

QBE INSURANCE ISSUES FORUM

MAY 2007



REHABILITATION AND ACTIVE CASE MANAGEMENT OF MSDS

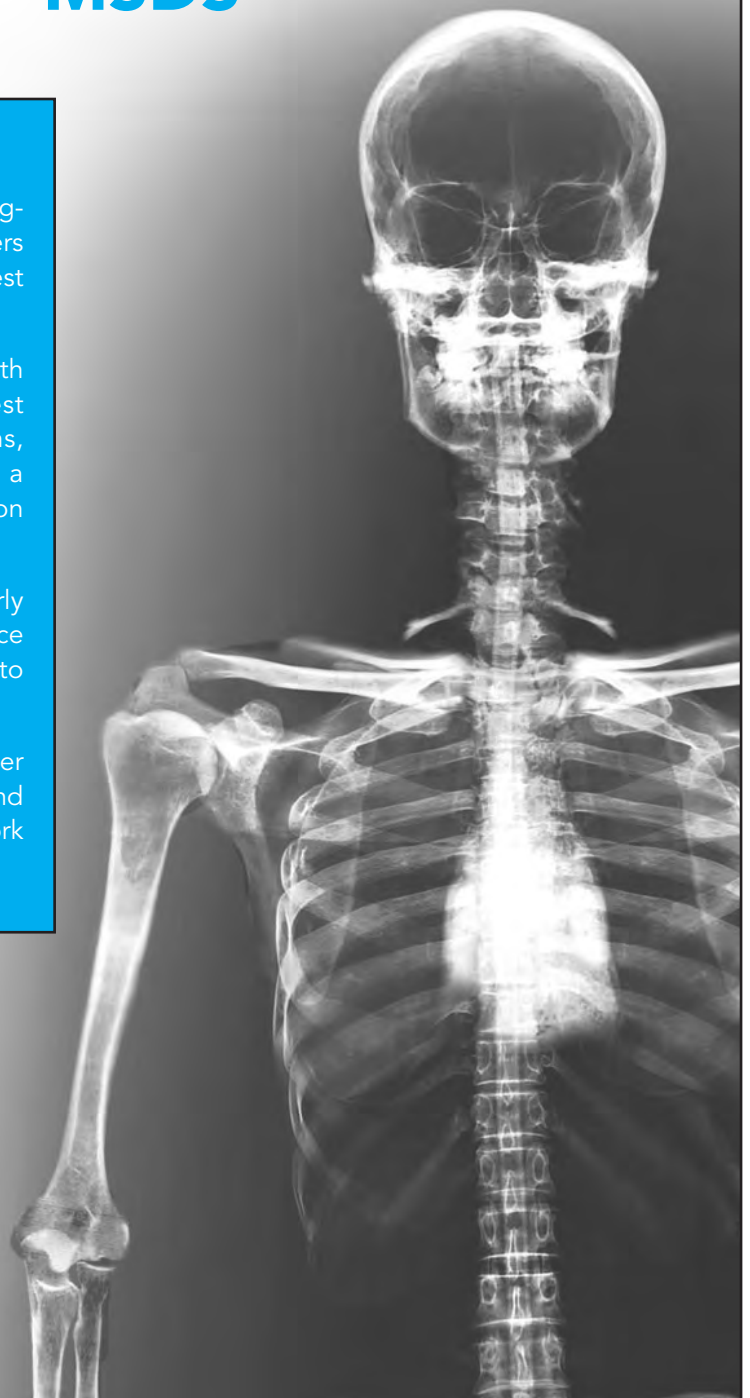
OVERVIEW

Recent research from the HSE (1) confirms QBE's long-held view that the burden of musculoskeletal disorders (MSDs) to employers is significant, with the highest cost relating to time lost from work.

It is no coincidence that financial losses associated with extended lost time often make up the largest component of high-value personal injury claims, offering a component of the business case and a logical rationale for promoting proactive rehabilitation and absence management.

We acknowledge the vital importance of ensuring early and appropriate intervention for those who experience MSDs, particularly where this has the potential to escalate into extended absence.

In meeting this objective, the role of the case manager is pivotal in liaising between affected individuals and the organisation to facilitate a successful return to work – a point echoed within the HSE report.



PRO ACTIVE CASE MANAGEMENT

Employers are increasingly recognising the business case for pro-active risk management strategies to protect the health and wellbeing of their biggest asset – their employees. Those seeking to implement a successful programme/system of case management need to consider the framework for the successful operation of such a programme, recognising the need for senior management commitment and liaison between relevant functions such as HR, H&S and front line management. This also requires defined roles, ownership and competencies throughout the management tiers.

Active case management is described as the goal-orientated approach to achieving specific work retention and return to work outcomes, where the case manager facilitates and integrates clinical and occupational management with the needs of the individual to ensure an appropriate and timely return to work.

An early return to work can be achieved by dispelling some of the myths surrounding the subject, for example:

- The employee should be 100% fit before returning
- Returning to work increases the risk of re-injury
- It is the healthcare provider's responsibility, not the employer's, to get the employee back to work
- A returning employee should be given 'light duties'
- A GP's sick note means an employee cannot work
- Those with pain want to stay off work as long as possible
- The employer should not contact an individual who is absent.

Many of the factors influencing the adoption of cost effective case management and rehabilitation approaches rest with employers and their financiers/commissioners of healthcare. It is often easier to integrate these practices into large and medium-sized workplaces, but the same principles apply equally to small businesses.

THE ROLE OF THE CASE MANAGER

Key components of successful and cost-effective case management include:

- One case manager assigned to each employee
- The case manager facilitates sustainable return to work by recognising and addressing any personal and occupational obstacles. In this context, the 'independence' of the case manager to the organisation and their ability to mediate can be advantageous where the employee for example, 'blames' their employer for their injury or illness.
- The case manager interfaces with healthcare services
- The case manager monitors all aspects of treatment – appropriateness, timeliness, adherence, outcome and cost
- The case manager liaises directly with the employer and negotiates transitional work arrangements, for example, with the line manager or OH Advisor.

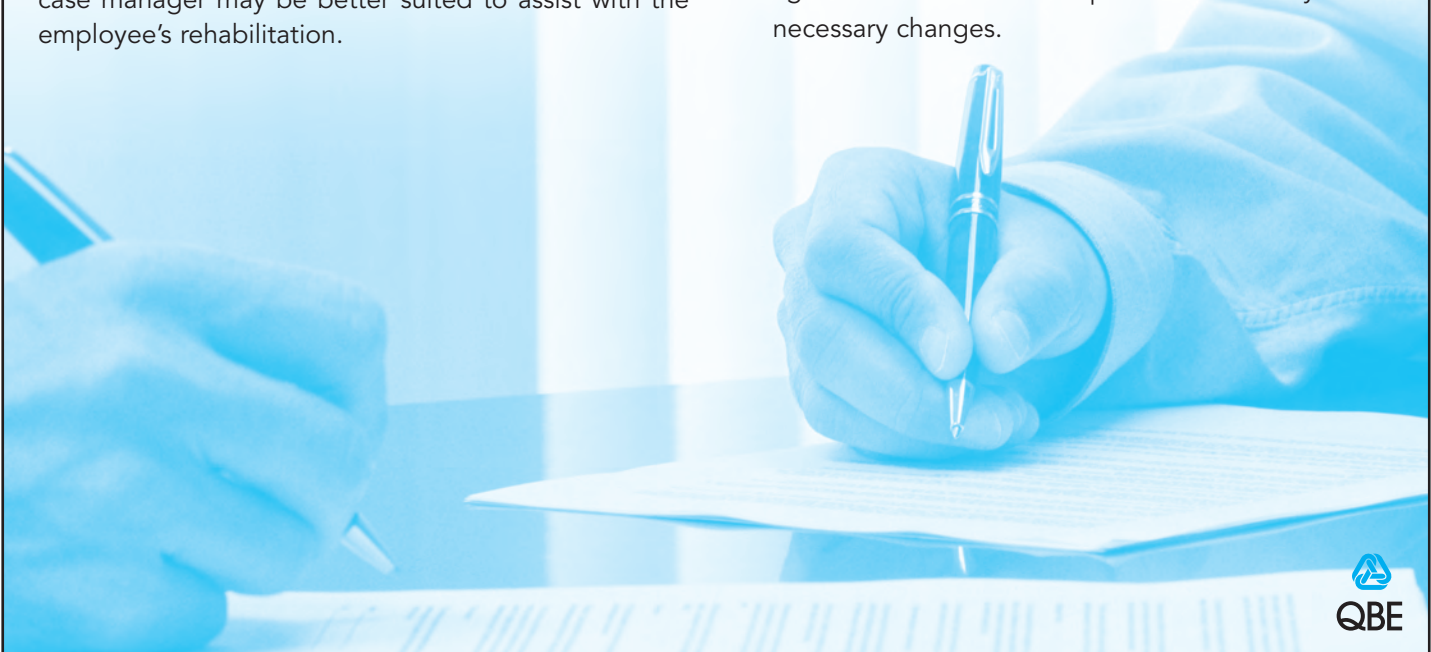
The role of the case manager may be taken by an occupational health professional or the employer. In simple cases the employer may be able to manage the case effectively, though for more complex cases which are typically of longer duration, an experienced injury case manager may be better suited to assist with the employee's rehabilitation.

It is also apparent that key individuals should have defined roles and objectives. Consequently, the employer needs to set out who does what, when and why? In brief, this should address:

- Identify the key personnel who will be involved
- Clarify their roles and responsibilities
- Communicate clearly with all concerned
- Provide early access to advice for those that experience MSD's
- Ensure appropriate treatment is identified and provided
- Assess whether changes to the work-place are required.

If a member of staff is absent from work, employers should:

- Keep in contact
- Agree goals for a return-to-work plan
- Address obstacles that may delay the employee's return to work
- Ensure that rehabilitation is focussed on work tasks
- Monitor and review the employee's progress against the return to work plan and make any necessary changes.



CONCLUSION

QBE has, for many years, championed rehabilitation and absence management. Working alongside our clients and their Occupational Health providers, we offer a dovetailed Injury Management support service; ensuring early intervention for injured employees is secured with the express purpose of promoting a timely return to work.

Additionally, we provide access to highly skilled and experienced case managers who can work alongside, and enhance, our clients' in-house functions by supporting Occupational Health staff in returning employees to the workplace.

FURTHER INFORMATION

(1) HSE Research Report 493 (RR493) – 'The costs and benefits of active case management and rehabilitation for musculoskeletal disorders'.

This guidance has been incorporated into a model of best practice for use by UK organisations. In addition, the report provides employers with guidance on the elements that ought to be included within a policy for managing MSDs.

For further information, visit: <http://www.hse.gov.uk/RESEARCH/rrhtm/rr493.htm>

For further advice or guidance on how we can support your initiatives to improve Rehabilitation, Case Management or Absence Management, please contact a member of the QBE Rehabilitation or Liability Risk Management Teams, or other regular QBE contact.

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