

IFDM 2010 Call for Papers

Title: A COMPREHENSIVE SOCIETAL DISABILITY MANAGEMENT STRATEGY

Descriptive Abstract (25 words):

This panel presents the findings and conclusions arising from four disability management development initiatives, each aimed at different levels of action: system, services, organization and individual.

Topic Track: *Success Stories, Case Studies, and Solutions for Stakeholders*

Presenters:

- Wolfgang Zimmermann, Executive Director of the Secretariat for the International Disability Management Standards Council to chair this panel session
- Donal McAnaney, Chair of Global Research, International Disability Management Standards Council to provide an overview for the session
- Andrew Wharton, Special Advisor Disability Policy, Government of British Columbia to speak the DM Excellence initiative
- Linda Nkemdirim, fr. Manager, Occupational Health, Canadian Pacific Railway to speak to the development of provider standards
- Anne Harvey, Vice President Human Resources, Vancouver Coastal Health Authority to speak to the Disability Management Action Research initiative
- Catherine Kidd, Regional Director, Health Safety and Disability Management, Vancouver Coastal Health Authority to speak to the Early Intervention and Rehabilitation Pilot

Extended Abstract (500-1500 words):

The effective deployment of disability management (DM) within a jurisdiction requires coordinated actions at different levels including policy and legislative measures, administrative and delivery mechanisms, employer and trade union commitment and practice, and at the level of individual workers experiencing work withdrawal as a result of an illness or injury.

1. At the level of policy and legislation, measures are required to create the conditions within which employers are incentivized to internalize DM and adopt it as a workplace strategy. This can be achieved by the enactment of legislation, the adoption of DM positive regulations, the establishment of positive or negative incentives for employer or workers, or the provision of subsidies or grants to support DM actions and outcomes.
2. Policy measures need to be mediated by mechanisms such as statutory agencies, services and professionals that transform the intention of those policies into action at the level of the employer and worker. The approach adopted by funding and commissioning agencies such as the Workers Compensation Boards in some jurisdictions can determine the extent to which positive and proactive DM strategies are deployed. Administrative processes can inhibit early positive responses to illness or injury and result in increased costs to the state, the employer and the worker. Even in the context of a proactive approach by public

and private funding agencies, the absence of joined up high quality DM services can negate the effectiveness of appropriate policy measures. The development of high quality DM service provision depends on targeted contracting on the part of agencies and employers based on a knowledge and awareness of what constitutes good DM practice.

3. At the level of the employer, it is essential that there is a commitment to the principles of good DM from board level throughout the organization and supported by both management and worker representatives. The commitment must be underpinned by the provision of access to appropriate services for workers in a timely manner. In most organizations this represents a substantial organizational change challenge.
4. At the level of the individual interventions, supports and incentives need to be available that are responsive not only to the worker's health condition and functional capacity but also to his or her personal characteristics and the work and non-work environment.

Promoting change at any one of these levels will be less effective if it is not complemented by changes at each of the other levels. This requires a coordinated approach that addresses attitude and system change at all levels.

This panel presents a set of initiatives that address the deployment of good DM practice at each level, taking as a starting point, the DM Standards espoused by the International Disability Management Standards Council.

- Promoting DM at system level – The DM Excellence Initiative: The DM Excellence initiative was funded by the Government of British Columbia to create a DM culture across a number of sectors of employment including health, finance and manufacturing by subsidizing lead employers in each sector to review their DM practices and share the findings with their partners and competitors in order to motivate other employers to take DM on board. The lessons learned from this initiative extend beyond the documented practice identified by the audits but also provide an insight into the characteristics of organizations that are likely to reject DM, even when the costs have been reduced by subsidies.
- Promoting DM at service level – The DM Provider Standards Initiative: Funded by the Federal Government of Canada, this initiative explored the core characteristics of a high quality provider of DM services and transformed these into a set of standards which were pilot tested. The aim of the project was to create a system through which employers, workers and funding agencies could distinguish between good quality providers and other providers, and providers could demonstrate their quality through an externally recognized system. Using a Delphi approach, standards were developed and field tested. Lessons learned included the scope of application of DM services and the central pillars of good practice.
- Internalizing DM practice within an employing organization – The DM Action Research Project: As a result of participation in the DM Excellence initiative, a large healthcare provider made the decision to develop an in-company DM programme. Using an action research methodology through which staff members responsible for organizational change, leaders of cooperating unions, those rolling the programme out, and participating workers were encouraged to record their experiences. A set of guidelines for organizations wishing to introduce good DM practice was developed. Lessons learned included the challenges faced and successful deployment strategies.

- Providing access to DM services to absent workers – The Early Intervention and Rehabilitation Pilot: To support the organizational change project, the healthcare employer developed a programme designed to provide absent workers with access to appropriate support and services in a timely manner. The programme was designed using logic modeling and implemented on a progressive basis. Participants were supported by in-company case managers, and access to relevant services were funded by the company. Both union and management representatives participated in monitoring the impact of the programme. Lessons learned included a greater willingness of employees to engage with the programme, reduced duration of absence and high employee satisfaction.

The panel will use the findings of the initiatives to stimulate discussion on the merits of the IDMSC Standards and the need for more comprehensive actions for system change.

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