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DM DIALOGUE EDITORIAL STATEMENT

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Customer Education

HELPING HR PROFESSIONALS AND WORKER REPRESENTATIVES MAKE GOOD DM DECISIONS

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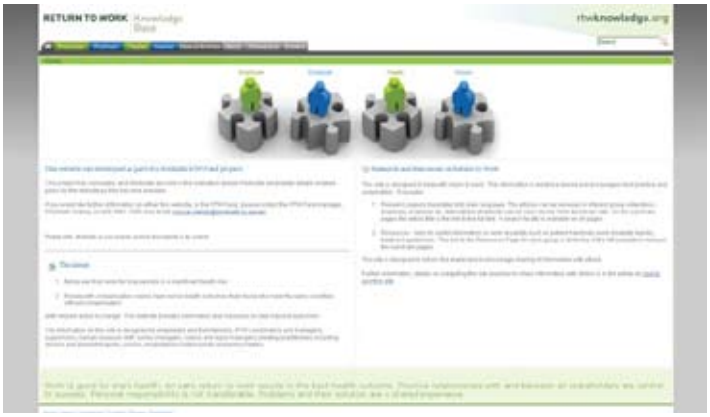
As evidenced by the level of interest in the 4th International Forum on Disability Management held in Berlin in September 2008, the principles underpinning disability management (DM) have become widely accepted internationally as a key to reducing impairment and disability in society. This strong interest is echoed in the number of organizations that have joined the International Disability Management Standards Council (IDMSC).

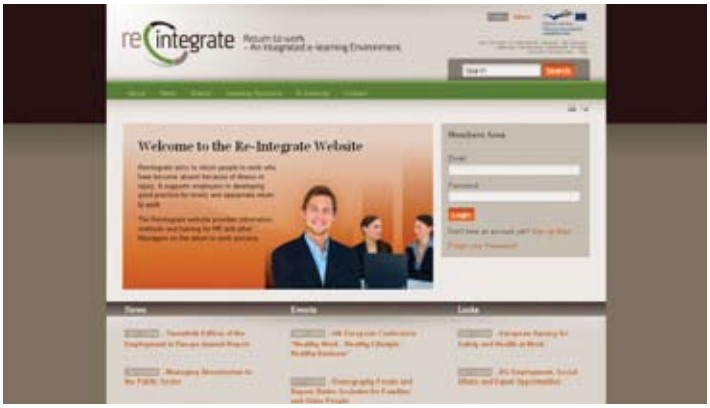
The IDMSC standards, as reflected in the Code of Practice and Occupational Standards, are intended to set a benchmark for good organizational practice in DM and to ensure that disability management practitioners operate to the same high levels of values, skills and competencies consistent with the needs of workers, employers and society in whichever jurisdiction they are providing services.

It is clear that disability management has a multi-disciplinary appeal as indicated by the diverse membership of the International Association of Professionals in Disability Management (IAPDM), which includes allied health, work-based and mediating professionals.

However, despite the enthusiasm and commitment of accredited practitioners internationally, it is well recognized that it is no easy task to convince an organization that has not previously been involved in DM to make the decision to adopt a DM approach. This is despite the fact that the evidence for the business case for implementing disability management programs is very convincing.

A major inhibiting factor in the spread of the DM approach is a lack of knowledge and awareness of the nature and benefits on the part of those with responsibility for absence and return to work in employing organizations. Even where an individual manager, human resources (HR) professional or workers' representative does become aware of the need to invest in preventing and reducing health-related long-term absence, there is no easy-to-use knowledge resource available to assist them with making the case to senior management or their colleagues.





These people may not necessarily be interested in gaining accreditation as DM professionals but they do need access to a knowledge base that can provide them with sufficient information to deal with job retention and reintegration within their organizations, and equally importantly, to recognize the benefits of contracting a properly certified disability management professional to assist in this process.

From the perspective of a DM professional involved in marketing the approach to an organization for the first time, an easily accessible knowledge base to which the customer can be referred would also be an advantage.

Two useful web-based tools have recently been created to fill this gap in resources. These websites are structured so that new users are guided to the information they need in the most efficient way and are provided with information using non-technical language. One interesting aspect is that the need for these tools emerged in two very different contexts. One of these tools (www.rtwknowledge.org) was developed in Australia while the other, (www.re-integrate.eu), is currently being developed in a number of EU Member States. Nevertheless both tools target the same audience, i.e. people in organizations who need information about good practice in return to work but who may not wish to gain accreditation. The information on both sites is very useful and is currently free to the user. However, there the similarity ends. Each website takes a different approach as to how it informs the customer.

About **www.rtwknowledge.org**

The Australian website was developed by ResWorks (a small Australian non-profit organization) with the support of the WorkSafe Victoria RTW Fund. The site has been endorsed by the Australasian Faculty of Occupational and Environmental Medicine. The site hosts an extensive research-based knowledge base and a set of links to original articles on work disability prevention. Each article can be viewed from four different perspectives, i.e. the employee, the employer, the treating professional or the insurer. The research papers in the knowledge base have been rated in terms of relevance to each perspective and are accompanied by summaries in everyday language that are customized to each perspective.

The site aims to increase knowledge and understanding of DM and to provide material that can be used to influence others.

About **www.re-integrate.eu**

The European website is being developed by a consortium including the Work Research Centre and the Irish Business and Employers Confederation from Ireland, the European Platform for Rehabilitation from Brussels, eWorx from Greece, and NIDMAR from Canada under the Leonardo Da Vinci Lifelong Learning Programme. It provides an integrated e-learning environment designed to transfer knowledge, skills and resources aimed at retaining and reintegrating ill or injured employees. It hosts a self-assessment questionnaire of relevant skills and knowledge aimed at HR and worker representatives, an easy-to-use organizational assessment tool to evaluate a company's readiness to return an absent worker to employment, a training course for employers, workers' representatives and HR professionals, and access to a set of useful resources.

The site aims to assist a person to establish a return to work program in his or her company and to provide sufficient knowledge to understand how to assist an individual absent employee back to work.

Both sites complement each other and should prove very useful in disseminating the concept of disability management internationally.

Research and Innovation

MYTH BUSTING BACK PAIN

Mary Wyatt, MD, CDMP, Melbourne, Australia, is editor of www.RTWMatters.org, an online resource for RTW practitioners; is Chair ResWorks, a non-profit in work disability knowledge transfer; and is a lecturer at Monash University.

Mr. AF was a cleaner in an aged care facility and had worked in the job for 12 years. Two months ago, he reached over to pick up an object from a person's locker, twisting and bending. As he straightened up, he developed acute pain in his back. The pain was severe. Mr. AF had not previously experienced any bother in his back.

Over the following six weeks, his back problem had improved a little, but he continued to be troubled by substantial pain in certain positions and his back pain would flare-up easily. There was obvious muscle spasm in his back on examination.

Two return to work attempts had been unsuccessful, both lasting less than two days.

A CT scan showed disc bulges, but the return to work coordinator at his workplace said that was not significant as lots of people have disc bulges. He thought the return to work coordinator was frustrated with his not being back at work.

When he attended for review, he was obviously worried about his back problem. At the age of 37, he had two teenage children, a stable work history and was positive about his job. But he had been spending nights worrying about his future, that his back would not improve, and about how he would support his family if this occurred. His main focus was to have a MRI scan to "identify the precise problem" and then work out what was needed to "fix" the problem.

Mr. AF's treaters told him to walk and do stretches for his back. However, he was told to be careful and so he was protecting his back. Mr. AF would go to the supermarket with his wife but would not lift the grocery bags, fearful that it might be doing him some damage.

This case illustrates many of the recurring back pain issues we see "down under".

Myths About Back Pain

- **The level of pain is an indication of the severity of back problems**

  Severe back pain is common in the community. In any one year, about four percent of the population indicates they have an episode of back pain, which is severe and disabling, such as Mr. AF describes. People naturally think the severity of the pain is a sign of the severity of damage in their back. Medical evidence tells us otherwise. Mr. AF had obvious muscle spasm, which gives severe pain, but like a cramp in the calf, it is not a particularly worrying medical problem.

  Following on from that is the notion that hurt does not mean harm. Mr. AF was avoiding a range of activities on a day-to-day basis, which was impeding his ability to function, both at home and at work. Of course, with the severe back pain, he struggles to do a number of activities, but that does not mean he should directly avoid them.

  Good research tells us that people who are advised to return to normal activities do better in the longer term. Not only was Mr. AF suffering with back pain, he was suffering from a lot of worry about what he could and could not do, impacting how he normally operated at home and at work. He needed to know that activities that caused him pain were not harming him, and in fact that it was in the long term better for him to return to those activities and become more active and mobile.

- **Scans are helpful with non-specific back pain**

  Despite over 10 years of good evidence that scans do not make much of a difference, "down under" people still hope and expect help from spinal scans.

  Research tells us that so-called abnormalities on scans, such as disc bulges or facet joint degeneration, do not have a lot of meaning. They certainly do not tell us what is going to help the person in terms of treatment or return to work, and do not assist in terms of the prognosis. There is some evidence that people with so-called degenerative changes, such as narrowing of the disc space, are a little more prone to get a sore back, but the association is not strong.

Dr. Aage Indahl, a Norwegian clinician and researcher, describes it well. He says, we get some grey hair on the outside, and degenerative changes are like grey hair on the inside. Yet people who are told they have a degenerate disc, start to conceptualize there is something significant and naturally worry about this.

- Mr. AF was hoping that a specific diagnosis or problem could be identified

  If a person in Australia goes to the doctor with a headache, they are not looking to find out if they have temporomandibular joint dysfunction or occipital neuralgia. A headache is a headache and people do not ask their doctor to identify a specific cause. There is a difference between headaches and migraines – people know that, and they know that most people get headaches at times.

  Yet with back problems, people are looking for a specific diagnosis. This causes untold confusion. People with back pain get seven different diagnoses or labels from four different practitioners. Their back pain may be labelled as a disc problem, a facet joint problem, muscle spasm, the back is out, etc. People are left confused and lose confidence in their treaters.

  We cannot identify specific structure for most people with back pain, and this does not matter as the treatment does not depend on identifying a specific diagnosis.

- The back problem is not as bad as the person is making out

  Mr. AF thought his employer was dubious about the severity of his problem. Mr. AF was an intense chap, worried about his problem, and was emphasizing his pain and the scan findings. It is likely the employer was reacting to his emphasis of this problem.

  His style of communication about the problem was a reflection of his worry about his future. Without a good understanding of his condition, it was easy to misunderstand his way of communicating about the problem.

  There is a residual belief system in the community that back pain can be used as a way of getting out of work. Employers and others, who cannot see the pain, can communicate their disbelief subtly. This has a negative impact on the person experiencing the problem.

- Research tells us that patient expectations about return to work are the best predictor of the outcome

  Mr. AF has had back pain now for just over six weeks and is very worried about his long-term future. This alters his expectations about return to work. Back problems are common and most people do well, even if the pain is severe.

  Mr. AF needs advice to give him a better understanding and more realistic expectations about his back problem.

- Looking for a treatment that is going to cure the condition

  Evidence tells us that treatment can assist the level of pain, but the back problem is going to follow its natural history. Keeping active, self-management and education about his back problem are the best forms of management for Mr. AF at this stage.

  In Melbourne, Australia, we have a major lack of services for people with back pain. People attend their primary care practitioners, they go to physiotherapy and use of medication is common. They may be referred to a specialist who is often a surgeon.

  At a public health level, there is a lack of options that research tells us makes a difference. At the subacute phase, between 6-12 weeks, people need advice and explanation. It takes an hour or two to give people sufficient information to enable them to effectively self-manage, to reduce their fears and worries.

  Mr. AF needed good advice to help get him back to function and the best return to work outcome. Yet there are few practitioners available geared up to assist Mr. AF in the way he needs. Services are focused on short consultations. Considering the frequency and human and economic costs of back pain and back pain disability, it is vital that there are changes to the care provided.

For further information:

- "People who get clear advice about their back problem do much better" **http://www.rtwknowledge.org/browse.php?article_id=45&searchresult=true&view_type=research**
- Back pain links from around the world **http://www.rtwmatters.org/hoard/hoard.php?id=45#neck**
- Summaries of research articles on back pain and return to work **http://www.rtwmatters.org/research/medical.php?cat=51&sub=8**

Of Note

JUMPING THE QUEUE: MEDICAL TOURISM GROWS WORLDWIDE

Todd Sauve, CRM, CDMP, President, Case Management Canada Inc. of Winnipeg, Manitoba, consistently fields enquiries from corporate clients questioning whether they can send their injured employees out of their respective provinces for expedited surgery or medical treatment. "Their motivation has been to get their injured employees back to work more quickly and reduce both the human and financial toll (in increased workers compensation costs) of their employees' disabilities," Sauve explains.

As a result, his company is investigating partnering with medical tourism "brokers" to expedite out-of-country medical care for disabled workers. "We see this as an opportunity, as a disability management consulting firm, to differentiate ourselves from other DM providers and help our employer clients save money while simultaneously assisting injured workers in expediting their physical, emotional, and financial recovery from injuries."

Sauve's interest in the topic has led to his collecting statistics on medical tourism. Here's his take on this burgeoning international trend.

Medical tourism and its impact on disability management

Travelling abroad for medical treatment, often referred to as "medical tourism," is a growing trend and has emerged as a global industry unto itself. It is expected to grow into a US$40 billion annual industry by 2010.

While citizens of many countries travel abroad for medical treatment, a large number of them are from industrialized western countries such as Canada, the US and Great Britain. In the US in 2007 alone, over 750,000 people left the country to seek medical treatment (according to Forbes magazine, Americans can save up to 90 percent of the cost of medical procedures by travelling abroad). Canada, which struggles with long surgical wait lists, (it is estimated that as many as 875,000 Canadians are on medical referral wait lists at any given time), makes up for approximately six percent of all global medical tourists.

Basically, people travel abroad for medical treatment for one of three reasons: to jump long waiting periods to secure treatment, to seek less expensive medical treatment, or to obtain better quality medical treatment. This has broad implications for the field of disability management.

Disability managers can use this as an opportunity to more quickly access medical rehabilitation for their injured or ill clients, especially when either the client or the payer is willing and able to access quicker treatment. It also means that disability managers increasingly will require the skills to deal with medical practitioners and other rehabilitation and case management team members across various countries and cultures on individual cases (not to mention the organizational skills to put together cross time zone case conferences).

Medical tourism can be a delicate and controversial subject, especially in countries with state funded health care coverage such as Canada. However, the statistics bear out that it is an emerging reality and is here to stay, so disability managers must learn to deal with the unique challenges and opportunities it presents to their field of DM.

Health and Wellness

"WORKING WELL" CONFERENCE ACHIEVES HIGH SCORE AT CANADA'S IRVING GROUP OF COMPANIES

With 15,000 employees working out of 10 different divisions in a wide range of operations from trucking and shipbuilding to retail, forest products and frozen food, Saint John, New Brunswick-based J.D. Irving, Limited is focused on quality recruitment and retention programs. Health and wellness initiatives form a key part of this strategy. Mary Martell, Director of Irving Health Services, says the importance of employee safety and wellness and their contribution to the health of the company is critical in today's economic environment.

On October 8, 2008, Irving Health Services held an event – organized with assistance from the Irving Group's corporate HR team and their Employee Assistance Program (EAP) sponsor – at the Saint John Trade and Convention Centre with the theme of "Working Well–Living Well." The idea, explains Martell "was to bring together, through our organization, key individuals on the front lines of safety, return to work and wellness; to network, to learn and to see what is going on outside the company; and to share best practices."

Company Presidents and brothers – James D. and Robert Irving – opened the event with a clear message: "Good health is good business."

"The safety, health and well-being of our people is our number one priority and we are committed to establishing the best wellness practices within all of our operations," said James Irving. "The research is very clear. Healthy employees are motivated employees and motivated employees are productive employees."

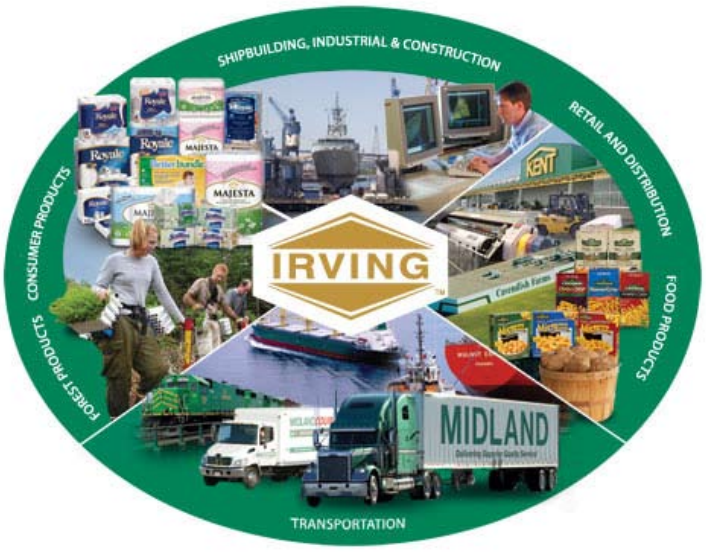
J. D. Irving, Limited has already achieved high scores among its employee population for holistic safety and wellness programs. In 2002, J.D. Irving, Limited was recognized and received the National Award of Excellence for its comprehensive disability management (DM) program.

It was determined that in order to move their DM program to the next level, formal certification of their DM professionals was necessary. NIDMAR's professional certification program was chosen as the company standard. To date, nine employees have achieved their Certified Disability Management Professional (CDMP) designation.

Senior management focuses on how to keep employees engaged and empowered in the areas of health and safety, wellness and return to work. The October "Working Well–Living Well" event provided inspiration in a number of areas.

Participants totalled 250 with delegates coming from across the company's diverse operations. The day's agenda included an address by Wolfgang Zimmermann, NIDMAR Executive Director, who spoke on the topic of "Global Quality Standards in Disability Management."

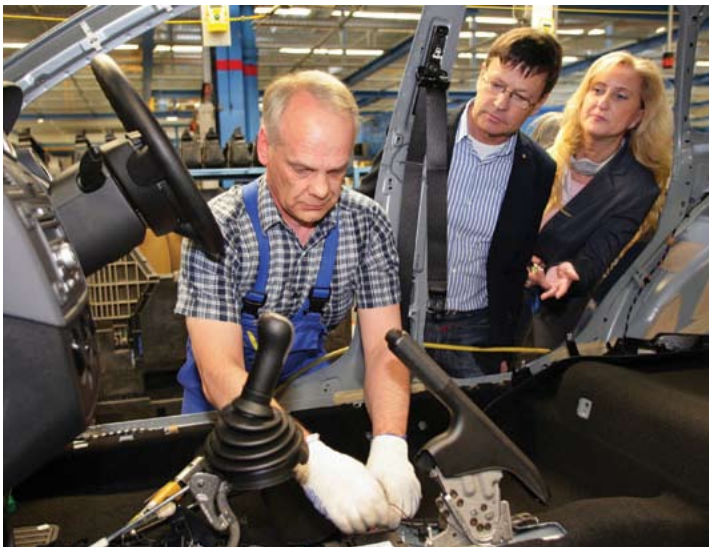
"Because of Wolfgang's address, credibility was given to the DM program. Senior managers were better informed and more inquisitive about DM issues."



In response to a pre-conference survey conducted earlier in the year, a series of structured breakout sessions dealt with a range of topics, including:

- Safety: "Due Diligence Mock Trial"
- Drugs & Alcohol: "How Does It Impact Me?"
- Wellness: "Communicating for Success"
- Disability Management: "Case Study/Role Play"
- Business Continuity: "Pandemic Planning & Awareness"
- Environment: "Operating in Harmony with Our Environment"

Fifty two percent of the delegates who participated in a post conference survey rated it as "excellent." Participants came away engaged and full of new ideas. The DM program continues to grow with four more individuals working towards achieving their CDMP in the near future. "We are very proud of our solid programs."



Achieving Consensus

OPPORTUNITIES OF THE GERMAN SOCIAL SYSTEM AND LEGISLATION FOR EMPLOYERS AND EMPLOYEES

Erich Knuelle, MD, CDMP, Disability Management and Occupational Health Systems, Ford Werke GmbH, Cologne, reflects on the German social system from his perspective as an Occupational MD within Ford Motor Company, Germany.

Looking back at 28 years of employment and work, changes in the approach and tasks of medical services within a big global company offer newfound hope. There are great opportunities, which have been developed in the last decade with international cooperation, especially with NIDMAR, and the perspectives that have grown up within my own country.

At the end of an economically chaotic year in 2008, with no perspective of success for "The Big Three" in the US, (if you believe in the prophecies of some business consultants), it seems important to have a closer look at human capital. Companies that have the will and the power not only to survive, but to be profitable in the future, need a well-prepared workforce to overcome the challenges. Demographic changes, the aging workforce, globalization, lean production and never ending cost pressures are some key factors influencing the work of human resources and occupational medicine in the last years. These issues have replaced the dominance of traditional tasks like ergonomics, control of hazardous materials, prevention of hearing loss, etc.

Business pressure facilitated the introduction of Disability Management into Ford Motor Company, Cologne in 2000. Employees who seemed unable to fulfill their jobs had to be brought back into the normal workplace as a "requirement to operate". This task was fulfilled successfully due to shifts in thinking and the merit of the Disability Management Team founded in 2000 and supported by top management and the work-council. Part of the success story was that Ford Motor Company, Germany employed the first CDMP in Europe and became the first IDMSC-certified company on the continent as well.

Protection against unlawful dismissal, especially of older employees and those with severe disabilities, was and is one of the main driving forces to act. It was often in the employer's interest to get rid of people with performance problems and a high rate of medical leaves. Both issues have great influence on cost, particularly the performance aspect, while "presenteeism" has been more and more recognized as the dominant cost factor. But it can also be easy to forget that people who are unemployed due to disability contribute indirectly to important costs associated with employer outlay.

Labour legislation and the German social security system determine to a high degree the daily work of a CDMP in Germany, the extent of which is described below.

Medical leaves

An employee is obliged to present a certificate from a physician if he/she is absent more than two working days. Theoretically there is no limit as to how often these two days occur in a year, but the employer has the right to formulate exceptions if the frequency is suspicious. One exception is days before and after holidays.

The salary is paid by the employer for six weeks. After that, the health insurance (mandatory in Germany) pays sickness benefits for about 18 months in the amount of approximately 75 percent of the previous year's salary. Short interruptions of illness with some working days and change of medical diagnosis can prolong these periods, a disadvantage for employers and health insurance.

After the sickness benefit time, livelihoods are maintained by the employment agency. The affected employee is considered to be continuously employed during this period; there is no loss of holiday entitlements and even the Christmas bonus often remains part of the employee's claims.

Dismissal due to long medical leaves requires exact documentation, a disproportionate amount of time between employment and medical leaves has to be proven, and bad prognosis from a medical point of view has to be certified. Special and more stringent rules apply for severely disabled people.

To prevent such an outcome is part of the CDMP's tasks. The Social Code Book Number IX provides rules and opportunities for handling this issue. The employer is required to offer reintegration to all employees with more than six weeks of medical leave in 12 months regardless if it has been accumulated or has taken place in one timeframe. Employers are mandated, through consensus, to find solutions to overcome the root causes of absenteeism and to try to prevent similar medical leave periods from happening in the future. This legislation has caused endless controversy between employers and unions in Germany. One party fears less opportunity for dismissals (because of insufficient reintegration offers), the other demands more co-determination and worries about loss of privacy.

Within Ford, this legislation has become a fundamental part of the consensus-based reintegration handbook published regularly by the CDMP. The medical leave days of each employee are examined in the Human Resources database. Reasons for absenteeism are discussed by one of the 17 Integration Teams and actions are determined. Early contact and offer of professional help are very important.

Because of growing confidence within the workforce, solutions for prevention are requested by foremen or employees, even without absenteeism, when the first signs of placement problems occur.

Prevention measures can involve direct changes in the workplace, but more and more additional help is offered by the German pension insurance fund (Deutsche Rentenversicherung). In close cooperation, Ford developed strategies counteracting the first signs of performance loss. Special clinics offer rehabilitation especially designed for people leaving their workplace for three weeks in order to become fit again and return to their workplace directly after. About 100 Ford employees participated in this new program in 2008.

We hope that these processes will help to reduce the employee costs and ameliorate motivation and performance of our employees. Human beings are a company's most important capital, a precious good that sometimes requires care and professional help to be retained.

On the Global Frontier

UPDATE ON THE UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

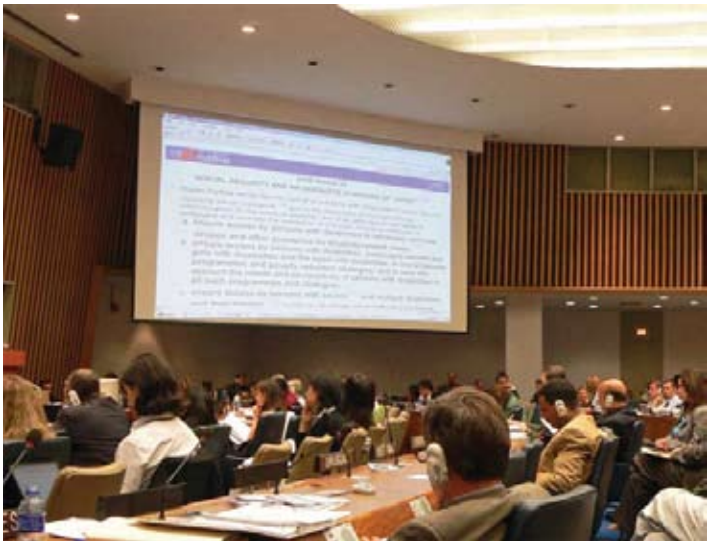
Entry into Force - 3 May 2008

The Convention on the Rights of Persons with Disabilities and its Optional Protocol was adopted on December 13, 2006 and was opened for signature on March 30, 2007. It had the highest number of signatories in history to a UN Convention on its opening day.

The Convention marks a "paradigm shift" in attitudes and approaches to persons with disabilities. It moves from viewing persons with disabilities as "objects" of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society.

Article 27 is of particular interest to individuals working in this field as it is entitled "Work and Employment" in which reference is made to job retention and return to work programs – please refer to page 10 of this newsletter.

To view the full Convention, please visit the UN website at: http://www.un.org/disabilities/convention/conventionfull.shtml



UN GENERAL ASSEMBLY CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

Article 27 - Work and employment

1. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:

(a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;
(b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;
(c) Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;
(d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;
(e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;
(f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;
(g) Employ persons with disabilities in the public sector;
(h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;
(i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;
(j) Promote the acquisition by persons with disabilities of work experience in the open labour market;
(k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

2. States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.