

Program Summary

- The program coordinates pain management techniques with employment supports.
- Services are provided to individuals who have chronic pain that affects their ability to work.
- Approximately thirty people have been served over the course of the program.
- Staff provide referrals and links to services and supports.
- A team of medical and human services professionals coordinates employment services, supports and medical interventions.

Nebraska Ticket to Work Palliative Care Program

Overview

The Nebraska Ticket to Work Palliative Care Program is designed to assist individuals with disabilities manage chronic pain and discomfort that prevents them from acquiring or maintaining employment. Palliative care is an emerging practice that focuses on reducing the severity and symptoms of an illness or a disability rather than providing a cure. Although palliative care grew from the hospice movement, there are significant distinctions between the two. Palliative care is not limited to those in terminal stages of a disease; it is available at any point that symptoms present themselves.

The program goals are:

- Increase the number of healthcare professionals who assist their clients with chronic pain return to the workforce;
- Create new opportunities for Nebraskans with chronic pain to return to the workforce; and
- Provide new medical and non-medical interventions to address pain and symptom barriers to employment.

The Ticket to Work Palliative Care Program combines palliative care with employment services in an effort to address chronic pain as a barrier to employment. The program takes a cutting-edge approach to both pain/symptom management and employment, including social, psychological and spiritual interventions to deal with issues that can impact an individual's wellbeing. The program provides comprehensive referrals to employment services, such as work incentives planning and assistance, vocational rehabilitation, the workforce development system, and self-employment opportunities. The program does not, however, provide direct job placement services. Instead, it incorporates referrals to a variety of existing agencies, organizations and contacts to support individuals with disabilities who wish to work. Services are provided typically for three to six months, depending upon the unique needs of the individual.

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- The program was initially funded by a \$71,000 MIG investment and has been matched by in kind contributions from partners.
- Strong collaboration from a broad array of partners and a team-based approach were some of the keys to the program's success.

One of the strengths of the program is that it's a comprehensive team-based approach incorporating knowledge of a variety of healthcare and social service systems. Each enrolled individual works directly with a core team comprised of a nurse, social workers and a pharmacist. In the core team, the nurse coordinates medicine, doctor appointments, healthcare and other medical issues while the social worker coordinates referrals and links to employment and social supports. Additionally, the core team has regular conference calls with a broader employment and healthcare group to discuss opportunities and challenges, and to develop strategies to comprehensively serve participants. The broader team consists of representatives from hospitals, social services, vocational rehabilitation, workforce development and palliative care organizations.

Individuals served through the program have a variety of conditions that cause chronic pain. There is no requirement that recipients receive Medicaid or Social Security Benefits; individuals only need to self-report that they are experiencing pain issues that limit work activity and express a desire to work. Additionally, there are no earnings or income requirements. Informal surveys by program staff indicate that enrollees range from unemployed individuals receiving disability benefits to people in high wage positions, such as investment banking. In fact, the only requirements for enrollees, aside from experiencing pain, are that individuals with an active alcohol or drug dependency are excluded until the addiction is treated and that individuals with active Social Security Appeals or Workman's compensation claims are excluded until involvement ends. Since 2006, thirty-one total people have been served through the Lincoln pilot.

Initial survey results indicate that the coordination of healthcare, pain management and employment has increased employment outcomes and decreased expenditures through traditional health financing programs such as Medicaid, Worker's Compensation and private insurance providers.

History and Development

The Nebraska Ticket to Work Palliative Care Program began in 2006 at the Saint Elizabeth Regional Medical Center in Lincoln. The program developed through a partnership with the Nebraska Hospice & Palliative Care Partnership (NHPCP) and the Department of Health and Human Services (DHHS). DHHS administration noticed an emerging trend of chronic pain within individuals enrolled in DHHS programs, and contacted NHPCP and Saint Elizabeth Palliative Care staff to discuss ways to address issues related to chronic pain. The Medicaid Infrastructure Grant (MIG) program director, DHHS, NHPCP and Saint Elizabeth established a workgroup to bring in the perspective of a number of organizations and develop a pilot pro-

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gram. The development involved trial and error as the workgroup defined and refined services, supports and methodology to link core palliative care services with broader employment supports. An initial investment of \$71,000 from the MIG funded the first pilot site.

Program partners and its development are guided by a number of partners, including DHHS, Nebraska Hospice and Palliative Care Partnership, the MIG, consumers and advocates, Vocational Rehabilitation, Disability Program Navigators, Hospitals, Palliative Care Providers, and many others. The advisory panel provides overall guidance to the program, sets priorities, and determines future initiatives. The program is managed on a daily basis by NHPCP staff and the partners that collaborate to serve individuals.

The program intended to enroll 40 people for the original pilot period, but efforts were slowed by a lack of referrals. The staff recognized a lack of understanding of palliative care and initiated an outreach and education campaign regarding the program. Staff marketed the program through a variety of media, including flyers, posters, magnets, newspaper articles; industry-specific newsletters; meetings with physicians, physical therapy organizations, and vocational rehabilitation; and conferences. After outreach was initiated, referrals increased and the program was able to demonstrate the value of coordinating palliative care and employment interventions using an innovative social model vs. a traditional medical model.

Once the program was able to maintain a steady number of participants, staff was able to identify some key trends in enrollees. In cooperation with the advisory panel, the program has been constantly evaluating services and refining them to meet the needs of individuals being served. For example, though a team based approach existed from the outset, the individuals' contacts were initially limited to the two key staff assigned to their case (one nurse and one social worker). As the program progressed, it became evident that the individuals would benefit from an orientation to services available through the program as well as to the responsibilities of participants. Now, when an individual enters the program, they are invited to join one of the monthly care-coordination calls in order to facilitate a better understanding of the services and supports available through the program. Participants are also given clear expectations and the program is able to terminate individuals who regularly miss appointments or fail to work towards defined employment and/or treatment goals.

When the program began, very few enrolled individuals were diagnosed with a brain injury. However, as services were provided, a number of people displayed symptoms commonly associated with traumatic or acquired brain injuries. In an attempt to craft more targeted interventions, the palliative care program recently began a new collaboration with Nebraska

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Vocational Rehabilitation to screen all participants for brain injuries. Early identification of brain injuries has allowed staff to address the diagnosis and to improve services and outcomes for individuals with a potential brain injury.

Another instance of refinements to the program is the recent decision to exclude individuals currently in a Social Security Appeals process. Program staff were concerned that participation in this employment program might lead to legal concerns during the appeals process, so individuals needed to either be certified through Social Security or drop their appeals to participate. Likewise, due to legal concerns, participants in active Worker's Compensation claims and/or litigation are excluded from participation until the case is resolved.

The urban, hospital-based program in Lincoln currently serves 16 active individuals and the new program in South Sioux City, in a rural community-based palliative care organization, has two participants. The program also intends to open a third site in late 2008. Additional palliative care organizations are interested in adding the TTW Palliative Care Program to their array of services, subject to the availability of funding.

Funding Sources & Sustainability

The Nebraska MIG provided \$71,000 in seed money to begin the program. This seed money has been matched with in-kind contributions of staff time, meeting space, and materials from program partners. DHHS through the MIG and NHPCP are in the midst of sustainability planning and has begun to secure outside funding.

Current sustainability planning includes exploring the creation of a foundation to oversee fundraising and provision of the services for those who are under-uninsured or without financial resources for recommended alternative therapies. Due to state budget limitations, Medicaid and other public sources are not seen as viable options for ongoing supports. Instead, program staff is examining working with existing funding sources for palliative care and integrating funding from private insurance, worker's compensation and employee assistance programs. The key to ongoing success will be demonstration and marketing of savings due to quicker return to work for palliative care recipients.

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Next Steps

The next steps of the Palliative Care Program include expanding to additional sites in 2008, formal analysis, and ongoing sustainability planning. Each of these action steps represents part of the effort to integrate and sustain this program within the Nebraska health and social services system. The addition of new sites, particularly in rural areas, will enable Nebraska to test new ways of delivering services, and analysis will provide data necessary to inform partners, policymakers and stakeholders of the value of expanding and sustaining this program.

Keys to Success

- Including a broad range of service providers during the design and implementation of the program.
- Providing an orientation to the program, services available and key partnerships to individuals upon enrollment.
- Setting clear expectations for program participants at the initial orientation meeting.
- Constant evaluation of the program's strengths and weaknesses through regular conference calls.
- Adjusting enrollment requirements and available services and supports to meet the ongoing needs of individuals served.
- Actively marketing the program to partners, providers and the broader public both locally and nationally.

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