

Local 8 Representative to the FPSE DMRC Annual Report to the VIUFA AGM (April 26, 2017)

This has been my first year as VIUFA’s representative to the FPSE Disability Management and Rehabilitation Committee (DMRC), and I am honored to serve in this capacity.

My work in this position involves membership and participation in two committees. Locally, I am a member of VIU’s Joint Disability and Rehabilitation Committee (locally referred to as the Return to Work Committee or RTW). This committee meets every six weeks, comprises representatives from HR, BCGEU, and VIUFA, and is at times attended by a representative from Worker’s Compensation, if there are disability claims resulting from workplace injuries. These meetings are primarily to keep us all apprised of member status, and to alert us to issues and problems with claims where necessary. This committee is privileged to be led by Ardith Conlin, whose knowledge, experience, and generosity have been of incredible benefit both to myself as I have entered this position, and to our members.

By virtue of membership on this committee, I am also a member of the FPSE DMRC (chaired by Ann Marie Davidson and supported by FPSE Staff Rep Zoe Towle), which meets twice yearly for education, to undertake special projects, and to share information—often related to trends regarding engagement with our disability insurance carrier.

Both committees are also connected via email for information sharing and support.

The primary goal of both these committees, and my goal as your representative, is to support members during the process of applying for disability benefits, to facilitate return to work (and any accommodation that might be necessary), and to advocate when necessary. Although for the majority of members, the process of application and return to work are relatively trouble-free, there have been instances during this year when advocacy has been beneficial and even necessary; I encourage members who have any questions about paperwork, or the process of application, or the process of returning to work, to contact me.

This fall’s FPSE DMRC meeting was a 2-day education workshop, partially prompted by the new Policy and Procedure Manual created for the committee. A fuller report of the presentations from that workshop is available upon request, but three highlights are worth reporting:

1. A considerable portion of the training focused on the desirability of having members return to work as quickly as is safely possible. This is actually to the benefit of the member; statistically, we heal and regain wellness, and avoid secondary diseases such as depression and anxiety, much better and more completely when RTW happens quickly. The fact that this information was disseminated by the insurer made it somewhat suspect for me; part of my work this summer will be to research the claims that were made and verify independently that they are accurate. This is particularly true since some of the evidence offered seemed to be not causal but associative. That said, it does seem reasonable that a RTW be part of the treatment process, in order that it take place in a safe and appropriate way.
2. Most Work Disability is independent of condition. This sounds completely counterintuitive, but the data is convincing. Obviously, there are catastrophic claims such as spinal injuries and significant or life-threatening illness, but interestingly, the recovery from “work disability” (with accommodation and a graduated RTW) is often surprising, and is not actually indexed to a recovery from the injury or illness. However, there are a large and growing number of long-term disability cases following injuries that would not, at their outset, have been considered serious. In these cases, work outcomes often do not correlate with other health outcomes; the causes of work disability are multiple, complex, and often distinct from associated health conditions or treatments. The causes of these kinds of cases can actually be pinned down, not infrequently, to a lack of empathy from the physician, the claims manager, and/or administrators and colleagues. Research indicates that although workplace policies can play a role, in the end, the workplace culture trumps policy every time. This culture, it was made clear, is set by management and administration. Workplace culture is also an excellent predictor of employee engagement, and a strong sense of engagement or “ownership” in the workplace also predicts a successful RTW. Key points were identified as follows:
   * There is a weak link between symptom reduction and work reduction
   * Employment should be positioned as central to a person’s recovery
   * Employees should be encouraged to participate in decision making
3. On a very different note, “Best Doctors,” which our members at VIU have access to, is both valuable and underutilized. The services offered, with brief descriptions, are listed below:

* **Interconsultation**
  + This is a 2nd opinion service which the plan member contacts directly. The member is assigned to a nurse, who acts as an advocate and guides the process. A medical intake is done, and medical records are gathered (with member consent); the information is analysed, a report generated and delivered *to the member*, which the member can then share with her or his physician.
  + The average turnaround time for the report is 6 wks
  + The treating physician must make any referrals
* **FindBestDoc**
  + Best Doctors will conduct a customized search of specialists to meet the members’ medical needs, while considering criteria and geographical preference
* **FindBestCare**
  + When a leading physician is outside of Canada, Best Doctors can find this out and provide info to the plan member
* **Best Doctors 360**
  + A nurse, who is also the Member Advocate, is assigned to a plan member dealing with complex health issues. The Advocate provides help in navigating the healthcare system, and in understanding the medical condition
* **Effectiveness**:
  + 27% cases changed or modified diagnosis
  + 60% changed or modified treatment
  + 90% members have increased confidence in making a medical decision

As a result of the November training, I am looking forward to exploring different kinds of flexibility in the work offered to members as they return from disability leave. There is not much consistency across the institution; some faculties or departments have several options in terms of different kinds of work returning members can engage in, while in other areas the only flexibility for instructional faculty is in the number of courses undertaken, and there are suggestions that non-instructional faculty may have very poor options or none at all. Along with advocacy and research into the information as noted above, this will form a good portion of my work in this position in the coming months.

Respectfully submitted,

Anna Atkinson  
Local 8, VIUFA Representative to the FPSE DMRC