

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



The route back from disability

Sixth in a series

Disability insurance plans/policies are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

26.03.223.1 (6/16)



In this, the sixth white paper in our series on disability issues, we explore some of the factors that have helped people bounce back from adversity. While some of these factors are individual (we are all different, after all), others are subject to outside influences, notably by the employer. And so we will focus on what employers can do to help their employees on disability stay at work, or return to work as soon as possible. There is no question that many people who qualify for disability under their employers' policies, nevertheless, can still do certain types of work. We believe that we are doing both those individuals and their employers a disservice by relegating them to the status of disability recipients instead of helping them regain the dignity and self-worth associated with productive employment. As a disability insurer, we have redefined our mission from one of simply issuing checks to one of also helping people with a disability rejoin society as full participating and contributing partners. But we cannot do it alone. Neither can the employee who is disabled do it alone. The employer's role is pivotal.

Going back at least as far as the Book of Job in the Hebrew Torah,* bad things have happened to good people. When tragedy happens, some people fall apart and their lives go from bad to worse. Others, however, claw their way back, and some of them come back even stronger. We all know friends and neighbors who couldn't go back to work after an accident or illness. But they turned adversity into an opportunity to go back to school or get additional training to develop a new and potentially more rewarding career. In so doing, they frequently developed new, progressive personal and professional relationships. What determines the route back from disability?

Studies on predictors of return-to-work successes date back decades. Much of the research has looked at employees who return to work and those who don't. Research also looked at those who return to work sooner versus those who take longer following an injury or illness. In all the studies, one thing stands out: young, well-educated, motivated employees have a high return-to-work success rate. Particularly if their injuries are recent, they've worked for some time and are not involved in litigation.¹ These are demographic predictors. But of course there are more predictors beyond these.

The employer is a key player

It's fair to say that long-term, motivated employees like their jobs. Job satisfaction is a solid predictor of whether an employee is likely to return to work after an injury or illness, and even of suffering injuries in the first place.² One study of more than 3,000 aircraft employees followed over four years reported that those who "hardly ever" enjoyed their job tasks were 2.5 times more likely to report a back injury than those who "almost always" enjoyed their jobs.³

Job satisfaction may be even more important in the return-to-work landscape than physical and medical factors. Job satisfaction points to the employer's role in the recovery process. Some studies say supervisory support is a key factor in return-to-work success.⁴ Researchers from Arizona State University did a prospective study involving more than 1,800 workers with back conditions at five major employers in 37 states. They looked at the impact of satisfaction with medical treatment, as well as workers' satisfaction with treatment by the employer.⁵ Among their conclusions:

- Both satisfaction with medical treatment and satisfaction with the treatment by the employer had a positive impact on levels of back pain and on back functionality. More satisfied employees showed better results with respect to both pain levels and functionality over time.
- A one-point increase in employee satisfaction (on a scale from "Satisfied" to "Very Satisfied") reduced claims costs by almost 30 percent.
- This 30 percent financial impact stemmed primarily from satisfied employees continuing to work despite their discomfort.
- The impact of satisfaction with the employer's handling increased with time, while the impact of satisfaction with medical treatment decreased with time.
- Overall, satisfaction with employer treatment trumped satisfaction with medical treatment in predicting return-to-work outcomes.

These results are consistent with those of a RAND Corporation study which looked at more than 17,000 claims from 33 California employers over a five-year period.⁶ They found that when employers had a formal return-to-work program in place, injured employees went back to work 1.4 times sooner than when there was no such program. That's an average of 15 weeks earlier and a median of 3 to 4 weeks earlier. Having a return-to-work program meant that, at the very least, employers communicated with the employees while they were out.

*The word "Torah" can mean different things in different contexts. In its most limited sense, "Torah" refers to the Five Books of Moses: Genesis, Exodus, Leviticus, Numbers and Deuteronomy. But the word "torah" can also be used to refer to the entire Jewish bible (the body of scripture known to non-Jews as the Old Testament and to Jews as the Tanakh or Written Torah), or in its broadest sense, to the whole body of Jewish law and teachings.

¹Blackwell T et al. Predictors of vocational rehabilitation return-to-work outcomes in workers' compensation. *Rehabilitation Counseling Bulletin*. 2003; 46: 108 – 114.

²Van der Giezen AM, Butler LM, Nijhuis F. Prediction of return-to-work of low back pain patients sicklisted for 3 – 4 months. *Pain*. 2000; 87: 285 – 294.

³Bigos S et al. A prospective study of work perceptions and psychosocial factors affecting the report of back injury. *Spine*. 1991; 16: 1 – 6.

⁴Krause N et al. Psychosocial job factors and return-to-work after compensated low back injury: A disability phase-specific analysis. *American Journal of Industrial Medicine*. 2001; 40: 374 – 392.

⁵Butler RJ, Johnson WC. Loss reduction through worker satisfaction: The case of workers' compensation. *Risk Management and Insurance Review*. 2011; 14: 1 – 26.

⁶McLaren CF, Reville RT, Seabury SA. How effective are employer return to work programs? RAND Center for Health and Safety in the Workplace. March 2010.

The message from these and other studies⁷ is crystal clear: Workers who are happy with their employers want to get back to work as soon as possible. Employers play a huge role in creating a climate that encourages employees to return to work after an illness or injury.

We are all different

Having said this, employers aren't the only ones that make returning to work feasible. Employees play a significant role also. Return-to-work efforts need to be individualized to some extent because every employee is different. Factors such as the person's perception of their ability to succeed⁸ and fears associated with returning to work⁹ can also impact success. Also predictive of returning to work following illness or injury is self-efficacy. This refers to the extent to which you believe in your own ability to reach a goal or accomplish a task.^{10,11} This ability to adapt in times of adversity is related to the broader construct of resilience.¹²

Resilience comes from physics and engineering. It's defined as the capacity of a system to tolerate disturbance without collapsing into a qualitatively different state. A resilient system can withstand shocks and rebuild itself when necessary. In psychology, resilience describes the capacity of people to cope with stress and catastrophe. It's also used to reflect a characteristic of resistance to future negative events. In this sense, resilience corresponds to cumulative protective factors and is used in opposition to cumulative risk factors.

Following the events of September 11, 2001, the American Psychological Association (APA) felt it would be valuable to share with Americans what is known about how to foster psychological resilience. Toward that end, the APA formed a task force. The task force's report is on the APA website. The APA built a campaign around resilience, including websites and a television series on the Discovery Health Channel.¹³ The task force identified resilience as "ordinary, not extraordinary," and as something that "involves behaviors, thoughts and actions that can be learned by anyone."

The APA says a key factor contributing to resilience is having caring and supportive relationships, inside and outside the family: "Relationships that create love and trust, that provide role models, and offer encouragement and reassurance, help bolster a person's resilience."¹³ Other factors include the ability to develop and carry out realistic plans, good self-esteem, good communication and problem-solving skills, and the ability to manage strong feelings and impulses. People can learn to develop these abilities with practice.

Since we're all different, however, we develop resilience in our own ways, based on our personalities, our histories and our cultural backgrounds. It's useful to ask ourselves how we've coped with stressors in the past. What have we found particularly stressful? What is it about these events that was so difficult? And which coping strategies have worked well with us? What have we learned about ourselves during difficult times?

We can think of resilience as the engine that powers an employee's return-to-work efforts. If there's no engine, there's no forward motion. We can always enhance how an engine works. While building resilience is something we should strive for in our own lives, employers can help ill or injured employees build resilience. Here are some suggestions.

Employers can:

- Communicate that they're there to help employees — providing hope
- Provide ongoing communication and support; in a sense, serving as a kind of extended family to the employees as they struggle with the medical treatment and frustrations of rebuilding their lives
- Work with insurers or third-party administrators (TPAs) to provide employees with clear paths and timelines to rehabilitation and returning to full functioning and to work
- Work with insurers or TPAs to provide reasonable accommodations as warranted, and to facilitate employees' return-to-work efforts as soon as it can be safely managed

⁷Robinson, Thomas. WCRI identifies trust in the workplace as a key "predictor" of outcomes important to injured workers. LexisNexis Workers' Compensation eNewsletter. July 2014.

⁸Braathen TN, Veiersted KB, Heggenes J. Improved work ability and return to work following vocational multidisciplinary rehabilitation of subjects on long-term leave. *Journal of Rehabilitation Medicine*. 2007; 39: 493 – 499.

⁹Øyeflaten I et al. Prognostic factors associated with return to work following multidisciplinary vocational rehabilitation. *Journal of Rehabilitation Medicine*. 2008; 40: 548 – 554.

¹⁰Bandura, Albert. On the functional properties of perceived self-efficacy revisited. *Journal of Management*. 2012; 38: 9 – 44.

¹¹Brouwer S et al. A prospective study of return to work across health conditions: Perceived work attitude, self-efficacy and perceived social support. *Journal of Occupational Rehabilitation*. 2010; 20: 104 – 112.

¹²Schwarzer R, Warner LM. The Springer Series on Human Exceptionality: Resilience in Children, Adolescents, and Adults: Translating Research into Practice. Perceived self-efficacy and its relationship to resilience. New York: Springer; 2013: 139 – 150.

¹³APA. The road to resilience. Available at: www.apa.org/helpcenter/road-resilience.aspx. Accessed April 16, 2014.

Engagement

If resilience is the engine, engagement is the chassis. Your engine alone, without engagement, is essentially idle. It's only when the transmission is in gear and the wheels are turning that you can start moving.

Like the chassis, engagement has many moving parts. Fundamentally, in the context of medical improvement, engagement implies cooperation with medical treatment. While most people probably assume that patients usually follow their doctors' orders, doctors know the reality is different. Less than half of patients take their medications as directed. And when doctors advise behavior changes (e.g. exercise, smoking cessation, weight loss, etc.), the compliance numbers fall to single digits.¹⁴ The solution to many medical problems often lies in lifestyle or behavioral changes. Employers can help employees succeed by investing in and encouraging wellness strategies. This can foster behavior change to address medical problems and can encourage employees to take responsibility for their improvement. In other words: engagement.

Psychologists have known since the 1950s that a key to engagement buy-in is to first understand what patients believe. Then, educate them accordingly. The health belief model predicates that people's beliefs about their health, about the severity of their conditions, the perceived benefits of treatment, and their perceived ability to engage in a treatment intervention must all be understood in order to enlist their engagement in the process.¹⁵

Much of this makes intuitive sense. If a smoker does not believe that they are likely to die from lung cancer or heart disease, they are unlikely to engage in a smoking cessation program. If an obese patient doesn't believe that diabetes is a serious condition, they aren't likely to engage in a weight-loss program. Generally, if a person doesn't believe in their ability to effect and sustain behavior change, engagement will prove difficult. Our beliefs, right or wrong, are critically important determinants of everything that we do.

The health belief model points to the importance of education. However, education is about more than providing information. It's also about making sure that the information takes root, and is used appropriately. Obviously, this approach requires more than a one-time conversation. Engaging individuals in their own recovery often requires an investment by health care providers, significant others, employers and insurers.

How can the employer foster engagement?

Employers are key players because engagement goes beyond engagement in the medical treatment. People generally want to recover from a medical condition not only to avoid the symptoms, but also to get back to doing the things that they love to do. And here we find ourselves again looking at the employer's role. We've said that most people who have a disability want to work. And most have residual abilities that should allow them to work. Moreover, as we noted earlier, employees who love their jobs are less likely to suffer injuries, less likely to take time off work when injured, and if they do take time off, they are likely to return to work sooner.

Consistent with these findings, a recent series of reports from the Workers Compensation Research Institute (WCRI) identified low trust in work relationships,⁷ as a strong negative predictor of return-to-work efforts. This factor was defined in the WCRI studies as agreement with the statement, "I was concerned I would be fired or laid off." Consistently, workers who agreed with this statement were twice as likely not to have returned to work at the time of the survey. Distrust of employers turns out to be a very significant predictor of employees' failure to return to work.

What can employers do?

At the most basic level, employers can call their "disabled" employees periodically and ask how they're coming along. It's important for employers to remember that these individuals are their employees, not the insurer's or the TPA's. Employers' various staff members, such as managers, supervisors or even human resources benefits staff, can send these

¹⁴Brownlee, Shannon. Why your doctor has no time to see you. Newsweek [article online]. April 16, 2012. Available at: www.newsweek.com/why-your-doctor-has-no-time-see-you-63949. Accessed June 2016.

¹⁵Becker, Marshall H. The Health Belief Model And Personal Health Behavior. Thorofare, NJ: Charles B. Slack; 1974.

¹⁶Case In Point 5th annual Platinum Awards, 2014.

¹⁷Case In Point 6th annual Platinum Awards, 2015.

out-of-work employees get well cards, invite them to company functions, or otherwise make them feel like they are still valued members of the organization, even while away. Of course, it's important for employers not to cross the line from expressing care and concern, or just getting incidental information, to activities that would engage the employee in performing work.

Many employees are fearful that they'll be fired if or when they come back from a disabling event.⁹ Employers can ask questions to try to understand concerns and to allay those fears, if possible. Employers can also reassure them of their importance to the organization, and where appropriate, that their employment remains active with open jobs for when they return.

Communicate return-to-work expectations early and often. Employers with a formal return-to-work program should, as a matter of course, publicize it to all their employees so they know the return-to-work program provisions and are aware of what to expect should they experience a disabling injury or illness. Employers that don't have a return-to-work program should at least make sure to have policies and procedures in place that outline both their commitments and expectations regarding employees who go out on disability. Again, employees must be made aware of the expectations and assistance available in that event.

Employers can further demonstrate their commitment to having employees return to work after a disabling event by providing part-time and modified duties. That way, injured or ill employees can return to the workforce as soon as safely possible. If part-time or modified duties aren't available, where appropriate and feasible employers can consider an offsite transitional duty program such as placing employees in volunteer positions with a nonprofit organization, on a temporary basis until their physician releases them to return to work full duty. Programs such as this can assist employees in gradually resuming functionality, can provide a sense of worth and accomplishment, and can help in overall emotional outlook.

Employers can advertise their commitment to a safer workplace by conducting ergonomic evaluations of workstations and internally publicizing safety measures and good results.

Working with an insurance carrier or administrator

There's a wealth of support available for employers who choose to follow some or all the recommendations in this paper. They can partner with their insurers or TPAs to help "disabled" employees get back on track and back to functionality and work as soon as they can safely do so.

The support available typically includes many clinical experts (e.g. physicians, psychologists, nurses and other specialists), as well as specialty programs. For example, Aetna refers disability claims with a behavioral or mental health component to a specialized internal behavioral health unit. This unit consists of licensed mental health specialists who coordinate with employers and who communicate with treatment specialists. This behavioral health unit has been recognized as best in class in the industry.¹⁶

Another program that can be of great value to employers is a vocational rehabilitation program. Aetna's Vocational Rehabilitation Services have also been recognized as best in class in the industry.¹⁷ Not only are vocational programs successful at helping employees get back to productive work,^{8,18} but the return on investment that can occur with a vocational rehabilitation program is noteworthy. Every dollar invested yields about 11 dollars in savings. That's 11 dollars employers can no doubt invest productively.

Employers who work closely with their insurance carriers can jointly evaluate their own needs in this area and their insurers' capabilities to support those needs. Working together can also help employers and their insurance carriers determine ways to improve expectations in this regard. For example, Aetna recently compared plan sponsor customers with mandatory vocational rehabilitation plans, versus those with non-mandatory vocational rehabilitation plans. Mandatory vocational rehabilitation means that employees are required to participate in the vocational rehabilitation program if appropriate. Mandatory vocational rehabilitation plans essentially send an unstated message to employees on disability that their employers really want them back as valued employees. This message helps employees actively think about returning to work. Employees on mandatory vocational rehabilitation plans spend an average of almost nine fewer days on disability than do employees covered

¹⁶Waddell G, Burton A, Kendall N. Vocational rehabilitation: What works, for whom, and when? The Vocational Rehabilitation Task Group. 2008. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/209474/hwwb-vocational-rehabilitation.pdf. Accessed March 27, 2015.

under non-mandatory vocational rehabilitation plans. This difference was evident across all major diagnostic groupings included in Aetna's comparison analysis.

Another more obvious way employers can enhance return-to-work efforts is by providing employees with modified duty options. These can include modifying the duties themselves or modifying employees' work schedules. Not surprisingly, Aetna's internal data show that employers with mandatory vocational rehabilitation plans are more receptive to taking their employees back to work with modified duties. They provide accommodations almost twice as often. And when employees in mandatory vocational rehabilitation plans are accommodated, their disability durations are still shorter compared with employees in non-mandatory vocational rehabilitation plans on modified duties. The underlying message, "We want you back," is a powerful catalyst.

Beyond the broad strokes of disability plan components, we can look at the effectiveness of employers who go "all in" with their commitment to the return-to-work vocational rehabilitation efforts. This means that they:

- Proactively align their health and disability plans
- Incentivize their employees to participate in wellness programs
- Target the major drivers of disability
- Continue to provide education and counseling even after employees go out of work on a disability leave

Aetna recently presented outcomes for one such employer at a benefits conference for employers. By investing in targeted health and return-to-work strategies, this employer was able to achieve success, with over 90 percent of non-pregnancy, short-term disability claimants who returned to work. And this employer had a migration rate from short-term to long-term disability of only 1.6 percent.¹⁹ Those are impressive numbers by any measure, including comparisons with their industry peers. Employers who are willing to go "all in" and invest in their own employees reap the financial rewards of that investment. As well as the human rewards of keeping valued employees on the job.

From the insurance carriers' perspective, our role is to honor the terms of the disability contract faithfully and provide valuable services to both employers and their employees. Aetna's internal analyses show that our ability to return people to work depends on employers' commitment to encourage and accommodate employees' return-to-work efforts. While the human implications of taking employees back are obvious for employee engagement and job satisfaction, we can't overemphasize the financial implications to employers. They're significant. For example, the cost of employee turnover has been estimated at up to three times an employee's salary when factoring costs of hiring and training.²⁰ And of course, employees who transition from short-term disability to long-term disability, while no longer drawing a salary, continue to cost employers in disability insurance for at least two years, and often longer, in both continued premiums and prospectively rated risk.

The lesson is clear. Employers occupy the driver's seat. The question is, where do they want to go?

¹⁹Miller K, Serra S, Lacroix M. An integrated incentivized approach to musculoskeletal claims really does work. Presented at the Annual Conference of the Disability Management Employer Coalition. San Francisco, CA: August 3, 2015.

²⁰AARP. What are the costs of employee turnover? April 14, 2011. Available at: www.aarp.org/work/employee-benefits/info-04-2011/what-are-the-costs-associated-with-employee-turnover.html. Accessed June 2016.

For more information about how you can tailor your disability and absence management programs to meet your organization's and employees' unique needs, contact your Aetna representative. Or visit www.whyaetnadisability.com.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Disability insurance plans/policies contain exclusions and limitations and are subject to United States economic and trade sanctions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Policy form numbers issued in Idaho and Oklahoma include: GR-9/GR-9N and/or GR-29/GR-29N.

www.aetna.com

©2016 Aetna Inc.
26.03.223.1 (6/16)

