitions

- Social Security
  - Definition: "the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

Social Security (cont)

- Causation not at issue
- Roles of alcohol and substance abuse
- Rigorous in theory, while reality may differ
  - Groups with no work experience
  - Children who are well functioning but generating family income
  - Troubled administrative hearing system
- May overlap other systems

Private and Group Disability coverage

- Pay attention to definition – may vary from policy to policy
- Consider motivation and moral hazards
  - Lack of motivation is neither a diagnosis nor a justification for disability but not infrequent under certain circumstances
- Countertransference issues
  - Claimants may be like us, or not like us
  - Objectivity may be a challenge

Worker's Compensation

- Basics of the system
  - Who pays
  - eligibility
  - claims process
  - role of treator
  - role of evaluator
  - benefits available
  - psychiatric issues

Casualty/Tort

- Typically auto
- Employment claims other than comp
- Malpractice
- 'Slip and fall'
- Other liability matters
- Causation and damages are critical
- Liability is an issue for the lawyers

Additional Systems

- Department of Veterans' Affairs
  - Compensation and Pension Evaluations
    - Hundreds of thousands annually with large backlog
    - 4.6 million compensation and service connected death benefit recipients
    - Addresses conditions related to service as well as non-service connected
    - May integrate with armed forces discharge
    - Internal to VA as well as outsourced
    - Presumptions are in favor of the Veteran

Additional Systems

- FMLA – Absence Management
  - labor law requiring larger employers to provide employees unpaid leave for serious health conditions, to care for a sick family member, or to care for a newborn or adopted child.
- Evaluations may consider need for leave, accommodation or other considerations.

Disability vs. Impairment

- Physicians should only address Impairment
  - Far too common for treators to go beyond their role and expertise
    - Disability is a legal/administrative term, not medical
    - Determination requires knowledge of workplace or job as well as clear definition of disability
    - Claims examiners need to revisit their requests for information beyond the realm of the doctor.

Traps to consider and avoid

- Claimant/patient history is not to be relied upon alone
  - Studies demonstrate significant omissions and errors in compensation context
  - Weight of chart does not equal truth
- Consider potential conflict of interests in all parties
  - Treating doctors, attorneys, evaluating doctors and claimants

Avoid Dual Agency

- Treating doctors should act on behalf of their patient.
- They should avoid being placed in administrative or forensic roles
- They may mistakenly believe this means to advocate for a particular position
- Treating doctors may not understand causation issues
- Contradiction or disagreement with patient expectations may impair treatment, alliance and payment
- Goal of treatment is to help improve condition, not respond to externalities
- Payment expecations can be problematic
  - e.g. – Taking money and rendering an adverse opinion

- Opinions are not facts
  - Few back up their opinions with data
  - Courts may support evidence lacking opinions when presented by a physician
- Avoid the medical model when contraindicated
  - Certain presentations may not be medical but rather a normal part of life
    - Back pain, chronic pain, head bumps, mild depression and others
    - Wrong treatment can worsen outcome
    - Labeling as damaged can be self-fulfilling

- Avoid commenting on work issues
  - Qualifications may be lacking
  - Removing individuals from work generally worsens long-term outcomes
- Be skeptical about causation
  - It is OK to 'not know', or provide a more nuanced response
- Consider dishonesty and malingering
  - Frequent occurrence in compensation contexts
  - If one does not look for it, one might not find it

The psychiatric assessment

- Include work history
- Importance of Social History
  - Consider functional capacity in various domains
- Importance of multiple information sources
- Remain objective and neutral
- Causation determination is challenging
- “more probable than not” is the typical standard, but may vary

psychiatric assessment (cont.)

- Respond to questions of client and help them understand your rationale
- Impairment ratings should relate to the claimed condition
- Differences between the treator and the evaluator = agency (who are you working for. Make it clear)

Psychological Testing

- Types of tests
  - Personality, aptitude, skills, neuropsychological
- Who does testing
- Limitations of testing
  - Culture, context, effort
  - Does not diagnose
  - Insist upon raw data
  - Testing for forensic determination should include validity scores

Frequent diagnoses:

- All psychiatric diagnoses possible
- Many are incidental
- Some may result from injury
- Some may cause an injury/disability to be claimed

Frequent Diagnoses (cont.)

- Somatoform Disorders
- Major Depression
- Dysthymic Disorder
- Post-Traumatic Stress Disorder
- Personality Disorders
- Malingering

Risk Factors seen in chronic disability and pain claimants:

- Early childhood loss of caregivers
- Physical abuse history
- Sexual abuse history
- Poor educational achievement
- Multiple marriages
- Brief employment
- Substandard military history
- Lower intellectual functioning
- Heavy labor with few transferable skills
- Family history of disability
- Hyper-religiosity
- Likely more common in some cultures or subcultures
- Conflict with employer
- Severe personality disorder
- Job dissatisfaction
- Other?

Treatment challenges

- Does the patient want to get better?
- What might they lose?
  - Benefits
  - Identity
  - Justification for current performance
- Does their explanatory model allow treatment?
  - Not everyone sees their problems as emotional and may not accept treatment on those terms

Practice building issues:

- Office based assessment
  - Clients include attorneys, corporations, government
- Consulting to corporations and carriers
  - Direct employment or contractual
- Consulting to Government
- IME companies

Additional Training:

- Forensic fellowships
- APA seminars
- On the job
- Consider AAPL (www.aapl.org)

Your issues: What do you face -

- From patients?
- From payers?
- Colleagues?
- Yourself?
- Other questions and ideas?

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- AIMS Center office hours
- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO UW PACC
- UW TelePain series About TelePain (washington.edu)
- TeleBehavioral Health 101-201-301-401 Telehealth Training & Support - Harborview Behavioral Health Institute (uw.edu) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline Consultation (washington.edu) – 844-520-PAIN 7246)
- Psychiatry Consultation Line - (877) 927-7924
- Partnership Access Line (PAL) (pediatric psychiatry) - (866) 599-7257
- PAL for Moms (perinatal psychiatry) - (877) 725-4666