Disability Management Programs: Employer Challenges turned Opportunities

By Dianne Dyck

A Disability Management Program is a workplace program designed to facilitate the employment of persons with a disability through a coordinated effort that addresses individual needs, workplace conditions, and legal responsibilities (NIDMAR, 2000). Ideally, Disability Management Programs are proactive in as well as reactive in nature, and incorporate stakeholder involvement and accountability. Most Disability Management Programs are intended to:

- control the human and economic costs of employee injury, illness or diminished functional capacity;
- convey a message that employees are valued; and
- demonstrate compliance with the relevant legislation.

The purpose of this article is to demonstrate how Canadian employers can turn some recognized disability management program challenges into opportunities for sustainable success.

Employer Challenges

Today, Canadian employers face a number of daunting challenges to their efforts to manage employee illness/injury. Some of these challenges stem from their work culture and business practices, while others are related to societal conditions and pressures, and demographic influences. The following is a list of some of these major factors:

- **High medical absenteeism**

  In 2016, unionized full-time employees miss 1.9 times more workdays than did their non-unionized counterparts (Statistics Canada, 2017). This phenomenon is not new; unionized employees have traditionally missed more days from work than did their non-unionized counterparts. However, the degree of difference between these two groups increased in 2016. **Why? Is it due to more and better employee group benefit plans? Or, is it due to the corporate culture and a belief of “sick leave benefit entitlement”? Or, is it the nature of the work that they do?**

  **Public industry workers miss more days** (Statistics Canada, 2017). For the past seven years, the public sector industry’s work absence days were higher than they were in the private sector. In 2016, public sector employees missed 1.6 times more work days (13.5 days) than did employees in the private sector (8.3 days). Again, **why? Is it due to the presence of a high number of older workers and/or a higher percentage of women in the public sector? Or, is unionization a factor? Or, is it due to the corporate culture and a belief of “sick leave benefit entitlement”, or the nature of the work being done?**

  **Women miss more work time** (11.5 days) than do men (8 days). Again, this is not a new occurrence; historically, women have missed more time from work than men (Figure 1).
This finding is further supported by a 2013 study on family caregiving which points out that women are the major caregivers in our society, and that psychological and physical illness and even injury, are associated with this responsibility (Turcotte, 2013). The Statistics Canada data indicate that at all ages, women experience more work absence days due to personal or family responsibilities (Figure 2), and when they do get ill/injured, they still must carry on with many of their responsibilities thereby delaying recovery.

Figure 1: Work Absence Days by Gender: An Historical Perspective (Statistics Canada)

Figure 2: Work Absence Days by Gender and Age: 2016 (Statistics Canada, 2017)
Additionally, older workers miss more workdays than do younger workers (Figure 2). Today, over 18% of the Canadian workforce is over the age of 60 years (Statistics Canada, 2017), and researchers indicate that although older workers do not get injured more often than do younger workers, when they do get hurt, they take a much longer time to recover (Chappell, 2016). As well, the nature of injury differs with older workers experiencing a higher incidence of musculoskeletal and time-accumulation injuries occurring (Chappell, 2016). These injuries, as well as the more prevalent chronic health conditions that occur with this cohort, are difficult and slow to rehabilitate resulting in costly absences.

- **Obtaining relevant fitness-to-work information**

Employers, in accordance with the Canadian Human Rights Act, Duty to Accommodate section (CHRA)\(^1\), have a legal duty to inquire about the nature of the employee’s disability, along with the related prognosis, expected return-to-work date, and possible residual work limitations. Obtaining such relevant fitness-to-work information means having suitable communication vehicles in place, such as a policy on early intervention and case management, a report of absence form, a Job Demands Analysis\(^2\) of the employee’s “own job”\(^3\), and a Functional Abilities Form\(^4\). However, many employers do not have these tools to use.

- **Reasonable work accommodation**

As mentioned, employers, who are legally required to accommodate ill/injured employees, need to determine what suitable work accommodation entails. This means, inquiring as to what the employee’s functional abilities are, and then comparing that information against the:

- physical and psychological demands of the employee’s own job using a Job Demands Analysis;
- medical information received on the employee’s physical and/or psychological capabilities; and
- information provided by the employee as to what he/she can/cannot safely do within their “own job”.

For a number of employers, the duty to inquire about an actual or perceived disability is an unknown requirement. Likewise, many employers have not developed Job Demands Analyses for the various job positions within their workplace. Without this information, the provision of reasonable accommodation is very challenging, if not impossible.

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1 The Canadian Human Rights Act (CHRA) contains Section 51, The Duty to Accommodate, which legally obligates Canadian employers to provide disabled employees with reasonable work accommodation up to the point of hardship for either party. As part of this obligation, the employer has a duty to inquire about the nature of the real or perceived disability, as well as to the employee’s fitness to work and what reasonable work accommodation would involve.

2 A Job Demands Analysis is a description of the physical and psychological demands of the employee’s job in quantifiable terms.

3 The term, “own job” is used by the insurance industry to denote the job that the employee was doing at the onset of an illness/injury.

4 A Functional Abilities Form is designed to provide a clear picture of the employee’s functional capabilities. It is used in consort with the Job Demands Analysis of the employee’s own job to determine the employee’s fitness to work.
Psychological disabilities

In our society, the general incidence of psychological disabilities and disorders has increased; the workplace mirrors this occurrence. These are costly disabilities ($18K/claim); estimated to be twice the price of physical disability situations ($9K) and more challenging to resolve (CAMH, 2011). This phenomenon is attributed to:

- **Employees trying to work through a psychological illness/injury**, for example, dealing with grief, divorce, post-traumatic stress disorder, anxiety, depression (Morrison, 2010) while still working;

- **The difficulty of getting the right treatment** (CBC, 2013, p. 29), especially for those employees working in the healthcare, education, or public sector industries (p.30), and those residing in British Columbia, Ontario and the Atlantic provinces (p. 30). Yet, 31% of those surveyed employees indicated that timely and appropriate medical treatment would have prevented them from experiencing the work absence (p.30);

- **The lack of employer promotion of a psychologically healthy and safe workplace**. Although Canada introduced a voluntary standard (2013) aimed at promoting psychologically healthy and safe workplaces, few employers have the internal resources and/or expertise to implement this standard; and

- **The employer practice of operating employee support services as standalone programs**, instead of linking the Employee Assistance Program (EAP) and the Disability Management Program (DMP) resources and services to assist the troubled employee. When faced with complex and difficult claims, the use of a holistic approach to manage employee illness/injury and return to work, is effective. As well, this approach is feasible because 91% of Canadian employers have an EAP (Morneau Shepell, 2015), and 57% have a Disability Management Program (Towers-Watson, 2012). By **not** linking the workplace EAP and DMP services, the employer misses the opportunity to assist the ill/injured employee through the use of the EAP and DMP expertise and resources.

Time lags in medical care

In Canada, medical time lags are commonplace, especially for residents living in rural/remote areas. For example, 25% of surveyed employees reported that they experienced difficulty in getting the right medical treatment at the onset of an illness/injury (CBC, 2013, p. 29). These medical time lags were greater in British Columbia, Ontario and the Atlantic provinces (p. 30), with access to psychological healthcare being more limited than for physical healthcare services.

A related issue occurs when an attending physician conservatively treats the employee’s illness/injury, with little noted recovery progress. There could be a number of reasons for this mode of treatment, but the outcome is a lengthy work absence and a delayed return-to-work.

Having access to contracted Disability Management Service Provider established by the employer, can facilitate medical assessment and treatment though the availability of their network of healthcare practitioners. Unfortunately, few employers have arranged for this type of mitigation.
- **Conflicting medical opinions**

Conflicting medical opinions are a common occurrence. Why? In many instances, the healthcare practitioner receives a one-sided viewpoint of the “job” and the conditions of the work environment. Likewise, many employers tend to just accept a “medical certificate” as opposed to providing the healthcare practitioner with a Job Demands Analysis of the employee’s own job, and requesting that a Functional Abilities Form be completed. Secondly, the right information is often being asked from the wrong healthcare practitioner. Physicians treat and cure, but are limited in their ability to quantify the employee’s physical or psychological capabilities. If seeking that type of information, the Functional Abilities Form should be sent to a physiotherapist, occupational therapist or psychological counsellor. Employee disability requires a holistic approach and often warrants a coordinated, multidiscipline approach.

Competent disability management case managers can facilitate employer access to timely and accurate medical information. However, with only 57% of Canadian employers having a Disability Management Program (Towers-Watson, 2012), and the competency level of the related Disability Management Program Team members being unknown, conflicting medical opinions will continue to be a challenge for employers.

- **Understanding the cost of disability**

Few Canadian employers know the real cost of disability for their organization/company. Why? Only 54% of employers track employee casual absence (CBC, 2013c) and only 27% track employee disability (Hewitt, 2007); even fewer employers (22%), use that information to determine the related costs, outcomes and impact on the organization/company (Towers Watson, 2011). Hence, very few Canadian employers use targeted prevention and mitigation strategies, which are recognized to be effective in addressing medical absence and its impact. It is recommended that employers, “Build a comprehensive strategy for identifying the sources of and addressing all types of absence — supported by integrated data and reporting processes that measure outcomes and investment value, and that link decision making across medical, disability, absence and workers compensation programs” (Towers Watson, 2011, p. 5).

- **Vendor risk management**

Many employers choose to outsource all or part of their Disability Management Program and services. However, the employer still retains the related liability, and the responsibility to accommodate the disabled employee. For example, Hamilton Health Services (HHS), 2014, was found negligent in upholding its duty to return a recovered nurse to regular duty (Hamilton Health Sciences Corporation v. ONA (Schuster)). On the advice of the Disability Management consultant, Cowan Wright Beauchamp (Cowan), HHS delayed the nurse’s return to work for seven months. The rationale given is that the nurse had a history of a number of short-term disability insurance claims and Cowan suspected fraudulent action by the nurse and her physician in clearing her for full duty in this instance. Instead, Cowan advised HHS to delay the nurse’s return.

Twice, the nurse, in concert with Ontario Nurses Association (ONA), grieved HHS’ actions. Arbitrator Harris accepted both grievances noting: Cowan’s medical director acted with “ill will and acrimony” and stating that “the hospital was aware of Cowan’s malicious and unsupported accusations and…was content to ride along with (its) behaviour. In the very least, Cowan demonstrated time and time again to the hospital that it was unfit to perform the task contracted to it, and the hospital was reckless in continuing that retainer.”
In the *Hamilton Health Sciences Corporation v. ONA (Schuster)* decision, the employer could not shed its liability by claiming that the third-party vendor, Cowan, made the decision to delay the employee’s return to work, and that the fault should be exclusively Cowan’s. But since there was no division in their actions: “the Hospital simply adopted Cowan’s directives" (*Hamilton Health Sciences Corp. v. Ontario Nurses Assn.*, 2009). In essence,

“You can outsource your Disability Management Program, but not your liabilities.” (*PivotPoint Security*, 2011)

These are some of the major Disability Management Program challenges that Canadian employers face. To turn these challenges into opportunities, the employer has to fully understand these issues as well as be willing to develop an effective response strategy.

**Employer Opportunities**

A well-recognized approach to managing workplace medical-absence challenges is to create a supportive corporate culture and work environment. Upstream actions⁵ are extremely effective at preventing unwanted downstream⁶ consequences; for example:

- **Adopt a joint labour-management approach to attendance control and disability management**

Employers working in concert with their union(s), can design, implement, evaluate and continuously improve attendance control and disability management efforts. Given that only 51% of Canadian corporations have formal Disability Management policies in place (CBC, 2013), there is work to be done. By jointly setting up a formalized Disability Management Program that provides support and assistance to ill/injured employee, labour and management can deliver an effective risk management approach to employee illness, injury and diminished functional capacity. This type of partnership has been shown to yield strong sustainable outcomes (*City of Medicine Hat*, reported in Dyck, 2013).

- **Formalize the Disability Management Program**

There are 10 key elements required in formalizing a Disability Management Program. These “cornerstones” include:

- **Early intervention** - an employer-initiated response aimed at keeping the ill/injured employee connected to the workplace; and potentially, preventing the medical absence in the first place. Early intervention tends to occur following the onset of the illness/injury. It also includes the actions taken to assist employees who are experiencing diminished functional or work

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⁵ In business, **upstream actions** refer to the product/service research, development, production, and refinement activities. In terms of attendance and disability management, it is all the strategies and actions that the employer undertakes to prevent employee casual absence and illness/injury. The focus is on prevention of employee absenteeism and downstream consequences.

⁶ In business, **downstream actions** relate to the product/service marketing, retail, transportation, handling, storage, use, and disposal activities. In terms of attendance and disability management, downstream consequences relate to all the activities that occur once a casual absence or illness/injury situation has occurred. The focus is on mitigation of the situation.
capacity, to remain at work. Early intervention not only decreases the number of sick days taken (Sun Life Financial, 2007), it also increases the likelihood of a successful and sustainable return to work. After returning to work, employees assisted through early intervention efforts were more likely to feel as though they had fully recovered (22% compared to 9%) (Arnetz et al., 2003).

- **Claim management** - is the service provided to administer income loss claims through employee benefit insurance plans such as short-term disability, workers’ compensation, and long-term disability.

- **Case management** - a collaborative process for assessing, planning, implementing, coordinating, monitoring, and evaluating the options and services available to meet an individual’s health needs through communication and accessible resources to promote quality, cost-effective outcomes (CMSA, 1995). Focusing on competent disability case management can greatly improve the organization’s DMP outcomes (Bussé, 2012).

- **Return-to-work planning** - Return-to-work planning is viewed as a “socially fragile process” (IWH, 2007, rev. 2014), in which the returning employee, supervisor, and co-workers face the challenge of developing new work relationships and duties. The return-to-work plan must arrive at a return-to-work placement that benefits all stakeholders – the employee, employer, supervisor and co-workers. According to the 2005 Watson Wyatt Staying@Work™ Survey, 81% of the participating companies reported that they perceived documented return-to-work plans to be a key factor for managing disability-related costs, and for improving employee health, employee satisfaction, and productivity. Documented return-to-work plans are an element in the WorkSafeBC Injury Management/RTW Audit.

- **Return-to-work placement** - Ideally, employees should aim to return to their own job — a position they know, and in which, they can benefit from co-worker support (IWH, 2007, rev. 2014). However, work accommodation has to be mutually beneficial; that is, it must meet the employee’s capabilities as well as the organization’s business needs (Dyck, 2013). As well, once initiated, the appropriateness of the work accommodation has to be monitored to ensure that recovery progress is realized by the employee. This is one aspect that is poorly operationalized by employers.

- **Confidentiality** - is the maintenance of trust and the avoidance of invasion of privacy through accurate reporting and authorized communication. In relation to managing employee personal health information, all the individuals within the organization who collect, maintain, handle and use personal health information, are legally required to protect the confidentiality of that information (Canadian privacy legislation).

- **Documentation** - File documentation supports a well-managed disability claim and disability case, based on a well-thought-out process approach, *i.e.*, the problems are identified, actions implemented, results evaluated, and the costs and consequences considered. Documentation is crucial for effective disability claim management, disability case management, and return-to-work planning and placement; it demonstrates the organization’s due diligence in accommodating the employee back into the workplace. It also enables monitoring of the employee’s recovery and return-to-work outcome.
• **Program evaluation and continuous improvement** - Data collection and analysis enables the employer to understand the true cost of disability, as well as identify opportunities for Disability Management Program improvement(s). The same techniques can be applied to assessing the disability claim management, case management and return-to-work planning and placement at an individual employee level. This is the only way to effect continuous practice improvement.

• **Ethical disability management practice** - In disability claim management, disability case management, return-to-work planning and placement, and program evaluation, the weighing of the ethics of a disability situation must be done in an objective manner so that the decision-making is rational and based on facts, rather than on the emotional issues attached to the decision.

• **Legal compliance** - Disability management is a management response to a number of pieces of Canadian legislation – Canadian Human Rights Act, Workers’ Compensation Acts, Occupational Health & Safety Acts, privacy legislation, and Labour law. As well, the disability management practices and processes are impacted by the same pieces of legislation, which vary from province to province, and from provincial to federal jurisdictions. The most important thing to note is that the stakeholders involved in disability management must be aware that specific acts and regulations are constantly changing and that they should obtain legal counsel to ensure they have the most current and up-to-date case law information when setting up programs or when dealing with specific human rights cases.

Formalizing the Disability Management Program also involves the implementation of five essential program components:

• **Program infrastructure** – is the system and environment within which an Integrated Disability Management Program can successfully operate. It encompasses the corporate culture; the disability-related policies, procedures and standards; the policy and procedure manual; the disability benefit plans; and the linkages between the Disability Management Program and other organization/company resources. It positions the Disability Management Program to be sustainable and able to evolve.

• **Program communication strategy and marketing** – The Disability Management Program Communication Strategy defines the corporate disability management message, how it will be delivered, to whom, through what means, and when. The adoption of a communication strategy is critical to the successful integration of the corporate health, safety and wellness efforts (Towers Watson, 2014).

• **Program education** - Disability management education can be defined as providing management and workers with the information, concepts, and models to undertake and deliver an effective Integrated Disability Management Program (Dyck, 2013). It includes helping stakeholders to develop the requisite skills and judgment to assist ill/injured employees to return to work in a safe and timely manner. It also addresses the assessment of the disabled employee and the work situation.

• **Program evaluation** - Program evaluation identifies the gaps between the current state and the desired state of a Disability Management Program, indicates whether the program
goals/objectives are met or not, and enables improvements both along the way and periodically.

- **Program evolution** - Most organizations/companies become interested in disability management and establishing a Disability Management Program as a result of increased disability claim rates and costs. Initially, Disability Management Programs tend to be very reactive in nature, and then slowly evolve towards an integrated approach to disability management (Figure 4).

**Figure 4: Evolution of a Disability Management Program (Dyck, 2013)**

**Evolution of a Disability Management Program**

*Increasingly Informed Management & Workforce:*

- **Pathological**
  - "Employee illness/injury is part of the cost of doing business"

- **Reactive**
  - "Managing employee illness/injury is important: we do what we can when we can"

- **Calculative**
  - "We have systems in place to manage all employee disabilities"

- **Proactive**
  - "We actively seek ways to prevent employee illness/injury"

- **Generative**
  - "Valuing and assisting disabled employees is what we do"

**Corporate Sentiment**

The progression is predictive and is associated with the level of knowledge about disability management and the degree of trust among the stakeholders. Corporate sentiment (culture) has a major impact on the program and its functioning.

- **Create an Integrated Disability Management Program**

Employers who have created an Integrated Disability Management Program have achieved strong performance outcomes. For example, an Integrated Disability Management Program can reduce an organization's/company's employee group benefit costs by 15% to 35%, depending on the benefits offered and how they are managed (Vimadalal, 2008). It involves:

- **Maximization of organizational resources and expertise** – linking the Human Resources Program, Attendance Control Programs, Disability Management Program, Occupational Health and Safety Program, and Employee Assistance Program into an Integrated Disability Management Program. This was accomplished by Suncor Energy Inc. in 2013. Suncor reported that 87.6% of ill/injured employees returned to work, thereby saving 30,000 hours in non-occupational absence. As well, through work accommodation, $2M was saved. This
resulted in significant savings in Short Term Disability insurance benefits, and in overtime and replacement worker costs (Suncor, 2014).

- *DM practitioner expertise* – position them to guide, steward and govern to the organization/company to be able to effectively and efficiently control absenteeism and manage disability; and
- *Competent disability case managers* – competent case management is vital to the successful and sustainable recovery and return-to-work process (Bussé, 2012).

**Disability Management Program Evaluation**

Every business function has to be regularly evaluated to ensure that it is delivering value. The Disability Management Program is no different. It requires the organization/company to establish program goals, objectives, action plans and performance targets, as well as to regularly measure and evaluate the achievement of the same.

To measure program effectiveness, the organization can evaluate if the Disability Management Program is meeting the intended results. Or, it can measure the number of disability cases that result in a successful return to work. Or, the cost to attain the desired program benefits can be examined in terms of a cost-benefit analysis. In essence, is the Disability Management Program producing the desired results?

Program efficiency involves determining if the program is meeting the desired results without a waste of resources. A process review of the Disability Management Program processes can identify if instances of rework, bottlenecks, gaps, duplicate efforts, or redundancy are evident.

Efficacy is the ability of a program to produce the desired results in a “real life” situation. A process review can also address this measure.

Once measured, the organization/company can compare its performance with other recognized successes. Shell Oil Company, Houston, Texas, implemented an “in-house” Disability Management Program to reduce non-occupational absences. The program was administered by full-time certified, corporate-based case managers and nine manufacturing-location nurses. This program resulted in a 10% reduction in total absence days per employee (6.9 to 6.2 days) as compared with the previous year. Business units not using this Disability Management Program had an 8% increase in absence days per employee (5.5 to 5.9 days). The return on investment equalled more than a $4:$1 return on investment based on direct expenditures and cost savings in terms of reduced absence days (Skisak et al., 2006). Through continuous improvement, Shell Oil now reports even stronger results – a $4m saving in direct costs and a $2.4:$1 return on investment in the management of all types of employee absenteeism. It also, as previously discussed, allows for planned-program evolution (Wendt et al., 2010).

**A Supportive Work Culture**

Corporate culture is defined as “the system of shared beliefs and values that develop within an organization and guides behaviour of its members”. It is man-made and imparts Management’s beliefs, attitudes, values, and approaches towards employees.

By creating a supportive work culture that maximizes human performance, Management can create a work environment in which safe-work practices, a respectful workplace, meaningful employee support, hiring practices that provide good person-job fit, adequate information and
equipment, employee education and training, and encouragement to perform at a high level, are the norm.

A number of industry examples offer Canadian employers keys to success. For example, The Performance Maximizer developed by Tony Roithmayr (2000-2015), is the foundation for the development of the Great Safety Performance Model (Figure 5). By creating a work environment in which employees know how to work safely, are able to work safely, are equipped to work safely, and are motivated by Management so that they want to work safely, a strong work culture ensues and safe work actions result. When applied at ENMAX Corporation, the cultural shift achieved was powerful: employees moved from a state of “learned helplessness” to one of empowerment. Along with that transformation, came a dramatic drop in lost-time incidents and costs (Roithmayr, reported in Dyck, 2015).

**Figure 5: The Performance Maximizer (Roithmayr, 2000-2015)**

In New Zealand, 2010, a similar approach was taken by the New Zealand electrical supply industry. The Orange Umbrella team using the Great Safety Performance Model, worked with the 28 companies to measure the corporate climate, the conditions of work and work performance, the degree of leadership, and the safety outcomes. This approach allowed the participating companies to recognize the “determining role” of Senior Management in improvement of the safety culture, and hence safety outcomes. Visible improvements were noted when Senior Management:

- Supported and empowered employees;
- Took genuine interest in the work done by employees and supervisors;
- Provided positive and constructive feedback;
• Acted decisively on issues;
• Provided structure and coaching; and
• Maintained visible leadership and positive commitment to the approach (Börner, reported in Dyck, 2015).

The factors that enhance a positive safety culture, as learned from the Orange Umbrella approach, are:

• **Management Attitudes and Behaviours** –
  o Improve their “people skills” so that suitable coaching and mentoring is provided as well appropriate personnel are placed in supervisory positions.
  o Demonstrate commitment to workplace health and safety, including adequate resources.
  o Be consistent in their approach, *e.g.*, consistent vision and values, rules, policies, and application.

• **Employee Attitudes and Behaviours** –
  o Enhance employee engagement (loyalty) by providing regular updates on safety performance, recognition for positive behaviours, and employee involvement in work decisions.
  o Improve incident reporting in terms of forms, positive reinforcement, and feedback on actions taken.

• **Work Environment** –
  o Reduce work pressures.
  o Clarify work processes.
  o Ensure quality and access to information.
  o Hold regular meetings.

• **Interaction with Colleagues** –
  o Improve communication between departments (Lassowski, reported in Dyck, 2015).

• **Case Management Assessment**

To effectively manage employee illness/injury and diminished functional capacity, a case manager conducts a case management assessment. By examining all the factors at play in the disability situation, the barriers and drivers to a safe and timely return-to-work outcome can be identified. Effective case management involves changing barriers into drivers to return to work (WSIB, 2000). The success of the recovery and return to work of the injured/ill employee is directly related to the quality of the case management provided (Bussé, 2012). Bussé also notes that there is considerable room for improvement in the current disability case management practices. This observed need can be addressed by having the case manager enrol in formal education in disability management programming and case management.

• **Workers’ Compensation**

The Canadian Workers’ Compensation System, although commendable, warrants some improvements that should be considered. What works is:
• **Alberta OIS Clinics** – Alberta WCB clinics that provide timely injury assessment and treatment for employees injured on the job. They have proven so successful that the employers have been asking for similar services for the medical management of non-occupational illness and injury situations.

• **The use of electronic filing and claim management to expedite the return-to-work process and to control the administration costs** – the Massachusetts State WCB saved $2-$3M by implementing the electronic filing of the claim initiation, claim management, case management, and return-to-work planning. Once the WCB claim is activated, all stakeholders have access to the claim to submit case management and return-to-work information, including the employee. The savings come from the facilitation of the WCB claim process from start to finish.

• **Alberta Partnership in Injury Prevention (PIR)** – this program was initially designed to spur employer interest in injury prevention. By financially reimbursing employers, it certainly received their attention; but in addition, it has been shown to result in claim-rate and cost reduction (WCB AB, 2016). This is achieved by the PIR Program requirement for the employer to prove that a basic Health and Safety is in place, and that the employer is demonstrating effective claim management and return-to-work efforts. This industry program, after 20 years, has proven so successful that British Columbia, Saskatchewan and Ontario have introduced similar programs.

• **Collaboration** – by working with the provincial Workers’ Compensation Boards, employer representatives can facilitate a safe and timely return to work for employees injured on the job, or as a result of the job.

**Conclusion**

Yes, Canadian employers face many significant challenges in absence control and disability management. Yet, there are many feasible improvement opportunities available. Creating a corporate culture that is focused on establishing a strong approach to effective absence control and disability management, is a solid foundation on which to “build on” the remaining suggestions.

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