

@work

OFFICIAL PUBLICATION OF THE DISABILITY MANAGEMENT EMPLOYER COALITION

Return to Work

Unmotivated? Or Just Stuck!

In This Issue:

Changing Face of Non-Occupational RTW

A Powerful Case for Accommodating
Work Restrictions



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Marcia Carruthers,
MBA, CPDM
President and CEO, DMEC

Thinking Positive to Revive, Return and Recommit

Peter Drucker, the management guru of the 70's, had it right. He used to say that "to focus on weakness is wasteful—a misuse, if not abuse, of the human resource." This could not be truer than when it comes to the focus on optimal productivity and return to work. As IDAM professionals, we know that the emphasis should be on what employees "can do" versus what they "can't do"; we didn't need Peter to tell us that, but in these trying times, perhaps it is a good juncture to reemphasize the positive in everything that we do when it comes to our workforce.

REVIVE Building on the lessons we've learned over the past two years, we know that employee engagement is crucial. In fact, it may be the only way you can help get your business to make the most out of a rough "patch." But you can't get there without focusing on employee strengths and then building on them. Emphasizing what people do right is the way to get more of what's right out of them—the carrot approach. Smart managers will take that to heart and apply it to returning employees as well as those who are "front and center" and productive on the job. Think of your role as "reviving" the workforce that has slogged through the tough times with you. Recognize, reward and celebrate their contributions.

"...to focus on weakness is wasteful—a misuse, if not abuse, of the human resource."

RETURN For those who have been out of work due to disability, it means concentrating on the positive "can do" attitude, making that transition back to full productivity and function—a mental health boost for everyone. Consider some of the best practices and advice that you'll find in this issue. There's no better time to reevaluate your program. With DMEC's focus on return to work this year, you'll also find a wealth of education in webinars, our new RTW book, and sessions at our annual conference, featuring a pre-conference dedicated to tried and true principles and programs.

RECOMMIT Another bonus to thinking positive in terms of employee strengths, and their value to the organization, is that it assures employee loyalty. Committed and engaged employees are less likely to "jump ship" as the job market opens. It also will assure continuity of operations and maintain the valuable human resources that have been built up.

There is no better time than the present to refocus on the positive as we come out of the Great Recession. Encourage your best resource—your current employees—and accentuate the positive so they remain engaged and committed. Expediting return to work and affecting productivity can best be accomplished by stressing strengths not weaknesses. It is your best tool in building the foundation for the new normal.

Be well,

CM#3: Health Reform's New Starting Line



John C. Garner,
CEBS, CLU, CFCI, CMC
 Principal, Garner Consulting
 Blogmaster,
 DMEC Legislative Updates

By signing the Patient Protection and Affordable Care Act on March 23, President Obama gave the nation a new starting line on health reform.

This most sweeping health reform legislation in decades has a gradual phase-in for multiple provisions, giving employers time to adjust their health plans. With many variables in play, health reform may ultimately look different than it does now. But this legislative milestone provides a new starting line from which to develop the final version. The full details of employer rights and responsibilities under the law won't be known until the implementing regulations are published a few months from now. Employers and consultants are waiting expectantly.

Although the reforms will apply many new regulations to health plans and carriers, the majority of people may still receive health care through employers. Here's a year-by-year look at the rollout of the Affordable Care Act.

2010

Within 90 days of enactment, states are required to provide high-risk pools for uninsured people with preexisting conditions. Employers should not offload employees with high medical costs into these pools, as there is an "anti-dumping" penalty for such cases.

For plan years beginning on and after September 23, 2010 (six months after enactment):

- Insurers are barred from denying people coverage when they get sick. Will this rule create nightmare scenarios where, for example, terminated employees have the right to retain their health plan membership?
- Insurers are barred from denying coverage to children with pre-existing conditions.
- Insurers are barred from imposing lifetime caps or annual dollar limits on "essential benefits" (to be defined in the regulations).

- Employers will have the right to maintain existing coverage.
- There will be limits on cost sharing under minimum essential coverage.
- There will be limits on the variations in premiums.
- There will be increased regulation of insurance companies.

Employers can expect all of these provisions to increase their costs, with the exception of the wellness incentive.

2011

Insurers must retain young people on their parents' policies until age 26. There has been confusion about the effective date for this provision. The effective date is the first day of the plan year that begins six months after the March 23 enactment of the law. Most employer health care plan years begin on Jan. 1, so the requirement doesn't apply to most plans until Jan. 1, 2011. What's the exact age of the cutoff? One part of the law says employers must extend coverage until an adult child's 26th birthday, yet coverage can be continued on a tax-favored basis for adult children through the end of the year in which the child turns 26. Employees are so interested in this provision that they may push for the longer period. Early communication is the best policy to avoid confusion or hard feelings about what stand your company takes.

Individual and small group market insurance plans must spend 80 percent of premium dollars on medical services. Large group plans must spend at least 85 percent. Self-funded plans are exempt from these requirements.

Requirements for external review of claims upon appeal may create significant new administrative responsibilities for self-funded plans.

No cost-sharing for specified preventive services.

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A Powerful Case for Accommodating Work Restrictions

Making RTW Work and Tapping an Underutilized Resource

By Loyd Hudson, SPHR, CPDM

How do you work with supervisors who say “I don’t want them back until they’re 100 percent?” It’s one of the greatest challenges in integrated disability and absence management (IDAM).

“With this successful initiative, we can change the direction and culture of our organization on restricted duty one case at a time.”

Loyd Hudson
American Electric Power

Editor’s Note

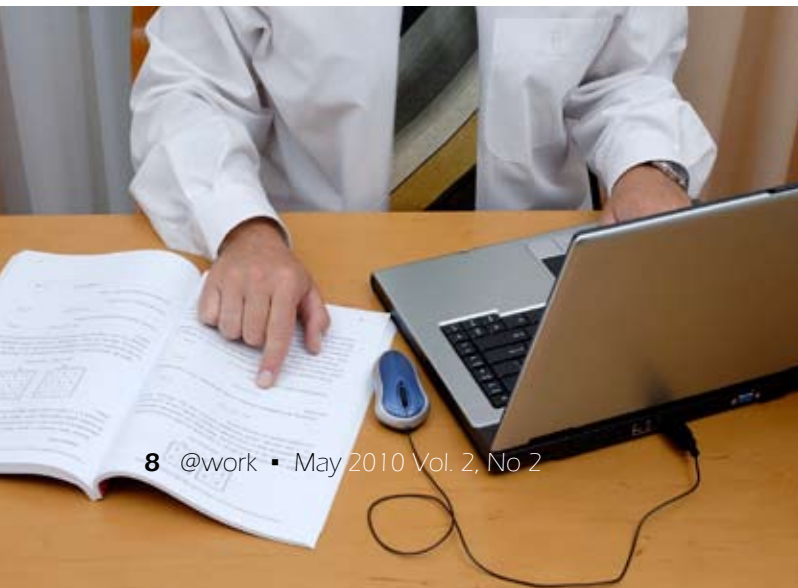
IDAM specialists are concerned that without accommodating physical restrictions on return to work (RTW), a short-term disability case could drag out to a lost employee.

For some supervisors, that’s fine. When problem employees go out on disability, the worksite problems go out with them. The cost for non-occupational disability is often located outside their operating budget—so those savings mean nothing to supervisors. But the cost of a workers’ compensation claim from a re-injury usually comes right off the unit’s bottom line, and supervisors watch that number.

How does an IDAM professional get supervisors to the table to accommodate restrictions, when supervisors perceive they have nothing to gain and lots to lose?

Loyd Hudson, Integrated Disability Management (IDM) Manager at American Electric Power (AEP), has worked with his IDM team to master that challenge. They have exciting outcomes to show that supervisors gain a lot by supporting early intervention.

AEP is one of the largest U.S. power companies, serving 5.2 million customers in 11 middle-American states. Some of AEP’s 22,000 employees perform demanding skilled work under higher-risk conditions, an operating environment that can generate costly workers’ compensation claims.



How AEP Accommodated RTW

AEP's IDM program is built upon three core concepts: early intervention combined with strong case management, cost savings via employees returned to work, and continued process improvement through data analysis and trending.

Thus, when the data showed a trend toward AEP providing the option of light duty significantly less often, we recognized that by not accommodating employee RTW restrictions, we were not fully utilizing one of the

durations. Yet the attitude of supervisors to not provide restricted duty opportunities was counter-productive. Claims specialists were hearing more frequently, "Unless he can return full-duty I don't want him back." Our restricted duty in 2008 had dwindled to almost nothing.

The need for change was evident, but changing the culture and attitudes of thousands of supervisors appeared to be a daunting task. However, it is critical to the success of the IDM program and to the employees who

OSHA safety severity rating appeared to be directly related to the number of hours each company offered for restricted duty: the higher the percentage of restricted duty, the lower the safety severity. For every one percent increase in restricted duty, the safety severity dropped four points.

The data supported and we could now prove what we already knew: returning employees back "restricted" shortened the overall duration of absences. It also showed the best way to increase restricted hours was to offer it to a greater number of employees. The data also showed we ranked 43 out of the 62 electric utilities in returning our own employees back to work. We had great opportunity for improvement and a platform on which to champion our cause.

Opportunities are windows in time and they open and shut. One's ability to get through is usually dependant on who is prepared and ready at the time the window opens. We were ready, and the economy provided a platform for our initiative. With a freeze on hiring, it made more sense to utilize our employees to the fullest. Furthermore, employees with restrictions were a pool that we had underutilized. Data showed we had a gap, and returning an employee to work was a win-win for safety, the IDM program, employees and the company.

Once upper level management understood the issue, they were fully supportive. Supervisor training began, and a stronger push within the AEP IDM department accompanied our training. The training showed the data and the positive impact of returning employees to work, showed what other companies were able to achieve, and alleviated concerns.

Many supervisors were afraid of bringing employees back to work, fearful they would be re-injured. Anecdotal beliefs are best dissuaded by producing facts. In the last three years,

"The inability to use restricted duty had significant impact on our ability to return employees to work. We saw the need for positive and quick intervention."

Loyd Hudson

American Electric Power

most important tools in case management. This inability to use restricted duty had significant impact on our ability to return employees back to work, and we saw the need for positive and quick intervention.

As case managers know, employees who return to work in a restricted capacity are more likely to return to full duty and are usually off for shorter

utilize our services. We knew we had an area for improvement, but making the case and getting full support is half the battle.

We began by gathering data and were able to receive data from 62 other electric utilities through our trade association, the Edison Electric Institute. The data supported the need for restricted duty. A company's

It Pays to Accommodate Restrictions

- For every 1% increase in use of restricted duty, safety severity drops 4 points.
- A 4-point drop in safety severity means a reduction of 816 days lost for AEP, for approximately \$143,000 direct cost savings, and less pain and suffering for AEP employees. When final numbers for 2009 are available, AEP's program may have gained more than a 1% increase in use of restricted duty and 4-point drop in safety severity.
- Among AEP employees who returned from WC or non-occupational disability, only 0.2% had a WC claim in the ensuing 6 months.
- That's 5X better than the WC claim rate among employees working full duty.

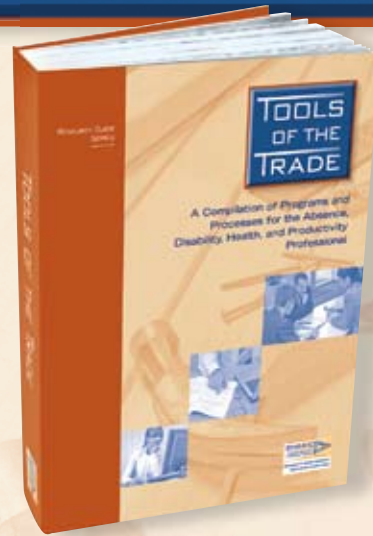
the AEP IDM program has returned to work 12,062 employees with injuries and illnesses from occupational and non-occupational conditions. Of the employees who returned to work, only 26 had filed a workers' compensation claim within six months of returning to work. At a rate of 0.2 percent, employees returning to work from the AEP IDM center were five times less likely to file a claim than those working full duty!

Supervisor and manager meetings continued throughout 2009. Our IDM claims continued to reinforce the importance of restricted duty. By year's end, the program resulted in a 68 percent increase in the number of employees returning to work restricted. It provided an increase in productivity by using a part of the workforce that had been underutilized. Final reports from 2009 haven't been provided yet, but it appears our gains will yield substantial reductions in lost time and substantial savings for AEP.

The work and education has just begun, but with this successful initiative, we can change the direction and culture of our organization on restricted duty one case at a time. ●

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COMPLIANCE Memos

continued from page 6

CM#3: Health Reform's New Starting Line

2012

Insurers will have to use standard summaries of coverage and definitions, creating administrative headaches for HR staff and carriers.

2013

Increases the Medicare payroll tax and expands it to dividend, interest and other unearned income for singles earning more than \$200,000 and joint filers making more than \$250,000.

Implements \$2,500 cap on contributions to flexible spending accounts.

Eliminates tax deduction for employers who receive Medicare Part D retiree drug subsidy payments. The subsidy will continue, but it will no longer be untaxed. Employers are already taking write-downs to comply with FAS requirements.

2014

Waiting periods cannot exceed 90 days.

Incentives for adherence to wellness plans can be as high as 30 percent of premium, and under some circumstances even higher, substantially expanding the current 20 percent limit, giving a victory to employer wellness programs.

Employers with more than 50 employees will be taxed if they do not offer coverage to employees, or if the coverage fails an affordability test.

Will employers pay the tax—only \$2,000 per full-time employee (excluding the first 30 employees)—and wash their hands of providing health benefits? A \$2,000 write-down could be much less expensive than providing a health plan membership. A survey of nearly 3,700 employers by Crain Communications found larger employers are more likely to keep health plans for the recruiting & retention

advantages, while more than 14 percent of smaller employers will seriously consider dropping their health plan to reduce costs. The improved wellness incentive may help some employers decide to offer a re-designed health plan, rather than ending coverage.

Americans without health insurance will pay a federal penalty, beginning at \$95 or 1 percent of income, and ramping up to \$695 or 2 percent of income by 2016. This rule includes a support: health insurance purchase will be subsidized for families earning up to 400 percent of the poverty level, or under current guidelines, about \$88,000 a year for a family of four.

2018

Implement the 40 percent excise tax on high-end insurance policies.

Annual fees imposed on health insurers of \$14.3 billion in 2018. For non-profit insurers, only 50 percent of premiums are used to calculate the fee. Voluntary employee beneficiary associations (VEBAs) are exempt from the fee, making self-funding a more attractive strategy. VEBAs are arrangements used primarily by self-funded employers. Anyone interested in a VEBA should consider investigating this soon.

2019

Open health insurance coverage to 32 million formerly uninsured people through expanded Medicaid and other programs.

Health care reform will keep professionals on the edge of their seats for years to come. Watch for the new regulations. ●

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Unmotivated? Or Just Stuck!

Identifying and Solving Resistance and Ambivalence to Get RTW Unstuck

By Kenneth Mitchell, PhD

Getting Stuck! Getting stuck is a common human experience. Staying stuck is not... There are various levels of being stuck as it relates to going back to work.

“Exploring various forms of employee ambivalence and resistance can offer greater insight to facilitate RTW.”

Ken Mitchell, PhD
WorkRx Group

Could be stuck suggests some hesitancy, not sure of the path back to work or one’s eventual work capacity. There may be some detours, but opportunities for going back to work are clear and accessible.

Sort of Stuck indicates options are slowly narrowing. Time off work may be extended, but only temporarily while the person realigns within this difficult and novel situation.

And **Really Stuck** is just that. No good RTW options appear to be available. There is a sense of being stuck in cement up to one’s knees. The person is immobilized and disoriented by faulty thinking, ambivalence, resistance and fear of moving forward.

The following actual case study illustrates a complex return to work predicament. It shows how exploring various forms of ambivalence and resistance can offer greater insight. It demonstrates how recognition is the first step to solving the health and productivity dilemma.

Chemo Brain

A 42-year-old accounting manager was often confused at work during and following chemotherapy treatments for breast cancer. She was making costly mistakes; clearly, job performance deficits were present. The human resource team was very uncomfortable in taking any adverse



action on a “beloved” employee who was in cancer treatment. But:

- The employer made all of the suggested schedule accommodations following the employee’s cancer surgery and several short-term disability (STD) leaves.
- The employee continued to make errors in her work.
- All STD and FMLA leave had been exhausted. She was not eligible for long term disability. The employee hinted she would file an ADA claim if she was moved to another position or suspended/fired.
- The employee was quietly labeled as “difficult” and deemed to be “unmotivated” and “unwilling” to learn new skills or change jobs.
- Both the employer and employee were really stuck.

(Stay tuned for more of the case study)

A simple explanation for this predicament is that the impaired employee was not motivated to change or adapt. Correct? However, it is important to consider that there is no such thing as an unmotivated person, he or she is simply not motivated to do what you want them to do. In this case, the individual was motivated toward a different end.

The Motivation Paradox¹ suggests that, contrary to the notion that ill or injured people who are unable to successfully return to work in a timely manner are unmotivated, in fact, most are stuck. They are stuck, because they either:

- Don’t recognize or know how to solve the health and productivity predicament they are in,
- Are fearful of moving forward, or
- Are immobilized by ambivalence and resistance to leave the status quo.

“There is no such thing as an unmotivated person, he or she is simply not motivated to do what you want them to do.”

Ken Mitchell, PhD
WorkRx Group

Ambivalence and resistance are the central drivers in being stuck. Gaining insight to the individual’s ambivalence and resistance to return to work offers a window to understand:

1. Why a person may delay or be unsuccessful in coming back to work;
2. Why an employer may not want an individual back to work;
3. Ultimately how cynicism and an adversarial relationship are generated.

While our case study illustrates one kind of RTW predicament, there are others who would appear to be highly likely to become stuck. They are:

- Individuals whose work disability seems to be exaggerated;
- Extended lost time that is influenced by co-morbid behavioral health impairments;
- Eroding or chronic health problems;

- Frequent or repeat users of intermittent FMLA;
- Individuals with poor job performance prior to the health problem.

Getting Unstuck

Getting unstuck does not happen by hope or luck. Gaining insight to the individual’s ambivalence and resistance to return to work becomes the principal step in solving the motivation paradox.

Specific strategies and skills can be developed and applied to support a safe and timely return to work for an individual who is stuck. The initial step is to think differently about the individual who appears to be unmotivated. The notion that the person simply needs to suck it up, is faking it or is lazy trivializes the RTW process and reinforces failure. Such skills are embedded in the tenets and skills of Motivational Interviewing².

Figure 1 outlines key strategies for assisting individuals who are stuck.

Figure 1. Strategy for Getting Unstuck

- **Move from Adversary to Problem-Solver**
Adversaries make people dig in, distrust, defend and resist... Establish that the employee is accountable for solving his or her health and productivity predicament. Resist taking responsibility to fix the problem.
- **Recognition is Transformational**
Listening for and recognizing the employee’s priorities and expectations embedded within the ambivalence and resistance to return to work invite an improved understanding of what the real issues are.
- **Incremental Change Support**
An incremental return to work increasing the likelihood of success.
- **Continuous Engagement Reducing**
Isolation creates accountability, consistency and accuracy of information. Correspondingly, continuous engagement creates the opportunity to reinforce incremental success. Time invested pays dividends.

Now back to the case study.

The following work prescription (WorkRx) summary offers insight to the solution of this return to work predicament.

Ambivalence – Employee considered herself to be nothing less than an excellent and loyal worker. She believed she did not make mistakes. Objective performance feedback suggested otherwise. She was confused and threatened by both the cancer and potential loss of job. She did not want to move to a new job from one that she was comfortable in for the last 10 years.

Resistance – Employee was, indeed, unwilling to change jobs. She valued stability during a time of extreme instability. Unknown to her employer, changing jobs also meant separating her from loyal friends who supported her during treatment. More importantly, she had zero confidence that she could learn new skills in a new job with her subtle, but real, memory and attention deficits. Her cognitive deficits were unrecognized by the medical team. No one shared with the medical team about the performance issues. The HR team felt it had gone well beyond what was expected in supporting the employee's work over the past two years.

What Changed to Get Employee Unstuck?

1. Employee, HR and Oncology team objectively evaluated the impact of “chemo brain,” i.e., impact of chemotherapy on cognitive functions.
2. Productivity-back-up plan was designed to identify and correct mistakes in the new job during a 30-day transition.
3. Projected job performance improvement occurred when current chemotherapy was reduced to maintenance levels.

Motivational Interviewing

The following actual exchange from a different case offers valuable insights to being stuck.

Interviewer: “From the way you describe things, you are not just stuck, but paralyzed.”

Employee: “You got it! I am at a total, complete loss of what to do!! Nothing works!!!”

Interviewer: “Yet, you appear to have no real urgency to change.”

Employee: *Silent, no response to question, but still appears to be engaged.*

Interviewer: “May I ask a somewhat unconventional question?”

Employee: “Sure”

Interviewer: “What’s good about being stuck?”

Employee: *After a long pause... “What’s good about being stuck? Being stuck seems to be the only thing I do well these days.”*

Summary

Being stuck is no fun. Staying stuck costs everyone. The essence of focusing

on ambivalence and resistance is to differentiate between those individuals who are stuck and interested in change from those who may be comfortable with their current status and uninterested in change.

Finally, employers get stuck as well. Applying such strategies provides both large and small employers the opportunity to:

1. Avoid entering into an unnecessary adversary relationship, and
2. Reduce the growing cost of lost time and presenteeism generated by those employees who are lost in the health and productivity maze.

Footnotes:

1. Mitchell, K. “The Motivation Paradox: Work, Disability and Getting Stuck,” www.workrxgroup.com, July, 2009 Presentation by Kenneth Mitchell, Ph.D. to the Society for Human Resource Managers. Hawaii Chapter, July 21, 2009, Honolulu, HI.

2. Rollnick, S., Miller, W., Butler, C; *Motivational Interviewing in Healthcare* Guilford Press, New York, 2008. ●



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Bringing a Return-To-Work Philosophy to Your Leave Program

Leave laws, especially the FMLA, present both challenges and opportunities to employers in the area of return to work (RTW) programming. These laws generally do not prevent employers from engaging employees in RTW opportunities, but many have shied away due to a lack of understanding around how to make such a philosophy effective. And others have fear of that ever-dreaded word—accommodation. I'd like to offer some food for thought about how you can bring such a philosophy to your organization. After all, anything we can do to affect overall employee productivity should be a major consideration of any leave management program.

Consideration #1: Include FMLA and other related leaves in your overall RTW strategy

For many organizations, both occupational and non-occupational disabilities are evaluated for potential accommodations in an effort to return the employee to a productive capacity. The same can occur for FMLA. Consider the employee who needs to take off work every other week to take a family member to treatments or medical appointments. Is it possible to modify this employee's shift so that there is essentially no time lost?

Consideration #2: Not all medical conditions rise to meet the definition of disability

There are simply some medical conditions that wouldn't rise to meet the definition of disability and as a result are overlooked for accommodation potential. Consider the employee who needs to undergo physical therapy for a period of several weeks. As a result, they will need to attend therapy during hours they are scheduled

to work. Similar to consideration #1, is there an opportunity to modify this employee's schedule to better accommodate their need for leave?

Consideration #3: Encourage a Stay at Work culture by engaging earlier

When a front line supervisor receives knowledge that an employee is contemplating a leave to care for themselves or a family member, encourage a conversation to uncover whether or not an arrangement can be developed to reduce or eliminate the amount of time lost. Most accommodations are easily implemented – from shift changes to temporary modification of work duties. Uncover those possibilities to keep the employee at work.

Consideration #4: Remember the limits under FMLA

Return To Work/Stay at Work opportunities can be presented to employees, but the FMLA prevents employers from requiring participation—with the exception of accommodations under workers' compensation programs. Therefore, ensure that your approach on "selling" the opportunity to the employee is one that is a win-win situation. You're more likely to get engagement.

Consideration #5: Remember to include limits in your RTW Policy

One provision commonly missing from many RTW policies is a time-limit associated with how long the accommodations will be supported. Another complicating factor is ADAAA, so you have to consider that as well. Many organizations will support changes in shifts or accommodated work duties for between 12 and 24 weeks. It just depends on your culture and what you can get

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Lessons Learned from Our Wounded Warriors

In November 2009, President Obama signed an Executive Order establishing the Veteran's Employment Initiative. The aim of the Initiative is to help men and women who served in the U.S. military find employment in the Federal Government. Top federal agencies, such as the Department of Defense and the Department of Homeland Security are launching government-wide programs to hire former soldiers. The goal is to grow the ranks of the veteran workforce to more than 50,000 by 2012.

Over the years, an increasing number of employers have made strides to smooth the transition back to work for disabled veterans, recognizing the magnitude of the challenges these individuals face. These efforts have resulted in a deeper understanding of and greater appreciation for disabled employees in general.

The excellent work done to assist our disabled veterans in returning to the workforce can be easily applied to return-to-work programs for civilian employees. For the civilian employee re-entering the work environment after an extended period of time due to a disabling illness or injury, many of the same challenges exist as those faced by our veterans.

Just as veterans may need certain workplace accommodations, so too would civilian workers; and both (veteran and civilian) would certainly require the cooperation of their employer and co-workers to make the transition back to active employment as seamless and easy as possible.

In 2007, DMEC formed the Workplace Warriors Think Tank, which consisted of a coalition of employers, insurance carriers, and disabled veterans. Among the objectives of the group was to establish recommendations for employers when assisting disabled veterans through the transitional phase of returning to work. As relevant now as they were when they were initially published, the group's recommendations could also apply to return-to-work efforts for civilians. Some of these recommendations include:

- Evaluate the effectiveness of the Employee Assistance Program (EAP) and behavioral health services to help returning employees.
- Use good general disability management practices that apply, including communicate during employees' absence; allow time to reintegrate after an extended absence; consider accommodations to assist the employee's return to productivity; and obtain commitment from senior management to ensure that programs are given strong support and a cultural presence.
- Offer sensitivity training to managers, supervisors, and co-workers on issues and challenges faced by disabled employees returning to the workforce.
- Provide mentoring programs to link returning employees with other employees who had been through a similar experience.
- Utilize technology to maintain regular communication, including emails and access to the company intranet, which will allow the individual to stay informed on company news.
- Above all, become an advocate for disabled employees. Employees look first to their employer for help and guidance, particularly during a traumatic time such as a disability. As their employer, you are in an excellent position to educate your employees and help them understand the disability process.

In these days of leaner staffs and tighter budgets, the contribution of each employee is more important than ever. The talent, ideas, and skills that returning disabled employees bring with them is an invaluable resource for any organization. ●



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Returning to Work: Overcoming Fear and Anxiety

Remember how you felt in grade school when you were absent for a few days? You may have been anxious about reconnecting with your friends and had butterflies in your stomach about how long it would take to catch up on what you missed.

What about now, when you're on vacation or traveling for business? Even though you can stay connected using today's high-tech communications, you probably still feel some of those same old butterflies when you think about what's waiting at the office.

Multiply these perfectly natural anxieties tenfold and you might understand what it's like for a person who's been out of work on an extended disability leave. His head will be swirling with questions: Will my social network still be there? Will I be able to catch up? Have things changed so much that I'm no longer able to do my job? Will my boss still have confidence in me? Physically and emotionally, am I up to it?

With all these worries, it's not surprising that returning to work after an extended time can be difficult. Employers can help ease the transition by implementing a return to work program and connecting the employee to a vocational rehabilitation counselor who can help her address a wide range of issues, including stress and anxiety.

Research shows that the longer an employee stays out on disability leave the less likely he will return to work, so the topic of returning should be discussed early, while the employee is still absent and recovering. The sooner it's established that returning to work is the employee's goal,

the more quickly a treatment plan can be designed to make that happen. Barriers to achieving the goal—both perceived and real—can be identified and planned for.

People on disability leave need reassurance that somebody's there to help them navigate the return to work process. The counselor can assess the individual's situation and discuss a variety of options, such as a partial return to work, special accommodations, alternative work arrangements that might be appropriate to the individual's specific circumstances, or even a transition to a new job.

Returning employees may feel anxious about what others know about their condition, especially if the disability absence is related to depression or another behavioral issue. The employee needs to know that confidentially laws are being obeyed and that it's up to her to decide when, what and how much information is revealed to co-workers.

Returning employees may not realize it, but their co-workers and manager will likely feel a bit anxious, too. They may be nervous about how to approach the returning employee and worry about inadvertently saying something upsetting or insulting. It's important for returning employees to understand that fear and anxiety are two-way streets!

A company's employee assistance program (EAP) can play an important role. EAP counselors can listen to people's concerns and provide strategies to help the returning employee, co-workers and manager cope with their anxiety. That's what the EAP is for and nobody should hesitate to use it.

Returning to work after a disability isn't just about the physical. There's also a very large social-emotional component. If employers keep this in mind as they create a return to work program, they'll be well on their way toward implementing a successful one. ●

Tips for successful return to work:

- Keep in contact with the employee, maintain the work connection.
- Focus on abilities, not just restrictions and limitations.
- Follow confidentiality laws.
- Integrate EAP into your return to work program.
- Educate employees about return to work policies, even before an absence.

The Changing Face of Non-occupational RTW

Return to work (RTW) themes get a much-needed update at the pre-conference session of the DMEC Annual International Conference on Sunday, August 1.

Sponsored by Prudential Group Insurance, the session will feature presentations from: Kimberly Mashburn, VP, Strategic Partnerships for Prudential Group Insurance; Loyd Hudson, Integrated Disability Management (IDM) Manager at American Electric Power (AEP); and Jason Parker, President of Centrix Disability Management Services.



Corporate motivations surrounding RTW have changed during the Great Recession. Although workers' compensation (WC) has traditionally led disability management, interest is growing in managing non-occupational disability. Today's leaner workforce struggles when team members are absent. This is especially true in financial services, the industry most likely to have active accommodation programs among Prudential's clients.

But RTW from non-occupational disability encounters different barriers than those traditionally faced in workers' compensation. Employees may have an entitlement mentality, treating physicians may reinforce that, and supervisors may be afraid of making a mistake that triggers an FMLA or ADA lawsuit.

The pre-conference session will provide surprising solutions, focusing on key players in RTW—supervisors and employees.

Supervisors, already buried with other responsibilities, need support with RTW planning. Among non-occupational claims, only 29 percent can be described as pre-planned or "self-limiting" claims that begin with an end date already planned. A full

70 percent are open-ended claims where RTW restrictions and planned accommodations can change from week to week, requiring supervisors to shoot at a moving target.

How important are supervisors? According to a 2006 Corporate Leadership Council report, "line managers directly control a majority of the most effective drivers of employee performance and retention."

Corporate leadership sets priorities and authorizes programs, but supervisors are the point where RTW programs get traction. In Prudential's 2009 "Benefits & Beyond" survey, 60 percent of employers provide some RTW accommodations, but only 25 percent felt they were doing "a great deal" to accommodate. Supervisors are a key link in closing the accommodation gap.

Prudential's presentation at the pre-conference session will focus on their supervisor training and toolkit. Supervisors take a survey to examine their management style and its impact on employee productivity and retention, and they receive tools to support communication with employees during their absence.

"Employees want to be involved in the planning even before the absence," said Mashburn. "If it's an unexpected absence, they want to know who's handling their work, and will there be any fires to put out when they return. Supervisors take the lead in keeping them engaged during their absence."

Loyd Hudson will describe how AEP enlisted supervisors to support accommodations for early RTW. By the end of 2009, the number of employees returning with accommodations for work restrictions was up to 68 percent. They shredded the old belief that early RTW could cause re-injury: only 0.2 percent of RTW cases resulted in a WC claim within six months of their return—a rate that was only one-fifth of the WC injury rate for the general employee

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The Changing Face of Non-occupational RTW

population working without accommodations.

Jason Parker will describe how Centrix works with recently-injured employees to go from a “solution-forced” RTW plan to a “solution-focused” plan. “In most cases, doctors don’t have the time or expertise to identify specific work restrictions,” said Parker. “So they ask patients ‘Do you want to return to work?’ which puts the decision in the employee’s control. We engage employees differently, connecting early and asking them, ‘What do you need to return to work successfully?’ Most employees will give you a straightforward answer, and you can build a ‘sticky’ plan because the employee is engaged and committed.”

Employers can respond to the new face of non-occupational return to work to improve their RTW efficiency and results. ●

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Bringing a Return-To-Work Philosophy to Your Leave Program

your business units to support. If after that 12 to 24 week period the employee still requires accommodations, you can require the employee to use FMLA from that point forward. And finally, under the original FMLA rules, you could count time in light duty/accommodation programs against the employee’s 12 week FMLA entitlement. Under the revised FMLA, there is a specific reference that time spend in lieu of FMLA cannot count against their 12 week entitlement.

I’m hopeful that these five considerations will set you on a course of bringing a return to work philosophy into your leave program. ●

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Washington Chapter Forming, Others to Follow

ADMEC Washington (Seattle) Chapter is in the formation process. Two successful meetings in the past few months hosted 55 IDAM professionals.

At the March meeting Cindi West, ARM, Risk Management-Claims Manager from Starbucks Coffee Company described their workers' compensation RTW program and its challenges in the U.S. environment. Loren Zinder, CDMS, RTW specialist for IAM Crest/Boeing did a joint presentation with Brian Martin of Video Job Analysis. Zinder described Boeing's job analysis program details while Martin addressed the latest digital video technologies that can post videos online of essential job function tasks.

With strong employer attendance and positive feedback, DMEC is working with area employers and suppliers to finalize a chapter steering committee that will assume leadership and move the Washington (Seattle) chapter forward.

Employees from companies such as Costco, Nintendo, Puget Sound Energy and Microsoft attended the meetings and are the variety of companies that a committee will be drawn from. "The purpose of a steering committee is to determine the local needs of employers and develop programs with speakers who can address these needs," said DMEC Chapter and Volunteer Liaison Sharon Milligan.

"This is exactly the model we want to follow in developing new chapters, and it's working well in Washington," said Milligan. Getting local employers together to discuss disability and absence management issues is a win-win for everyone, and the networking between peers is an important aspect of chapter meetings.

Currently DMEC has chapters in various stages of development in the Midwest and East Coast, and will follow the successful model used in Washington. ●

Recognizing 2010 Chapter Presidents

Name	Primary Organization	Member Type	Chapter
Branch, LaVina	McMaster-Carr Supply Company	Mid-sized Employer	Chicago
Caples, Robyn	The Ohio State University	Large Employer	Ohio
Clarke, Robert	Stanford University	Large Employer	San Jose
Davis, Robin	Texas Health Resources	Large Employer	Dallas / Ft. Worth
Feldpausch, Lynne	Accident Fund Insurance Company of America	Small Employer	Michigan
Messineo, Tracy	Sutter Health	Large Employer	Sacramento
Parvey, Casey Roy	IDM at Kaiser Permanente	Large Employer	Oregon
Pawling, Wendy	University Of California	Large Employer	Southern California
Ryan, Jane	Mayo Foundation	Large Employer	Minnesota
Schortner, Mary	Stanislaus County	Mid-sized Employer	Central California (Modesto)
Shaughnessy, Daniel	Textron, Inc.	Large Employer	Greater Boston
White, Janie N	City & County of San Francisco	Large Employer	Northern California



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