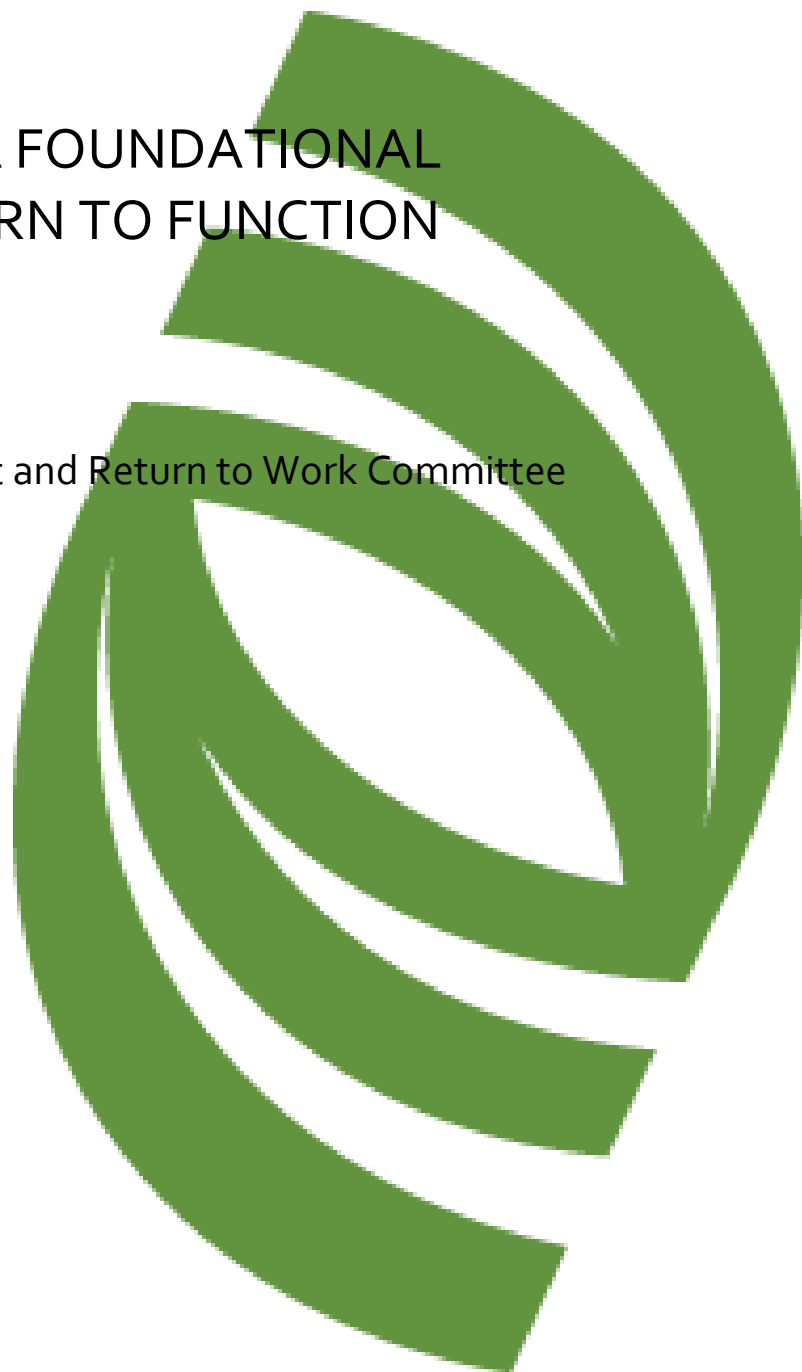


RETURN TO WORK: A FOUNDATIONAL APPROACH TO RETURN TO FUNCTION

IAIABC Disability Management and Return to Work Committee

April 19, 2016



ACKNOWLEDGEMENTS

Return to Work: A Foundational Approach to Return to Function is a paper of the IAIABC Disability Management and Return to Work Committee.

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ABOUT THE IAIABC

Founded in 1914, the International Association of Industrial Accident Boards and Commissions is a not-for-profit association representing most of the government agencies charged with the administration of workers' compensation systems throughout the United States, Canada, and other nations and territories, as well as other workers' compensation professionals in the private sector. Its mission is to advance the efficiency and effectiveness of workers' compensation systems throughout the world. It is governed by a Board of Directors made up of jurisdictional agency leaders, and maintains a staff headquarters in Madison, Wisconsin, USA. Learn more at www.iaabc.org.

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	5
I. SETTING THE CONTEXT	7
II. PERCEPTIONS AND REALITY OF RETURN TO WORK	11
III. THE REGULATOR.....	13
IV. THE EMPLOYER.....	16
V. THE EMPLOYEE/UNION	20
VI. THE CAREGIVER.....	22
VII. THE ATTORNEY.....	27
VIII. THE INSURER	26
IX. APPENDICES	31
APPENDIX A - Tools to facilitate the making of Return-to-Work policies ...	
APPENDIX B - Washington State Department of Labor & Industries: Stay at Work Program.....	32
APPENDIX C - Washington State Department of Labor & Industries: Activity Coaching ..	34
APPENDIX D - Washington Industrial Insurance Laws – References Supporting Return to Work.....	36
APPENDIX E - Return to Work Statutes in the U.S.	39
APPENDIX F - Montana Code Annotated 2014 - Part 10. Stay at Work/Return to Work ..	43
APPENDIX G -Texas Labor Code -Texas Workers’ Compensation Act - Chapter 413. Medical Review	48
APPENDIX H - Washington Impact of Time-Loss Duration.....	
APPENDIX I - ISSA Guidelines: Return to Work and Reintegration	53

EXECUTIVE SUMMARY

Tremendous strain is being placed on economies and healthcare systems around the globe by life-altering, preventable workplace injuries and long-term disability and result in lost human productivity and societal contribution. The large-scale impact is a growing concern that cannot be ignored.

- The International Labour Organization (ILO) estimates that worldwide, 317 million people a year suffer from a non-fatal work-related injury (International Labour Organization, 2015).
- In the United States and Canada, almost 2 million people sustained a non-fatal work-related injury or occupational disease resulting in time away from work and compensation payments of nearly \$40 billion per year (Bureau of Labor Statistics, 2015; Association of Workers' Compensation Boards of Canada, 2016; Institute for Work & Health, 2010).
- The European Union reports 2.5 million non-fatal work-related injuries per year (Eurostat, 2015).
- The US Social Security Administration estimates that just over one in four of today's 20-year-olds will become disabled before they retire (Social Security Basic Facts, 2015).

The degree of disability experienced in many industrialized communities across the globe, as a direct result of these injuries, is not a sustainable one. While the longer range response to these stark statistics is the need to focus on improving health and safety outcomes, this paper will focus on:

- The immediate need and benefit of adopting a societal approach to return to work and daily function; to bring emphasis to the need for a cultural transformation in our societal view; and
- Prompting a dialogue and paradigm shift that is capable of recognizing key roles and responsibilities that all parties possess in the restoration of an individual human life.

Return to work plays a significant role in the health and recovery of the individual, the reduction of disability, and the improvement of productivity and security. It also mitigates significant costs to employers, taxpayers, and society as a whole. When an individual remains connected to the workplace and continues to make a positive contribution to society, recovery rates and life expectancy improve.

It is important to note that this paper examines the injuries that cause a worker to have lost time at work. Most injuries do not lead to lost time; with medical treatment, the worker returns to work before lost time begins. It is commonly understood that 5-10% of workers' compensation claims account for 80-90% of claims costs. This paper looks at those claims.

Full reintegration of the injured person is not possible without all the key stakeholders committing to the restoration of health and function of the injured person. This paper will explore some common misperceptions and realities that exist among these stakeholder groups when it comes to return to work efforts. For example:

- **Workers** can be perceived as malingering, not interested in returning to work or function, or even seeking fraudulent opportunities while **unions** are often seen as

defending a worker's entitlement to compensation and resisting the early return to work at the expense of the worker's functional recovery. The reality is that workers need to be actively involved in the progression of their return to work and proactively pursue early return to work.

- **Employers** can be perceived as uncaring, only interested in reducing their insurance costs. However all employers, regardless of size, should remain connected to the injured employee during the recovery period, even when they are unable to participate in any form of return to work. Ultimately, employers have significant influence on injured worker outcomes and cost of their workers' compensation claims.
- **Caregivers** can be perceived as unwilling participants and often do not view an effective return to work program as an integral part of the healing process and restoration of the individual. Yet, caregivers are often the first individuals an injured worker meets in the workers' compensation process, and they must reinforce the message that return to work is important for both physical and psychological healing.
- **Insurance companies** can be perceived as interested in profitability at the expense of the well-being of the injured person. Insurers, however, play an integral role in supporting recovery and return to work by acting as a facilitator throughout the workers' compensation process possessing real opportunities to promote return to work throughout their operations.
- **Regulators and legislators** can be seen as disinterested in return to function and the ones responsible for creating a compensation system that does not balance the needs of the injured person and the policyholder. The reality is that *governments need to support and encourage investments in early return to work through public policy, engagement, and collaboration with all its workers' compensation stakeholders.*
- **Attorneys** representing injured workers are often perceived as being more concerned with commutation/settlement of claims than programs of vocational rehabilitation. They are also viewed as drivers of government disability insurance claims, such as Social Security Disability in the United States. Attorneys representing insurers and self-insured entities share similar perceptions but also have the added stigma of being the "bad person" out to disprove the validity of claims and to deny medical interventions. The reality is that attorneys can play a significant role in supporting and advocating for return to work.

Whether perception or reality, the resolution of these issues and implementation of these practices is critical to adopting a societal approach to return to work and return to function. Full reintegration of the injured person is not possible without each of the participants committing to the restoration of health and function of the injured person. This paper will draw out the critical role return to work efforts play and the respective roles and responsibilities of all stakeholders integral to an effective return to work and function.

SETTING THE CONTEXT

Worldwide, workplace injuries and illnesses represent a growing concern that must be addressed. The US economy is estimated to lose \$589 billion per year due to injuries or illnesses that keep employees out of work (Integrated Benefits Institute, 2012). Estimates for Canada (\$16 billion) and Great Britain (£15 billion) are of comparable magnitude (Stewart, 2013; Black and Frost, 2011). These injuries, particularly those that lead to lost time at work, place a significant burden on society and the economy, and most importantly, on individuals and their families. These burdens are not sustainable.

Tremendous strain is also placed on economic and healthcare systems, and productive human work years are being lost.

- The International Labour Organization estimates that worldwide, 317 million people a year suffer from a non-fatal work-related injury. The ILO further estimates that the cost of work-related injuries causes a four percent loss in global GDP (International Labour Organization, 2015).
- In the United States and Canada, almost 2 million people sustained a non-fatal work-related injury or occupational disease resulting in time away from work and compensation payments of nearly \$40 billion per year (Bureau of Labor Statistics, 2015; Association of Workers' Compensation Boards of Canada, 2016; Institute for Work & Health, 2010). The European Union reports 2.5 million non-fatal work-related injuries per year (Eurostat, 2015).
- The US Social Security Administration estimates the just over one in four of today's 20-year-olds will become disabled before they retire (Social Security Basic Facts, 2015).

While the longer-range response to these stark statistics is to focus on improving health and safety outcomes, this paper will focus on the immediate need and benefit of adopting a societal approach to return to work and daily function. Its focus will be on workplace injuries, but the principles presented apply equally to the management of disabilities, regardless of the cause. Underlying all impairments is the need to restore health and functional ability of those who are dealing with impairments to prevent them from turning into disabilities.

The difference between a significant impairment and the degree of disability lies in the societal approach to return to function. This paper intends to address the mutual obligations of all stakeholders within any impairment management system. Effective return to function is a societal obligation that must be embraced by employers, regulators, injured workers, co-workers, carriers, caregivers, and vendors; all the parties that play active roles in an injured person's life are responsible for helping them return to a productive, contributory role in society.

The resulting conclusion is that the absence of effective programs that restore function and return injured persons to work causes nations to have high rates of disability and puts extreme pressure on economies and society as a whole.

To address the underlying issues that can cause injuries to develop into disabilities and eventually into workers never rejoining the workforce, a cultural transformation is needed. This paper urges a paradigm shift in how society views return to work and return to function. Subsequent chapters address how different stakeholders should play a key role in the restoration of an individual's functional abilities.

While this paper will touch on concepts and methods available to deploy a more successful impairment management strategy, it is not intended to provide specific guidelines or a roadmap for those purposes.

RETURN TO FUNCTION AND RETURN TO WORK

A physical impairment can limit an individual's functional ability. For example, a broken arm can limit the functions a person normally performs at home and at work. Restoring an individual's functional ability, to the greatest extent possible, results in the person returning to productive work and restores his or her ability to function normally in daily life.

When an individual is injured at home, the motivation for recovery is often to restore physical function within his or her everyday life, such as taking out the trash, lifting up a child, doing the dishes, or playing their favorite sport. However, when an injury occurs in the workplace, factors within the workers' compensation system and the workplace may cause individuals to question the motivation of the "system" in wanting to return them to work or even to function.

The reality is that the processes required to return an injured individual to productive employment as a result of injury, also result in a return to day-to-day function. In fact, returning to work assists in the recovery process and enables the return to normal day to day function. When a worker is able to return to work, even if it is limited in scope or in a different role than before the injury, the foundation of return to function is in place.

Restoring an individual's physical ability to perform any function is the same, and equally important, regardless of whether the individual was injured at work or at home. Function is function and lifting is lifting, whether we are talking about lifting boxes at work or a child at home, our ability to return to work, or our ability to be active members of our families and communities.

Medical treatment and returning to work are essential elements to restoring an individual's health and physical ability. However, when physical restoration is referenced within a return to work scenario in the workers' compensation system, it is often met with skepticism and resistance. Hence, a broader, more societal approach ought to be considered in the development and promotion of effective return to work programs.

FAILURE TO RETURN TO WORK CAUSES HARM TO THE INDIVIDUAL AND SOCIETY

When a worker does not return to work following an injury, significant harm is done to the whole person, as well as society. After a workplace injury, a worker can be cut off from the place where they spend many of their waking hours, having little communication with co-workers and little feeling of work accomplishment and productivity. Mentally, this can have a negative impact on the person and their recovery. Physically, the injury can take its toll on the worker, and a lack of physical activity when sitting at home "healing" can be detrimental as well.

Research has shown that recovery rates and life expectancy improve when an individual remains connected to the workplace and continues to make a positive contribution to society (Waddell & Burton, 2006). While not quantified, the human costs associated with the loss of a

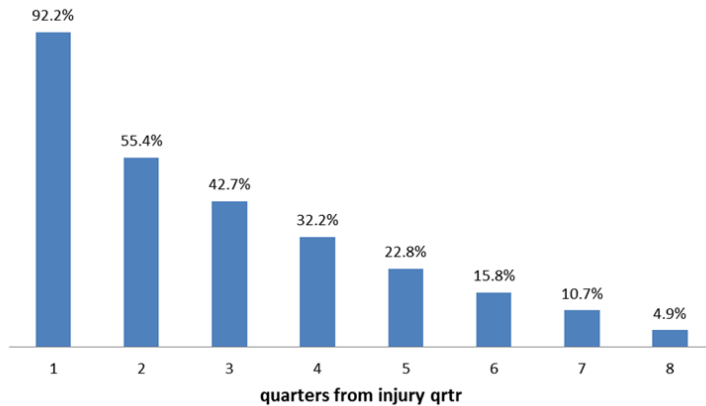
sense of contribution and the continued physical and mental pain associated with a prolonged impairment, and ensuing disability, are great.

The workers' compensation benefit costs of an injury are only a fraction of the total costs of that injury. It has been estimated that the indirect costs to the employer of an injury (lost productivity, rehiring, overtime, and re-training) are anywhere from 5 to 52 times the cost of insurance (Bird & Germain, 1992).

The costs to society are equally great. In the absence of workers' compensation, or other disability insurance, society must bear the costs through healthcare and social security systems funded by the taxpayers of the jurisdiction. Governments lose as well. When people are not working, they are not earning an income. This directly translates into lost tax revenue for the jurisdiction, increasing the proportionate share that working taxpayers must pay in order to maintain programs and services.

The Washington State Department of Labor and Industries conducted a study of all the state's compensable claims from 2011 to 2012 and tracked them for two years post-injury, finding that the probability of returning to work after one year was 32% if not returned in the previous quarter, and after two years fell to just 4.9% (Washington State Department of Labor and Industries, 2013). At some point between three to six months is the highest rate of the setting-in of chronic disability.

Figure 1. Probability of returning to work in 8 quarter period if not returned in prior quarter



Source: Washington State Department of Labor and Industries

Effective return to function is a societal obligation that must be embraced by employers, regulators, injured workers, co-workers, carriers, caregivers, and vendors; all the parties that play active roles in an injured person's life are responsible for helping them return to a productive, contributory role in society.

RETURN TO WORK IS NOT EASY

Return to work requires a commitment by all of the stakeholders within a system and society to adopt their respective roles and responsibilities. This paper will identify the benefits to each participant, the various impediments to, and the possible approaches for a successful return to work strategy with better outcomes for workers, employers, and societies where they work and live.

PERCEPTIONS AND REALITY OF RETURN TO WORK

There are many negative attitudes within society about the many stakeholders and participants involved in the management of an injury. Some are strictly perceptions and some are reality. The purpose of this section is to identify some of those perceptions and realities that must be confronted and resolved, in developing a system which prevents impairments from becoming life-long disabilities. Most injuries, though, do not lead to lost time; with medical treatment, the worker returns to work before lost time begins. It is commonly known that 5-10% of workers' compensation claims account for 80-90% of claims costs. This paper looks at those claims.

Workers are sometimes perceived as malingering, not interested in returning to work or function, or even seeking fraudulent opportunities. The reality is that workers often return to function, and work, before the insurance carrier is even aware of the injury. Workers, in most cases, receive reduced compensation from the compensation or social systems, compared to their pre-injury wages, and would like to get back to work at full pay. Workers also desire to be contributing members of society and their communities.

Unions are often seen as defending a worker's entitlement to compensation and resisting early return to work at the expense of the worker's functional recovery. These perceptions cause employers, insurance companies, and co-workers to question the legitimacy of the impairment and absence from work. This perception likewise extends to modified duties that are legitimately associated with a return to work plan. The reality is that when unions understand the inherent benefits of return to work and function, they can influence and send a positive message to the injured worker and co-workers that they likely represent.

Employers are sometimes perceived as uncaring, only being interested in reducing their insurance costs. Many employers carry the belief that they are not prepared to take a worker back to work until they are 100% recovered from their injury or are financially able to do so. The reality is that when employers understand the importance and financial and non-financial benefits of keeping a trained and valuable worker at work and re-integrating them into the workplace, they can achieve higher productivity, financial savings and a healthier work atmosphere.

Caregivers can be perceived as unwilling participants in a return to work program. Caregivers, physicians in particular, are bound by oath to act in the interest of the injured person and prevent harm to the individual. Caregivers often do not associate an effective return to work program as an integral part of the healing process and restoration of the individual to full, or maximum, function. In reality, most caregivers want the injured worker to return to function and with a better understanding of the benefits of a successful return to work program. Caregivers are in a key position to begin that process with the injured worker.

Insurance companies are perceived as interested in profitability at the expense of the well-being of the injured person. Closure of claims, in the interest of capping insurance costs, as opposed to effective return to function, is seen as the primary objective of the carrier. In reality, the efficient return of an injured worker to work through a strong claims management process where communication with all parties is absolutely critical – can keep caseloads down and improve intrinsic relationships with employers, workers, providers, and others in the system.

Attorneys taken an oath to represent the best interests of their clients, which could be injured workers, insurance companies or employers. Attorneys who represent injured workers are

perceived as being more concerned with the highest dollar value of a claim settlement than supporting return to work for their client. They can also be perceived as drivers of government disability insurance claims, such as Social Security Disability (SSDI) in the United States.

Attorneys who represent insurance companies or employers can be perceived as striving to avoid claim costs by denying the claim or medical interventions. In reality, attorneys can play a significant role in supporting and advocating return to work since they counsel injured workers, insurance companies, and employers when there is a dispute. Collectively, attorneys from both sides of the aisle should embrace return to work as beneficial for all.

Regulators and legislators are seen as disinterested in return to function and the ones responsible for a compensation system that focuses on cost reduction over balancing the needs of the injured person and the policyholder. Partisanship and re-election are viewed to take priority over the well-being of society as a whole. The reality is that regulators should care about creating fair systems that meet the needs of all stakeholders, but most importantly, those of the injured worker and employer. The regulatory and legislative frameworks however, do not often support this.

Whether perception or reality, the resolution of these issues is critical to adopting a societal approach to return to work and return to function. Full reintegration of the injured person is not possible without each of the participants committing to the restoration of health and function of the injured person. The following sections of this paper will draw out the respective roles and responsibilities of all of the stakeholders integral to an effective return to work and function. Education and understanding are important to overcoming the impediments to an effective reintegration approach.

THE GOVERNMENT

OBJECTIVE: Governments, including regulators and legislators, need to support and encourage investments in early return to work through sound public policy, engagement, and collaboration with workers' compensation stakeholders in order to support economic growth and promote a healthy society

As mentioned in the first section on *Setting the Context*, work-related injuries are costly to economies around the world.

Injuries or illnesses that hinder a worker's ability to work are a major challenge to economic productivity. They increase labor costs and disrupt business operations. Employees injured and not working are not earning taxable income or are earning a reduced level of income.

This impacts a jurisdiction in three ways:

- First, the tax base shrinks, directly reducing jurisdictional tax revenue.
- Second, reduced earnings decreases individual spending which results in lower overall economic activity within a jurisdiction.
- Third, injured workers who return to work are less likely to use other government safety nets, including disability, healthcare, and other programs.

Policymakers interested in economic growth and reducing dependence on social programs should shape policy to invest in return to work.

The following points outline opportunities for policymakers and workers' compensation agencies to influence return to work attitudes and practices.

EVALUATE (AND CHANGE?) JURISDICTIONAL LAWS

Governments should review their jurisdiction's laws to see if they align with the goal of supporting return to work. This could include:

- Further strengthen anti-discrimination laws to enforce equal opportunities in employing people with disabilities. For example, in the United States, the Americans with Disabilities Act (ADA) mandates accommodation for employees with a disability.
- Ensure that the enabling legislation that creates the workers' compensation system in the jurisdiction charges the workers' compensation system with the responsibility of returning injured workers to work. See the Appendix for a list of U.S. workers' compensation statutes and examples on how three jurisdictions have included return to work in their workers' compensation acts/statutes.
- Develop laws, policies, or programs that incentivize companies and public organizations to invest in early return to work. This could include tax incentives, matching funds, or wage subsidies.
- Consider legislation and/or regulations requiring employers and injured workers to participate in post injury return to work programs.
- Evaluate existing rules, regulations, statutes, policies, etc. that may preclude, restrict, and/or limit return to work/stay at work initiatives.

- Require insurers and claim administrators to provide return to work services and return to work information to policyholders. Many jurisdictions require insurers to provide risk management and prevention services; similar requirements could be mandated for return to work.
- Afford opportunities for mediation and dispute resolution programs specific to return to work as opposed to judicial or administrative rulings solely based upon “findings of fact”.
- Inclusion of set fees in a medical provider fee schedule should be considered to compensate medical providers for the extra time to complete return to work and physical capabilities forms and participate in meetings to discuss return to work.

One area policymakers should seek to understand is how jurisdictional laws and practices may be influenced by other legislation. One example that has been raised recently is the interface between workers’ compensation programs and the Americans with Disabilities Act. Recent decisions have mandated employer accommodation for return to work instead of keeping an injured employee off work following a work injury. Understanding how laws play out in the real world presents opportunities to improve support for return to work.

EDUCATION ON RETURN TO WORK

Policymakers, including legislators, regulators, and workers’ compensation agency personnel are uniquely positioned to facilitate communication and understanding about return to work among stakeholders. Many employers and insurers may have difficulty quantifying the real gains of investing in employee health and thereby underinvest in workplace reintegration measures (Bramley-Harker, Hughes, & Farahnik, 2006).

Government agencies can develop materials and sponsor educational programs that discuss the direct and indirect benefits and costs of return to work programs. An example of a cost/benefit analysis for employers can be an effective tool to illustrate the positive impact of return to work.

Some jurisdictions have agencies that focus on assisting individuals with disabilities with training, education, and vocational counselling to help them gain independence and find work. The mandates of these agencies could be expanded to include those services for injured workers.

AGENCY OPERATIONS

Agencies should educate their own personnel on the importance and impact of return to work. Agency workflows should be designed to encourage assistance and resolution as quickly as possible.

Special attention may be considered for the dispute resolution process. Resolving disputes efficiently will be in the best interest of all parties. Opportunities for alternative dispute resolution through mediation and pre-hearing conferences may support quicker return to work.

Agencies should measure and publish metrics on return to work. This information can be an important measure of success for policymakers and also provide valuable information to

employers, insurers, and claims administrators looking to understand and evaluate their programs.

LEAD BY EXAMPLE

Governments are often a very large employer within a jurisdiction. It behooves policymakers to implement effective return to work policies and programs for their own employees. These programs result in a more productive workforce but also serve as a powerful example to private sector employers.

FINAL THOUGHTS

Many workers' compensation agencies see their role as administering the provisions and monitoring/enforcing compliance with the laws. To fully achieve the goals of workers' compensation, policymakers should understand and promote return to work. It serves the best interest of injured workers, employers, and society.

THE EMPLOYER

Objective: Employers need to promote early return to work and proactively focus on the safe and early return to work of an injured worker to reduce labor costs, increase productivity, and improve employer branding.

Injuries or illnesses that hinder a worker's ability to carry out work activities are in many ways a major challenge to economic productivity; they increase labor costs and disrupt business operations. Investments into return to work or disability management programs are profitable opportunities for employers.¹ Accordingly, employers should have a strong interest in optimizing the return to work process of workers.

When a worker is injured at work or develops an occupational disease, there are two parties considered to be the most critical to ensuring the worker returns to work and activities of daily living as quickly as medically possible, long-term disability is avoided and, as a result, claim and disability costs are controlled. While the medical provider plays an important role, it is the worker who will ultimately control whether he or she actually returns to work and the employer who must make return to work possible by providing the job and the environment where return to work can be successful.

Employers, particularly in small to medium-sized companies with infrequent workers' compensation claims, too often focus first on the impact the claim may have on their future premium costs rather than on the needs of the injured worker. It's true that a claim may, in some jurisdictions, increase insurance rates, but missteps by the employer or supervisor early on can mean lost opportunities to minimize the employer's financial loss well beyond the cost of indemnity/wage replacement benefits.

It is perceived that after a claim has aged and when it no longer impacts the employer's experience rating or when the costs or duration have reached limits for the state or jurisdiction, that premium costs will go down. However, disability costs can continue to impact the employer's workers' compensation premiums long after the original date of injury. This situation is preventable and could be avoided if the employer and worker relationship had remained intact through ongoing engagement after the injury. Because workers' compensation is insurance pooling the risks of many employers, unnecessary disability contributes to the overall price of a particular risk class or industry, impacting the employer, not to mention the costs to the worker's family and to society as a whole.

Employers sometimes mistakenly believe they should wait for a full release to work from the worker's medical provider or that they should not contact the worker while he or she is in treatment due to healthcare privacy concerns. They may push the worker, the doctor, and the insurer to shut down the claim quickly or blame the worker for the accident and resulting costs. These views damage the employer's credibility with the worker, who is already fearful of their potential job loss, thereby hampering the employer's successful return of the worker to work. This costs the employer more in the long run, and can damage the employer's relationship and trust with other employees.

A study by the Workers' Compensation Research Institute (WCRI), *Predictors of Worker Outcomes in Tennessee*, released January 2015, indicates trust in the workplace is one of the

¹ See for example: Health Employers Association of British Columbia. *Disability management pilot project*, Vancouver; 2013.

more important predictors of return to work. The researchers asked workers if they were concerned about being fired as a result of the injury; 45 percent reported they were somewhat or very concerned that they would be fired or laid off after they were injured. Similarly, a Washington State study of workers with back injuries, *Early Predictors of Chronic Work Disability*, found that:

“Employer offer of an accommodation (e.g., light duty, reduced hours) to facilitate return to work has been identified consistently as protective against chronic work disability. Adjusting for other predictors, workers in our study who were not offered such an accommodation by about three weeks after submitting a lost work-time claim had almost twice the odds of chronic work disability. These findings suggest that employer offer of accommodations to facilitate working in the first few weeks after injury may play an important role in chronic disability prevention” (Turner et al., 2007)

DO'S AND DON'TS FOR THE EMPLOYER

Employers, even small firms, can prepare for the eventual on-the-job injury that is serious enough to take someone off work. Employers should equip themselves and their workers with information about the workers' compensation system in their jurisdiction, including roles and responsibilities of all parties (employer, worker, medical provider, and insurer) so there are few surprises. Even basic information and expectations will help ease fears of supervisors and employees, and support engagement in the system. Regular leadership or supervisor training is especially important for employers in high risk industries or that have high claims experience rates.

Below are some examples of steps to take and approaches to avoid:

- It is often said that the single greatest impediment to a successful return to work is poor labor relations and lack of trust (Victor, 2015). Building strong relationships between management and employees enables a strong and productive culture.
- Proactive and aggressive accident prevention plans and the promoting of a positive safety culture are obvious first steps. The cheapest workers' compensation claim is the one that never happens.
- Have up-to-date, job-specific, regular and light-duty job descriptions ready to present to a medical provider quickly after an injury. Be able to adjust the light-duty tasks in these descriptions to align with an injured employee's medical limitations.
- Create an environment where workers know there is a return to work program in place if they are injured. This starts with the first date of employment: while you're establishing an effective safety culture and setting other expectations such as reporting to work, and following the job's injury prevention plan. Make sure all staff know that light-duty jobs will be available. Workers will continue to be part of the employer's workforce and will be supported by their supervisors and peers while they heal.
- Be proactive and develop your return to work policy. If you are a unionized workplace, ensure that the union is involved in the development of the policy and procedures and become advocates of return to work. Review your policy and plan with all new employees and, from time to time, existing employees. Ensure supervisors are knowledgeable of and buy into your policy.

- Ensure the supervisor or a skilled designated return to work coordinator has a conversation with the injured worker and the treating physician immediately following the injury, letting the worker know he or she is wanted/needed back on the job as soon as possible; that the intent is to support a curative modified duty assignment with minimal (if any) lost time from work maintaining the worker's relationship with their colleagues; and that their goal of avoiding aggravations/exacerbations of the condition and/or re-injury is shared. Ensure the supervisor understands their role and responsibilities, including possible progressive transitions to full duty.
- Remind employees to report their injuries to their supervisor as soon as physically possible.
- If not prohibited by regulations of the jurisdiction, require treating medical providers to complete a form outlining the worker's physical capacities that is signed by the provider and the injured worker for each office visit. This will effectively facilitate discussion of return to work capabilities as well as physical capabilities relative to activities of daily living between the injured worker and the provider (See Appendix H: *U.S. Department of Labor - OWCP-5C Work Capacity Evaluation for Musculoskeletal Conditions form*).
- Communicate with the injured worker's family often to indicate your concern for the worker. Share the positive effects of modified duty, as well as the injured worker's rights and responsibilities.
- If you do not know how to best to prepare a return to work policy, ask your insurance carrier about resources and assistance. Many carriers offer risk management and loss control help, including experts to develop an appropriate program, customized for the employer and/or industry.
- Learn about incentive programs offered by insurers, government, and community agencies that can provide financial assistance for return to work; seek out peer employers through trade associations and small business groups to learn from their experiences (see Appendix C: *WA Employers Return to Work Guide*).
- Don't use the workers' compensation claim to address human resource issues. Performance or behavior issues are best dealt with before an injury occurs. Failing to bring a worker back to the job because he or she broke a safety rule or is a below-average employee only costs more in the long run by creating a contentious claim and losing light-duty return to work opportunities.
- Don't wait for the worker to be fully released to return to the job of injury. Disability sets in very quickly for an injured worker who is left alone, waiting for the next doctor's appointment, without the opportunity to engage with their co-workers and feel they are adding value through work.
- For larger employers that hire a third party administrator (TPA) to manage claims, set expectations for how the TPA interacts with your injured workers, including a collaborative approach to return to work.

All employers, regardless of size, must remain connected to the injured employee during the recovery period, even while they are unable to participate in any form of return to work. Staying connected to the worker while they are off work increases the likelihood of a return to work at the soonest possible time. As soon as the injured employee is medically capable of performing meaningful work, the employer should be looking for ways to bring that employee back into the workplace in modified or alternate duties. This connection will also improve overall employee engagement.

Ultimately, employers have significant influence on the injured worker outcomes and cost of their workers' compensation claims. Accountability is one of the greatest challenges of an

effective return to work program, and holding all parties accountable ultimately lies with the employer. While they may not control specific medical interventions or benefit levels available in their state or jurisdiction, there are a number of approaches they can take advantage of to prevent chronic or long-term disability, thus reducing the duration of a small population of claims that represent the greatest costs in any workers' compensation system.

THE EMPLOYEE/UNION

Objective: Workers need to be actively involved in the progression of their return to function and proactively pursue early return to work to maintain or increase earning capacity and improve quality of life.

Workers are impacted in several ways when injured – physically, psychologically, and financially. Depending on the severity of the injury the worker's physical ability to perform certain functions will be impaired to varying degrees, preventing them from performing various work and non-work functions.

The physical limitations caused by the injury may prevent the worker from working and make him/her eligible for workers' compensation benefits. This results in a decrease in the worker's earning capacity and disposable income since workers' compensation benefits typically only cover a portion of lost income. This creates financial pressure on the worker and his or her family and may jeopardize the worker's ability to maintain the same life style.

Additionally, the longer a worker is off work, the greater the impact is on their long-term earnings. This significantly worsens if the worker loses their connection to their employer of injury, having to start a new job with a new employer, often at lower wages.

In a study based on Washington State Fund claims followed for ten years, it was found that compared to injured worker claims involving medical treatment only (Ge, 2015):

- Injured workers with less than 3 months of time-loss/temporary total benefits lost on average 3.5% of earnings
- Injured workers with 3-12 months of time-loss/temporary total benefits lost 11.6% of earnings
- Injured workers with more than 3 years of time-loss/temporary total benefits lost 28% of earnings.

The inability to work and perform daily functions not only places financial stress on workers and their families both immediately and into the future, but also places physical demands on families relative to the performance of daily functions (e.g., household chores, carpooling, and daycare).

The impact of losing the ability to provide for one's self and assist with day-to-day family duties places enormous stress on the injured person and can result in a feeling of loss of self-worth and ability to contribute to his or her family and community. Loss of contact with co-workers breaks the bond between the workplace and the worker and destroys the sense of belonging.

The longer an individual is prevented from going to work, the greater impact on the worker and his or her family. In extreme cases, these impacts include marital breakdowns, bankruptcy, depression, addictions, and chronic and permanent disability. These hardships are all tied directly to an individual's ability to return to work and day to day function. An early and successful return to work reduces the risk of these negative consequences.

As indicated in the Figure 1 example specific to manufacturing, disability from impairment can set in rather quickly. After 12 weeks away from work the chance of an individual ever returning

to work decreases to 50% and after 52 weeks the chance of ever returning to work decreases to almost zero. Generally, we know that in many cases chronic or long-term disability sets in about 3 to 6 months out of work post-injury, without regard to the worker's job or industry.

Research shows that returning to work speeds up the injured worker's healing process, and therefore it is in the best interest of injured workers to proactively pursue return to work and function (Waddell & Burton, 2006).

Below are some recommendations workers should implement to ensure they have a speedy recovery, return to work, and return to daily function.

PRE-INJURY

Workers should actively work to understand workplace policies, plans, and procedures well before an injury occurs on the job. There can be many pressing issues to address in the space of time immediately following a work injury, so understanding workplace policies, plans, and procedures beforehand can help mitigate stress and miscommunications after the injury.

POST-INJURY

The worker should engage with and be responsive to requests from their employer and the workers' compensation insurer's claims management team. While employers and insurers must take responsibility for educating and engaging injured workers in return to work and claims processes, those workers who learn and understand their role will develop supportive relationships that help them through sometimes complex processes. This allows them to devote their energy to healing and returning to work, rather than focusing on disability and fear that comes from a lack of understanding of the workers' compensation system.

The worker should participate in all required medical treatment prescribed by the treating physician while understanding his or her own pain tolerance. It is in the best interest of injured workers to limit the use of narcotics in the treatment of pain, particularly over a lengthy period of time. The injured worker should question the physician about the prescriptions they are providing and be determined to inquire about the use of narcotics in the treatment plan. The worker should communicate to the physician his or her desire to return to employment as soon as physically possible.

A number of studies show that opioid use puts a worker at greater risk of delayed recovery and longer disability duration. For example, Liberty Mutual Research Institute for Safety, Center for Disability Research reported in a retrospective study of workers' compensation claims with acute disabling low back pain that those who received 450 mg of morphine equivalent in the first 15 days were, on average, disabled 69 days longer than those who received none and the risk for surgery was much greater (Webster, Verma, & Gatchel, 2007).

Asking the treating physician to provide the worker and the worker's employer with a list of functions the worker is able to perform will help speed up the return to work process while the worker is still recovering.

The worker should tell the insurance company that he or she wants to return to work as soon as medically safe. Workers should also follow-up with the insurance company to ensure they are coordinating with the employer and physician to facilitate early return to work.

The worker should take an active role in developing the return to work plan with the insurer, employer, and physician. Worker buy-in with the plan is necessary to ensure its success. The worker should seek additional resources (e.g., addiction services, counseling, etc.) if they are having difficulties following a work injury. Asking for help if needed is an important part of the recovery process.

Finally, the worker should communicate his or her return to work plans and progress with family and friends. This will help provide accountability for the worker, as well as a strong support system during this difficult time.

THE UNION

Labor unions can play a role in return to work as well. It is important for unions to understand the inherent benefits of return to work and function so they can carry the message to their membership, helping shift the culture within the labor force. Unions can use their influence with employers to encourage the hiring of return-to-work coordinators or staff with experience in workplace disability management. In collective bargaining, they can support the development of return-to-work programs by including this need in their negotiations. Collective bargaining might also include language encouraging flexibility for temporary light-duty jobs to keep workers actively engaged.

Union representatives and government affairs staff should actively participate in discussions with other stakeholders, business representatives, and legislators to make changes in their workers' compensation systems to encourage return to work; for example, advocating for return-to-work incentives or for hiring disabled injured workers.

Impaired employees returning to work can feel ostracized from their co-workers, and unions can participate in the paradigm shift by encouraging their members to be accepting and understanding of injured workers who are returning to a job with modifications.

THE CAREGIVER

Objective: Caregivers need to be an advocate for functional and vocational recovery and promote return to work as an essential element of healing.

Caregivers (i.e., doctors, physical therapists, chiropractors, and rehabilitation centers) are often the first individuals an injured worker meets in the workers' compensation process and their experience can directly and indirectly influence the direction of the claim. It is important for caregivers to understand the importance of their actions and align their practices to promote early and safe return to work. In workers' compensation cases, caregivers must be an advocate for return to work and promote return to work as an essential element of healing.² In talking with an injured worker, caregivers must reinforce the message that return to work is important for both physical and psychological healing.

Return to work is a key measure of a caregiver's success in a workers' compensation case. A caregiver can enhance its reputation in the patient, carrier, network, and employer communities by restoring function and getting patients back to work. Better outcomes result in higher satisfaction and more referrals, creating more business for a caregiver. The caregiver has a professional responsibility to "do no harm," and allowing a patient to stay away from work for longer than is necessary is not in the best interest of the patient. By getting the patient back to work as early as medically safe to do so, the caregiver takes strain off the healthcare system by reducing both the volume of patients and costs. Early return to work is ultimately in the best interest of the injured worker as they once again become productive members of the workforce and society.

Promotion of return to work should be integrated and completed throughout the care process. Below are opportunities caregivers may use to be successful in advocating for return to work by patients.

EXAM, DIAGNOSIS, AND TREATMENT

At the initial contact it is important that the provider do a thorough history and physical. The work related injury/illness should be separated from non-work related complaints. Pre-existing and aggravating factors should be identified. Any functional loss, psychosocial or cultural barriers, co-morbidities, or complications should be taken into consideration in the development of the treatment plan. The treatment plan should include return to work expectations.

Use of opioids for pain should be limited and, if necessary, prescribed only during the acute phase of healing. As referenced in the earlier Employee section, a number of studies show that opioid use puts a worker at greater risk of delayed recovery and longer disability duration. For example, Liberty Mutual Research Institute for Safety, Center for Disability Research reported in a retrospective study of workers' compensation claims with acute disabling low back pain that those who received 450 mg of morphine equivalent in the first 15 days were, on average, disabled 69 days longer than those who received none and the risk for surgery was much greater.

² Research evidence shows individuals who re-engage quickly following an injury have shorter recovery times. Burton & Waddell. *Is Work good for your health and wellbeing*, The Stationery Office, London, UK; 2006

The patient should be counseled that return to work is essential to healing. Caregivers should encourage the patient to remain as active as possible and communicate that remaining at work, either in full or modified duties, will result in quicker and more positive outcomes. Patients will benefit from having realistic expectations about the anticipated course of the illness/injury. Whenever possible, actively treat all injured body parts at the same time and do not add treatment to body parts unrelated to the injury as this can result in longer durations and increased costs.

During this process, caregivers should review anticipated functional improvement and return to work goals. Return to work goals are informed by an examination of the patient's physical capabilities and limitations and should not be limited to the patient's full duty job description. When full duty work is not feasible, understanding the patient's abilities can inform modified or accommodated work opportunities. If work restrictions are necessary, they should be actionable, understandable, and lead to reduced impairment.

When appropriate, engage the patient in active therapy and a home exercise program. Improving and maintaining mobility and increasing strength and range of motion will support the recovery process.

Most patients do not require a functional capacity evaluation (FCE). This may be considered when returning a patient to a safety sensitive position and there is a need for objective evidence of functional status to protect the patients or other employees. If functional status and impairment cannot be ascertained from the physical exam, an FCE may provide further support for decisions regarding return to work and function.

Throughout care, it is important to objectively evaluate functional improvement and discuss what the injured worker is able to do both at home and at work. Counseling at every visit helps the patient understand progress being made and focuses on improvement over impairment. A helpful tool during these discussions is to ask about activities, hobbies, or functions a patient finds rewarding. Aligning functional goals with an individual patient's wishes will encourage their participation in the recovery process.

Encourage patient involvement in his or her own care. One effective strategy is to have the patient keep a journal of the recovery process. A journal helps a caregiver monitor compliance and understanding with a treatment plan. It also allows a patient to see and reflect on progress toward treatment and functional improvement goals.

COMMUNICATION AND EDUCATION

Communication among all stakeholders including the injured worker, employer, case manager, and claims administrator is important for return to work success. Keys for success include:

- Complete and return information to the claim administrator promptly to avoid delays in care.
- Schedule repeat appointments with the injured worker so care is not delayed.
- Schedule appointments at the appropriate times with specialists so care is not delayed.
- Take calls from peer reviewers, meet with case managers, and answer patient questions.
- Talk to the patient's employer about medical restrictions and return to work options.

Contact the employer, case manager, and adjuster early in the process to understand job requirements and discuss temporary physical abilities and limitations or job restrictions. Be mindful that communications with third parties will include personal and sensitive information. Caregivers should understand privacy regulations and restrictions for releasing and discussing patient details.

Communicate and actively work with all other caregivers including physical therapists, rehab centers, and vocational counselors. Talking with other providers assures treatment plans are appropriate and are working. A patient's caregiver team must understand return to work goals and know their functional abilities and limitations. Regular communication among the care team will ensure continued progress and identify the need for additional or modified treatment plans.

Caregivers should focus communication efforts on patient education. Without an understanding of the problem, a patient may not always understand the solution and be afraid of return to work plans. Patient education should be done with plain language and explain detailed medical terms and acronyms. Caregivers may want to ask the patient to explain their diagnosis and treatment plan as a way to check understanding and retention.

Patient education on what their injury is, how it heals, and how physical therapy, occupational therapy, home exercise plan, and other therapies described in the treatment plan is vital to engaging him or her in the healing process. Explain how co-morbidities may adversely impact recovery and emphasize the need for lifestyle changes, participation, and accountability by the patient. Caregivers may consider, with the patient's consent, involving the patient's family in these discussions.

Promote the benefits of return to work throughout the treatment process. When communicating functional limitations and restrictions, explain what is safe to do at work and home. Explain when pain is okay and when they should be concerned and get in touch with their care provider. Patients may be hesitant to comply with home exercise programs or resume activities at work because they are painful. Discussing the kinds of pain they may experience can help mitigate or avoid non-compliance with treatment plans and return to work recommendations.

DOCUMENTATION

Return to work expectations can be supported by clear and thorough documentation by the caregiver. Written records are important so the caregiver, patient, employer and all stakeholders can monitor and ensure progress and recovery. Following the initial visit, a caregiver should document all the facts of the case and provide a written treatment plan. Subsequent visits should always document functional improvement and chart recovery process.

All medical exams and reports require accurate, concise, and legible documentation. Appropriate documentation clarifies treatment and return to work expectations so that claims administrators, case managers, and stakeholders do not need to call the medical staff or send letters of clarification. Accurate case notes are also important to coordinate care among other providers. Documentation can also help caregivers complete necessary forms or reporting requirements.

FINAL THOUGHTS

For patients with a work injury/illness, it is harmful to omit or neglect return to work counseling and can lead to chronic illness. Caregivers who successfully advocate for return to work help sustain a healthy, safe, and vibrant workforce.

ATTORNEYS

Objective: Attorneys should recognize that return to work provides the best value for those they have taken an oath to represent, whether an injured worker, insurance company, or employer.

The power wielded by attorneys is significant. Placing greater emphasis on using this power to facilitate return to work will lead to better outcomes for their clients and for society in general. They have the unique opportunity to both support and advocate that clients take part in jurisdictional return to work programs, including vocational rehabilitation, employer incentive programs, medical and non-clinical interventions such as activity coaching. An injured workers' attorney should vigorously pursue employers making modifications and/or creating suitable alternative employment.

Attorneys are substantial players in workers' compensation. A recent study from the Worker's Compensation Research Institute (2012) indicated attorney involvement in lost time claims varied greatly from state-to-state with some states reporting as much as 50% attorney involvement as compared to others with approximately 8%. Unfortunately, research also indicates that attorney involvement in workers compensation claims is associated with negative outcomes such as longer duration of claims, increased costs, and poor outcomes in vocational rehabilitation (Bernacki & Tao, 2008; Blackwell, et al, 2003).

As discussed previously, the longer an individual is away from work, the lower their chance of ever returning to work. In representing their clients' best interests, attorneys should help their clients understand the negative impact of a life of disability on their long-term earnings, family, and quality of life. Attorneys can be highly influential with an injured worker about either returning to gainful employment or seeking a program of vocational rehabilitation.

Attorneys representing insurers and employers should recommend that injured workers sustaining serious injury and/or presenting with significant symptomology post-injury be referred for disability management and return-to-work support early in the claim. Unnecessary delays caused by contentious and adversarial approaches add to duration and, therefore, costs. Once referred to such services, they should continue to counsel and advocate for a return to work while the claim flows to its conclusion. Vocational or functional restoration of an injured worker should be treated with the same expediency and know-how as the medical portion of the injury. Attorneys should be the driver for ensuring injured workers receive these services, which leads to eventual return to work.

In summary, attorney involvement in workers' compensation claims can be perceived as to be generally linked to negative return to work outcomes. There is no disputing that attorneys in workers' compensation are significant players and have a place in the discussion of return to work. From a macro perspective, a paradigm shift that embraces return to work while advocating the rights of their clients and jurisdictional laws is needed.

THE INSURER

Objective: Insurers are responsible for coordinating workers' compensation claim services so they promote return to work in order to improve outcomes and reduce disability costs.³

Insurers play an integral role in supporting recovery and return to work by acting as a facilitator throughout the workers' compensation process. Opportunities for promoting return to work exist across an insurer's entire operations, including underwriting, risk management and loss prevention, sales and marketing, and claims management. Insurers who coordinate their efforts to promote return to work can be more profitable and have a positive societal impact.⁴

As discussed, the longer an injured worker is out of work, the less likely he or she will return to work. To the insurer, this translates to higher claims costs from ongoing indemnity benefits, possible vocational rehabilitation and litigation costs, and less settlement leverage. Return to work results in shorter claim durations which has a three-fold benefit for insurers: decreased direct claim costs, decreased adjuster case-loads, and improved loss ratios. Shorter durations allow insurers to release reserve funds which allows for other investments and improves the balance sheet. Shorter durations also improve work productivity, returning the fully trained employee to work using their skills and knowledge to benefit their employer.

Some insurers may see a conflict in return to work and claim settlement as the prevention of future claim exposures is considered to be financially beneficial. However, if the insurer can return an injured worker back to a greater level of function or earnings via modified duty than he or she would have otherwise experienced, the injured worker's impairment is lessened and earning capacity increased. This reduces the value of the claim and decreases the settlement amount. In this instance, insurers benefit from reduced future liabilities.

Reinsurance is a significant expense for private insurers. A reduction of claims losses can result in more leverage when negotiating reinsurance premiums. A modest decrease in reinsurance costs could be meaningful for many insurers.

Insurers who see return to work as the goal in workers' compensation cases can see their claims costs diminish and profits increase. The first step in accomplishing improved return to work is demonstrating the benefits to the senior management team. Management must then work throughout the company to develop strategies and metrics in support of successful return to work. Some of these metrics could include persistence (measuring the claim persistence rate, or how many claims are open after specific time frames such as 30, 60, 120 days); settlement amounts; and the percentage of workers who return to work.

Insurer representatives throughout the company should be equipped with tools and techniques that demonstrate the value of return to work; this could include case studies, statistics, and toolkits that articulate the value of return to work in different ways. Below are opportunities different insurer departments can play a role in successfully promoting return to work.

³ This section defines insurer as the entity that collects workers' compensation premium payments and pays and administers claims. Issues discussed in this section can be applied to public and private insurers as well as claims administrators and self-insured employers.

⁴ Publically traded insurers are understandably focused on financial performance in order to maximize shareholder value.

UNDERWRITING

Writing policies for employers with return to work programs is a good business practice for carriers. Insurers compete to secure prime accounts and want to attract employers who pay their premiums on-time and in-full, have effective safety programs, implement risk control measures, and offer modified duty. In the underwriting process, employers with return to work programs, including modified duty, should be viewed more favorably. This allows an insurer to offer their best possible premium rate and increase the likelihood of securing the account.

During the renewal process, underwriters review the employer's loss history to predict and price their future performance. Underwriters examine the outcomes of an account's return to work program in the previous policy period. If the employer has a poor loss history, the underwriting team can provide feedback and note the importance of educating the employer on benefits of a return to work program. This may include engaging the agent and loss prevention team in working with the employer.

RISK MANAGEMENT AND LOSS PREVENTION

Return to work mitigates losses following a work injury or illnesses and can be viewed as a part of the risk management and loss prevention process. The establishment of an effective return to work program can be next in line to a strong safety program in controlling costs for an employer. Loss prevention specialists can reinforce the importance of early return to work when providing loss analysis and risk surveys.

There are some jurisdictions that require insurers to help employers develop injury prevention programs and safety committees. In those jurisdictions that require insurers to take a proactive role in safety management, loss prevention efforts could be combined with the development of a return to work program. Loss prevention can provide a template return to work program and suggest metrics for safety officers or safety committees to track and follow.

SALES AND MARKETING

Aligning the business process to support and improve return to work can be a powerful tool for an insurer's sales and marketing team. Marketing can design campaigns that demonstrate return to work is in the best interest of their customers, both injured workers and employers.

An insurer's sales and marketing team can help "sell" the idea of return to work with their clients. Developing educational content about return to work can be distributed through webinars, website content, blogs, discussion boards, and social media. Additionally, the marketing department may consider putting together resource kits with sample job offer letters, step-by-step instructions, and other documents useful to employers executing a return to work program. This information can be especially valuable for small businesses, who often do not receive a lot of "personal touch" with the insurer.

Demonstrating a commitment to return to work by helping all employers, not just large accounts, also builds trust in the insurer. This can increase an insurer's retention rate, resulting in decreased acquisition costs and increased profitability.

CLAIMS

The claims department is crucial to managing all services so they align with the primary goal of return to work. One of the first steps an insurer must take is to educate their claims staff on the benefits of return work and develop procedures that promote that goal. Claims staff should be given tools and strategies to communicate return to work benefits with all parties involved in a claim, including injured workers, employers, and caregivers. This may include talking about the language used by the insurer to communicate with the various stakeholders throughout the claims process.

In talking with an injured worker, claims personnel must reinforce the message that return to work is important for both physical and psychological healing. The development of an individualized return to work plan in consultation with the injured worker and employer is key. Involving the injured worker's family in the development of the plan ensures clear understanding by the family members and solidifies support from the family in the injured worker's return to work. If an employer cannot offer a modified position, claims personnel can talk with an injured worker about programs that allow flexibility⁵ for "modified" duty work at another facility. This provides an injured worker the opportunity to recover while contributing to a charity or cause of interest to them.

Promoting return to work with the employer is also important for claims personnel. The claims adjuster may need to work with an employer to overcome resistance to return to work and determine the availability of modified work. Employers may require education on the benefits of modified duty. As an example, adjusters can discuss how not allowing graduated or modified duty can extend the amount of time an injured worker spends out on disability. Materials that explain the cost-benefit analysis of what can result from not offering return to work is a powerful strategy to gaining acceptance from an employer. Claims personnel may want to cite various research studies that show the positive impacts of return to work from the employer perspective.

Examples include:

A 1995 Friedman study showed Gibson's Greetings return to work program resulted in an 87.5 percent decrease in incurred workers' compensation losses in one year. The same study highlighted a 74.5 percent decrease in workers' compensation losses following implementation of a return to work program at Roto-Rooters Services Company (Friedman, 1995).

The RAND Institute found that large employers who utilized a return to work program experienced a 3.6 week reduction in the median number of weeks away from work for an injured worker (McLaren, Reville, and Seabury, 2010).

⁵ Not all jurisdictions allow modified work arrangements outside of the employer. Typically these arrangements are made with local charities.

A claims adjuster may also help an employer to identify an appropriate modified position based on the injured worker's abilities not just their impairments.

Employers can also be educated on jurisdictional programs available to support their return to work efforts. Programs including Washington State's Stay at Work or Oregon's Employer at Injury⁶ reimburse employers for a significant portion of the wage and other cost for bringing workers back to light-duty jobs during healing. Other resources including the Job Accommodation Network (JAN) can be important for claims staff to discuss with an employer who is hesitant to bring back an injured worker.

Another key role in claims management is communicating and coordinating with caregivers. Talk with caregivers about the common goal of healing, which must include return to work. Discuss with caregivers the importance of completing return to work forms and documenting of function at every visit. If a return to work form mentions only restrictions; have a conversation on physical activities that can be safely performed.

FINAL THOUGHTS

Insurers want to work with caregivers who provide quality care with good outcomes. Recent research by Harbor Health Systems demonstrated coordinated care with high-performing physicians resulted in shorter claim duration (reduced by 12-20 percent), lower indemnity costs (19-61percent), and reduced frequency of litigation (7.2-16 percent) (Blatt et al., 2014). The claims department may want to develop caregiver metrics to monitor performance. When possible, the insurer will want injured workers to receive care from caregivers that have positive return to work results.

Claims personnel are critical in supporting return to work. Their connection with the injured worker, employer, and caregivers gives them significant influence. Insurers are wise to invest in developing their claims practices around this goal. It is equally important to monitor the success of programs to ensure they are effective.

Developing an organizational culture that understands the importance and value of return to work will help ensure it is carried out throughout an insurer's operations. Coordinating internal practices and successfully working with external stakeholders will result in positive financial performance and improved outcomes for injured workers.

When the insurer designs their operations to support return to work goals, they demonstrate social responsibility and build positive brand image.⁷ Highlighting an insurer's positive return to work statistics demonstrates their expertise in that area and can help differentiate them from competition.

⁶ These programs are described more fully in Appendix A. Claims staff should be knowledgeable about what jurisdictional assistance is available for employers who want to support return to work and be prepared to discuss with employers who may qualify.

⁷ A 2006 survey by Ipsos found the insurance industry had the second worst favorability score, scoring higher only than the oil and gas industry. Insurers can increase their reputation and retain clients by showcasing their commitment to return to work as a part of "doing the right thing."

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APPENDICES

- Appendix A Tools to Facilitate the Making of Return-to-Work Policies
- Appendix B Washington State Department of Labor & Industries: Stay at Work Program
- Appendix C Washington State Department of Labor & Industries: Activity Coaching
- Appendix D Washington Industrial Insurance Laws – References Supporting Return to Work
- Appendix E Return to Work Statutes in the U.S.
- Appendix F Montana Code Annotated 2014 - Part 10. Stay at Work/Return to Work
- Appendix G Texas Labor Code – Texas Workers' Compensation Act - Chapter 413. Medical Review
- Appendix H Washington State Department of Labor and Industries: The Impact of Time-Loss Duration on Injured Workers' Long-Term Earnings
- Appendix I ISSA Guidelines: Return to Work and Reintegration

APPENDIX A

TOOLS TO FACILITATE THE MAKING OF RETURN-TO-WORK POLICIES⁸

Introduction

Costs related to sickness absence are a large burden to national economies in many parts of the world. The US economy is estimated to lose \$589 billion per year due to injuries or illnesses that keep employees out of work.⁹ Estimates for Canada (\$16 billion)¹⁰ and Great Britain (£15 billion)¹¹ are of comparable magnitude.

Laws prohibiting the layoff of workers, suffering temporary or permanent incapacities are implemented in most of the industrial world. Although many organizations lack the tools to achieve compliance with legislation they also realize the gains that can come with improved worker reintegration management. This chapter presents an overview of tools that can be used to improve return to work outcomes for all actors involved.

Firstly, it will be shown why stakeholders need to work together and implement better and more comprehensive return to work measures. Secondly an overview of tools for public policymakers, health policy makers and workers compensation is presented. The tools illustrate policy alternatives that can be taken to improve return to work outcomes and consequently reduce the costs of workers compensation. In the last part, it is shown how internationally recognized training programs and certification mechanisms can assist workers compensation providers and employers in the process of implementing and continuously improving return to work policies.

Why Better Tools are Needed

In many cases workers' compensation schemes are responsible for providing rehabilitation services and financial compensation to injured and disabled persons. Through coordinated rehabilitation and reintegration, return to work measures effectively contain and reduce the cost of sick time related workers' compensation costs^{12 13} and prevent long-term invalidity pensions, or equivalently the costs of lump-sum compensations.

Injuries or illnesses that hinder a worker's ability to carry out work activities are in many ways also a major challenge to economic productivity; they increase labor costs and disrupt business operations. Investments into return to work or disability management programs on the other hand seem to be profitable investment opportunities for employers.¹⁴ Accordingly, both insurers and employers should have a strong interest in optimizing the return to work process of workers.

⁸ This paper *Tools to Facilitate the Making of Return-to-Work Policies* was written by Nicolas Echarti, Research Assistant, and Dr. Gregor Kemper, Director of International Relations, with German Social Accident Insurance (DGUV).

⁹ Integrated Benefits Institute. *The total costs of Workforce Health*. Sample Report for US Workforce. San Francisco, CA; 2012. Retrieved on 1st of April from http://files.ibiweb.org/uploads/general/IBI_FCE_Reports_for_FT_article.zip

¹⁰ Stewart, Nicole. *Missing in Action: Absenteeism Trends in Canadian Organizations*. Ottawa: The Conference Board of Canada; 2013.

¹¹ Carol-Black, D & Frost, D. *Health at work – an independent review of sickness absence*, The Stationery Office, Norwich, UK; 2011

¹² See for example: Mc Laren, Reville and Seabury. *How effective are employer return to work programs*, Rand Institute for Civil Justice; 2010.

¹³ Social Security Organization of Malaysia. *SOCSO Return-to-Work programme in Malaysia; 2012*.

¹⁴ See for example: Health Employers Association of British Columbia. *Disability management pilot project*, Vancouver; 2013.

Re-orienting the provision of health services towards the maintenance of employment is central in ensuring fast and sustainable recovery. When returning a worker as soon as medically possible back into productive work, the persons healing process is accelerated¹⁵, thereby the need for medical care is lessened and earning capacity is maintained. In contrast, disabled persons not being able to work for longer periods are likely to experience multidimensional deprivations linked to their status of non-employment reducing their chance of returning back to work successfully.¹⁶ To prevent workers from becoming permanently unemployed as a result of being injured, a coordinated approach is needed that encourages the worker to return to work: Public policymakers set the primary fiscal and legal framework for rehabilitation; the health sector provides improved information about a patients state of health, working capacity and future risks, while workers' compensation providers need to make use of the enhanced flow of information and provide rehabilitation services, tailored to the injured individual, as early as medically possible to achieve the best possible return to work outcome.

Public Policy Tools

A common feature of the costs of employee absence is that those costs accrue over a long period of time and spread among various stakeholders. Having difficulties in evaluating the real gains of investing into employee health, stakeholders tend to underinvest in workplace reintegration measures.¹⁷ A possible way to correct for the market failures in the provision of rehabilitation services is to use public policy tools encouraging investments into return to work interventions. This section discusses the application of anti-discrimination tools, the elimination of fiscal disincentives and the basic pros and cons of several fiscal incentive tools.

Anti-Discrimination Tools

Policymakers need to implement and further strength anti-discrimination legislation to enforce equal opportunities in employing people with disabilities and chronic diseases. The UN convention on the rights of persons with disabilities clearly *recognizes “the right of persons with disabilities to work, [...] in a labor market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment”*¹⁸

Generally there are obligations and binding agreements intended to prevent and restrict the dismissal of employees who become disabled and those that intend to promote the retention of employees who become disabled. For example, a penalty for failure to re-employment could be put upon employers unable to find suitable accommodations for disabled workers. Alternatively, employment quotas could be used to promote retraining and reintegration. Moreover, assisting injured workers to return back to work by actively promoting career progression opportunities is necessary for increasing the inclusion of persons with disabilities into the workforce.¹⁹ Many

¹⁵ Burton & Waddell. *Is Work good for your health and wellbeing*, The Stationery Office, London, UK; 2006.

¹⁶ New York Department of Labor. *Cost Benefit Analysis of Return to Work Incentive Programs*. New York; n.d.

¹⁷ Bramley-Harker, E., Hughes, G., & Farahnik, J *Sharing the costs – Reaping the benefits. Incentivizing return to work initiatives*. A report for Norwich Union Healthcare. London; 2006.

¹⁸ UN General Assembly, *Convention on the Rights of Persons with Disabilities* : resolution / adopted by the General Assembly , A/RES/61/106; 2007

¹⁹ L'Horty & Ouvrard, *Disincentives to returning to work, France - Données sociales : La société française*; 2006

barriers exist that prevent upward job mobility, which results in an underrepresentation of disabled persons in managerial positions compared to non-disabled persons.^{20 21}

Eliminating Fiscal Disincentives

Another element for policy makers in finding the right mix of policies lies in eliminating financial disincentives that prevent people from returning to work. For example, many social security providers retain parts of approved long-term disability payments when a disabled person returns back to work. Work disincentives depend on the taxation of wages and consumption goods. Punishing a person undergoing rehabilitation measures, by withdrawing parts of the disability pension payments, discourages individuals to return back to work.²²

Implementing Fiscal Incentives

Developing policies to incentivize companies and public organizations to invest into return to work on the other hand is beneficial in containing the financial and non-financial costs of workplace absences. Fiscal incentive tools can be used to encourage more investments into return to work, three of which will be discussed below:

- Tax Incentives
- Matching Funds
- Wage Subsidies

Tax Incentives: The most straightforward tool to incentivize companies to make use of workplace reintegration services is to allow firms to deduct a percentage of their expenditure on workplace reintegration interventions from taxable profits. The disadvantage of tax deductions is that it only impacts organizations that pay taxes on their profits. Companies not operating at a surplus as well as non-profit and public sector organizations do not benefit from the policy.

An alternative measure that also effects non-profit and public sector organizations is to allow a deduction, for a percentage of the expenditure on workplace reintegration measures, on (national) workers compensation insurance payments. The effect of the policy might be smaller for companies than for non-profit organizations due to the possible interaction of employer insurance contributions with corporate tax liability. But on the upside, the policy affects all employers that pay social security contributions.

Matching Fund: Equally applicable, matching funds are another possible way to correct for under- investments into employee health and workplace reintegration programs. They involve the government to provide grants to employers investing into employee reintegration programs to subsidize rehabilitation efforts. Matching funds somewhat compromise the idea of tax incentives (deductions or credits) and direct subsidies. How much to invest is up to the company as it is with tax incentives, while the fund actually increases organizational income, like in a subsidy.

However, the potential higher costs of administering matching funds compared to tax deductions or credits reduce their applicability. As a matching fund partially acts like a direct

²⁰ See for example: European Commission. *The employment situation of people with disabilities in the European Union*; 2001

²¹ England, K. *Disabilities, Gender and Employment: Social Exclusion, Employment Equity and Canadian Banking. The Canadian Geographer* 47, no 4; 2003.

²² Kostol & Mogstad. *How financial incentives induce disability insurance receipts. NBER Working Paper No. 1901*; 2013

subsidy, government may wish to monitor the distribution and usage of funds, which may result in additional bureaucratic expenditure.

Wage Subsidies: Another tool to incentivize companies to reintegrate or retain persons with disabilities or chronic diseases is a wage subsidy. To encourage companies to retain employees despite potentially reduced productivity and to invest into employee education, wage subsidies can be used to help employers cover some of those costs. Wage subsidies also increase the competitiveness of job applicants with disabilities and other barriers to employment. On the downside, like with matching funds, the targeted application of subsidies might increase administration costs.

Public Health Tools

Public health policy plays a key role in facilitating workplace reintegration. Policy decisions with regards to the delivery of medical services should move away from the static concept of restrictions and limitations towards recognizing abilities before disabilities. Measuring abilities instead of disabilities enables physicians to integrate return to work and stay at work options together with the prescribed treatment or medical rehabilitation process. This section proceeds with discussing the International Classification of Functioning, Disability and Health (ICF) for assessing worker employability and a flag system for the early identification and communication of workers risks. Moreover, the concept of “Fit-notes” is introduced, which is said to be more activating than the negatively connotated sick notes.

Using the International Classification of Functioning, Disability and Health (ICF)

Since 2001, the World Health Organization (WHO) has provided a tool to achieve a broader, more modern view of the concepts of health and disability, the ICF. It is a common language and framework for describing the different aspects of human functioning and disabilities. As the functioning and disability of an individual occurs in a context, environmental factors (context specific factors) should be taken into account when assessing a person's health.²³

According to the WHO: *“ICF is the conceptual basis for the definition, measurement and policy formulations for health and disability. It is a universal classification of disability and health for use in health and health related sectors. [...] it can be used for a number of purposes. The most important is as a planning and policy tool for decision-makers.”*²⁴

In clinical settings ICF is applied for functional status assessments, patients' goal setting & treatment planning as well as monitoring and outcome measurement. Across Europe the ICF and ICF-CY have been gaining acceptance in all health sectors and rehabilitation fields. At international level WHO is exploring the use of ICF to measure health outcomes and guide disability management more consistently.

Early Reporting and Identification of Risks

Early reporting mechanisms give medical service providers timely information about a client's injury or illness in order for them to be able to offer rehabilitation services as soon as possible. In many countries employers have to report health related absence immediately (e.g. in Switzerland) or within a short time frame such as 2-3 days (e.g. in Germany). Similarly, risk assessments or risk indicators can be developed to identify patients' risks early and to signal

²³ Reuben, E. *ICF: Concepts and Application to Return to Work*, in *Return to Work – Arbeit für alle*, Stuttgart; 2015

²⁴ World Health Organization. *Towards a Common Language for Functioning, Disability and Health: ICF*, Geneva; 2002

service providers that intervention may be necessary. For example, “*Flags*” are commonly applied to identify barriers to recovery and to communicate among the relevant stakeholders that a need for action exists:^{25 26 27}

- Red flags (biomedical factors) help identify potentially serious conditions and are often part of clinical practice guidelines.
- Yellow flags (psychological or behavioral factors) indicate psychosocial barriers to recovery.
- Blue flags (social and economic factors) refer to conditions in the workplace that may hinder successful reintegration. For example, this could be monotony, low degree of control, poor relationships, or high work demands.
- Black flags (occupational factors) are also used for workplace issues but refer to organizational issues such as financial reliance on disability benefits, workers’ compensation issues, or employer attitudes to the sick worker.

Fit Notes

Using Functional Capacity Evaluations, physicians may write “*Fit-Notes*” instead of sick notes to record the functional capacities of their patients.²⁸ This gives return to work managers and employers the possibility to provide early work reintegration measures. The fit note will most commonly tell the medical service provider or employer whether the employee ‘may be fit for work’ or eventually ‘not fit for work’. If it says the employee ‘may be fit for work’, employers or case managers should contact employees and evaluate together what the obstacles to returning to work are and how the employee can be helped to return to work (e.g. different hours or tasks, modified equipment etc.)

Workers’ Comp and Accident Insurance Tools

It is beneficial to accurately plan and implement the work reintegration process with a clear primary target: The return of the insured individual to the workplace held at the time of the accident or disease. To eliminate barriers to return to work and to assist in finding suitable job accommodations a formal return to work strategy should be adopted and case management should be applied. Other tools discussed in this section that encourage the utilization of return to work measures are financial incentives such as performance awards and the usage of empirical data in showing employers their potential financial return of investing into return to work.

Formal Strategy Development

The continuous systematization of return to work processes has also proven to be helpful in reducing employee absence.²⁹ Providers should use standardized program eligibility criteria to evaluate who should make use of (vocational) rehabilitation services in a systematic way. This goes hand in hand with developing strategies that close the influence gap on the clients’ return

²⁵ Kendall, N., Linton, S., Main, C. *Guide to Assessing Psychosocial Yellow Flags in Acute Low Back Pain: Risk Factors for Long-Term Disability and Work Loss*. Wellington, New Zealand: Accident Rehabilitation and Compensation Insurance Corporation of New Zealand and the National Health Committee; 1997.

²⁶ Helliwell, P. & Taylor, W. *Repetitive strain injury*. *Postgrad Med Journal*;80:438–43; 2004

²⁷ Nicholas M. et al. "Decade of the Flags" Working Group. *Early identification and management of psychological risk factors ("yellow flags") in patients with low back pain: a reappraisal*. *Phys Ther.* 2011 May;91(5):737-53; 2011.

²⁸ More information are available on the website of the British Department for Work and Pension via www.gov.uk/government/collections/fit-note

²⁹ Burton Blatt Institute at Syracuse University, *Corporate Return to Work Policies and Practices: A National Study*; 2012.

to work policies and practices. Clear strategies for implementing return to work measures should be formulated and delivered to all clients.

Case Management

A case manager or return to work manager may undertake a range of services to provide assistance in rehabilitating persons back into employment. While responsibilities should also be assigned to the injured employee and the employer, the case manager or return to work coordinator needs to be in charge of coordinating the medical and vocational rehabilitation process of the injured. He/she can provide neutral guidance between the potentially conflicting interests of employers and healthcare providers. Mediating between the physician, individual and employer's needs, by facilitating communication among stakeholders, case management can accelerate the patient's rehabilitation and work accommodation process.³⁰

Taking into account context specific factors (work experience, education, competence, skills, interests, personal challenges, social and material aspects) case managers carry out initial assessments to be able to provide services tailored to the need of the rehabilitant. As soon as medically possible it can be identified whether incremental work resumption is a useful rehabilitation measure, which possible workplace accommodations are required or what alterations to the work duties can be taken in order for the injured to return to work.

Developing individualized plans of actions (rehabilitation plans) together with the patient is helpful in ensuring that measures are applied systematically and efficiently. Rehabilitation plans provide room for incorporating individual needs, thereby increasing the self-determination of the injured. On the other hand, rehabilitation plans provide room for the interests of the cost bearers of rehabilitation services, increasing the possibilities to monitor the recovery process.

While the injured worker is rehabilitating, the case manager can monitor progress and offer personal or vocational counseling and advice based on the specific abilities and competencies of the worker. Furthermore, case managers may offer personal visits in hospitals, rehabilitation centers or at worksites; involve the patient's family to evaluate what the possible role of family members in the rehabilitation process can be; activate resources and coordinate the delivery of services; arrange workplace adaptations and clarify disagreements with employers or insurance providers.

When it is not possible to return the worker back to his or her former employer either with or without accommodations job market measures should be taken into account. The following labor market services should be made available to the injured individual:

- Application training
- Job coaching / employment training
- Job market matching
- Job placing services³¹

Empirical Tools, Performance Rewards and the Need for Trained Professionals

³⁰ Smedly, J. et al. *Evaluation of a case management service to reduce sickness absence*; 2013.

³¹ The German Social Accident Insurance (DGUV) for example provides its own job placement service for unemployed persons: "DGUV job"

Providing resources and information to employers illustrating the potential impact of improved disability management and better work reintegration performance can be useful in convincing firms to invest time and money into return to work. For example, employers could be provided with a review of lost-time patterns and a what-if analysis; an evaluation to what extent an effective return to work program could lower their costs of absence. Intervention calculators and similar mathematical tools are available to measure the potential costs and benefits of health and vocational rehabilitation interventions.

It is common among workers' compensation insurers to incentivize companies to implement and maintain a better return to work program. For example, insurance providers can make use of premium systems that reflect the return to work efforts of enterprises. Alternatively, tangible financial incentives, (e.g. return to work performance awards) can be used to award particularly good efforts.

Skills and knowledge of insurers and employers alike are needed to provide resources and guidance to support the development of return to work policies and practices. Oftentimes direct services or collaborative development programs with third party administrators or consulting groups can be used to share ideas and improve return to work policy making.

There is a growing need for trained individuals to assist enterprises and organizations to implement and administer effective return to work programs. Having knowledgeable and educated staff within organizations with regards to return to work and disability management increases return to work rates and decreases disability related costs.³²

INTERNATIONAL ORGANIZATIONS AND INSTITUTIONS

The International Social Security Organization (ISSA)

ISSA is the international organization for social security institutions, government departments and agencies. It promotes excellence in social security administration through the provision of guidelines, expert know-how, as well as training and support services.

ISSA's Centre for Excellence

ISSA has created the "*Centre for Excellence in Social Security Administration*", which provides access to guidelines for workers' compensation schemes or social security institutions. Using a participatory five-step approach, social security organizations can examine, to what extent their organization's legislation is in line with internationally developed best practice standards.

In the case of workers' compensation insurance, the ISSA guidelines on "Prevention", "Return-to-Work" as well as the guidelines on "Investments in Social Security Funds" are most relevant. Not all the sets of Guidelines, apply to every institution; sometimes even only a part of the guidelines may be applicable. To illustrate the content of the guidelines the set-up of the guidelines for "Return-to-Work" is briefly illustrated below:

"Part A, Basic Return-to-work Conditions, Principles and Guidelines, provides guidance on identification of the stakeholders, the legal basis of the program and the need to refer to

³² Hursh, N.C., and Lui, J. *Disability Management and Productivity: A Message for the Global Workplace*. Journal of Rehabilitation Administration, 27, 1, 47-54; 2003.

international good practice. Another aspect addressed is how to influence the system as a social security institution.

Part B, Specific Return-to-work Principles and Guidelines, provides guidance in seven specific areas that are of common concern for social security institutions when implementing a return-to-work (RTW) program.”³³

The five-step approach works as follows: In a first step the participating organization selects the guidelines relevant to their organization. Secondly, a self-assessment is carried out to determine to what extent the organization already complies with the proposed framework. Thirdly, organization can connect with the ISSA Support Centre for advice in implementation and access to expert know-how. In a fourth step, organizations are invited to participate in the ISSA Academy workshops for practical support. The workshops, which started in 2014, provide platforms for sharing expertise and support in using best practice guidelines to solve specific operational challenges in administering social security schemes. Lastly, social security organizations can have their progress evaluated and gain ISSA recognition. Upon completion, the ISSA will issue a formal acknowledgement that the institution complies with the Guidelines.

ISSA`s Return to Work Reintegration Study

To better understand what drives the differences in return to work results between different countries or industries, ISSA and the German Social Accident Insurance (DGUV)³⁴ have launched a research project, which is aimed at collecting international evidence on workplace reintegration. The research was commissioned to evaluate to what extent current policy making promotes inclusive work life and what set of policies is most successful in achieving positive financial outcomes around the world.

It is targeted at workers' compensation insurance providers and employers to provide supporting evidence for the ISSA Guidelines on Return to Work and to establish a tool to carry out a basic estimate of the potential financial benefit for return to work reintegration. The main objective of this research is to understand the different factors explaining the success of work reintegration policies and to attribute them a monetary value. Through primary data collection, the authors will evaluate savings in income and benefit replacement costs linked to investments by workers compensation insurance into return to work. Similarly, employers will be asked to provide quantitative and qualitative data on the investments into return to work and its effects on insurance premiums and worker replacement costs.

International Disability Management Standards Council (IDMSC)³⁵

The IDMSC was established in 2003 by representatives of business, labor, government, and other stakeholder groups from around the world. The IDMSC has the goal to reduce the human, social, and economic costs of disability in the workplace by promoting international standards.

The IDMSC has two main functions:

Firstly, to oversee the global certification process of professionals: i.e. the Certified Return to Work Coordinator (CRTWC) and Certified Disability Management Professional (CDMP).³⁶

³³ To retrieve more information visit www.issa.int/excellence/guidelines/return-to-work

³⁴ The National Institute of Disability Management and Research (NIDMAR), Rehabilitation International (IR) and IBM Curam are also part of the project group

³⁵ All information in this section is retrieved from www.idmsc.org & www.nidmar.ca

Secondly, to manage the global administration of the Consensus Based Disability Management Audit (CBDMA) and the Workplace Disability Management Assessment (WDMA).

Certified Return to Work Coordinator (CRTWC) training program

The CRTWC program equips professionals with the skills and knowledge required to return persons to work who have incurred injuries or illnesses, providing an introduction to the competencies needed to administer disability management programs. CRTWCs may work internally within their own organization or externally as providers. Responsibilities include, but are not limited to, coordinating and facilitating the return to work of the injured worker as well as communicating with the different stakeholders.

Certified Disability management professional (CDMP) training program

The CDMP main responsibilities lie in the provision of direct services to workers with disabilities next to promoting inclusive work life within an organization. This may include trainings for staff and management, collaboration with labor committees, carrying out program evaluations. CDMPs may work externally as a consultant or within an organization.

The Consensus Based Disability Management Audit (CBDMA)

The CBDMA is a package of tools that can be used by organizations to benchmark their provision of worker reintegration services. The CBDMA provides the basis of cooperation between management and labor employing a consensus based approach. The Disability Management Self-Assessment (DMSA) was developed based on key elements of CBDMA to enable organizations to assess their return to work and disability management performance.

The audit tools include:

- An evaluation tool, which helps to determine the current performance of the disability management program.
- A corrective tool, which helps to identify where program deficiencies are.
- A program promotion tool, which assists management in increasing the utilization of disability management programs.
- A disability management premium pricing rate setting tool, which helps in evaluating current incentive mechanisms rely on a premium system.
- A conformity assessment tool, which helps to identify whether an organization qualifies for IDMSC certification.

Final Thoughts

The tools provided in this chapter give decision makers an overview with regards to the potential gaps within their jurisdictions return to work policy. In particular, it has been shown how governments, healthcare providers and other workers compensation stakeholders need to work together to realize the financial and non-financial gains that come with improved worker reintegration management. Re-orienting the provision of health services towards maintaining the employment status provides a systematic process, in which the individual is enabled to return to work in a self-determined way. This also increases compliance with legal obligations. Facilitating information sharing and collaboration, the implementation of the tools ensures that a coordinated and timely application of the medical and vocational rehabilitation measures can be

offered. Training programs and certification mechanisms assist in the application of the aforementioned tools and contribute to improving the overall return to work process.

APPENDIX B



Stay at Work Program

Labor and Industries (L&I) Stay at Work Program is a financial incentive that encourages employers to bring their injured workers quickly and safely back to light-duty or transitional work by reimbursing them for some of their costs.

Eligible employers can be reimbursed for:

- 50 percent of the base wages they pay the worker during the light-duty or transitional job
- For up to 66 days and \$10,000
- Some costs of training, tools, and clothing required for the light-duty or transitional work

Stay at Work reimbursements are limited to State Fund-insured workers and employers, many of which are small to medium-size and may have few resources to support a return to work program, in addition to experiencing infrequent workers' compensation claims. Stay at work reimbursements increase the employer participation in a proven best practice: keeping injured workers active and connected to the workplace keeps them motivated, promotes healing, and reduces the chance of long-term disability. At the same time, employers save money through the initial reimbursements and the positive impact on system costs by reducing the incidence of lost workdays and wage replacement benefits.

Stay at Work's return on investment

L&I estimates the return on investment is \$2.40 for every \$1.00 in reimbursement costs. This is due to actual time-loss payments avoided and anticipated reduction in long-term disability cases that can ultimately lead to total permanent disability pensions when workers are out of the workforce due to the injury for many years in some cases.

Participation

Through 2015, L&I has reimbursed almost 4,000 employers \$41 million for keeping workers on the job while they heal in 16,700 injury claims. To date, 84 percent of the workers have not received time-loss benefits after the end of the reimbursement period.

The largest participation is by employers that participate in the State Fund's Retrospective Rating Program (67 percent) and by employers in the following industries:

- Miscellaneous services
- Government
- Healthcare
- Transportation and warehousing
- Food processing and manufacturing
- Trades
- Building construction

APPENDIX C



Activity Coaching

Labor and Industries (L&I) started its activity coaching pilot for State Fund-insured injured workers in January 2012. Using a technique developed in Canada, the Progressive Goal Attainment Program (PGAP™)* is activity coaching designed for injured workers who demonstrate psychosocial barriers that impede their ability to recover and return to work. PGAP™ is a structured intervention delivered by professionals such as occupational therapists or physical therapists and other providers who have been trained in the program.

Goals and objectives of activity coaching/PGAP

- Identification of life roles that have been disrupted by illness or injury and assist the worker in resuming his or her participation in these activities
- Assist workers in resuming their occupational involvement
- Addressing psychosocial barriers to rehabilitation progress to support return to work
- Ultimately preventing long-term disability

How activity coaching/PGAP™ works

- The client and coach meet weekly, for about one hour, for up to 10 weeks.
- The initial stages focus on structured activity to help the client resume activities.
- The program's final stages focus on activities that facilitate the worker's reintegration into the workplace.

When is activity coaching NOT a good option?

The injured worker is or has:

- Surgery either just completed or planned.
- Evidence of a drug or alcohol problem.
- Currently in work hardening.

A success story

After getting hurt on the job, Marcos was off work several weeks because of pain limitations when his provider referred him for activity coaching. He began the program with no confidence that it would help him. He was in constant pain and his self-esteem dropped to low levels and his family relationships suffered. Then his employer terminated him.

His coach worked with him to make small strides each week in his activity level; walking to get the mail one day, then advancing to walking around the block a few days later. After five weeks in the program, he felt he was in control of his pain and his activity increased. He started cleaning the house and cooking meals. He even increased his physical therapy visits from one visit a week to three a week to help speed his recovery. He says the program gave him back his sanity and he has started his search for a new job.

*PGAP™ is the trademarked name of the program, developed at the University Centre for Research on Pain and Disability in Halifax, Nova Scotia.

APPENDIX D

Washington Industrial Insurance Laws (Revised Code of Washington/RCW) – References supporting return to work

Washington is one of four states operating exclusive state funds (in addition to the ability for large employers to self-insure for workers' compensation coverage) making it both the 'regulator' and the 'insurer'. Several sections of Washington statute either implicitly or directly support our agency goal to achieve the best possible outcomes for injured workers by helping them heal and return to work.

The introductory section of Washington's workers' compensation statute provides the intent of the system. [RCW 51.04.010](#) includes language that, "The welfare of the state depends upon its industries and even more upon the welfare of its wage worker."

Washington law includes provisions for a retrospective rating plan that allows state fund employers to group together to improve safety and injured worker outcomes in exchange for premium refunds when they outperform the rest of the state fund. [RCW 51.18.005](#) states that "The legislature finds that the retrospective rating plan . . . has proven to be highly effective both in terms of improved workplace safety and injured worker outcomes." Regulations for retrospective rating reference helping injured workers return to work.

[RCW 51.32.055](#), covering determinations of permanent disabilities, includes in its opening section (1): "One purpose of this title is to restore the injured worker as nearly as possible to the condition of self-support as an able-bodied worker."

Temporary total disability benefit provisions are outlined in [RCW 51.32.090](#), including the Washington Stay at Work Program that reimburses employers of injury for part of an injured worker's wages and other costs of light-duty work while the worker recovers. Section (4) states: "The legislature finds that long-term disability and the cost of injuries is significantly reduced when injured workers remain at work following their injury."

Section (8) of this same statute ([RCW 51.32.090](#)) includes the ability for employers to maintain a worker's full salary to avoid the payment of temporary total or time-loss benefits. While the worker does not have to be working, the kept-on-salary provisions allow the employer to maintain their relationship with the worker while the worker heals.

Vocational rehabilitation services are described in [RCW 51.32.095](#). Section (2) provides the priorities for vocational counselors, with the first focused on return to work:

- a. Return to the previous job with the same employer;
- b. Modification of the previous job with the same employer including transitional return to work;
- c. A new job with the same employer in keeping with any limitations or restrictions;
- d. Modification of a new job with the same employer including transitional return to work;
- e. Modification of the previous job with a new employer;
- f. A new job with a new employer or self-employment based upon transferable skills;
- g. Modification of a new job with a new employer;
- h. A new job with a new employer or self-employment involving on-the-job training;
- i. Short-term retraining and job placement.

Effective 2008, Washington began a “vocational improvement pilot,” working closely with designated business and labor representatives to improve return to work and retraining outcomes for injured workers. RCW 51.32.099, set to expire June 30, 2016, states: “The legislature intends to create improved vocational outcomes for Washington state injured workers and employers through legislative and regulatory change . . . This pilot vocational system is intended to allow opportunities for eligible workers to participate in meaningful retraining in high-demand occupations, improve successful return to work and achieve positive outcomes for workers”

In 2015, legislative changes were proposed jointly by the Department of Labor and Industries and members of the business and labor vocational advisory workgroup to make the primary elements of this vocational pilot permanent, in addition to other changes outlined below. This legislation was unanimously passed by both chambers of Washington’s Legislature:

- Revising the law to clearly indicate the importance of returning injured workers to work: “In determining whether to provide vocational services and at what level, the following list must be used, in order of priority with the highest priority given to returning a worker to employment”.
- Allowing job placement assistance for most of the return to work priorities. (Current law limits job placement to those eligible for short-term retraining.)
- Making permanent a cooperative program with WorkSource so that workers’ compensation experts are partners in this one-stop employment center to support the unique needs of injured workers.
- Creating a business and labor vocational rehabilitation advisory group.
- Expanding the Preferred Worker Program to provide partial wage reimbursement and other benefits to both the employer of injury and other employers as an incentive to hiring injured workers with job-related disabilities that may be a substantial barrier to employment. The proposed changes include a bonus for employers that keep the worker employed for a year or more.

Washington’s system pays up to \$5,000 for job modifications needed for an employer to accommodate an injured worker’s restrictions. RCW 51.32.250 states: “Modification of the injured worker’s previous job or modification of a new job is recognized as a desirable method of returning the injured worker to gainful employment. In order to assist employers in meeting the costs of job modification, and to encourage employers to modify jobs to accommodate retaining or hiring workers with disabilities resulting from work-related injury”

Timely and quality medical care, including the use of occupational health best practices, contributes to the prevention of ‘preventable’ disability. RCW 51.36.010 outlines Washington’s medical provider network for those who treat injured workers. Section (1) states: The legislature finds that high quality medical treatment and adherence to occupational health best practices can prevent disability and reduce loss of family income for workers”

APPENDIX E

Return to Work (RTW) Statutes in U.S.

Courtesy of WorkersCompensation.com

State	Statute(s) / Rule(s)	Comments
Alabama	S 25-5-57(i), R 480-5-5-.02(71), (72)	References RTW but not as a program
Alaska	S-Sec. 23.30.041. R- 45.160. R - 45.510. R - 45.550.	Rehab, Benefits to allow RTW
Arizona	S - 23-1044, S - 23-1070, S-23-1048.	Benefits for light duty or partial RTW, Medical Benefits for RTW, RTW accommodations
Arkansas	S 11-9-505	References RTW but not as a program
California	S 127.6, S 139.47, R 9776.1, R 9779.3	RTW program
Colorado	S - 8-42-101. S- 8-42-105. S-8-42-106. 8-43-404. R-6-1 , R - 15-3, R-17	General WC-RTW, wage benefits, RTW physician assigned restrictions, Voc rehab, Med Tx guidelines for RTW
Connecticut	R-Sec. 31-283a-3. S- Sec. 31-290a. S-Sec. 31-307b. S- Sec. 31-354. R-Sec. 31-279-10.	Voc Rehab, No ER discrimination for WC, TPD, 2nd injury, Medical Tx for RTW,
DC	S 1-623.04, R 229	References Voc rehab only
Delaware	S 2322	References Voc rehab only
Florida	S 440.13, S 440.134	References RTW but not as a program
Georgia	S 34-9-240	References RTW but not as a program
Hawaii	S 431:14A-117, S 386-25, R 12-14-4 through 12-14-12	RTW and Voc Rehab plans
Idaho	S-72-432.. S-72-501A.	Med Tx for RTW, rehab.
Illinois	S 305-4b	RTW programs in collective bargaining agreements
Indiana	S 22-3-12-1	References Voc rehab only
Iowa	S 85.70	References Voc rehab only
Kansas	R-Article 9,51-9-10, S - 44-510d. S 44-5a04.	Medical notes must reference RTW, Partial benefits, RTW cancels disability
Kentucky	R 803 KAR 25:110	RTW programs in managed healthcare organizations
Louisiana	S - 1221. S - 1226.	Wage benefits, Rehab, RTW solvency of corporation
Maine	R - Chapter 6, S-110. S 153-A, S-208. S-213. S-217. S-355.	Rehab plan under board approved facility, Collective bargaining permitted options for LDW programs, Voc rehab or retraining programs, Advocate program
Maryland	S 9-104	RTW programs in collective bargaining agreements

Massachusetts	R-1.06: R-4.01: Chapter 152: Section 53A.Chapter 152: Section 10C.	Commissioner of insurance shall establish loss control standards-providing reasonable accommodation for injured workers to return to work. Collective bargaining for RTW
Michigan	S 418.319	References Voc rehab only
Minnesota	S-176.102, S-176.1812, R-5218.0760, R-5220.0410, R-5220.0750, R-5220.0850	Rehab, bargaining agreements for the creation of a RTW program, medical case manager must promote an appropriate, prompt return to work, Retraining- formal course of study
Mississippi	S 71-3-1	RTW under primary purpose of WC law
Missouri	S 287.143	References Voc rehab only
Montana	S-39-71-1025. S- 39-71-1105. R-24.29.1702 S-39-71-2331.	Managed care to promote an early return to work for the injured worker; requirements for rehab, availability of safety and return to work resources
Nebraska	R- 44, R-53, R- 60, S-48-162.01, S-48-120.02, R-41 VOCATIONAL REHABILITATION CERTIFICATION OF JOB PLACEMENT SPECIALISTS S-48-121.	General RTW, disability based on RTW
Nevada	S-NRS 616C.545, S-NRS 616C.555, R- NAC 616A.270	General RTW, Voc rehab
New Hampshire	S 281-A:23-a	RTW programs in managed care program
New Jersey	S-12:235-7.4, S34:15-16.	RTW addressed in medical notes, compensation when no RTW
New Mexico	S 52-1-25.1, S 52-1-4.2	References RTW and also in controlled insurance plans
New York	S - 25, S-134, R- 314.6	RTW program; a Voc rehab or retraining program
North Carolina	S - 97-32.2, S - 97-25.6, S- 97-18.1, S - 97-32.1, R-04 NCAC 10A .0404A	Rehab, Related assessment for RTW
North Dakota	R-92-01-02-29, R-92-01-02-38, S 65-05.1	Physical conditioning, work hardening, plan for RTW, Bureau may authorize a change of doctor in the best interest of RTW, Rehab services, Disability based on RTW
Ohio	S-4121.61, S-4121.67, S-4123.56, S- 4123.57, R-4121, ORS 656.622 , OAR 436-105 , OAR 436-110 , and OAR 436-120	Voc rehab, re-employment assistance program, employer-at-injury program, preferred worker program, vocational assistance
Oklahoma	S 85A-64	RTW programs in workplace medical plan
Oregon	S 656.260, S 656.340	RTW programs for certified managed care provider and Voc rehab

Pennsylvania	S Section 450	RTW programs in collective bargaining agreements
Rhode Island	S-27-7.1-21, S-28-29-1.2, 28-30-22, S-28-33-8, S-28-33-47, S- 28-35-47, S- 28-33-20.1, S- 28-33-41	Written plan for providing reasonable accommodation for injured workers to RTW, Additional incentives to induce insurers to motivate RTW, RTW-included in medical info, MMI/RTW, Vocational services, re-employment services, The Donley Center
South Carolina	S 42-13-90	References Voc rehab only
South Dakota	R 47:03:04:08	References Case Management
Tennessee	R - 0800-2-7-.04, R 800-2-17-.09, S Chapter 6. - Part 2.	CM services shall include plan for RTW, "Employee Assistance Program", Disability benefits
Texas	S 413.021, 413.022	RTW program, RTW pilot program for small employers
Utah	S 34A-2-413.5	References RTW but not as a program
Vermont	S 641	References Blatt et al., 2014oc rehab only
Virginia	Rule - Guidelines For Vocational Rehabilitation S65.2-712.	Voc Rehab, reporting RTW, Income benefits
Washington	R-296-15-450, S- 51.32.095, S - 51.32.300, S- 51.44.170, S - 51.32.099, S-51.28.015	RTW criteria for SI's to close claims. Voc rehab, provides incentives for appropriate RTW employees, pilot program, employers to assist workers in applying for benefits
West Virginia	S 23-4-7b	Trial RTW
Wisconsin	S-102.13, S-102.32, S-102.43	RTW criteria for disability payment
Wyoming	CHAPTER 1, CHAPTER 5, S-27-14-403, S-27-14-404, S-27-14-405, S-27-14-408, CHAPTER 7	Division for Voc rehab Eligibility for certain benefits

APPENDIX F

Montana Code Annotated 2014¹

TITLE 39. LABOR CHAPTER 71. WORKERS' COMPENSATION

Part 10. Stay-at-Work/Return to Work

39-71-1041. Stay-at-work/return to work goals and options -- notification by department -- agreement between worker and insurer. (1) The goal of stay-at-work/return to work assistance is to minimize avoidable disruption caused by a work-related injury or occupational disease by assisting the worker in the worker's return to the same position with the same employer or to a modified position with the same employer as soon as possible after an injury or an occupational disease occurs.

(2) To further the goal in subsection (1), the department shall, upon receipt from the insurer of a report of injury or occupational disease pursuant to 39-71-307(2), distribute to the worker a document that describes the stay-at-work/return to work assistance that is available upon request by the worker.

(3) Services provided as part of stay-at-work/return-to-work assistance are provided in addition to or prior to rehabilitation services and are intended to help a worker return to work.

39-71-1042. Request for and delivery of stay at work/return to work assistance. (1) (a) A worker who is claiming an injury or occupational disease, an employer, or a medical provider may ask that the department furnish stay at work/return to work assistance. After the worker signs a claim for benefits, the department shall promptly attempt to determine which insurer is at risk for the injury or occupational disease and contact that insurer. The department shall advise the insurer of the request for stay at work/return to work assistance and shall coordinate the assistance with the insurer.

(b) If an insurer has accepted liability for the claim, the insurer shall provide stay at work/return to work assistance either in accordance with the insurer's stay at work/return to work assistance policy or by designating a rehabilitation provider to provide rehabilitation services. The insurer is directly liable for paying for the stay at work/return to work assistance furnished.

(c) If an insurer at risk has not accepted liability for the claim, the insurer may choose one of the following actions:

(i) The insurer at risk for the claim may initiate stay at work/return to work assistance either in accordance with the insurer's stay at work/return to work assistance policy or by designating a rehabilitation provider to provide rehabilitation services and shall notify the department within 3 business days of being contacted by the department that the insurer is acting under this subsection (1)(c)(i). If the insurer provides either type of assistance, the insurer becomes responsible for directly paying for the assistance. Payment of assistance pursuant to this subsection (1)(c)(i) does not constitute admission of liability or a waiver of any right of defense.

(ii) If the insurer at risk for the claim does not notify the department within 3 business days of being contacted by the department that the insurer will provide assistance, the department shall obtain stay at work/return to work assistance for the worker by designating a rehabilitation provider.

(d) If the department cannot promptly determine which insurer is at risk for coverage, the

department shall obtain stay at work/return to work assistance for the worker by designating a rehabilitation provider.

(e) A rehabilitation provider designated by the department under this section shall bill the department for services provided. The department shall pay for the stay at work/return to work assistance out of the assistance fund until the maximum allowed amount of assistance is provided or until the insurer denies the claim and notifies the department of the denial.

(f) If an insurer is providing assistance pursuant to the insurer's stay-at-work/return-to-work assistance policy, the insurer shall provide in writing to a worker, with a copy to the department, an explanation of the stay-at-work/return-to-work assistance being provided to the worker under this section and shall include contact information for the person providing the assistance.

(2) Rather than make a request to the department, a worker, an employer, or a medical provider may directly ask the insurer to provide stay-at-work/return-to-work assistance.

(3) In the absence of a request by a worker, an employer, or a medical provider, an insurer may initiate and provide stay-at-work/return-to-work assistance by providing the worker with a copy of the insurer's stay-at-work/return-to-work assistance policy or by designating a rehabilitation provider to provide rehabilitation services.

(4) Stay-at-work/return-to-work assistance requested under this section is available as a service apart from a determination regarding indemnity benefits. A worker or an employer may decline to accept stay-at-work/return-to-work assistance. The failure of a worker to voluntarily agree to assistance is not a dispute concerning benefits. However, if the assistance provided under this part results in a job offer for a position that is within the worker's physical abilities, for which the worker is qualified, and for which the wages are at least equal to the worker's wages at the time of injury and the worker refuses the offer, the workers' indemnity benefits may end as provided in 39-71-701 and 39-71-712.

(5) Stay-at-work/return-to-work assistance is available at any time unless:

(a) the worker, prior to a determination that the worker meets the definition of a disabled worker, has refused a job offer for a position that is within the worker's physical abilities, for which the worker is qualified, and for which the wages are at least equal to the worker's wages at the time of injury;

(b) the worker has actually returned to work; or

(c) the claim has been closed pursuant to 39-71-704(1)(f)(i) or indemnity benefits have been settled pursuant to the definition of a settled claim in 39-71-107.

(6) If the insurer determines that the worker has not suffered a compensable injury or occupational disease and denies liability for the claim, the insurer or the department shall terminate any stay-at-work/return-to-work assistance that was initiated before the insurer's denial of liability.

39-71-1043. Rehabilitation provider -- evaluation. (1) Stay-at-work/return-to-work assistance must be provided by a rehabilitation provider pursuant to this section if:

(a) the department provides assistance; or

(b) an insurer elects to designate a rehabilitation provider instead of using the insurer's own stay-at-work/return-to-work assistance policy.

(2) (a) The rehabilitation provider shall evaluate and determine the stay-at-work/return-to-work capabilities of the worker pursuant to the stay-at-work/return-to-work goals listed in 39-71-1041.

(b) If the worker has returned to work, the rehabilitation provider shall provide documentation of the assistance to the worker, the insurer, and the department.

(c) If the worker has not returned to work and has not received a job offer to return to work, the rehabilitation provider shall document the reasons the stay-at-work/return-to-work assistance was unsuccessful. The documentation must be provided to the worker, the insurer, the treating physician, and the department.

(d) The following conditions allow termination of assistance prior to the time a worker meets the definition of a disabled worker:

(i) the worker has returned to work earning wages that are at least as much as at the time of injury;

(ii) the worker has received an offer to return to work at a position that is within the worker's physical abilities, for which the worker is qualified, and for which the wages are at least equal to the worker's wages at the time of injury;

(iii) the worker has returned to work in an alternative position that pays less than the worker's wages at the time of injury and that qualifies the worker for temporary partial disability benefits pursuant to 39-71-712; or

(iv) the worker receives a job offer to return to work in a position that is within the worker's physical abilities, for which the worker is qualified, for which the wages are less than the worker's wages at the time of injury, and that qualifies the worker for temporary partial disability benefits under 39-71-712.

(e) If a worker has requested stay-at-work/return-to-work assistance and a rehabilitation plan has been agreed to by the worker and the insurer, the plan continues until completed.

(3) If the worker or insurer disputes the availability or level of assistance, the worker or insurer may, after mediation, petition the workers' compensation court for resolution of the dispute.

39-71-1049. Stay-at-work/return-to-work assistance fund -- purpose -- payment process -- rulemaking. (1) There is a stay-at-work/return-to-work assistance fund in the proprietary fund category.

(2) The purpose of the assistance fund is to pay for stay-at-work/return-to-work assistance provided by the department so that assistance may be provided as early as practicable in the workers' compensation claims process.

(3) (a) The department may establish by rule:

(i) the amounts and types of assistance to be provided; and

(ii) the maximum hourly rate that may be charged for stay-at-work/return-to-work assistance obtained by the department and paid for by the assistance fund.

(b) The rules adopted under subsection (3)(a) regarding the payment amounts to rehabilitation providers do not apply if the insurer has taken direct responsibility for providing stay-at-work/return-to-work assistance.

(c) If rules are not adopted to implement subsection (3)(a), the department may not provide more than \$2,000 in assistance.

39-71-1050. Assessment for stay-at-work/return-to-work assistance fund -- definition. (1)

(a) The assistance fund must be maintained by assessing employers insured by plan No. 1, plan No. 2, and plan No. 3 an amount as provided in subsections (2) through (10).

(b) The board of investments shall invest the money in the assistance fund. The investment income must be deposited in the assistance fund.

(2) The assessment amount is the total amount paid by the assistance fund in the preceding fiscal year less other realized income that is deposited in the assistance fund. Allocation of the total assessment amount among employers insured by plan No. 1, plan No. 2, and plan No. 3 must be based on each plan's proportionate share of money expended from the assistance fund for the calendar year preceding the year in which the assessment is collected.

(3) On or before May 31 of each year, the department shall notify each plan No. 1 employer, plan No. 2 insurer, and plan No. 3, the state fund, of the amount to be assessed for the ensuing fiscal year. On or before April 30 of each year, the department shall consult with the advisory organization designated under 33-16-1023 and notify plan No. 2 insurers and plan No. 3, the state fund, of the premium surcharge rate to be effective for policies written or renewed on or

after July 1 in that year.

(4) The portion of the plan No. 1 assessment assessed against an individual plan No. 1 employer is the amount actually expended by the assistance fund on behalf of injured workers employed by that plan No. 1 employer. A group of employers insured jointly under plan No. 1 is considered to be an individual employer for the purposes of this subsection.

(5) After subtracting plan No. 1 assessments from the total assessment, the department shall determine the surcharge rate for plan No. 2 insurers and plan No. 3, the state fund, by dividing the remaining portion of the assessment by the total amount of premiums paid by employers insured under plan No. 2 or plan No. 3 in the previous calendar year. The numerator for the calculation must be adjusted as provided in subsection (9).

(6) Employers insured under plan No. 2 or plan No. 3 shall pay their portion of the assessment in a surcharge on premiums for policies written or renewed annually on or after July 1st.

(7) (a) Each plan No. 2 insurer and plan No. 3, the state fund, shall collect from its policyholders the assessment premium surcharge provided for in subsection (5). When collected, the assessment premium surcharge may not constitute an element of loss for the purpose of establishing rates for workers' compensation insurance but, for the purpose of collection, must be treated as separate costs imposed upon insured employers. The total of this assessment premium surcharge must be stated as a separate cost on an insured employer's policy or on a separate document submitted by the insured employer and must be identified as "workers' compensation stay-at-work/return-to-work assistance fund surcharge". Each assessment premium surcharge must be shown as a percentage of the total workers' compensation policyholder premium. This assessment premium surcharge must be collected at the same time and in the same manner as the premium for the coverage. The assessment premium surcharge must be excluded from the definition of premium for all purposes, including computation of insurance producers' commissions or premium taxes, except that an insurer may cancel a workers' compensation policy for nonpayment of the assessment premium surcharge. Cancellation must be in accordance with the procedures applicable to the nonpayment of premium.

(b) If an employer fails to remit to an insurer the total amount due for the premium and assessment premium surcharge, the amount received by the insurer must be applied to the assessment premium surcharge described in 39-71-201 first, then to the assessment premium surcharge in this section, and then to the surcharge in 39-71-915, with any remaining amount applied to the premium due.

(8) (a) The department shall deposit all assessments due under this section into the assistance fund.

(b) Each plan No. 1 employer shall pay its assessment due under this section by July 1.

(c) Each plan No. 2 insurer and plan No. 3, the state fund, shall remit to the department all assessment premium surcharges collected during a calendar quarter no later than 20 days following the end of the quarter.

(d) If a plan No. 1 employer, a plan No. 2 insurer, or plan No. 3, the state fund, fails to timely pay to the department the assessment or assessment premium surcharge under this section, the department may impose on the plan No. 1 employer, the plan No. 2 insurer, or plan No. 3, the state fund, an administrative fine of \$100 plus interest on the delinquent amount at the annual interest rate of 12percent. Administrative fines and interest must be deposited in the assistance fund.

(9) Each year, the department shall compare the amount of the assessment premium surcharge actually collected pursuant to subsection (5) with the amount assessed and upon which the premium surcharge was calculated. The amount under-collected or over-collected in any given year must be used as an adjustment to the numerator for the following year's assessment premium surcharge as provided in subsection (5).

(10) If the total assessment is less than \$100,000 for any year, the department may defer the assessment for that year and add that amount to the assessment amount for the subsequent year.

(11) As used in this section, "money expended" means expenditures for stay-at-work/return-to-work assistance from the assistance fund.

APPENDIX G

Texas Labor Code¹

Title 5. Workers' Compensation

Subtitle A. Texas Workers' Compensation Act

Chapter 413. Medical Review

Sub Chapter A. General Provisions

Sec. 413.002. MEDICAL REVIEW. (a) The division shall monitor healthcare providers, insurance carriers, independent review organizations, and workers' compensation claimants who receive medical services to ensure the compliance of those persons with rules adopted by the commissioner relating to healthcare, including medical policies and fee guidelines.

(b) In monitoring healthcare providers who serve as designated doctors under Chapter 408 and independent review organizations who provide services described by this chapter, the division shall evaluate:

(1) compliance with this subtitle and with rules adopted by the commissioner relating to medical policies, fee guidelines, treatment guidelines, return-to-work guidelines, and impairment ratings; and

SUBCHAPTER B. MEDICAL SERVICES AND FEES

Sec. 413.011. REIMBURSEMENT POLICIES AND GUIDELINES; TREATMENT GUIDELINES AND PROTOCOLS.

(e) The commissioner by rule shall adopt treatment guidelines and return-to-work guidelines and may adopt individual treatment protocols. Treatment guidelines and protocols must be evidence-based, scientifically valid, and outcome-focused and designed to reduce excessive or inappropriate medical care while safeguarding necessary medical care. Treatment may not be denied solely on the basis that the treatment for the compensable injury in question is not specifically addressed by the treatment guidelines.

(f) In addition to complying with the requirements of Subsection (e), medical policies or guidelines adopted by the commissioner must be:

(1) designed to ensure the quality of medical care and to achieve effective medical cost control;

(2) designed to enhance a timely and appropriate return to work; and

(3) consistent with Sections 413.013, 413.020, 413.052, and 413.053.

(g) The commissioner may adopt rules relating to disability management that are designed to promote appropriate healthcare at the earliest opportunity after the injury to maximize injury healing and improve stay-at-work and return-to-work outcomes through appropriate management of work-related injuries or conditions. The commissioner by rule may identify claims in which application of disability management activities is required and prescribe at what point in the claim process a treatment plan is required. The determination may be based on any factor considered relevant by the commissioner. Rules adopted under this subsection do not apply to claims subject to workers' compensation healthcare networks under Chapter 1305, Insurance Code.

Sec. 413.018. REVIEW OF MEDICAL CARE IF GUIDELINES EXCEEDED.

(a) The commissioner by rule shall provide for the periodic review of medical care provided in claims in which guidelines for expected or average return to work time frames are exceeded.

(b) The division shall review the medical treatment provided in a claim that exceeds the guidelines and may take appropriate action to ensure that necessary and reasonable care is provided.

(c) The division shall implement a program to encourage employers and treating doctors to discuss the availability of modified duty to encourage the safe and more timely return to work of injured employees. The division may require a treating or examining doctor, on the request of the employer, insurance carrier, or division, to provide a functional capacity evaluation of an injured employee and to determine the employee's ability to engage in physical activities found in the workplace or in activities that are required in a modified duty setting.

(d) The division shall provide through the division's health and safety information and medical review outreach programs information to employers regarding effective return to work programs. This section does not require an employer to provide modified duty or an employee to accept a modified duty assignment. An employee who does not accept an employer's offer of modified duty determined by the division to be a bona fide job offer is subject to Section 408.103(e).

(e) The commissioner may adopt rules and forms as necessary to implement this section.

Sec. 413.021. RETURN-TO-WORK COORDINATION SERVICES.

(a) An insurance carrier shall, with the agreement of a participating employer, provide the employer with return-to-work coordination services on an ongoing basis as necessary to facilitate an employee's return to employment, including on receipt of a notice that an injured employee is eligible to receive temporary income benefits. The insurance carrier shall notify the employer of the availability of the return-to-work reimbursement program under Section 413.022. The insurance carrier shall evaluate a compensable injury in which the injured employee sustains an injury that could potentially result in lost time from employment as early as practicable to determine if skilled case management is necessary for the injured employee's case. As necessary, case managers who are appropriately certified shall be used to perform these evaluations. A claims adjuster may not be used as a case manager. These services may be offered by insurance carriers in conjunction with the accident prevention services provided under Section 411.061. Nothing in this section supersedes the provisions of a collective bargaining agreement between an employer and the employer's employees, and nothing in this section authorizes or requires an employer to engage in conduct that would otherwise be a violation of the employer's obligations under the National Labor Relations Act (29 U.S.C. Section 151 et seq.).

(b) Return-to-work coordination services under this section may include:

(1) job analysis to identify the physical demands of a job;

(2) job modification and restructuring assessments as necessary to match job requirements with the functional capacity of an employee; and

(3) medical or vocational case management to coordinate the efforts of the employer, the treating doctor, and the injured employee to achieve timely return to work.

(c) An insurance carrier is not required to provide physical workplace modifications under this section and is not liable for the cost of modifications made under this section to facilitate an employee's return to employment.

(d) The division shall use certified rehabilitation counselors or other appropriately trained or credentialed specialists to provide training to division staff regarding the coordination of return-to-work services under this section.

(e) The commissioner shall adopt rules necessary to collect data on return-to-work outcomes to allow full evaluations of successes and of barriers to achieving timely return to work after an injury.

(f) Repealed by Acts 2003, 78th Leg., 3rd C.S., ch. 10, Sec. 1.02(a).

Added by Acts 2001, 77th Leg., ch. 1456, Sec. 3.02, eff. June 17, 2001. Amended by Acts 2003, 78th Leg., 3rd C.S., ch. 10, Sec. 1.02(a), eff. Oct. 20, 2003.

Amended by:

Acts 2005, 79th Leg., Ch. 265 (H.B. 7), Sec. 3.243, eff. September 1, 2005.

Acts 2009, 81st Leg., R.S., Ch. 1388 (S.B. 1814), Sec. 1, eff. June 19, 2009.

Sec. 413.022. RETURN-TO-WORK REIMBURSEMENT PROGRAM FOR EMPLOYERS; FUND.

(a) In this section:

(1) "Account" means the workers' compensation return-to-work account.

(2) "Eligible employer" means any employer, other than this state or a political subdivision subject to Subtitle C, who has workers' compensation insurance coverage and who:

(A) employed at least two but not more than 50 employees on each business day during the preceding calendar year; or

(B) is a type of employer designated as eligible to participate in the program by the commissioner.

(3) "Program" means the return-to-work reimbursement program established under this section.

(b) The commissioner shall establish by rule a return-to-work reimbursement program designed to promote the early and sustained return to work of an injured employee who sustains a compensable injury. The commissioner, by rule, may expand eligibility to participate in the program to types of employers who are not described by Subsection (a)(2)(A).

(c) The program shall reimburse from the account an eligible employer for expenses incurred by the employer to make workplace modifications necessary to accommodate an injured employee's return to modified or alternative work. Reimbursement under this section to an eligible employer may not exceed \$5,000. The expenses must be incurred to allow the employee to perform modified or alternative work within doctor-imposed work restrictions. Allowable expenses may include:

(1) physical modifications to the worksite;

(2) equipment, devices, furniture, or tools; and

(3) other costs necessary for reasonable accommodation of the employee's restrictions.

(c-1) The commissioner by rule shall establish an optional preauthorization plan for eligible employers who participate in the program. To participate in the preauthorization plan, an employer must submit a proposal to the division, in the manner prescribed by the division, that describes the workplace modifications and other changes that the employer proposes to make to accommodate an injured employee's return to work. If the division approves the employer's proposal, the division shall guarantee reimbursement of the expenses incurred by the employer in implementing the modifications and changes from the account unless the division determines that the modifications and changes differ materially from the employer's proposal. If determined

to be a public purpose by the commissioner, and in accordance with rules adopted by the commissioner, the division may provide the employer an advance of funds under this subsection. Reimbursement or an advance of funds under this subsection is subject to the limit imposed under Subsection (c).

(d) The account is established as a special account in the general revenue fund. From administrative penalties received by the division under this subtitle, the commissioner shall deposit in the account an amount not to exceed \$100,000 annually. Money in the account may be spent by the division, on appropriation by the legislature, only for the purposes of implementing this section.

(e) An employer who willfully applies for or receives reimbursement from the account under this section knowing that the employer is not an eligible employer commits a violation.

(f) Notwithstanding Subsections (a)-(e), this section may be implemented only to the extent funds are available.

(g) The commissioner shall adopt rules as necessary to implement this section.

Added by Acts 2005, 79th Leg., Ch. 265 (H.B. 7), Sec. 3.244, eff. September 1, 2005.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 106 (H.B. 886), Sec. 1, eff. May 17, 2007.

Acts 2009, 81st Leg., R.S., Ch. 1388 (S.B. 1814), Sec. 2, eff. June 19, 2009.

Acts 2009, 81st Leg., R.S., Ch. 1388 (S.B. 1814), Sec. 3, eff. June 19, 2009.

Acts 2009, 81st Leg., R.S., Ch. 1388 (S.B. 1814), Sec. 4, eff. June 19, 2009.

Sec. 413.023. Information to Employers.

(a) The division shall provide employers with information on methods to enhance the ability of an injured employee to return to work. The information may include access to available research and best practice information regarding return-to-work programs for employers.

(b) The division shall augment return-to-work program information provided to employers to include information regarding methods for an employer to appropriately assist an injured employee to obtain access to doctors who:

(1) provide high-quality care; and

(2) use effective occupational medicine treatment practices that lead to returning employees to productive work.

(c) The information provided to employers under this section must help to foster:

(1) effective working relationships with local doctors and with insurance carriers or workers' compensation healthcare networks certified under Chapter 1305, Insurance Code, to improve return-to-work communication; and

(2) access to return-to-work coordination services provided by insurance carriers.

(d) The division shall develop and make available the information described by this section.

Added by Acts 2005, 79th Leg., Ch. 265 (H.B. 7), Sec. 3.244, eff. September 1, 2005.

Sec. 413.024. INFORMATION TO EMPLOYEES.

The division shall provide injured employees with information regarding the benefits of early return to work. The information must include information on how to receive assistance in accessing high-quality medical care through the workers' compensation system.

Added by Acts 2005, 79th Leg., Ch. 265 (H.B. 7), Sec. 3.244, eff. September 1, 2005.

Sec. 413.025. RETURN-TO-WORK GOALS AND ASSISTANCE.

(a) The division shall assist recipients of income benefits to return to the workforce. The division shall develop improved data sharing, within the standards of federal privacy requirements, with all appropriate state agencies and workforce programs to inform the division of changes needed to assist income benefit recipients to successfully reenter the workforce.

(b) The division shall train staff dealing with income benefits to respond to questions and assist injured employees in their effort to return to the workforce. If the division determines that an injured employee is unable to ever return to the workforce, the division shall inform the employee of possible eligibility for other forms of benefits, such as social security disability income benefits.

(c) As necessary to implement the requirements of this section, the division shall:

(1) attempt to remove any barriers to successful employment that are identified at the division, the Texas Workforce Commission, the Department of Assistive and Rehabilitative Services, and private vocational rehabilitation programs;

(2) ensure that data is tracked among the division, the Texas Workforce Commission, the Department of Assistive and Rehabilitative Services, and insurance carriers, including outcome data;

(3) establish a mechanism to refer income benefit recipients to the Texas Workforce Commission and local workforce development centers for employment opportunities; and

(4) develop a mechanism to promote employment success that includes post-referral contacts by the division with income benefit recipients.

Added by Acts 2005, 79th Leg., Ch. 265 (H.B. 7), Sec. 3.244, eff. September 1, 2005.

APPENDIX H

The Impact of Time-Loss Duration on Injured Workers' Long-Term Earnings

March 23 2015

The longer time away from work after the injury:

The slower the wage growth is after the worker returned to work.

On average, at 10 years post injury workers with longer time-loss saw lower wage increases:

- No time loss – Average wage increase of 72%
- Less than three months – Average wage increase of 66%
- More than 3 years – Average wage increase of 24%

The larger earnings loss the injured worker will incur in long run.

On average, in the 10 years post injury workers with longer time-loss saw larger cumulative earnings loss:

- Less than 3 months - approximately \$9,400 loss
- More than 3 years - approximately \$75,000 loss

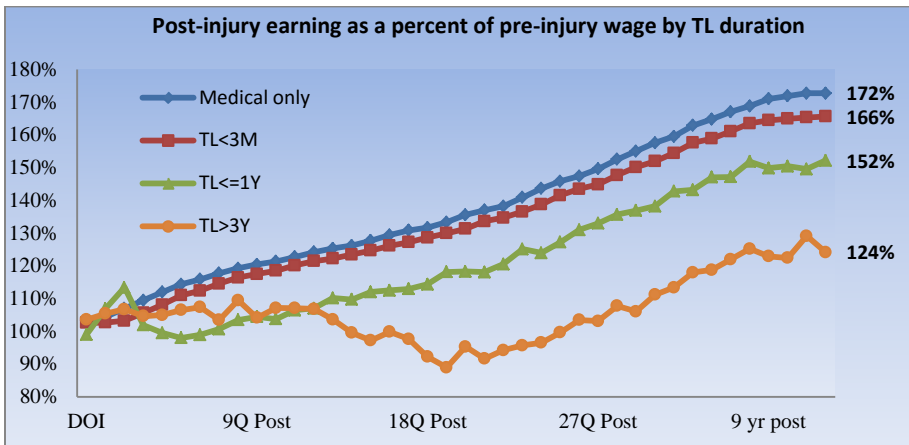
The larger economic well-being loss the injured worker will incur.

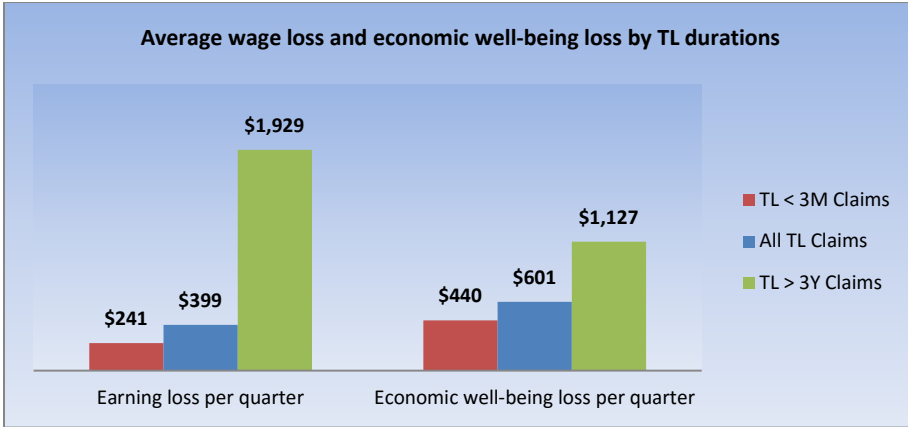
On average, in the 10 years post injury workers with less time-loss experience smaller cumulative economic well-being loss:

- Less than 3 months - \$17,200
- More than 3 years – \$44,000

Data and Key Definitions

- All allowed state-fund claims with injury year of 1998 or 1999.
- Two-year pre-injury and 39-quarter post-injury wage records and forty quarters of benefit payment data for time-loss claims.
- Depending on the time-loss durations, each claim was assigned into one of 6 categories: Medical-only, Less than 3 months of TL, 3-6 months of TL, 7-12 months of TL, 1-3 years of TL, and over 3 years of TL.
- Earning loss is defined as the difference between the potential wage an injured worker would receive if the injury had not occurred and the actual wage earned.
- Economic well-being loss is measured by the difference between injured workers' pre-injury wage and the actual wage plus time-loss benefits received in the same quarter.





APPENDIX I



ISSA Guidelines

Return to Work and Reintegration



ISSA Guidelines on Return to Work and Reintegration

The *ISSA Guidelines for Social Security Administration* consist of internationally-recognized professional standards in social security administration, and form part of the ISSA Centre for Excellence in Social Security Administration.

The *ISSA Guidelines* have been developed by the ISSA Technical Commissions and staff of the ISSA Secretariat, based on a broad consultation with experts, international organizations and the worldwide ISSA membership.

English is granted precedence as the authoritative language for all *ISSA Guidelines*.

The *ISSA Guidelines* and related resources are available at <<http://www.issa.int/excellence>>.

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International Social Security Association - Case postale 1 - CH-1211 Geneva 22 / Switzerland

www.issa.int

First published 2013

ISBN 978-92-843-1205-4

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Contents

Introduction	7
Objectives of the <i>ISSA Guidelines on Return to Work and Reintegration</i>	8
Definition of Return to Work	9
Return to work Framework	10
<i>Return to work actors</i>	10
Structure of the <i>ISSA Guidelines on Return to Work and Reintegration</i>	12
Acknowledgements	13
A. Basic Return-to-work Conditions, Principles and Guidelines	15
A.1. Arguments in Favour of Return to Work	16
<i>The subject of return to work</i>	16
<i>Advantages of return to work</i>	16
A.2. General Principles	17
Guideline 1. The stakeholders	18
Guideline 2. Legal and policy basis	19
Guideline 3. Working within the legal framework	20
Guideline 4. Understanding and learning from international good practice	21
Guideline 5. Influencing the system	22
B. Specific Return-to-work Principles and Guidelines	23
B.1. Holistic Process	24
Guideline 6. Comprehensive and integrated approach with an emphasis on prevention	25
Guideline 7. Beginning at the workplace	26
Guideline 8. Combining medical treatment and vocational rehabilitation	27
Guideline 9. Adopting a biopsychosocial approach	28
B.2. Early Intervention	29
Guideline 10. Early identification and intervention	30
Guideline 11. Proactive reporting	31
Guideline 12. Beginning during acute medical treatment	32
Guideline 13. Role of facilitators	33
B.3. Individualized Approach	34
Guideline 14. Case management	35

Guideline 15. Individual plan	36
Guideline 16. Workplace accommodation	37
Guideline 17. Quality control	38
B.4. Active Participation of the Person Concerned	40
Guideline 18. Engaging with employees	41
Guideline 19. Empowering the individual	43
Guideline 20. Confidence, motivation and self-determination	44
Guideline 21. Confidentiality	45
B.5. Collaboration and Dispute Resolution	46
<i>Collaboration</i>	46
<i>Dispute resolution</i>	46
Guideline 22. Communication	47
Guideline 23. Working with workplace actors	48
Guideline 24. Working with health-care professionals and service providers	49
Guideline 25. Working with networks	51
B.6. Qualification of Experts	52
Guideline 26. Ensuring the high quality of return-to-work professionals	53
Guideline 27. Education and continuing professional development of return-to-work professionals	54
Guideline 28. Certification of return-to-work professionals	55
B.7. Monitoring and Evaluation	56
Guideline 29. Policy evaluation	57
Guideline 30. Programme evaluation	58
Guideline 31. Individual outcomes	59
Guideline 32. Formal audit	60

Introduction

Social security institutions around the world, whether they operate in the occupational or non-occupational sector, face an escalating combination of economic, social and demographic challenges which strain their continued financial viability and may jeopardize their ability to combat social insecurity.

While national social security institutions – whose operating structures, financial parameters and policy and programme mandates vary widely – are not confronted with identical challenges at any given time, they nevertheless face relatively consistent and broad global developments. These include a population with growing life expectancies, the increasing pace of private and public sector restructuring to maintain competitiveness in a global society, a rapid escalation in the growth of claims on the grounds of mental health and low system outflow rates for programme beneficiaries, coupled with low overall labour market hiring rates for persons with disabilities.

While some social security institutions are better financially resourced to withstand these identified global changes in the short term, the compound effect of these systemic challenges without radical corrective action will lead to substantially increased system costs, present challenges for the financial viability of the organization and ultimately may lead to reduced levels of benefits and services for those for whom the system was initially established, including for persons with disabilities.

ISSA Guidelines on Return to Work and Reintegration

Objectives of the *ISSA Guidelines on Return to Work and Reintegration*

International Social Security Association (ISSA) member organizations comprise a broad and diverse group of social security institutions, in both the occupational and non-occupational sectors, from most countries around the world. In addition to emerging economic, demographic and labour market changes, new and significant challenges are being imposed on many of these organizations which have, on an individual basis, led to the development of specific approaches aimed at reducing the inflow of persons with disabilities into the social security system and improving their financial viability, while also contributing to reducing the overall impact of disabling conditions on many stakeholders within their jurisdiction.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD), which entered into force in 2008, requires social security institutions to assist their various jurisdictions, especially those countries that have ratified the Convention, in introducing supportive measures which promote and advocate implementation of good practice in return to work (RTW) programmes, as indicated in Article 27, section 1(k) of the United Nations Convention on the Rights of Persons with Disabilities.

It is in this context that, through a broad-ranging international consultation process, the ISSA has identified successful good practice models which include policies, processes and procedures designed and implemented by social security institutions. These models are developed to identify approaches which will allow decision-makers in social security institutions to lead their own process and influence their jurisdictional environment.

These guidelines are designed to:

- Outline strategic options for social security institutions in order to achieve these outcomes;
- Stimulate discussion around good practice return to work programmes for social security institutions;
- Identify critical success design elements;
- Offer practical implementation tools.

Return to work is one of a number of cross-social security issues such as prevention of disabling injuries and illnesses and broader health promotion efforts, all of which are part of a proactive approach for social security systems. Therefore, it should be approached and supported concurrently through an integrated and coordinated mandate to reduce incidences or severity of disabling conditions, maintain the employment relationships for disabled employees and reduce inflow into or reliance on the social security system by people who have acquired or developed a disabling health condition with subsequent employment loss. In this regard, the *ISSA Guidelines on Return to Work and Reintegration* should be used in conjunction with the *ISSA Guidelines on Workplace Health Promotion* and the *ISSA Guidelines on Prevention of Occupational Risks* and be understood as a holistic tool for senior management in social security institutions.

Definition of Return to Work

The focus of the *ISSA Guidelines on Return to Work and Reintegration* is on persons who are on sick leave from work, either on a short-term or long-term basis, and who retain an attachment to a specific employer. The guidelines are applicable regardless of whether the reason for the sick leave absence is occupational or non-occupational.

Return to work (RTW) is a key pillar in a set of workplace processes designed to facilitate the workplace reintegration of persons concerned, who experience a reduction in work capacity as a result of either occupational or non-occupational diseases or injuries. By taking into account individual needs, the work environment, enterprise needs and legal responsibilities, return to work processes represent a coordinated effort focused on job retention as the first step in preventing persons who experience a reduction in work capacity from an early exit from working life.

The return to work of workers who are on sick leave is part of a continuum of processes aimed at protecting and promoting the health, well-being and work ability of the workforce. Return to work is one important component of a tertiary prevention approach.

ISSA Guidelines on Return to Work and Reintegration

Return to work Framework

Social security institutions around the world are most often engaged in one of three broad scopes of activity, as a provider of:

- Income support of last resort for persons with disabilities;
- Statutory disability insurance for non-occupational injuries and disabilities;
- Legislative compensation as a consequence of occupational injuries and disabilities.

A consistent organizational priority for social security institutions is the objective of reducing the number of persons with disabilities “in the system” and decreasing the cases of early invalidity.

This usually drives a concurrent approach, namely reducing the number of persons with a disability collecting benefits, through a range of rehabilitation measures designed to facilitate the re-entry of those people into the labour market along with other measures designed to reduce the system entry rate through optimization and support for job retention strategies which will keep a person attached to their employer in spite of having suffered a disabling condition.

These strategies, while clearly similar in terms of economic, social and societal objectives, require a substantially differentiated individual, organizational and systems approach.

Global evidence has clearly documented that, while most desirable, the efforts related to increasing renewed labour market attachment for those people currently receiving disability benefits are extremely costly and often have limited success.

Therefore, the majority of strategies must be directed at maintaining workforce attachment for those who have acquired a disabling injury or illness and are at risk of losing their employment, with all the attendant economic, social and psychological consequences.

The paradigm shift from payer to player in modern social security could be assured by using the *ISSA Guidelines on Return to Work and Reintegration*, not only as a benefit provider but also as the employer of the staff of a social security institution. This method increases the awareness and confidence of staff in the relevance of clients returning to work.

Return to work actors

Return to work for employees who acquire or develop a disabling condition, regardless of causation, and are at risk of losing their employment, is governed through a range of diverse approaches around the world.

These include, but are not limited to, statutory re-employment obligations for employers, prescribed under workers’ compensation legislation, for employees with occupational injuries or diseases; state and national re-employment obligations often administered under labour/human rights or other legislative statutes and employment obligations defined through court decisions.

A number of jurisdictions have also introduced hybrid models where, in the absence of a statutory re-employment obligation for employers, workplaces are required to maintain dedicated return-to-work programmes designed to maximize job retention for ill or injured employees.

Another model, principally found under workers' compensation schemes, includes the application of financial penalties/incentives on employers in order to motivate efforts towards better return-to-work outcomes.

A core and central theme across all statutory approaches applied towards maintaining effective job retention for injured/ill employees is the responsibility and role of the employer.

This is critical for a range of reasons, principally due to the fact that employees who lose attachment to their pre-disability employer and enter a social security system are much less likely to re-enter the labour market in the long term, and employers often have much vested financial/organizational interest in maintaining the employment relationship with employees who have acquired a disabling condition.

While, across all jurisdictions, employers play the key role in efforts aimed at maximizing job retention and subsequently reduce the inflow into various social security systems, the practical implementation of these efforts generally involves return-to-work professionals employed either directly by the employer, contracted to the employer through third party service providers (often utilized by small and medium-sized workplaces) or made available to the employer through the social security providers.

ISSA Guidelines on Return to Work and Reintegration

Structure of the *ISSA Guidelines on Return to Work and Reintegration*

The following guidelines are organized in two parts:

Part A, Basic Return-to-work Conditions, Principles and Guidelines, provides guidance on identification of the stakeholders, the legal basis of the programme and the need to refer to international good practice. Another aspect addressed is how to influence the system as a social security institution.

Part B, Specific Return-to-work Principles and Guidelines, provides guidance in seven specific areas that are of common concern for social security institutions when implementing a return-to-work (RTW) programme.

Within each part, specific guidelines are grouped according to particular elements of a return-to-work programme. They are presented as follows:

Guideline. The guideline is stated as clearly as possible.

Structure. This is the suggested structure for the particular aspect of a return-to-work programme that may support the application of the guideline and facilitate the promotion of the underlying principle. A sound structure is essential for the effective functioning of a return-to-work programme. It should ensure an appropriate division of operational and oversight responsibilities as well as the suitability and accountability of the persons involved.

Mechanism. There are different ways in which a guideline may be implemented. The suggested mechanisms for a return-to-work programme are designed to ensure appropriate controls, processes, communication and incentives which encourage good decision-making, proper and timely execution, successful outcomes, and regular monitoring and evaluation.

Acknowledgements

The ISSA Guidelines for Social Security Institutions were prepared by the ISSA Secretariat with the ISSA Technical Commissions.

The *ISSA Guidelines on Return to Work and Reintegration* were produced under the auspices of the ISSA Technical Commission on Insurance against Employment Accidents and Occupational Diseases chaired by Joachim Breuer of the German Social Accident Insurance (*Deutsche Gesetzliche Unfallversicherung* (DGUV)) and in cooperation with the National Institute of Disability Management and Research (NIDMAR) and Rehabilitation International (RI). The Guidelines were prepared by a working group of experts led by Bernd Treichel of the ISSA and Friedrich Mehrhoff of RI and DGUV, with the involvement of Jutta Busch. Expert support and contributions were provided by Wolfgang Zimmermann and Joyce Gravelle of the International Disability Management Standards Council (IDMSC) and NIDMAR, Donal McAnaney of the Global Applied Disability Research and Information Network (GLADNET) and of the Pacific Coast University for Workplace Health Sciences (PCU-WHS), Jan A. Monsbakken of RI.

ISSA Guidelines on Return to Work and Reintegration

A. Basic Return-to-work Conditions, Principles and Guidelines

ISSA Guidelines on Return to Work and Reintegration

A.1. Arguments in Favour of Return to Work

The subject of return to work

In many jurisdictions around the world, social security institutions are responsible for the provision of financial support and services of “last resort” to persons with disabilities. More often than not, persons with disabilities arrive at this point after having exhausted many other economic support and service avenues, enduring a lengthy and arduous eligibility process with subsequent physical, psychosocial and economic exhaustion. The consequences of this process lead to a very low outflow of beneficiaries from the social security system on a worldwide basis. The Organisation for Economic Co-operation and Development (OECD) has documented that people almost never leave the long-term disability benefit system for employment (OECD, 2009). This leaves social security institutions with only the most limited reactive, client-directed programme and policy options once social security system acceptance has been achieved by the person with a disability.

It is generally recognized that a relatively small proportion of claims will account for an overwhelming amount of overall long-term disability costs. This fact is clearly associated with the reality of significantly reduced return-to-work outcomes where time away from work exceeds six months in duration. In order to address this major challenge, social security institutions, especially employees’ compensation boards, have introduced special measures such as triaging of claims as part of their operational procedures.

In simple terms, the only viable approach for a social security institution to proactively address this fiscal and social conundrum is to influence its jurisdictional labour market environment in a manner that ensures that a person who acquires a disabling occupational or non-occupational injury or illness, placing them at risk of losing their workplace attachment (and potentially suffering from the many associated negative consequences), is maintained in economically viable and sustained employment.

Advantages of return to work

Workplace-based return-to-work programmes are generally considered as the organizational structures, policies and procedures at a workplace designed to ensure that sustained workplace attachment is maintained for a person whose continued employment is jeopardized as a consequence of their having a disabling occupational or non-occupational injury or health condition.

Continued and economically viable and sustained employment for injured, ill or disabled employees ensures that, potentially, they will not enter a social security system but instead remain full economic and social contributors and participants in all aspects of society.

The consequences of losing gainful employment for persons with disabilities are highlighted by the fact that around the world persons with disabilities face disproportionately high levels of poverty, much higher levels of unemployment and under-employment, and are often marginalized in all aspects of society.

A.2. General Principles

It is essential that social security institutions engaged in the promotion, advocacy and support of effective return-to-work programmes include a broad range of institutional and individual stakeholders in this process. While they are often constrained through their respective legislative frameworks, which may not support return-to-work processes, this should not prevent them from trying to obtain better return-to-work outcomes by learning from a broad range of national and international experiences which have often led to sustainable structural outcomes. Many social security institutions have also succeeded in strategically influencing return-to-work outcomes, either through influencing legislative structures within their jurisdictions or taking individualized organizational steps through the provision of targeted support services.

Five essential guidelines for social security institutions are presented in this regard:

- The stakeholders;
- Legal and policy basis;
- Working within the legal framework;
- Understanding and learning from international good practice;
- Influencing the system.

The board and management play crucial roles in establishing a compliant and effective return-to-work system.

The guidelines should be followed using a “top-down” approach which encourages ownership of their inherent values so that they are simultaneously accepted throughout the organization.

An overall principle which is essential for return-to-work success is that the person concerned has access to the rights described in the United Nations Convention on the Rights of Persons with Disabilities. The return to work should always be a transparent process, as this will lead to acceptance and confidence. Without this kind of agreement on an individual and institutional level, particularly in disability organizations and trade unions, return-to-work programmes will be neither efficient nor effective.

Guideline 1. The stakeholders

Promotion and support of an effective return-to-work programme involves a broad range of individual and institutional stakeholders.

This usually includes but is not limited to the injured, ill or disabled person and their family, employer and employee representatives (social partners), colleagues, health-care professionals, community services, interfacing agencies, government departments, and other individually and jurisdictionally specific stakeholders.

Structure

- To support effective return to work, the management should ensure that the appropriate roles and responsibilities of the various stakeholders in the return-to-work policy and process framework meet recognized, evidence-based good practice.
- The management should ensure that stakeholder interaction is always aligned to optimize the person's effective return to work.
- The management should ensure that stakeholders' return-to-work roles and responsibilities are always optimized to their respective professional and institutional roles and competencies.

Mechanism

- The management should ensure that appropriate financial resources are in place to ensure that return-to-work programme policy and procedural standards are established and maintained.
- The management should provide the requisite support to stakeholder organizations which will enable them to meet expected goals, objectives and responsibilities.
- The management should take steps to increase stakeholder awareness and recognition of its own efforts in return-to-work policy and programming.

Guideline 2. Legal and policy basis

Where legislation does not support effective return-to-work outcomes, statutory changes are advocated which will empower the institution to engage in return-to-work activities giving rise to effective outcomes.

The ability of an institution to begin, support, promote or better regulate return-to-work programmes, policy and procedures is strongly influenced and often regulated by its governing legislative framework.

Structure

- The management should ensure that its governing legislation, rules and regulations empower engagement in effective return-to-work activities.
- The management should put in place a strategic plan in order to ensure its return-to-work programme is in compliance with its legislative obligations.
- The return-to-work programme is influenced by quota systems which penalize bad employers and reward good employers who invest in their employees' return to work.

Mechanism

- Those tasked with providing support and influence in the return-to-work process should have solid knowledge of and abide by the statutory regulations and limitations governing their institution's operational activities and responsibilities.
- Those with return-to-work responsibilities should recognize and be knowledgeable about good practice in order to provide the best possible advice reflecting good practice standards.
- Analysis of national and international regulations relevant to other countries can support the implementation of appropriate return-to-work programmes.

Guideline 3. Working within the legal framework

The return-to-work programme is supported by public policy, legislation, standards and other declarations. Knowledge of relevant instruments is essential to meeting reporting and accountability obligations.

Relevant legal and other formal instruments include government legislation, public policy, relevant professional standards and trade union agreements, and international declarations and standards, such as the International Labour Organization (ILO) Code of Practice on Managing Disability in the Workplace and the United Nations Convention on the Rights of Persons with Disabilities.

Structure

- The management should identify specific legislation, standards, trade union agreements and declarations which impact upon the return to work in their jurisdiction, to ensure that return-to-work policies and processes adhere to them.
- The management should set up systems for educating internal and external stakeholders on the relevant legislation, standards, agreements and declarations and how they are reflected in the return-to-work process.
- The management should delegate compliance with the relevant legislation, standards, agreements and declarations to qualified professionals such as the return-to-work professional.
- The management should coordinate its activities, and work in common interest, with other agencies with complementary or similar social protection responsibilities, to ensure early, comprehensive and sustainable return-to-work programmes, establish a single point of information for employers and individual insured people, eliminate redundancies and gaps in provision, and create a transparent and unambiguous return to work system from the perspective of all stakeholders.

Mechanism

- The return-to-work professional delegated with ensuring compliance should design, implement and evaluate educational programmes on relevant legislation, standards and declarations for relevant stakeholders both inside and outside the institution.
- Return-to-work policies, processes, contracts and other documents and practices should adhere to relevant legislation, standards, agreements and declarations.
- The return-to-work professional should promote compliance through adherence to the return to work policies and processes which reflect relevant legislative texts, standards, agreements and declarations.
- The return-to-work professional should establish a process for monitoring and assessing compliance with relevant legislative texts, standards, agreements and declarations.

Guideline 4. Understanding and learning from international good practice

The tremendous diversity of social security institutions has produced a broad range of experience which is used as a valuable learning resource for return-to-work policy and programming.

Structure

- Prior to deploying a return to work policy and programme, the management should ensure that its proposed return-to-work framework is carefully aligned to and reflective of considered good practice approaches in other jurisdictions, adapted to the individual characteristics of its own jurisdiction.
- International conferences such as the biennial International Forum on Disability Management (IFDM) should be used as a platform for knowledge transfer in terms of beginning return-to-work programmes and identifying appropriate good practice models as potential cooperation partners.

Mechanism

- The management should engage in a global review of return-to-work programmes, policies and procedures in order to obtain a solid understanding of critical considerations, positive and negative organizational experience, and key success factors. Global experience, coupled with solid assessment of discrete statistical, labour market, regulatory and cultural factors within its own jurisdiction, should shape an appropriate return-to-work approach.
- The management should engage in a process of continuous quality improvement to ensure that return-to-work programmes reflect evolving international best practice.
- The bilateral exchange of rehabilitation managers from different social security institutions around the world can facilitate the implementation of the process of return to work.

Guideline 5. Influencing the system

A range of strategic and individualized initiatives are applied to promote and support proactive return-to-work outcomes.

Strategic initiatives typically include the implementation of incentives and the imposition of various regulatory requirements, ranging from enforced obligations to administrative reporting.

Individualized initiatives often mean providing a varied spectrum of return-to-work support services and programmes, funded through the institution and/or public employment services and designed to assist return-to-work stakeholders to optimize return-to-work outcomes.

Structure

- The board and management should ensure that they have the best knowledge on how to promote and support proactive return-to-work outcomes.
- The board and management should work with their peer organizations in other sectors to avoid “silo thinking” and create an aligned system so that gaps are eliminated and employers and employees can act as facilitators within the system.
- The board and management should form strategic alliances with government and the social partners in order to collaborate more effectively and succeed in gaining broad acceptance and support for return-to-work programmes.

Mechanism

- The management should conduct a system analysis of the return to work in related policy areas, such as employment, health, etc. This may include development of a policy paper for internal and external decision-makers on incentives and disincentives, good practice in other countries and the identification of partners.
- The board and management should actively work with other organizations in relevant policy areas to create a more aligned return-to-work system.
- The management should provide mechanisms to support and partner with other stakeholder organizations by creating a round table or other specific form of collaboration.
- The management and/or return-to-work professional should employ a range of communication strategies which contribute to awareness of return-to-work policy and issues.

B. Specific Return-to-work Principles and Guidelines

The board, management, policy-makers and return-to-work professional play crucial roles in the setting up and operation of a return-to-work system.

The guidelines should be followed using a “top-down” approach which encourages ownership of their inherent values so that they are simultaneously accepted throughout the organization. The remaining guidelines are based on the following seven principles of return-to-work policy and programmes:

- Holistic process;
- Early intervention;
- Individualized approach;
- Active participation of the individual;
- Collaboration;
- Qualification of experts;
- Monitoring and evaluation.

ISSA Guidelines on Return to Work and Reintegration

B.1. Holistic Process

The term “holistic” refers to the whole and not just selected parts of a person or system. The return to work is a complex and comprehensive process involving many stakeholders and several activities which must come together to achieve the common goal of the return to work of a person who has an occupational or non-occupational injury, disability and/or health condition. Therefore, it is important to adopt a return to work approach which is holistic, integrated and inclusive. The overall goal is to maintain the person’s work ability and existing connections to working life.

Guideline 6. Comprehensive and integrated approach with an emphasis on prevention

A comprehensive and integrated approach operates on a continuum, from an emphasis on prevention to care, rehabilitation and a smooth transition back to work. It considers the full range of expectations and realities, especially in small and medium-sized enterprises.

Preventive efforts focus particularly on occupational health and safety and promotion of health and well-being. Health-care and occupational rehabilitation measures aim at preserving the employability of the person concerned. The management uses the knowledge gained from return-to-work processes to enhance the institution's prevention policies and procedures, and vice versa.

Structure

- The board and management should establish a holistic prevention and return-to-work strategy consistent with safety, employment and health legislation in its jurisdiction.
- The management should provide financial support for implementing preventive and return-to-work strategies both inside and outside the institution.

Mechanism

- Professionals tasked with implementing prevention and return-to-work strategies should collaborate with appropriate stakeholders in the process.
- Professionals tasked with implementing preventive and return-to-work strategies should ensure the effective communication of, and access to, prevention programmes for all stakeholders.
- Professionals tasked with implementing prevention and return-to-work strategies should ensure that prevention measures are built into every stage of the return to work process.
- Professionals tasked with implementing prevention and return-to-work strategies should plan, monitor and regularly evaluate prevention and return-to-work programmes and measures.

Guideline 7. Beginning at the workplace

Return to work efforts, including job retention, are focused on the workplace and consider factors such as workplace actors, resources, work design and structure.

Structure

- The management should provide leadership in the return to work, working with employers and other workplace actors to establish return-to-work policy for their respective organizations which is consistent and in compliance with relevant legislation.
- The management should use incentives such as funding and expertise, and support regulatory changes where necessary, to encourage employers to institute return-to-work programmes in their respective workplaces.
- The management should delegate coordination of treatment and rehabilitation services to the return-to-work professional, who should assist in achieving these objectives (see B.6. Qualification of Experts).

Mechanism

- The return-to-work professional in the workplace should work collaboratively with the management, employees, trade unions and other workplace actors to develop and implement an integrated return-to-work policy.
- The employer should establish other preventive programmes related to occupational safety and health and wellness to support the return-to-work programme.
- The employer should provide funds to support the return-to-work programme and act as its champion.
- The return-to-work professional in the workplace should promote the return-to-work programme at the workplace, ensure easy access to it, and monitor and evaluate it to ensure that it is effective.
- The management in the workplace should support the embedding of return-to-work return-to-work practices as part of “mainstream” human resources practice at the workplace.

Guideline 8. Combining medical treatment and vocational rehabilitation

Timely access to appropriate medical treatment and vocational rehabilitation is a critical part of the return-to-work process. It enables the person's quick recovery, maximum functional ability and mobility, and return to work in a position that maximizes their skills and experience.

It is necessary to shift from a primary focus on deficits and incapacity towards an ability-orientated approach.

Structure

- The management should work with employers and health-care professionals to ensure that the person concerned has timely access to acute treatment, medical rehabilitation and vocational services.
- The management should form partnerships with employers, health-care professionals and government agencies to streamline services and reduce the costs of medical treatment and vocational rehabilitation, including the requisite reporting.
- The management should ensure that only qualified health-care professionals and quality treatment and rehabilitation programmes are used.
- The management should delegate implementation of treatment and rehabilitation services to the return-to-work professional, who should assist in achieving these objectives.

Mechanism

- Return-to-work professionals both inside and outside the institution should collaborate to develop policy and guidelines for accessing medical treatment and vocational services.
- The return-to-work professional should collaborate with major stakeholders to establish health-care and vocational needs, develop criteria for selecting health-care and vocational professionals, and select the appropriate professionals to meet established needs.
- A contract should be established with health-care professionals and other institutions which specifies the services, programmes, quality, costs and qualification requirements of service providers.

Guideline 9. Adopting a biopsychosocial approach

The return-to-work programme is based upon a biopsychosocial approach which combines medical, psychological and social aspects.

This approach recognizes disability to be the result of a dynamic interaction between reduced physical or mental function and legislative, physical and social environmental factors both within and beyond the workplace.

The International Classification of Functioning, Disability and Health (ICF) offers an effective framework to systematically identify the biological, psychological and environmental factors in sickness absence, long-term disability and economic inactivity, and plan a safe and timely return to work. The approach recognizes the skills and competences of the person.

Structure

- The board and management should adopt the International Classification of Functioning, Disability and Health to inform assessment and intervention policies and procedures, to ensure that assessments of work capacity and potential for a return to work and job retention are based on a biopsychosocial approach.
- The management should develop a short set of International Classification of Functioning, Disability and Health components and elements to be used throughout the organization to ensure a consistent and systematic approach to return to work and job retention policy and practice.
- The management should develop clear criteria based on the International Classification of Functioning, Disability and Health for decision-making about eligibility and potential for a return to work, which go beyond medical diagnosis to include functionality and personal and environmental factors.
- The management should benchmark policies and procedures relevant to the return to work and job retention against international good practice in the application of the International Classification of Functioning, Disability and Health to disability assessment and intervention.

Mechanism

- The management should ensure that all professionals with responsibility for assessing a person's potential for a return to work and job retention are adequately trained in the application of a biopsychosocial approach and, in particular, the International Classification of Functioning, Disability and Health.
- To determine eligibility and potential for a return to work, the return-to-work professional should use assessment protocols which focus equally on a person's health and personal factors, along with functional and environmental facilitators and barriers to a return to work and job retention.
- The management should establish procedures to ensure that return to work and job retention plans for the person concerned are aimed at both building their capacity through training and rehabilitation, and adapting the work environment (including work organization and conditions) and providing appropriate assistive technologies.
- The management should establish and monitor key performance indicators for professionals responsible for assessment and intervention with regard to returning to work and job retention.

B.2. Early Intervention

Intervention refers to the act of managing a process in order to modify, impact upon or change the outcome. Research has demonstrated that the longer a person stays off work as a result of an injury or health condition, the lower their chance of ever returning to work. Experience demonstrates that it is easier to keep a job than find a new one.

In the return-to-work context, early intervention aims at reporting injuries and/or disabilities and health conditions as they occur, and taking appropriate actions immediately to secure the right treatment and rehabilitation with the aim of returning the person to work at the earliest opportunity.

Guideline 10. Early identification and intervention

There is a strategy in place for early identification and timely access to medical and other health-care and vocational services for any person who has an occupational and/or non-occupational condition which affects their ability to work.

In developing and implementing the strategy, cooperation among the management, policy-makers and both internal and external stakeholders is critical to success.

Structure

- The management should work with stakeholders such as employers and occupational physicians to establish policy for early identification both inside and outside their own institution.
- The management should ensure that any return-to-work programme includes strategies for early identification and reporting of hazards, illness and injury as well as other relevant data, to ensure evidence-based decision-making.
- The early identification strategy should include preventive initiatives such as safety inspections, incident and accident reporting, employee and family assistance programmes, and health and well-being promotion and education, as well as systems to ensure prompt and timely access to appropriate medical treatment and other health-care and rehabilitation services.

Mechanism

- The return-to-work professional should work with relevant internal and external stakeholders to implement the early identification and intervention policy.
- The management should ensure there is an information management system which brings together all relevant information from employers and other actors to support evidence-based intervention.
- Implementation of the early identification and intervention strategy should be a coordinated and systematic process with the goal of maximizing return-to-work outcomes for the person concerned.

Guideline 11. Proactive reporting

A proactive reporting strategy facilitates early identification, timely intervention, case management, accommodation, successful return to work and job retention. The management and all relevant stakeholders cooperate in establishing such a strategy.

Structure

- The management should work with internal and external stakeholders to establish a policy and guidelines on proactive reporting of return-to-work information.
- The policy and guidelines should specify the scope of information required, timelines, standards and responsibilities of the major stakeholders in the process.
- The policy and guidelines should outline reporting requirements which are consistent with evidence-based protocols and privacy legislation.
- The management should designate implementation of the policy and guidelines to appropriate professionals both inside and outside the institution.

Mechanism

- The return-to-work professional should coordinate the reporting of return-to-work information among stakeholders, such as employees, employers, health-care professionals (including the person's general practitioner, where relevant), vocational counsellors and other service providers, as well as with other social security institutions.
- Such reporting should include incidents, accidents, illness, medical assessments, chronic health conditions, functional capacity evaluations, workplace and vocational assessments.
- The person and/or agency reporting should use tools such as standardized protocols and forms to ensure that the requisite information is received in a timely manner to facilitate appropriate actions that will optimize the return to work.
- The return-to-work professional should anticipate the requirement for medical and other treatment reports at specific stages of the return-to-work process and proactively request them.

Guideline 12. Beginning during acute medical treatment

To achieve an effective return to work, the return-to-work process begins at the initial stage of an accident, illness or chronic health condition, as soon as is medically feasible.

Structure

- The management should collaborate with internal and external stakeholders to establish a return-to-work policy that ensures that the return-to-work process begins immediately at the onset of injury or before an illness becomes chronic.
- The management should provide support and expertise and contribute other resources to ensure that the return-to-work process begins during the acute stages of injury or illness.
- The management should form alliances with medical experts and other health-care professionals to facilitate timely access to appropriate treatment for the person concerned and communicate progress regularly to relevant stakeholders.
- Medical experts and health-care and other service providers should be educated about their patient's workplace and the benefits of work and be incentivized to focus their treatments on the return to work and not just recovery from the injury or illness.

Mechanism

- The return-to-work professional should act as the liaison person between the person concerned and their medical and vocational service providers.
- The return-to-work professional should educate the service providers in their community about workplace programmes, such as the return-to-work, employee and family assistance and wellness programmes, as well as other resources, such as job descriptions, job task analysis (JTA), accommodation opportunities and funding for medical and other reporting.
- The return-to-work professional should obtain initial, progress and final reports from the treating physician and other service providers to monitor the person's progress, identify potential issues and assist with return-to-work planning.
- The management could support identification of the person's occupational and social needs by instituting a visiting service from the first days of a clinic stay.

Guideline 13. Role of facilitators

Internal and external business units and professionals play important roles in the return-to-work process to support and facilitate the return to work.

Key professionals include the human resources manager, employee representatives, medical and other care and rehabilitation professionals, and other collaborators in the return-to-work field.

Structure

- The management should establish a framework for assessing return-to-work needs, defining how those needs should be addressed and identifying the services required to assist with the process.
- The management should identify and work with facilitators such as health-care professionals, the human resources department, employee representatives, etc., to define their respective roles in the return-to-work process.

Mechanism

- Return-to-work professionals both inside and outside the institution should collaborate with preferred providers to determine their respective roles and responsibilities in the return-to-work process.
- All return-to-work professionals involved should be knowledgeable about documented roles and responsibilities, specific duties/services, reporting structure, quality indicators, evaluation and accountability.

ISSA Guidelines on Return to Work and Reintegration

B.3. Individualized Approach

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946). An individualized approach to the return to work addresses psychosocial issues related to factors such as motivation, working conditions and personal circumstances.

The individualized approach is person centered. It aims at enabling the person concerned to regain the ability to participate in the workforce and cope with the implications of their injury, illness, health condition or disability within the workplace. The individualized approach is adapted to and varies for each case. It is always accompanied by a monitoring cycle, beginning with an initial and ending with a final assessment to measure its effectiveness for the person concerned.

Guideline 14. Case management

A case management system provides support, communication, coordination and cooperation among relevant stakeholders and professional organizations.

Case management usually involves:

- Information gathering;
- Analysis;
- Decision-making;
- Planning;
- Implementation;
- Evaluation.

Structure

- The management should task policy-makers with the design and case managers with implementation of the case management policy.
- The relevant policy-makers and case managers should agree on a coordinated approach to case management which includes support, communication, coordination, planning and cooperation among relevant stakeholders.

Mechanism

- The case manager should adopt a multi-disciplinary approach to case management and ensure regular communication among stakeholders.
- The case manager should focus on the individual rehabilitation process and accompany this process by being the link between the person concerned, the employer, trade unions and healthcare providers.
- The case manager should focus on workplace interventions to ensure that the person concerned is returned to the workplace they occupied prior to their injury or illness.
- In discussion with the person concerned, the case manager should anticipate the person's accommodation needs, including potential barriers to their return to work, and establish solutions to address them.
- The case manager should partner and collaborate with public and private sector community agencies to facilitate the person's durable return to work.

Guideline 15. Individual plan

There is compliance with professional and ethical obligations to ensure provision of appropriate services to the person concerned in the most efficient and cost-effective manner to achieve quality outcomes that are compatible with their individual requirements.

Structure

- The management should focus on the individual person concerned and ensure that their needs are taken into account in the return-to-work process.
- To achieve this, the management should ensure that an individual case management, return-to-work and accommodation plan is established and communicated effectively to major stakeholders.
- The management should ensure that the stakeholders and partners in the return-to-work process focus on individual needs in delivering their services.
- The management should delegate responsibility for developing individual plans to professionals both inside and outside the institution.

Mechanism

- Professionals such as the return-to-work professional should collaborate with major stakeholders, including the person concerned, to establish their needs.
- The return-to-work professional should collaborate with major stakeholders to develop a plan for meeting the needs of the person concerned, including strategies to address potential barriers to their return to work.
- The plan should outline the person's needs and objectives, strategies and interventions such as requisite treatment, stakeholders' responsibilities, timelines and evaluation stages.
- The return-to-work professional should document the plan and ensure it is signed by the major stakeholders, including the person concerned and their employer.

Guideline 16. Workplace accommodation

A workplace accommodation framework includes a range of return-to-work options, support for the person concerned, effective communication, coordination of resources and cooperation among the relevant stakeholders.

The framework sets out a hierarchy of return-to-work options ranging from the return to work with the same employer in the same job with no accommodations or adjustments, through redeployment to an alternative job with the same employer, to the return to work with a different employer with or without job accommodations and workplace adjustments, as required.

Structure

- The management should establish a workplace accommodation policy and process that is supported by qualified professionals in consultation with the person concerned and in cooperation with relevant stakeholders.
- The management should task the return-to-work professional with the design, coordination and implementation of the accommodation policy and process.

Mechanism

- The return-to-work professional should coordinate accommodation of the person concerned in the workplace, working with major internal and external stakeholders to define their respective roles in the process of accommodation.
- The return-to-work professional should establish a workplace accommodation plan for the person concerned.
- In drawing up the plan, the return-to-work professional should take into account workplace factors such as working conditions, co-employees, wages and benefits that may impact upon accommodation of the person concerned.
- The return-to-work professional should obtain information on the person's medical restrictions and/or functional abilities from the treating and/or other relevant health-care professionals.
- The return-to-work professional should collaborate with the employer and/or a qualified professional to establish a job task analysis (JTA) for the position to which the person concerned will be returning.
- The return-to-work professional, along with the person concerned and other stakeholders such as the employer, employee representatives and health-care professionals, should compare the job task analysis with the person's functional abilities, identify any gaps and establish solutions to address the gaps.
- The return-to-work professional should monitor and evaluate progress on the return to work and introduce appropriate interventions as necessary.

Guideline 17. Quality control

A return-to-work quality control strategy includes specific actions to ensure that the needs of the person concerned are systematically, reliably and effectively met on an ongoing basis.

The strategy should include risk assessment and environmental monitoring to identify changes in the person's needs, the workplace and the business environment, as well as developments in return-to-work policy and programmes.

Structure

- The management should collaborate with internal and external stakeholders to assess risks and establish a quality control policy, to ensure consistent, reliable and desired outcomes for each person returning to work.
- The management should ensure the quality control policy addresses planning, monitoring, implementation and evaluation of the return-to-work process as well as its impact on the person concerned.
- The management should ensure the quality control policy addresses evidence-based practice and standards expected of stakeholders, partners and service providers, and how these standards will be consistently met.
- The management should task the return-to-work professional with implementing the quality control policy.
- The management should ensure that a system is in place for seeking, reviewing and acting on feedback from the person concerned and other stakeholders.

Mechanism

- The return-to-work professional should document an annual plan with specific objectives, performance indicators and actions directed at achieving specific objectives for the person concerned and the return-to-work programme.
- The return-to-work professional should ensure that the criteria for selecting service providers include evidence-based and appropriate staff qualifications, type and quality of services offered, reputation and practices.
- The return-to-work professional should secure individual contracts with service providers which include performance indicators, requisite staff qualifications, desired outcomes and other quality control measures.
- The return-to-work professional should implement review mechanisms, such as peer reviews, self-audits and benchmarking with good practice organizations, and undertake user-satisfaction surveys.
- The return-to-work professional should set up processes for evaluating contracts and expenditures to ensure they are cost efficient and effective.
- The management should engage qualified external auditors to audit the return-to-work programme.

- The management should ensure that the sustainability of the return-to-work programme is assessed against such measurements as health-related quality-of-life outcomes.

B.4. Active Participation of the Person Concerned

The person concerned is the key stakeholder of a social security institution. As such, they must be encouraged to participate fully in decisions which impact upon them. A person's "active participation" refers to the process of facilitating their ability to engage constructively in their return-to-work plans on an equal basis with other actors. They should be encouraged and enabled to provide their input, protect their interests and lend their support to the process. Two important elements of a person's active participation are engagement, which is about ensuring their ownership of the return-to-work plan and motivation to achieve its objectives, and trust, which requires transparency of actions, empowerment with information and support systems for the person concerned.

Guideline 18. Engaging with employees

There is commitment to employee engagement – the process of getting employees involved in and building enthusiasm about their work which, in turn, will advance the interests of the institution.

Success in return-to-work programmes is directly related to the extent to which employees are involved in and committed to the process. It is necessary to actively promote and support an approach that encourages employee engagement and ensures that the person concerned understands the value of return-to-work programmes, is motivated to participate and has confidence in the other actors in the return-to-work process.

Structure

- The management should collaborate with internal and external partners such as employers to establish a plan to actively engage employees inside and outside the institution in their own work and the return-to-work programme.
- The management should ensure that the plan includes the participation of the person concerned in decisions related to their work, return to work and other decisions that may impact upon them, including workplace accommodation.
- The management should ensure that the person concerned, including those returning to work from an injury, disability or chronic or long-term health condition, has the tools, knowledge, training and information required to perform their duties and cope with the impact of the injury, disability or health condition.
- The management should share information such as strategic plans and performance outcomes with employees so that they have a clear understanding of where the institution is heading and its status at any time.
- The management should encourage and support the institution's partners in initiatives designed to increase employee engagement.
- The management, human resources professionals, supervisors, other managers and the return-to-work professional should be involved in employee engagement initiatives and processes.

Mechanism

- The human resources and return-to-work professionals, as well as supervisors and managers inside and outside the institution, should be knowledgeable about employee engagement.
- The human resources and return-to-work professionals should identify specific factors which will increase employee engagement and ensure that those factors are addressed throughout the workplace culture and programmes such as the return-to-work programme.
- The human resources and return-to-work professionals should ensure that the person concerned is adequately represented and supported in the return-to-work process, either by an employee representative or a personal advocate, where this is deemed necessary.
- The human resources and return-to-work professionals should ensure that, from the very outset of the return-to-work process, the person concerned is in an equal position with other relevant

ISSA Guidelines on Return to Work and Reintegration

actors, through access to relevant information and impartial advice, to ensure that all actions are predicated on the person's informed consent.

- The management should periodically assess employee engagement.

Guideline 19. Empowering the individual

There is commitment to empowerment – a multi-dimensional social process that assists a person to gain control over their own life by acting on issues which they define as important.

It is necessary to empower the person concerned in the return-to-work process to question their condition and/or limitations and to creatively determine what they can do about it with the support of the institution.

Structure

- The management should collaborate with the institution's partners and stakeholders to agree on and incorporate into the return-to-work process specific measures to empower the person concerned to actively participate in their personal return-to-work process.
- The management and the institution's partners should ensure that effective communication systems are established which allow information to be shared in a timely and meaningful manner and encourage the person concerned to provide input to and feedback on their own care and return to work.
- The management and the institution's partners should task return-to-work professionals to be advocates for the person concerned who is injured or ill.

Mechanism

- The return-to-work professional should provide sound advice and support for the person concerned to enable them to confidently make and implement decisions about their care and return to work.
- The return-to-work professional should act as the liaison person between the person concerned and other stakeholders in the return-to-work process, to ensure cooperation and effective coordination of return-to-work interventions and resources.
- The return-to-work professional should develop information systems, including policies, processes, materials and educational and training programmes, to facilitate effective communication of return-to-work information to and among all stakeholders.

Guideline 20. Confidence, motivation and self-determination

The person concerned is the main focus in the return-to-work process. The return-to-work strategy includes provisions to instil confidence in that person and motivate them to believe in themselves and their right to self-determination in a way that facilitates their return to work.

Structure

- The management should work with the institution's partners and stakeholders to ensure that the return-to-work programme provides opportunities to instil confidence in and motivate the person concerned to actively participate in decisions regarding their return to work.
- The management should ensure that the return-to-work process actively seeks to include the person concerned in the process.
- The management should ensure that return-to-work information is communicated effectively, and should provide support to the person concerned for relevant training and education.
- The management should delegate to the return-to-work professional responsibility for instilling confidence in the person concerned, to motivate them to self-determination.

Mechanism

- The return-to-work professional should be a key champion for the person concerned, encouraging them to persevere and return to work.
- The return-to-work professional should collaborate with other stakeholders to provide the person concerned with information and access to timely medical treatment, expertise, rehabilitation services, assistive devices, and psychological and social support programmes, to encourage them to return to work.
- The return-to-work professional should set up systems to evaluate the effectiveness of these support measures.

Guideline 21. Confidentiality

Privileged information, from both internal and external sources, is accumulated and generated during the return-to-work process. Legal obligations to protect such information, under privacy legislation and professional standards, are complied with.

Structure

- The management should work with the institution's partners and stakeholders to establish a confidentiality policy to protect personal information which is accumulated through the return-to-work process.
- The management should ensure that the confidentiality policy complies with privacy legislation and applicable professional standards of practice.
- The management should ensure that the confidentiality policy addresses consent for the collection, custody and disclosure of confidential information.
- The management should appoint a qualified professional to be the custodian of confidential information.

Mechanism

- The privacy custodian should be knowledgeable about privacy legislation and professional and ethical licensing and practice regimes for professionals such as medical practitioners.
- The privacy custodian should work with stakeholders in the return-to-work process to establish processes for collecting, maintaining, storing and releasing confidential information.
- The privacy custodian should ensure that the management of confidential information includes defining confidential information and the roles and responsibilities of stakeholders in the process, uses tools such as a form authorizing the release of confidential information, distinguishes between oral and written information, and manages both electronic and non-electronic information.
- The privacy custodian should set up an evaluation system to ensure that confidentiality of personal information is maintained.

B.5. Collaboration and Dispute Resolution

Collaboration

Collaboration refers to a working practice whereby people and organizations work together to achieve a common goal and promote sustainable outcomes.

It is well documented that return-to-work programmes are most effective when developed in partnership with key stakeholders. Social security institutions should act to ensure that relationships with various stakeholders at different levels and stages in the return-to-work process empower people to achieve programme goals. The collaboration and participation of all involved – the person concerned, their employer, employee representatives such as trade unions, and health-care and other service providers, including those within the institution – offers the best opportunity for developing an effective return-to-work programme, streamlining resources, eliminating duplication and returning the person concerned to work. A consensus approach to the return to work is most effective in unionized workplaces.

Dispute resolution

Where, at any time in the disability management process, a disagreement or adversarial situation develops, a dispute resolution process should be triggered which brings the return-to-work coordinator/disability management professional, the person with a disability, and his or her representative, if any, together to identify and resolve the problem. Where there is a joint committee, representatives of the committee should be informed and, where the disagreement or situation involves others, they should be consulted. The purpose of this process is to identify the problem and find ways to solve it which would support the employment of the person with a disability.

Where no agreement is reached, the parties should have access to independent and impartial adjudication to determine any rights or entitlements under relevant law or policy. The system of adjudication should be based on the merits and justice of the case, and not bound by narrow legal rules and precedent.

The return-to-work coordinator/disability management professional should not be involved in this adjudication or appeal process because of conflict of interest.

Where an adjudication decision is made, a right of appeal to an independent body should be provided.

Guideline 22. Communication

A system of effective communication among all stakeholders and partners facilitates the seamless, timely return to work. There is an effective strategy for exchanging facts, thoughts and ideas in an open and respectful manner. The flow of oral and written information complies with relevant legislation such as privacy law.

Structure

- The management should collaborate with internal and external stakeholders to develop a policy on effective communication with all stakeholders which includes specific objectives.
- The management should ensure that appropriate communication tools are selected, in accordance with the strategic goals of the return-to-work programme, the objectives of the communications programme, the profile of the target audience and the communication budget.
- The management should consider establishing communication systems which are compatible with those of major stakeholders, partners and service providers.
- The management should delegate implementation of the communications policy to qualified professionals such as the return-to-work and/or communications professional and provide appropriate support and resources for implementation, including funding if necessary.

Mechanism

- The return-to-work and/or communications professional should work with internal and external stakeholders to assess the communication needs of the return-to-work programme, the person concerned and other stakeholders.
- The return-to-work and/or communications professional should ensure that communication materials and information are in plain language and accessible formats.
- The return-to-work and/or communications professional should implement the communications policy by developing communication materials and specific campaigns to meet the information needs of the major stakeholders, using tools such as printed resources, the internet, email and events such as seminars and training sessions, and appointing a spokesperson.
- The return-to-work and/or communications professional should ensure that forms of communication maintain consistency in aesthetic appearance, language style and tone, and message.
- The return-to-work and/or communications professional should ensure that all communication with and among stakeholders is undertaken in an open and respectful manner.
- The return-to-work and/or communications professional should provide opportunities for all stakeholders, including the employer and the person concerned, to provide input to and feedback on the return-to-work programme.
- The return-to-work and/or communications professional should ensure that communications service agreements adhere to the communication policy, reflect the needs of the person concerned, are documented, and are understood and signed by all parties.

Guideline 23. Working with workplace actors

Various workplace actors play key roles in the return-to-work process and their respective roles are reflected in the return-to-work strategy.

Key actors include the person concerned who is absent from work as a result of injury, illness, health condition or disability; their employer; co-employees; and trade unions, employee representatives and other advocates. Where a trade union is represented in the workplace, the return-to-work strategy is consensus based, involving the union at every stage.

Structure

- The management should collaborate with internal and external workplace actors to establish an return-to-work policy which outlines the respective roles and responsibilities of each actor in the return-to-work process.
- The management should ensure relevant workplace actors are actively involved in the return-to-work process, in compliance with their legal responsibilities, and provide regular input and feedback as necessary.
- The management should develop specific collaboration strategies and incentives to engage and assist not only large but also small and medium-sized enterprises (SMEs) which have fewer resources and options regarding the return to work.
- The management must respect and adhere to trade union collective agreements and ensure that the return-to-work policy and processes adhere to their relevant provisions. The management should negotiate with the trade union any desired circumvention of any of the provisions of a collective agreement and both parties should document any agreement.
- The management should task the return-to-work professional with managing the relationships among workplace actors in the return-to-work process.

Mechanism

- The return-to-work professional should coordinate the activities of the workplace actors in the return-to-work process, involving each stakeholder at the appropriate stage of the process.
- The return-to-work professional should regularly share return-to-work information with the appropriate workplace actors through documents, pamphlets and other resources, presentations, education and training.
- The return-to-work professional should implement systems such as guidelines and processes to manage conflict among workplace actors. In a unionized workplace, all parties should follow conflict resolution provisions in collective agreements.
- The return-to-work professional should follow established guidelines for maintaining confidentiality, ensuring that only personal information that is necessary to advance a person's return to work is shared with appropriate stakeholders.
- The return-to-work professional should collaborate with workplace actors to establish a process and tools for evaluating the effectiveness of their participation in the return-to-work process.

Guideline 24. Working with health-care professionals and service providers

Effective prevention and management of injury, illness or a health condition is the result of the coordinated efforts of a multi-disciplinary team and the promotion of partnerships.

An effective multi-disciplinary team will involve such actors as health-care professionals and providers, rehabilitation professionals and suppliers of assistive devices, and community resources such as government programmes and those operated by special interest groups which offer information, education, counselling and support.

A coordinated, multi-disciplinary approach will help ensure a return-to-work process that is focused, streamlined, cost efficient and effective for the person concerned.

Structure

- The management should form alliances and partnerships with professional groups both inside and outside the institution to form a multi-disciplinary team in support of its return-to-work programme.
- The management should work with internal and/or external training and education experts to develop continuing professional development programmes targeted at health care (including family doctors where relevant), to raise awareness of the importance of addressing return-to-work issues at an early stage and provide partners with the knowledge to advise and intervene appropriately.
- The management should adopt a multi-disciplinary approach to delivery of return-to-work services to provide a coordinated continuum of services in which the needs of the person concerned determine the types of service providers required.
- The management should form partnerships with both internal and external service providers, ensuring their roles and responsibilities are documented and understood, to facilitate seamless, uninterrupted care to the person concerned.
- The management should ensure that return-to-work issues and concerns are adequately addressed at an early stage, including during inpatient and outpatient medical treatment and interventions.
- The management should establish a policy on service providers which focuses on the needs of the person concerned and addresses factors such as the establishment of a single point of access to return-to-work information for the employer and person concerned, recruitment and qualification of professionals, quality of services and evaluation.
- The management should assign the coordination of service providers and their services to the return-to-work professional.

Mechanism

- The return-to-work professional should work with all relevant professionals to ensure that assessments are focused on the strengths and needs of the person concerned rather than on deficits, and that assessments are fit for purpose in terms of determining the types of services required.

ISSA Guidelines on Return to Work and Reintegration

- The return-to-work professional should establish and continuously update a network of qualified medical professionals and other service providers based on the services required, and a set of criteria that ensures they are appropriately qualified to deliver quality services on an uninterrupted basis to the person concerned.
- The return-to-work professional should set up guidelines for referral to service providers in which the basis for referral is the need(s) of the person concerned.
- The return-to-work professional should establish an evaluation tool for assessing the effectiveness of service providers and their services.
- The management should ensure that internal and external service providers are knowledgeable about and use government programmes and other incentives to negotiate with potential new employers a job placement for the person returning to work.

Guideline 25. Working with networks

Productive relationships are cultivated with national, regional and local networks which have potential impact in the return-to-work process, and there is a strategy in place for maximizing the opportunities they offer the return-to-work programme.

Structure

- The management should identify national, regional and local networks, e.g. of government, professional and non-profit organizations, which could have a positive impact on the return-to-work programme.
- The management should establish criteria and guidelines for selecting and affiliating with networks which will have a positive impact on the return-to-work programme.
- The management should take an active role in bringing together statutory and representative organizations of all actors with a stake in the return to work, including small and medium-sized enterprises, to create a consensus on how best to address the return to work at organizational and individual levels.
- The management should periodically evaluate any association with external organizations or other groups, to ensure ongoing value for the return-to-work programme.

Mechanism

- The return-to-work professional should research information about national, regional and local organizations and groups to assess their value for the return-to-work programme and in supporting the person's return to work.
- The return-to-work professional should make contacts and establish relationships with the selected networks.
- The return-to-work professional should establish a list of the networks, the resources they offer, and information on their location and how to access them. They should regularly update this information and use it to support the person concerned.
- The return-to-work professional should regularly evaluate the relationship with the networks to ensure their ongoing value to the return-to-work programme.

B.6. Qualification of Experts

The return-to-work field is complex and involves many stakeholders, including the social security institution, other government agencies, employers, trade union organizations, health-care professionals, service providers and people whose jobs are in jeopardy as a result of an injury, illness, or acute, long-term or chronic health condition. Those responsible for developing and administering a return-to-work programme require specific competencies, encompassing a wide range of knowledge and skills, in order to undertake all necessary activities to ensure successful job retention and return-to-work outcomes, while working within their own jurisdictional legal framework. Therefore, it is important for social security institutions to promote the professionalization of those responsible for return-to-work policy and programmes – within their own institution, in employer and trade union organizations, and as service providers – to ensure that people who acquire a disability or health condition receive high quality return-to-work services.

Guideline 26. Ensuring the high quality of return-to-work professionals

Those responsible for providing return-to-work services – whether within the institution or in partner and stakeholder organizations – have the requisite knowledge and skills to conform to internationally recognized levels of competence.

Those responsible for return-to-work services are knowledgeable about the legal framework of returning to work within their jurisdiction; are able to develop and provide high quality interventions in line with the return-to-work programme framework; have the skills to communicate effectively, work as part of a team and relate to the person concerned with sensitivity and respect; understand medical and other rehabilitation requirements; are able to recommend appropriate adaptations or accommodations in the workplace; and liaise with all stakeholders in the return-to-work process.

Structure

- The board and management should require those responsible for return-to-work services to have the requisite knowledge and skills to conform to internationally recognized levels of competence in the field.
- The board and management should promote to employer, trade union and service provider organizations the principle that those responsible for return-to-work services in their own organizations have the requisite knowledge and skills to conform to internationally recognized levels of competence in the field.

Mechanism

- The management should ensure that the competence requirements for those responsible for return-to-work services are well documented and understood by both its own employees and those within its partner and stakeholder organizations.
- The management should provide incentives to those responsible for providing return-to-work services within the institution, as well as in its partner and stakeholder organizations, to achieve consistently high levels of professionalism.
- The management should provide those responsible for return-to-work services with access to assessment of their current levels of knowledge and skills to identify their strengths and areas for improvement, based on an internationally recognized competence framework.
- The management should include assessment of return-to-work knowledge, skills and practice in its staff performance appraisal process.

Guideline 27. Education and continuing professional development of return-to-work professionals

Educational programmes provided to employees responsible for return-to-work services are of a high level, cover all topic areas related to job retention and the return to work, and participants are provided with the essential knowledge and skills to provide optimum return-to-work services for persons with disabilities. These programmes are promoted to all partners and stakeholder organizations, including employers, trade unions and service providers.

Structure

- The board and management should ensure that those responsible for return-to-work services are provided access to high quality educational, training and continuing professional development programmes in the return-to-work field.
- The board and management should ensure that the training and continuing professional development programmes provided to those responsible for return-to-work services cover all topic areas related to job retention and the return to work and impart the essential knowledge and skills necessary to meet internationally recognized occupational standards.
- The board and management should ensure that educational training and continuing professional development programmes available to those responsible for return-to-work services conform to a recognized international educational standards framework.
- The board and management should ensure that appropriate training and continuing professional development programmes for those responsible for return-to-work services are promoted to all partners and stakeholder organizations, including employers, trade unions and service providers.

Mechanism

- The management should provide incentives to those responsible for providing return-to-work services within the institution, and in partner and stakeholder organizations, to engage in education, training and continuing professional development in the return-to-work field.
- The management should ensure that employees responsible for return-to-work services have adequate opportunities to participate in relevant education and professional development activities, including time for professional development and study, mentoring and access to learning resources.
- The management should ensure that those responsible for return-to-work services who access return-to-work education, training and professional development programmes acquire and regularly update their competence in the return-to-work field.

Guideline 28. Certification of return-to-work professionals

Those responsible for return-to-work services are certified to have achieved, and maintain, internationally recognized levels of professional competence. The same professional standards and certification requirements are promoted to their counterparts in partner and stakeholder organizations.

As the process of ensuring successful job retention and return-to-work outcomes is continuously evolving, those responsible for return-to-work services must achieve and maintain certified professional competence.

Structure

- The board and management should require that those responsible for return-to-work services in the institution apply to take the internationally recognized professional certification examinations once they have completed their training and have some work experience, as defined by internationally accepted professional standards.
- The board and management should require that those responsible for return-to-work services in the institution maintain their international professional certification by complying with all certification maintenance requirements.
- The board and management should promote international professional certification and its maintenance as a requirement for those who provide return-to-work services in its partner and stakeholder organizations, and to service providers and employers.

Mechanism

- The management should require those of its employees responsible for return-to-work services to have internationally recognized professional certification, and communicate this to those responsible for return-to-work services in its partner and stakeholder organizations.
- The management should ensure that its requirement that employees responsible for return-to-work services have professional certification is well documented and understood.
- The management should provide a clear assessment of employees' development needs and work with them to assist them to achieve and maintain internationally recognized professional certification.
- The management should provide those of its employees responsible for return-to-work services the opportunity to take internationally recognized professional certification examinations.
- The management should support those of its employees responsible for return-to-work services so that they can meet the requirement to achieve and maintain professional certification on an ongoing basis.

B.7. Monitoring and Evaluation

Monitoring refers to the process of observing results; evaluation refers to the assessment of progress towards reaching specific objectives. To ensure success, it is necessary to establish a system for ongoing monitoring and evaluation of the return-to-work programme which addresses its structure, processes and outcomes. This includes both qualitative and quantitative analysis of the programme and its processes, and of individual and programme outcomes both inside and outside the social security institution.

Guideline 29. Policy evaluation

A strategy for assessing the impact and effectiveness of the return-to-work programme's structure, policy, processes, and individual and programme outcomes is established in collaboration with partners and stakeholders, including the person concerned.

Structure

- The management should collaborate with internal and external stakeholders to outline specific objectives, timelines and performance indicators for the return-to-work programme.
- The management should ensure that the performance indicators address the programme's organization, funding, infrastructure, network support and administrative processes, as well as policy outcomes.
- The management should ensure the integrity of the systems in place to collect and analyze return-to-work data both inside and outside the institution.
- The management should ensure that the evaluation system has provisions for qualitative and quantitative analysis, as well as for seeking, reviewing and acting on feedback from the person concerned and other stakeholders.
- The management should ensure effective coordination of policy evaluation and cooperation from stakeholders by designating responsibility for that evaluation to qualified professionals such as the return-to-work professional.

Mechanism

- The return-to-work professional should collaborate with other professionals both inside and outside the institution to establish guidelines for evaluating return-to-work policy.
- The evaluation guidelines should establish specific objectives, benchmarks and standards which address the integrity of data to be collected, the validity of evaluation tools, reporting timelines and confidentiality.
- The return-to-work professional should collaborate with other professionals both inside and outside the institution to ensure that the information technology used for the return-to-work programme is compatible among stakeholders.
- The return-to-work professional should implement a process for evaluating the qualifications of and services provided by stakeholders in the return-to-work programme.

Guideline 30. Programme evaluation

There is evidence that the return-to-work programme has the right structure, processes, information and technology, and involves the appropriate professionals and partners, to enable it to respond to changing individual and environmental factors.

Monitoring and evaluation enables the institution to capitalize on opportunities to intervene, reduce risks, increase efficiencies and ensure the person's return to work.

Structure

- The management should work with internal and external stakeholders in the return-to-work programme to agree on a monitoring and evaluation system for its structure, administrative processes, staffing, stakeholders, funding, resources and information management and support systems.
- The management should ensure that the monitoring and evaluation system includes qualitative and quantitative measures and regularly addresses the confidentiality of personal information.
- The management should task appropriate professionals, such as the return-to-work professional, with responsibility for implementing the monitoring and evaluation system.

Mechanism

- The return-to-work professional should collaborate with internal and external stakeholders to develop and document guidelines which encompass their respective roles and responsibilities for monitoring and evaluating implementation of the return-to-work programme.
- The return-to-work professional should establish specific objectives and performance standards for the return-to-work programme which are benchmarked with good practice in other organizations and industry standards.
- The return-to-work professional should coordinate activities and people involved in the evaluation process to ensure the validity of tools used and integrity of information collected.
- The return-to-work professional should use the evaluation results to formulate recommendations for improving the implementation of the return-to-work programme.

Guideline 31. Individual outcomes

The return-to-work programme takes an individual approach that focuses on the needs of the person concerned and monitors the effectiveness of its outcomes on them.

Assessing programme effectiveness requires assessment of individual outcomes, success rates and impact on the person concerned. This in turn requires an initial individual needs assessment, a person-centred action plan with performance indicators and a final assessment of the outcome(s) for the person concerned.

Structure

- The management should ensure that an evaluation system is in place to assess individual outcomes, including objective (quantitative) results and subjective (qualitative) outcomes.
- The management should ensure that the person concerned has the opportunity to evaluate the return-to-work process and its impact upon them.
- The management should ensure that evaluation results are shared with the person concerned, their employer, trade union and other appropriate stakeholders, in compliance with confidentiality requirements.
- The management should ensure that recommendations arising from the evaluation are applied to improve the outcome(s) for the person concerned.
- The management should delegate implementation of the evaluation system to the return-to-work professional.

Mechanism

- The return-to-work professional should develop evaluation tools which are validated for seeking feedback from the person concerned and measuring the success rate of the return-to-work programme.
- The return-to-work professional should collaborate with internal and external stakeholders to ensure the integrity of data collected.
- The return-to-work professional should use the feedback from the person concerned to formulate recommendations to improve individual outcomes and increase the success rate of the programme.

Guideline 32. Formal audit

The return-to-work programme is independently audited using an accredited audit tool that provides ratings and recommendations for improvement. Independent auditing is financially supported as it brings value to the return-to-work programme.

Structure

- The management should collaborate with internal and external stakeholders to agree on an audit strategy which makes clear the purpose of the audit, the criteria for selecting the audit tool and auditor, timelines and the stakeholders to be involved in the process.
- The management should delegate coordination of the audit, information to be reviewed, and surveys and interviews to appropriate professionals, such as the return-to-work professional.

Mechanism

- The return-to-work professional should form an audit committee made up of appropriate stakeholders, to select an audit tool specially designed for a return-to-work programme (e.g. Consensus Based Disability Management Audit (CBDMA)) and engage an accredited return-to-work programme auditor.
- The audit committee should coordinate all information and materials, and schedule survey and interview appointments for the auditor.
- The audit committee should be available on the scheduled dates for the audit to assist the auditor as necessary.
- The management and the return-to-work professional should share the audit report with policy-makers, employee representatives and other stakeholders.

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