"Ask Dr. J"

The "Ask Dr. J" columns are authored monthly by Jennifer Christian, MD, MPH, President of Webility Corporation. See previous columns at www.webility.md.

Dr. J's columns also appear in the monthly Bulletin of the Disability Management Employer Coalition (DMEC). To purchase a book of Dr. J's collected columns, go to www.dmec.org.

The columns often summarize issues discussed by the Work Fitness and Disability Roundtable, a free, multi-disciplinary e-mail discussion group moderated by Dr. Christian. Apply to join the Roundtable at www.webility.md.

March 2006 – "Customer Service" in Disability Management

Dear Dr. J:

Our company's new integrated disability management (IDM) team is not making much progress. The benefits people and the workers' comp people have very different ways of approaching things. What suggestions do you have for those of us who have trouble communicating between the world of group health benefits and the world of workers' compensation?

Tom in Tampa

Dear Tom:

Simply calling a group of people a team is not the same as really being a team. I assume that the reason your IDM group was formed is to make forward progress, and top management expects your company's disability prevention and management process to operate differently (better) in the future than it does today.

The approach I do not recommend is for you each to spend hours teaching each other your trade, explaining how and why you do things today – although that is a natural impulse. Your purpose is not to continue to generate the status quo, but rather to create something that's even better.

I suggest that you start by creating a shared vision of the future you DO want to create – and draw up the big-picture design specifications of the best program you can realistically imagine – its qualities and features and properties. Ask yourselves:

- What purpose(s) does the disability prevention/management process exist for?
- What business results do you intend to create?
- What qualities do you want the program to exhibit?
- What kind of experience do you want injured/ill employees to have with the "system"?

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- What kind of experience do you want line supervisors to have?
- What kind of experience do you want the specialist staff to have within it?
- What experience do you want the IDM team to have as you work together?
- In the future, when you look back and say this effort was a “slam-bang” success, what evidence will you be looking at?
- What stands between you and this new approach today? What is missing now?
- What must happen for it all to happen as planned?
- What are the most likely causes of failure, and how can you guard against them?

Once you have articulated the “design principles” of the future you DO want, you can get to work on the actual design and building process. It is amazing how painting a compelling vision of a future that people really want tends to (a) unite them (b) energize them and (c) give them courage.

The issue of customer service deserves special comment. Though it may seem obvious, many organizations have simply not thought deeply about this issue in disability management programs. Obviously, the first thing is to define the “customer.” I see two of them:

1. the injured or ill employee
2. that employee’s immediate supervisor.

It makes sense to meet these people’s needs because they are the two of the three most powerful “core players” in any health-related employment situation. (The third one is the treating physician.) The employee and supervisor privately make discretionary decisions that have a huge influence on the outcome. The employee decides how much effort to make to stay healthy, get better, and find a way to remain at or come back to work. The supervisor decides what kind of work environment to create – one that attracts and supports or one that repels and threatens the employee. When the employee and supervisor both want a health-related situation to have a good resolution, they are very likely to find one! So, the ideal disability prevention / management system is set up to support wise decisions by those who have the most direct influence over the outcome.

This reality may be hard on the professionals in your IDM group and require some shift in emphasis. Disability managers, nurses, claims adjusters and others who get involved in disability episodes like to think of themselves as powerful and providing “the solution.” It is humbling but accurate to think of most claims and case management as “re-work.” By rework I mean most of the effort being spent on claim and case management is required because the initial work was not done right or well or appropriately by the core players. Obviously, a great way to improve a system is to re-design it so the right decisions get made the first time.

Are you curious about the current level of service actually being delivered to these two groups of customers in your company? Why not investigate? Great things may come of it! Some years ago, I heard Dr. David Brown describe the way a new approach to disability management came into being for the Canadian Imperial Bank of Commerce (CIBC). At the time, they had roughly 40,000 employees scattered in branches all over Canada. They surveyed employees who had had periods of work disability, whether work-related or not, AND their supervisors. What they discovered was that neither group felt well-served or supported. So, Dr. Brown and the CIBC team went about creating a new way of managing disability that would better support both groups. They cut lost work days by about 40% almost immediately – and greatly improved

customer satisfaction. Out of this arose the Step-by-Step process that is now successfully used in many companies in Canada. (See http://www1.clarkebrown.com).

Please keep in touch. I'd love to be a fly on the wall as your team tackles these issues!

Smiling,

Dr. J

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