

EARLY INTERVENTION PROGRAM

POLICIES & PROCEDURES

Between

**Community Bargaining
Association**

and

HEABC

Health Employers
Association of BC

Introduction

The Health Employers Association of BC (HEABC) and the Community Bargaining Association (CBA) have negotiated an Early Intervention Program (EIP). The Memorandum of Agreement with respect to EIP can be found at Appendix E.

The purpose of the EIP is to facilitate proactive, appropriate customized return to work (RTW) programs for employees with occupational and non-occupational disabilities. This joint program is supported by the CBA and HEABC. The EIP will be administered by the Healthcare Benefits Trust (HBT), which also administers the LTD plan.

The benefits to be realized by the EIP by both the employer and employee may include:

- Prevent feelings of loneliness and abandonment that may affect the ill/injured motivation to get well or return to active employment;
- Assist the ill/injured employee to obtain appropriate health/rehabilitation services;
- Help avoid a 'run around' for the ill/injured employee from one healthcare professional to another
- Assist the ill/injured employee and her/his family in re-establishing a sense of control;
- Increase the likelihood of a successful rehabilitation outcome; and
- Reduce the costs of sick leave and the long-term disability insurance plan.

The success of the EIP will ultimately depend on the participation of employers, unions and ill/injured employees and their support of the program. For ill/injured employees, seeking timely medical treatment, following medical recommendations of the treating physician or healthcare professional and, if appropriate, participating in an early return to work (ERTW) plan are vital in improving his/her quality of life and successful return to pre-disability health. Any ERTW will include the involvement of the appropriate union designate and management representative to improve the likelihood of a successful ERTW.

The National Association of Disability Evaluating Professionals (NADEP) has indicated that the likelihood of an unassisted individual ever returning from an absence due to illness or injury decreases the longer an employee is absent from work. Therefore, the EIP plays a critical role in reducing the costs of disability claims within the Health Care Sector.

The parties understand that the EIP may evolve as it is implemented and this document may need to be updated periodically to reflect any agreed upon changes.

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1.0 Contact Information

1.1 EIP Provider

Healthcare Benefit Trust (HBT)
#1200 – 1333 West Broadway
Vancouver, BC V6H 4C1

Greater Vancouver calls: (604) 736-2087
Phone Toll Free: 1-888-736-2087
Fax: (604) 736-5788

- TBA
Early Intervention Coordinator (EIC)
Integrated Health & Disability Management Services / Early Intervention
 - For issues regarding specific employees who are participating in the program
- TBA
Team Leader, Medical Case Management (MCM)
Integrated Health & Disability Management Services / Early Intervention
 - For issues regarding specific employees who are participating in the program
- Linda Van Cleave, RN, BHSc (Nursing), MA (Disability Management), COHN-C, COHN-S/CM
Program Manager / Disease Management and Disability Prevention
email: lindav@hbt.bc.ca
 - For issues relating to the program and related services

1.2 HEABC Representative

Frances Kerstiens
Senior Consultant, Occupational Health and Safety
200 – 1333 West Broadway
Vancouver, BC V6H 4C6

Phone: (604) 714-2272
Fax: (604) 736-2715
Email: francesk@heabc.bc.ca

1.3 CBA Representative

Rep and Contact Info TBA

2.0 Goals and Objectives

The goal of the EIP is to complement the existing disability plans by facilitating a proactive and customized service for ill and injured employees to effectively return to work in a safe and timely manner.

The objectives are:

- to initiate early contact with ill/injured employees;
- to identify and provide appropriate, caring case management of ill/injured employee's health issues;
- to convey the message that employees are valued;
- to facilitate the rehabilitation of ill/injured employees while expediting a safe and timely RTW through an ERTW plan;
- to encourage health promotion and employee wellness;
- to be compliant with legislation and regulations (e.g. Workers' Compensation Act, Human Rights legislation, including duty to accommodate, provincial and/or federal privacy laws, collective agreements);
- to promote open discussion and support for the EIP by the CBA and HEABC; and;
- to reduce the costs of sick leave and the Long-Term Disability Insurance Plan.

3.0 Roles and Responsibilities

3.1 EIP Steering Committee (SC)

Refer to Appendix G.

3.2 EIP Working Group (WG)

Refer to Appendix H.

The WG includes the HEABC Representative(s) and the Union Representative(s).

3.3 Local Implementation Committee

Local Union/Management Committees will be utilized at each Health Authority or Affiliate Employer with a mandate to:

1. Implement the EIP developed by the Steering Committee;
2. Promote the EIP to employees, Unions, and Employers;
3. Develop and implement a communications plan for the EIP;
4. Receive and analyze quarterly data reports to evaluate the effectiveness of the EIP and its impact on sick leave and on the LTD plan; and
5. Discuss issues arising from the implementation of the EIP referenced in the MOA.

3.4 HBT Program Manager: Disease Management and Disability Prevention

- Participate in the design and implementation of the program under the direction of the Steering Committee;
- give direction to the EIC and MCM;
- approve individual ERTW plans where there will be a direct cost to the EIP, and approve costs (e.g. medical interventions) up to spending limits as defined by HBT management;
- review ongoing effectiveness of HBT's services to the EIP; and
- attend meetings of the Steering Committee and WG, provide input for enhancements or changes to the EIP, and provide periodic reports, not less than every quarter.

3.5 Early Intervention Coordinator (EIC): Disability Management Services

This is the individual designated by HBT for early intervention services and is responsible for:

- receiving notification from the employer, employee, or union representative;
- making the initial contact by telephone (within one working day) with the ill/injured employee to determine if the EIP process should be initiated;
- explaining the EIP to the employee, including the roles and responsibilities of both the ill/injured employee and EIC in the program;
- supplying the name and contact information for the CBA Representative on the WG and urge the member to contact the CBA representative if the employee has concerns about the program;
- sending out the Early Notification Package if the EIP process is required;
- receiving and notifying the WG members when the Early Notification Package documentation is received from the employee;
- contacting the Employer Representative and encouraging the early submission of an LTD claim (ideally after 4 months of absence), if the employee is not expected to RTW within the LTD qualification period (currently 5 months); and
- providing weekly status reports to the WG.

3.6 Medical Case Manager (MCM)

- Gathering and reviewing information about the employee's illness/injury and developing an ERTW/accommodation plan, if appropriate;
- following up with the employee to ensure the RTW was successful, if the EIP process was not initiated – e.g. because the employee will soon be returning to work;
- in consultation with the employee's physician and the Working Group, referring the employee for independent medical examinations
- in consultation with the employee's physician, referring the employee to additional treatment services (e.g. physiotherapy, counseling)
- referring the case to the WG if there are complicating factors
- communicating with the employee, employee's physician, appropriate employer designate, appropriate union designate and the WG throughout the employee's absence to monitor her/his progress and to ensure that the RTW plan is followed;

- participating in regular meetings of the WG; and
- providing the HBT Program Manager with status reports for the Steering Committee not less than quarterly

3.7 Employer

The Employer will:

- phone the EIC when an employee has been absent for 6 scheduled shifts or 10 calendar days, whichever occurs first
- provide the EIC with basic information on the employee (name, phone number, address, last date worked, etc.) as required;
- notify the EIC when an employee's WCB claim has been finalized and the employee has not returned to work; and
- be responsible for accommodating the employee's early return to work, transitional accommodations, and the costs associated with that.

3.8 Employee

Ill/injured employees shall participate in the EIP program and cooperate with the parties by:

- completing all required forms;
- speaking with Early Intervention Program coordinators and/or Union representatives to discuss the potential for early return to work or accommodation plans;
- participating in an agreed upon early return to work/accommodation plan if approved by the ill/injured employee's physician; and
- cooperating with any recommended medical and rehabilitation intervention plans, if approved by the employee's physician.

Employees may also self refer to EIP.

3.9 EIP Implementation Issue Resolution Process

1. Local Implementation Committee

If issues arise out of the implementation of EIP which cannot be resolved at the local level, either party can refer the matter to the Working Group for resolution.

2. Working Group

The WG will work towards resolving issues on a timely basis which they encounter in the implementation and day to day administration of EIP or which are referred to them by local implementation committees. If the WG cannot resolve local or industry wide issues, they will refer those issues to the Steering Committee.

3. Steering Committee

The Steering committee will work on a timely basis towards resolving any issues that cannot be resolved by the WG. As a last resort when an issue cannot be resolved at the Steering Committee, the issue will be referred to Don Munroe for mediation/arbitration.

4. Mediator/Arbitrator Don Munroe

Don Munroe shall meet with the parties on a timely basis to try to facilitate mediated resolutions to conflict. If a mediated resolution is not reached, he shall issue a written decision. The mediator will render such decision within 30 calendar days of the referral.

4.0 Policies

4.1 Confidentiality

HBT is an independent service provider that is bound by the BC Personal Information Protection Act and has strict confidentiality policies and procedures. As such, information that the ill/injured employee provides to the EIC is **confidential**. However, the diagnosis (as may be necessary in order to arrive at appropriate decisions on behalf of an employee) and prognosis will be shared with the HEABC and CBA representatives on the WG where required for ERTW planning and where authorized in writing by the employee.

The Steering Committee will only receive aggregate data in order to measure the effectiveness of the EIP.

All documents for active cases are kept in locked security at HBT.

Confidential material will be shared with GWL, when authorized by the employees as part of an LTD claim submission to ensure continuity of case management.

4.2 Participation

In accordance with Memorandum of Agreement, participation includes:

- completing the form provided in the Early Notification Package;
- speaking with the EIC and/or Union representatives to discuss the potential for an early return-to-work (ERTW)/accommodation plan;
- participating in an agreed upon ERTW/accommodation plan, if approved by the ill/injured employee's physician; and
- cooperating with any recommended medical and rehabilitation interventions plans, if approved, by the employee's physician.

If an employee does not participate, the EIC will refer the case to the WG. If the employee still does not participate, the EIC will send a letter notifying the employee that non-participation in the EIP may result in complications, delay or denial of LTD Plan claims and/or benefits. The letter will be copied to the WG and local Employer Representative. HBT will not be involved in labour relations or compliance issues.

5.0 Medical Forms

An ill/injured employee participating in the EIP will be asked to have her/his employee's physician complete an Occupational Fitness Assessment (OFA) form that provides general information regarding her/his current injury/illness. The OFA is part of the Early Notification Package, and includes the employee authorization section.

6.0 Early Return to Work (ERTW)

Once the EIC has gathered all necessary information, the MCM will consult with the employee, his/her physician, the appropriate union designate, the appropriate employer designate, and/or any other relevant resource, to develop and implement an optimal early return-to-work (ERTW) plan

7.0 Integration With Other Programs And Services

The EIC will work with employers to facilitate ERTW programs and will encourage the participation of available employer or external ancillary services. Ancillary services may include, but are not limited to:

- PEARS
- ergonomic assessments
- work conditioning – preparing physically
- job demands analysis
- workplace environment assessments
- EAP/EFAP where available

The healthcare professionals contracted by HBT will be bound by the same confidentiality requirements as required under provincial and/or federal laws.

The EIC will work collaboratively with other agencies (WCB, ICBC, etc) where applicable to the claim.

8.0 Data Collection and Reporting

The EIC will maintain detailed file records for each employee participating in the EIP, and manage and store such records in a confidential and secure manner. The EIC and the HBT Program Manager will provide the following reports:

- Weekly electronic report to the WG of all cases referred to HBT to date.
- Cases that are not accepted into the EIP (e.g. where the employee is soon returning to work) will be reported in a non-identifiable manner because the employee will not have signed an authorization.
- Case-specific reporting to the WG for cases that require further review.
- Quarterly reporting to the Steering Committee based on the requirements of the Steering Committee, such as:
 - total number of active claims and breakdown by types of disability;
 - number of new claims received during the month;
 - number of claimants returning to work in the month;
 - number of claims closed due to non participation;
 - summary of costs;
 - summary of estimated savings (e.g. reduction in number and duration of LTD claims);
 - outcomes (e.g. successful RTW; LTD claim submitted but duration anticipated to be reduced; LTD claim submitted without EIP); and
 - any other data agreed upon by the parties.

9.0 Communication

Effective communication is integral to the overall success of the EIP. The Steering Committee will develop a communication strategy, both to initially introduce the program and promote its ongoing use.

10.0 Program Evaluation

The Steering Committee will evaluate the effectiveness of the EIP on an ongoing basis. This may be accomplished through:

- review of aggregate data that is provided by HBT;
- independent evaluation forms completed by employees who have participated in the EIP;
- feedback provided by CBA, HEABC, and Employer representatives as well as Employees;
- reviews of reports, and feedback from HBT
- review of HBT's services; and
- other processes, as appropriate.

11.0 Baseline Data

Prior to rolling out the plan, the Steering Committee will meet to determine the scope of any statistical information that may be required from Employer sources (Affiliate and Health Authority) in order to accurately establish pre-implementation baseline thresholds to more reliably track and measure the effectiveness of the plan following its implementation. Such threshold data is also anticipated to assist the Committee in their efforts at formulating post-implementation comparisons of savings realized by the plan

Appendix A – Early Notification Package

A.1 Initial Letter from EIC

Dear _____:

We have been advised by your employer that you have been absent from work for 6 scheduled shifts, or 10 calendar days, due to health reasons. We are sorry to hear that you are unable to work. We are writing to advise that you have been referred to the Early Intervention Program (EIP). The EIP is being provided to you jointly by your union and employer as part of your collective agreement.

The purpose of the EIP is to provide proactive and timely services to employees who are ill or injured, and who may need assistance in order to return to work. The EIP is completely confidential and your medical information will only be disclosed to people who are identified as being part of your EIP team, and with your permission.

The Healthcare Benefit Trust was selected by the parties to administer and provide EIP services. Our role is to ensure that you are receiving the best healthcare possible and, if appropriate, to assist in the coordination of a rehabilitation plan. The other people who may assist with your return to work and/or rehabilitation plan are your doctor, other medical professionals and/or rehabilitation service providers, the union, a representative of the Health Employers Association of British Columbia (HEABC), a medical case manager from Healthcare Benefit Trust. We will work with you to assist you in returning to good health and with your return to work. Your employer will also play an important role in any return to work plan, but your confidential medical information will NOT be shared with your employer.

Please see the attached brochure for further details about the plan and its intended purpose and benefits.

In order that we may monitor your progress and start gathering information for your rehabilitation or return to work plan (if appropriate), please do the following:

- 1) Read and sign the authorization on the enclosed Occupational Fitness Assessment (OFA) form and take the OFA form to your doctor for her/his completion, as soon as possible. Your doctor can invoice the Healthcare Benefit Trust for the cost of completing the form, up to \$37.50 in accordance with the BCMA fee schedule.
- 2) Return the Authorization/OFA form to me within 7 days from the date of this letter. It can be faxed to me in confidence, at (604) 736-5788 or mailed to the above address. If you send the form to me by fax, the original also must be mailed to my attention. Your physician may choose to send the OFA form directly to our office.

Once the OFA form is returned you may be contacted by the HBT Medical Case Manager.

If you have any questions or concerns about the Early Intervention program, please contact your Union Representative, _____ [name or representative] at _____, or the undersigned at (604) 736-2087 or toll free at 1-888-736-2087.

Yours truly,

NAME TBA _____
Early Intervention Coordinator
Disability Management Services

Healthcare Benefit Trust

Appendix B – Other Sample Letters From EIC

B.1 Non-Participation

Dear _____:

I am sorry to hear that you are still unable to return to work. As explained during our telephone conversation, your employer has referred you to the Early Intervention Program (EIP). This is a confidential program provided by the Healthcare Benefit Trust and is fully supported by your union and employer.

During our conversation you advised that you did not wish to participate in the program, and I therefore recommended that you discuss any concerns with _____ [name of union rep] at the _____ [name of union].

We wish to advise that your entitlement to Long Term Disability (LTD) may be complicated, delayed or denied if you are unable to provide medical evidence supporting your illness/injury. Please also note that you are required to provide medical documentation regarding your illness/injury and be under the care of a qualified physician from the date of your disability and throughout the five-month waiting period and beyond, in order to qualify for LTD.

If you decide to take advantage of the EIP, do not hesitate to call me at (604) 736-2087 or toll free at 1-888-736-2087.

Yours truly,

NAME TBA _____
Early Intervention Coordinator
Disability Management Services
Healthcare Benefit Trust

cc: _____ EIP Working Group

CONFIDENTIAL

B.2 EIP Working Group File Referral

MEMO TO: HEABC Representative Frances Kerstiens
CBA Representative _____

FROM: HBT MCM _____

DATE: _____

The attached file is referred for discussion at the next meeting of the EIP Working Group (WG).

File Information:

_____ [Name of Employee]
_____ [Department/Work Site]
_____ [Employer]
_____ [Date of Disability]
_____ [Union Affiliation]

Special Issues for Discussion:

- Early Return To Work Planning
 - Accommodation
 - Employee Motivation
 - Employer Motivation
 - Labour Relations
 - Other _____
- _____
- _____

Referral Requested By:

- Union
- Employer
- Employee
- HBT
- Other _____

To be discussed at meeting on: _____

Appendix C – Authorization & Occupational Fitness Assessment (OFA) Form



#1200-1333 W. Broadway, Vancouver, BC V6H 4C1

Phone: 604-736-2087 Fax: 604-736-8218

Early Intervention Program (EIP) AUTHORIZATION & OCCUPATIONAL FITNESS ASSESSMENT (OFA) FORM

PURPOSE

This confidential form will assist the EIP Early Intervention Coordinator to:

- confirm the anticipated duration of your sick leave
- determine the type of work suitable to your medical restrictions
- determine if other medical or rehabilitation processes would be beneficial

AUTHORIZATION (To Be Completed By Employee)

I authorize any physician or practitioner, healthcare or rehabilitation provider, or any other person who has examined, diagnosed or treated me, to release my medical information regarding my current illness/injury that are reasonably necessary to process my claim under the Early Intervention Program (EIP) and the development of a return to work plan, to:

- EIP Medical Case Manager(s); and
- Designated representative(s) of the Working Group.

I authorize the EIP to give my medical information to other medical providers as may be necessary for ongoing treatment.

I authorize my employer to provide the EIP with information regarding my employment, my date of disability related to my EIP claim, and any other information reasonably necessary for the proper processing of my EIP claim and the development of my return to work plan.

If and when I make a claim for LTD benefits, I authorize EIP to disclose any medical information collected in the EIP process to Great-West Life for the purpose of administering my LTD claim.

THIS AUTHORIZATION WILL REMAIN IN EFFECT FOR 5 MONTHS FROM THE DATE OF SIGNATURE

I confirm that a photocopy or electronic copy of this authorization shall be as valid as the original.

Print Name: _____ Signature of Claimant: _____

Date: _____ Telephone Number: (____) _____

CONFIDENTIAL INFORMATION (To Be Completed By Attending Physician)

Patient's Name: _____

Date of Birth: _____

Date of Injury/Illness: _____

Expected Date of Return to Work: _____

Reason for Absence: Sickness Injury Occupational Non-Occupational

Primary Diagnosis: _____

Secondary Diagnosis: _____

If Psychiatric Diagnosis, DSM AXIS I: _____

Hospitalized: No Yes – If "Yes", date admitted: _____

Date Discharged: _____

Medications: _____

Treatment: _____

Date of First Visit: _____ Date of Most Recent Visit: _____

Date of Next Planned Visit: _____ Frequency of Visits: _____

When do you expect improvement? _____

Names of other treatment physicians: _____

Functional Limitations:

Restrictions/limitations of function resulting from medications and/or treatment and approximate duration:

Are there any medical restrictions that limit your patient's functions or abilities?

No Yes – please complete below.

*** PLEASE NOTE THAT TRANSITIONAL WORK IS AVAILABLE**

Physical Limitations: Duration – Comments

Walking: short distances only medium distances no restriction _____

Standing: less than 15 min. less than 30 min. no restriction _____

Sitting: less than 30 min. less than 1 hr. no restriction _____

Lifting Floor to Waist: <10 kg <25 kg no restriction _____

Lifting Waist to Shoulder: <10 kg <25 kg no restriction _____

Stair Climbing: none 2-3 steps short flight no restriction _____

Ladder Climbing: none 2-3 steps 4-6 steps no restriction _____

Hand / Wrist: grip type write no restriction _____

Above Shoulder Activity: _____

Below Shoulder Activity: _____

Vision: acuity _____ depth _____ perception _____

Pushing / Pulling: _____

Other: _____

Cognitive/Mental Limitations: Duration – Comments

Attention & Concentration: mild moderate severe _____

Learning & Memory: mild moderate severe _____

Decision-Making: mild moderate severe _____

Judgment: mild moderate severe _____

Organization & Planning: mild moderate severe _____

Social Interaction: mild moderate severe _____

Communication: mild moderate severe _____

Adaptation: mild moderate severe _____

Other: _____

PHYSICIAN INFORMATION

| | |
|--|---|
| _____ Name of Attending Physician <i>(please print)</i> | _____ Specialty <i>(if applicable)</i> |
| _____ Address | _____ City, Province, Postal Code |
| () _____ Phone Number | () _____ Fax Number |
| _____ Physician's Signature | _____ Date: (month, day, year) |



* Please fax or mail this form by: _____

** In accordance with the BCMA fee schedule A00032, Healthcare Benefit Trust will pay a form completion fee of \$37.50 for your assistance in this regard. Please mail your invoice to the address listed above. Please note we require original form fee invoices (not faxes).*

**Fax to: Early Intervention Coordinator
Disability Management Services**

Fax: 604-736-5788

**HEALTHCARE BENEFIT TRUST
#1200 – 1333 West Broadway
Vancouver, BC V6H 4C1**

**Telephone: 604-736-2087
Toll Free: 1-888-736-2087**

Appendix D – Reminder Letter

Date
Name
Address 1
Address 2
Address 3

Dear _____:

Re: Request For Information Concerning Absence From Work Due To Illness Or Injury

To date, we have not received the medical information requested in our letter to you dated _____. This information is required as part of the Early Intervention Program (EIP) to support your absence from work due to illness or injury. EIP is a confidential program supported jointly by your union and your employer, and your participation is required.

We have been unable to reach you by telephone. Therefore we have enclosed duplicate copies of the forms required in case you did not receive the originals. We wish to advise you that your entitlement to Long Term Disability (LTD) may be complicated, delayed or denied if you are unable to provide medical evidence supporting your illness/injury.

Please also note that you are required to provide medical documentation regarding your illness/injury and be under the care of a qualified physician from the date of your disability and throughout the five-month waiting period and beyond, in order to qualify for LTD.

Please ensure that the **confidential** information requested is returned to me by _____. In order to expedite this process, please fax a copy to my attention at 604-736-5788.

If you have any questions or concerns about the Early Intervention program, please contact your Union Representative, _____ [name or representative] at _____, or the undersigned at (604) 736-2087 or toll free at 1-888-736-2087.

Thank you for your cooperation in this matter.

Yours truly,

NAME TBA _____
Early Intervention Coordinator
Disability Management Services
Healthcare Benefit Trust

cc: Frances Kerstiens, Senior Consultant, Occupational Health and Safety, HEABC
_____ EIP Working Group
_____ Local Employer Representative

Appendix E – Memorandum of Agreement Re: Early Intervention Program

MEMORANDUM OF AGREEMENT BETWEEN THE ASSOCIATION OF BARGAINING AGENTS IN THE HEALTH SERVICES AND SUPPORT – COMMUNITY SUBSECTOR AND THE HEALTH EMPLOYERS ASSOCIATION OF BC

Re: Early Intervention Program

The Parties agree that the goal of an Early Intervention Program is to complement the existing disability plans by facilitating a proactive and customized service for ill and injured employees to effectively return to work in a safe and timely manner.

WHEREAS the objectives of the Early Intervention Program are:

- a) to initiate early contact with the ill/injured employee;
- b) to identify and provide appropriate case management of the ill/injured employee's health issues;
- c) to facilitate the rehabilitation of ill/injured employees while expediting a safe and timely return to work through an early return to work plan.
- d) to convey the message that employees are valued; and
- e) to reduce the costs of sick leave and the Long-Term Disability Insurance Plan.

AND WHEREAS the parties agree to promote open discussion and support for the Early Intervention Program.

THEREFORE the parties agree on the following principles for establishing a Early Intervention Program:

1. In furtherance of the objectives of the EIP, a joint Steering Committee comprised of six (6) representatives of the Community Bargaining Association and six (6) representatives of HEABC shall be established within thirty (30) days of ratification of the renewal Community Subsector Collective Agreement. The Steering Committee will be established with the following mandate:
 - a) develop an agreement for the delivery/implementation of an Early Intervention Program that has a case management component. The Steering Committee will also consider how the Early Intervention Program will integrate with existing programs, including PEARS. The Committee shall call upon advisors, as required, such as the Occupational Health and Safety Agency and the Healthcare Benefit Trust.
 - b) promote the Early Intervention Program to employees, Unions, and Employers;
 - c) develop and implement a communications plan for the Early Intervention Program;
 - d) receive and analyze quarterly data reports to evaluate the effectiveness of the Early Intervention Program and its impact on sick leave and the Long-Term Disability Insurance Plan;
 - e) discuss issues arising from the implementation of the Early Intervention Program referenced in this Memorandum of Agreement.
2. Once agreement is reached by the Steering Committee, Local Union/Management Committees will be utilized to assist in implementation of the EIP. This will allow for the EIP to be implemented in a manner that takes into account local circumstances. The mandate of the Union/Management Committees will align with that of the Steering Committee.

3. The parties agree that the implementation of the Early Intervention Program will be effective on October 1, 2006. In the event the Steering Committee has not agreed on the elements of the Early Intervention Program, they will refer the matter to mediation/arbitration with Donald Munroe by July 15, 2006 for a hearing by September 1, 2006.
4. The LTD Plan carrier will administer and provide Early Intervention Program case management unless the members of the Steering Committee voluntarily agree to a different provider.
5. An Early Intervention Program provides assistance to employees, including the proper completion of any required forms. Non-participation in the Early Intervention Program may result in complications, delay or denial of LTD Plan claims and/or benefits. The parties agree that ill/injured regular employees shall participate in the Early Intervention Program and cooperate by:

 - completing all required forms;
 - speaking with Early Intervention Program coordinators and Union representatives to discuss early return to work or accommodation plans;
 - participating in an agreed upon early return to work/accommodation plan, in consultation with the employee's physician; and
 - cooperating with any recommended medical and rehabilitation intervention plans, in consultation with the employee's physician.
6. The parties agree that for the purposes of the Early Intervention Program, an independent service provider engaged for the Early Intervention Program will be bound by the B.C. *Personal Information Protection Act* and have strict confidentiality policies and procedures. Information that the ill/injured employee provides to the Early Intervention Program service provider is confidential. However, the agreed to accommodation plan including limitations will be shared with the Employer and the Early Intervention Program Coordinator where required for early return to work plans.
7. The Steering Committee will only receive aggregate and summary data in order to measure the effectiveness of the Early Intervention Program.

Appendix F – Glossary

| | | |
|-------|---|---|
| SC | – | EIP Steering Committee |
| HEABC | – | Health Employers Association of British Columbia |
| EIP | – | Early Intervention Program |
| WG | – | EIP Working Group |
| EIC | – | Early Intervention Coordinator (HBT) |
| MCM | – | Medical Case Manager |
| ERTW | – | Early Return to Work |
| EWHS | – | Employee & Workplace Health Services (HBT) |
| GWL | – | Great West Life |
| HBT | – | Healthcare Benefit Trust |
| LTD | – | Long Term Disability |
| NADEP | – | National Association of Disability Evaluating Professionals |
| OFA | – | Occupational Fitness Assessment |
| RC | – | Rehabilitation Consultant |
| RTW | – | Return to Work |
| CBA | – | Community Bargaining Association |

Appendix G – Steering Committee’s (SC) Terms of Reference

1. The SC reports to the HEABC and the CBA.
2. The SC is made up of 5/6 representatives of HEABC and its members, and 5/6 representatives of the CBA.
3. The SC meets as required. The SC will need to meet monthly at the inception of the program to develop the education and communication plans. Following development of the plans, the SC will meet, at a minimum, at least quarterly.
4. The SC is responsible for:
 - a. Implementing the EIP that is referenced in Memorandum of Agreement.
 - b. Contracting with an EIP provider [currently the Healthcare Benefit Trust (HBT)] and giving ongoing direction to the provider.
 - c. Promoting the EIP to HEABC members, unions and employees.
 - d. Designating the members of the EIP Working Group (WG) from representatives of HEABC and the CBA
 - e. Developing an education program which will include:
 - i) an outline of the goals, policies and procedures governing EIP that supports the intent of the MOA
 - ii) how EIP medical certificates and collective agreement requirements for medical certificates will be managed so that there won't be dual requirements to produce medical information.
 - iii) how EIP will integrate with existing programs already in place in many Affiliates and Health Authorities.
 - f. Developing a communication plan and participating in the communication of the EIP.
 - g. Approving policies and procedures as established by the WG.
 - h. Receiving and analyzing quarterly data reports to evaluate the effectiveness of the EIP and its impact on the LTD plan.
 - i. Implementing changes to the EIP based on the recommendations of the WG or as a result of collective bargaining.
 - j. Develop baseline information and EIP evaluation tools that may be required pursuant to 11.0.

Appendix H – Roles of EIP Working Group (WG)

1. The WG reports to the Steering Committee (SC).
2. The WG is made up of 1 or 2 representatives of HEABC and a *minimum of 2 and maximum of 3* representatives of the CBA. In circumstances where an issue arises and the employee is not a member of one of the Unions sitting on the WG, the employee's Union will be invited.
3. The WG meets as required.
4. Representatives of the Healthcare Benefit Trust (HBT) will attend WG meetings, in their capacity as administrator/provider of the EIP.
5. The WG is responsible for:
 - a. Implementing the EIP that is referenced in Memorandum of Agreement in the CBA Collective Agreement.
 - b. Establishing policies and procedures.
 - c. Communicating and promoting the EIP to HEABC members, unions, and employees.
 - d. Resolving industry-wide issues and concerns as they arise or referring them to the SC.
 - e. Receiving and reviewing regular updates from HBT on the status of claims.
 - f. Reviewing certain claims on a regular basis that are identified by the WG and/or MCM and that require special RTW planning and/or accommodations.
 - g. Receiving and analyzing quarterly data reports to identify trends and issues, and to evaluate the effectiveness of the EIP.
 - h. Making recommendations to the SC for improvements to the EIP.
 - i. Reviewing the impact of the EIP on the LTD plan.
 - j. Reviewing employee feedback on the effectiveness of the service.
 - k. Reviewing non-participation matters.
 - l. Provide aggregate data regarding non-participation matters to the appropriate Local Implementation Committee.