

# DISABILITY MANAGEMENT FOR NON-OCCUPATIONAL INJURIES/ILLNESSES

By Rich Pimentel

Transitional Employment is traditionally designed to provide return-to-work opportunities for employees who become injured or ill on the job.

At some point, each employer who implements a transitional employment program willbe faced with the decision of whether to offer transitional employment to <u>both</u> occupationally and non-occupationally injured/ill employees.

While the model works for both, there are significant issues that must be considered withany integrated occupational/non-occupational return-to-work process. An employer can make the best decision for its needs and circumstances by comparing and contrasting the elements of occupational (Workers' Compensation) and non-occupational return to work. The following elements are examined in this section:

- 1. Employee Motivation
- 2. Medical Confidentiality and Access to Information
- 3. Employer Benefits
- 4. Work as Therapy
- 5. Transitional Employment Assignments



#### **Employee Motivation**

#### **Worker's Compensation**

The employee who is injured on the job isoften an ideal candidate for a Disability Management Return-to-Work Program.

Generally the injury is a result of some trauma that does not allow the employee toreturn immediately to his or her regular duties. Overall, there are far more work- related injuries than illnesses.

The return-to-work process increases the recovery and work morale of the employee. The following elements are factors that increase employee motivation to actively participate:

 Transitional Employment serves as a bridgein the recovery process for the employee to transition to his or her regular duties.

#### Non-Occupational

While the employee who becomes ill or injured off the job generally can benefit from Disability
Management Return-to-work
Program, the motivation for the employee to participate in the
Program and the leveragethe employer has to *require* him or her to cooperate is not clear-cut.
Consider the following issues:

The nature of non-occupational problems is that there are far more illnesses than injuries. Arthritis, diabetes, clinical depression, cancer, heart disease and high blood pressure are common nonoccupational illnesses. Often, in these cases, the inability to perform regular work duties is of secondary importance to the need for treatment for occasionallylife threatening and long-term health considerations. Because of this, any pressure from an employer for the employee to return to work might be seen as invasive and/or insensitive.



## **Employee Motivation (Cont)**

#### **Worker's Compensation**

- The employer is involved from day one and the information supplied to the claims representative focuses on what activities the employee can and cannot do.
- Employee education is used to help the employee gain an understanding that Transitional Employment helps both theemployee and the employer.
- The best Disability
   Management Program operates
   with the cooperation and
   support of the injured employee.
- Injured employees quickly fall into step with the logic that if there is work available that they could perform, the employer may require their cooperation in a return-to-workeffort.

The Workers' Compensation system has built in leverage to enforce cooperation by allowing time loss benefits to be reduced or suspended fornon-cooperation.

## Non-Occupational

- You may need to overcome the employee's perspective that "sick days" and "short or long-term disability" are generally seen more as an employee's "right" than time loss payments from Workers' Compensation.
- FMLA supports the idea of not requiringan ill or injured employee to accept a modified or Transitional Employment assignment, the employer will need to provide employee training on the availability of Transitional Employment and the benefits of participating in a Disability Management Returnto-WorkProgram.



## **Medical Confidentiality and Access To Information**

#### **Worker's Compensation**

One of the realities of medical information in Workers'
Compensation is that because ofthe Workers' Compensation claim, employers with an active Disability Management Returnto-Work Program havea need to know an injured employee's work related condition. This (or related) information is vital to determining if the employee could benefit from a Transitional Employment assignment, and is crucial to Transitional Employment assignment design.

Access to medical information is vital to a timely Disability
Management Return-to- Work
Program, and the Workers'
Compensation system is designed to provide the employer with this information as a return-to-work tool. For example:

 Changes in an employee's medical condition are often updated weekly bythe physician, with the Transitional Employment Plan reflecting those changes.

#### **Non-Occupational**

In the case of nonoccupational illnesses and injuries, employers are much more restricted in their access to medical information. The new HIPPA regulationsfurther limit the kinds of medical information an employer might have access to.

This restriction makes it more difficult todetermine which employees may or may not benefit from return to work. In addition, it can make early identification of return to work candidates problematic. Therefore, consider the following issues:

Obtain a medical release form from employees with a non-occupational medical condition who wish to participate in a Disability ManagementReturn-to-Work Program. This will enable the employer to gather the information necessary to determine suitability of the Program, and as appropriate the design of Transitional Employment assignments.



## **Medical Confidentiality and Access To Information (Cont)**

## **Worker's Compensation**

- If current information is not available orthere is a question about the employee's condition that relates to return to work, an appointment with the physician can be scheduled by the claims representative to obtain a quick answer.
- If medical information from a physicianis delayed, a call from the disability manager can be arranged to expedite theprocess; or in some cases, an Independent Medical Examination can be required.

#### **Non-Occupational**

If the physician is slow to respond or is non-cooperative in the Disability Management return-to-work process, the employer has few, if any, options to expedite the process. Therefore it is important that any employee who requests Transitional Employment communicate with their physician thatthis Program is something that he or she wants to do.



#### **Employer Benefits**

#### **Worker's Compensation**

Both Workers' Compensation costs and Workers' Compensation savings are easy toidentify at the organizational and department level. This is partly due to timeloss and medical costs being combined intoone total for Workers' Compensation expense.

The direct costs of employees being offwork/at home are obvious to both management and supervision. For example:

 The direct saving results of a DisabilityManagement Program for occupationally injured employees can be measured as early as six months into the Program, and sometimes even on a case-by-case basis.

#### Non-Occupational

Direct and indirect savings associated withnon-occupational return to work will be difficult to identify and measure. Because medical coverage is paid as a group and is generally not broken down on a case-by- case basis, medical cost savings are hard toidentify. If there are savings, they may not be passed on to the individual departmentsat all.

"Sick days" are generally considered an entitlement, and short and long-term disability premiums are often unaffected by Disability Management Programs except in the long run.



#### **Employer Benefits (cont)**

#### **Worker's Compensation**

Because a Workers'
 Compensation Disability
 Management Program
 oftenallows the employee to
 return within hours or days
 of an injury, the indirectcost
 benefits of having the
 employee back at work
 doing something productive
 are obvious and often
 dramatic.

The overall positive results serve as both amotivation and ongoing reinforcement for management, supervisor and employee participation and support of the Program.

#### **Non-Occupational**

Since cost savings, direct and indirect, are more difficult to identify with non- occupational return to work, management motivation and support of return to work for this group falls more into the category of "doing the right thing" or helping employees retain their income and security.

To obtain management support for a non- occupational injury/ illness Disability Management Return-to-Work Program, it is often necessary to emphasize the Program's potential for helping retain goodemployees and improving morale.



#### **Work As Therapy and Physician Involvement**

## **Worker's Compensation**

Occupational medicine generally understands and endorses the concept of work as therapy." Occupational physicians are used to working with employers and their Disability Management Programs.

Work as therapy is well respected in occupational medicine for a number of reasons.

Many Workers'
 Compensation injuries are orthopedic in nature. They lend themselves well to assessing temporary physical restrictions.

#### **Non-Occupational**

When a non-occupationally injured or ill employee asks to participate in a Disability Management Program, the employer may need to educate the non-occupational physician about the Disability ManagementProgram as well as the goals of "work as therapy." This education is critical. Consider the following issues:

 Non-occupational physicians generallyhave had little or no training in return- to-work protocols.
 For many of them, return to work is something that only happens when the patient has fully recovered.



#### **Work As Therapy and Physician Involvement (cont)**

## **Worker's Compensation**

- Experience with common orthopedic injuries has helped occupational physicians develop return-towork protocols for typical conditions, such asback injuries, carpal tunnel, and injuriesto extremities, soft tissue trauma and repetitive stress.
- Occupational physicians consider working with employers and return-towork consulting to be part of their job.

Occupational medicine focuses on return towork as part of the treatment process and the patient's recovery.

## Non-Occupational

- Because of the nonorthopedic nature of nonoccupational injuries and illnesses, return-to-work protocols for many nonoccupational conditions havenot been developed.
- Most non-occupational physicians havelittle or no understanding of modern Disability Management Programs and little or no experience in working with employers to develop Transitional Employment assignments.
- Many non-occupational physicians do not consider working with the employeras part of their job, and see it as an intrusion.
- Physician contact and education for nonoccupational return to work is a vital part of nonoccupational return towork success.



#### **Transitional Employment Assignments**

#### Worker's Compensation

Since many Workers'
Compensation injuries are orthopedic in nature, they lend themselves easily to simple physical restrictions and "work as therapy" assignments.
Lifting, bending, sitting, standing, walking and climbing are concepts easily understood by everyone.

Many Workers' Compensation return-to- work situations are also pretty straightforward. The timelines for how long the employee will need to participate in a Transitional Employment Plan and the degree of expected recovery are for the most part predictable. The biggest challenge for the Transitional EmploymentTeam in such cases is to find meaningful work that is consistent with restrictions and incorporates activities that will help the employee recover sooner or/ and more completely.

#### Non-Occupational

Because of the varied nature of non- occupational illnesses and injuries, the Transitional Employment Team may need to focus even more on the individual employee's needs, restrictions and abilities than for most Workers' Compensation cases. Consider the following issues:

- Transitional Employment
   Teams mayneed more
   education about non occupational medical
   conditions and may require
   professional advice about
   the appropriateness of
   Transitional Employment
   Plans for certain conditions.
- Transitional Employment
  Teams mayneed to be
  more creative. Short term
  modifications of schedules,
  tele- commuting and homebased employ- ment
  options may be considered
  moreoften than with the
  most typical Workers'
  Compensation injuries.



#### **Transitional Employment Assignments (cont)**

#### Worker's Compensation

While each case is, in it own way, unique, Transitional Employment Teams have the advantage of seeing the majority of injured employees with basically a small number of the same kind of injuries, restrictions and temporary requirements.

On the whole, Workers' Compensation return-to-work design is driven by common sense.

#### **Non-Occupational**

#### Caution!

When a co-worker is experiencing a serious medical problem, there may be a tendency to downplay the fact that Transitional Employment is only short term, or that an assignment must be of value. Compromises in these areas can degrade and endanger the Program.

While permanent or long-term assignmentsmay be worth considering, this should not be done under the Transitional Employment model. Human Resources, with input from legal counsel and/or the ADA Coordinator, may well need to be involved in such cases.



#### Conclusion

Return to Work and Transitional Employment can be a valuable tool for your company that help employees with occupational and non-occupational illnesses/injuries recover sooner and more completely. Most injured and ill employees want to return to work if possible. If there is a likelihood that a temporary assignment will help them recover and at the same time provide value to your organization, it should be considered. However, integrating non-occupationally injured/ill employees into the return-to-work model is not without its challenges (or rewards). Organizations that integrate the two find that employee morale improves and that there is a more positive feeling about the Program among <u>all</u> employees. After the initial start-up work, non-occupational return to work is no more difficult than occupational return to work.