Integrated Absence and Disability Management

An update for rehab professionals, and considerations for future practice.

This article provides an overview of the current integrated absence and disability management (IADM) arena and considerations for future practice. Employee disability is hurting the bottom line of industry in North America. Rampant medical costs and lost productivity caused by systemic inefficiencies, lack of information, and insufficient prevention activities have made employee health costs a serious business issue for 92% of corporate executives, according to a recent survey by Towers Perrin. Now, what does this mean for the rehabilitation professional? This means that you have an invested partner in the struggle to improve the full spectrum of treatment processes designed to expedite the recovery of injured and ill workers. This is not a new concept; in fact, IADM has been evolving since innovative approaches to improve the management of disability in the workplace were introduced in the early 1980s.

Early programs were usually developed to respond to workplace-related injury and illness (i.e., workers’ compensation). As this evolved and strategies began to be more widely used, an increased understanding of workplace absence and disability as complex phenomena developed. With this understanding came a shift in focus from medically driven to human resource-driven approaches to absence and disability. The result was the development of organizational efforts focused on the identification of functional issues around injury and illness, and the prevention of unnecessary work absence (Akabas, Gates, and Galvin, 1992).

The next major step in disability and absence management was to incorporate nonoccupational injuries and illnesses. This was triggered by a number of catalysts: the passage of the Americans with Disabilities Act (ADA) and Family and Medical Leave Act (FMLA), year over year double-digit increases in employee health costs, and an economic climate in which human capital became the major asset of most North American organizations. These reasons made it natural for employers and providers to apply the success and knowledge gained from workers’ compensation-based programs to the nonoccupational area. One such discipline that developed was the Stay at Work/Return to Work (SAW/RTW) program—to be elaborated on later.

Since the focus was broadened, IADM initiatives have continued to expand horizontally across multiple health care and benefit systems, while integrated programs also have developed vertically to give more weight to absence prevention initiatives including: electronic medical records/personal health records, safety, wellness, health risk assessments, and disease management programs; supervisor and employee training efforts; and organizational interventions to improve human resource systems and incentives/paid time off programs. The complexity of implementing these integrated systems and programs has led to the introduction of information technology systems—a turning point in the industry that is making a sophisticated level of data management and analysis previously unattainable now well within reach. The next step will be for these point information technology systems to be integrated.

As this next step is taken, the coordinated involvement of rehabilitation professionals will be critical. To illustrate this point, one can examine the Employer Measures of Productivity, Absence and Quality (EMPAQ) project, created by the National Business Group on Health. As stated on the EMPAQ Web site (www.empaq.org), “EMPAQ is the result of an ambitious effort to allow employers and their suppliers to effectively measure and evaluate the cost effectiveness or quality in disability and absence management programs through a set of standardized definitions and metrics.” This valuable initiative involves employers providing data to EMPAQ that is used to put absence and disability data into meaningful, useful terms. While this will advance the practice of absence and disability management, the ability of providers to provide input to and access/use this data is quite limited. As a result, the current EMPAQ metrics lack the provider element and are limited to such data as total lost days, claims duration, program costs, wage replacement costs, etc. For the full extent of absence and disability to be accurately measured and analyzed, providers must become active members in this process by gaining access to/providing real-time data and using it from a decision-support standpoint.

**TAKING ONE STEP AT A TIME: FOCUSING ON SAW/RTW**

Productive collaboration between rehabilitation providers and other IADM stakeholders can have a huge impact on the SAW/RTW process. This process involves the employer, provider, and worker communicating and evaluating the current abilities of the injured or ill worker to try to find temporary accommodation in the workplace. The premise is to keep the worker mentally and physically engaged and focusing on their recovery instead of their disability, expediting recovery and improving the outcome. The American College of Occupational and Environmental Medicine’s recently published guidelines, Preventing Needless Work Disability by Helping Healthy People Stay Employed, states, “Only a small fraction of medically excused
days off work is medically required—meaning work of any kind is medically contraindicated. The remaining days off work result from a variety of non-medical factors such as administrative delays of treatment and specialty referral, lack of transitional work, ineffective communication, lax management, and logistical problems."

A recent study by Metlife sheds further light on the issue. This study found that eight in 10 physicians are never contacted for RTW, and only 14% of physicians ever contact the employer to promote RTW. How can this communication gap be changed? The employer and provider must learn to not view each other as mutually exclusive variables in the equation, and open dialogue. They must contact each other when a worker becomes disabled and share information in a timely fashion. Involving frontline managers, the employer should create and maintain a bank of available job tasks that can be matched against worker functional abilities and communicate this to the provider. In cases where employers lack this, providers should use their knowledge to work with them and help implement one.

Stay at Work/Return to Work is one piece of an intricate and continually growing puzzle. It is crucial for the rehabilitation professional dealing with disabled workers to be well versed in the current best practices of the industry and start viewing themselves as an IADM professional.

IADM professionals have learned that their skills requirements continue to expand and evolve. This is reflected in new criteria being adopted for certification as a Disability Management Specialist (CDMS Commission www.cdms.org).

IADM professionals will need to advance their professional roles and skill sets as the employer and provider communities become increasingly proficient in their programs.

**FUTURE CHALLENGES FOR IADM PROFESSIONALS**

Program experience with IADM has advanced significantly in recent years. Understanding this experience is vital for positioning and effectiveness in the IADM marketplace today and in the future. It is through further integration of processes and technology that the IADM discipline will grow stronger, more strategic, and more effective in the future, with the rehabilitation professional playing a crucial role. ☐

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January/February 2007 • rehabpub.com