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# **Building a Return-to-Work Program**

## **Joint Forum on Health, Productivity, and Absence Management**

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# Agenda

- 30 Return-to-Work (RTW) Strategies
- Assessment
- Design
- Implementation
- Case Studies

# 30 Return-to-Work Strategies

## Administration

- Claims management
- Adjudication
- Data
- Selection and management of TPA's
- Cost control
- Physician communication
- Protection of privacy
- Benchmarking
- Plan design
- FMLA/state leave

# 30 Return-to-Work Strategies (cont.)

## Process

- Human resources philosophy
- Role of unions
- Integration of LTD, STD, WC
- Senior management support
- Internal barriers and supports
- Roles and responsibilities
- Incidental absence management
- Cost chargeback
- Communication
- Training

# 30 Return-to-Work Strategies (cont.)

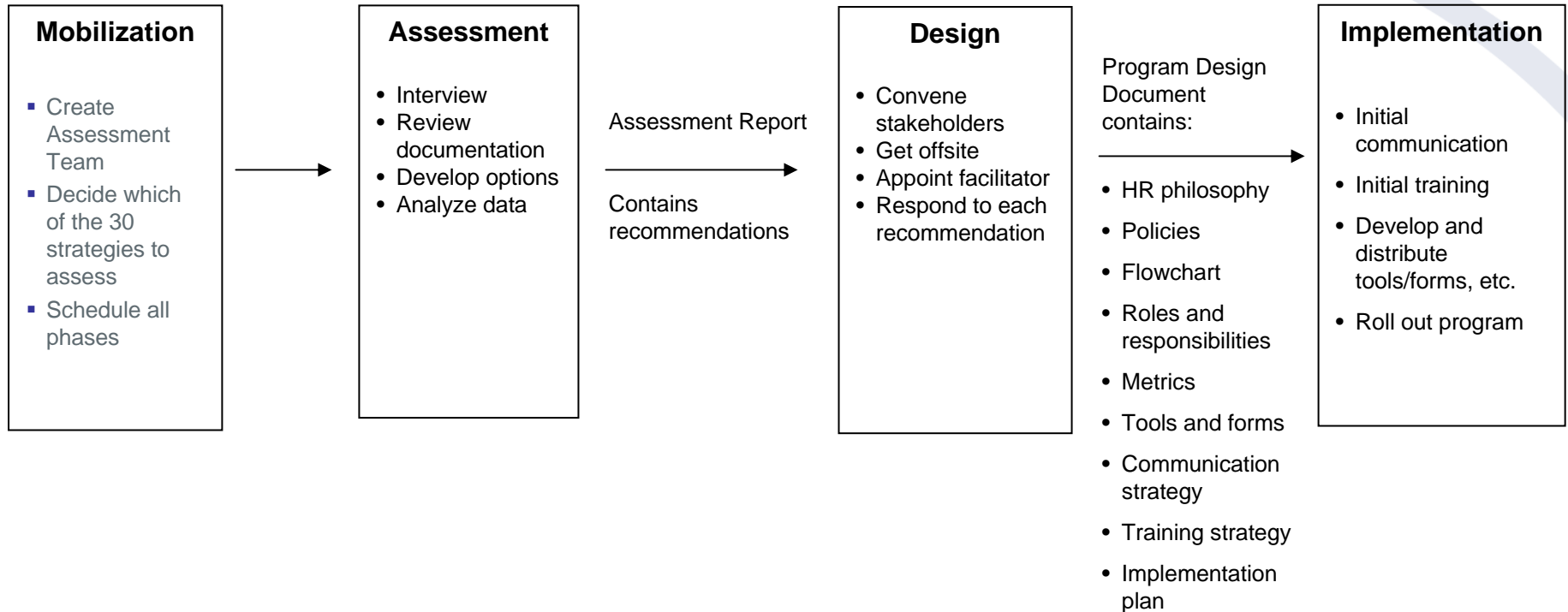
## Rehabilitation

- Early intervention
- Modified duties and RTW opportunities
- Management of psychiatric and subjective disabilities
- RTW management
- On-site interventions/therapy
- Job placement strategies
- Community resources

## Prevention

- Employee assistance program
- Occupational health, safety, and industrial hygiene
- Fitness, health promotion, and wellness programs

# Creating or Improving a RTW Program



# Assessment

## Determining what is needed to improve or create a RTW Program

- Data
  - Always difficult
  - ROI most important and most elusive
  - How can we measure what was prevented?
  - Most companies can measure:
    - Reduction in short term absence
    - Reduction in FMLA/state leave usage
    - Reduction in overtime/replacement

# Assessment (*cont.*)

- Physician communication
  - Most employers put treating physicians in control
  - AMA – “Working can be therapeutic”
  - ACOEM - “Prolonged time away from work can be harmful”
  - APA – “Loss of work capacity for any reason is a life crisis”

# Assessment (cont.)

- Modified duties and RTW opportunities
  - Where no RTW program exists, usually initiated by:
    - Nobody
    - Absent employee
  
- Where RTW Program exists but functions poorly, often initiated by:
  - Return-to-work coordinators without policy or financial support
  - Supervisors, when they like the absent employee

# Assessment (cont.)

- RTW Case Management
  - Somebody in charge of program
  - Somebody in charge of absent employee's RTW
  - In addition:
    - Manage vendors
    - Liaise and work closely with insurers
    - Connect with FMLA/state leave administrators

# Design

Acting on the recommendations of the assessment to design a customized RTW Program which is:

**Non-occupational?  
Integrated?**

- Convene stakeholders offsite for 1-2 day facilitated design meeting
  - HR
  - Operations
  - Risk
  - Employee relations
  - Unions
  - Finance
  - Onsite medical resources
  - Legal
  - Work/life
  - HPM
  - IT
  - Other
- Inform senior management

# Design (cont.)

- Data
  - Usually...little changes unless IT is present
  - Recommended Empaq metrics
    - RTW claim %: Total number of claims with RTW transitional duty **over** total number of actual STD claims
    - RTW transitional work days %: Total number of work days for employees on RTW transitional duty **over** total number of lost work days.

# Design (cont.)

- Physician communication
  - Usually...eliminate “doctor’s note”
  - Develop:
    - Prompt RTW approach to treating physician
    - Assessment form for restrictions and limitations
    - Planning form
    - Physician’s release

# Design (cont.)

- HR philosophy
  - Usually develop one which fits with culture
    - Stay at work?
    - Return to work?
  - Unions
  - Important to include them in design
  - May participate but not endorse
  - Better not to include union or management negotiating team members

# Design (cont.)

- Roles and responsibilities
  - List each party's role in RTW Program
  - Typically includes:
    - Return-to-Work Coordinator
    - Supervisor
    - HR
    - Absent employee
    - Onsite medical resources
    - Treating physician
    - Payroll

# Design (cont.)

- Develop initial communication strategy
  - Who
  - Messaging
  - Medium
  
- Develop ongoing communication strategy
  - Messaging
  - Medium
  - Frequency

## Design (cont.)

- Develop initial training strategy
  - Who (focus on supervisor)
  - Brief description of content
  - Approximate duration
  
- Develop ongoing training strategy
  - Who
  - Approximate duration
  - Determine content after initial training

## Design (cont.)

- Develop an implementation plan
  - Steps
  - Dates
  - Persons responsible for each step

# Implementation

- Design and deliver initial training
- Design and deliver initial communication
- Develop tools/forms
  - Job demands (physical and cognitive)
  - Job bank
  - Job accommodation/ergonomic resources
  - Community transitional resources
  - EAP
- Roll out RTW Program

# Insurer Based RTW - Disability

- Insurer Based RTW – Disability

		PROGRAM PHASES		
		ASSESSMENT	PLANNING	IMPLEMENTATION
CASE MGMT FUNCTIONS	AUTHORIZE	VCM	VCM	VCM
	MONITOR	VCM	VCM	VCM
	COORDINATE	VCM	VCM	VCM

# Employer Based RTW – Non-Occupational

- Infrastructure
- Philosophy statement
- Workflow (flowchart)
- Roles and responsibilities
- Tools and forms
- Communication
- Training

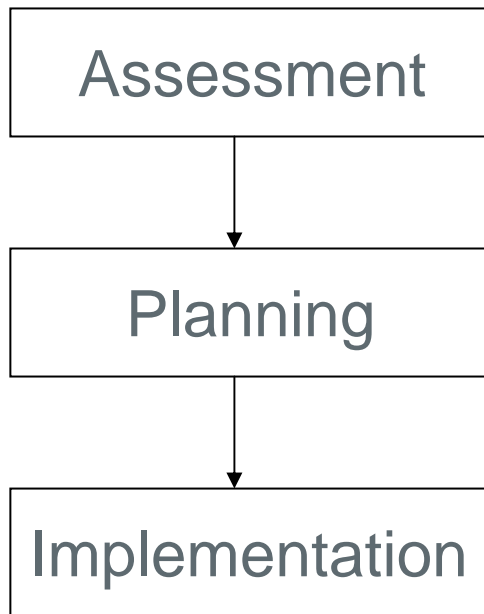
Components  
of RTW  
Program

# Employer Based RTW – Non-Occupational

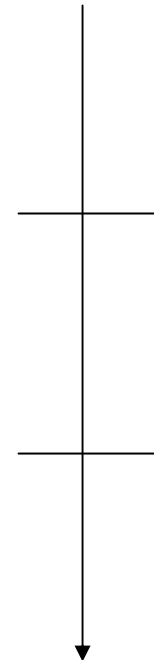
- Infrastructure
  - Fixed point of responsibility
    - Return to Work Coordinator
    - Disability Management Coordinator
    - Total Absence Management Coordinator
  - Connection to Workers' Compensation RTW program
    - Coordination (sick leave/salary continuance, STD, LTD)
    - Integrated disability management
      - Claims processing & payment
      - Case management & information management
      - RTW

# Employer Based RTW – Non-Occupational

- Workflow



## Time limits



# 2007 Mercer/Marsh Survey on Health, Productivity and Absence Management Program

- Top 3 priorities of survey respondents
  - 45% want to reduce impact of absence
  - 32% want to redesign plans to reduce excessive absence
- Survey indicates significant gaps in employers' RTW efforts:
  - 59% have a formal program (and 15% of these are occ-only)
  - 55% had defined roles and responsibilities
  - Only 16% did little significant tracking of RTW

# Case Study #1

- 6,000 life hospital designed integrated RTW Program
- 4 unions (2 participated in design)
- Early results:
  - Workers Compensation rebate of \$60,000
  - Days lost/100 FTEs dropped from 701 days to 630 days (10%)
  - Food services department absence rate dropped 40%
  - Total organizational absence dropped 1.25 hrs/FTE/yr.

## Case Study #2

- 20,000 life government designed integrated RTW Program
- Union participated in design
- Voluntary program
- Results after 3 years
  - 63% of participants RTW earlier than non-participants with similar conditions
  - ROI \$1:\$6.47
  - LTD costs dropped by \$10M
  - 87% of participants and supervisors satisfied with program



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Questions?