

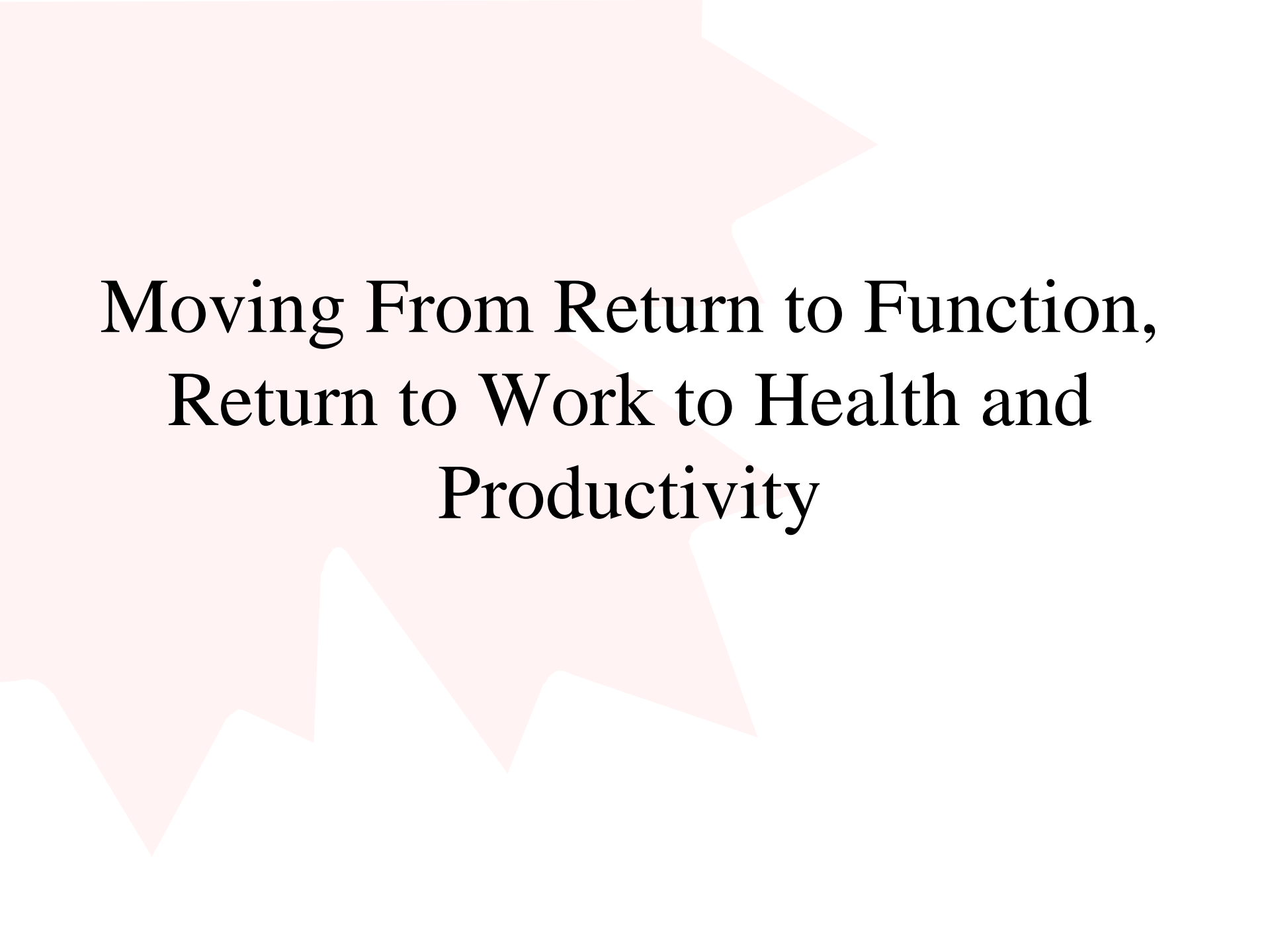
Round Table Project on Safe & Timely Return to Function/Return to Work

... a work in progress

Where the process supports the person

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Moving From Return to Function,
Return to Work to Health and
Productivity

Agenda

1. Focus and role
2. Needs of PWDs
3. Round Table Project
 - Vision
 - Background
 - Environmental scan (six key trends & developments)
 - An Integrated service delivery model
 - Next steps
4. A national round table process

1. Stories from Patients

Tony -- work and health

"It's been nearly three months since the accident at work. I look forward to playing ball with my kids and mowing the lawn. Return to work? Sure, I'd like to but I'm scared of getting hurt again. It's happened three times on the same job."

Tony, 37-year-old injured worker

"Tony's injury was a text-book diagnosis and treatment. Return to work is an option but he's concerned about a re-injury and, frankly, I don't know anything about the physical demands of his job or the workplace."

Treating physician

"If Tony is able, we'd like him to return to work. To do this, we need information about his functional status from the family physician but the doc is hard to get a hold of."

Employer

1. Role

Role of the Round Table Project

- Catalyst for action
- Knowledge transfer
- Identify stakeholder priorities
- Feedback loop to projects
- Ask key stakeholders for input
- Analyze facts and trends
- Assimilate research and consultation to clarify debate
- Pinpoint consequences of action/inaction & make recommendations

Focus: Broad based

- Youth – just entering the workforce
- Not attached to workforce
- Employed – off work for work or not work related issues
- Special Situations
 - End of life * Dignity
 - Corrections* Safe environment

2. Needs of People

People need a clear path back to function and/or work and timely and effective supports or if they are entering the workforce for the first time.

People need a clear path for special circumstance when they are determined to be unable to work, dying or they are being released from the correctional facilities.

2. Needs of PWDs

Why is the work of the Round Table Project on Safe and Timely Return to Function/Return to Work so important?

2. Needs of PWDs

It is important because it represents a multi-stakeholder group with the vision to create that clear path back to function and work and identifies and supports life special situations.

3. Round Table Project -- Vision

“To improve the systems that help people with illness, injury or disability from any cause, develop and secure their social, personal & economic self-sufficiency and to help stakeholders identify & overcome barriers together.”

14 sectors September 1999

3. Round Table Project -- Background

Initiation: OMA/CMA Position and Policy Paper meets HRDC mandate /society's expectation

“To enable Canadians to participate fully in the workplace and the community.”

2 Needs: Physician Education and Policy Coherence

Members

- 14 sectors that have a “stake” in safe and timely return to function/return to work have been identified
- From all sectors, a keen interest to work together create the vision – meet the needs of PWDs and create a barrier-free system.

Strategic planning meetings (1998-99)

Stakeholders identified the following priorities:

- A vision
- Common language,
- Integrated service delivery model
- Policy and legislation

Accomplishments (2001-02)

1. Conduct environmental scan of safe and timely RTF/RTW
2. Develop an integrated service delivery model for PWDs
3. Engage workplaces & communities for implementation of the model

3. Round Table Project III – Environmental scan November 2001

Objective

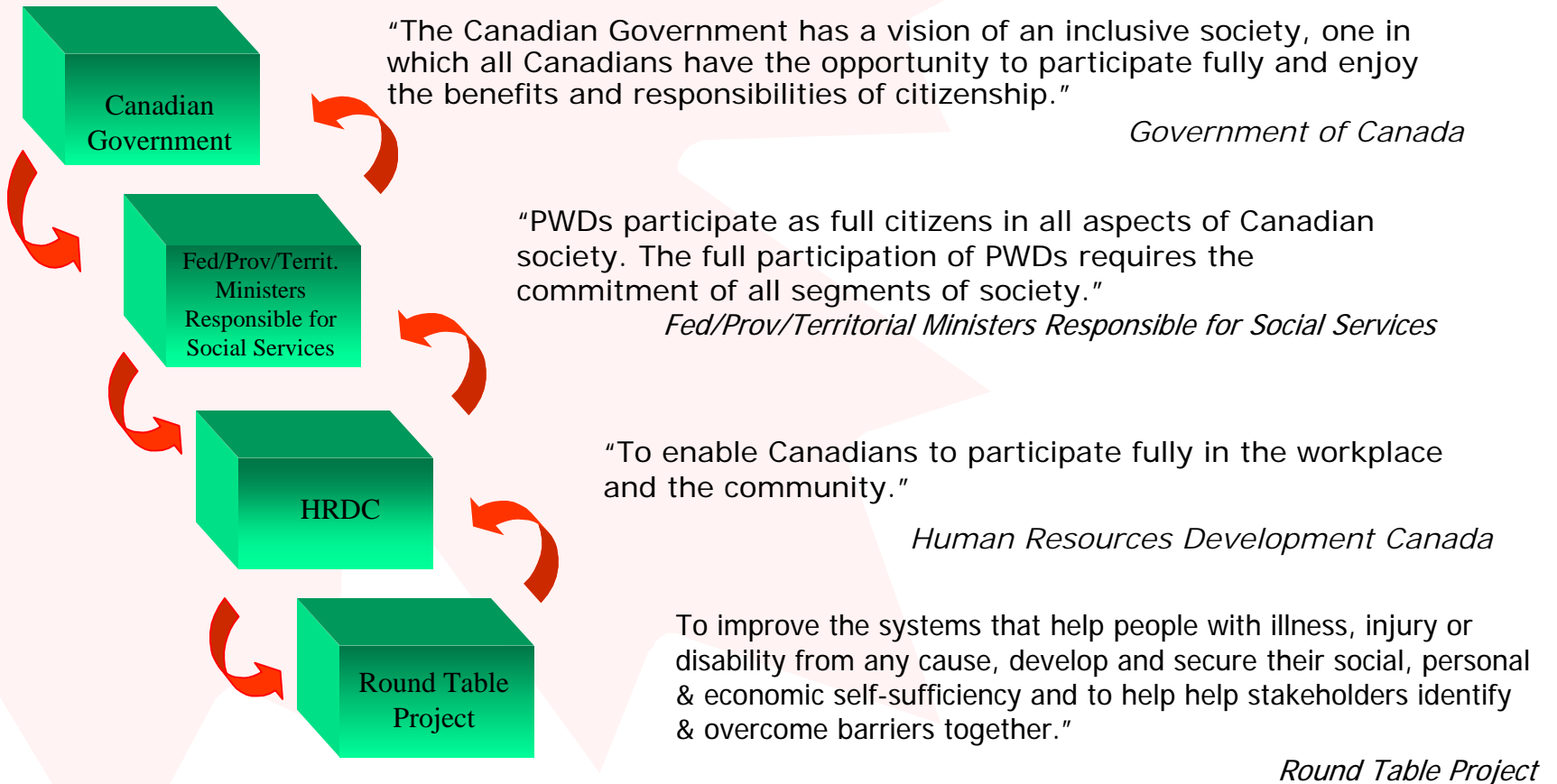
To identify leading-edge thinking, knowledge, research, and adapt them to the needs of PWDs, workplaces and the system.
Engage leading edge researchers

Key trends & developments identified:

- A. Alignment of visions & values inclusive of all Canadians
- B. A system approach to solving community problems
- C. Redefinition of medicine to include RTF/RTW and health care reform
- D. Paradigm shift from disability and mortality to ability and life
- E. Evidence-based models in RTF/RTW
- F. Growing evidence that individual health drives economic productivity

Next step ... Knowledge transfer to stakeholders (semi-annual Forums)

A. Alignment of vision & values



B. Systems approach to community problems

- A systems (high performance teams) approach stresses fundamental interconnectedness of the parts, which can't be treated in isolation from one another.
- Elements of approach:
 - » Common vision or aim developed and shared by all
 - » New knowledge and Effective change comes from outside system
- In complex systems, interconnectedness & feedback mechanisms result in unintended consequences
- Successful approach – UN Global Compact

C. Redefinition of medicine & health care reform

Medicine re-defined to include physicians roles in RTF/RTW

- Landmark policies of Canadian medical associations (CMA, OMA, AMA, etc.) extended role of all physicians:
 - From diagnosis & treatment to RTF/RTW
 - From the clinic, hospital, home & recreational facility to the workplace
- Inspired US

RTF/RTF will also be shaped by:

- Future of health care; primary care reform, public/private mix of services (I.e. public good vs. service purchased from providers in the open market)
- Team development between the professions
- Access to care

D. Paradigm shift from disability to ability

World Health Organization, ICF

- New WHO Classification of Functioning, Disability and Health (ICF) challenges mainstream ideas on health and disability
- Traditional indicators focus on mortality and disability; ICF focus on “life” and “ability”
- Uncouples two false equations:
 disability = illness health = medical
- Highlights role of the environment in function
- Provides a method to identify and resolve the barriers

- ICF aims to:
 - Provide a scientific basis for consequences of health conditions.
 - Establish a common language to improve communications
 - Permit comparison of data across countries, health care disciplines, services & time
 - Provide a systematic coding scheme for health information systems

E. Evidence-based RTF/RTW models

What we know ...

- Disability and especially work disability is different from the original disorder that initiated the disability (Loisel, 2001)
- Causes of disability different from causes of disease
- Cause of disability are systemic: the person, the environment of the person and organisational problems (Frank, 1998)

Dr. Patrick Loisel, University of Sherbrooke

- Evidence-based programs preventing disability
- Positive outcomes in return to work, quality of life, cost-benefit and cost-effectiveness
- Model implemented in Netherlands, integrated into NB WCB and Washington State, being considered by Ontario's WSIB
- Implementation of such programs would allow vast savings to employers, insurers and CPP

Disability prevention for
occupational back pain and
musculo-skeletal disorders

***An example
of knowledge transfer in the
province of Quebec***

Patrick Loisel, md
Université de Sherbrooke
Canada

Building a disability prevention program

1990:

Design a work disability prevention program:

- from evidence at that time
- available to a population of workers
- compatible with provincial law
- involving stakeholders

Assessing the program

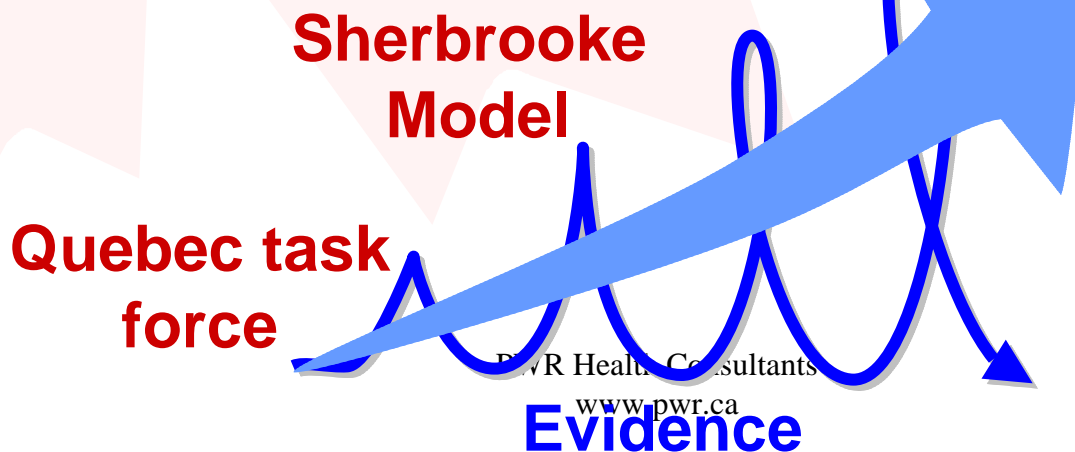
Evidence

PWR Health Consultants
www.pwr.ca

Sherbrooke model implementation

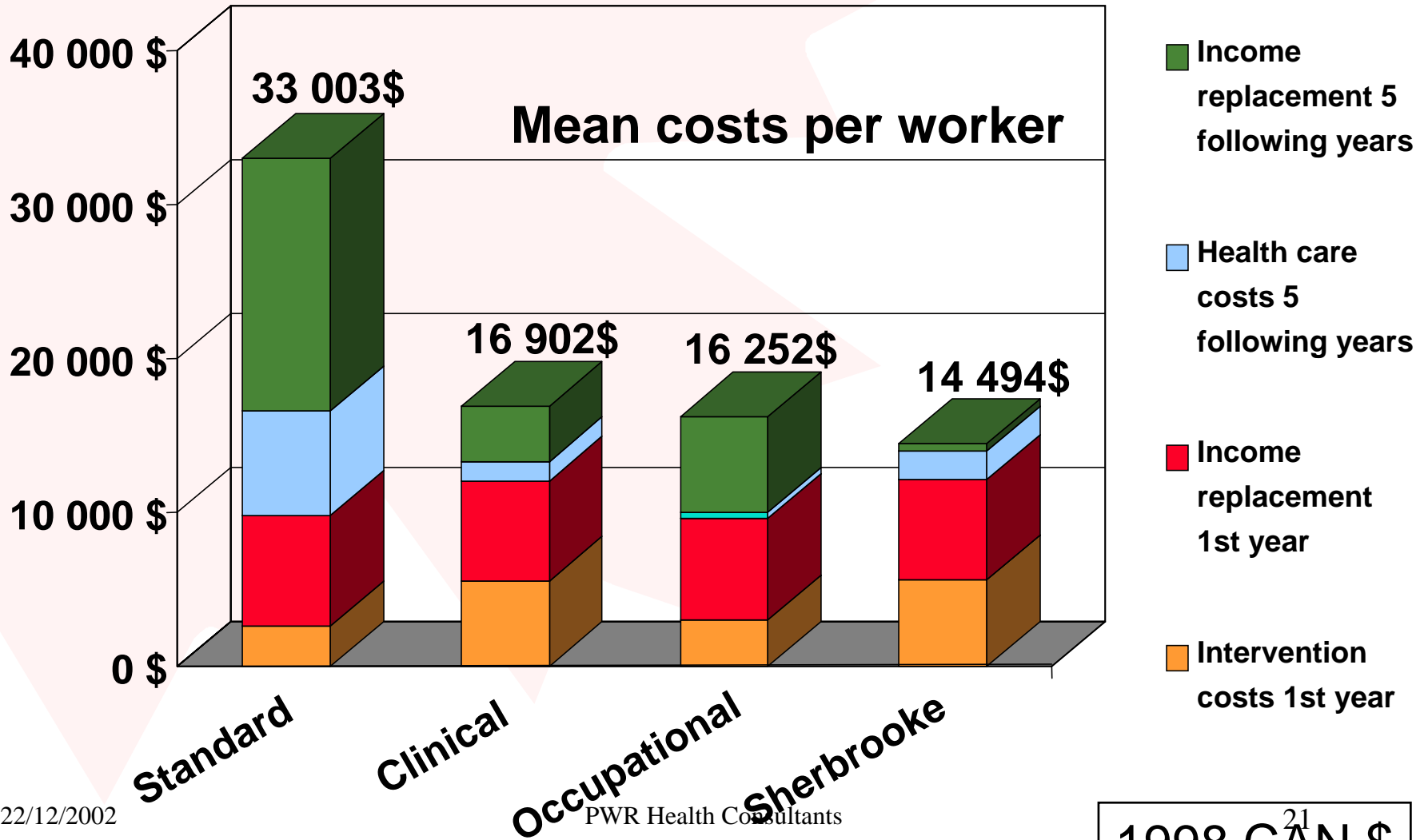
Step 4: Implementation

- **Sherbrooke model**
 - reinforced evidence on:
 - rehabilitation delivered at the subacute stage
 - link with workplace
- **Implementation with the support of Public Health**



Sherbrooke:

Cost benefit: 6 year follow-up

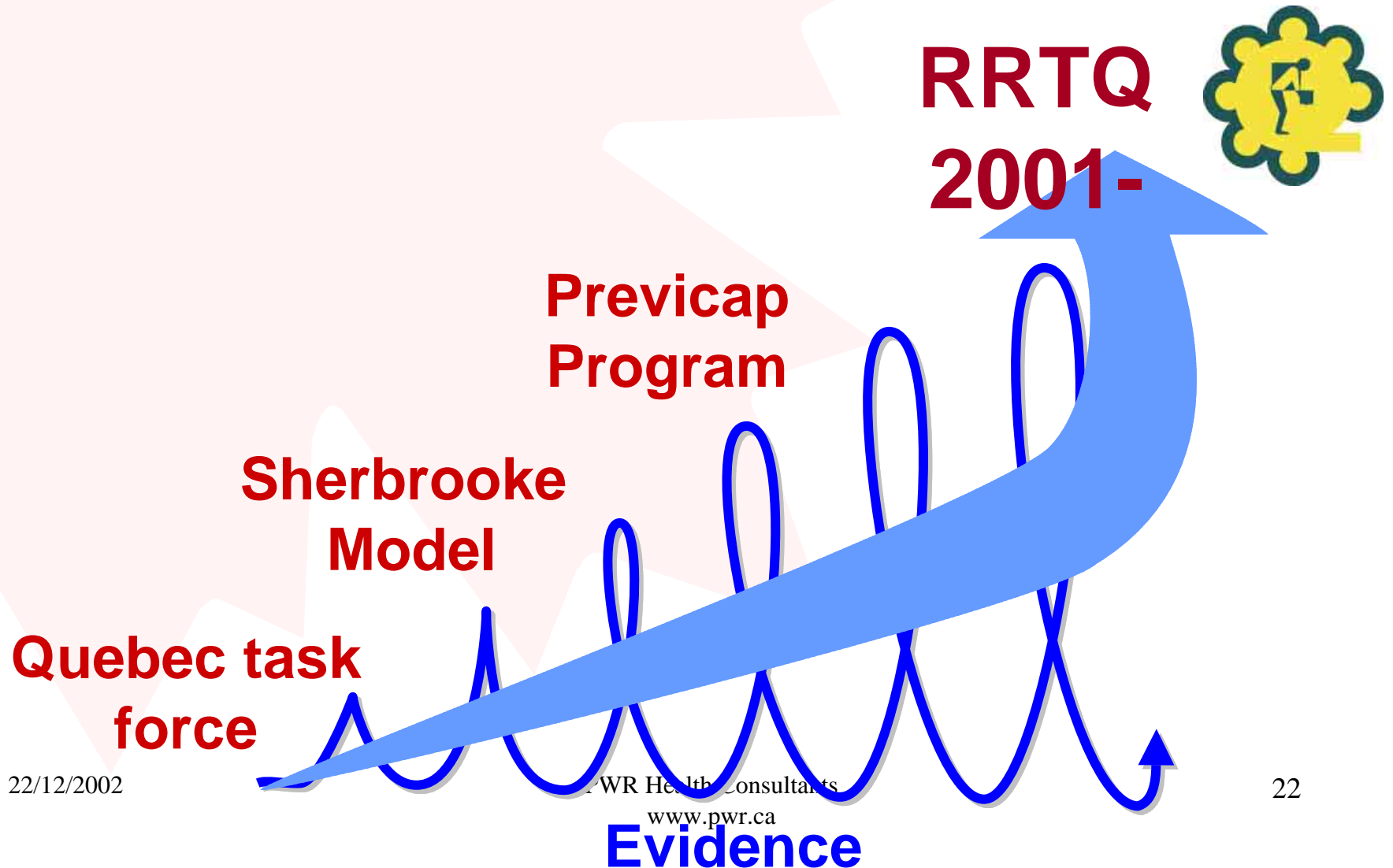


22/12/2002

PWR Health Consultants
www.pwr.ca

1998 CAN \$²¹

A network for management, research and education in work rehabilitation



E. Evidence-based models (con't)

Leanings from evidence-based models

- Address disability not the disease.
- Follow interdisciplinary and inter-organisational process.
- Transfer large part of rehabilitation process to workplace
- Follow the evidence-based principles of work disability prevention but tailor to the needs and context of community - Quebec

F. Individual health drives economic productivity

Evidence links health of employees to productivity of organization

Research has documented the correlations between:

Multiple risk factors and lower productivity

Chronic illness and productivity

Participation in health management and improved work performance

Self-assessment tools are being tested in research setting to estimate work performance & detect the effects of health and productivity (Academy for Health and Productivity Management)

"Health and productivity management an untapped source of competitive advantage"
Sean Sullivan, President & CEO,
Institute for Health and Productivity Management (IHPM)

F. Individual health (con't)

Employers who do not proactively address health & productivity risk the following:

- For every employee absent, three more are at work with an illness that interferes with work.
- The average worker loses 115 hours per year of productive work due to a health condition-equivalent.
- Poorly managed chronic illness may add as many as 10 days per year in additional absence per effected person.
- One third to one half of employees on any given day are tired enough to have functional impairment.

Five costly conditions:

Headache/pain, cold/flu, fatigue/depression, digestive problems and arthritis result in \$180 billion in lost productive time in the workplace each year in U.S. (American Productivity Audit, June 2002)

3. Round Table Project – Integrated Service Delivery Model

- Model identified as priority one by stakeholders
- Draft model developed, based on stakeholder input & feedback
- Premises of service delivery model
 - Ability versus disability (ICF)
 - Investment in People

3. Round Table Project – Model (con't)

Model Components

1. System alignment
2. Meeting individual needs

3. Round Table Project – Model (con't)

Model components

System alignment

- Every system needs a leader
- Engaging leaders from different sectors to address issues related to RTF/RTW.
- RT started this process through the engagement of the 14 stakeholder groups. (Interest from leaders in 7 provinces.)
- Round Table stakeholders respond well to HRDC leadership
- HRDC vision - to enable Canadians to participate fully in the workplace and the community – is aligned with Round Table Project vision

Horizontal management

- Management across systems needed to resolve disability issues. “No one stakeholder controls decisions, resources and activities. Success is dependent on developing and sustaining a a common vision of outcomes, objectives and lines of accountability.”

Standing Committee on Disability (Dr. Carolyn Bennett)

3. Round Table Project –Model (con't)

Model components

Meeting individual needs

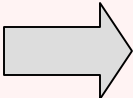
- The individual with an injury/illness or disability is centre of model, is supported by his/her family and a high-performance health care team
- PWDs surrounded by “systems’ which impact ability to be independent and productive.
- Systems work together to ensure meeting individual needs.

Process supports the person

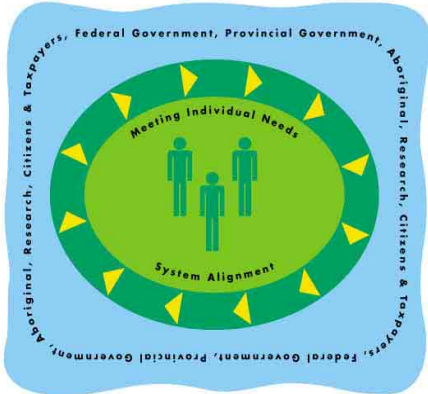
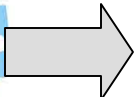
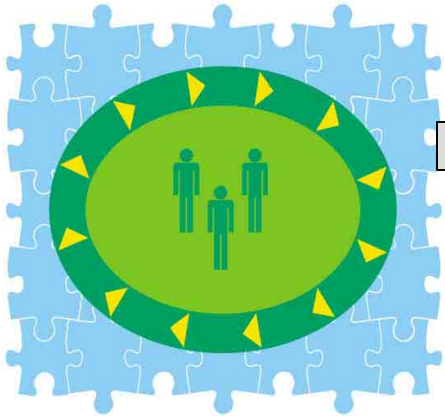
3. Round Table Project – Model (con't)

Meeting individual needs

Present system



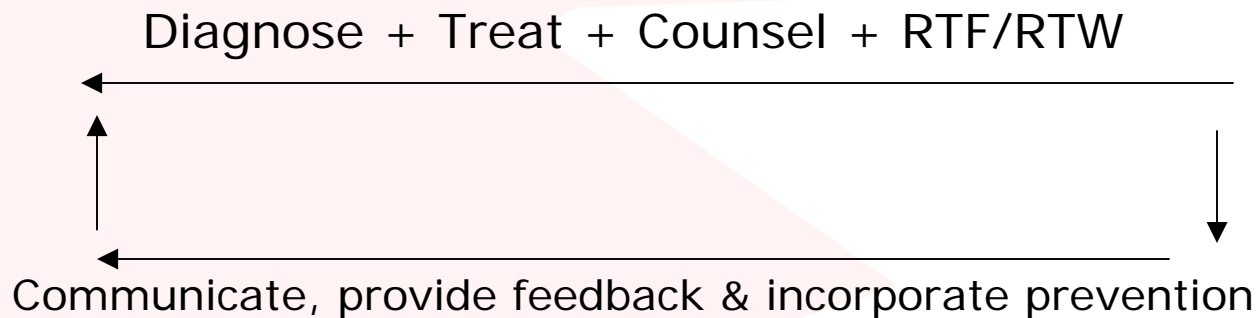
Moving to alignment of systems and meeting individual needs





3. Round Table Project – Model (con't)

Return to Function/Return to Work Model



Feedback & prevention loop linked to:

- Client-centered approach
- Team effectiveness
- Efficiency of services, interventions
- Inclusion of workplace parties
- System-wide leadership



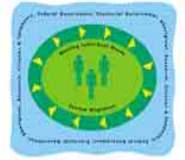
3. Round Table Project – Model (con't)

Meeting individual needs

Key model features:

A high-performance team which:

- Utilizes a client-centered approach
- Brings in appropriate service providers (e.g., occupational health physician, OT, PT, etc.)
- Bases decisions and interventions on current professional evidence
- Employs best practices
- Has clear and delineated roles and responsibilities based on scope of practice and expertise of each group
- Is accountable based on best practice, outcome measures and quality assurance and productivity.



3. Round Table Project – Model (con't)

Meeting individual needs

Additional model features (con't)

- Incorporates a built-in communication loop to ensure effective service delivery
- Incorporates a prevention feedback loop
- Recognizes that supervisor's role is critical to success
- Situated in the workplace

3. Round Table Project – Model (con't)

Making the model work

- Engaging workplaces & communities is the first step
- Round Table Project is well underway & engaged representatives of 14 stakeholder groups who trust process.
 - They have met, many for the first time, and became acquainted with each others roles & responsibilities in RTF/RTW
 - Grown in number from 11 to 13 stakeholder groups; 23 to 29 stakeholder representatives and two to five partners
 - Been able to work together to develop a vision and identify priorities

Stakeholders in eight provinces would support a Round Table Project at national level.

3. Round Table Project -- Next Steps

Build knowledge

- Semi-annual forums
- Website

Increase awareness

- Communication strategies

Build expertise

- Test RTF/RTW model
- Refine process
- Identify best practices related to RTF/RTW

3. Round Table Project -- Next Steps

Projects

- Stakeholders provide feedback to existing projects/initiatives (PREVICAP)
- New projects initiated by stakeholders (i.e. standardized disability forms)

Measure progress

- Projects to include research component regarding: efficacy, cost, savings, worker outcomes and change in thinking/attitudes towards PWDs & RTF/RTW

4. A national round table process

- Provides opportunity to test process & disability prevention model on national level
 - ✓ We have the evidence (Loisel)
- Interest in a national round table process from:
 - ✓ seven provinces (excluding Ontario)
 - ✓ HRDC: Round Table vision aligns with HRDC mission
- National process would address Federal policy issues:
 - ✓ Bridge social and labour market issues
 - ✓ Address inclusion of all Canadians
 - ✓ Reduce poverty by supporting a RTF/RTW for PWDs
 - ✓ Modernize services & programs to meet current RTF/RTW needs
- Prescription for success:
 - ✓ Federal government leadership and funding required
 - ✓ Engagement of national and provincial stakeholders



4. A national round table process



Let's talk!