

*To: Denise Vargas
Commission on Health and Safety and Workers' Compensation
dvargas@dir.ca.gov*

*From: John W. Lui, Ph.D., MBA, CDMS, CRC
luij@uwstout.edu*

Date: 28 December, 2009

Re: IFDM 2010– Call for Paper Submission

*Title: EVIDENCE-BASED DISABILITY AND ABSENCE MANAGEMENT: A
MATURATIONAL APPROACH AND GUIDE TO PRACTICE*

Descriptive Abstract:

A standards of practice approach to workplace disability, health/wellness, and absence management. Employers will benchmark their progress towards an integrated health and productivity management practice.

Topic Track(s):

Integration of Wellness, Disability, and Absence Management Programs

Theoretical or Conceptual AND Applied: Empirical or Institutional Studies

Title: EVIDENCE-BASED DISABILITY AND ABSENCE MANAGEMENT: A
MATURATIONAL APPROACH AND GUIDE TO PRACTICE

John W. Lui, Ph.D., MBA, CDMS, CRC
University of Wisconsin-Stout
Stout Vocational Rehabilitation Institute
221 10th Ave., Rm. VR101A
Menomonie, WI 54739
(715) 232-2470
luij@uwstout.edu

Norman Hursh, ScD, CRC, CVE
Boston University
Sargent College of Health and Rehabilitation Sciences
635 Commonwealth Avenue
Boston, Massachusetts 02215
(617) 353-2709
nhursh@bu.edu

David A. Rosenthal, Ph.D., CRC
University of Wisconsin – Madison
Department of Rehabilitation Psychology and Special Education
432 East Campus Mall, Rm. 128
Madison, WI 53706
(608) 263-5861
drosenthal@education.wisc.edu

EVIDENCE-BASED DISABILITY AND ABSENCE MANAGEMENT: A MATURATIONAL APPROACH AND GUIDE TO PRACTICE

In the United States, workers' compensation law is state-specific, and employee benefits including health care costs are born primarily by the employer. In response to cost increases in medical treatment and absences due to illnesses and injuries (occupational or non-occupational), the practice of case management and disability management has continued to evolve towards absence management including presenteeism and productivity management. The purpose of Absence Management is to reduce the incidents of scheduled and unscheduled employee absences, whether due to illness, injury, personal or family problems, or other causes. Presenteeism seeks to improve the performance for those who remain at work while impaired by health or other problems (Lui, 2002; Burton et al, 2001). Globally, the trend continues to evolve towards integration of disability, health and wellness, and absence management.

Even with such innovative benchmarking processes such as EMPAQ (National Business group on Health, 2009), the myriad of complex variables influencing return-on-investment (ROI) and other outcome measures does not truly explain the phenomenon that workplace intervention strategies (case management, disability management, absence management, health and productivity management, wellness, etc.) do vary widely. As a matter of fact, ROI needs to be viewed both qualitatively and quantitatively through the lens of the interaction and patterns of a myriad of factors. These elements can include company size, type of business, geographical location, regulations, utilization review practice, use of treatment guidelines, demographic profile of employees, employee benefits design, provider choices, company policies and procedures, the leadership style, organizational development, organizational culture, the sophistication in data management, and the maturation of the organization in its grasp of the concept of absence management and presenteeism. This is strongly supported by Pransky and Himmelstein (1996a, b) who suggested that outcomes be evaluated from a multi-stakeholder perspective, and that it is important to consider a range of outcomes, especially in measuring health care and work-related illnesses and injuries. In their opinion, the results will be more credible with the least restricted range of outcomes.

The complex evolution of distinct and multiple workplace interventions is driven by industry and cost-related factors that are typically researched independently and that lack evidence-based analysis. There is a distinct paucity of meaningful analyses of the history and emerging evidences in our field.

As a more integrated approach to disability management, health and wellness practices, and absence management evolves globally, both a theoretical understanding and an evidence-based practice is sought by each stakeholder in order to structure the evolution of practice and to document consistent ROI metrics.

The presenters will propose a workplace approach that begins to define Standards Of Practice to integrate disability management, health and wellness, and absence management. Theoretical underpinnings, historical evolution of disability and absence

management, and specific evidence-based trends emerging in the field form the foundation of these standards. The following domains are discussed:

- Historical evolution of policy and legislation impacting disability management, workers' compensation, and managed care including ILO Code of Practice, ADA, social security practices, FMLA, ERISA, workers' compensation, Insurance regulations, LTD/STD
- Current global trends and issues in the provision of services, including integrated DM and primary cost drivers (e.g., workers' compensation, managed care). Included are measures regarding societal trends and demographics, health care, economic and occupational trends, and the influences of global economies and global interests in rehabilitation. We will also reference a recent meta-analysis regarding workplace interventions.
- The roles & functions of members of occupational health teams and the importance of essential competencies, professional development, certifications, and implications for professionals in the field
- Integrating occupational health teams within framework of health care cost drivers, productivity analysis, workforce/workplace changes, global influences.
- Case management re-conceptualized to address current trends in integrated health care, absence management, EAPs, disease management, and wellness paradigms
- Physical/restorative disability management and return-to-work emphasizing early intervention
- The evidence of psychoergonomic cost-drivers addressing psychosocial/psychological interventions in disability management and return to work
- Evidence-based practices in health promotion and health and productivity initiatives including EAPs, illness and disability prevention, and response to trends of obesity, diabetes, heart diseases, and secondary conditions in the workplace
- Operations and organizational perspectives including program development and implementation, essentials of organizational communications (top to bottom; across silos) and best practices in program evaluation (data & outcome management)
- Lastly, exemplary models to illustrate emerging best practices, both nationally and internationally are discussed

In view of the multi-dimensional domains, regulators, practitioners, and educators should be vigilant in emphasizing the significance of evidence-based outcomes. ROI should be interpreted according to the employer's sophistication level on disability management implementation, and be consistent with multiple stakeholder interests. Employers will be able identify their position on the continuum of the model disability management that evolves to engage practices integrating health and wellness, absence management, and productivity management. Maturation benchmarks will place the employer in a continuous improvement mode towards a workplace with a healthier workforce in a healthier community.

References:

Burton, W. N., & Conti, D. J. (2000). Disability Management: Corporate Medical Department Management of Employee Health and Productivity. *Journal of Occupational and Environmental Medicine*, 42(10), 1006-12.

Burton, W. N., Conti, D. J., Chen, C., Schultz, A. B. & Edington, D. W. (2001). The Impact of Allergies and Allergy Treatment on Workplace Productivity. *Journal of Occupational and Environmental Medicine*, 43(1), 64-71.

Calkins, J., Lui, J., & Wood, C. (2000). Recent developments in integrated disability management: Implications for professional and organizational development. *Journal of Vocational Rehabilitation*, 15, 32.

Douglas, J. (2000). *Integrated disability management - An employer's guide*. International Foundation of Employee Benefit Plans, Inc.

Habeck, R., & Kirchner, K. (1999). Case management issues within employer-based disability management. In: Chan F, Leahy M, editors. *Health Care and Disability Case Management*. Lake Zurich (IL): Vocational Consultants Press.

Hursh, N.C. (1997). Making a difference in the workplace. In Zimmerman, W. Ed. *Strategies for success*. Port Alberni, British Columbia, Canada: National Institute of Disability Management and Research.

Hursh, N.C. and Shrey, D.E. (1994). Protecting the employability of the working elderly. In G. Felsenthal, S. Garrison, and F. Steinbert (Eds.) *Rehabilitation of the aging and elderly patient*. Baltimore: Williams & Wilkins.

Lui, J. Enhancing Productivity with Expanded DM Concepts Conference and Proceedings – 1st International Forum on Disability Management, Vancouver, BC, Canada, 2002.

Parmenter, E. M. (2003). Controlling health care cost: Components of a new paradigm. *Journal of Financial Service Professionals*, 57(4), 59-68.

Pransky, G, & Himmelstein, J. (1996a). Outcome research: Implications for occupational health. *American Journal of Industrial Medicine*, 29, 573-583.

Pransky, G., & Himmelstein, J. (1996b). *Evaluating outcomes of workers' compensation medical care*. University of Massachusetts Medical Center, Worcester, MA: Occupational Health Program and the New England Center for Occupational Musculoskeletal Disorders (NECOMD)

Lui, J. Enhancing Productivity with Expanded DM Concepts Conference and Proceedings – 1st International Forum on Disability Management, Vancouver, BC,

Rosenthal, D.A., Hursh, N., Lui, J., Isom, R., & Sasson, J. (2007). A Survey of Current Disability Management Practice: Emerging Trends and Implications for Certification. *Rehabilitation Counseling Bulletin*, 50(2), 76-86.

National Business group on Health (2009). Employee Measures of Productivity, Absence, and Quality (EMPAQ). EMPAQ Overview. Website URL: http://www.empaq.org/tools/Overview_2009.pdf

Rosenthal, D., Hursh, N., Lui, J., Zimmerman, W. & Pruett, S.R. (2004). Case management issues within employer-based disability management. In F. Chan, M. Leahy, & J. Saunders (Eds.), *Case Management for Rehabilitation Health Professionals*, (pp. 330-365). Lake Osage, MO: Aspen Professional Services.

Shutan, B. (2003). Mindful of who's missing. A Special Sponsored Report to the January 2003 Issue of *Employee Benefits News* 17,1. Retrieved March 28, 2004 from <http://www.benefitsnews.com/disability/detail.cfm?id=3914>

Victor, R. A., (2003). *Evidence of Effectiveness of Policy Levers to Contain Medical Costs in Workers' Compensation* – A WCRI Professional Paper. Richard A. Victor. November 2003. WC-03-08.

Wood, C., & Lui, J. (1999). The evolution of disability care and case management: Identifying core competencies. *The Case Manager (TCM)*, 10(4), 41-45.

Zagata-Meraz, S. (2003). Enrolling Online for Benefits Continues to be Number One Choice for US Employees. *Hewitt press release*, Retrieved February 4, 2003. <http://was4hewitt.com/hewitt/resource/newsroom/pressrel/2003/02-04-03>.