

Final Report

Corporate Return to Work Policies and Practices: A National Study

June 1, 2012

**In Cooperation with the
BBI Employers' Research Consortium**



Burton Blatt Institute
SYRACUSE UNIVERSITY

Acknowledgments

During late 2011 and early 2012, the Burton Blatt Institute (BBI) with the support of its Employer Research Consortium (ERC) conducted a national study of corporate return to work (RTW) policies and practices. The intent was to translate existing research-based evidence into practice in ways that support development, implementation and evaluation of best practices around the return-to-work process.

The study sought to answer the following questions:

- Why do some organizations implement and sustain a successful RTW program and others don't?
- What motivates employers to implement (or not) formal RTW programs?
- Which RTW "best practices" are implemented and what organizations use which practices?
- How do employers assess the effectiveness of RTW programs?
- What impact could external benefits (e.g., direct subsidies to accommodations or insurance premium discounts) have on the development and adoption of RTW programs?

This technical report provides an overview of the study's methodology and findings, what the findings mean, offering recommendations to employers, disability insurers, public policy makers, healthcare providers and consumers. The recommendations are offered to increase the effectiveness of return to work programs.

Our hope is that the insight generated by this study will be applied by employers, incorporated into physicians' practices, as well as embedded within public policy to protect the productivity of individuals who find themselves in a health and work predicament.

We would like to thank Celestia Ohrazda for her contributions in developing the RTW website, the RTW Survey and her technical support in completing the data analyses. We would also like to thank the members of the BBI's ERC in supporting the design, development and completion of the survey by their members and corporate clients. If there are any questions or interest in participating in the Study's knowledge transfer programs please feel free to contact the co-principal investigators.

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Introduction: The Burton Blatt Institute (BBI) – Syracuse University



The Burton Blatt Institute (BBI) at Syracuse University sponsored the National Study on Corporate Return to Work Policies and Practices. This initiative supports the vision and mission of the Institute to gain information, insight and share it with consumers, employers, public policy makers, insurers and healthcare providers.

BBI reaches around the globe in its efforts to advance the civic, economic, and social participation of people with disabilities. Officially launched at Syracuse University in 2005, BBI builds on the legacy of Burton Blatt former dean of SU's School of Education and a pioneering disability rights scholar, to better the lives of people with disabilities. With a staff of more than 60, BBI has offices in Syracuse, N.Y., Washington, D.C., and Atlanta, Ga. The guiding principles of the Institute are:

Vision: Build the premier organization to advance civic, economic, and social participation of persons with disabilities in a global society.

Mission: Create a collaborative environment—with entrepreneurial innovation and best business practices—to foster public-private dialogue. Create the capacity to transform policy, systems, and people through inclusive education, the workforce, and communities.

Tools: Develop a global network for research, education, training, technical assistance, and outreach.

Structure: BBI is made up of world-class centers interwoven to focus on financial and technological innovation; employment and an inclusive workforce; disability, diversity, law, media, and arts. The intent is to build the next generation of leaders in law, education, communications, public policy, business, social science, architecture, and technology; Shape new knowledge for classrooms, workplaces, and communities to foster high expectations about the power and benefits of civic, economic, and social participation of individuals across the spectrum of disability.

Introduction: Employers' Research Consortium (ERC)

The Employers' Research Consortium was created to assist and advise the BBI in the development of the RTW Study, as well as other possible research initiatives.

The ERC assisted in recruiting study participants, as well as will be instrumental in the knowledge transfer portions of the RTW Study. The following organizations served in this advisory capacity. Kenneth Mitchell, Ph.D. serves as the ERC Moderator.

ERC Partners

Aetna

Ascension Health

Cigna

DaVita

The Hartford

Liberty Mutual

Prudential

United Healthcare

US Business Leadership Network (USBLN)

America's Health Insurance Plans (AHIP)

American Association of Occupational Health Nurses (AAOHN)

Costco

Disability Management Employer Coalition (DMEC)

Integrated Benefits Institute (IBI)

Lincoln Financial Group

Sun Life Financial

Unum

Introduction: Why focus on RTW Programs? The Big Picture

- **Improves retention as it benefits all stakeholders** “Closing the turnover back door” through RTW programs benefits employees, organizations and society by focusing on what employees “can do” versus what s/he “cannot do” . This leads to increased retention and improved overall work force participation.
- **Complements strategic health and wellness initiatives** Integrated disability management “best practices” shift attention away from emphasis on cost and risk management to employee health as an investment in the future of the firm that increases time at work, productivity, employee satisfaction and perceived fairness.
- **Returning to work is a process that goes beyond “work resumption”** Shifts attention from *duration* (of off-work) to *durability* and *sustainability* of work after the RTW event and moves past the separation of those working from those out of work to include workers who have resumed work and are transitioning to stable employment.

Executive Summary

Ex.1 Study Rationale: Recent studies suggest that corporate policies and practices can have an impact on an individual's return to work following an injury or illness. More importantly, little is known about what influences an employer to implement a formal return to work program, have an informal program or no return to work program at all. This study begins to close this knowledge gap.

Ex.2 Project Title: Corporate RTW Policies and Practices: A National Study

Ex.3 Research Question: What are the determining influences that lead an employer to decide to implement or not implement a formal return-to-work program?

Es.4 Expected Outcomes:

- Gain insight to why employers do or do not have a formal return-to-work program
- Identify employer strategies that protect the productivity of their work force

Ex.5 Recruitment & Invitation:

- The BBI Employers Research Consortium (ERC) invited their corporate customers and members to participate in an internet-based survey containing questions about the various factors that influence their return-to-work policies and practices.
- Invitations varied by organizations. Several ERC members placed the RTW Study invitation in monthly newsletters, Others provided a market research data base of clients with the remainder of the disability carriers presenting RTW Study invitations through their account executives on an employer by employer basis.
- Employers with 100 to 10,000 + employees were invited to participate. For purposes of this study the small employer was defined as an organization with less than 500 employees, the mid size employers had between 500 to 2,500 employees, the large employer had a work force between 2,500 to 10,000 and the jumbo employers had a workforce with over 10,000 employees.
- Participating Industries: Manufacturing, Retail, Insurance/Financial, Healthcare, Service, Transportation/Utilities, Education, Construction, Hotel & Entertainment and Public employers
- There was no cost to participate; all responses were confidential and only aggregate data are reported by industry/workforce size.
- Participating employers receive a full report of the study's findings and recommendations to assist them in developing and evaluating return to work programs based on best practices.
- The RTW Study Survey was open from October 9, 2011 to January 31, 2012.

Ex.6 Return to Work Program Definitions:

A **formal Return to Work (RTW) program** was defined as one based on specific written and disseminated organizational policies and practices that instruct and direct supervisors and employees in the return to work process following a leave of absence due to an injury, illness or chronic disease. A formal RTW program's intent is to expedite the individual's recovery and return to productivity through referral, counseling, coordination of medical care, modifying the work space or work duties. Formal RTW programs may include vocational rehabilitation services coupled with transitional work to reintegrate the individual back to full productivity. A formal RTW program may or may not be integrated with other benefit, absence or leave management services.

An **informal Return to Work (RTW) program** was defined as one where there are few or no written policies or practices to guide the management team or the employees who are absent due to injury, illness, or chronic disease. Any employer response is based primarily on a case by case basis guided by the personal relationships, communication and/or local practices at the department or work unit level.

Ex. 7 Study Responses

- **Exploring the Invitation:** Of the 454 individuals who opened the survey, 232 (51%) gave informed consent to participate in the study.
- **Accepting the Invitation:** Of these 232 individuals, 170 (73%) identified the type of RTW program their organizations had in operation. After providing informed consent, 62 individuals elected to exit the survey and did not provide answers to any remaining questions. The study group consisted of 170 employers who provided sufficient data to analyze. Not all 170 responded to all questions. Gaps are reported as appropriate.
- **Response Profile: Formal vs. Informal RTW Programs**
 - The final study group consisted of 128 employers reporting either a formal or informal RTW program

Ex.7 Study Responses - 90% of responding firms have an RTW program split evenly between formal and informal programs!

- **Distribution of employer participants by workforce size (# of EEs):**

- | | | | |
|---------------------------|--------|-----------------------------|-------|
| – SMALL < 500 EEs | 15.6% | – LARGE 2,501 to 10,000 EEs | 19.5% |
| – MEDIUM 501 to 2,500 EEs | 34.3 % | – JUMBO > 10,000 EEs | 30.4% |

- **Distribution of formal versus informal programs by workforce size (# EEs):**

Larger employers (> 10,000 EEs) were more likely to have a formal RTW program while small to midsize employers were more likely to have an informal program. Of employers with RTW programs

- 70% of employers with less than 500 employees reported using an informal program
- 70% of employers with between 500 to 2,500 employees reported using an informal program
- 56% of employers with between the 2,500 to 10,000 employees reported using an informal program
- 72% of employers with greater than 10,000 employees reported using a formal program

- **Lost time as a problem?**

- 33% Employers reported lost time related issues as a chronic & serious problem
- 30% Employers reported lost time related issues as a consistent, but manageable problem
- 34% Employers reported lost time related issues as not a problem or only a periodic problem

Ex. 8 “Top 10” Key Findings

- ▶ **Reasons to have a formal RTW program:** Reduce lost time, right thing to do, protect investment in work force
- ▶ **Reasons to have an informal RTW program:** Reduce lost time, simplest strategy, more flexible
- ▶ **Reasons NOT to offer an RTW program:** Lost time not an issue, too many internal competing interests, change too complicated
- ▶ **Effective RTW programs** are integrated and communicated effectively, managed by leaders with professional knowledge, consistently and fairly implemented
- ▶ **An RTW development “blueprint”** should have the following core features: Simple to develop and access by employees and supervisors, timely evaluation of impact, embedded in the corporate culture and driven by values, and adequate funding with no additional administrative burden
- ▶ **Persuading employers to develop or change to a formal RTW program** requires evidence that doing so will make a difference, state or Federal regulations, an empowered internal champion who can motivate others, and/or a change in senior management priorities; however, “one size fits all” arguments in favor of RTW programs are unlikely to be persuasive and influencing factors vary based on employer size. Small employers emerge as a distinctive segment that will likely need a more tailored message on the benefits and costs of RTW programs
- ▶ **Development opportunities** emphasized better communication with physicians and supervisors, increase accessibility, expand breadth and depth of programs to close service gaps
- ▶ **Nearly half of respondents** reported that they do not systematically evaluate their RTW programs with 4 out of 5 employers reporting that ROI is either not measured or achieved; 1 in 5 report ROI between 2:1 and 10:1
- ▶ **Significant positive RTW outcomes** were realized by employers of all sizes, with the larger employers exhibiting the most significant outcomes as compared to small and medium-size employers. The outcomes included reduced lost time duration for short term disability as well as reduced medical costs over a three year period
- ▶ **Recommendations from insurers or consultants and competitor policies** are identified as least influential in the decision to implement a formal RTW program yet **incentives from insurers** to develop a formal RTW program were identified as desirable by 1 in 2 employers

Executive Summary (continued)

Ex. 8 Key Findings (Details)

Principle Reasons to have a...

- Formal RTW Program - Reduce lost time - Right thing to do - Protect investment in work force
- Informal RTW Program - Reduce lost time - Simplest strategy - More flexible
- No RTW Program - Lost time not an issue - Too many internal competing interests - Change too complicated

Strengths of Effective RTW Programs

- Integration & communication - Professional knowledge – Consistency & fairness

Areas in Need of Development

- Physician & supervisor communication - Increase accessibility - Expand breadth of program

Evaluation and Impact of RTW Programs

- 42% of respondents report not systematically evaluating their programs.
- 20% report evaluating the program at least quarterly, with 22% doing yearly evaluation.
- 22% report measuring ROI between 2:1 to 10:1
- 78% report no ROI achieved or measured
- Reported reduced lost time duration to Workers' Compensation and short term disability*
- Created reasonable and accurate expectations with employees and management
- Engaged the right people with the right solutions

What would it take to develop or change to a formal program (from an informal or no program)?

- Evidence that a formal program would make a difference
- Required by state or Federal regulations
- Internal champion
- Change in senior management priorities

* Statistically significant for Formal RTW programs .001 level

Ex. 8 Key Findings (Implications)

• Economic Factors

- While more than 50% of the responding firms reported increased medical costs over the past 3 years, the same number report no increase (stayed the same or declined) in Workers' Compensation and short term disability incidence and duration of claims. However, incidence, duration and cost of lost time were identified as chronic and serious problems by an estimated 33% of the respondents; another 33% report these problems to be consistent but manageable.

• Productivity

- Respondents report saving lost work days and protecting their investment in employees as the most influential factors driving the decision to implement a formal RTW program.

• Governmental Regulations

- State and Federal regulations were not recognized as important influences on whether an employer of any size or industry had an RTW program; however State/Federal regulations were noted as a source of possible influence, i.e. if employers were required to have a formal RTW program, they would comply.

• Insurance partners

- Insurer incentives, consultants recommendations and competitor policies were identified as least influential in the decision to implement a formal RTW program.
- 50% of the respondents identified a lack of incentives from their disability insurer as an area in need of development.
- Insurers were identified as not influential in the decision to implement a formal RTW program.

• Healthcare practices

- Opportunities to improve RTW programs exist in educating and communicating with key stakeholder groups especially supervisors and physicians, simplifying the program and increasing accessibility and expanding programs to close service gaps
- The formal RTW program offered clear information and guidance to the physicians as they determined work capacity and restrictions to be considered

Ex. 8 Key Findings (Implications)

- **More than the injury** Recognition that an underlying medical condition is not the most significant determinant of whether an ill or injured employee successfully returns to the pre-injury/illness work functioning level. This study illustrates that supportive work environments facilitate return to work success. The formal, as well as the informal programs attend to these non-medical factors.
- **Strategic Element In Protecting Human Capital** As part of health and wellness initiatives, RTW programs can provide a critical strategic advantage for employers by demonstrating management's belief that employee health is an investment in the future of the firm that increases retention, time at work and productivity.
- **Measurable RTW Dividend** RTW outcomes can be measured in terms of direct and indirect savings, costs, increased productivity and return-on-investment; however, a single-metric or narrow approach is inadequate.
- **Inclusiveness** An aging workforce will inevitably lead to more attention to strategies to keep workers at work with the realization that all lost time is connected. RTW programs need to address all lost time events across all age and work groups as well as impairment types.
- **Proactive Rather than Reactive** A proactive approach to managing lost time including stay at work and return to work programs benefits society through longer-term positive effects on labor force participation.
- **Return to Work Works** This study adds to the substantial body of knowledge that illustrates the effectiveness of RTW "best practices" if applied in a timely and appropriate manner.

Ex. 9 Recommendations - General

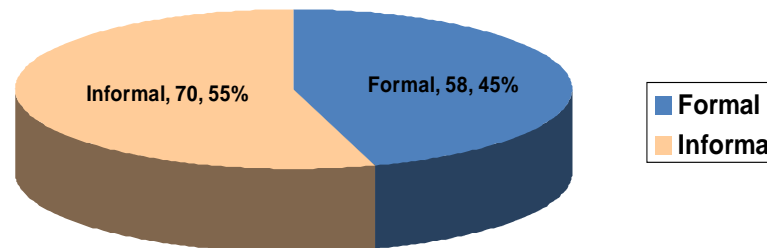
- **RTW Program Decisions** The decisions to implement a formal or an informal RTW program are multi-faceted and require a thoughtful and targeted argument that reflects the particular situation of that employer; “one size fits all” approaches to RTW will likely not be effective – especially for small employers (those with 500 or fewer employees). Critical to the success of RTW programs is flexibility and simplicity.
- **Vision** Emphasis on the “big health and productivity picture” provides a solid conceptual basis for implementing RTW programs:
 - RTW is a process leading to durability at work, not a one-time-event measured by an employee’s “return to work”
 - Investing in employee health can return tangible benefits in the form of increased retention, time at work and productivity
 - Employers with more than 2,500 employees should consider a formal RTW program to reduce medical costs along with the duration of short term disability claims
 - The demographics of the labor force (e.g. older workers) require a proactive approach to protecting productivity
- **Program Elements** Successful RTW programs are reported to have these characteristics:
 - Credible evidence that RTW programs (and “best practices” of effective programs) match the goals of the specific employer
 - Attention to the implementation process that emphasizes:
 - Consistency with organizational values
 - Adequate human and financial resources
 - Develop/motivate/empower an internal program champion
 - Education and communication with all stakeholder groups (specifically supervisors and physicians)
 - Simplicity, accessibility and flexibility in program design
 - Professionalism and accountability on the part of those assigned to manage the program
 - Accessible to all individuals with all types of impairments
 - An evaluation system that uses multiple outcome measures, occurs periodically (quarterly) and demonstrates value to the employer; in addition, employers need information on how to design and implement concrete strategies to gather and interpret appropriate RTW data
 - Incentives from the disability insurer to support implementation and maintenance of an RTW program
- **Opportunities to Influence** Disability insurers appear to have a significant influence gap with their clients. Strategies to close this gap are needed if insurers are to increase the likelihood of their corporate clients developing effective RTW policies and practices.

Section 1 Results

- 1.1 Survey Participant Demographics
- 1.2 Program Types - Formal and Informal RTW Programs
- 1.3 Variations on RTW Policies and Practices
- 1.4 Interactions Among Study Variables

1.1 Study Participation – BBI Return to Work (RTW) Survey

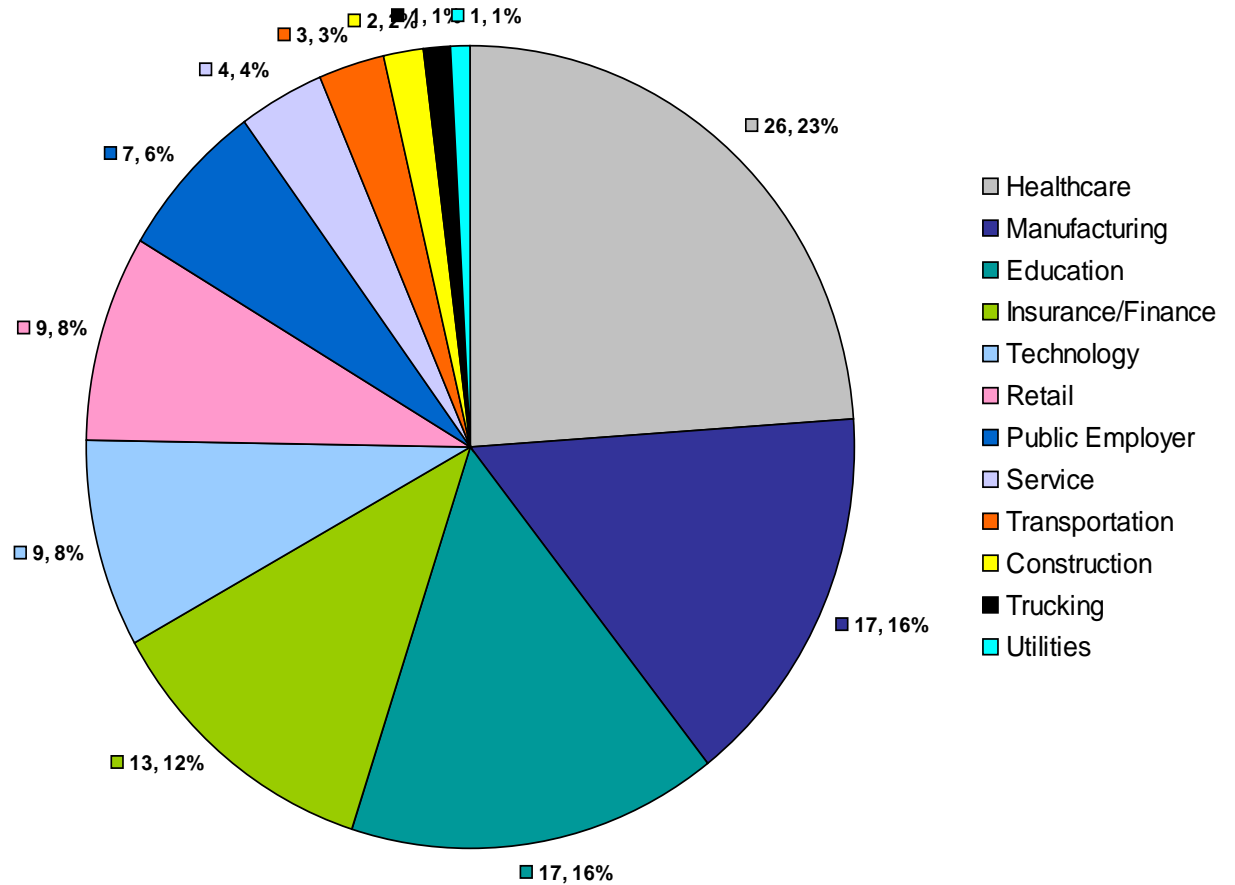
Summary Narrative: RTW programs distributed by program type and workforce size illustrate that the informal RTW program was dominant within this sample of employers. There were differences by work force size segments. For example, in the small employer group (<500 EEs), 70% reported having an informal program. Likewise, 70% of midsize employers (500 to 2,500 EEs) reported having an informal RTW program. The pattern begins to change with the larger employer (2,500 to 10,000 EEs) with 56% reporting having an informal RTW program. The jumbo employers (over 10,000 EEs), overwhelmingly reported (72%) using a formal RTW program.



Program Type x Workforce Size									
		Number Employees							Total
		< 100	101 - 500	501 - 1,500	1,501 - 2,500	2,501 - 5,000	5,000 - 10,000	> 10,000	
Program Type	Formal	2	4	6	7	9	2	28	58
	Informal	1	13	29	2	8	6	11	70
Total		3	17	35	9	17	8	39	128

1.1 Participants by Industry

The distribution of respondents by industry indicated healthcare was the largest group of participants; manufacturing was second.*



*See the next slide for more details on industries.

1.2 Participants by Industry and Type of RTW Program

Summary Narrative The distribution of participants recognizes the interest the healthcare industry has in dealing with lost time issues. In the top four industry groups, representing two thirds of the participating employers, formal and informal RTW programs were evenly split with the exception for education employers where informal RTW programs were dominant.

	<u>Industry Group</u>	<u>% of Sample</u>	<u>Dominant RTW Type</u>
1.	Healthcare	23%	53% Formal
2.	Manufacturing	16%	52% Informal
3.	Education	16%	65% Informal
4.	Insurance/Finance	12%	52% Informal
5.	Technology	8%	66% Informal
6.	Retail	8%	55% Formal
7.	Public Employer	6%	86% Formal
8.	Service	4%	100% Informal
9.	Transportation	3%	66% Formal
10.	Construction	2%	100% Formal
11.	Trucking	1%	100% Formal
12.	Utilities	1%	100% Formal

1.2 Lost Time and Cost Patterns

Summary Narrative: The 3-year lost time and cost trends of the participating employers revealed:

- Sixty percent (60%) reported medical costs rose gradually over the past 3 years.
- Forty five percent (45%) reported employee healthcare deductibles rose gradually.
- Forty three percent (43%) reported that employee deductibles stayed the same during the past 3 years .
- Sixty six percent (66%) reported Workers' Compensation incidence stayed the same or declined over the past 3 years.
- Sixty four (64%) reported Workers' Compensation claims duration stayed the same or declined over the past 3 years.
- Fifty percent (50%) reported short term disability claims incidence either stayed the same or declined over the past 3 years.
- Fifty six percent (56%) reported short term disability duration either stayed the same or declined over the past 3 years.
- The only statistically significant difference ($p < .001$) emerged between those employers with a formal RTW program as compared to employers with an informal RTW program or without an RTW program; formal RTW programs were associated with shorter STD claims.

Rate of Change	Medical Costs	Employee HC Deductable	WC Incidence/Duration		STD Incidence/Duration	
Risen Significantly (>20%)	15%	4%	4%	6%	5%	5%
Risen Gradually (5% to 20%)	60%	45%	11%	8%	27%	14%
Stayed the Same (+/- 5%)	17%	43%	40%	37%	40%	43%
Declined Gradually (-5% to 20%)	2%	0%	23%	21%	8%	13%
Declined Significantly (>20%)	0%	2%	3%	6%	2%	0%
Don't Know		7%	20%	23%	19%	25%

What this means. Over the past three years, short term disability durations declined for those employers with a formal return to work program as compared to employers without a formal RTW program (statistically significant at the .001 level).

All other differences in lost time and healthcare costs were not significantly different between formal and informal RTW programs.

1.3 Areas of Concern: Injury, Illness or Chronic Disease of Employees

Summary Narrative: 152 respondents answered the question about the degree to which lost time and its consequences are a concern. Approximately 33% of the participating employers rated the incidence, duration and cost of lost time as a chronic and serious problem. An estimated 30% reported these issues to be a consistent problem but manageable. The final third of respondents reported lost time and the associated costs to be either no problem or only a periodic issue.

- **Incidence of lost time due to injury, illness or chronic disease:**
 - 33% - a chronic and serious problem
 - 30% - a consistent, but manageable issue
 - 36% - not or only periodically a problem
- **Duration of lost time due to injury, illness or chronic disease:**
 - 30% - a chronic and serious problem
 - 29% - a consistent, but manageable issue
 - 30% - not or only periodically a problem
- **Direct cost of lost time due to injury, illness or chronic disease:**
 - 37% - a chronic and serious problem
 - 27% - a consistent, but manageable issue
 - 32% - not or only periodically a problem
- **Disruption to team work due to injury, illness or chronic disease:**
 - 37% - a chronic and serious problem
 - 20% - a consistent, but manageable issue
 - 37% - not or only periodically a problem
- **Lost productivity due to injury, illness or chronic disease:**
 - 29% - a chronic and serious problem
 - 34% - a consistent, but manageable issue
 - 35% - not or only periodically a problem

What this means: The significant statistical correlations among these five issues suggested that lost time was recognized as a common and consistent negative issue across all employer groups.

Such a correlation suggests that when lost time incidence increases, costs rise, disruption increases, productivity declines. Similarly, when lost time incidence or duration declines, costs and disruption decrease and productivity improves.

1.3 What Factors Influenced Your Decision to have a Formal RTW Program

Summary Narrative: Sixty one (61 – 26%) individuals representing employers with a formal return to work program responded to questions about the factors that influenced their decision to implement a formal RTW program.

- **Most Influential**
 - Saving lost work days (82%)
 - Protecting our investment in our employees (72%)
- **Influential**
 - Compliance with Federal and state requirements (65%)
 - Compatibility with corporate culture (70%)
- **Least Influential**
 - Incentives offered by insurer, if any (13%)
 - Recommendations by consultants and insurers (14%, 13%)
 - Competitors having RTW programs (6.5%).

What this means: Employers with formal return to work programs recognized it as an effective strategy to reduce and control lost time. They also saw formal RTW efforts as a strategy to protect their investment in the workforce.

Factors such as compliance with state and Federal regulations were identified as influential in the decision to implement a formal RTW program, but to a lesser degree than cost savings.

Incentives from the insurance carrier and other outside or extrinsic factors were least influential in the decision to develop a formal return to work program.

It's likely that a combination of strategies will be needed to make the case for a formal RTW program. We have both the carrot (protect their investment; reduce lost time) and the stick (encouragement based on required compliance) represented here as influencers.

1.3 Characteristics of Formal RTW Programs

- **Program Longevity** For employers with formal RTW programs, one-third have been in operation for more than 10 years, one-third for 5 to 10 years and one-third for 1 to 5 years.
- **Program Names Vary:**
 - Return to Work Program
 - Modified, Duty Light Duty Service
 - Transitional Return to Work
 - Transitional Duty
 - Maximum Team Productivity
 - Return, Retain, Respect
 - RTW Assistance Program
 - Integrated Disability & Absence Management Program
 - Integrated Absence Management
 - Workers' Compensation Return to Work Program
 - Employee Case Management
 - Alternative Work Programs
 - Return to Work: What You Should Know!
 - Early Return to Work Program
 - Return to Work Protocol
 - Disability Management Program
 - Leave of Absence Program
- **Who Manages Formal Return to Work Programs:**
 - Human Resources (24%)
 - Occ. Health (20%)
 - Leave Management (14%)
 - Risk Management (14%)
 - Employee Benefits (9%)
 - Third Party Vendor (5%)
 - Other (16%)

What this means: An RTW program can be sustained over time. Employers use a wide range of names for RTW programs, but all of them reference the connection between “work” and health activities.

Human resources and occupational health programs appeared to be the most common management homes for RTW programs.

→ Vocational Rehabilitation
JPA Administrator
Combined HR & Occupational Health

1.3 Key Features of Formal RTW Programs

- **Features reported in 60% to 100% of formal RTW programs**

- Transitional Work
- Light Duty Assignments
- Written RTW Policies
- Work Site Accommodations

- **Features reported in 30% to 59% of formal RTW programs**

- Modified duty job bank
- Use of Individual RTW plan
- Work Hardening
- EAP Referrals
- Early Intervention
- Post RTW Follow-up
- Designated RTW Coordinator
- Supervisor Education

- **Features reported in < 30% of formal RTW programs**

- Transitional Work Fund
- Employee/Employer Incentives
- 3 point contact
- Vocational counseling & placement
- Behavioral Health Assessments
- Physician education
- On site medical unit
- On site rehabilitation or fitness services

- **Who is included in the formal RTW Program?**

- 76% All employees with a lost time claims
- 33% Employees only with a WC claim
- 21% Employees only with a STD claim
- 11% Employees at work with performance deficit
- 9% Employees with an LTD Claim
- 7% Employees with an FMLA claim

- **Average number of employees participating annually**

- 25% < 50 Employees
- 18% 50 to 100 Employees
- 23% 100 to 250 Employees
- 19% 250 to 500 Employees
- 16% > 500 Employees

What this Means: Formal return to work programs must provide clear and consistent strategies. The cornerstone of such programs is facilitating the employee's incremental return to work either through well defined transitions or work site accommodations. Early intervention, individualized planning and follow-up along with supervisor education build on basic strategies of transitional work, light duty, accommodations and written policies.

The majority of formal RTW programs make services available to all employees with lost time claims, whether work related or non work related.

1.3 Measuring RTW Program Effectiveness

Summary Narrative Responding employers reported using a mixture of approaches to measure the effectiveness of their formal RTW program.

- Most often reported as a measure of effectiveness: Compliance with ADA and changes in patterns of lost time.
- Second most common evaluation measure: Changes in lost time costs.
- Frequency: 20% of employers evaluate at least quarterly with 22% doing yearly evaluations.
- Nearly half (42%) of employers reported not evaluating their program at all.
- When ROI was a measure of effectiveness, employers relied on a variety of metrics, such as:
 - Changes in lost work days, lost time claims, indemnity and medical costs
 - # of days on modified duty or transitional work
 - Investments typically were defined as the cost of administering the RTW program
 - One in 5 employers (22%) reported ROIs between 2:1 and 10:1
 - Four in 5 employers (78%) reported no ROI achieved or measured

What this means: There is significant opportunity to assist employers in evaluating their RTW programs by defining what “return on investment” means and how to measure it. Nearly one in two responding employers do not evaluate their RTW program, yet 80% of firms with formal RTW programs reported they are working well.

With a more coordinated, well defined, less mysterious evaluation process, employers may be more inclined to assess the impact of their programs .

Disability insurers are in an excellent position to provide such program evaluation guidance.

1.3 How's Your Program Working?

Summary Narrative: Valuable insights emerged about how well employers felt their program was working well, working , but could use improvement and areas that need attention to improve.

Working well: The program...

- Was the right thing to do: 94%
- Made good economic sense for the company: 91%
- was compliant with the ADA: 93%
- Was an essential part of the corporate strategy: 80%
- Reduced lost time: 81%
- Reduced lost time costs: 80%

Working but could use some improvement: The program...

- Was understood by the workforce: 56%
- Was meeting its goals: 68%
- Offered a supportive company image 64%
- Was consistently and fairly applied: 76% (19% were neutral)
- Did not create legal problems: 76% (11% neutral)
- Was being effectively used by employees: 67%
- Was perceived as valuable by supervisors: 72%
- Was a best practice for the HR services: 65%

Needs improvement: The program...

- Improved work force stability: 46%
- Improved work force morale: 44%
- Was not supported by incentives from the disability insurer: 50% (31% neutral)

What this means:

Nine of ten employers agree that an RTW program was the “right thing to do” and made “good economic sense” while eight of ten employers connected reduced lost time with lost time costs as indicators of an effective program.

Attention to the day-to-day implementation of RTW strategies may contribute to better workforce understanding, company image, effective use and consistency and fairness in application.

Linkages between RTW programs and improved work force stability and morale are necessary. Disability insurers can benefit by re-examining incentives to their corporate customers to implement RTW programs.

1.3 Why do you have a Formal RTW Program?

Summary Narrative Those organizations (54 responses) having a formal return to work program reported the following reasons for doing so:

- 87% an RTW program was the right thing to do
- 78% Made good sense for the organization
- 70% Needed to reduce lost time
- 63% Considered RTW services to be a best practice for their HR programs
- 59% Part of overall corporate strategy to control medical and lost time costs
- 37% Natural evolution of employee health and human resources program
- 37% Recommended by disability insurer
- 35% Improved labor relations and workforce morale
- 29% Improved company image
- 24% Required by state or Federal law
- 19% Reduced turnover
- 7% Disability insurer provided incentives
- 2% Not really sure

What this Means: The top two most common reasons provide evidence that a philosophical rationale plays an important part in the decision to implement an RTW program.

Economic justification was also important; reducing lost time was right near the top, but not at the top of the list.

Less common but notable reasons for having an RTW program related to recommendations and incentives offered by the disability insurer. Disability insurers may want to consider integrating RTW as part of an overall benefit strategy for their customers.

1.3 Strengths of Formal RTW Programs

Summary Narrative The reported strengths of a formal RTW programs can be classified in three categories:

Strength #1 Integration and Communications

- ✓ Interactive planning leading to reasonable solutions
- ✓ Timeliness of response to the impaired worker
- ✓ Centralized team able to work with all lost time cases
- ✓ Builds positive communication with impaired employees
- ✓ Creates reasonable and accurate expectations

Strength #2 Professional Knowledge

- ✓ Engages right people with correct solutions
- ✓ Invites supervisor input with resulting support
- ✓ Reduced costs for all parties - provided real, usable data
- ✓ Creates specific written guidelines for all to follow
- ✓ Supports evidence-based medical practices

Strength #3 Consistency and Fairness

- ✓ Prevents discrimination – demonstrates caring
- ✓ Meets needs of the impaired employee
- ✓ Provides flexibility to work on a case by case basis
- ✓ Covers all employees with a lost time claim
- ✓ Saves sick leave for real medical emergencies

1.3 Development Opportunities

Summary Narrative: Three areas were identified as opportunities to improve or develop more effective RTW programs:

1 Education & Communication - Physician and Supervision Integration

- ✓ Prepare supervisors and physicians to support the program
- ✓ Orient and educate new supervisors to buy into the use of transitional work
- ✓ Encourage physicians to incorporate transitional work as part of treatment plans
- ✓ Communicate outcomes with more accuracy and timeliness to senior management

#2 Simplify the Process & Increase Accessibility to Program

- ✓ Create opportunities for expanded job bank, modified duty assignments
- ✓ Develop clearer processes for the supervisor and impaired worker
- ✓ Create a simpler, more understandable return on investment evaluation process
- ✓ Facilitate timelier receipt of job descriptions

3 Close Service Gaps Expand the Breadth and Depth of the Program

- ✓ Make the program available to individuals with all types of impairments
- ✓ Improve access of FMLA claims into program
- ✓ Formalize RTW process within labor management agreements
- ✓ Create new employee and supervisor education programs
- ✓ Get Disability insurers to support program through planning and RTW incentives

1.3 Why Use an Informal RTW Program?

Summary Narrative : A key focus of this study concerned gaining insight as to why an employer would develop an informal rather than a formal RTW program. Findings revealed a range of reasons for use of an informal RTW program as opposed to a formal RTW program:

Most common reasons for an informal RTW program:

- An informal program was the simplest to implement(46%)
- An informal program offered more flexibility (39%)
- A lack of internal resources to implement a formal program (36%)

Notable reasons for an informal RTW program:

- A formal program was determined not to be necessary to achieve RTW goals (20%)
- Formal program was not required by state or Federal regulations (15%)
- Not sure how to develop a formal RTW program (15%)
- Formal changes in organization take time (moving to a formal RTW program was a change) (21%)
- Too many operational sites for a formal program (21%)
- Formal program not needed as the RTW focus was only on worker's compensation cases (21%)

Least frequent reasons for having an informal RTW Program:

- A formal program did not fit our overall corporate strategy (12%)
- An informal program was less costly to develop and manage (12%)
- No apparent economic benefit of a formal program (7%)
- Disruptive to labor relations, weak senior management, no assistance from disability insurer, corporate culture fit (< 5%)

What this means: Small to mid size employers were more likely to have an informal RTW program.

Simplicity and flexibility were the most common reasons for keeping the RTW program informal. Other reasons included a lack of resources to implement and maintain a formal RTW program coupled with the uncertainty of the economic benefits of a formal program.

Low incidence on injury, duration of lost time or infrequent absences did not emerge as reasons for an informal program.

1.3 Change From an Informal to a Formal RTW Program?

Summary Narrative: Employers who did not have a formal RTW program (or who had no RTW program at all) described “*what it would take*” to develop a formal RTW program. Their reasons, in priority order, are as follows:

1. Evidence in the form of compelling data that indicates such a program is needed and provided measurable economic value (53%)
2. Would be required by state or Federal regulations (36%)
3. An internal champion (33%)
4. Change in senior management priorities (28%)
5. Change in current lost time and cost patterns (25%)
6. Disability insurer would have to offer incentives (e.g. reduced premiums (15%)
7. Determination that such programs offer a competitive edge (13%)
8. Nothing would make a difference – We have determined that a formal RTW program is not needed. (12%)
9. Strongly recommended by our disability insurer (8%)

Other Reasons:

- Strong union and legal support → buy in
- Incentives to implement RTW in decentralized operational sites
- Increased light duty opportunities
- An affordable external program
- Evaluation of the current success of existing informal program

What this means: Moving an employer to formalize their informal RTW program likely requires compelling evidence that a more formal program will provide enhanced outcomes or is required by state or Federal regulations.

Internal factors supporting a move to a more formal RTW program included an internal champion, change in management priorities and/or changes in patterns of lost time incidence and costs.

External factors supporting a move to a more formal RTW program appeared to have less impact on the decision process; however, these included incentives and recommendations by disability insurer and evidence that the RTW program would create a competitive advantage.

1.3 No RTW Program - Why?

Summary Narrative When an employer decides not to have any RTW program (informal or formal), it is valuable to understand the reasons. Although a small number (14) of employers in this sample reported not having any RTW program, they offered the following reasons:

- Lost time was not an issue, managing lost time was not a priority (36%)
- Too many competing interests along with too many operational sites (36%)
- Any changes made in our organization take time and are too complicated (36%)
- No internal champion to move program forward (27%)
- No light duty jobs available (18%)
- Not required by state or Federal regulations (18%)
- RTW programs not considered a best practice (18%)

What this means: The top three reasons employers cited for not having a formal or informal RTW program were balanced among:

1. The belief that lost time was not an issue and managing lost time was not a priority
2. Too many competing internal interests with too many sites to coordinate, and
3. The perception that change takes time and is too complicated for the organization.

The perceived barriers to development of an RTW program can be overcome through increased awareness and education through the demonstration of how such a program can be developed and fits with their organization's culture, values and economic pain points.

1.3 What Influences the Decision to Implement a Formal Program?

Summary Narrative: Independent of whether an organization had an RTW program or not, 125 respondents identified factors likely to influence the decision to support a formal RTW program.

Most Influential – An RTW Program MUST be...

- Simple to understand and implement (80%)
- Demonstrate a positive impact on the financial bottom line (78%)
- Supported by necessary and dedicated financial and human resources (77%)
- Consistent with organizational values (76%)
- Able to be implemented without added workload or costs (HR and cost neutral) (74%)

Influential – An RTW Program SHOULD...

- Provide workers benefits they value (67%)
- Provide a tangible demonstration of organization's commitment to employees ((66%)
- Provide supervisors and managers with benefits they value (62%)
- Help employers support workers who have injuries or illnesses (60%)

Least Influential – An RTW Program WOULD be attractive if it were...

- Managed by an RTW staff viewed as professionals (56%)
- Viewed as a strategy to protect the productivity of the worker vs. strict cost control strategy (56%)
- Effective in reducing pressures on employee to return to work at whatever the cost (52%)
- Structured around processes/systems that insure clear accountability for RTW outcomes (54%)
- A demonstration of going beyond what is required for the employer to do (42%)

What this means: This series of responses offered the greatest insight into what employers consider important in developing a formal RTW program.

The RTW Development blueprint should have the following core features:

- Simple to develop and access by employees and supervisors
- Timely evaluation of impact
- Embedded in corporate culture
- Values driven program
- No additional administrative burden with appropriate funding

1.4 Interactions: Perceptions of “Lost Time” by Workforce Size

Summary Narrative. The perception of the impact of lost time was relatively consistent with the following differences:

- Smaller employers reported that lost time issues were “periodically” a problem in contrast to larger employers who reported they were more of a challenge. Exceptions appeared for “lost revenues” and “support of carrier” where workforce size did not matter.
- Perceptions by medium-size employers (501 – 2,500 EEs) did not differ from all other employers except in the “disrupt team” category.
- Perceptions by large employers (2,501 – 10,000 EEs) were no different from all other employers.
- Jumbo (>10,001 EEs) employers reported that all of these issues were more as much of a problem as other employers with the exception of “overtime costs”, “lost revenues” and “support of carrier” (where there was no significant difference based on size).

What this means: Efforts to invite employers to implement an RTW program must incorporate credible evidence that doing so will have an impact. Impact on what? In particular, this evidence should target the impact of an RTW program on those issues perceived by the employer to be a problem. Small employers perceived many of the problems associated with lost time as only “periodically” a problem; thus, this group of employers will likely need to hear a more persuasive message with benefits beyond lost time management.

The responses (average mean) to the question “How much of a problem is...?” combined with the results of a statistical test (i.e. 95% confidence that differences were not due to random effects) offered insight about whether workforce size was associated with different perceptions about issues related to lost time

Variables	< 500 EEs (n=19)	All others (n=89-105)	p
Lost time incidence	2.26	3.28	.000
Lost time duration	2.26	3.11	.001
Lost productivity	2.37	3.17	.001
Presenteeism	2.37	2.86	.050
Direct Costs	2.44	5.29	.002
Cost Temporary	2.00	2.65	.034
Cost overtime	2.16	2.81	.028
Disrupt team	2.63	3.18	.050
Lost revenue	2.32	2.54	.440
Turnover	1.68	2.53	.003
Comply with laws	1.68	2.30	.046
Carrier support	1.84	1.88	.904
Low motivation - RTW	2.05	2.96	.001

Variables	>10,000 EEs (n=32-37)	All others (n=78 to 87)	p
Lost time incidence	3.46	2.98	.019
Lost time duration	3.41	2.80	.003
Lost productivity	3.42	2.90	.009
Presenteeism	3.09	2.64	.029
Direct Costs	3.46	3.04	.045
Cost Temporary	2.91	2.40	.044
Cost overtime	2.90	2.62	.270
Disrupt team	3.50	2.92	.008
Lost revenue	2.72	2.42	.217
Turnover	2.77	2.24	.030
Comply with laws	2.68	2.00	.005
Carrier support	1.97	1.83	.492
Low motivation - RTW	3.14	2.68	.043

□ Not significant at .05 level

1.4 Interactions: RTW Decision Influences and Workforce Size

Summary Narrative Employers of all sizes reported that many reasons influenced the decision to implement an RTW program. All of these reasons were “influential” or “very influential” with differences emerging across workforce size.

Small employers (500 or fewer EEs) viewed some reasons (identified by an asterisk below) as less important than do other employers. Large employers (2501 – 10,000 EEs) reported that “positively affect the bottom line” and “be a tangible demonstration of the organization’s commitment to its employees” were more influential in their decision to implement an RTW program than what other employers reported. Very large employers (10,001 or more EEs) reported that providing “managers and supervisors with benefits they value” were more influential than other employers when deciding to implement an RTW program.

Most Common Influences on the decision to move to a formal RTW program

- Help employer do a better job supporting workers with injuries and illnesses
- Be simple to understand and implement *
- Provide workers with benefits they value
- Provide managers and supervisors with benefits they value *
- Positively affect bottom line *
- Not lead to added workload and/or costs *
- Not lead to pressure on employees to RTW at whatever the cost
- Be consistent with the values and culture of the organization
- Be viewed more as a strategy to protect the investment in the workforce
- Be managed by RTW staff who are viewed as professionals *
- Contain systems that insure clear accountability for the RTW outcomes*
- Not be difficult to implement in practice
- Be supported with necessary financial, human resources
- Clearly aligned with state or Federal regulations

What this means: The decision to implement an RTW program is a multi-faceted one; “one size fits all” arguments in favor of RTW programs are not likely to be persuasive. Small employers emerge as a distinctive segment that will likely need a more tailored message on the benefits and costs of RTW programs.

Small Employers - Most Influential

- Clearly aligned with state or Federal regulations
- Be simple to understand and implement
- Be supported with necessary resources

Midsize Employers – Most Influential

- Be simple to understand and implement
- Not lead to added workload or costs
- Be supported with resources

Large Employers - Most Influential

- Positively affect bottom line
- Be a tangible demonstration of the organization’s commitment to its employees

Jumbo Employers Most Influential

- Provide managers and supervisors with benefits they value
- Positively affect the bottom line

1.4 Workforce Size & Benefits, Medical Costs & Incidence Rates

Summary Narrative: In comparison to all others, small (500 or fewer employees) and medium (501 – 2,500 EEs) employers reported no differences in generosity of benefits package (rated as “average”) or in trends on medical costs (“risen gradually”) over the past five years, employee contributions (“risen gradually”), WC incidence rates (“stayed about the same”), STD incidence rates (“stayed about the same”), average duration of lost time WC claims (“stayed about the same”) or average duration of STD claims (“stayed about the same”). Refer to the tables below for specifics (5 – risen significantly; 4 – risen gradually; 3 – stayed about the same; 2 – declined gradually; 1 – declined significantly).

Large employers (2,501 -10,000 EEs) reported on average that their medical costs per employee had risen more than other employers and also reported a rise in the average duration of a STD claim.

Jumbo employers (> 10,000 EEs) reported a shorter average duration of STD claims as compared to all other employers.

What this means: With few exceptions, patterns related to benefit package generosity, medical costs and employee contributions, WC and STD incidence rates and duration were similar regardless of employer size. Large employers reported on average that medical costs per employee had risen more than other employers and average duration of STD claim has also risen. In contrast, the largest employers reported shorter average duration of STD claims, significantly shorter than other employers. Benefits of an RTW program in terms of reducing both medical costs and shortening STD claims should be emphasized during discussions between disability carriers and employers.

Benefit Item	2,500 – 10,000 EEs (n = 13 – 21)	All others (n = 53-75)	P
Benefits package	2.67	2.57	.467
Medical costs	4.22	3.84	.039*
Employee contributions	3.58	3.51	.677
WC incidence rates	2.71	2.91	.385
STD incidence rates	3.47	3.26	.393
Average duration of lost time WC claim	2.80	2.84	.877
Average duration of STD Claim	3.62	3.06	.018*

Benefit Item	>10,000 EEs (n = 19-36)	All others (n = 53-75)	P
Benefits package	2.53	2.61	.457
Medical costs	3.78	3.97	.217
Employee contributions	3.55	3.51	.782
WC incidence rates	2.86	2.87	.930
STD incidence rates	3.19	3.35	.419
Average duration of lost time WC claim	2.95	2.80	.571
Average duration of STD Claim	2.80	3.32	.005*

Observations, Recommendations & Corporate Case Study

2.1 Observations

- **Economic Factors**

- While more than 50% of the responding firms reported increased medical costs over the past 3 years, the same number reported no increase (stayed the same or declined) in Workers' Compensation and short term disability incidence and duration of claims. However, incidence, duration and cost of lost time were identified as chronic and serious problems by an estimated 33% of the respondents; another 33% reported these problems to be consistent, but manageable.

- **Productivity**

- Respondents reported saving lost work days and protecting their investment in employees as the most influential factors driving the decision to implement a formal RTW program.

- **Governmental Regulations**

- State and Federal regulations were not recognized as important influences on whether an employer of any size or industry had an RTW program. State/Federal regulations were noted as a potential source of influence if the employer was required to have a formal RTW program. The employers would comply.

- **Insurance Partners**

- Insurer incentives, consultants recommendations and competitor policies were identified as least influential in the decision to implement a formal RTW program.
- Although insurers were not identified as influential in the decision to implement a formal RTW program, 1 in 2 employers identify the insurer's potential financial incentives and program development support as desirable.

- **Healthcare Practices**

- Opportunities to improve RTW programs existed in educating and communicating with key stakeholder groups especially supervisors and physicians. Simplifying the program and increasing accessibility at the same time expanding programs to close service gaps were felt important to aid the physician to be a more effective RTW partner.
- The formal RTW programs were reported to offer clear information and guidance to the physicians as the physician determined work capacity and restrictions.

2.1 Observations (continued)

- **More than the Injury** Recognition that an underlying medical condition was not the most significant determinant of whether an ill or injured employee successfully returns to the pre-injury/illness work functioning level was critical to RTW policies and practices. This study illustrated that supportive work environments can facilitate return to work success. The formal and informal programs are able to attend to these non-medical factors.
- **Strategic Element In Protecting Human Capital** As part of health and wellness initiatives, RTW programs provided a critical strategic advantage for employers by demonstrating management's belief that employee health is an investment in the future of the firm that increases retention, time at work and productivity.
- **Measurable RTW Dividend** RTW outcomes were measured in terms of direct and indirect savings, costs, increased productivity and return-on-investment; however, a single-metric or narrow approach is inadequate. Unfortunately, the majority of participating employers do not evaluate their program or track ROI.
- **Inclusiveness** An aging workforce will inevitably lead to more attention to strategies to keep workers at work with the realization that all lost time is connected. RTW programs need to address all lost time events across all age and work groups, as well as impairment types. There was clear evidence that employers looked beyond just work related injuries for their RTW programs.
- **Proactive Rather than Reactive** A proactive approach to managing lost time including stay at work and return to work programs benefits society through longer-term positive effects on labor force participation. The majority of formal return to work programs engaged the employee at the time of the lost time claim was filed.
- **Return to Work Works** This study adds to the substantial body of knowledge that illustrates the effectiveness of RTW "best practices" if applied in a timely and appropriate manner.

2.2 Recommendations

Employers

- **Emphasize the “big health and productivity picture”** that RTW programs benefit both employee and employer as it is a process leading to durability and sustainability of work functioning; it is not a one-time-event measured by an employee’s “return to work.”
- **Invest in employee health** to realize tangible benefits in the form of increased retention, time at work and productivity.
 - Employers with more than 2,500 employees should consider a formal RTW program to reduce medical costs along with the duration of short term disability claims
- **Take a proactive approach to developing a supportive work environment that facilitates RTW** because workforce demographics necessitate attention to RTW and successful return to work depends on more than medical recovery.
- **Match your program to your needs** because a decision to implement a formal or an informal RTW program is multi-faceted and requires a thoughtful targeted argument that reflects the particular situation of that employer. “One size fits all” approaches to RTW will likely not be effective – especially for small employers (those with 500 or fewer employees).
- **Design with flexibility and simplicity** as critical elements of a successful RTW program.
- **Incorporate “best practices” in implementation** using evidence-based research recognizing the characteristics of successful RTW programs:
 - Consistency with organizational values
 - Adequate human and financial resources
 - Develop/motivate/empower an internal program champion
 - Education and communication with all stakeholder groups (specifically supervisors and physicians)
 - Simplicity, accessibility and flexibility in program design
 - Professionalism and accountability on the part of those assigned to manage the program
- **Provide access** to your RTW program by all individuals with all types of impairments and lost time events.
- **Evaluate the RTW program** on a regular basis (quarterly is recommended) using multiple outcome metrics that capture costs and benefits.

Recommendations (continued)

Disability Insurers

- **Develop strategies to close the influence gap** on the clients' RTW policies and practices by providing incentives that support implementation and maintenance of an RTW program. This may include:
 - Provide webinars, seminars studies, monographs that illustrate the potential impact of developing a formal return to work program
 - Provide guidance and resources to support the development of the RTW policies and practices. This can include program development support through mentoring programs, direct services or collaborative development programs with brokers, third party administrators or consulting groups
 - Provide a review of lost time patterns, to include an alternative, “a what if”, report that provides insight to what the possibilities /changes would be with an effective RTW or Stay at Work (SAW) program
 - Provide tangible financial incentives (RTW Performance awards) for the development of RTW best practices and policies that emphasize timely increments to staying at or returning to work
 - Create a “Protecting Productivity “ service package that a corporate client can purchase bringing all relevant RTW/SAW services together for either short or long term disability, as well as voluntary products

Public Policy Makers

- **Recognize that health and productivity are connected** Public policy related to employee lost time and healthcare utilization need to be considered mutually influenced as state and Federal legislation and regulations are developed. This includes;
 - Developing program eligibility criteria and engaging the claimant in a timely manner that recognizes the longer a person is off work the less likely he or she are to return to work
 - Disability Related Safe Harbor Statutes - Small and mid size employers can be provided protection that reduces or eliminates its liability under the law, on the condition that the party performed its actions in good faith or in compliance with defined ADA – EEOC standards.
 - Support the application of reasonable accommodations for specific types of impairments through tangible employer incentives
 - Establish RTW Incentives that create an earlier engagement in RTW planning for individuals using the public disability insurance programs
 - Public and Private disability insurance collaboration can be encouraged to initiate timely decision making related to RTW and SAW opportunities long with SSDI eligibility

Recommendations (continued)

Healthcare Providers

- **Move away from the static notion of restrictions and limitations by creating a dynamic work prescription that integrates stay at work and return to work options with the prescribed treatment or medical protocol.**
 - Develop Incremental resumption of work tasks as part of current treatment program
 - Define current and/or projected functional impairments
 - Define the extent of duration of the functional impairments
 - Define work site accommodations that are required , possible and for how long
 - Identify any employee relation issues that may be an RTW barrier
 - Identify any ambivalence and resistance to a return to work
 - Outline transitional work options aligned with key benefit dates
 - Communicate WorkRx to the respective supervisor and physician
 - Communicate with the employee about intention to RTW

Employees and Consumers

- **Be fully engaged in protecting your personal productivity**
 - Understand the short and long term impact of the injury and illness on your productivity
 - Be informed about your health and disability benefit types, duration and responsibilities
 - Expect to return to work through safe increments in a timely manner
 - Be part of the decision making in developing the return to work plan
 - Anticipate barriers to return to work and create solutions if and when they arise
 - Stay engaged with your employer.

Corporate Case Study

While a picture may be worth a thousand words, a corporate case study illustrates the measurable value of a formal return to work program. The particular organization invited to share their RTW decisions and dividends highlights the real investment and potential in the application of the recommendations of this RTW study. The RTW Dividend is real and achievable.

Corporate Case Study – The RTW Decisions

Employer Construction Company (CC) has been in business for a little over 50 years specializing in concrete construction and is classified as “heavy construction” by the insurance carrier. While the CC had 150+ employees before the economic downturn, it now runs between 50 to 90 employees. They are now rehiring. The company employs carpenters and laborers who are required to work at a very physical job for 8 hours a day.

Lost Time Issues

- An RTW program was in place for work related injuries, but it was informal at best, not consistently applied and not recognized as a cost savings tool it could be. The worst time loss year was in 2005. The company logged 1,176 lost work days for 49 claims. The workforce is paid at a high rate of pay. Currently, carpenters make \$34.47 per hour (without including the cost of fringe benefits). The annual cost to the company roughly \$464,000 in lost time alone.

RTW Strategies Applied Measurable economic losses moved the employer to decided to implement a formal , aggressive RTW program highlighted by providing:

- Personal, face-to-face meetings were conducted with physicians to establish a relationship and explain the RTW program for buy in.
- Personal, face-to-face contact was made with injured workers by Director of Safety and/or Director of Human Resources the day of injury to determine extent of injury, show support of employee and ascertain restrictions.
- Careful review of worker’s restrictions was completed to determine tasks the worker was still able to perform and to identify other tasks within the worker’s restrictions.
- Same day contact with medical providers was made to provide a modified job description meeting the injured worker’s restrictions to obtain a release to return to modified work. The job description was modified if not accepted and sought re-approval. The CC continued this process until its was able to determine an acceptable modified job description that the medical provider would accept.
- Uniform accident investigations were consistently performed on all reported injuries. Uniformity made the process more about facts, than finger pointing and produced better investigation results.
- Continual monitoring of the employee’s recovery was done by the Director of Safety and/or Director of Human Resources with ongoing contact with medical provider to ascertain when restrictions were lessening with corresponding adjustments to work demands.
- Ongoing contact with employee was made by the Director of Safety and/or the Director of Human Resources to ensure employee buy-in to recovery and RTW, as well as to ascertain the direction of the employee’s rehabilitation or treatment progress.

Corporate Case Study – The Pay Off!

What worked? And, what didn't?

- The organization found that when the RTW program was first implemented claims spiked briefly and then began a downward trend
- Having operation managers perform the investigation into the root cause of the injury did not work well for the organization. As a result, important information was missed affecting claims management and RTW decision making. Using two trained interviewers within the work force was determined to be the best combination for obtaining the information surrounding an injury.

The RTW Dividend


- Number of lost work days went from 1,176 time loss days in 2005 to zero in 2010
- Lost time claims in 2005 totaled 49 reduced to 7 in 2010 (four of which will show as zero dollars on the NCCI report)
- \$464,000 in claims costs in 2005 down to \$1,088 in 2010
- WC mod rate went from 1.01 in 2005 down to .75 in 2011. A 25% reduction
- Program now available to any employee with any type of lost time claim or health related job performance predicament
- No additional FTE's were required, made those individuals currently involved accountable for specific lost time management and RTW planning tasks

The Take-Away Lesson: Complaining about lost time is not a RTW Strategy. Employers of any size can be an effective and successful manager of lost time with the application of a menu of select SAW/RTW strategies.

Appendices

- 3.1. RTW Website - RTW Survey
- 3.2. RTW Research Summary
- 3.4. Knowledge Transfer - Corporate Mentoring Program
- 3.5 RTW Study Leadership

Appendix 3.1 RTW Website & Survey



BBI-RTW!
A Syracuse University Return-to-Work Initiative

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Welcome Return-to-Work (RTW) Initiative

Thank you for your interest in participating in the Return-To-Work (RTW) Study. Protecting and enhancing the productivity of individuals who have experienced a disabling injury or illness is a critical mission of the BBI. This study is part of the Institute's efforts to assist both the employee and employers of all sizes and industry gain the knowledge and skills to support a safe and timely return to work.

You will be able to participate in the respective programs by selecting the RTW Survey on corporate policies and practices. The BBI RTW Initiative is more than the survey, but also includes transferring of knowledge and assisting employers apply the information and skills gained. Please go to the RTW research link to complete the study.

RTW Study: Corporate RTW Policies and Practices (Currently available)

Title: Employer Decision Making & Return-to-Work Programs

Research Question: What are the determining influences that lead an employer to decide to implement or not implement a formal return-to-work program?

To learn more or to participate in the study (<http://bbi.syr.edu/rtw/research.htm>)

RTW Study RTW Economics & Incentives (Ready Q1 2012)

Study Title: The Work – Disability Tipping Point

Research Question: What are the incentives that influence an employee to stay at work, go on disability and return to work?


ERC Partners

- Aetna
- America's Health Insurance Plans (AHIP)
- Ascension Health
- Cigna
- Costco
- DaVita
- Disability Management Employer Coalition(DMEC)
- The Hartford
- Integrated Benefits Institute (IBI)
- Liberty Mutual
- Lincoln Financial Group
- Prudential
- Sun Life Financial
- United Healthcare
- Unum
- US Business Leadership Network (USBLN)

To promote the study and serve as an information resource for employers and insurers the BBI-RTW Website was developed. <http://bbi.syr.edu/rtw>

Corporate Returns to Work Policies and Practices¹

1



Examining Employer Return-to-Work (RTW) Programs: A National Survey

Welcome and thank you for your interest in participating in the national survey of employer return-to-work (RTW) policies and practices. The study is sponsored by the Burton Blatt Institute (BBI) at Syracuse University. This study will create a greater understanding of the real and potential value, costs and impact of an organization's response to its employees with an injury, illness or chronic disease.

The information will also be used to develop guidelines for employers as they design their corporate return-to-work policies and practices. The survey should take between 20 and 30 minutes to complete.

We would like to thank the members of the Institute's Employer Research Consortium (ERC) who provided guidance in the development of this initiative. The study invites employers to consider the following question:

"What are/were the determining influences that led you to decide to implement or not implement a return-to-work program?"

Your responses will be confidential. All outcomes will be reported in the aggregate. Participating employers will be compared by work force size and industry. By taking part in the study, you will be able to receive a pre-publication copy of the final report with specific recommendations from the ERC member who invited you to participate.

If you have any questions about the research, you can contact the Principal Investigator Meera Adya, JD, PhD at madya@disney.edu or the Project's Co-Directors Kenneth Mitchell, PhD at kimitchell@disney.com or Carol Cirka, PhD at ccirka@disney.edu with any questions. For technical difficulties contact Celeste Onizata at govrtd@disney.com.

To participate in the study we ask that you review and agree to the following informed consent.

Informed Consent

You are invited to participate in a research study of return-to-work (RTW) programs, policies, and practices as part of a national study. You were invited to participate because you are knowledgeable about your organization's return-to-work programs. Your participation is entirely voluntary, so you can choose to not participate, or withdraw from the study at any time, without penalty or loss of benefits to which you are otherwise entitled.

The purpose of this study is to learn more about the types of programs, policies, and practices that businesses are implementing to facilitate return-to-work for employees who experienced either a work related injury or illness, a short term - or long-term disability. If you choose to participate, the survey should take no more than 20 to 30 minutes.

The benefit of this research is that you will be helping employers of any size or industry to understand what existing programs are in place, how they lead to successful return-to-work outcomes, and what resources could be useful for businesses looking to develop new or modified programs. Research finds that employer-offered programs and services help employees stay connected to the workplace and return-to-work sooner and more often. We will publish and present findings from this study and use them to develop recommendations and resources for future programs and services.

The risks of participating in this research are minimal. Some questions may ask about company programs that you are not familiar with. You can save the survey and stop as you need to get information or skip the questions; participation at all levels is voluntary.

All information you provide will be anonymous – we will not ask you for your name or the name of your organization. The survey software is password protected and resides on secure servers, and all collected data will be accessible only to the authorized researchers. Also, you or your organization will not be personally identified in any reports that may result from this study – only aggregate data will be presented.

All surveys will be stored (for up to 5 years after academic articles are published) in a locked space and then destroyed. The electronic data, which will not contain any identifying information that could identify you as a participant, will be maintained

Please double click on survey to review the format and questions

Appendix 3.2 What We Know About RTW Programs

“Return to Work” is not an event but a process of decisions with predictable stages that end when the employee returns to effective role functioning.

- Returning to work requires time and resources and an understanding of these developmental stages¹:
 - Pre injury/illness factors
 - Off-work
 - Work reintegration and work maintenance
 - Advancement
- Research on RTW is expanding internationally beyond musculoskeletal conditions and work injuries to include mental health, cancer, medically unexplained symptoms and common problems of aging
- RTW programs often exclude employees with mental health conditions
- Outcome measures are narrowly defined, e.g., duration of disability, “time to RTW” and emphasize direct costs; indirect costs such as productivity, performance, quality of life and costs of presenteeism are recognized but rarely quantified at the firm level
- A majority of employers want simpler (to develop, administer and measure) RTW programs - 65% of employers surveyed² rank “ease of administration” of leave of absence programs as the 1st or 2nd area most in need of improvement

¹Young, A., Roessler, R., Wasiak, R., McPherson, K. M., van Poppel, M. N., & Anema, J. R. (2005). A developmental conceptualization of return to work. *Journal of Occupational Rehabilitation*, 15 (4), 557-568.

² Aon Hewitt. (2011). The mechanics of absence management: Effectively administering absences and the FMLA. Available http://www.aon.com/attachments/human-capital-consulting/AbsenceManagement_2011_Mechanics.pdf

Appendix 3.2 Why Focus on RTW Programs

Investing in employee health and wellness pays off in productivity and performance!

- Wellness programs can generate \$3 - \$6 in cost savings per \$1 invested³
- “Back door factors” -- chronic health conditions, work and non-work injuries, aging and other causes -- affect retention.
- Employers spend more than \$10 billion in time lost for employees who were not injured but involved in reporting and investigation of injuries⁴
- Direct costs of absence comprise only 28% of the total costs of disability; indirect costs related to work productivity losses, replacement worker costs, training and management/supervisory time contribute 72% of total costs⁵

Incidence rates of injury and illness are increasing in some sectors, decreasing in others.

- 118 cases/10,000 full time workers: rate of nonfatal occupational injury and illness cases requiring days away from work to recuperate in 2010⁶
- Injury/illness rates and median days away from work:
 - Women: increased 5% to 100 cases/10,000 full time workers (7 days absent)
 - Healthcare support workers: increased 6% to 283 cases/10,000 full time workers (6 days absent)
 - Food preparation and serving workers ; increased 10% to 116 cases/10,000 full time workers (5 days absent)
 - Construction and extraction workers: decreased 17% to 204 cases/10,000 full time workers (12 days absent)
 - Transportation and warehousing: rate essentially unchanged at the highest incidence rate 232/10,000 full time workers (12 days absent)
- Musculoskeletal injury incidence rate increased 6 percent to 155 cases per 10,000 full-time workers.
- Sprains, strains, and tears accounted for 40 percent of total injury and illness cases requiring days away from work. Soreness and pain (including the back) accounted for 11 percent of total cases

³ Hewitt Associates. (2008). *Wellness and beyond: Employers examine ways to improve employee health and productivity and reduce costs.*

⁴ National Safety Council. *Injury Facts, 2001 Edition.* Itaska, IL: National Safety Council.

⁵ Full cost study. (2001). Integrated Benefits Institute. San Francisco: CA

⁶ All statistics on this slide obtained from: Bureau of Labor Statistics. (2011). Nonfatal occupational injuries and illnesses requiring days away from work, 2010. Available : <http://www.bls.gov/news.release/osh2.nr0.htm> Accessed February 29. Bureau of Labor Statistics is the source for all statistics cited above

Appendix 3.2 Why Focus on RTW Programs: Getting More Specific

The workforce is aging but continuing to work! Effective RTW programs will become even more important in the future.

- 4 in 10 Americans who are 55 or older were in the workforce in 2011, by 2015 one in five workers will be 55 or older⁷
- 25% of middle class Americans say they will need to work until at least age 80⁸
- 74% of respondents in a Wells Fargo survey expect to work in their retirement years; 47% say they will do “similar work” to their pre-retired years⁸
- Female labor force participation is increasing: 68% of women 55-59 worked in 2011 as compared to 48% in 1975⁹

⁷Selden B. (2008). *The Aging Workforce—A Disappearing Asset?* Management issues, March 21. www.management-issues.com/2008/3/21/opinion/theaging-workforce-a-disappearing-asset.asp Accessed February 11, 2011 – cited in Hymel, P.A., Loeppke, R.R., Baase, C.M., Burton, W.N., Hartenbaum, N.P., Hudson, T.W., et al. (2011). ACOEM Guidance Statement: Workplace health protection and promotion: A new pathway for a healthier - and safer – workforce. *Journal of Occupational and Environmental Medicine*, 53 (6), 695-702.

⁸Wells Fargo. (2011). News release: 80 is the new 65 for many middle class Americans when it comes to retirement, Wells Fargo Retirement Survey finds. Accessed February 29, 2012 https://www.wellsfargo.com/press/2011/20111116_80IsTheNew65

⁹ Employee Benefit Research Institute. (February 2012). Notes. Available: www.ebri.org, 33 (2).

Appendix 3.2 Why Focus on RTW Programs: Getting More Specific

An aging workforce means more workers with chronic health conditions.

- Almost 50% of Americans have one chronic health condition and of this group, nearly half have multiple chronic conditions¹⁰
- 18 million Americans (ages 19 – 64) are not working because of health reasons¹¹
- In 2007 females accounted for 68% of injuries occurring in management, professional and related occupations and 61% of injuries in the service sector¹²

¹⁰ Chronic conditions: Making the case for ongoing care. (September 2004). Update to Chronic Care in America: A 21st Century Challenge, a Study of the Robert Wood Johnson Foundation & Partnership for Solutions. Baltimore, MD: Johns Hopkins University. Cited in: Hymel, P.A., Loeppke, R.R., Baase, C.M., Burton, W.N., Hartenbaum, N.P., Hudson, T.W., et al. (2011). ACOEM Guidance Statement: Workplace health protection and promotion: A new pathway for a healthier - and safer – workforce. *Journal of Occupational and Environmental Medicine*, 53 (6), 695-702.

¹¹ Davis, K., Collins, S.R., Doty, M.M., Ho, A., & Holmgren, A.L. (2005). *Health and Productivity Among U.S. Workers*. Publication 856. New York, NY: The Commonwealth Fund.

¹² Hymel, P.A., Loeppke, R.R., Baase, C.M., Burton, W.N., Hartenbaum, N.P., Hudson, T.W., et al. (2011). ACOEM Guidance Statement: Workplace health protection and promotion: A new pathway for a healthier - and safer – workforce. *Journal of Occupational and Environmental Medicine*, 53 (6), 695-702.

Appendix 3.2 Why Focus on RTW Programs: Getting More Specific

Absence due to injury/illness leads to significant costs for employees and employers.

- On average, 3-5% of an employer's workforce was absent on any given day in 2010^{13, 14}
- Annual cost of occupational and non-occupational injuries and illnesses represent 12-14% of payroll and 100 million days lost¹³
- \$267 billion: wage and productivity losses due to disabling off-the-job injuries in 2008¹⁴
- \$88 billion: wage and productivity losses for work-related injuries¹⁴
- 8 days: median days spent away from work for private sector absence in 2010¹⁵
- Two-thirds of lost days are due to new injuries and one-third due to injuries in prior years^{16, 13}
- Yet...39% of employers say they have a good understanding of the total costs of absence and only 51% say they have a good understanding of the costs of administering absence programs¹⁷

¹³ Liberty Mutual 2011 Leadership Series. (2011). Best practices in return to work (October).

¹⁴ The missing piece of absence management – Turning data into dollars. (2011). Whitepaper Series: Liberty Life Assurance Company of Boston. Available: www.libertymutual.com

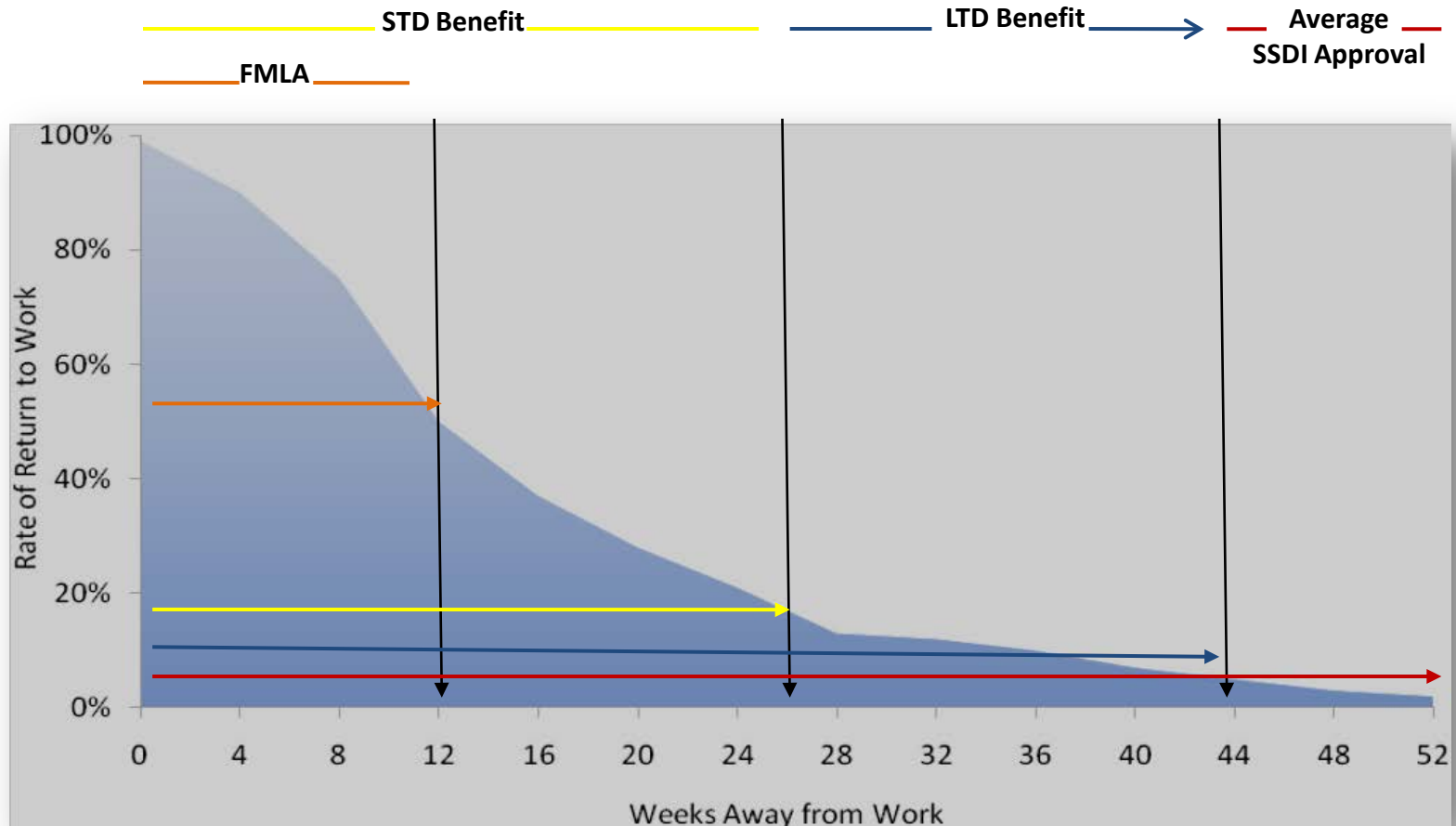
¹⁵ Disability Management Employer Coalition. (2010). Foundation for Optimal Productivity: The Complete Return to Work Program Manual, p. 71 (Note: Number based on National Safety Council Injury Facts – 2010 Edition)

¹⁶ Bureau of Labor Statistics. (2011). Nonfatal occupational injuries and illnesses requiring days away from work, 2010. Available : <http://www.bls.gov/news.release/osh2.nr0.htm> Accessed February 29.

¹⁶ Disability Management Employer Coalition. (2010). Foundation for Optimal Productivity: The Complete Return to Work Program Manual.

¹⁷ Under the hood: The mechanics of absence management. (2011). Aon Hewitt Webinar available http://www.aon.com/human-capital-consulting/thought-leadership/outsourcing/under_the_hood_webinar.jsp originally presented on September 22, 2011

Appendix 3.2. Likelihood of Return To Work Diminishes Over Time



Christian, Jennifer, "A New Paradigm For Workers Compensation & Disability Benefits Systems: The Work Disability Model," keynote address, 18th Annual Workers' Compensation Educational Conference, Houston, TX: Texas Division of Workers' Compensation and the International Workers' Compensation Foundation (June 10, 2008), 48.

Appendix 3.2 What We Know About RTW Programs

A proactive RTW program can reduce absence costs, benefit the employer and increase employee satisfaction.

- Significant decreases in absenteeism and workers compensation claims can result when RTW programs are integrated in health and wellness strategies: 28% decline in absenteeism and 30% decline in WC/disability claim costs ¹⁸
- Employees who are satisfied with their employer's response to injury or illness RTW 50% faster with 54% lower cost ¹⁹
- A study of California employers showed that formal RTW programs led to a 3-4 week reduction (from 9 weeks to 6.2 weeks) in time to RTW for injured employees and demonstrated that reduction in time to RTW (beyond just 1.4 weeks for lower-wage workers employed by large firm) can lead to a net savings for the employer.²⁰

¹⁸ Chapman, L.S. (2003). Meta-evaluation of worksite health promotion economic return studies. *The Art of Health Promotion*, 6(6): 1-16.

¹⁹ Intracorp. (2001). *The disability experience, what helps and hinders return to work*. Philadelphia, PA.

²⁰ McLaren, C.F., Reville, R.T., & Seabury, S.A. (March 2010). Working paper series WR-745-CHSWC: How effective are employer return to work programs? RAND Institute for Civil Justice paper prepared for the Commission on Health and Safety and Workers' Compensation. Available http://www.rand.org/pubs/working_papers/2010/RAND_WR745.pdf

Appendix 3.2 What We Know About RTW Programs

Multiple factors independent of an underlying medical condition influence return-to-work and supportive work environments facilitate successful and sustained RTW.

- Workplace-based strategies are more successful in achieving RTW than clinical interventions. Asking different questions can facilitate successful RTW: “What kind of work can the employee do?” and “Does the work fit the employee’s capability?”
- A proactive integrated and formal approach to managing RTW leads to better outcomes for employee and employer → enables workers to stay at work or return to work more quickly.
- Supportive work environment is highly predictive of successful RTW^{21, 22, 23} - workers in highly supportive organizations are 4 times more likely to successfully function at work after returning to work²¹
- Employee Assistance Programs work! Employers with EAPs average 21% lower absenteeism rates and 14% higher productivity²⁴ and employees who use EAP on disability RTW an average of 14.5 days sooner.²⁵
- Lost time is often not due to medical necessity but structures and decision-making processes that focus on “managing” or “evaluating” a disability – also, the initial cause of disability may not be the same as what maintains the problem

²¹ Amick, 2011

²² Muijzer, A., Groothoff, J.W., Geertzen, J.H.B., & Brouwer, S. (2011). Influence of efforts of employer and employee on return-to-work process and outcomes. *Journal of Occupational Rehabilitation*, 21: 513-519.

²³ Blum T. C., & Roman, P.M. Cost-Effectiveness and Preventive Implications of Employee Assistance Programs. U.S. Department of Health and Human Services, 1995. Cited in Harte, K., Mahieu, K., Mallett, D., Norville, J., & VanderWerf, S. (2011 Third Quarter). Improving workplace productivity – It isn’t just about reducing absence. *Benefits Quarterly*, 27 (3): 13 – 27. – also check for cite on the 14.5 days sooner statistic presented in Harte et al.

²⁴ The Hartford Group. (2007). One in two Americans struggle with clinical depression. Employee assistance programs can help The Hartford Financial Services Group, Inc. **Replace with Hartford 2009 study on EAPS**

Appendix 3.2 What We Know About RTW Programs

**These “RTW Best Practices” can reduce time to RTW by a factor of 1.9 – 2.5²⁵
(Franche et al. 2005 in Rand 2010)**

- Formal, written policies and procedures that apply across the organization
- Early intervention can reduce lost workday cases by 55%²⁶
- Accommodations are often highly cost effective with most incurring little or no expense (more than half of accommodations cost employers nothing and of those that do have a cost, typical one-time expenditure is \$600²⁷)
- Common centralized intake and coordination process insure consistency
- Opportunities for transitional work or light duty assignments are 2X as likely to lead to successful RTW²⁸
- Education and training for workers and managers pays off in increased effectiveness
- Ergonomic worksite assessments are associated with 2.4 times fewer lost days from regular duty²⁹
- Appropriate outcome measures supported by data analytics – metrics must reflect goals of the RTW program

²⁵ Franche, R.-L., K. Cullen, et al. (2005). "Workplace-Based Return to work Interventions: A Systematic Review of the Quantitative Literature." *Journal of Occupational Rehabilitation* **15(4)**: 607-631.

²⁶ Bernacki, E. J., J. A. Guidera, et al. (2000). "A Facilitated Early Return to Work Program at a Large Urban Medical Center." *Journal of Occupational and Environmental Medicine* **42(12)**: 1172-1177.

²⁷ Job Accommodation Network

²⁸ Baldwin et al., 2006 in Rand 2010

²⁹ Durand, M., & Loisel, P. (2001). Therapeutic return to work: Rehabilitation in the workplace. *Work*, 17: 57-63.

Appendix 3.3 Knowledge Transfer Program

Insight and Skills The RTW Study ‘s Knowledge Transfer Program focuses on the development of insight and skills. Several articles and monographs will be prepared during 2012. A one hour RTW Study Outcomes web based continuing education program is available to employers, employer associations, as well as insurers and case management organizations.

Skill Based Mentoring Series The BBI RTW Mentoring Series is a unique skill development resource for the small to medium size employer. The Mentoring program offers employers specific “how to” strategies to maintain productivity during time of employee impairment, as well as support for the employee’s efforts to return to work .

Program Design The RTW mentoring program:

- Offers a 14 contact hour program distributed over 10 to 12 weeks incorporating lecture, group discussion, case studies, program development exercises into a schedule of individual and group sessions. The optimum number of employers participants per mentoring session is 25.
- Each mentoring session has dedicated content with accompanying skills developed from evidence based return to work strategies.
- Each mentoring session is conducted by a primary and/or associate mentor supplemented with a participating employer peer mentor.

Mentoring Module	Initial & Final Sessions (90 Minutes x 2 sessions)	Group (GM) Group Mentoring (90 minutes x 2 sessions)	Individual (IM) Individual Mentoring (60 minutes x 3 sessions)
Week 1	<ul style="list-style-type: none"> • Introduction: Define goals • Assess RTW Self Survey 		
Weeks 2 & 3			<ul style="list-style-type: none"> • Define participant’s current strengths and development needs
Week 4		<ul style="list-style-type: none"> • Present Best RTW Practice & Policy statements • Supervisors and managers as RTW partners – Role and Prep 	
Weeks 5 & 6			<ul style="list-style-type: none"> • Develop specific tools and strategies
Week 7		<ul style="list-style-type: none"> • <u>Special RTW Populations</u> The Disengaged - Depression Chronic Pain/MSK Cancer 	
Weeks 8 & 9			<ul style="list-style-type: none"> • Review new or revised strategies
Week 10	<ul style="list-style-type: none"> • Summary: Participants present AM Strategies 		

- Access to an Internet based RTW Development Guide is provided to the participants offering sample policies and practices to mold their respective return to work/stay at work program.
- Mentoring sessions can be available by industry, community or customers/members of sponsoring partners, such as employer associations, disability insurers, or case management organizations, etc.

Appendix 3.4 RTW Study Leadership

Meera Adya, J.D., Ph.D., Director of Research. Dr. Adya also serves as an Affiliated Faculty in Psychology at Syracuse University and the Consortium for Culture and Medicine involving SUNY Upstate Medical University, Syracuse University, and Le Moyne College. Her interdisciplinary research focuses on identifying and remediating social problems through empirical exploration of the factors that affect decision-making and testing of efficacious remedies that fit within an existing legal framework. Dr. Adya earned her law degree and doctorate in social psychology from the University of Nebraska-Lincoln, which is among the foremost interdisciplinary programs in psychology and law.

Carol Cirka, Ph.D., Co-Principal Investigator is Associate Professor and Chair of the Department of Business and Economics at Ursinus College, Philadelphia, PA. She serves as adjunct faculty for the Fox School of Business at Temple University. She received her PhD in Human Resource Management with a concentration in Business Strategy from Temple University. She also holds an MBA from the University of Pittsburgh Katz Graduate School of Business and BA in Journalism and American Studies from the Pennsylvania State University. In addition to her work in managing employees with disabilities, she has focused on discretionary behavior in organizations, with a focus on ethics in the assisted living industry and related “silver” industries that serve the US senior population. Her work has been published in the *Business and Professional Ethics Journal*, *Journal of Business Ethics*, *Academy of Management Journal*, *Journal of Gerontology and Geriatric Education*, and the *Journal of Management Education*. Dr. Cirka serves as a research consultant to the Burton Blatt Institute.

Kenneth Mitchell, Ph.D., Co-Principal Investigator Dr. Mitchell received his Ph.D. from the Pennsylvania State University and served for seven years (1975 -1982) as an assistant and tenured associate professor in the School of Medicine, University of North Carolina - Chapel Hill. Dr. Mitchell has contributed as a Clinical Assistant Professor at the Case Western University Medical School’s Department of Rheumatology, as well as the Ohio State University, School of Medicine, Department of Physical Medicine and Rehabilitation. Dr. Mitchell served for 12 years as Vice President, Health & Productivity Development for Unum US. Upon retiring from Unum in 2009, Dr. Mitchell founded the WorkRx Group and serves as its managing partner. He also serves as a research consultant to the Burton Blatt Institute. Current work focuses on the management of lost time with folks who appear to be less than motivated to return to work.

Celestia Ohrazda, Ph.D., Research Analyst Information technology consultant Burton Blatt Institute (BBI) at Syracuse University. She is a researcher and designer who works across multiple projects at the Institute. Her experience and research interest focus on accessibility and usability of web-based technologies and the adoption of innovations specifically media-rich technologies. She has been instrumental in research concentrating on access to and the design of learning technologies for individuals from diverse cultural and ability backgrounds. Her primary responsibilities include the design and development of the BBI’s primary and subsidiary websites; support of distance learning technologies; design, evaluation and analysis of survey instrumentation and data; and the creation and assurance of accessible electronic products