

Integrated Disability Management Program: A Business Case

By Dianne Dyck

An Integrated Disability Management Program (IDMP) just like any business function, is expected to justify from a business standpoint, its position within, and the value offered to the workplace. Developing a business plan, working the plan, and then, measuring and reporting on the performance of the IDMP is critical. Unfortunately, this approach is often overlooked. The lack of meaningful performance measurements hampers the IDMP from demonstrating the value it adds to an organization. Consequently, the senior management team is left questioning the value of the IDMP and its Disability Management (DM) Practitioners.

This article is designed to demonstrate that an IDMP is beneficial to an organization and its stakeholders, as well as how an Occupational Health Nurse (OHN) can add to that value.

THE IDMP

Disability management is defined as “a collaborative partnership that involves employers, employees, unions, health care providers, and vocational rehabilitation professionals for the goal of minimizing the impact of injury or disability on an employee’s capacity to perform his or her job” (Ahrens. & Mulholland, 2000). Hence, a Disability Management Program (DMP) 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. Ideally, DMPs are proactive as well as reactive in nature, and incorporate stakeholder involvement and accountability. Most DMPs are designed to control the human and economic costs of employee injury, illness, or diminished functional capacity; to convey a message that employees are valued; and to demonstrate compliance with the applicable legislation.

In comparison, an IDMP is a planned and coordinated approach to facilitate and manage employee health and productivity. It is a Human Resources risk management and risk communication approach designed to integrate all organizational/company programs and resources to minimize or reduce the losses and costs associated with employee medical absence regardless of the nature of those disabilities. It is aimed at:

- assisting ill/injured employees and employees experiencing diminished work capacities;
- providing early intervention and support measures;
- facilitating a collaborative approach to managing employee disabilities;
- restoring the disabled employee’s work/functional capacities to an optimal level;
- maximizing the disabled employee’s capabilities;
- integrating the organization’s/company’s various employee support and group benefit programs;
- measuring program performance and outcomes in human, legal and business terms;
- evaluating the organization’s/company’s various disability management efforts and performance with a focus on continuous improvement; and
- attaining a healthy workforce through injury/illness prevention (Dyck, 2017).

The remainder of this business case will focus on the benefits of an IDMP.

THE IDMP: VALUE TO STAKEHOLDERS

To market and sell the merits of an IDMP, one must consider the interests and values of the key stakeholders.

For the Corporation

In 2018, full-time Canadian employees missed 10 workdays (Statistics Canada, 2019) for approximately 119 million lost workdays due to illness/disability and personal or family responsibilities.¹ This cost the Canadian economy about \$26 billion² in direct employee earnings. This represents a dramatic increase in employee lost time due to injury and illness since 1998 (Akyeampong, 1990), when employees missed 7.8 workdays for a total of 72 million lost work hours; and over the absence outcomes for 2004 when employees missed 9.2 days for a total of 102 million lost workdays (Dyck, 2006).

For Canadian employers, the average cost per employee for workplace absence in 2018 equates to \$2,227.20 in lost productivity as measured in terms of employee earnings per year. For an organization of 1,000 employees, this translates to a minimum of \$2,227,200 in lost productivity costs (direct costs) alone. To determine the total disability costs, the indirect costs (\$11,136-\$15,590)³ must be added to the direct disability costs, for a total of between \$13,363,000 to \$17,818,000.

Employee absence rates and costs are escalating. New illnesses, an aging workforce, chronic health conditions, more women in the workplace, increased medical costs, decreased government support, and the lack of understanding of the total costs related to disabilities, all continue to contribute to the financial burden borne by employers. Add to this, the impact of employee presenteeism which is estimated to cost employers nine times the organization's/company's work absenteeism costs (Dyck, 2017). Employee presenteeism is defined as the phenomenon of employees being at work, but because of failure to concentrate, sleep deprivation, distractions, poor health or injury, and/or lack of training, they may not be working at all (Dyck, 2017).

Through an IDMP, employers can identify employee injury/illness causes, reduce the risk of injuries, promote employee well-being, and contain the health care and disability-related costs. The estimated saving is a 30-50% reduction in lost time and related costs (Dyck, 2017). The net result can be a healthier workforce, reduced presenteeism and absenteeism, solid organizational productivity, lowered disability costs, lower insurance premiums and rates, and workers' compensation board discounts and/or rebates. As well, by helping the employee to overcome an illness/injury and to successfully return to work. the employer

¹ Calculated by determining the total number of fulltime employees for 2018 (11,877,000 FTEs) value and multiplying that by the average number of lost workdays for full time employees in 2018 (10 days). Data obtained from Statistics Canada, *Average hourly wages of employees by selected characteristics and occupation, by province (monthly)*, (Ottawa: Statistics Canada, December 2018); and Statistics Canada, 2019, *CANSIM Table 279-0029*, Work absence statistics of full-time employees by province, available online at <<http://www5.statcan.gc.ca/cansim/a26>>.

² Calculated by determining the daily wage from the average hourly wage for full-time Canadian employees as of December 2018 (\$27.84 per hour) and multiplying that by 8 hours/day (\$222.72) and by the average number of lost time days per Canadian full-time worker (10 days). That value is then multiplied by the number of fulltime workers in December 2018 (11,877,000 FTEs). Data obtained from Statistics Canada, *Average hourly wages of employees by selected characteristics and occupation, by province (monthly)*, (Ottawa: Statistics Canada, December 2018); and Statistics Canada, 2019, *CANSIM Table 279-0029*, Work absence statistics of full-time employees by province, available online at <<http://www5.statcan.gc.ca/cansim/a26>>.

³ Calculated by multiplying the direct disability costs by 5 to 7 times.

retains a valuable employee while decreasing the related disability costs and meeting their legislative obligations.

For the Union

Unions, like management and employees, have a legal responsibility to help ill/ injured employees (their members) return to work (Canadian Human Rights Act, 1977). Through support and participation in an IDMP, union leaders can demonstrate their level of commitment and compliance to the Canadian human rights legislation. As well, an IDMP affords unions the opportunity to:

- promote member (employee) well-being;
- help address member (employee) “hot” health-related issues such as workplace stress, psychological illness/injury, and musculoskeletal injuries;
- maintain labour rights and principles;
- demonstrate the value of the IDMP to union members by protecting the employability of its members;
- actively participate in the return-to-work (RTW) planning (Canadian Human Rights Commission (2007));
- offer advice on the (RTW) placement (Canadian Human Rights Commission (2007));
- support the work accommodation (Canadian Human Rights Commission (2007));
- interact and build business relationships;
- problem-solve in addressing areas of mutual interest and concern; and
- contribute to the organization’s/company’s overall profitability and competitiveness so that it remains viable in the marketplace.

For the Employee

The benefits of an IDMP to the employee and family during a vulnerable period in their lives, are numerous and invaluable. Some of these benefits include:

- the promotion of a speedy rehabilitation;
- the ability to maintain a sense of self-identity, self-worth, and self-respect;
- the opportunity to stay in contact with, and to gain support from, co-workers;
- the ability to remain current in their field; and
- less disruption in their normal family and workplace lives and relationships.

Graduated RTW (modified work) opportunities allow employees to:

- concentrate on their recovery;
- keep a regular routine;
- maintain a sense of self-worth;
- contribute to the organization/company;
- work at regular duties for as many hours as possible;

- keep work contacts;
- remain current with the changing work skill sets, duties, and responsibilities;
- remain current with changing technology;
- gradually adjust to full-time work;
- return to work without upgrading or retraining; and
- regain a positive health state.

In summary, an IDMP and the associated graduated RTW opportunities can be a “win-win” situation for everyone involved. They can promote human savings as well as financial ones. For example, the reported effects of disability on British Columbia’s economy in 1994 were \$3.6 billion per year, or eight cents on every dollar earned in the province. This translates to 35% of the disability costs being borne by employers, 27% borne by disabled individuals and families, and the rest (38%) through government programs (Editor, 1997). Although dated research, it demonstrates that by reducing and/or mitigating the impact of workplace disabilities, all parties “win”.

THE IDMP: HYPE OR GOOD BUSINESS PRACTICE

For an IDMP to survive, it must demonstrate the impact that it can have/has on the organization’s “bottom line”. Firstly, the organization must determine its costs associated with employee disability and the required IDMP resources used to address those disability situations.

Secondly, it must determine the outcomes realized by other existing IDMPs, better known as benchmarking. For example, Suncor Energy Inc. (Suncor) tracks its IDMP’s performance outcomes. In 2013, 88% of ill/injured employees returned to work, thereby saving Suncor \$2M through work accommodation and reducing the non-occupational absence by 30,000 hours. This led to significant savings in the short term disability insurance benefit, overtime and replacement worker costs (Suncor, 2013). In 2016, Suncor’s IDMP reported a reduction of 15% in psychological claims and 43% in occupational injuries. As of 2018, a reduction in case duration of 4.3 days was realized for a direct-dollar saving of \$4.2M in lost-time days since 2016 (Suncor, 2019). By benchmarking, the organization can compare its performance year-over-year, or with like organizations. It provides a starting point for setting performance targets and measuring performance improvements. In essence, it directs the organization on what to do to maximize their disability management efforts.

The IDMP can reduce a company’s employee group benefit costs by 15% to 35%, depending on the benefits offered and how they are managed (Vimadalal & Wozniak, 2008). A literature review indicates that early intervention, claim management, case management, RTW planning and placement, and case follow-up are effective disability management actions. Other practices of value are:

- supervisor/manager involvement in the employee absence and disability management (Jetha, 2019);
- strong case manager skills and knowledge (Bussé, 2011);
- open and ongoing communication between the supervisor and case manager (Jetha, 2019);

- documented modified-work plans;
- commitment to agreed-upon RTW plans;
- co-worker support (Kosny, Lifshen, Pugliese, Majesky, Kramer, Steenstra, Soklaridis & Carrasco, 2013);
- early identification and response to RTW issues;
- supervisor-manager education on the disability management process and how to deal with a disability situation (Jetha, 2019);
- effective information systems to promote communication (Jetha, 2019);
- improved communication on the organization's DMP and processes with external stakeholders (Jetha, 2019).

Lastly, the challenge is to present the merits of the IDMP in business language. A critical part of that language includes a cost/benefit analysis of launching such a program, the potential influence on the organization/company's bottom-line, and the anticipated return on investment. The findings that can support these endeavours include:

- Since 1996, the number of companies that have implemented disability management programs has increased from 25% to 51% (2011-2012). The reason is simple: it is a cost-effective approach to managing employee absence and mitigating the associated costs. According to a recent Watson Wyatt Worldwide survey, savings of more than 0.25-1% of payroll can be realized (Towers Watson, 2012).
- The direct costs of work absence and the related costs equates to between 5% and 6% of payroll (estimated to be 5.7% by Watson Wyatt, 2012). Taking steps to address and lower employee absence just makes good business sense.
- Shell Oil Company, Houston, Texas, implemented an "in-house" DMP 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 DMP had an 8% increase in absence days per employee (5.5 to 5.9 days). The return on investment equalled more than a four to one return on investment based on direct expenditures and cost savings in terms of reduced absence days (Shell Oil Company, 2006 & 2011).
- CIBC elected to accommodate a high-performing business analyst who was recovering from severe depression and obsessive-compulsive disorder. They provided her with two computer screens with which to multitask, extra time to submit work, and the flexibility to work from home or modify her hours, as needed. For every dollar spent, the bank got back \$7.40 in terms of higher productivity and lower staff turnover from all staff (CIBC, 2017).
- McMaster University and the Mental Health Commission of Canada (MHCC) studied companies that accommodated workers with mental health disorders (2018). The study indicated that the economic benefits for the organization ranged from two to seven times the incurred costs of work accommodation. For the employees, the economic benefits were four to 12 times the related costs (IWH, 2018).

HOW TO SELL AN IDMP TO SENIOR MANAGEMENT

There are many perceived barriers held by Senior Management, namely that workplace accommodations are expensive. Workplace accommodation includes changes in, or

reassignment of, parts of a job so that the recovering employee can return to work. This could translate into modifying existing job duties, offering transitional work, arranging for a training opportunity, providing an alternate job placement, or any combination of these. According to the Job Accommodation Network (JAN), 37% of work accommodations involved a one-time cost, 4% incurred ongoing costs, while 1% of the accommodations required a combination of one-time and annual costs. The typical one-time expenditure was \$500 (JAN, 2015). The employers who participated in this study indicated that the benefits of making workplace accommodations far outweighed the costs. They indicated that work accommodation resulted in retention of a valued employee, increased employee productivity, less replacement worker costs, improved employee attendance, lowered WCB and STD insurance costs, improved employee morale, and continued customer servicing. On average, the return on investment on work accommodation was \$10 for every dollar spent. Hence, work accommodations make good business sense (JAN, 2007).

There is also the belief that there are limited modified work positions available for the recovering employee within an organization. This belief needs to be challenged. If stakeholders are committed to making disability management work, modified work opportunities seem to materialize. The point is that, "*where there is a will, there is a way*".

Another perception is that the existing employee group benefit plans may be unsupportive of modified work. For example, group benefit plans that promote "absence with pay", or that allow the employee to earn more income by staying at home than by doing modified work, lack incentives for the employee to return to the workplace. This barrier may be real. For this reason, companies should examine their employee group benefit plans and determine the impact that each has on the employee return-to-work outcomes.

A RTW barrier is disability policies and procedures that focus on employee disability rather than capabilities. This approach promotes a "disability mindset", not an "ability mindset" for managers, human resources professionals, union leaders, and employees. This is one area that can negatively impact the corporate culture and that warrants serious introspection by an organization/company.

There is the mindset that disability management has become so complex, it should be abandoned. This belief is akin to "*throwing in the towel*". Although the recent privacy legislation has made it unacceptable to access employee medical information, it has not removed the legal obligation of the employee to provide the workplace with the nature of the absence (work-related or non-work-related); the expected duration of absence; work limitations, if any; and a realistic RTW date. By providing Human Resources and the operations with relevant information on the employee's fitness to work in a timely manner, Disability Case Managers can overcome this barrier.

Getting stakeholder buy-in greatly helps in selling the program. Involving stakeholders, from the onset, in the design, development, and implementation of an IDMP can eliminate this barrier. Being part of the solution to a problem reduces the later need to market the IDMP.

Gaining access to consolidated data that can be used to build a business case for an IDMP is critical. Many organizations/companies do not have accurate disability data, or information on their efforts to mitigate the losses associated with those disabilities. Producing historical disability data is equally impossible. Without that type of information, it is difficult for an organization/company to identify its current situation, or to even envision what an ideal state for an IDMP would look like. This is an area where human resources, occupational health, and DM

Practitioners can the lead role in collecting, analyzing, and interpreting the impact of an organization's/company's disabilities and disability management initiatives.

The most important consideration is the culture of the organization/company. Management, union, and employee response towards the mitigation and prevention of employee illness/injury is reflected in the culture of the workplace — that is, in “how things are done around here”. For example, in organizations/companies where management, union, and employees view illness/injury as a temporary loss that can be addressed and overcome, the response to mitigation efforts through disability management is embraced. However, there are industry examples of organizations/companies who view non-occupational injuries as “being of the employee’s own making”; hence, organizational/company efforts that would normally be extended to mitigate work-related injuries/illnesses, are not being offered to get that employee back to work. Since management leaders determine workplace culture, it is up to them to endorse and support the IDMP and efforts.

IDMPs return ill/injured employees to the workplace 50% sooner than any other rehabilitation mode. The graduated RTW approach gets employees back to work and are in effect, a form of therapy. It enables the employee to recover much faster than staying at home or participating in simulated work rehabilitation programs (Gardner. & Johnson, 2004).

Explain the Occupational Health Risks – the Costs of Doing Nothing

As previously noted, the Canadian workforce is aging and there are many quantified costs related to lifestyle practices. For example, consider the following:

- Smokers cost Canadian employers \$4,256 in lost productivity and increased absenteeism (Conference Board of Canada, 2013);
- Depression costs the Canadian economy at least \$32.3 billion annually (Conference Board of Canada, 2016);
- Anxiety costs the Canadian economy \$17.3 billion a year (Conference Board of Canada, 2016);
- Work stress contributes to 40% of the staff turnover costs and staff turnover is priced at twice the employee’s annual salary (Tangri, 2003);
- Almost a quarter of Canadians living with a mental illness are unable to work because of their symptoms (Conference Board of Canada, 2016). This translates to 500,000 employed Canadians being unable to work due to mental health problems leading to 355,000 disability cases plus approximately 175,000 full-time workers absent from work due to mental illness (CAMH, 2016);
- Musculoskeletal disorders (MSDs): The economic burden of MSDs in Canada, is estimated to be upwards of \$22 billion annually (2014). Musculoskeletal injuries cost an additional \$15 billion annually (Institute of Musculoskeletal Health and Arthritis, 2014);
- Physical disorder claims cost on average \$9K and psychological disability claims cost \$18K per case (CAMH , 2011);
- The direct costs of oral disease treatment in Canada in 2011 were \$11.6 billion (Health Canada, 2011);
- Canadian work-related injuries cost an average of \$28,328 (2014) per case (Dyck, 2015);
- Work-related fatalities cost an average of \$4M per case;
- In 2010, preventable injuries cost Canadians more than \$26.8 billion a year (Public Health Agency of Canada, 2015);

- Sedentary adults living in Australia, are estimated to cost the health care system \$1.5B per year (Cogdon, 2007). In Canada (2012), physical inactivity costs \$10B (Katzmarzyk , 2016);
- Obesity costs between \$4.6 and \$7.1 billion annually, and contributes to the development of diabetes, high blood pressure and cancer. By 2019, it is estimated that approximately 21% of the Canadian adult population will be obese (Twells et al., 2014).
- Presenteeism, the phenomenon of employees being at work, but not productive, costs employers nine times more than absenteeism. The cause of presenteeism is often health-related and can be addressed with support from Occupational Health Nurses (OHNs);
- Fatigue costs Canadian employers \$330M annually in lost productivity, and is associated with absenteeism, presenteeism, workplace injuries and health conditions such as high blood pressure, depression, stroke and obesity (Baglien , 2015);
- Substance abuse: The total societal cost of addiction is \$40B or \$1,267 per Canadian. Tobacco accounts for 43% (\$17B); while alcohol accounts for 37% of this cost.

When the financial costs of these occupational health risks are totalled, the overall “risk price-tag” is over \$175B. Through the IDMP, organizations can prevent and mitigate these staggering risks and costs. The benefit is that the IDMP lowers illness/injury rates and costs by between 10-50% (Workplace Safety and Prevention Services Ontario, 2011). Hence, the financial losses can be managed and significant savings realized (Table 1.1):

Table 1.1: Risk Reduction through an IDMP

Risk (\$)	Rate of Reduction	Loss Avoidance (\$)
\$175B	10%	\$17.5B
\$175B	20%	\$35B
\$175B	30%	\$52.5B
\$175B	50%	\$87.5B

The above approach of calculating the financial and human costs that could negatively impact the workplace, uses a mix of population and occupational data, as opposed to strictly occupationally specific data. However, Health & Safety Ontario presented a similar approach in its 2011 report, *The Business Case for a Healthy Workplace*. Using occupationally specific data, it advocated action by employers to prevent and mitigate employee illness/injury. To sell its premise, examples of successful industry interventions; of known costs of “doing nothing”; and of financial benefits realized by industry, were provided. They concluded that Canadian employers can annually save:

- “\$700M in stress-related absences;
- \$2.2B in lost productivity due to mental illness;
- \$6.6B in lost productivity due to all forms of clinical and sub-clinical mental illness; and

- \$1.1B in absenteeism due to work-family conflict” (p.9).

If according to Fries, only 20-30% of health conditions are preventable, then, an IDMP could offer an organization at least a 20-30% cost reduction (\$35-52.5B) in these known risks, regardless of which of the above cost-models is used. That amount of *loss avoidance* would vastly outweigh the much smaller price-tag for funding an IDMP.

Going Forward: Conclusion

Risk management and loss reduction are particularly important to an organization given that the Canadian workforce is aging. With 36% of Canadian employees being over the age of 55 years (Statistics Canada, 2017), the risks of chronic health conditions, musculoskeletal disorders, and the complications of injury, are high.

Likewise, 20% of Canadian employees are foreign-born (Statistics Canada, 2011); some of whom have faced significant political, social and economic hardships along with health challenges and lack of adequate healthcare, before coming to Canada.

The legalization of marijuana; the limitations on the employer’s right to seek proof of employee fitness-to-work related to casual absenteeism in Ontario; and the newly-recognized medical conditions as per the *Diagnostic and Statistical Manual of Mental Disorders (DSM5)* (American Psychiatric Association, 2013), make it difficult for the employer to differentiate between culpable and non-culpable employee behaviours. Yet, 22% of Canadian workers report using marijuana prior to work, during work and during work breaks, and 44% believe that it would be easy to do (IWH, 2019). This is an unfolding risk for Canadian employers to manage.

Employers must factor these realities into their approach to workplace health and safety. Having an IDMP, positions the employer to be duly diligent in meeting the applicable Occupational Health & Safety General Duty Clause: *To provide a safe and health workplace.*⁴

Investing in an IDMP and employing the technical expertise of resources like an Occupational Health Nurse, can save organizations considerable amount of money and position it to retain its human capital.

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⁴ The General Duty Clause is stated in every provincial OH&S Act, as well as in Canada Labour Code II.

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