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Evaluating Disability Insurance Assistance as a Specific Intervention by Physiatrists at a Cancer Center

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Abstract

Because of their expertise, physiatrists provide disability insurance assistance for cancer survivors. In this brief report, we perform a descriptive retrospective analysis of all new (354) outpatient physiatry consultations from 1/1/2009 – 12/31/2013 at a National Cancer Institute Comprehensive Cancer Center. Disability and/or work accommodations were brought up at some point with the physiatrist during the duration of their care for 131/354 (37%) patients. More than 90% of the discussions took place during the first visit. Of those patients who had a documented disability/employment discussion, 58/131 (44.3%) patients were originally referred for disability assistance specifically and 58/131 (44.3%) also had disability insurance paperwork completed by the physiatrist. Outcomes of initial physiatry disability insurance assistance were 45/58 (77.6%) approved/renewed, 5/58 (8.6%) denied and 8/58 (13.8%) unknown/died during the disability application process. The median form size was 33 items (standard deviation=25.95). This study is the first of its kind and provides an initial look at work-related discussions and support with disability insurance paperwork as a specific intervention provided by physiatrists at a cancer center. The results are compelling and demonstrate that physiatrists frequently provide these interventions. These interventions take considerable time and effort but are generally successful.

Keywords

Disability; Insurance; Cancer; Rehabilitation

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INTRODUCTION

Cancer and its treatments may lead to disabilities which can prevent survivors from returning to work. About half of new cancer cases occur in people of working age.¹ Cancer related fatigue, cognitive impairments and physical impairments can negatively affect one's ability to meet the demands of employment.² Many cancer patients benefit from rehabilitation to overcome or lessen the severity of cancer-related impairments that affect disability and employment status.^{3, 4, 5} Approximately 60% of employed cancer survivors return to work within 1–2 years.^{6, 7, 8, 9}

However, many cancer survivors, despite efforts to overcome disabilities, are simply unable to rejoin the workforce. Some may retire early and for others, applying for disability insurance becomes the logical step forward to maintain some income and benefits including health insurance. In the United States, disability forms typically require the primary care doctor, oncologist, physiatrist or other attending physician to be involved and sign specific paperwork. These forms often need to be filled out and authorized at multiple intervals (not only at the initial disability insurance evaluation but also periodically varying from monthly to annually) to maintain/renew the disability insurance. Applications for disability insurance are generally reviewed by independent physician reviewers who are not directly involved in the patient's care and are employed by or consult with the disability insurance companies. These physician reviewers take into account both medical and non-medical factors into their assessments.¹⁰

Cancer rehabilitation is a growing field demonstrated by four cancer physiatry fellowship programs and growing active interest groups at professional organizations including the American Congress of Rehabilitation Medicine, Multinational Association of Supportive Care in Cancer, and the American Academy of Physical Medicine & Rehabilitation. The development of cancer rehabilitation programs at cancer centers is becoming more prevalent. Disability is a big challenge in these centers.

Studies have shown significant physician discomfort with disability insurance assistance and variability between physician assessments of disability of the same case.^{11,12,13} The time required to complete disability forms, insufficient reimbursement, patient malingering, and disruption of the physician-patient relationship in the case of an unfavorable outcome for the patient are all physician concerns.¹⁴ These concerns may result in referral to other physician specialists to assist in the disability insurance process. Patients may be referred to physiatrists, also known as Physical Medicine & Rehabilitation (PM&R) specialists, to help guide their rehabilitation to hopefully improve function and employment potential. However, physiatrists' expertise with how impairments affect function and lead to specific disability may be useful to determine who is appropriate for disability insurance and improve the likelihood of patients getting approval.

At our cancer center, physiatrists have encountered an increasing demand for assistance with disability insurance paperwork. Our search did not reveal any published studies on disability insurance assistance by treating physicians, including but not limited to physiatrists. The

purpose of this descriptive retrospective study is to illustrate our physiatrists' experience with disability insurance assistance at an American tertiary referral based cancer center.

METHODS

Subjects

All new outpatient cancer patient consultations referred to physiatrists in a PM&R Clinic within a tertiary referral based National Cancer Institute (NCI) Comprehensive Cancer Center from 1/1/2009 – 12/31/2013 were analyzed.

Design

This study conforms to all STROBE guidelines and reports the required information accordingly (see Supplementary Checklist). Institutional review board approval was obtained and a waiver of informed consent in compliance with federal and institutional guidelines was granted. An experienced board certified physiatrist and a 4th year medical student reviewed all physiatry clinic notes for each of the study patients in order to collect data assessing specific work-related disability discussions and paperwork that physiatrists provided as interventions to support cancer patients. The physiatry clinic at our NCI Comprehensive Cancer Center only sees cancer patients and was staffed by five experienced board certified physiatrists. The information from the chart reviews were categorized into demographic, oncologic/medical, physiatric, and employment/disability information. Demographic information included age, sex, race, marital status, distance from the cancer center and type of health insurance. Oncologic/medical information including primary cancer type, date of pathology confirmed diagnosis, and date of death (if applicable). Physiatry information including the specific reason stated by the referring service on the request for physiatry consult, and the date of initial consult. Employment/disability information included whether an employment-related disability discussion with the patient was ever documented, the date these discussions occurred (if applicable), and whether disability/return to work paperwork was filled out by the physiatrist. For those patients where the physiatrist discussed disability/employment concerns, the primary impairment believed to affect employment potential was recorded. For those patients who received disability paperwork assistance from the physiatrist, additional collected information included type of occupation (categorized according to the Equal Employment Organization Job Classification Guide¹⁵), outcome of the disability application/renewal process, type of disability insurance applied for (e.g. long term, short term, or social security disability), other physiatric treatments given, total number of PM&R clinic visits, at which clinic visit disability paperwork assistance commenced, type of paperwork filled out by the physiatrist (e.g. form or letter), and number of items on the forms that were filled out.

RESULTS

Three hundred and fifty four new outpatient referrals to the PM&R clinic occurred during the study period. One hundred and thirty one out of 354 (37%) patients had the topic of disability or current employment documented at some point with the treating physiatrist during the duration of their care in the PM&R Clinic up to October 2015. Of those patients

who had a documented disability/employment discussion, 58/131 (44.3%) were originally referred for disability assistance specifically and a different group of 58/131 (44.3%) had disability insurance paperwork completed by the physiatrist. Five patients (5/131, 3.8%) received paperwork assistance for return to work with limitations only.

Of the patients who had a documented disability/employment discussion, the primary impairments noted to be impacting return to work were: deconditioning/fatigue (52/131, 39.7%), upper extremity dysfunction (15/131, 11.5%), lower extremity dysfunction (12/131, 9.2%), cognitive deficits (12/131, 9.2%), hemiparesis (11/131, 8.3%), paraplegia/quadriplegia (10/131, 7.6%), nociceptive pain (8/131, 6.1%), lymphedema (3/131, 2.3%), visual deficits (2/131, 1.5%), peripheral neuropathy (2/131, 1.5%), vestibular dysfunction (1/131, .8%), ataxia (1/131, .8%), orthostasis (1/131, .8%), and depression (1/131, .8%). Of the patients who received disability paperwork assistance, the primary impairments were: deconditioning/fatigue (27/58, 46.6%), upper extremity dysfunction (7/58, 12.1%), cognitive deficits (7/58, 12.1%), nociceptive pain (5/58, 8.6%), quadriplegia/paraplegia (4/58, 6.9%), lower extremity dysfunction (3/58, 5.2%), lymphedema (2/58, 3.4%), peripheral neuropathy (2/58, 3.4%) and cognitive deficits (1/58, 1.7%).

Deconditioning/fatigue was more common as the primary impairment among liquid tumor patients who had disability discussed and received disability paperwork assistance. Sixteen/21 (76.2%) and 10/12 (83.3%) of liquid tumor patients had deconditioning/fatigue as their primary impairment during disability discussion and while receiving disability paperwork assistance, respectively. This is compared to 37/112 (33.0%) and 17/46 (37.0%) of solid tumor patients having deconditioning/fatigue as their primary impairment during disability discussion and while receiving disability paperwork assistance, respectively.

Figure 1 describes the breakdown of cases evaluated by the physiatrists in the PM&R Clinic. Table 1 lists variables and the proportions of patients who had disability discussed, disability was the reason for initial consult referral, and received disability insurance assistance by physiatrists. Two patients who were at least 65 years old were still employed full time when they received disability paperwork assistance.

Median time and standard deviation (SD) from cancer diagnosis to discussion about disability/employment was 434 days (SD = 1934 days). Most of the patients who had disability discussed were still alive as of October 2015 (90/131, 68.7%). Of those who had died, median days until death from the initial disability discussion was 401 days (SD = 383 days).

Discussions regarding disability/employment typically occurred on the first physiatry consult visit (119/131, 90.8%). Initial disability paperwork assistance also usually occurred at the first visit (Median = 1, SD 2.7). The median total number of PM&R clinic visits was 5. Most patients who received disability paperwork assistance lived close to the hospital (median = 32.3 miles, SD = 559.6 miles).

The majority of patients who received disability paperwork assistance also received other physiatric interventions. Thirty four/58 (58.6%) received more than 1 additional intervention, 14/58 (24.1%) received only 1 additional intervention, and 10/58 (17.2%)

received no other interventions) during the course of their outpatient clinic care. These included: 33/58 (56.9%) procedures (including injections, electromyograms), 10/58 (17.2%) medications prescription, 5/58 (8.6%) orthotic/durable medical equipment order, 4/58 (6.9%) detailed exercise instruction and 3/58 (5.2%) laboratory/radiographic test orders.

The focus of this study was on physiatry interventions to assess cancer-related impairments, determine work-related disability and assist with disability insurance paperwork. Regarding the types of insurance, 33/58 (56.9%) received long term disability insurance assistance only, 14/58 (24.1%) received social security disability insurance assistance only, 6/58 (10.3%) received short term disability assistance only, 2/58 (3.4%) received assistance with short term disability before and then again after a failed trial of returning to work, 2/58 (3.4%) received assistance with both short term and long term disability, and 1/58 (1.7%) received both short term and social security disability assistance. Ten of 58 (17.2%) already were on disability and disability insurance renewal paperwork was taken over by the physiatrist. The success rate of initial disability insurance application by the physiatrist was high. Forty five of 58 (78%) were approved/renewed, 5/58 (9%) were denied and 8/58 (14%) unknown/lost to follow-up/died during the disability application process. All 3 patients who received physiatry paperwork assistance for a subsequent disability insurance type were successful in obtaining approval. Both patients who had short term disability followed by a failed trial of return to work were also able to regain short term disability. Table 2 lists the final outcomes of initial disability insurance application for those assisted by physiatrists in the PM&R Clinic.

We were able to find the disability forms and paperwork for 34/58 patients. Four patients only had letters (no forms) written by the physiatrist. Of the forms filled out by physiatrists, the median form size was 33 items (SD = 25.95). Most forms had an attached patient information release signed by the patient, allowing the physician to divulge information regarding their condition to the disability insurance. Disability form items were quite diverse but included past medical information, current medical status, current function, future plans and expectations, and information regarding the physician signing the form. Past medical information included the date the patient was last capable of working, date the physician first treated the patient, information regarding other healthcare professionals involved in the patients care, dates of diagnosis and hospitalizations, and information regarding past treatments including procedures. Current medical status information included their diagnosis with associated ICD 9/10 codes, objective and subjective findings, and current medications and treatments. Questions regarding current function included current functional capacities and restrictions (most of which were in checkbox form). Future questions included treatment plans and expected duration of continued need for disability. Information regarding the physician signing the form was typically at the end of the forms right before the signature line and included physician contact information, specialty, and identification numbers.

Papers (either forms or letters) were written or filled out only once for 44/58 (69.8%) patients. A total of 4/58 (6.9%) patients had paperwork filled out at least seven times. Regarding the four patients who required disability paperwork assistance seven times, 1/4 required assistance for short term disability and then long term disability afterwards, 1/4 was needed for maintenance of continued short term disability and 2/4 had short term disability

paperwork assistance, then tried going back to work after recovering, but had a worsening of condition and required short term disability again.

DISCUSSION

Our results show that the disability process can be demanding and that the physiatrists' success is very high demonstrated by 79% receiving initial/maintaining approval. We were unable to find comparative published data regarding our success rate to the overall success rate of disability insurance application e.g. by primary care physicians and oncologists.

Initial consult visit histories tend to be very broad and detailed compared to follow-up visits. We suspect that this might account for the majority of initial disability/employment discussions occurring at the first consult visit rather than subsequent follow-up visits. Of note is that the PM&R Clinic forms that patients fill out on their first visit do not contain specific employment/disability related questions; however, this study provides an opportunity to consider collecting this information in the future.

In our study, all disability paperwork was filled out by the attending physiatrists without the assistance of other healthcare professionals. Typically, the disability insurance paperwork can be signed only by an attending physician. Medical records and reports by other healthcare professionals including therapists could be used as a reference to assist the physiatrist in filling out the paperwork.

Disability insurance application assistance might be an opportunity for physiatrists to expand their scope of services to cancer survivors, however, there are concerns.

Anecdotally, we have observed that filling out forms for disability insurance can be time consuming. In the United States, the time that physiatrists or other physicians spend filling out forms is generally not reimbursable from health insurance payers. The median form length in our study was 33 items which does take considerable time and effort. Unfortunately, due to the retrospective nature of this study we were unable to calculate the time it took for the physiatrists to fill out the forms. Furthermore, we were not able to find published research regarding the time it takes clinicians to fill out disability and other medical forms. Publications on the time it takes patients and survey takers to fill out individual questionnaire items have reported varying times needed from less than 10 seconds to over one minute per item.^{16, 17} The forms encountered were quite diverse. Many of the forms did ask some similar questions but there were also many questions that were unique or sought different information about a similar topic. Standardization of forms amongst all disability insurance companies could help make filling them out more efficient.

During the study period, the referral rate was only 5.8 patients per month. At our institution, between 90,000 – 130,000 new annual patient referrals occurred during the 5 year study period. Our practice is predominantly inpatient. Under referral from oncology services is a struggle that many cancer rehabilitation specialists encounter.^{18,19}

This study only included outpatient referrals to the PM&R clinic and did not include inpatient referrals for disability paperwork assistance. The focus of this study was to

highlight this service in our outpatient setting and as a possible driver of outpatient clinic referrals. Anecdotally, we have observed a much lower occurrence for disability paperwork assistance in the inpatient setting. Typically, the disability paperwork is presented to the patient's primary oncologist in clinic which leads to a psychiatry clinic referral.

Limitations

This is a descriptive study with a limited number of patients. We did not look at Family Medical Leave Act (FMLA) paperwork or perform more detailed analysis on the return to work process. Future research should evaluate the time required for physicians to fill out disability insurance paperwork. Due to the heterogeneous composition of cancer types, comparing cancer severities was difficult. Some cancers like astrocytoma brain tumors are typically categorized by grade. Other cancers are characterized by stage. Future studies should consider cancer severity's impact on disability insurance assistance and outcomes.

CONCLUSION

Work disability due to cancer or its treatment has a profound effect on survivors, their families and society. This study is the first of its kind and provides an initial look at work-related discussions and support with disability insurance paperwork as a specific intervention provided by psychiatrists at a cancer center. The results are compelling and demonstrate that psychiatrists frequently provide these interventions, and the interventions take considerable time and effort (e.g. with a median of 33 items on the forms and the forms needing to be filled out over seven times in some cases). This study also demonstrated that the psychiatry interventions with disability paperwork completion were generally successful (79% of patients received initial approval for disability insurance or maintained their insurance). Disability in cancer survivors and specific interventions to support patients is an important area of study. Further research is needed to learn more about how best to support cancer survivors who have work-related disability.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Figure 1.

Table 1

Variables and Disability Assistance from Physiatry

	Total Seen N=354	Disability Discussion N=131	Disability Reason for Consult N=58	Disability Paperwork N=58
Age				
65	46	7 (15.2%)	4 (8.7%)	2 (4.3%)
<65	308	124 (40.2%)	54 (17.5%)	56 (18.2%)
Sex				
Male	143	62 (43.4%)	24 (16.7%)	27 (18.9%)
Female	211	69 (32.7%)	34 (16.1%)	31 (14.7%)
Race				
White	236	78 (33.1%)	28 (11.9%)	33 (14.0%)
Black	45	22(48.9%)	14 (31.1%)	13 (28.9%)
Hispanic	53	26 (49%)	15 (28.3%)	10 (18.9%)
Asian	20	5 (25%)	1 (5%)	2 (10%)
Marital Status				
Married/Life Partner	216	83 (38.4%)	37 (17.1%)	41 (19.0%)
Single/Divorced/Widowed /Separated	137	48 (35%)	21 (15.3%)	17 (12.4%)
Unknown	1	0 (0%)	0 (0%)	0 (0%)
Health Insurance Provider				
Private Insurance	226	84 (37.2%)	37 (16.4%)	37 (16.4%)
Medicare	87	37 (42.5%)	20(23.0%)	20 (23.0%)
Medicaid	3	0 (0%)	0 (0%)	0 (0%)
Self-Pay	36	8 (22.2%)	1 (2.8%)	0 (0%)
Free Care	2	2 (100%)	0 (0%)	1 (50%)
Referring Service				
Solid Tumor	315	111 (35.2%)	47 (14.9%)	46 (14.6%)
Breast	70	25 (35.7%)	11 (15.7%)	13 (18.6%)
Neurologic	66	34 (51.5%)	16 (24.2%)	13 (19.7%)
Gastrointestinal	35	13 (37.1%)	4 (11.4%)	4 (11.4%)
Gynecologic	24	5 (20.8%)	1 (4.2%)	2 (8.3%)
Genitourinary	14	4 (28.5%)	3 (21.4%)	2 (14.3%)
Head & Neck	25	10 (40%)	5 (20%)	3 (12%)
Melanoma	18	2 (11.1%)	0(0%)	0 (0%)
Sarcoma	36	11 (30.1%)	3 (8.3%)	5 (13.9%)
Thoracic	23	5 (21.7%)	2 (8.7%)	2 (8.7%)
Endocrine	4	2 (50%)	2 (50%)	2(50%)

	Total Seen N=354	Disability Discussion N=131	Disability Reason for Consult N=58	Disability Paperwork N=58
Hematologic Cancers	39	20 (51.3%)	11 (28.2%)	12 (30.8%)
Leukemia	9	5(55.6%)	5 (55.6%)	3 (33.3%)
Lymphoma/Myeloma	18	9 (50%)	4 (22.2%)	6
Stem Cell Transplant	12	6 (50%)	2 (16.7%)	3 (25%)

Table 2

Variables Among Patients Who Received Disability Paperwork Assistance from Physiatry

	Total N=58	Approved N=45	Denied N=5	Unknown N=8
Disability Type				
Social Security	11	7 (63.6%)	2 (18.2%)	2 (18.2%)
Private	47	38 (80.9%)	3 (6.4%)	6 (12.8%)
Distance from Hospital				
<50 miles	35	27 (77.1%)	4 (11.4%)	4 (11.4%)
50 miles	23	18 (78.3%)	1 (4.3%)	4 (17.4%)
Occupation Types				
Craft Worker	2	2 (100%)	0 (0%)	0 (0%)
Laborer	4	1 (25%)	2 (50%)	1 (25%)
Managerial	9	8 (88.9%)	0 (0%)	1 (11.1%)
Office Clerical	12	10 (83.3%)	1 (8.3%)	1 (8.3%)
Operative	8	6 (75%)	0 (0%)	2 (25%)
Professional	10	9 (90%)	1 (10%)	0 (0%)
Sales	5	4 (80%)	0 (0%)	1 (20%)
Service	3	3 (100%)	0 (0%)	0 (0%)
Technician	5	2 (40%)	1 (20%)	2 (40%)

* Occupation Types were categorized according to the Equal Employment Organization Job Classification Guide[11].