A new approach to disability management

Unsatisfied with your disability management program? Maybe you're focusing too much on disabilities, and not enough on people.

By Anna Blake

The cost of disability—including direct costs such as short-term disability, long-term disability, total permanent disability and workers' compensation board costs, as well as indirect costs like lost productivity, overtime pay, temporary help and unhappy customers—continues to climb for Canadian organizations. Employers have embraced disability management programs (early return-to-work programs for example) in response to these rising costs and increased legislative requirements.

But despite supportive cost data and buy-in from employees and a variety of third parties, workplace disability programs are experiencing mixed successes. Too often disability management programs are narrow in focus, and many barriers to return-to-work are not being identified.

What's the problem? To answer that question you have to examine the history of disability management, and how it is understood in Canada.

Disability management is a proactive, employer-centred process that coordinates the activities of labour, management, insurance carriers, healthcare providers and vocational rehabilitation professionals for the purpose of minimizing the impact of injury, disability or disease on a worker's capacity to successfully perform his or her job.

Disability and impairment are sometimes used interchangeably, but they are two distinct terms. The World Health Organization defines impairment as "any loss or abnormality of psychological, physiological or anatomical structure or function." It defines disability as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being."

Generally, workplace disability management specialists (DMS) use a traditional medical model based on a narrow definition of disability. There are several reasons for this.

Insurance companies and workers' compensation boards use a legal or social definition of disability as a determinant of benefit entitlement. They try to determine the effect of the impairment on the employee's ability to work. This assumes that there is a direct correlation between impairment and disability, as determined by average length-of-disability tables. It is based on the medical model of disability.

It is easiest for DMSs to follow suit. The theory driving this model states that disease or injury results in a pathophysiological problem, and that this problem is the cause of the disability. Disability is seen as driven entirely by medical impairments. If there is no severe medical impairment, the employee is not entitled to disability benefits and should be able to return to work.

AN ATMOSPHERE OF DISTRUST

The medical model does not explain why two employees with the same diagnosis and level of impairment could have different levels of disability, or perhaps no disability at all. It is best used when the medical conditions (illness or injury) are straightforward. But it can lead to an adversarial approach to disability management that results in an atmosphere of mutual distrust.
Organizations can go to great expense to determine whether or not there is a medical impairment to substantiate a level of disability. As a result, employees are forced to concentrate on their disability, rather than their abilities.

All too often cases get passed back and forth between the human resource and medical departments. The medical department asserts that there is no impairment warranting the disability. It is, therefore, a human resources problem. HR is unwilling to intervene in what it believes is a medical problem, and keeps sending the case back to the medical department. The employee remains off work, becoming more and more chronically disabled.

What if there was a more comprehensive disability model available that would provide the DMS with a holistic approach to disability management—a model which identifies not only the individual characteristics affecting ability to work, but also workplace factors which present additional barriers for the disabled worker.

Desmond Coen, Ph.D. has described disability theories in an article entitled "Harnessing Disability Theories to Drive Rehabilitation Practice" in the journal Rehab Review. Disability management specialists in the workplace can use a disability matrix based on these theories to develop a logical framework in which to assess all causes of the employee's disability.

**FOUR MODELS OF DISABILITY**

We've already looked at the medical model. There are three other theories worth discussion.

The psychological model is similar to the medical model, except that mental pathology is seen as the main cause of disability—with or without physical pathology. Disability management involves psychological assessment and counseling to modify inappropriate illness perception, beliefs, attitudes and behaviour.

The social model encompasses several theories, with a common focus on the role of social groups and social evolution as driving forces which shape individual and organizational behaviour. These theories centre on identifying the social and economic conditions which contribute to dysfunctional social systems, which in turn produce the disabled individual.

The developmental model provides the most flexibility for identifying the causal forces that drive disability. It sees disability as a continuously evolving process subject to many influences. This model incorporates findings and information from the medical, psychological and social theories to determine which causal factors are most important to a disabled individual at any given point in the evolution of his or her disability.

Models are based on theories. They help in the diagnoses of problems and the finding of solutions. In a health and safety program, one of the major tools in accident prevention is accident investigation.

The information gleaned from an accident investigation is used to identify weaknesses or flaws in the organization's health and safety management system. Why did the accident happen? And what changes in the system have to be made to prevent an accident from happening in the future? The analysis model used is dependent on the accident theory used.

In similar fashion, the disability model can be used by the DMS to look at the various components of medical, psychological and social factors. It can be grouped according to the timeline of the event identified:

- **Predisposing events** occur before the employee is determined to be disabled. They create the vulnerability (i.e. physical or psychological weakness).
- **Precipitating events** include the obvious triggers that immediately precede the disability.
- **Perpetuating events** occur after the onset of disability. These serve to keep the problem alive.
THE DISABILITY MATRIX

The disability matrix, below, developed from the four main disability theories, accomplishes three important things.

- The matrix provides a diagnostic tool to identify the individual and workplace characteristics which contribute to the cause of the employee's disability. It also looks at factors that are sustaining the disability.
  For example:

- The medical component: An overweight, out-of-shape employee (predisposing) hurt his back bending to pick up a 10-kilogram box at his workstation (precipitating). He complains of back soreness and stiffness preventing him from standing and lifting at his workstation. He has a doctor's note giving him a month off work (perpetuating).

- The psychological component: Discussion reveals that he has financial problems (predisposing), and had an argument about a credit card statement at home the morning of the accident (precipitating). He feels he has nowhere to turn to resolve his problem (perpetuating).

- The socio-cultural component: The job task involves continuous bending and lifting, and is repetitive (predisposing). Recently, the purchasing department found savings by increasing the packaging size from five to 10 kilograms (precipitating). The employee's supervisor views him as a chronic complainer, and is not afraid to tell him so. He cites the employee's previous complaints about workload, and his current complaints about back soreness (perpetuating).

- Once the perpetuating factors that are barriers to the employee's return to work are identified, strategies can be developed to eliminate them. In the above case, a job redesign eliminating bending and lifting, a work-hardening program, supervisory training and access to financial counseling can be provided in the short term.

The Institute for Work and Health has identified several characteristics that are important in effectively managing disabilities:

- supportive workplace climate and policies;

- communication and cooperation among the worker, his or her healthcare professional, union or worker representative and the workplace;

- the offer of modified work (preferably of the original job);

- educational programs for management and supervisors; and

- on-going evaluation of the program.

Some are applicable in the short-term return-to-work strategy. Others require long-term implementation.

- The matrix makes it possible to implement longer-term measures to prevent disabilities from occurring in the future. Aon Consulting's Canada@Work study shows that people prefer to work in high-commitment organizations which foster growth and empowerment, allow a better balance of personal and work life, provide the necessary resources to satisfy the needs of customers and provide for employee education and training.

The results of the disability matrix can help employers develop workplace strategies that foster an environment where employees are recognized as individuals with personal and family needs. Some of these workplace enhancements include employee assistance programs, flexible work schedules and preventative medical and dental care benefits.
Disability specialists are often frustrated because they are using a medical model which is too narrow in scope. This often contributes to an atmosphere of mutual distrust, and can result in unnecessary human and financial costs.

DMSs have an opportunity to evolve in new, interesting directions. In a unique position to overlook the entire organization, the DMS can be a change agent, a facilitator in the workplace. Using assessment tools, the DMS can identify opportunities for improvement, and create prevention strategies at both the personal and organizational level. This will not only return employees to meaningful work, it will assist organizations in implementing proactive strategies that will prevent disabilities from occurring in the future.

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