

IFDM 2010 "Call for Papers"

Submission Guidelines

Title of Paper

Limit the title to **12** words or less. (A longer title will be edited.) The title of the paper must be concise and descriptive. It must accurately describe the content of the paper.

1-2 Sentence Descriptive Abstract:

It is essential that the **25**-word description reflect the content of the presentation. The abstract should include the basic content of the proposed session and how it relates to the current development of disability management. If selected, this abstract will be used to market the presentation to conference attendees and will be printed in the conference program. An English version must be made available. Please note that abstracts may be edited for length at the discretion of the conference organizers.

Selecting a Topic Track

Choose one topic that best fits your proposal (please use the topic categories matrix appended to this call).

Extended Abstract

Each proposal submission must include an electronic copy of the extended abstract.

Prepare the proposal summary as follows:

1. Left align document.
2. Start with the title of the paper using all UPPER CASE letters.
3. List all presenters/authors and their contact information.
4. Body of the paper.
5. Close with endnotes and/or reference.

Presentation of Paper

Authors of accepted papers will be expected to distill the most important findings, conclusions and recommendations from their paper into 5-7 audiovisual slides that would support a 10-15 minute presentation. The purpose of the presentation is to interest readers in exploring the author's work in full. All papers will be published in full in the forum proceedings, and dialog will be encouraged at the forum and afterwards via email. Because of the diverse facility of the audience with English language professional presentations, staff may assist presenters to make their audiovisuals as simple and comprehensible as possible.

Proposal Summary

Title of Paper:

COLLABORATIVE PARTNERSHIPS AT KAISER PERMANENTE IMPROVE IDM: PHYSICIANS, LABOR AND MANAGEMENT

1-2 Sentence Descriptive Abstract:

This unique collaboration strives to yield a new model that recognizes incremental healing by prescribing safe levels of activity, guided by evidence-based interventions, thereby allowing employees/members to remain safely active during healing.

Suggested TOPIC TRACK(S) from Matrix:

1. **EMPLOYER**

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Innovative Programs in Workplace Health & Safety: An Employer Perspective

Describe programs that are new and not in common use in a particular region; treat the motivation of employer to pioneer the program and the employer satisfaction with results. These programs could include:

- ***Health promotion and early intervention programs***
- *Prevention programs*
- ***Ways to merge prevention and disability management***
- *Health and safety for sheltered workshops*

OR,

2. Success Stories, Case Studies, and Solutions for Stakeholders

This session will describe best practices that have been effective in disability management from the following perspectives:

- Micro level (firm)*
 - *Small, medium-size and large employers*
- Macro level (jurisdictions)*
- Medical providers*
- Employees and injured workers*
- Insurers*
- Practitioners*

Extended Abstract:

Kaiser Permanente (KP) agrees with contemporary Health & Productivity (H & P) thought leaders from around the world that people recover more fully and more quickly from debilitating health conditions when able to minimize disruptions through staying at work. Work absence that is not medically necessary is bad for one’s health, often delays medical and functional recovery, can contribute to further health, family and financial complications and is certainly bad for business. When you are the largest private, nationwide integrated healthcare delivery system in the U.S., coming to terms with the needs of one’s own healthy workforce is in everybody’s best interests. Kaiser Permanente’s initial commitment to return its own affected employees to medically suitable, temporary transitional work while healing from compromising health conditions evolved from its Labor-Management Partnership (LMP) environment in its formal National Agreement of 2000; that commitment was rededicated in 2005. In 2006, KP’s physicians were invited to actively engage with Labor and Management in building an infrastructure then known as Integrated Disability Management.

Integrated Ability Management or “I AM” is a more inclusive, de-stigmatizing name for this endeavor that recognizes how “ability” may fluctuate over the course of anyone’s work life, while it embraces KP’s commitment to Total Health. It recognizes that health-related inactivity leads to poor outcomes such as delayed medical and functional recovery from disabling episodes of injury, chronic and age-related illness as well as to a depleted workforce. “Worklessness” contributes unacceptably to financial hardships and myriad forms of distress suffered by disabled workers, their families and the communities in which they live. While this holds true across all industries and workforces, KP plays a unique role as a national leader in cost-effective, high quality healthcare delivery. It is at once a competitive model of an integrated healthcare delivery system, an employer of 150,000-plus U.S. workers (the majority represented by collective bargaining units) in 10 states and the District of Columbia, and a provider-owned group medical practice of 13,600 clinicians.

KP can compete most effectively in 21st Century U.S. healthcare markets by aligning its own workforce needs with those of its customers: employers and individual members. This means embracing in-house strategies and programs to protect and foster the health and productivity of its entire workforce, much as its corporate customers are striving to do. “I AM” at KP is designed

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internally to serve the full spectrum of its healthcare delivery and administrative workforce, including clinicians, to remain safely productive and engaged at work. We will report available metrics comparing lost work time data of previous years against “recovered” work days, or actual measures of gained productivity resulting from this program.

Externally, its clinicians serve a far-reaching membership of 8.5 million, including working-age patients whose employers or personal businesses similarly depend upon a stable, healthy and productive workforce. Therefore, this unique collaboration hopes to yield a new model of clinical guidance for its millions of members that recognizes the fact of incremental healing, embraces the value of prescribing safe levels of activity in conjunction with clinically appropriate, evidence-based medical interventions in treatment plans for all kinds of health conditions, and can coach patients in the merits of keeping as close as possible to daily routines that in most instances may include productive, remunerative activity at work.

The panelists will describe challenges we have encountered, and how, over a period of several years in building collaborations through KP’s Labor-Management Partnership, we are overcoming outdated but persistent assumptions about health and work. We are refining our knowledge and practices such that we can anticipate fulfilling the parallel operational, technological and clinical necessities of “I AM” at KP.

Speaker Information:

Presenter 1:

Name: Barbara Smisko Title: Senior Director, National Environmental, Health and Safety; National Management Co-lead, Integrated Disability Management (IDM)

Company: Kaiser Permanente

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(Bio to be provided at a later date)

Presenter 2:

Name: Dr. Steve Wiesner

Title: Chief, Occupational Health, Oakland-Richmond Medical Centers, CA; National IDM Physician Advisor

Company: The Permanente Medical Group, Inc., Kaiser Permanente

Address: KP Oakland Medical Center, Oakland, CA 94612

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(Bio to be provided at a later date)

Presenter 3:

Name: John August

Title: Executive Director, Coalition of Kaiser Permanente Unions

Company: AFL-CIO

Address: 888 - 16th Street, N.W., Suite 670, Washington, D.C. 20006

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(Bio to be provided at a later date)

Detailed description of proposed session (*Additional information*):

- Overview, including history of Integrated Disability Management (IDM) project at Kaiser Permanente under the framework of its Labor-Management Partnership
- Account of the decision point at which KP’s physicians, through the network of Permanente Medical Groups, were invited to join in the “Regional build” of IDM

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- Evolution of the vision of “IDM at KP” from the national IDM leadership team
- Integration challenges among disparate Stakeholders
- Medical records/information technology and its role in physician engagement in pursuit of work disability prevention
- Measuring Health & Productivity, including lost work time and SAW-RTW productivity gains in a multi-jurisdictional integrated healthcare delivery system

Body of the Paper *(To be provided at a later date upon acceptance of proposal.)*