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Official Publication of Disability Management Employer Coalition

Integrated Absence Management

Inside This Issue:

- Employer Size Impacts FMLA and STD Experience
- Cosourcing for Flexibility



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@work

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Regional Compliance Update Webinars

Increasingly, new employment laws are passed at the state, county, and municipal levels. To address this fragmented patchwork of leave laws, we will host four regional sessions in October that focus on legislative updates, circuit court rulings, and major changes to workers' compensation laws in the West, Midwest, Northeast, and South. Sign up today at www.dmec.org/calendar.

New Resource!



Terri L. Rhodes

CCMP, CLMS, CPDM, MBA
President and CEO, DMEC

Knowing the Numbers

With the theme of integrated absence management (IAM), it's no accident that data is at the heart of nearly all the feature and spotlight articles in this issue of *@Work* magazine. The demands of managing a successful, integrated program mean monitoring program effectiveness, making adjustments along the way, and producing results. If you are responsible for an employer IAM program, or provide services to an employer, you know that data is the bonding agent.

Controlling absence has become a priority on many management agendas in recent years. Like many workforce initiatives, the ability to manage absence effectively is enhanced by accurate, timely, and accessible data.

Companies of all sizes have been using data analytics to seek out improvements, reduce costs, create efficiencies, make better and faster decisions, and ultimately

increase employee productivity and satisfaction. The use of data analytics has the ability to drive fundamental change; however, it needs to be infused in an organization's architecture from end to end to create a holistic approach.

As IAM professionals, you use and analyze data to help you develop a benefits platform strategy and create or modify existing programs. And you're aware that if there is a "secret sauce" to absence management, it's knowing what numbers to watch. Is it days away from work, including lost productivity, overtime expense, turnover rates, or something else? It may, in fact, be different for each company. You need to find out what numbers are meaningful to your CEO and CFO and report on those numbers.

When you understand "the numbers," you can identify the important issues impacting your workforce. Only then can you shape your absence and well-being strategies effectively. This could mean training to minimize musculoskeletal problems, a new elder care program, or resources for line managers to identify stress or mental health concerns. Flexible work and rethinking absence policies can also be options.

In addition to knowing your numbers, here are a few strategies to help you manage your programs.

- Look for patterns in the data, including higher levels of absence in a particular department or spikes in certain types of absence. Sometimes these patterns can mean you have a supervisor problem or work process issue.
- Investigate instances where an employee has higher absence rates as this could be caused by illness or personal issues, which may require support.
- While data can bring your absence program and strategy to life, its value is very much dependent on the culture of your organization. Create an open, supportive culture that enables employees to be honest about the reason they need time off.

And lastly, plan to join us at the 2018 DMEC Annual Conference, Aug. 6-9, in Austin, TX. We have a full day of preconference workshops focused on benchmarking and data analytics to help you manage your programs.

Terri L. Rhodes
DMEC CEO

"You need to find out what numbers are meaningful to your CEO and CFO and report on those numbers."

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Compliance Memos

CM #12 Paid Sick Leave Laws Advancing in More States in 2018

This year is the most active yet for implementation of state paid sick leave (PSL) laws, including: Washington (January), Maryland (February), Rhode Island (July), and New Jersey (Oct. 29). That brings the total number of states with PSL laws to 10, including: Arizona, Connecticut, California, Massachusetts, Oregon, and Vermont. With PSL laws already introduced in at least 14 state legislatures, 2019 might be even more active.

New Jersey's new law will eliminate 13 municipal PSL laws when it takes effect, which will reduce compliance complexity in that state. Municipal and county PSL laws can be complex

and contentious. In May, a Minnesota court ruled that the PSL law of Minneapolis governs only employers physically located in the city; other employers are unaffected, even if some of their employees work in the city. In April, the city of Austin went to court to defend its new PSL law, which is accused of violating Texas minimum wage laws by compelling employers to pay more than minimum wage. Pittsburgh's PSL law is being litigated on the basis that it exceeds the authority granted localities in Pennsylvania. For more PSL updates, visit <http://dmec.org/resources/legislative-updates/>.

CM #13 Equal Pay Gains Momentum with 9th Circuit Ruling

Can employers use salary history as a basis for determining pay levels? Legal precedents are in flux on this question, but increasingly the answer is “no.” On April 9, the full 11-judge panel of the 9th Circuit Court of Appeals overturned its 2017 three-judge ruling against plaintiff Aileen Rizo. In *Rizo v. Yovino*, the court found that the federal Equal Pay Act (EPA) does not allow wage history, by itself or combined with other factors, to justify a wage differential between male and female employees. This ruling is law in Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, and Washington.

This ruling conflicts with 7th and 8th Circuit rulings that wage disparities based on wage history do not violate the EPA. The 10th and 11th Circuits hold that wage history by itself is not a justification, but may be used in combination with other factors. These conflicts raise the possibility of a Supreme Court ruling. In the meantime, employers must follow the precedent of the Circuit(s) where they operate. State and local equal pay laws also apply in: California, Delaware, New Jersey, New York, Oregon, and Washington, plus the cities of Boston, New Orleans, New York, Philadelphia, Pittsburgh, and San Francisco.

CM #14 Washington State Paid Family & Medical Leave Regulations

Another state legislative movement for employers to watch is paid family and medical leave (FML). Washington state passed a paid FML program that begins accumulating payroll deductions on Jan. 1, 2019, with benefits paid beginning Jan. 1, 2020. Similar programs are already paying benefits in California, New Jersey, New York, and Rhode Island, and the District of Columbia begins paying benefits on July 1, 2020. On May 29 Washington published the first of four sets of administrative rules for the program. All employees

will pay premiums for the program, and all employers with an average of 50 or more employees in the prior fiscal year (ending June 30) will pay premiums quarterly. Under the “localization” provisions (WAC 192-510-070) a small number of employers located outside the state may be required to pay premiums for their employees located in Washington or providing services mostly in the state. To learn more, visit <https://esd.wa.gov/paid-family-medical-leave>.



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Navigating life together

By
Eric Lake
North America
Sales Executive
ClaimVantage

Impact of Employer Size on Absence and Disability

Employers are increasingly concerned about Family and Medical Leave Act (FMLA) and short-term disability (STD) absences, in part because their indirect costs are higher than their direct costs.¹ The major components of the indirect costs reflect lost productivity in the workplace.

Most research into absence and disability incidence, duration, and cost has examined such factors as industry, employer abilities in leave management, and STD plan design.

ClaimVantage has analyzed data for another area not commonly examined: how the cost and impact of FMLA and STD

After analyzing the most recent data and studies by these industry-leading sources, we found significant differences in STD and FMLA incidence, duration, and cost based on employer size. Generally, larger employers face higher costs, incidence, and duration per employee than do smaller employers. This also holds true in some specific industries such as healthcare, insurance, food, and chemical manufacturing.

Our findings suggest that while it is useful for employers to benchmark themselves to their peers in similar industries, it is also useful to compare their FMLA and STD experience to non-peer employers of similar size. Employer size correlates with several factors that may

"STD absences among larger employers last longer and are more expensive.... Larger employers tend to have better benefit packages. Better STD benefits permit employees to stay off work longer."

absences vary with employer size or the number of eligible employees.

Comparisons between different-sized employers are based on average or median figures, depending on the data provided by the source. Our sources include:

- DMEC²
- Integrated Benefits Institute (IBI)³
- Mercer⁴
- Employer Measures of Productivity, Absence and Quality (EMPAQ)⁵

affect benefit utilization and cost, such as: "richness" of STD and other income replacement benefits, employee awareness of and access to benefits, employer self-insurance, and collective bargaining units representing employees.

Employer Size and FMLA

Our analysis revealed that the size threshold for 20,000 lives demonstrates noticeable differences in employer experience both for the FMLA and for STD. Generally, FMLA and STD incidence, duration, and cost increased as the

employer size grew.

We chose the 20,000 threshold because (especially with the FMLA) the number of leaves or claims was similar above and below the threshold, although the number of employers in each category differed greatly. This was useful for data comparability in our first presentation of a surprising new trend.

We plan to do further analysis of the impact of employer size on STD and FMLA experience for particular industries, and for multiple employer size thresholds. Based on our initial work, particular industries may have size ranges that could be described as high-impact zones, rather than a simple straight-line trend. It would be a mistake to assume, based on this initial analysis, that only employers with 20,000 or more employees are significantly affected by the impact of employer size on STD and FMLA experience.

time as the FMLA. Larger employers tend to have more and richer income-replacement plans. Larger employers also tend to have formalized employee communication strategies that enhance employees' understanding of what benefits are available to them.

Intermittent leave is a significant cost driver in some industries. This is especially true in environments with challenging working conditions, low wages, round-the-clock operations, and other stressors. What role does size play in leave incidence?

- The likelihood of representation by collective bargaining units increases with increasing employer size. Employees in bargaining units are often more aware of their time-off benefits, and more likely to fully utilize available sick, disability, and leave benefits.
- Larger employers also have bigger and more sophisticated human

resources (HR) departments, deeper employee benefit plans, and more options for paid and protected absence.

haps their more sophisticated HR plus more accurate reporting also contribute to the difference; smaller employers may not document all leaves.

We believe the most likely explanation for these findings is that, since the incidence of concurrent leaves among the larger employers is also higher (but under 20% difference threshold), this issue is partially a result of employees at larger employers being more likely to take FMLA leave along with an income replacement program such as STD. Employees taking FMLA leave without income are more likely to return to work sooner.

Strategies for Managing FMLA

It is important to note that these recommended strategies apply to employers of all sizes, but our analysis indicates that the incidence and duration of FMLA leave have a bigger impact on larger employers.

1. *Know your numbers.* If your program is insourced, use software that provides the kind of data from which decisions can be made. If you outsource or co-source FMLA administration, ensure that your administrator can provide meaningful data and analytics and can interpret them for you.

2. *Review labor relations.* Larger employers that have collective bargaining should ensure that members receive accurate advice about the FMLA from their bargaining unit. If needed, provide union stewards with FMLA data reports to ensure they understand the impact of FMLA absences on their work groups and on the company as a whole. Although bargaining units tend to support benefit use, excessive leave use may be viewed as abuse by coworkers.

3. *Focus on benefit communications.* Review benefit booklets and communications to ensure that messaging to employees is not encouraging the use

Figure 1: Employer Size and FMLA Experience

FMLA Metrics	Over 20,000 Median	Under 20,000 Median	Difference
• Concurrent leaves per 100 eligible employees	5.6 85 employers 525,413 leaves	4.0 1,601 employers 667,291 leaves	40%
• Intermittent leaves per 100 eligible employees	2.4 83 employers 524,388 leaves	1.7 1,600 employers 665,389 leaves	41%
• Denied leave requests per 100 eligible employees	2.0 85 employers 126,953 leaves	1.6 1,431 employers 118,220 leaves	25%
• Lost workdays per leave	16.0 340 employers 624,622 leaves	13.0 1,568 employers 563,862 leaves	23%
• Lost workdays per intermittent leave	6.0 297 employers 159,602 leaves	4.0 1,395 employers 142,538 leaves	50%

FMLA Leave Incidence

The median incidence of both concurrent and intermittent leaves is 40% and 41%, respectively, higher for employers with more than 20,000 employees than for employers with fewer. Concurrent leaves are usually those in which an income replacement plan (such as sick leave or STD) is being used by an employee at the same

resource (HR) departments, deeper employee benefit plans, and more options for paid and protected absence.

FMLA Lost Workdays

Lost workdays/leave is 23% higher for employers with more than 20,000 employees than below this threshold. Lost workdays per intermittent leave is 50% higher for larger employers. Per-

of FMLA leave except for legally permitted reasons.

4. *Centralize FMLA administration.*

This applies to all large employers whether the FMLA is outsourced or managed internally (often aided by enterprise software). Only one group or person should have ultimate responsibility for FMLA decisions or relations with the vendor.

5. *Document processes clearly and consistently.* Large employers risk misunderstandings unless all FMLA processes are clearly documented and consistent across all units of the organization.

6. *Make training a priority.* Training supervisors and managers to recognize FMLA and Americans with Disabilities Act (ADA) requests is difficult or extremely difficult for 51% of employers with more than 20,000 lives and 60% of employers with between 5,000 and 19,999.⁶ Employers should provide brief but proven effective FMLA/ADA training programs for managers and supervisors. Recognizing the importance of this area, DMEC is developing new resources to help employers train supervisors and managers on the FMLA and the ADA. Some vendors also provide training resources.

STD Claim Incidence

When measuring new claims per 100 covered lives (CL), we see that the employers over the 20,000 threshold have 26% higher claim incidence. If we remove pregnancies from this mea-



surement, the difference increases to 30%. This is a significant cost differential to include in the pricing for an STD plan, and a higher STD incidence may drive a higher long-term disability incidence as well, notes Brian Kost, Senior Director of Workplace Possibilities at The Standard Insurance Company.

Most larger employers have self-insured STD, whereas fully insured STD is more common among smaller employers. Larger employers can provide more direction to their STD administrators and should do so more often.

STD Cost and Durations

Again, we find that the over-20,000 life group has worse experience with STD:

- Median payments per closed claim are 21% higher, and average payments per closed claim are 29% higher.
- Median claims reaching maximum benefit duration are 40% higher.
- Calendar year lost workdays per 100 covered lives are 27% higher.

The above data speak to the fact that STD absences among larger employers last longer and are more expensive than those for smaller employers. We propose some reasons for this:

- Larger employers tend to have better benefit packages. Better STD benefits permit employees to stay off work longer.
- An STD benefit is usually a percentage of the employee’s salary, and larger employers have historically tended to have higher salaries.⁷

Strategies for Managing STD

Administration of STD plans is outsourced or cosourced by 61% of employers.⁸ In both insured and self-insured plans, the cost and impact of STD are felt very strongly. But when we turn our focus once again to employer size, we need to emphasize that employers of all sizes should consider these recommended strategies, even though claim cost, duration, and incidence affect larger employers to a greater degree.

1. *Know your numbers.* This important strategy for FMLA management (above), is also important for STD management.

2. *If you have an on-site clinic, use it for STD and other non-occupational absences.* EMPAQ found that employers with onsite clinics had fewer than five lost workdays per employee compared to 20 lost workdays per employee

Figure 2: Employer Size and STD Experience

STD Metrics	Over 20,000	Under 20,000	Difference
• Median new claims per 100 covered lives	5.4 151 employers 637,424 claims	4.3 13,268 employers 804,443 claims	26%
• Median new claims per 100 covered lives, pregnancy excluded	4.3 149 employers 637,238 claims	3.3 11,636 employers 801,156 claims	30%
• Payments per closed claim	\$2,981 134 employers 347,933 claims	\$2,458 12,318 employers 499,967 claims	21%
• Calendar year lost calendar days per 100 covered lives	323.3 148 employers 593,517 claims	253.8 13,194 employers 781,587 claims	27%




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for those without an onsite clinic (or with minimal access to the clinic).⁹

3. *Develop an RTW program that starts in STD.* Based on best practices findings of DMEC, EMPAQ, and Mercer, this program should include:

- Early intervention
- Fixed point of responsibility
- Stay-at-work capabilities¹⁰
- Outcomes reporting
- ADA capabilities
- Transitional work
- Ergonomics

If you work with a carrier, ensure that its RTW program has all of these features. If you manage STD internally, create or enhance your RTW program as above. If you already have an RTW program for workers' compensation, negotiate with your risk department to expand it to STD.

Size Differences in Specific Industries

This analysis has provided a few of

the findings available for the differences in FMLA and STD by employer size. More analysis is needed, especially in the ways that employer size affects STD and FMLA experience inside specific industries. Figure 3 provides some powerful examples of this for STD.

Conclusion

Managing FMLA and STD has always been a challenge. Studies over the last decade have further demon-

strated that STD has large direct costs, and both STD and FMLA absences have even larger indirect costs (such as overtime, replacement staffing, training, and lower customer service). Now we see that employers over the 20,000-employee threshold are experiencing these costs and impacts at higher rates than employers below the threshold, based on data from outsourced programs.

Employer Size continued on p. 26

Figure 3: Specific Industries – Employer Size and STD Costs³

Industry and SIC Code	Over 20,000 Average Payment per Closed Claim	Under 20,000 Average Payment per Closed Claim	Difference
• Hospitals (SIC #806)	\$4,420 17 employers 46,994 claims	\$3,414 433 employers 57,680 claims	29%
• Food/Kindred Products (SIC #20)	\$5,106 2 employers 6,444 claims	\$3,371 224 employers 15,800 claims	51%
• Insurance Carriers (SIC #63)	\$8,062 5 employers 7,161 claims	\$5,042 184 employers 14,222 claims	60%
• Chemical Manufacturers (SIC #28)	\$9,552 4 employers 5,933 claims	\$6,698 227 employers 10,673 claims	43%

Cosourcing: *The Right Vendor Partnership Increases Employer Flexibility*

Employers often face a leave management conflict when considering outsourcing: the complexities make outsourcing attractive, but employers can't outsource legal responsibility for decisions affecting their workforce.

"Cosourcing" is a third option that may provide the right balance for some employers.

The complexity of leave management is always increasing, with states and municipalities passing new leave laws, and federal agencies pushing to expand their enforcement scope.

"Twenty-five years ago, leaves were simple. Now this is one of the most complex things we do in human resources," said Michael

Vittoria, Director of Benefits at Lifespan, Rhode Island's largest healthcare system.

They pay vendors to perform functions such as legal review, notification, medical certification, and leave tracking. Yet they retain or reclaim functions where an employer's superior knowledge of operations and local conditions may yield a better decision. That is one of the core concepts behind cosourcing.

Taking It Back: Lifespan

How can you tell when a particular function in your leave management program has reached a tipping point and you should move it back to internal management?

For Vittoria, the big clue came in reviewing leave management outcomes. "Too many leaves were approved as Americans with Disabilities Act (ADA) accommodations," he said. When

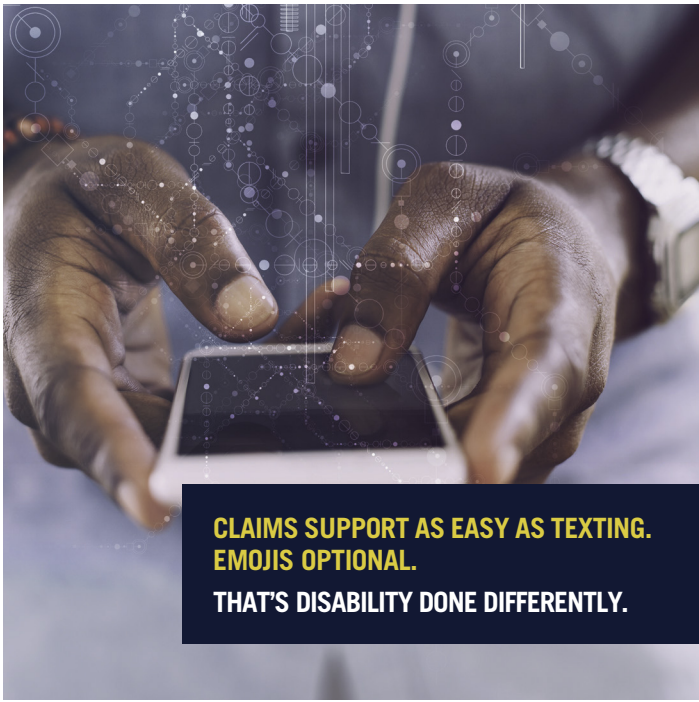


"Accommodations and early return to work (RTW) are areas where employers may be able to achieve better outcomes through an insourced or cosourced program."

Outsourcing to a vendor can solve many administrative challenges, but employers continue to bear legal responsibility for compliance. To balance these concerns, self-insured employers especially may seek a more flexible partnership with an outsourced vendor called "cosourcing."

Lifespan brought ADA accommodations in-house, the number of ADA leaves dropped by more than half.

An employer has a deeper knowledge of its operations and may be able to capture temporary opportunities for work reassignments. Lacking this knowledge, a vendor may be unable to rebut a medical provider's certifica-



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tion that additional leave is necessary. An employer is not required to provide an employee's preferred accommodation; it can select another approach that accommodates the employee and is a better match for the employer's needs. Lifespan had more leverage on accommodations than the vendor did and achieved better outcomes.

Advantages of Outsourcing and Cosourcing

Accommodations and early return to work (RTW) are areas where employers may be able to achieve better outcomes through an insourced or cosourced program, said consultant Skip Simonds.

For many leaves, however, the specialized administrative skills and legal knowledge of a vendor are the core competency. As a result, across the entire scope of disability and leaves, outsourcing frequently produces lower total cost per leave, he noted. While a vendor's more distant relationship with its client's employees may have disadvantages for accommodations and early RTW, he said, it may have advantages in the vendor's ability to adhere to protocol and consistently approve or deny claims based on established criteria.

Vendor Give-and-Take

In a cosourcing relationship with a vendor, an employer has more latitude to modify the way functions are performed, or which party performs them.

In addition to taking ADA accommodations in-house, Lifespan also asked its third-party administrator (TPA) to begin managing its state leaves. Their per-employee fee to the TPA has increased and decreased over the course of the relationship as functions were reassigned in either direction.

In some cases, employers plan a cosourcing relationship with its vendor from the start, with the goal of keeping some functions in-house, such as ADA accommodations.

In other cases, employers may seek to modify a simple outsourcing relationship into cosourcing due to dissatisfaction with one or more outcomes or metrics. But along with more control, an employer also assumes more responsibility in cosourcing. The employer may encounter surprises when attempting to design its internal workflow for a function that it wants to share with its vendor. "Do you really know your organization as well as you think you do?" asked Vittoria.

For example, the employer may want its line managers to play a role in leave intake or follow-up, giving the employer more control at key junctures in a claim. What if the organization's priorities don't allow managers enough

bandwidth to perform this role? Is it sufficient to fine-tune and simplify the manager role, automating some tasks? Or will enough managers push back against the new role that the organization has to pull this item off their plate — and if so, what alternatives does the organization have?

The terms of the vendor contract may allow give-and-take to modify functions performed by the vendor and employer, or they may not. Lifespan self-insures its short-term disability (STD) and works with a TPA for leave management administration, including the Family and Medical Leave Act (FMLA) and leaves under other state and federal laws. Lifespan has been able to modify the functions performed by its TPA and has worked with this TPA for about three years.

Starting Over: SCL Health

ADA programs are also an important focus in cosourcing for SCL Health. In both their prior and current contracts, a disability insurance carrier tracks ADA accommodations with or without leaves, while SCL Health manages the interactive process and makes all accommodation decisions. Their newest vendor also tracks transitional RTW with restrictions, a valuable addition for SCL Health.

“The HR business partners in leadership wanted more collaboration over that whole process,” notes Michele Bolach, Director, Associate Occupational Health. The interactive and accommodation processes are mediated from end to end by Connie McCray, CPDM, Disability Case Manager. McCray works with the employee, the manager, human resources (HR), legal, healthcare providers, and all other process stakeholders.

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truly wants you to have a conversation with the employee,” said Bolach. Managing the process in-house increases their confidence that they are meeting the EEOC’s standard for interaction.

SCL Health did not have the flexibility or services it wanted in its prior contract. When that contract ended, they wanted a new vendor, so they put

ADA tracking, record-keeping, and communication infrastructure. They expected this support to streamline ADA administration so their in-house interactive process could be timely and well-documented.

Some of their other RFP goals were:

- Simplified notifications sent to associates, managers, and other stakeholders

“Some employers want... the specialized skills of an outsourced business partner, along with more flexibility and control in key areas. Cosourcing can provide that.”

out a request for proposal (RFP). The prior carrier provided leave management administration, including STD, long-term disability (LTD), FMLA, and ADA tracking (SCL Health self-insured STD, and the carrier covered LTD).

SCL Health was looking at the same scope and configuration, but with several service enhancements. Although they wanted to retain control over the ADA accommodation process, they wanted an active partner providing

- Ability for SCL Health to customize telephone scripts (especially intake)
- More touch points with associates throughout the claim to explain next steps and the roles of key players in the process
- Assistance with the RTW process
- Payroll integration with vendors reports
- Access to view medical documentation received by the vendor to help SCL

Cosourcing continued on p. 26

A close-up portrait of a woman with long, dark, wavy hair. She has a neutral, somewhat somber expression. On her forehead, there is a rectangular stamp with the word "DEPRESSION" in a bold, sans-serif font. The background is a soft, out-of-focus light grey.

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14 Questions to Help You Find the Right Absence Management Partner

By
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Practice Leader
ESIS Integrated Disability Management

A decade ago, there were approximately 50 laws pertaining to the Family and Medical Leave Act (FMLA). Today, there are more than 450. Those same 10 years saw the fines and penalties for non-compliance with the Americans with Disabilities Act (ADA) increase significantly. Today, a mismanaged case involving wrongful termination related to an FMLA absence can cost in excess of \$500,000.¹ The costs for an entire organization can run into millions of dollars. During that same time, employers also began to quantify the impact of absence. In one study, the direct and indirect costs of absence averaged 8.1% of payroll.²

In response, employers began outsourcing absence management to leverage the expertise and technology that vendor partners offer and create more effective absence management solutions. But not all vendors offer the same array or quality of services, and the rapid changes in absence management and compliance have created challenges for all vendors as well as employers.

To select a partner to provide the absence management solution that is right for your company, look for:

- A single-source solution
- Specific expertise in leave management and compliance

- Sophisticated technology and data integration
- Help managing a stay-at-work/return-to-work (SAW/RTW) solution
- Customization

Single-Source Solution

Today, it doesn't matter why employees are absent — FMLA, ADA, short-term disability (STD), long-term disability (LTD), or workers' compensation (WC). What matters is being able to track and manage all absences across the entire company to reduce overall impact and cost.

A true single-source solution includes more than STD, FMLA, and ADA. Granted, having one vendor manage those leaves is likely to be more efficient, produce better results, and deliver a better employees experience. But if your solution does not include WC claims, you have a less-than-complete view of absence across your organization — and it may impact your absence management outcomes.

Consider a scenario in which multiple vendors are used: An employee reports a WC claim to the company managing those claims. If a different vendor manages FMLA, a second report must be made. If the report is not made and the leaves are not coordinated, they will not run concurrently.

If the injury triggers FMLA leave, the employer must notify the employee of

their rights and responsibilities within five days of receiving notice of the injury. If an injury is reported on Tuesday and the employer and FMLA vendor receive a weekly report of WC claims on Mondays, then by the time they read the report, they are non-compliant.

If the WC claim is denied, the employee may be eligible for STD. But that employee could fall into a black hole if the STD vendor doesn't also receive a claim report. That can lead to delays in claim payments to the employee, dissatisfaction, lower morale, and increased litigation. Having one vendor manage intake for all leaves, if not the leaves themselves, can prevent that problem.

Employers also need to budget for the overtime, replacement workers, and decreases in productivity that can be triggered by employee absence. If WC absences are not included in the data, the solution — and the budget — may fall short of what is needed.

Ask your absence management partner:

1. Can your reporting platform handle all types of absence?
2. Do you integrate information on various types of absence through technology, or does your solution require manual communication between multiple parties?

Specific Expertise

In addition to the high volume of regulations governing absence, employ-

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ers also must contend with differences between federal and various state regulations. Tracking new regulations or changes to current regulations, understanding their impact, and ensuring compliance are an essential service your absence management partner must deliver.

Ask your absence management partner:

3. How do you track changes in leave regulations on the state and federal levels?
4. What experience does your team have in interpreting these regulations?
5. How do you incorporate these changes into your solution to ensure that your clients remain compliant?

Sophisticated Technology and Data Integration

In a recent survey,³ employers indicated that managing intermittent FMLA poses significant challenges, including simply knowing when employees take intermittent FMLA. An effective solution must make it easy to request or report leaves through multiple channels, including telephone, online, and via mobile technology.

From there, a reporting system that is jurisdictionally compliant and accepts employee demographic data will enable cases managers to immediately verify employee status and eli-

gibility for various leaves based on regulations and company policy. The system should track leaves by the minute, not just the day or even the hour. An employee may take an entire day or just 45 minutes for a doctor's appointment. If your system can't track to the minute, your tracking will be inaccurate, and employees may file complaints or be forced to take more time than is needed, resulting in greater degrees of absence.

When all your data is collected, it must be analyzed to give you the big picture. Identifying patterns across your organization (e.g., by location, position, shift, and day of the week) allows you to proactively manage the absence drivers — but only if your data is readily available in easily accessed reports.

To make your absence management program even stronger, consider incorporating workers' compensation absence into the reporting/tracking component. Including absence associated with occupational disability gives you a more complete view of absence across your organization and facilitates better understanding of and planning for absence.

Ask your absence management partner:

6. How and how quickly does your system determine an employee's eligibility for leave?
7. How do you track leave requests and time taken (by minutes, hours, or days)?
8. How do you integrate data, and what reporting options do you offer?

SAW/RTW Solutions

Getting employees back to work as soon as possible helps reduce the cost of absence. A sound SAW/RTW program will help injured workers return to work faster, often to a light-duty job as they complete their recovery. With appropriate accommodations, some injured workers do not need to miss any time from work. Those accommodations, however, must be ADA-compliant. A case management team should be able to provide expert guidance on how to follow — and document — the required interactive process and the accommodation itself to help ensure ADA compliance.

Case managers can also manage communications with the treating physician. When all parties understand the light-duty options available, the provider can assess fitness for duty and release the employee to return to work.

Ask your absence management partner:

9. What assistance do you offer with SAW and RTW solutions?
10. Does your team include case managers with RTW experience?
11. Can your team provide guidance in developing ADA-compliant accommodations?

Program Showcase continued on p. 22



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Impact of Employer Size on STD Claims for Mental and Musculoskeletal Conditions

By
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Consultant
ClaimVantage

To more deeply explore the analysis around employer size provided in the feature article in this issue of *@Work*, we investigated mental health (MH) and musculoskeletal (MSK) condition claims to further understand the impact of employer size.

Using a data set with both insured and self-insured STD plans that are outsourced to a carrier or administrator,¹ we examined these conditions in STD because, among all employers, MSK and MH conditions both rank in the top four for payments per closed claim and percent of closed claims (a proxy for incidence). In addition, MSK medical insurance claims have had the second-highest spending growth between 2000-2013.²

Figure 1 shows the differences between the larger employer and the smaller employer groups. We chose the 20,000 threshold because the number of claims was similar above and below the threshold although the number of employers in each category differed greatly.

Mental Health and STD

The differences in the MH claims outcomes durations for the two employer size groups is 24% and 65%,

both large differences. The reasons for these differences are, no doubt, complex and multifactorial. One significant factor is most certainly the supervisory relationship. “The employee’s relationship to his/her supervisor is critical to a timely RTW. Smaller corporations may tend toward more support in the employee/supervisor relationship. If an employee has a trusting and supportive relationship with their supervisor, this usually leads to a better outcome and early successful RTW,” noted Mark Raderstorf, MA, CRC and PsyBar Consultant.

Given the importance of MH claims and the impact of the supervisor relationship, many employers have worked with vendors and other resources to design a strategy for supervisors. Some of these program models give supervisors a more active role and some less. Whatever the role, supervisors should be fully trained for it and should be brought in to support the RTW process as early as possible.

Musculoskeletal Disorders and STD

MSK disorders are very diverse, so standard care for these conditions also varies substantially. But there is a general consensus and specific evidence that intervening early can significantly shorten STD durations which equates to lower cost and in addition reduced medical expense. These improvements, in turn, reduce employer productivity losses and indirect absence costs. The indirect costs of absence in STD can be up to 4.7 times the direct costs.³

As shown in the chart below, durations and payments for STD MSK differ significantly between the two size groups of employers. To bend their STD cost curve, employers can apply best practices from workers' compensation (WC), where MSK conditions have been the primary focus. In many WC programs with documented success, the basic model included early intervention, accurate diagnosis, a concise track for treatment, effective non-opioid pain management, and early

Figure 1: High-Cost Medical Conditions

STD Mental Disorder Claims	Over 20,000	Under 20,000	Difference
Number of claims	37,060	37,655	
Avg. lost calendar days per closed claim	83.8	67.4	24%
Percent of payments of closed claims	12.94%	7.86%	65%
STD Musculoskeletal Claims			
Number of claims	76,228	112,498	
Avg. lost calendar days per closed claim	86.8	74.2	17%
Percent of payments of closed claims	27.52%	23.1%	19%

transitional RTW.

In this program environment, “physical therapy, when introduced very early in an MSK injury or condition, and when indicated before extensive medical investigations, has better, shorter, and less costly outcomes,” said Todd Norwood, DPT, Head of Clinical Services for Physera, Inc.

Therefore, we recommend that employers, especially those with over 20,000 employees, work with vendors and other resources to apply WC best practices to MSK conditions in STD and other non-occupational disability programs.

Specific Industry Differences by Condition in STD

Our review of the IBI Benchmarking data also indicates that a number of industries experience the STD cost threshold of 20,000 employees in regard to MH and MSK diagnostic categories.⁴ Here is a sample of two industries:

Figure 2 highlights significant differences above and below the 20,000-employee threshold in hospitals and food manufacturing. These industries have very dissimilar working conditions and wage structures, yet both experience the STD cost-threshold divide. This finding, along with the ones based upon all employers above, provide a



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powerful warrant for more investigation into the impact of employer size on STD experience in specific industries. Based on our findings so far, we also encourage more research on the impact of the more prevalent diagnostic categories: neoplasms (cancer); endocrine, nutritional, metabolic, immune; nervous and sense organs; circulatory; genitourinary; respiratory; and digestive.⁵

When we began this investigation, we were amazed at the impact of employer size on STD cost. After spending several months analyzing the data, we recommend that employers, and especially those with over 20,000

employees, review STD claims:

- By similar size employers in other industries
- By peer employers in the same industry
- By diagnostic category

The findings of such a review should provide employers with specific recommendations regarding types and timing of medical interventions:

- In employer-sponsored health plans
- In STD plans
- In long-term disability plans
- For Family and Medical Leave Act intermittent leave

Conclusion

This review of mental health and musculoskeletal STD claims added detail and depth to the surprising relationship between employer size and STD experience. Employers should discuss the implications of these findings with their disability management and medical partners. As findings from hospitals and the food industry suggest, large employers may have even more potential cost reduction on the table than they already believed.

RTW Case Study References, see p. 22

Figure 2: Sample Specific Industries – Employer Size and STD Cost by Diagnostic Category⁴

STD Mental Disorder Claims	Over 20,000 Average Payment per Closed Claim	Under 20,000 Average Payment per Closed Claim	Difference
Hospitals (SIC #806)	\$4,780	\$4,006	19%
Number of claims	1,921	3,909	
Food/Kindred Products (SIC #20)	\$4,812	\$3,751	28%
Number of claims	284	125	
STD Musculoskeletal Claims			
Hospitals (SIC #806)	\$6,439	\$4,561	41%
Number of claims	9,404	11,743	
Food/Kindred Products (SIC #20)	\$6,245	\$4,766	31%
Number of claims	2,113	5,663	

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Program Showcase continued from p. 18

A Better Employee Experience

To help attract and retain good employees, companies are offering generous benefit packages. The way a benefits program is administered, however, can affect employees' view of both the program and you as their employer. Customizing your absence management solution to your culture helps ensure that your program creates the right employee experience.

The tone of communications with employees will shape their perception. An employee's request for leave is often triggered by a negative event (e.g., illness or injury, the need to care for a family member). Your absence management partner must provide empathy as well as information as it guides your employees through the leave process.

Because managers may be the first to hear

about a request for time off, managers, too are a key component of employees' experience with your leave programs. Yet managers often do not recognize when such a request falls under FMLA or ADA regulations. Training for front-line supervisors and managers about the basics of your organization's leave programs helps ensure that employees receive appropriate information and guidance.

Ask your absence management partner:

12. How can you customize your solution to my organization's culture?
13. How will your team deliver a positive experience for my employees?
14. What training do you offer for managers to recognize when a request for time off involves FMLA, ADA, or other regulations and policies?

Ask the Right Questions

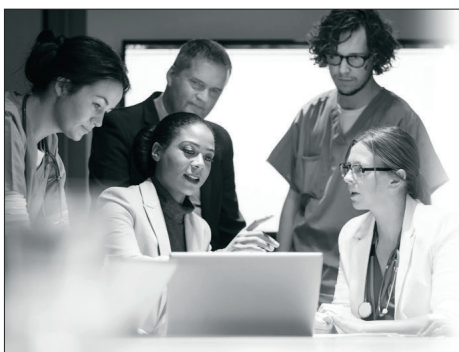
When you are looking for the right absence management partner, the key is asking the right questions. The best place to start is to ask yourself what you want in an absence management solution, such as:

- A custom solution aligned to your culture
- A positive employee experience
- Reduced duration and cost of absence
- Compliance with the many overlapping regulations
- A comprehensive view of all absence across the organization
- Integrated data that supports proactive management of absence

Once you know what you want, use the questions above to help you find the partner and the solution you want for your organization.

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When Small Data Informs Big Data: STD Progression to LTD

By
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Epidemiologist
MDGuidelines

We have all seen claims that ended up with unexpectedly poor return-to-work (RTW) outcomes, and wanted to know why. At a recent conference, attendees were challenged to do a “case post-mortem” analysis. My opportunity to do this arose when I joined a research project to understand the factors that influence case progression from short-term disability (STD) to long-term disability (LTD). The pilot project revealed interesting differences between claims with good or poor RTW outcomes.

Methods

To understand the factors that influence progression from STD to LTD, the pilot used STD data from a manufacturer with 8,000 employees across North America and Europe. This firm had 512 STD claims over two years, all with a maximum benefit duration of 181 days, in which 4.1% of cases went on to LTD. We randomly selected 10 STD cases that went to LTD and compared those to 10 cases that did not go to LTD, but returned to full duty. Many employers can support such a pilot effort, which is a first step in developing more sophisticated case management systems that can track additional case factors to extract knowledge from data.

The cases in our pilot project were matched by ICD-10-CM diagnosis or, if unavailable, by code category. If further matching was needed, we progressively matched on whether each claim reached maximum benefits, followed by number of leaves since hire, sex, and then age. We did not include progressive or ill-defined illnesses, such as cancer or multiple sclerosis, or symptom-based diagnoses in this analysis.

With the help of expert nurse case managers, we developed a case review form with 54 questions about case characteristics, including demographics, access to care, psychosocial aspects, and medical treatment (see Figure 1 below for examples).¹

What Did We Learn?

The most interesting finding was that the “underlying factors” of a disability case were the most predictive of whether the case would go to LTD. These underlying factors ranged from common comorbidities (e.g., diabetes,

hypertension) to more complex diagnoses such as a history of joint replacement or neuropathy. Of the 10 cases that went to LTD, seven had an underlying factor. Of the 10 cases that did not go to LTD, only three had an underlying factor (Figure 2, next page).

We also found evidence that both positive and negative motivation were significant factors in progression to LTD. Among cases that progressed to LTD, only 10% of claimants had positive motivation to RTW, and 50% had motivation to not RTW (such as anticipating retirement). Among claimants that avoided LTD, 50% had positive motivation to RTW, and none had negative motivation. These results make it clear that leave managers should explore how they can reinforce positive motivation and reduce negative motivation.

In another interesting finding, the “disabling diagnosis” was often different from the starting disability diagnosis. In 25% of all cases, the disabling diagnosis ended up being quite different from the

Figure 1

Case Review Example Questions:

- Did the employee express/share motivation to return to work?
- Is there any motivation to not return to work, including extra benefit payment or avoidance of work?
- Does employee’s geographic location prevent access to healthcare?
- Was an opiate prescribed at any time?
- Did other underlying factors contribute to the disability? Specify.

initial diagnosis. One individual initially went out for low back pain (LBP), but the disabling diagnosis was depression. In another case, an individual was on disability for Type II diabetes, but the disabling diagnosis was atrial fibrillation.

It is not difficult to see how these cases could progress. The link between disability and starting diagnosis makes sense as low back disorders are often correlated with depression² and diabetes is a risk factor for atrial fibrillation.³ Nonetheless, the results highlighted the fact that claims often evolve through time. Careful follow-up and attention by nurse case managers are needed to stay on top of the diagnoses that may prevent a successful RTW.

Beyond looking at LTD as an outcome, when we compared the durations of those with successful RTW to MDGuidelines' benchmark durations, individuals who RTW were on average out on STD leave for 24 days longer than the benchmark. This number is artificially high due to using non-LTD cases that reached maximum benefit duration during our matching procedure, but is far fewer than the 126 extra days on STD leave observed in the group that went to LTD.

Significance of Findings

This pilot project underscored the complexity of many disability claims. From underlying factors to disabling diagnoses that change over time, a disability claim does not always follow a straightforward path. The challenge of trying to understand complex problems with limited case data can inspire professionals to track more data in the future. Recently, another firm requested a custom analytics job to understand the factors that influenced their disability durations. The only data they could provide were age, sex, industry, and the initial diagnosis (which is often merely a symptom of the underlying condition). It would certainly be convenient if such limited data could explain the variation that occurs in RTW outcome, but this merely represents a starting point.

To capture and use data to improve outcomes, I suggest two paths.

First, leave managers can adapt their workflow and data management systems to expand the information they collect. This will allow the formal capture of important case information within a leave database. As the case data grows, you will develop the capability to predict high-risk cases and extract other analytic insights.

Another path, as part of your expanded leave management data system, is the use of natural language processing (NLP) to extract diagnosis, procedure, and pharmaceutical information from the free text notes of a claim. At MDGuidelines, we have begun to apply Unified Medical Language System (UMLS) lexicons such as SNOMED and RxNorm to systematically code and group free text.⁴ For example, if a leave manager writes in the notes of a claimant, "Case has LBP, currently on hydrocodone," then an NLP system using SNOMED would be able to extract from that sentence that the patient has low back pain and is taking an opioid medication. Further, these UMLS groupings make it much easier to integrate leave management systems with electronic health records, which will increase our capabilities to link to medical information and improve our predictive analytics platforms.

Conclusions

This small data project revealed that we need to align nurse case managers' knowledge about each case with what an analyst can learn from the data. With this integration, the leave management industry will actually be able to extract insights from the data. Although larger organizations are leading this development, employers of all sizes can now use tools from vendors and the UMLS to extract valuable insights that can improve case management practices and outcomes.

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Compliance Makeover cont'd on p. 26

Figure 2

Underlying Factor	Went to LTD?
Case 1: Diabetes, acute asthma, hypertension	No
Case 2: Job requirements, repetition	No
Case 3: Family history	No
Case 4: Depression, anxiety/bipolar, history of polysubstance abuse	Yes
Case 5: Smoking	Yes
Case 6: Hypertension	Yes
Case 7: Diabetes, history of joint replacements	Yes
Case 8: Advanced age	Yes
Case 9: Diabetes, hypertension, neuropathy, vertigo, reactive attachment disorder, pedal edema, urinary frequency, sinus tachycardia	Yes
Case 10: Diabetes	Yes

Employer Size continued from p. 12

The increased cost pressures on larger employers remind us that the basics of absence management are still paramount for cost control. The strategies for managing FMLA and STD listed above both begin with the call to know your numbers. In the light of this analysis, that means to know your numbers in relation to peer employers in your industry, and to other employers of similar size in other industries. Larger employers should thoroughly review and integrate their FMLA and STD programs, especially if they are outsourced.

Cosourcing continued from p. 15

Health address leave accommodations

- Integration with SCL Health wellness programs
- A clinical model to help SCL Health reduce leave durations of complex claims

Implementation Challenges

As SCL Health found, some contracts or vendors prove too inflexible for cosourcing in the ever-changing world of leave management, which meant starting over with a new vendor.

Their experience with this transition reminds us that starting over has its own challenges. Bolach and McCray described some of these:

- Data transfer from the former vendor to the new vendor can present issues. Basic data compatibility is just the start. For several claims, the new vendor has needed help to differentiate an ADA claim from an FMLA claim. “Language the vendor uses can be a lot different from our language as

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an employer, which can cause miscommunications,” said Bolach. And with the complex overlap between the ADA and the FMLA, this area may involve some interpretation. “Even the lead people at some of these vendors have to go back to their reference materials,” said Bolach.

- Communication can be a challenge, due to language differences between vendors and employers. Bolach and McCray both worked for vendors before coming to SCL Health, yet still find challenges in this area. Have you understood the vendor, and did they understand your response? McCray restates to the vendor in her own language how she understands a vendor communication to ensure she interpreted it correctly.

- Implementing a new program with this level of complexity introduces many opportunities for miscommunication. Based on their recent start-up experience, Bolach said it is important to identify not only if a vendor has a

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particular capacity, but also how it performs that function to ensure a healthy partnership interface.

- Line managers will need start-up training. The vendor may be able to provide useful training resources such as videos, but some of these training resources will come at a cost. Plan on plenty of travel to train line managers at key locations.

Conclusion

Some employers want the best of both worlds: the specialized skills of an outsourced business partner, along with more flexibility and control in key areas. Cosourcing can provide that, if an employer is ready to assume greater responsibility for some functions, as well as orchestrating a more complex relationship with a vendor partner. Managing an outsourced vendor’s performance requires an employer to retain expertise in-house; cosourcing may require an additional layer of knowledge and expertise.



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¹Based on LIMRA, new sales premium, as of 12/31/17.





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Title VII Family Responsibility Discrimination

Title VII of the Civil Rights Act of 1964 provides employment protections against discrimination on such bases as race, religion, national origin, and sex (and pregnancy). But most employers don't realize Title VII also protects workers who are caregivers against "family responsibility discrimination" (FRD). Caregiver discrimination isn't limited to female employees caring for children. It also extends to men and other protected classes, and to an employee caretaker of another family member, such as a disabled spouse, sibling, or elderly parent.

It's Complicated

Title VII does not prohibit discrimination against caregivers per se. Rather, employers can be liable when making adverse employment decisions on the basis of a protected classification plus caregiver responsibilities. The discriminatory act may begin by assuming a caregiver stereotype, such as:

- Female workers' caretaking responsibilities will impede their success in a fast-paced environment.
- Male workers do not have significant caregiving responsibilities.
- Women of color need more time off because they have extended families and often are single parents.
- Female workers prefer to spend time with their families rather than at work.

Examples of illegal FRD include:

- Asking female applicants, but not

males, about their child care arrangements.

- Steering women with caregiving responsibilities to less responsible, lower-paying positions.
- Treating women of color with caregiving responsibilities differently than other caregiving workers.
- Denying male workers leave for caregiving responsibilities, but not females.

Benevolent Stereotyping

FRD liability can arise from making an employment decision based on assumptions about the employee's welfare. Even if well-intentioned, this is illegal. For example:

- An employer assumes that his top-performing employee, a female with children, will not want a promotion requiring a transfer to another city.
- A female employee becomes a guardian for her nieces. Her employer removes her from major accounts to allow her more time to spend with her "new family," although she did not request time off and was meeting all work expectations.

Base Action on Performance

Adverse employment actions are not discrimination if they are based on actual performance. Breaking company rules due to a family need or interest does not insulate the employee from discipline under the banner of FRD. For example, an employee who exceeds the employer's allowed uncused absences can be disciplined even if the absences were due to caregiver respon-

sibilities — but remember FMLA protections! Just ensure that the standards and policies are applied equally to employees without caregiver responsibilities.

FRD discrimination also includes illegal harassment or creating a hostile work environment based on a protected classification plus caregiver responsibilities. A supervisor could create such liability by constant criticisms of "working mothers," frequent comments about the costs to the company of pregnant workers, and complaining that other workers had to take up the slack for an employee during her maternity leave.

FRD Can Be a Costly Lesson

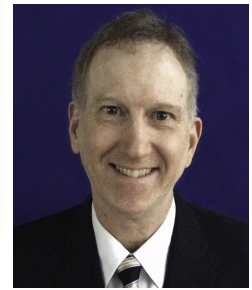
A 10-year Kohl's employee was told she had management potential. After she had three children, she was skipped over for five store manager positions in a two-month period in favor of less-qualified men or women with no children. The case was nailed with quotes from her supervisors: "You're not going to get pregnant again, are you?" "Did you get your tubes tied?" "Are you breast feeding?" "I thought you couldn't have any more kids." The resulting judgment was over \$3 million in lost wages, punitive damages, and attorneys' fees (*Lehman v. Kohl's* [Ohio 2007]).

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Visit the Equal Employment Opportunity Commission's Enforcement Guidance: Unlawful Disparate Treatment of Workers with Caregiving Responsibilities at <https://www.eeoc.gov/policy/docs/caregiving.html>



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Cancer and Disability: Making the Transition from Successful Treatment to RTW

A diagnosis of cancer was once the beginning of the end for many people — and often it guaranteed approval for an early “retirement” onto Social Security Disability Insurance benefits. Over the last three decades, however, the proportion of the U.S. working-age population who are “cancer survivors” (anyone alive who was ever diagnosed with cancer) has increased substantially.^{1,2}

More than two-thirds of these survivors are able to return to work (RTW),³ but they often face significant challenges. Lower likelihood of RTW is associated with several factors: more advanced stage of cancer (such as more aggressive brain, lung, and liver tumors), extensive surgery, and significant treatment side effects.⁴ On the other hand, predictive factors of successful RTW include younger age, higher education, less physically demanding work, fewer comorbidities, shorter sick leave, and more complete functional recovery.⁵

Once back to work, cancer survivors often face ongoing problems due to the residual effects of treatment. In one study, 31% of employed cancer survivors reported some reduction in ability to do physical job tasks, and 23% reported a reduction in ability to do mental job tasks, including coping with stress and concentrating on their work.^{6,7} Some returning workers experience less satis-

faction with their work or their relationships with coworkers and may feel stigmatized because of their diagnosis.^{8,9} Thus, RTW outcomes are highly variable. Among those who return to work, between 40% to 60% do so by six months post-diagnosis, increasing to about 89% after one to two years.^{10,11}

In multiple studies, cancer survivors report that several factors were associated with more successful and sustained RTW outcomes: a supportive work environment, workplace accommodations,¹² receiving advice from their doctor about RTW, meeting with their employer to plan RTW,¹³ social support from employers and coworkers,¹⁴ and the absence of perceived employer discrimination.¹⁵

Based on these observations, a few programs have been developed to improve RTW outcomes, and these programs have been the subject of scientific evaluations. The best available evidence suggests that multidisciplinary interventions combining vocational counseling, psychological support, physical exercise, and educating patients and employers improve RTW outcomes.

These interventions often feature a coordinator facilitating communication among the workplace, patient, and treatment team.^{10,16} Cancer often requires anticipating the effects of treatment on work ability. Important information from

specialists should be communicated to employees, employers, family members, and primary care providers on what to expect, including the time course for improvement or resolution of symptoms and functional limitations.^{17,18} Promising strategies to rapidly identify RTW challenges and facilitate dialogue among key persons are currently being tested, and these studies will soon provide useful information to guide employers.

Employers have many opportunities to improve RTW for cancer survivors. Key first steps include communicating that RTW is desired for cancer survivors and that resources are available, and encouraging employees to use them — ideally before a cancer occurs. Many major oncology centers now have care coordination teams to facilitate conversations about RTW, help develop accommodations during and after treatment, and help anticipate and solve problems that can occur after RTW. As in all RTW situations, positive encouragement from coworkers and supervisors is invaluable.

As cancer treatment continues to improve, employers will benefit from more employees who can return to work by applying these key principles.

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**Bryon Bass**SVP, Disability and Absence Practice & Compliance
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We Need Healthy Conversations Between Risk, Disability, and LOA Professionals

Integrated programs encompassing workers' compensation, disability management, and leave of absence requests have long been talked about, but are not as implemented as some might expect.

Employers have stumbled across many obstacles when trying to integrate these program benefits, such as separate technology platforms, different data capture requirements, distinct organizational structures with potential turf wars, ever-changing regulations and compliance requirements, and the sheer complexities of these systems.

However, as organizations look to increase productivity, protect and care for their employee populations, and create a more meaningful work experience, this is an ideal time for risk managers to talk with their peers in disability and absence management to explore the possible advantages of combining the best elements of both worlds.

Risk management and disability and absence management professionals should work closely to ensure an organization's leave policy is consistently administered and in compliance with state and federal laws. As an example, workers' compensation programs are subject to both federal and state statutes. The statutes of the state in which the employee works can determine such issues as the amount and schedule of

benefit payments, selection of treating physicians, and use of managed care techniques. Workers' compensation is also impacted by federal legislation such as the Americans with Disabilities Act (ADA) and the Family and Medical Leave Act (FMLA).

An organization's return-to-work program is an excellent place to begin discussing integrated techniques and strategies. Such programs must be consistently designed and administered to ensure regulatory compliance, and they should address both occupational and nonoccupational injuries and illnesses.

An integrated return-to-work (RTW) program could be developed by relying on both disciplines and employing the following best practices:

- Develop a written RTW policy with roles and responsibilities, timeframes, training, and updated job descriptions.
- Send frequent, consistent communications to employees indicating how long they have been on light duty, policy timeframes, and potential repercussions from various actions. Utilize ADA accommodation language in communications.
- Review any request for light duty within the ADA rules and start the interactive process. The interactive process helps an employer determine if an employee has a disability and whether reasonable accommodations are avail-

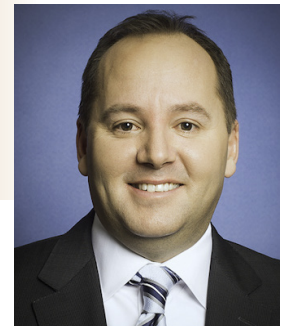
able for the disabling condition.

- Recognize the interactive process is triggered by any of several events: when the employer becomes aware of an employee's disability; when the employee displays a need or requests help; when an employee has exhausted all leave whether due to a work-related or non-work-related injury or illness.

- Do not maintain or enforce "100% healed" policies or philosophies. Using a 100% recovery standard violates the ADA because it removes the opportunity for the employee to pursue reasonable accommodation.

- Proactively comply with the ADA, including its overall reach beyond light duty assignments, such as engaging in the interactive process when an employee is approaching expiration of FMLA protection or when an employee provides notice that an accommodation would enable their return from leave.

Workers' compensation and disability and absence management professionals should collaborate to ensure program compliance with state and federal statutes. What they often find, however, is that combining their talents and disciplines also leads to overarching cost savings, increased productivity, and a more satisfied employee population. These are the types of results we all want to talk about.



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Providing Flexible, Enhanced Leave and Disability Programs in an Era of Automation

While automation has long impacted industries such as manufacturing and retail, new technologies are poised to radically change other areas of staffing and workforce, including disability programs and absence management.

According to MetLife's recently-released 16th Annual U.S. Employee Benefit Trends Study,¹ employers and employees aren't afraid of automation technologies such as artificial intelligence, analytics, collaboration tools, and robotics. In fact, they're embracing these technologies.

However, about half of employers and employees alike worry the workplace is becoming less human, making this a pivotal time for employers to engage the human workforce by meeting their personal needs. For some employers, this means offering increased flexible work arrangements and enhanced leave and disability programs.

During a period of record-low unemployment, it can be difficult to replace employees, including those on short- or long-term disability. But a well-managed, tailored disability management program can lessen this burden by helping employees return to work sooner through transitional work and other programs.

The study's findings show that by using multiple strategies to support work flexibility and freedom, employers

empower their employees and create deep loyalty. The study indicates that more than 90% of employees who feel most "connected" or "empowered" at work expect to still be working for their organization in 12 months, compared to 81% of all workers.

Those most "connected" or "empowered" are also at least 17% more likely to say they trust their company's leadership. They are 11% more likely to report that employee benefits help them worry less about unexpected health issues.

Customized employee benefits, including disability and return-to-work (RTW) programs, go a long way toward building loyalty and trust. Among employees surveyed, 73% agreed that "having benefits customized to meet my needs would increase my loyalty to my employer."

Responding to this, more employers are offering the customized benefits employees seek, and introducing automated and digital technologies to the workplace. These strategies give your in-house employee base more flexibility and empowerment in their benefits. They also open more RTW avenues for employees on disability. It can be as simple as investing in virtual private networks for stable internet connections, video conference solutions, online file sharing systems, and webmail.

Employers can also incorporate an online automated dashboard for those on

leave and remote employees. The system promotes engagement and relieves stress through key capabilities: confirming that their work products are delivered, and/or that they are meeting the requirements for their RTW program. At the same time, human resources can track the functional improvement of employees on leave or in a RTW program. Leave managers may learn sooner about the conditions that could support an employee's physical return to the workplace.

The study further showed that elements of flexibility in leave, disability, and RTW programs can provide clear benefits. Employers reap the benefits of improved retention, increased productivity, and greater employee engagement. That same flexibility benefits employees by creating less physical and financial stress, and provides a greater sense of empowerment and appreciation.

The study also identified gaps between the perceptions of employers and employees on key work-life issues, highlighting the need for employers to invest the time and resources to truly understand employees' desires and needs. Doing so is a critical first step toward offering integrated, flexible leave, disability, and RTW programs.

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Psychological Disabilities, the ADA, and the Stressed-Out Worker: Part 2

One in four American adults experiences mental health problems in any given year,¹ with employees suffering from depression alone reporting the equivalent of 27 missed work days per year.² Loss related to mental disorders is comparable to that from cardiovascular diseases — and higher than that of cancer, chronic respiratory diseases, and diabetes.³

Every employer can reduce the negative impact of mental illness in three areas.

1. Unmanaged Leave

Sometimes terrible things happen that predicate sick or family care leave for employees, so we must support leave use when needed. Yet employers struggle with workload and staffing due to misuse, and so do coworkers. Often the early signs of mental health issues go unnoticed until a leave is requested. Address leave use head-on; have hard conversations and discuss concerns as leave is being taken.

Pay attention to leave, track it, and talk about it early and often. Choose an amount of leave that triggers a face-to-face conversation with an employee. Ask how you can support them to be at work more, and brainstorm with them how to help reduce unnecessary leave. Many times, we simply wait too long to have conversations with employees about leave. These are not disciplinary

conversations; they are strategic discussions to create a win-win relationship — you need us and we need you, so let's come up with a solution together.

2. Employee Assistance Program (EAP)

The bulk of workplace psychological matters are related to stress from such events as divorce, parenting or childcare issues, an ill or aging parent, or financial matters. While personal, these issues inevitably leak into professional life. This gives the employer a unique opportunity to provide support and solutions, while at the same time getting employees back on track at work.

When the workplace is impacted by personal matters, refer employees to your EAP. Some employees may not be comfortable accepting help. If you raise concerns yet issues continue to impact them at work or their availability for work, mandate that they attend.⁴ Let them attend during work hours so family and friends don't have to know and childcare or after-work activities are not affected.

On average, fewer than 6% of employees use an employer-funded EAP. Let's change this! Stress, depression, and anxiety impact employees and your bottom line. A good EAP can positively address these matters to provide immediate outcomes such as improved attendance and productivity as well as helping the

employee learn lifelong coping skills.

3. Start the Disability Interactive Process

If the efforts so far have not improved performance or attendance and if the organization or employee believes the issues are related to a physiological medical condition, start the disability interactive process. I use a “hallway” method with four doors or process steps.

The hallway starts at gathering medical documentation — through a Family and Medical Leave Act second opinion, medical supplemental questionnaire, or fitness-for-duty exam — to determine if a disability is impacting the employee and, if so, what are the functional limitations and work restrictions. Move into the hallway with an attitude of being diligent, honest, and fair, and it will lead you to a decision you can feel confident about.

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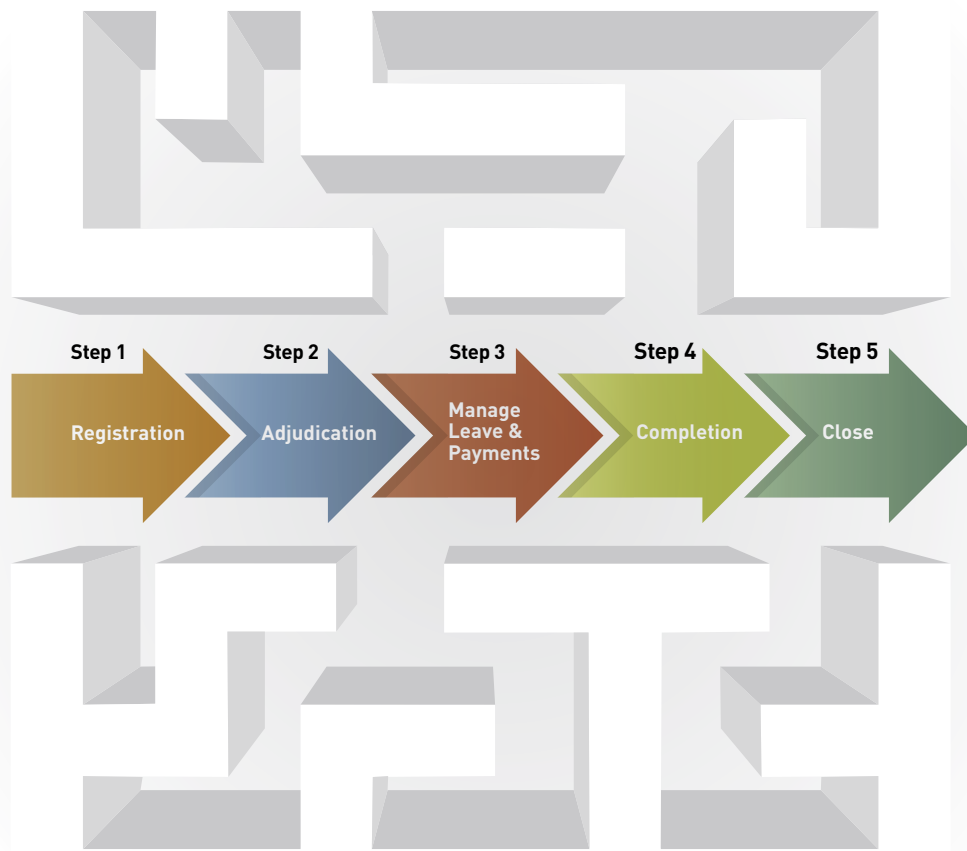
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Introducing FINEOS Absence

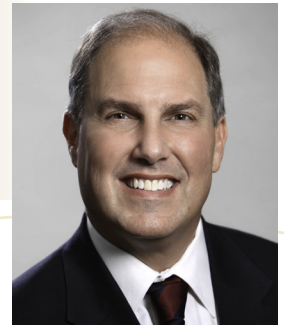
Simplify the Complex

Absence from work costs employers around **22% of total payroll**, but with **over 100 reasons to be absent from work** and an ever-changing regulatory landscape (federal, state, municipal regulations, including FMLA, Paid Family Leave, and Disability Benefits Law) managing absence can be a very complex problem to solve.

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Adam Seidner, MD, MPH, CIC
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Integrated Absence Management: The Employer's Role in Total Employee Health

Integrated absence management is more than just a process to coordinate or integrate employee benefits. Truly helping employees prevent disability, stay at work, or return to work (RTW) requires an understanding of the forces impacting an individual's health or illness.

As the North American workforce ages, the burden of chronic disease in the population is rising. Episodes of prolonged disability due to depression, lower back pain, and other common conditions are becoming more frequent. Although the incidence of work-related injuries and illnesses has fallen steadily for the last several decades, the duration of disability following work-related injury has climbed, along with medical services and their costs.

Interventions

Although many large employers have applied significant resources to promote general health in the workforce, the results have not been uniformly successful.¹

To understand the health of the employee population, a number of medical data points should be analyzed regularly through health risk assessments, pharmacy utilization data, and other tools. Knowing the primary medical conditions responsible for disability as well as associated comorbidities and employee demographics can help determine which intervention programs will have the great-

est impact on employee health and effective utilization of disability benefits.

Healthy employees cost less in medical and pharmacy claims, and have lower rates of short-term and long-term disability, absenteeism, and workers' compensation incidents.² Well-being programs operate on an implicit assumption that health behaviors drive health outcomes, so interventions that change behaviors can also affect health outcomes.

Medical evidence overwhelmingly supports behavior patterns that positively influence health: smoking avoidance, regular exercise, getting enough sleep, and limiting alcohol consumption are well-known behaviors that can have a positive effect on health outcomes.³

Several other important areas affecting employee health and health behaviors include social support network characteristics, demographics, stress level, access to resources and healthcare services, attitudes toward healthcare, knowledge about disease, and perception of disease threat.⁴

In addition to providing tools and education to aid employees in managing their health behaviors, employers can also develop a bridging program to help employees return to work during or after treatment. It should include partnering with stakeholders to identify chemically-impaired employees and support their

return, and providing information about the employee's work environment and the organization's ability to provide accommodation to the worker's healthcare providers so providers can more fully support the stay-at-work and RTW processes.

Conclusion

Total employee health begins with understanding employees and what motivates them. Employers should create partnerships with vendors and insurers who can help them understand their data and identify opportunities to decrease disability durations and increase productivity.

Providing evidence-based knowledge and practical assistance to all stakeholders can help build partnerships to develop successful, sustainable policies and procedures to ensure the success of the employer's most valuable asset — the employee.

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Early Return to Work: Walking the Walk

Based on first-hand experience and feedback from other professionals, we know absenteeism results in lost productivity, whereas return to work (RTW) is a “win-win,” generating cost savings for employers and improved health and employment outcomes for employees.¹ Yet many employers have struggled to move past “talking the talk” to actually implementing successful programs.

Employers face real and perceived hurdles when creating formal RTW programs, including the cost of time and resources to develop and implement as well as the ongoing management required to maintain. Some employers simply may not know where to start.

How do we go from “talking the talk” to “walking the walk”? The implementation of a transitional RTW program by Pacific Gas & Electric Co. (PG&E) provides some insight. Their challenges were similar to those of other employers, said Heather Hornbrook, PG&E’s Director of Integrated Disability Management (IDM). One challenge was addressing a concern of their collective bargaining units that the program would “take” work from their members. To meet this concern, their IDM team partnered with the labor relations team to clearly explain the program benefits and goals, sending updated task assignment lists to union leadership.

The IDM team laid the groundwork for its program by developing a task bank of available productive assignments that

employees can perform while on transitional duty. Initially, Hornbrook said, the task bank didn’t have enough productive assignments to accommodate all the employees needing transitional duty. The team overcame this by:

- Streamlining the task approval process with the labor relations team and union representatives
- Creating an automated process for departments to submit available task ideas
- “Socializing” the program throughout the organization with communications such as bi-weekly management webinar trainings, safety council meeting presentations, and regular program updates during Safety & Health team daily calls and department all-hands meetings
- Identifying program champions to identify productive tasks and further promote the program

Program groundwork also included ongoing communication about the program parameters and objectives, and eventually gaining the support of all collective bargaining units. Further program groundwork involved communications to recruit the cooperation of healthcare providers. PG&E educated its medical provider network physicians around their responsibility to provide a clear picture of restrictions, in lieu of generic “off work” statements, to support PG&E’s efforts to accommodate.

All the groundwork to build stake-

holder cooperation paid off. Hornbrook noted that with collaboration between workers’ compensation and stay-at-work/return-to-work representatives, PG&E is able to use their program to place both occupational and nonoccupational cases. The process is further streamlined by access to the same online claims system to share data and track status. Reports on employees placed in tasks, employees needing placement, and cases needing further clarification or intervention are produced weekly for the teams to review.

PG&E’s transitional RTW task bank began operating in August 2017. By mid-May 2018, they found placements for 90% of eligible employees with temporary limitations who could not be accommodated in their base department. They saved 1,403 lost work days, an average of 22 days per case, compared to time that would have been lost without the transitional job placements. Tracking and reporting on program successes further sustains upper management support for the program. PG&E’s success with this systematic approach shows how employers can work past the challenges to reap the benefits of an integrated early RTW program.

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“Xennials” and the Gig Worker Movement

Individuals born between 1977 and 1983 comprise the so-called “Xennial” microgeneration. This group bridges the gap between the Gen X skeptics and the tech-savvy Millennials.

They didn’t grow up with technology, but readily adapted to its arrival during their college years. Entrepreneurial and innovative, Xennials turned toward the developing “gig” economy during the dot-com bust of 2000 and 2002,¹ but now all generations participate, especially those entering the workforce. This rise of the gig economy presents employers’ human resource and benefit programs with unique, important challenges.

While estimates of the size and growth of gig employment vary, it seems evident that gig workers are here to stay. One report estimates that gig work arrangements comprised 16% of the workforce in 2015, up from 10% in 2005.² Gig workers are not just Uber drivers, either. Under this model, workers are independent contractors providing services through technology-enabled platforms; some more traditional employers are outsourcing certain tasks to gig workers.³

Gig work has advantages for employers and workers alike. For employers, it converts fixed costs to variable, reduces benefit expenditures, and allows for greater resource flexibility. Workers gain flexibility, the opportunity to be one’s own boss, and the ability to use gig work

to supplement more traditional employment arrangements.

However, the gig model also carries challenges for workers, such as an unpredictable work stream, lack of access to benefits, and lower average pay.³ Indeed, research has shown that gig workers have significantly less access to important benefits such as short-term and long-term disability and employer-sponsored retirement plans. Lack of access to these critical benefits makes gig workers particularly vulnerable to unexpected loss of income from a disability event.³

Ultimately, the nature of employment is evolving, with all indications that gig work will continue to expand. Given this trend, employers and other stakeholders need to advance new solutions to ensure gig workers have access to financial and disability protection:

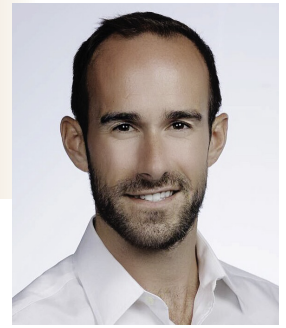
- Gig workers who lack access to employer-sponsored benefits may need a do-it-yourself benefit strategy. Educating gig workers on the value of disability coverage as well as healthcare and retirement services will be critical.
- Employers who use gig workers can offer holistic education programs for gig workers and traditional employees to help close the knowledge gap and guide gig workers into a do-it-yourself benefit portfolio.
- Policy makers should pursue public- and private-sector solutions to help deliver benefit offerings to gig workers.

This may help gig workers gain access to more affordable benefits and help reduce potential reliance on government-funded programs.

The number of gig workers is increasing, and the gig economy seems to be booming. Indeed, one recent survey predicts that the majority of the workforce will be gig workers within a decade (including full-time, part-time, and moonlighting).⁴ As employers increase their utilization of the gig economy, they will need new disability, absence, and benefit solutions to support this fast-evolving segment of the workforce.

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The Importance of Peripheral Vision in Absence Management

One core concept encapsulates our organization's entire theory about absence management compliance: peripheral vision.

I learned this concept from attorney Frank Alvarez, a Principal with Jackson Lewis PC. Alvarez continually emphasized the importance of seeing all the pieces of the absence management puzzle, and urged us to build systems that addressed all absence management compliance considerations, not just the Family and Medical Leave Act (FMLA).

As you consider this, you should also recognize the importance of scanning across your entire organization to gather all information needed to make informed decisions. Technology can help you bring all this information into one central place and highlight the most important.

With enough information, you can be more strategic in your approach to absence management. But how do you structure your absence management program and systems to capture the necessary data to identify trends, illuminate strengths, pinpoint compliance risk, and get the most out of your workforce?

My team and I revisited and updated our "peripheral vision" concept and practices to help you do just that.

1. Harness the Power of Technology

You likely have numerous systems

that house valuable pieces of the absence data puzzle, such as your leave, human resources (HR), payroll, and attendance systems. Ideally, these systems need to be integrated to provide a holistic picture of absence and trends across your workforce. Design your leave management technology so that employee demographics, work location, hours worked, dates of hire, and more feed in from HR or payroll. If you report absences into your payroll or attendance systems, you'll want these feeding into your leave system. Some leave data is also relevant for pay; consider sending a feed from your leave system back into payroll.

2. Get Everyone on the Same Page

Bring all your stakeholders to the table to understand who holds what pieces of information around absence. For instance, are supervisors the first to learn that an employee is taking an intermittent FMLA day, or do employees call a shared services center to report their time? Train each stakeholder on their part in the process, and give them effective ways to quickly communicate this information, which is necessary for peripheral vision.

3. Know the Laws

Though no one expects you to become a legal expert, you should become knowl-

edgeable on leave laws and their compliance issues. The FMLA is just the starting point; you also need to know about the Americans with Disabilities Act (ADA), state laws, and local laws. Peripheral vision requires a broad understanding of your rights, obligations, and compliance issues as an employer.

4. Report and Learn

Reporting is essential for you to analyze all aspects of your program, from the individual employee who seems to be using too much FMLA leave, to the larger trends across your workforce. Having insight into your data will give you the peripheral vision needed to address compliance and better manage absence as a whole. Discussions with your peers in HR, payroll, and attendance could identify particular monthly reports with potentially useful information for your leave management effort, even before you achieve integration with their programs.

By setting peripheral vision as a goal, you will embark on the path toward a more data-driven absence management program, with mission critical data at your fingertips. The knowledge you gain will increase your compliance capabilities and confidence, and you can become more strategic in how you manage your employees.

**Gary Anderberg, PhD**SVP Claim Analytics
Gallagher Bassett

Aligning WC Indemnity Claims with LTD

Although we often think of workers' compensation (WC) and nonoccupational disability as separately managed programs, there are elements of overlap that shouldn't go unrecognized.

Some employers choose to coordinate short-term disability (STD) and WC to provide enhanced benefits to select classes of employees for whom recruiting and retention are particularly challenging. Standard long-term disability (LTD) policies have coordination provisions where the LTD benefit attaches in addition to a WC indemnity benefit.

What happens when these longer-duration WC claims overlap with LTD? Is the LTD application process smooth or a scramble?

A few simple processes can help your LTD carrier and your third-party administrator (TPA) or carrier for workers' compensation coordinate to substantially reduce the paperwork hassle and possible delays, while setting the stage for a better-than-average resolution of the dual claim to everyone's benefit.

With few exceptions, most employers have an "exclusive" STD program. The disabled employee gets either WC or STD, depending on the cause of the claim, but not both. In practice, this means that the injured worker is off work on WC month after month and the administrators on the nonoccupational side of disability often know nothing about this development — until the dis-

ability hits six months (the typical elimination period for LTD). Suddenly, the whole LTD application process looms. This last-minute approach often results in the first LTD benefits being delivered weeks after the LTD effective date.

The alternative to this often-frustrating mad scramble is to set up an "early warning" report with your TPA or carrier for WC. This doesn't have to be a complicated process, and can even be as simple as a spreadsheet report tracking all WC indemnity claims open for 90 days or more. Once a WC indemnity claim has been open for three to four months, there is a good chance that it will exceed the LTD elimination period and become relevant to those on the nonoccupational side. Working from this spreadsheet report of suspect claims, contact the WC adjusters and get an estimate of the probable durations.

Once you know which WC claims are likely to intersect with LTD, notify the claimant and begin a coordinated LTD application process. Help the claimant get the necessary medical and financial information submitted at least six weeks before the LTD date. With normal processing, the LTD decision can be made in time to deliver the first LTD benefit check on the first benefit due date — very satisfying to all parties.

But wait, there's more! Getting the LTD benefit in place on a timely basis is only step one. Employers will need to

work with your WC TPA and your LTD carrier to verify they have a benefit coordination plan in place to handle the dual coverage claim. A WC-LTD coordination plan should include, at a minimum:

- A single resolution plan developed jointly by both claim adjusters to get the best combined RTW or settlement feasible for the claimant, which includes an agreement on whether to apply for Social Security disability

- A set of shared protocols allowing the two adjusters to keep in close contact and share major claim tasks such as an independent medical or functional capacity examination

- A common communication plan with the claimant so the injured party gets the same message at the same time

What you don't want, ever, is dueling adjusters with different ideas of how to close the claim and who don't talk to each other. This is a sure recipe for litigation, and rightfully so. In a dual coverage event, WC is the "senior" coverage. WC usually pays the larger part of the combined benefit and, more importantly, controls the medical side of the process. LTD, on the other hand, often has some benefit provisions, such as vocational assistance, which may make important contributions to a best-case resolution. Close, effective coordination between WC and LTD eliminates hassle, controls overall costs, and delivers an optimal outcome.

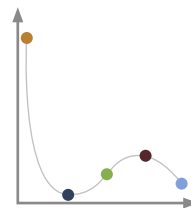
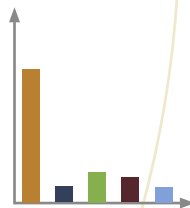
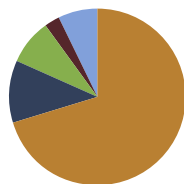


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2018 DMEC Compliance Conference Highlights the Future of Leave Compliance

In May, DMEC held our annual FMLA/ADA Employer Compliance Conference. As always, it was an informative and fun opportunity to delve into some of the most pressing issues surrounding the FMLA, the ADA, and other landmark laws such as paid sick leave and paid family leave.

While the insights and observations gleaned from the conference are many, the three themes that made the biggest impact over the course of four days of sessions were the following:

1. Managers and Supervisors Are Key to Compliance

Helen Applewhaite, FMLA Branch Chief for the U.S. Department of Labor, kicked off the conference with a discussion of the most common compliance problems found in DOL investigations. A large number involve front-line managers, who are often unaware of what is protected under the FMLA, uninformed of their role in the process, and who engage in improper communication with employees about motives or personal lives. It's exactly these types of behaviors which can lead to discrimination and wrongful termination claims and introduce liability for organizations.

These supervisor missteps can be easily addressed through proper training. Even 30 minutes of training can instruct front-line managers about what to do around the FMLA and the ADA — and just as important, what not to

do. This type of FMLA and ADA training should be included along with discrimination, anti-harassment, and other training now standard in many organizations. The cost is minimal when balanced with the benefits of risk reduction and employee satisfaction.

2. Paid Leave Isn't Going Away

There's every indication that employee paid leave programs will continue to be the benefit story of the decade. Both paid sick leave and paid family leave laws are cropping up throughout the United States at a rapid pace. This patchwork of leave laws requires employers, particularly those with nationwide operations, to take a closer look at their compliance efforts and their company policies and cultures.

For the most part, employers have largely reacted to external initiatives. That's beginning to change as data is collected around paid leave's ROI. Employers can and should get more proactive on the issue, both inside and outside their organizations. HR and disability management professionals can help lead the way.

Resources developed by The Paid Leave Project¹ make clear that implementing the right leave programs can pay large dividends for employees and employers. When it comes to human capital competitiveness, leave is often the lowest of low-hanging fruit.

3. ADA Compliance Requires Consistent Policies and an Effective Interactive Process

Many employers think that if they have consistent, clearly communicated policies regarding the ADA, their compliance requirements are met. But the many ADA cases covered at this year's conference highlight the importance of conducting an effective interactive process, customized for each employee requiring a reasonable accommodation. One size definitely does not fit all when it comes to accommodations under the ADA.

Employers need to ensure they're proactively watching for accommodation requests, participating in a good-faith, interactive dialogue with

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Opioid Prevention Resources for Employers

To identify and reduce the impact of the opioid epidemic on their workforce, employers now have access to new free resources to help train staff and build programs.

Drug overdoses were the leading cause of death for Americans under age 50 in 2015 and 2016, killing people at a faster rate than the HIV epidemic at its peak.¹ Opioid addiction remains among the most significant safety and health risks for American workers. To protect employees and their families, employers must continue to improve their prevention programs, and drug-free workforce policy and procedures.

The Opioid Toolkit of the Ohio Chamber of Commerce provides an excellent introduction to the opioid epidemic and employer prevention programs. Ohio is one of the states hit hardest by the opioid epidemic.

This five-module course with 72 minutes of video summarizes the legal and operational issues employers face in dealing with an employee's use of opioids and other substances.² The Ohio Chamber also produced a 60-minute educational video for employees.²

The first module of the employer course explains why employers are at high risk for negative impacts from opioid abuse. The majority of opioid users are employed, and their medical expense is 300% to 400% higher than non-users; their absences are more frequent; and their disability durations are longer. Their first exposure to opioids may have come through pain medications for a workers' compensation claim.

The modules of the employer course

include best practices around how, when, and why to drug test; how to manage a situation if an employee confesses or is found using harmful substances; and an outline of a legally sound drug-free workplace program.

For employers seeking a more detailed education, an excellent free resource is the COPE With Pain program of Integrated Medical Case Solutions (IMCS). A national network of cognitive behavioral therapy providers, IMCS is focused on chronic pain, trauma, and insomnia for the workers' compensation industry.

IMCS provides two free resources, both by Michael Coupland, RPsych, a frequent DMEC conference presenter: an extensive YouTube video series³ and an ongoing email series.⁴ The emails began a new series on Tapering Off Opioids in July, with concise information

about recognizing symptoms and effective treatment approaches.

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employees, consistently applying company policies (such as call-in procedures) for all employees regardless of disability status, and documenting each step along the way. Employers should also identify program gaps by performing a self-audit of ADA accommodation processes and correct deficiencies as they are identified.

While the fragmented legal environment may sometimes make compliance feel impossible, the three themes that came out of the 2018 DMEC Compliance Conference are practical, thoughtful approaches that can help put your programs on the path toward compliance — now and for the future.

References

1. The Paid Leave Project resources can be retrieved from <http://www.paidleaveproject.org>.

Reliance Standard / Matrix ADA Accommodation Data: 2017 Benchmark Analysis

Drawing from a sample size larger than the inaugural benchmark analysis, this statistical analysis is based on a review of more than 6,966 accommodation requests collected over a period of 12 months from employers representing a universe of 185,000 employees.

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