

A MIDWEST UTILITY

BUSINESS DESCRIPTION:

This company (name withheld) is a large Midwestern utility with generation, transmission and distribution operations across multiple Midwestern states.

INITIATION OF VALUE-BASED APPROACH:

This utility company's value-based absence-management program includes utilization of medical case management, with early intervention for work and non-work related illness or injury. In 1985, the company initiated medical case management on the occupational side (eg, work-related injuries and illnesses). Because of the resulting success in returning injured workers to modified or full duty earlier than previously experienced, by 1990 the company began medical case management of non-occupational absences.

PROGRAM OBJECTIVES:

The main objective of the company's absence-management program is to intervene early and to proactively improve the employee's health and return to work by use of medical case management. This case management model identifies and validates health conditions that impact work function, and the medical necessity for time off, and facilitates best-care practices to minimize absenteeism. Using this comprehensive approach better addresses the employee's health or disability needs, and supports the company's efforts to provide appropriate benefits and manage the employee's safe and timely return to the workplace.

PROGRAM COMPONENTS:

The absence-management program is also known as a Stay-at-Work/Return-to-Work (SAW/RTW) program, and follows the principles of the national SAW/RTW initiative supported by the American College of Occupational and Environmental Medicine (ACOEM). The company management process includes the worker's day-one reporting of illness or injury to supervision, and then timely referral for medical case management (first day referral for work-related illness or injury and fifth day referral for personal illness or injury). Absence tracking occurs regionally to confirm eligibility for benefits and to comply with applicable state and federal regulations. Modified work assignments are available in most instances to avoid or minimize the worker's time away from work. Aggressive use of transitional work is a cornerstone of the program's success.

The medical case management components include the basic steps of assessment, plan, implementation, care coordination and prevention. The case manager acts as a health advocate and facilitates communications among providers, the company and the employee. The medical model utilizes standardized assessments, frequent employee contacts, medical standards of care, physician oversight and duration guidelines to manage employee return to function.

PROGRAM RESULTS:

Over the past four years, those areas of the company that utilized this medical case management model in their absence-management efforts experienced a 4% reduction in sick hours each year.

PROGRAM CHALLENGES:

The demographics of the population include a male-dominated workforce of which two thirds are over 45 years of age. The prevalent health conditions that impact work productivity are age and lifestyle-related risks, including heart and lung diseases, diabetes, and associated comorbid conditions such as depression.

To meet this challenge, the company is piloting a new component—a complex or chronic condition management team. The goal for this team is to manage the impact of chronic illness, ie, fibromyalgia, degenerative disc disease, diabetes, and depression, on absenteeism and productivity. Different interventions are utilized, including medical assessments, mental health evaluations, and employee education, to support this process. Early indicators of the pilot program in the company's call centers show a significant decrease in employee absenteeism.