

Rapid Fire Session

EAP and Disability Management

EAP and Disability Management

Irv Kooris
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The Breadth & Depth of the Problem

- The cost of mental health disability insurance and lost productivity in the U.S. totals between \$80-100 billion a year
- Mental health disability claims represent 10% of total disability costs
- Employees out on STD represent 11% of cases but 53% of total group health and STD costs which amounts to \$292 Million
- 8.7% of payroll attributed to disability costs.
- Disability costs related to psychiatric disorders are high and continue to rise.

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The Breadth & Depth of the Problem

- Mental illness and substance abuse disorders represent the top 5 causes of disability among people age 15-44 in the United States and Canada
- Mental illness and substance abuse disorders, combined as a group, are the fifth leading cause of short-term disability and the third leading cause of long-term disability for employers in the United States.
- 33% higher incidence of mental health disabilities reported by companies who recently experienced a merger and related downsizing
- Increase in mental health claims not only by employees whose jobs were in jeopardy but by survivors as well

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The Breadth & Depth of the Problem

- Psychiatric issues significant for:
 - 40%-60% of heart attack patients develop Clinical Depression
 - 68% of chronic low back patients
 - 25% of cancer patients
 - 10%-27% of stroke patients

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The Breadth & Depth of the Problem

- 53% of employers surveyed found that return to work is more difficult following psychiatric disability than after physical disability
- 74% of employers surveyed found that the most common problem in return to work following psychiatric disability is employee reluctance to return to work

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Why Now...? Changing Benefits/Benefit Design

- Barriers to access to EAP and mental health/substance abuse (MH/SA) treatment
- Lack of prevention and early intervention efforts
- Lack of knowledge regarding support services and community resources to deal with work/family issues

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Why Now...? Organizational Issues

- Changing nature of work
- Jobs that are high demand and low control
- Increased work duties/responsibilities
- Lack of adequate training and/or retraining

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Why Now...? Organizational Issues

- Limited supervisory training
- Limited supervisory support with greater spans of control
- Supervisors need "all hands on deck" and may be reluctant or unwilling to accommodate modified duty and an early return-to-work (RTW)

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Why Now...? Organizational Issues

- Inappropriate use of short-term disability benefits:
 - Child and/or eldercare issues
 - Disabled spouse
 - Conflict with supervisor/co-workers
 - Work performance problems/poor appraisal
 - Disciplinary action/termination
 - Work stoppage
 - Commute issues
 - Change in job duties/forced transfer

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Why Now...? Provider Issues

- Providers still operating within medical model with focus on:
 - diagnosis
 - symptom presentation
 - pathology and illness
- Employees often seek treatment for psychiatric problems from Primary Care Physicians (PCP) rather than mental health professionals

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Why Now...? Provider Issues

- PCP often signs STD forms, places client on psychotropic medication without referral for counseling and follow-up
- Lack of adequate treatment intervention and/or structure during period of disability

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Why Now...? Provider Issues

- Provider views self as advocate for client rather than as advocate for what may be in client's best interests for a return to health and optimal functioning
- Provider may be concerned that client will not continue under his/her care if provider does not sign off on STD
- RTW and/or work-related issues often not addressed during course of treatment

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Why Now...? Provider Issues

- Treatment goals may not be related to functional capacity
- Treatment may not be at appropriate level of care
- Medication evaluation by psychiatrist may not be considered
- Work/life stressors often not properly evaluated and addressed

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Responses- Benefit Design

- Increased access to EAP and MH/SA benefits, alternative design considerations
- Encouragement of early intervention through EAP
- Work/life initiatives
- Health and wellness intervention
- Focus on prevention through seminars on behavioral health topics for employees and supervising managers

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Responses- STD Plan Design

- Changes to plan language regarding psychiatric disability:
 - under the care of a licensed mental health professional
 - compliance with appropriate treatment plan
 - may not leave home for overnight trip without permission

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Responses- Organizational Issues

- Comprehensive change management support and intervention
- Frequent and effective communications during times of change
- Training for supervising managers on:
 - Managing the Troubled Employee
 - Substance Abuse Awareness
 - Managing Aggression in the Workplace
 - Teambuilding
 - Effective Communication
 - Depression in the Workplace

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Responses- Organizational Issues

- Job redesign
- Flexible work arrangements
- Cross-training, more varied job assignments
- Increased job satisfaction
- Management practices
- Transitional work
- Modified duty

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Responses- Provider Issues

- Education and coaching of providers
- Assist providers in developing new competencies and shifting focus to:
 - Functional capacity
 - Treatment goals to support RTW
 - RTW has to be part of initial treatment planning process
 - Better understanding of job duties and workplace issues
 - Job modifications based on medical necessity, not client preference

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Responses- Disability Management

- Active management of disability cases to ensure:
 - Early intervention
 - Efficacy of treatment
 - Referral to psychiatrist for medication evaluation
 - Compliance with treatment plan
 - Ongoing communication with, and education of, disabled employee
 - Active involvement with treatment provider
 - Ancillary services/programs


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The role of the EAP

- Assists in early identification of potential claims through management training and EAP contact
- Conducts seminars that can offer tools for prevention
- Intervenes with the disabled employee and their family in order to facilitate evaluation and treatment planning
- EAP and case manager work conjointly to develop a return to work strategy

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The role of EAP

- Can assist in resolving work accommodations problems
- Is able to support impaired workers in pursuing alternative employment options in their company
- Monitors the employee through the transitional period after they return to work

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The role of EAP

- EAP can function as case manager
- Can assist managers and co-workers in understanding the issues that may arise when the disabled employee returns to work
- Works with appropriate parties in developing and implementing a return to work plan
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Questions

Irv Kooris
C3:Coaching, Counseling and Consulting
ikooris@gmail.com
678-510-8800

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