Integrated Disability Management - Managing the “Whole Person”

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Agenda

• Integrated Disability Management
• Managing Disability Beyond the Diagnosis
• Linking Employer Benefits
• Employer Implementation Example
• Next Steps
Overview of Integrated Disability Management

What is Integrated Disability Management?

• Integrated Disability Management or "IDM" is more comprehensive than traditional case management

• Involves coordination and management of occupational and non-occupational injury and illness with an employer’s disability benefits programs

• Includes:
  – Short-term disability (STD)
  – Long-term disability (LTD)
  – Workers’ compensation (WC)
  – Family and Medical Leave Act (FMLA) … in the U.S.
  – Safety data collection
Why Integrate Disability Management?

• Incidence of employee absence:
  – Impacts **all businesses**
  – Affects employee morale, productivity, and a company's overall health / financial success

• Integrated benefits programs:
  – Help increase efficiency
  – Improve service delivery
  – Reduce costs, including the total cost of risk
  – More comprehensively address issues such as complex and psychological claims

Complex Disability
**Complex Disability**

- Complex illnesses and injuries challenge traditional medical management
- Rise in complex disabilities, including chronic ailments
- Result in escalating personal, social, occupational and economic costs
- Need for more intensive and comprehensive clinical and case management
- Require early risk identification, intervention and prevention

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**Psychological Claims**

[Images of people expressing worry or concern]
Psychological Claims

- Relationship between psychosocial risks and consequences to individuals’ physical, mental and social health:
  - Can present as acute or chronic

- Rise in both primary and secondary psychological illness

- Specific workplace issues:
  - High job demands, low control, and effort-reward imbalance
  - Work/life balance, caregiver issues

- **Stress at work** is associated with physiological and physiological illness
Making the Connection …
Managing Disability Beyond the Diagnosis

- Targeted outreach / prevention / disease management opportunities
- Employee support
- Access to resources
- Commitment to privacy
- Comprehensive data integration
Targeted Outreach / Prevention / Disease Management

- Employee assistance programs (EAPs)
  - Short-term resource
  - Employee benefit

- Health Advocates
  - Occupational health nurses and third party case managers

- Disease management interventions
  - Diabetes management, cancer resources, asthma program

- Participation in company-sponsored health/wellness programs
  - Health Risk Assessments, biometric screening

Employee Support

- Disability program steerage
  - WC, STD, LTD and FMLA (in the U.S.)
  - Claim management / coordination

- Program / service / resource education

- Targeted health coaching

- Employee Assistance Program referral
  - Substance abuse issues
  - Stress management
  - Work / life balance issues

- Early return to work / job accommodation planning
Access to Resources

• Internal Resources:
  – Attendance / absence protocols
  – Human resources / employee relations assistance
  – Disability payment / payroll / benefits issues
  – Ergonomic evaluation / modification

• External Resources:
  – Third party administrator claim intervention
  – Medical provider support
  – Independent medical exam coordination
  – Community resources

Commitment to Privacy

• Authorization for the release of personal health information
  – Must be explicit and incorporate applicable disclosure content
  – Individual must sign authorization prior to the release of personal health information
  – May be tied to benefits enrollment
  – Allows for insurance company / other third party administrator (TPA) to disclose personal health information (with potential exclusions) to specific resources / other TPAs, on a need to know basis

• Firewall requirement
Comprehensive Data Integration

- Health Risk Assessment / biometric screening
- Health Insurance
- Workers’ Compensation
- Absenteeism
- STD / LTD
- Demographic Data
- Employee Surveys
- Work/Life
- *Safety
- *Drug
- *EAP

National Institute for Occupational Safety and Health (NIOSH), 2004

Putting the Pieces Together …
Linking Employer Benefits Programs
Linking Employer Benefits Programs

Areas of focus:

– Strategy

– Keys to implementation

– Barriers to integration

– Benefits of an integrated disability management program

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Strategy

- Goal / objective setting
  - Assessment
  - Planning
  - Implementation
  - Evaluation

- Early Disability Reporting Protocols
  - Non-occupational
  - Occupational

- Link health / wellness and safety
Keys to Implementation

• Organizational / leadership support
• Strong communication program
• Creation of a single cross-functional team to support the program
• Consistent objectives for disability duration and medical management for occupational and non-occupational injury/illness
• Formal system and process in place for data collection

Barriers to Integration

• Lack of credible data to make cost/benefit determinations
• Interdepartmental cooperation "turf issues"
• Management attitudes that limit early return to work, alternate duty, and similar programs
• Organizational culture / unionized labor force
Benefits of an Integrated Program

- Reduction in overall costs
- Enhanced data collection and cost analysis
- Improved and consistent claims management processes
- Expedited employee return to work
- Increased employee access to needed services
- Reduction in opportunities for fraud
- Addresses the “whole person”

Employer Implementation Example
**Employer Profile**

- Manufacturing, warehousing/distribution
- 8,500 employees in the U.S.
- Multiple geographic locations
- Demographically diverse population
- Local and regional occupational health nurses (OHNs)
- Company-wide integrated disability management program

**Program Process**

- Consistent company-wide IDM approach
- Employee authorization for the release of medical information (OHNs on a “need to know” basis)
- Data integration and reporting
  - Self-insured health insurance, STD, WC, pharmacy
  - Aggregate and/or de-identified data warehouse reporting to benefits / health services
Data-Mining

- Dashboard development
  - Statistical organization-wide & location specific data analysis, including:
    - Top-10 disability categories
    - Total disability spend by illness
    - Preventive service participation
    - Emergency department % utilization
  
- Health metrics and cost trending

Data Reporting Program Outcomes

- Targeted preventive care program development

- Results generated a “buzz” between employees and management teams

- Managers were held accountable for voluntary health / wellness program participation by employees

- Friendly program competitions arose between locations / work-groups

- Location-specific incentives were offered
Program Goals/Objectives

- Reduce lost time / increase productivity

- Cost containment, including:
  - Indemnity benefits (lost wages)
  - Medical expenses
  - Litigation and other claim settlement costs

- Disability / cost trending

- Disability / wellness program development

Cost Projections / Assumptions

- Evaluation metrics (retrospective):
  - Program investment(s) / participation incentives
  - Medical and disability claims
  - Human resource (absenteeism) / management reports (productivity)

- Anecdotal assumptions (prospective):
  - Increased self care and averted health care visits
  - Increased health literacy and health decision support
  - Healthier lifestyle actions and averted medical costs
Next Steps …

“An ounce of prevention is worth a pound of cure”.

Benjamin Franklin

Focus on Prevention

<table>
<thead>
<tr>
<th>Type of Prevention</th>
<th>Definition</th>
<th>Example</th>
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<tbody>
<tr>
<td>Primary</td>
<td>• Preventing the initial development of a disease</td>
<td>• Regular preventive screening to identify/monitor risk factors for illness</td>
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<td></td>
<td>• Reduces the incidence and prevalence of disease</td>
<td>• Awareness/prevention campaigns</td>
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<tr>
<td>Secondary</td>
<td>• Early detection of existing disease to reduce severity and complications</td>
<td>• Screening tests for people with known risk factors for illness</td>
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<td></td>
<td></td>
<td>• Health/risk specific programs/services</td>
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<tr>
<td>Tertiary</td>
<td>• Reducing the impact of existing disease</td>
<td>• Disease/medical management</td>
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<td>• Slow progression</td>
<td>• Condition-specific support groups</td>
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**Modifiable Factors**

- Overall Work Culture
  - Top-down leadership engagement
  - Employee work satisfaction
  - Positive corporate culture
  - Employee health
  - Corporate Social Responsibility
  - Training assessment of employees’ psycho-social status

- Health and Wellness Culture
  - Targeted health and wellness initiatives
  - Health promotion
  - Health screening
  - Health education
  - Mental health education
  - Physical health education
  - Stress management
  - Improve employees’ engagement

- Health Insurance Benefits
  - Whole patient care management
  - Population health management
  - Chronic care management
  - Program management
  - Targeted disease management
  - Interventions
  - Data sharing between health vendors
  - Produce health care provider referrals

**Bottom Line …**

“Ignoring employee health is like an ostrich with its head in the sand. The issues are still there and are being paid for by health insurance, workers’ compensation insurance, and absenteeism and presenteeism”.

Ohlmann and O’Sullivan (2009, p. 383)
Conclusion

• Integrated disability management is more comprehensive than traditional medical case management, and incorporates employee benefit programs and other workplace resources.

• Managing chronic / complex illness / injury, as well as, psychological claims necessitate management beyond the diagnosis, and requires additional expertise.

• Linking employer benefits data, including those from health and wellness offerings, can reduce the burden and cost of disability for both the employee and employer.

• Primary, secondary and tertiary prevention strategies can be coupled with modifiable factors to integrate disability management while managing the “whole person”.

Thank you!

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