Rehabilitation — A Team Approach

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Rehabilitation is defined by Dorland's Dictionary as: "The restoration of an ill or injured patient to self-sufficiency or to gainful employment at his highest attainable skill in the shortest possible time."

The insurance industry has become increasingly interested and involved in the rehabilitation process as it is clear that it results in both a practical and a positive approach to claims management.

This paper will deal with only the broad principles involved in rehabilitation activities. It is recognized that many differences exist and may be influenced by contract language, Federal, State or Provincial law, Worker's Compensation involvement and litigation.

A rehabilitation program serves both the claimants and the insurance company through several objectives. From the claimant's point of view it attempts to improve the quality of life. From the insurer's perspective, appropriate selection of rehabilitation cases will have a direct cost containment benefit not only for "hard" costs such as payment for medical services and reduced disability benefits but also some "soft" costs in the form of an enhanced company reputation.

From the insurance company's perspective, the rehabilitation process will take several steps including identification, evaluation, coordination and monitoring.

Identification of Appropriate Cases
This must be done very early in the course of the illness or injury to obtain maximum benefits. If the insurance contract provides medical care or hospital expense coverage, the company should begin the selection process as soon as it is notified. This will require personnel trained in recognizing these cases. The claims personnel should be given a list of conditions that would usually have potential for rehabilitation. A list such as the one that follows, which was presented at the International Claims Association Individual Health Insurance Workshop in 1986, can be useful:

1. All quadriplegics and paraplegics.
2. All amputations.
3. All burns on 10% or more of the body.
4. All burns on the face, hands, feet and perineum.
5. Any head injury or skull fracture, concussions which result in complications such as severe headaches, dizziness, confusion or coma.
6. All serious or multiple fractures (except ribs) e.g., compound, comminuted, compression, non-union fractures and fractures of the joint (hip, shoulder, elbow, ankle, knee and wrist).
7. All crush injuries including foot or hand.
8. All injuries involving loss of vision.
9. Back injuries wherein persistent symptoms and treatment continue past 30 days and those diagnosed as severe at the onset.
10. All cases involving the central nervous system, e.g., numbness, unusual pain pattern, loss of sensation or motion, etc.
11. Any injury or illness that may be complicated by chronic illness or disease such as diabetes, arthritis, alcoholism, obesity, hypertension, epilepsy, heart disease and drug abuse.
12. Any injury with potential for substantial scarring, particularly to exposed areas of the body.
13. Soft tissue injuries when symptoms continue and patient does not return to work in 30 days.
14. All patients 55 years of age and older being treated beyond 30 days from the date of injury (retirement syndrome).

In Canada hospital and medical coverage is provided by Provincial Government Health Plans so that private insurers are not involved or notified about the claim until it is presented under an individual or group disability contract or Major Medical plan. Herein lies a weakness and potential danger in that the insurance company may not receive notification until some considerable time has elapsed.

During this identification process, the eligibility of the claim must also be established. Once the rehabilitation process has started there should be no doubt as to whether the company is on the risk.

Evaluation of Potential Rehabilitation Cases
This is done by a disability specialist in consultation with the Medical Director. This will often involve a Rehabilitation Counselor (often a nurse) employed by the insurance company or hired through an outside agency. This Counselor helps in the selection process as well as being the central figure in coordinating the services and ongoing programs.
The Counselor has the responsibility of being the insurance company's personal contact with the claimant. They must also monitor the medical management of the claimant while at the same time avoid any appearance of participation in the medical treatment. This Counselor is also the individual that acts as liaison between the insurance company and the claimant's support "team."

The success of a rehabilitation program depends on many things including:

1. The disabling condition — is it one which could be considered static, progressive or one that will improve with time?
2. The age of the claimant. The younger the disabled person, the better the chance of success.
3. The motivation factor — high or low.
4. Duration of disability — the degree of success is inversely related to length of disability.
5. Proximity of potential jobs. There is a poor chance of success if the claimant has to be moved away from home to find suitable work.
6. Background education and training.
7. Financial need. The closer the disability payments are to the pre-disability income, the less chance of success.

The insurance company must also be concerned with such things as amount of reserves necessary to cover the claim, overhead payout limitations or changes in contractual definitions that may take place which could limit the payout over time. For example, if after two years the contract changes to pay benefits not for the claimant's own occupation but to pay only if the individual is disabled for any occupation with the usual limitations of "background, training and experience." The insurance company may not want to get too deeply committed as its responsibility may terminate at the time of the definition change. This does not mean that these cases are not ones that should be considered because even here, there can be some benefit to all parties.

During this evaluation process, specific goals must be established and all parties must be both aware and supportive of these goals. At this time, a variety of methods to measure the degree of success for a program may be used. Each insurance company or Rehabilitation Service will have their own way of measuring this potential. For example a point system may be used to weigh the pros and cons of the different influencing factors and by adding and subtracting the plus and minuses, a figure can be obtained which can be used as a success indicator.

Coordination of Services and Programs
The Counselor must work with all parties concerned. This is where the team approach comes into play. When the insurance company enters the picture, the patient already has team of players in place, which includes:

1. The patient
2. The family of the patient
3. The attending physician
4. The employer
5. The claimant's lawyer — if one is involved

The insurance company comes onto the scene such as would a new quarterback being brought into a well-established football team. The company is there to coordinate activity and call the plays.

To achieve success in any rehabilitation program each of these players must cooperate and be supportive. If there is a breakdown of this support with anyone of these, the program will fail.

The Patient
The patient is assessed by the Counselor as to motivation and employment potential. An attempt is made to establish a good rapport and to discuss future rehabilitation options. Even the individual with the highest self-motivation may find it impossible to achieve their full potential if left to their own devices. The so-called "malingering" often is the end result of neglect, lack of support and loss of contact with his or her previous environment.

Most rehabilitation workers have found that the disabled individual requires considerable counseling. Symington states, "they require an explanation of the nature of their disability and what can be done to help them. They need someone to listen to their often multiple problems and try and help them work out ways of coping with the multiple demands of their difficult home situations, demanding workplaces, the declining energy level which comes with aging and that is associated with physical and other disabilities."

The Family
Family members must be supportive for any rehabilitation project to succeed. Here the Counselor may run into cultural attitudes about illness or disability that must be recognized and overcome before a successful program can be launched.

Attending Physician
An integral part of the rehabilitation team is the attending doctor. This is where information concerning the patient's restrictions and limitations is gathered. The patient must be made aware of their physician's support of the rehabilitation program. The doctor must also be involved in discussing future programs and services that will benefit the patient.

If necessary clarification of these points is not available from the doctor, an independent medical assessment may be necessary. This can crystallize a situation for all parties and can be used also as a base against which future successes or failures can be judged.

Employers
One of the most critical parts of a rehabilitation program is matching an employee's restriction and limitations to those in an available job. The employer must cooperate by identifying appropriate jobs based on these limitations as well as making such jobs available.
It is much easier to reestablish an employee back into the workplace at his former employer's than to change employers and face problems such as loss of benefits, union differences, and changes in job culture.

The Counselor, thus works with the attending physician and family once a treatment plan is established and assists with making any necessary arrangements. The necessary level of care can be arranged as well as determining any necessary special equipment.

Monitoring
The Counselor follows the progress of the patient against the determined goals. If necessary, priorities may be changed and new goals may be established. A change of treatment modality may be necessary or other rehabilitation programs (e.g., vocational, physical, etc.) may be arranged during the follow-up period.

The Counselor's job ends when the patient has attained the highest plateau of recovery that can be anticipated.

As a program is being monitored, the insurance company must periodically review its commitment to continuing its support. The company must also be prepared to step back and stop "pouring good money after bad" in a situation where the chance of success appears to be diminishing.

Program Format
Rehabilitation projects may take a variety of forms. This may involve aiding in the choice of institutional or non-institutional care or becoming involved in retraining, job modification or just continuing disability payments while some of these activities take place.

The insurance company may have its own facilities and people that can be used or it may have to buy these services through public or private agencies.

If the claimant will not be able to return to the former job or place of employment, an assessment must be made to establish his or her ability to perform a different job. Here, there are two possibilities:

1. They may be able to perform a different job with no additional training or they have skills which are transferrable to another job.
2. The claimant has limited transferrable skills. Training or retraining will be necessary.

As can be seen, the rehabilitation team's involvement will be much greater with the second type of claimant than with the first.

Benefits of the Rehabilitation Programs
Measurable benefits are obtained by all parties involved in a rehabilitation program including the claimant, the employer and the insurance company.

The claimant receives all benefits available through the resources that the insurance company has at its disposal. At the same time the rehabilitation program aims to improve the quality of life for the disabled individual.

The employer benefits by having lower hiring and training costs, reduced claims experience, and better employee morale. It is also much easier for the employer to modify jobs or hours.

The insurance company benefits by having its dollars spent in an appropriate and cost effective manner. Claim costs are lowered by reduced medical costs and reduced disability benefits. There may also be some reduction in reserves achieved as well.

A recent HIAA survey of member companies offering rehabilitation programs found savings in the range of $11 for every $1 spent. Savings per claimant range from $1500 to over $250,000.

This service to the claimant also acts as a way to enhance the image of the company and can also be a good marketing aid.

The insurance company Medical Director should be directly involved in the company's rehabilitation programs by:

1. Aiding in the identification process of suitable candidates.
2. If the insurance company is directly involved in the programs, the Medical Director should help to develop them.
3. If the rehabilitation programs are purchased from public or private agencies, the Medical Director should help to evaluate these programs.
4. The Medical Director should be a member of the insurance company team that monitors the success of the programs and advise on any changes necessary or on the feasibility of continuing the program.

Further Reading

1. Dun Alan A. Rehabilitation and Claims. Board of Insurance Medicine Course, 1985
2. International Claims Association, Individual Health Insurance Workshop, September 1986