

ROUND TABLE PROJECT

on Safe & Timely Return to Function & Return to Work

Presentation to:

SUB-COMMITTEE ON THE STATUS OF PERSONS WITH DISABILITIES

Tuesday, March 18, 2003, West Wing, Parliament Hill, Ottawa

Good morning. My name is Dr. Lisa Doupe, I am an occupational health physician and I would like to thank you for the opportunity to present before the Sub-Committee on this very important topic, rehabilitation and return to work.

I would like to introduce Dr. Lily Cheung, a specialist in Occupational and Environmental Medicine

I am the leader of the Ontario Round Table Project, a multi-stakeholder group whose members are working together to remove the barriers that our respective systems have created for persons with disabilities who want to participate fully in Canadian society. Our focus is all citizens with disabilities, not just the employed.

Who are persons with disabilities and what do they want? We all know the statistics -- it is estimated that some 3.6 million Canadians -- 1 in 8 people -- have a disability. Let's get past the numbers. Persons with disabilities are people. They are "us". We are "them". Persons with disabilities are our families and friends.

Today, I would like to make **three key points**:

1. The **system**, by which a person with a disability enters, participates or returns to life activities and to work **is dysfunctional**. We have created a system of chaos. The Federal Government can play a leadership role in sorting out this chaos through a collaborative mechanism like a National Round Table, modeled on the Ontario Round Table Project.
2. **Fifteen stakeholder sectors, both provincial and national, are working together to create a better system, to create a clear path from disability to function and to work**. HRDC has done a good job on their skills and learning agenda. Until now physicians have not been educated to support their patients navigate through this complex system. A priority now should be on educating physicians to deal with the administrative processes and to teach them additional skills to support their patients in this increasingly complex and chaotic environment.

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3. There is **new knowledge that will help stakeholders create a coherent seamless system.**

Research now exists that will push our thinking beyond managing disability to preventing disability. The Federal government can support projects such as a common assessment tool or a disability prevention model of care that all stakeholders can participate in.

Before I begin to describe the problems of the present system, I would like to emphasize one point. Return to function/return to work is **not just about good medical management**. It is a **test of how well the systems work together**. Medicine's **traditional role** has been to diagnose and treat. In the mid-1990's, the CMA issued a policy on the role of physicians in return to work. This essentially redefined the role of *all* physicians from that of diagnosis and treatment to **include** facilitating their patients to a return to work. This step connected society's expectations of medicine to medical policy. Feedback from stakeholders asked when medicine was going to implement this policy. However, for physicians to truly support their patients' abilities to function in daily life and particularly in the work force, the system must be designed with this as the goal in mind.

The stakeholder sectors are the groups that support PWDs, either directly or indirectly, in a safe and timely return to function or return to work (RTF/RTW). These stakeholders are listed on page 2:

- PWDs
- Consumers
- Labour
- Voluntary sector
- Provincial gov.
- Families of PWDs or care givers
- Insurers
- Employers
- Legal profession
- Elected officials – politicians
- Aboriginal peoples
- Health care providers
- Researchers/academia
- Federal gov.
- Citizens/taxpayers
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Individuals and organizations who work in these sectors have the best of intentions. They are **good people and good organizations** who want to support persons with disabilities. But unfortunately, often the sectors have designed, and evolved their policies and programs independent of one another. **An unintended result has been the creation of barriers for PWDs** who want to function and work. Whether intentional or not, we have created a system that contributes to social isolation, discrimination in the workplace, economic hardship and poverty.

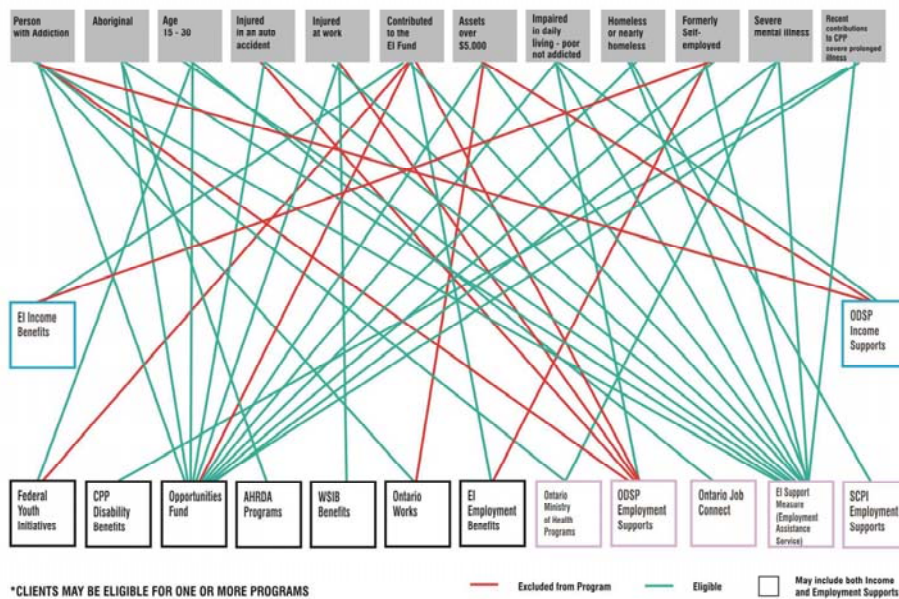
As a practicing health care professional and former Medical Director for General Motors of Canada, I have experienced the problems of the current system. There are major gaps in:

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- **Communication.**
- **Coordination of return to work supports.**
- **Overlaps.**
- **Sectors that do not work together.**
- **Significant delays.**

A visual (in your copy of this presentation) depicts the **dysfunction** better than words. It depicts the program and services provided by only two of the 15 stakeholders – the Provincial and the Federal government.



From my own practice, I can provide numerous examples of system dysfunction. Let me tell you of a story from our most recent Round Table. A young upper middle class man with very supportive parents – his mother was a nurse and his father was a retired CEO, - was beaten on the street and as a result, developed an acquired brain injury. It took the father over 5 years and 18 assessments to finalize the case through the legal system. And yet, he still did not know all the public programs

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available to assist his son with his permanent disability. In fact, he only learned of another available program while attending the Round Table Conference in Feb.

Identified problems with the current system challenge healthy individuals who are blessed with full ability let alone a patient with no support and a mental health problem. Can you imagine the frustration, the hopelessness, the bewilderment felt by patients and their families as they navigate the maze to attain what many of us take for granted... full inclusion as citizens in Canadian society.

The **need** to work *together* to create a better system is supported by the Canadian Medical Association and the research community.

In 1997, Dr. Judith Kazmirski, then president of the Canadian Medical Association, wrote that the development of a Canadian approach to return to work for injured workers involves physicians, *"...workers, employers, and the public in an equitable, effective system that contributes to the economic productivity of the country."*

In 1997, John Frank and a team of researchers at the Institute for Work & Health wrote that evidence suggests that piecemeal approaches to prevent disability from low back pain "...based at only one stakeholder site or addressing only one phase of the disability and targeted to only one of the underlying factors, will not work well."

Do stakeholders want to work together to create a better system?

Yes, they do. This leads to **my second point.**

The success of the Ontario Round Table Project on Safe and Timely Return to Function/Return to Work provides the evidence that stakeholder sectors do indeed want to work together. This Round Table also seeks to help stakeholders identify and overcome barriers together.

The Round Table Project objectives are ambitious. They are:

- ***Transfer knowledge.***
- ***Facilitate cooperative relationships and collaborative projects.***
- ***Identify and help support projects in safe and timely return to function/return to work.***

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- **Act as a feedback loop.**

At the first meeting of the Round Table Project in 1998, 8 stakeholder sectors attended. Most of them did not know each other.

During the second meeting in 1999, 11 sectors showed they could work together to develop a draft vision and priorities. **The vision of now 11 sectors is “To improve the systems that help people with illness, injury or disability from any cause, to develop and secure their social, personal and economic self-sufficiency and to help stakeholders in the field identify and overcome barriers together.”**

At the third Round Table held in February, 2003, 15 sectors reaffirmed the vision and identified the need to strengthen the Round Table and to work together on projects.

The stakeholders are still in the early stages of working together to help create a better system. The process is a fragile one; stakeholders don't have a history of collaboration. A practical issue is how can we work together when some sectors have historically taken a narrow self-interested view (such as focus on reducing costs and pushing problems onto others). The challenge becomes an organizational one for all sectors. **Each sector must be committed to the vision and remember the benefits as well as the pain of those we serve.** No one has all the answers. We must look for solutions together.

Can stakeholders work together?

The Physician Education Project on Work & Health is **an example of a successful multi-stakeholder initiative** in return to function/return to work. The Project began as an initiative of the Ontario Medical Association Section on Occupational and Environmental Medicine and the Institute for Work & Health in 1994. It was co-founded by Dr. Lily Cheung and myself. *Our vision was that the group would implement the Ontario and the Canadian Medical Association's policies on the physicians' role in return to work after a patient's illness or injury.*

The Project's mission is to improve Ontario's medical education related to work and health and to better match the knowledge, skills and behaviour of physicians with their patients' needs and the evolving workplace. As a result, health and work is now taught to undergraduate physicians in

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Ontario's medical schools. **Progress has been made in this area and now, a national strategy to educate all physicians on these issues, is being discussed.**

Early results show that **educating physicians in work & health is cost-effective.** In 2001, a two-day disability management course was held for 29 physicians in New Brunswick at a cost of \$30,000. After seven months, estimated total savings to the workers' compensation system was approximately \$154,000 for 44 claimants.

And now, **my third point:**

There is **new knowledge that will help stakeholders create a coherent seamless system:**

- Research now exists that will **push our thinking beyond managing disability to preventing disability.** One of the best-kept secrets of the past decade is a disability prevention model pioneered by Dr. Patrick Loisel and his team at the University of Sherbrooke. The PREVICAP model has been developed and researched with positive outcomes in return to work, quality of life, cost-benefit comparisons and cost-effectiveness. **Based on the evidence that the PREVICAP model provides, I would also recommend that under any new system, sectors be provided with incentives to work together to prevent disability and promote wellness.** We now know enough that we should not be content with merely providing adequate supports for disability.
- The World Health Organization is shifting the paradigm from a disability perspective to an ability perspective. Based on the new WHO approach, I would recommend that any new system promote function and ability rather than disability.
- New research from the Institute of Health and Productivity Management is proving something that many of us have always known intuitively – that individual health and functioning drives economic productivity. This focus on function will provide the economic rationale for governments to view PWD's as a human capital asset, not a cost.

If we improve the health and productivity of all human resources and turn health into an asset rather than a liability, then it stands to reason that we as a country reap the benefits of a healthier and more productive population. This is where good social policy marries with good economic policy.

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We have new important data and knowledge. We also have the will of the Ontario Round Table Project stakeholders. The next step is to map the system, to create in our collective minds, the clear path from disability to function and to work, and then make it a reality by **implementing a model which would, prevent disability and focus on ability. New thinking and research supports both directions.**

My long-term vision is that the Federal government will create a different approach, a new office, comparable to the U.S.'s Homeland Security, whose sole responsibility is to coordinate the process and outcomes of return to function/return to work for all Canadian citizens. In the interim, supporting active processes, such as the Ontario Round Table Project and the Physician Education Project is a good first step.

In closing, I would like to re-state my major points:

1. **We know the system** of supporting people with disabilities to achieve active roles in life and the workplace **isn't working**. The Federal government can play a lead role in solving the chaos.
2. In Ontario, fifteen stakeholder groups are willing to work together to create a better system as indicated by the Ontario Round Table Project and the Physician Education Project. The Federal Government needs to support these worthwhile projects.
3. Let's use the stakeholder energy to build this comprehensive system. We need federal government support for these projects. This will help to create a clear path from disability to ability and, to support those who do not have the ability.

The benefits of a better system of return to function/return to work will result in improved function, health and productivity at all levels – at the level of the individuals, organizations, communities and the country.

The process must support the person. Thank you for your consideration.