Local 8 (VIUFA)
DMRC Report February 2019

Anna Atkinson

Ongoing Cases/Significant Wins/Changing Demographics

In our local, there are significant cases which have been ongoing now for several years, and continue to be challenging. One of the places where there seems to be the most resistance on the part of Manulife is in the case of head injuries. There seems to be a continued suggestion that the results of "Mild Brain Trauma" are actually mental health rather than physical health concerns. While mental health issues can obviously emerge, the issues remain physical in origin.

We are continuing to experience a consistent rise in the appearance of Mental Health related disorders. At times the challenge is in getting Manulife to recognize that the symptomology of certain Mental Health related issues may appear as non-compliance with treatment; this creates a situation in which there is a threat to remove benefits *because* of symptoms of the disability. Fortunately, a change in our main case manager at Manulife has resulted in a much more consultative and collaborative approach to reading these situations in a fair and reasonable way. The input of specialists can be critical.

Continuing Challenges: HR

STD letters continue to be somewhat less timely than I would like, and until very recently I had been left out of the loop and missed several members who were applying for STD. However, after consulting with HR this seems to be remedying. Vigilance is required, all the same. The main problem in HR is shifting personnel, and the fact that the Aurora project has resulted in a staffing deficit that needs to be addressed.

One problem parallel to HR (but not actually their responsibility) surrounds the issue of the use of banked sick leave. Because the practice of banking leave predates my time at this institution, I haven't paid much attention to it, and so wasn't aware that the collective agreement stipulates that in order to access the banked leave, members must first be approved for a Manulife STD claim (which seems both illogical and cumbersome). The only notification members receive about this is a form, included in the STD package when the member has banked leave. One of our members missed seeing this form, assumed there would be access to a substantial bank of sick days, and thus didn't apply for STD. Clearly some education on this issue is necessary in our local.

I still need to look into the way in which the JCDP Manual should be applied, given that Local 8 is not a signatory to the common table, since I'm unsure how this affects the weight of the policies outlined in the manual.

Continuing Challenges: Manulife

The challenges with Manulife continue, but interestingly seem to group themselves in particular cases. This has the unfortunate effect of tearing down the trust relationship with some clients (though others are quite happy with Manulife). That said, the privileging of their own internal specialists over the recommendations of the member's treating physician continues to be a challenge.
In addition, at times the GRTW plan does not seem reasonable, but pushing back against it usually has the intended result, provided that the pushback is supported with credible data.

We also had a disruptive event during which a case manager (and one whom I really enjoy working with) did a Google search of some kind and found some information which led to the mistaken belief that one of our members who was on STD was actually working for another institution. The member immediately set the matter straight, but the case manager had jumped to conclusions and made some unwise accusations. During the meeting discussed in the final paragraph this was made clear to Shawn Wakely, and an apology was issued.

One other continued point of some conflict with Manulife concerns their resistance to acknowledging some of the material in the FCDP Manual. One key point is that the treating physician *must sign off* on *any* GRTW plan. Each time I fight this battle I win, because the Manual is so clear on this point. However, the need to fight for the same thing over and over is frustrating.

One other point of interest: on two occasions I have asked members if they felt they might be better served with a different case manager, particularly when trust for the case manager had broken down. In each case, the change in case manager has proven helpful. In each case, the move has been away from one particular case manager.

Manulife (Shawn Wakely) also held a "post-discovery" meeting with us, in which we were able to point out that although the retraining that has occurred at Manulife sounds very timely and productive, it obviously hasn't quite made the impression that it should have (see the above incident). I also made the point that the turnaround time for STD application is still difficult for some members because it can take 2 weeks to get a doctor's appointment. I urged him to try to make the application process entirely online; this is apparently in process. I also noted that a lot of the correspondence from Manulife seemed to be wordy, and thus in many ways confusing. I suggested that attempting to rewrite the letters and formulate them more simply might be a step forward—particularly letters that decline claims. Clearly stating the reason for the denial rather than presenting every detail of the case would help members understand whether there is simply a piece of medical evidence missing that they might be able to obtain quite easily.

Respectfully Submitted,

Anna Atkinson