

## IBI-NBCH Health & Productivity Forum February 8-10, 2010



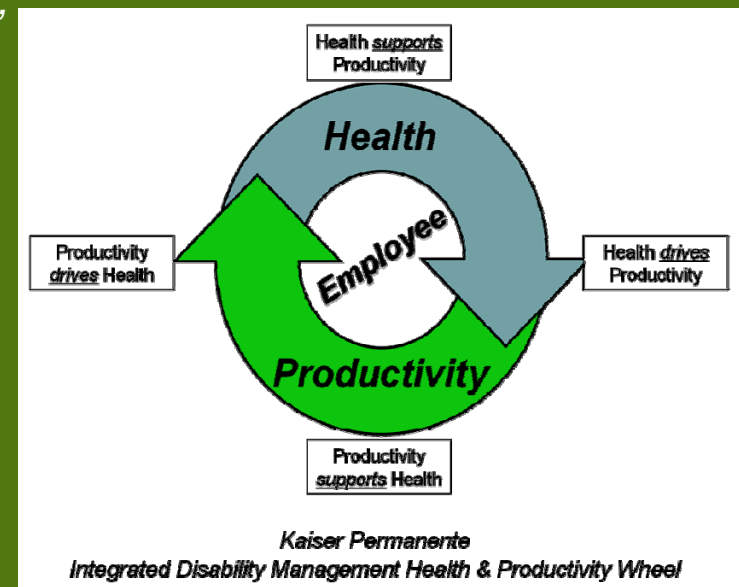
**Kaiser Permanente Strives for World Class Health & Productivity through Strong, Collaborative Partnerships: *Physicians, Labor and Management***

## Takeaways from this presentation

- Kaiser Permanente is committed to delivering Integrated Disability Management programs and services to its large, multi-state healthcare workforce for the good of its employees; in the interest of the organization's productivity and performance improvement; and for the overall well-being of the communities it serves
- An integrated healthcare delivery system can develop and provide unique, health-promoting opportunities and resources to its workforce including its physicians; and its members
- Collaboration, engagement and safe, productive activity can be as good for your health as it is for the health & productivity of Kaiser Permanente

## Kaiser Permanente's Collaborative Partners in Integrated Disability Management, presenting today:

- **Dr. Steve Wiesner**, *Chief, Occupational Health Department, East Bay Medical Center, Oakland, CA; National IDM Physician Advisor*
- **Claudine Salama**, *Program Lead, Coalition of Kaiser Permanente Unions, AFL-CIO*
- **Barbara Smisko**, *Senior Director, National Environmental, Health & Safety, National Management Co-lead, IDM*
- **Moderator: Robin M. Nagel**, *MS, CDMS, HEM, Senior Consultant/National Project Manager, Integrated Disability Management (IDM)*



## What is Kaiser Permanente?

- Established in 1945, Kaiser Permanente is:
  - An integrated, nonprofit, group-practice health plan model,
  - Representing a partnership among Kaiser Foundation Health Plan, Kaiser Foundation Hospitals, the eight Permanente Medical Groups, and (as of 2000) the Coalition of Kaiser Permanente Unions.
  - Care is provided to our 8.6 million Kaiser Permanente members, nationwide.

# Kaiser Permanente Principles and Structure

**Mission and Purpose:** Kaiser Permanente exists to provide affordable, high-quality health care services to improve the health of our members and the communities we serve.

- Partnership
- Integration
- Prevention
- Comprehensive Benefits
- Choice



**KAISER PERMANENTE®**

## Facts about Kaiser Permanente

- Founded in 1945, Kaiser Permanente is the nation's largest not-for-profit health plan, serving more than 8.6 million members, with headquarters in Oakland, California. It comprises:
  - *Kaiser Foundation Health Plan, Inc.*
  - *Kaiser Foundation Hospitals and their subsidiaries*
  - *The Permanente Medical Groups.*
- At Kaiser Permanente, physicians are responsible for medical decisions. The Permanente Medical Groups, which provide care for Kaiser Permanente members, continuously develop and refine medical practices to help ensure that care is delivered in the most efficient and effective manner possible.

## Facts about Kaiser Permanente

- Kaiser Permanente's creation resulted from the challenge of providing Americans medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Among the innovations it has brought to U.S. health care are:
  - *prepaid health plans, which spread the cost to make it more affordable*
  - *physician group practice to maximize their abilities to care for patients*
  - *a focus on preventing illness as much as on caring for the sick*
  - *an integrated delivery system, putting as many services as possible under one roof*

## Facts about Kaiser Permanente\*

- Regional locations
  - Colorado
  - Georgia
  - Hawaii
  - Mid-Atlantic States (VA, MD, DC)
  - Northern California
  - Northwest (OR, WA)
  - Ohio
  - Southern California
- Medical facilities, physicians and staff:
  - Medical Centers: 35
  - Medical Offices: 431
  - Physicians: 14,600
  - Employees: 167,300

8.6 million members

\* as of Dec 31, 2008



# Kaiser Permanente Structure

## ■ Kaiser Foundation Health Plans

- *Nonprofit, public benefit corporations that contract with individuals and groups for prepaid, comprehensive health care services.*

## ■ Kaiser Foundation Hospitals

- *Nonprofit, public benefit corporation that owns and operates community hospitals in California, Oregon, and Hawaii; owns outpatient facilities in several states; provides or arranges hospital services; and sponsors charitable, educational, and research activities.*

## ■ Permanente Medical Groups

- *Partnerships or professional corporations of physicians, represented nationally by The Permanente Federation, which contract exclusively with the Kaiser Foundation Health Plans.*

## Who Comprises the Permanente Medical Groups?

- The **Permanente Medical Groups** are organized as either a professional partnership or as professional corporations of physicians.
- Through an exclusive contractual relationship with Kaiser Foundation Health Plan, Inc., each of the **Permanente Medical Groups** provides or arranges for the medical care necessary to serve Kaiser Permanente and to fulfill Kaiser Permanente's obligations to the communities that we serve.



## Who Comprises KP's Workforce?



- Kaiser Permanente is comprised of a highly diversified, predominantly labor-organized workforce.
- There are over **160,000 employees** of Kaiser Permanente, nationwide
- Approximately **95,000 KP employees are union members**, organized in more than 30 separate bargaining units
- There are over **14,000 physicians**

## “Working Together is a Powerful Thing” -- KP’s LMP

- “**Sharing** ideas. **Learning** from the experience of others. **Exploring** ways to do things more **efficiently**, more **affordably**, or more **innovatively**.
- “An innovative partnership among Kaiser Permanente managers, workers, and physicians, the **Labor Management Partnership (LMP)** is the largest and most comprehensive of its kind and inspires ongoing communication, innovation, and high performance.”

## Kaiser Permanente, its Labor Management Partnership (LMP) and Integrated Disability Management (IDM)

- Since 1997 the LMP has launched hundreds of initiatives, from workplace safety advancements to large-scale organizational change:
  - Program-wide implementation of an automated medical records (KP HealthConnect) and
  - LMP Workforce Planning and Development supporting redeployment of employees displaced as a result of the implementation, thus
  - Achieving measurable improvement in patient and employee satisfaction, quality and service scores, financial results, and operational efficiency.



## Legal Imperatives for a Successful IDM Program: Amendment Acts of Disability Under the ADA (2008-09)

- A qualified individual is defined as:
  - An employee “with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment positions that such individual holds or desires.”



## Interactions in Workplace Accommodation (ADAAA / CA FEHA)

- An employee/patient asks their employer for a “reasonable accommodation” to be able to perform their job’s “essential functions”
- Employee/patient and employer engage in the “good faith interactive process”
  - May include “actionable” information obtained from the health care provider, e.g., defining activity restrictions;
  - Includes safe activities prescribed at safe levels of durations, exertion
- If employee/patient can perform “essential functions” with reasonable accommodation, employer must provide it,
  - except when the only plausible accommodation would cause “undue hardship”



*Good Faith Interactive Process*



## Evaluating Workplace Accommodation (ADAAA / CA FEHA)

- If the agreed upon accommodation does not enable employee / patient to perform “essential functions” of their job: back to the drawing board until work status is resolved.
- Under the law, it is the employer’s responsibility to decide if an accommodation is “doable,” or not.
- The employer may terminate employee/patient if they simply cannot perform essential functions of the job, despite this, or other attempted accommodations.





# Physicians



## Three things you will learn from our National IDM Physician Advisor, Dr. Steve Wiesner:

- How does KP's clinical care support its Integrated Disability Management (IDM) Program and fit into the overall Health & Productivity goals of KP's Workforce?
- What is the role of KP clinicians with respect to work disability issues and IDM, both for KP's 160,000+ employees, and with respect to KP's 8.6 million members, across the U.S.?
- Vital tools which are needed by clinical care providers to help prevent medically unnecessary work disability

## How does KP's clinical care support its Integrated Disability Management (IDM) Program and contribute to the overall Health & Productivity of KP's Workforce?

- Crucial concepts of best clinical care in preventing medically unnecessary work disability:
  1. **Counsel** safe activity within the Treatment Plan
  2. **Advocate safe** Stay-at-Work/ Return-to-Work as a priority for medical & functional recovery
  3. **Deliver** timely and useful activity recommendations (physician) and temporary transitional work assignment (employer)



## A Few Simple Truths in Clinical Care for Prevention of Medically Unnecessary Work Disability

- Medically-necessary disability is time away from work, because:
  - *Work is medically contraindicated, or*
  - *Therapy or recovery requires confinement to home or bed or*
  - *There is no practical way to keep a vulnerable employee safe at work.*
- Medical and functional recovery usually occurs in an incremental fashion.
- Engaging in medically safe activities at each stage of healing is good for the affected individual and their recovery.
- Days off of work which have no medical basis are very commonly prescribed, though seldom intentionally.

## Considerations In Clinical Care and Decision-making: Preventing Medically Unnecessary Work Disability

- Long-term absences from work:
  - Delay medical and functional recovery and increase the risk of poor physical and mental health.
  - Lead to failure to ever return to work (odds declining to less than 50% likelihood, after 12 weeks' absence.)
  - Lead to social isolation; cognitive, emotional and behavioral changes; financial disruption and erosion of positive work habits.
    - *Are also associated with poor self-esteem including increased risk of suicidal thinking, attempted and actual suicides.*

**What is the role of KP clinicians, with respect to work disability issues and IDM, both for KP's 160,000+ employees, *and* with respect to KP's 8.6 million members, across the U.S.?**



## Key Concepts:

- Patients, employers and insurers rely heavily on information about work disability communicated by doctors, when making both personal and business-related decisions.
- Medically unnecessary work disability contributes to rising health care costs, despite business' longstanding focus on reducing medical and pharmacy costs.
- Medically unnecessary work disability raises the risk of “worklessness” leading to poor personal, social and economic health among working adults.
- Prevention of needless work disability is perceived as an important quality issue by many of KP's health plan purchasers.

## Clinical Drivers of Integrated Disability Management

- Poor communication with clinicians poses a significant problem and has contributed to work disability that could have been prevented.
- Efficient clinical tools that support clinicians will improve health care delivery and minimize unnecessary work disability.



- Clinicians who **communicate effectively** about the place for safe activity in achieving good functional and medical recovery **will achieve better health outcomes** for their patients.



## Clinical Tools to Prevent Medically Unnecessary Work Disability

- Kaiser Permanente clinicians use a comprehensive electronic medical record system (HealthConnect), which allows the clinician to readily access relevant medical, social & functional information
- Future enhancements to include direct access of evidence-based disability duration guidelines and FMLA clinical documentation



## Clinical perspectives from ACOEM\*

### **“Healthy Workforce/Healthy Economy: The Role of Health, Productivity, and Disability Management in Addressing the Nation’s Health Care Crisis”**

#### Four fundamental principles:

- *“A. Keeping the workforce healthy and productive is essential to keeping the economy strong.”*
- *“B. Public investment in “better health” as well as “better health care” should advance beneficial societal outcomes, most particularly workforce health and productivity.*

\* American College of Occupational and Environmental Medicine, Position Statement of 11/08

## Clinical perspectives from ACOEM\*

### **“Healthy Workforce/Healthy Economy: The Role of Health, Productivity, and Disability Management in Addressing the Nation’s Health Care Crisis”**

Fundamental principles: (continued)

- *“C. The workforce will become healthier and more productive through prioritized investment in evidence-based primary, secondary and tertiary prevention strategies.”*
- *“D. These strategies will succeed only if spending on prevention is considered a priority rather than discretionary; and only if incentives are realigned.”*

\* American College of Occupational and Environmental Medicine, Position Statement of 11/08



# Labor

## Three things you will learn from the Coalition of KP Unions' Program Lead, Claudine Salama:

- What is the Coalition of Kaiser Permanente Unions and the KP National Agreement of 2000 & 2005?
- What has organized Labor's role been in health and disability-related programming for the workforce?
- What is the KP Value Compass and how do the programs of IDM, Attendance and Healthy Workforce help to fulfill it?

## What is the Coalition of Kaiser Permanente Unions?





## The KP National Agreement of 2000 & 2005

- In 2000, the LMP's first National Agreement included specific language mandating Integrated Disability Management for the benefit of all KP employees, and for the organization itself.
- "KP IDM is a comprehensive program that provides timely medical care, with safe and rapid return-to-work (RTW) for employees with occupational and non-occupational injuries, illnesses or disabilities to best meet the needs of employees.
- These requirements are essential to KP being the best place to work and delivering the best possible patient care."

## What has organized Labor's role been in health and disability-related programming for the workforce?



- Practices related to improving workers' lives have always been central elements of the philosophy of the labor movement.
- Historically, Labor has developed extensive health and disability related programming that reflects:
  - Collaborative relationships with employers, State and Local governments and
  - The communities in which union members live and work



## What has organized Labor's role been in health and disability-related programming for the workforce?

- Unions often possess an in-depth understanding of the workplace, including knowledge of specific tasks, as well as responsibilities associated with a variety of jobs within a given occupation or industry.
- Keep the affected employee “whole.”



## What is the KP Value Compass?



- Best Quality Healthcare Product
- Most Affordable
- Best Service in Healthcare Delivery
- Best Place to Work

## IDM Program Participation per KP's 2005 National Agreement

- “When the employee is not able to be placed within their own bargaining unit, the parties jointly determine if a temporary assignment within another bargaining unit is possible, as long as the assignment:
  - *Does not affect the process for filling vacancies or*
  - *Affect the work available for current employees in the workgroup.*
- “The employee may remain in the temporary assignment for up to 90 days, during which their bargaining unit status will be maintained with all the rights and responsibilities.
- “Any extension must be mutually agreed upon by all parties.”

## IDM Program Participation, per KP's 2005 National Agreement

- Once the employee has reached maximum medical improvement (MMI), Regional IDM facilitates final work disposition, which may include:
  - Return to usual work in the original bargaining unit/home department.
  - “Good Faith Interactive Process” to determine Reasonable Accommodation when essential functions can be sustained.
  - Coordination of KP resources (EAP; HR redeployment; LMP's Workforce Planning and Development programs , e.g., career counseling) to explore permanent alternative work status outcomes.”

## Labor's Perspective, in Conclusion:

- Kaiser Permanente acknowledges the importance of joint labor-management involvement in IDM
- Good outcomes occur when senior labor and management representatives facilitate a spirit of cooperation
- Joint support and leadership have created opportunities for success; Labor and Management representatives in concert with Physicians are best positioned to facilitate optimal IDM outcomes
- Both Labor and Management representatives are familiar with work processes and the corporate culture; therefore, they are in the best position to implement IDM
- Through joint support and empowerment among Labor and Management representatives, needless work disability and associated costs to individuals and the organization can be avoided

# Management



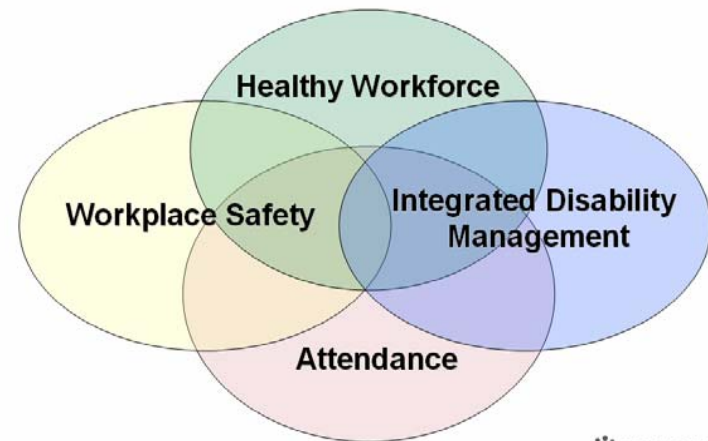
## Three things you will learn from IDM's National Management Co-lead, Barbara Smisko

- How is KP Management integrating workforce health with workplace productivity?
- How does this integration contribute to preventing and managing work absence and lost time due to illness, injury or personal health conditions?
- What is meant by Management's "Operational Readiness" to promote and facilitate IDM/I AM, or SAW-RTW of all eligible KP employees; and how does this strengthen the organization?

## How is KP Management integrating workforce health with workplace productivity?

- IDM is a series of interrelated strategies and programs:
- Designed to protect and foster full workforce health & productivity through facilitation of
- Opportunities for KP's employees to stay-at-work or return-to-work, while healing.

### Synergy of Initiatives



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## KP's Vision and Mission of IDM depend upon the stability of its “3-Legged Stool”

- Readiness in Clinical Care
- Operational Readiness of Labor
- Operational Readiness of Management



# Organizational Recommendations for IDM

## ■ Shared Work

- Establish a governance structure
- Re-brand IDM as “I AM” – Integrated Ability Management
- Advocate for total health & productivity through improved integration

## ■ Operational Readiness, Labor & Management

- Engage UBTs through partnership
- Shore up resources for intake and case management
- Monitor, report and track

## ■ Clinical Orientation

- Devise & implement clinical tools
- Develop educational resources for clinicians
- Record, report and track data

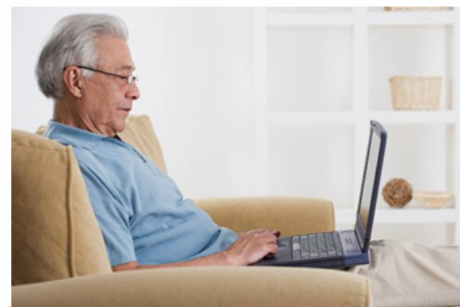


# How does this contribute to preventing and managing work absence and lost time due to illness, injury or personal health conditions?

## Rising Costs



## Aging Workforce



## Chronic Medical Conditions



## Lost Productivity



## IDM is evolving in 2010: “I AM” - Integrated (*dis*)Ability Management

- **Clinical orientation toward advising activity** as part of healing:
  - KP's physicians strive to become engaged in optimizing the total health and well-being of their patients, regardless of age or employment status: “Total Health” is embodied in each patient's unique experience of productive engagement at home, at work and within his/her community
- **Operational Readiness, Labor:**
  - KP's workforce strives to commit itself to integrate, cooperate, believe in, and take advantage of KP's IDM program, which in turn will result in optimizing each employee's health, productivity, social and financial well-being

**What is meant by Management's "Operational Readiness" to promote and facilitate I AM, or SAW-RTW of all eligible KP employees; how does that strengthen the organization?**

## **National Agreement**



## **Good Faith Interactive Process**



## Integrated (*dis*)Ability Management (I AM) at KP: Our Future

- **Operational Readiness, Labor & Management:**
  - Fully informed members will promote the benefits and positive experience of IAM for all affected parties, demonstrating full workforce engagement.
  - National policy, tools, training and resources will support keeping KP employees safely and productively at work while healing from potentially disabling conditions.
- **Data/Metrics:** Collection, analysis and reporting of data through compatible systems for relevant metrics will foster appropriate decision making among Labor, Management and Physicians

## Recognitions...

- The National Agreement, 2005 of Kaiser Permanente & The Coalition of KP Unions
- “The Physician’s Role [in] ‘Helping employees get back to work’” prepared by KP’s Northwest Regional IDM Program
- “IDM: A Physician’s Guide” prepared by KP’s Mid-Atlantic States Regional IDM Program
- “Clinical Protocols for Authorizing Time Away From Work” prepared by KP Colorado's Unit Based Team of Hidden Lake Medical and Mental Health Clinic, Arvada, Colorado
- The Job Accommodation Network (JAN), a program of the US Department of Labor (JAN Web site: <http://www.jan.wvu.edu>)

## Questions? Comments...





## Appendix

- Some Legal Definitions: ADA's Amendment Act (AA) qualifies definition of disability (ADAAA, effective 01/09)
  - A physical or mental impairment that substantially limits one or more of the major life activities\* of an individual. (Narrowly interpreted definition, in effect 1991-08, is to be more broadly construed by EEOC.)
  - Definition still includes "record of such an impairment, or being regarded as having the impairment."
  - "Regarded as" interpretation now very broad; impairments that are transitory OR minor, but not necessarily both, will be covered

## Appendix

- Further Clarification of ADA's Amendment Act
  - “Mitigating measures” can no longer be considered as a means of exclusion (e.g., medical control of diabetes)
  - Episodic OR in remission: Limitations will be considered as if active (e.g., mental illness, multiple sclerosis, arthritis, inflammatory bowel disease/ulcerative colitis, etc.)
  - When considering whether a person is substantially limited in a major life activity, we can consider major bodily functions as well as other major life activities
  - Being SUBSTANTIALLY LIMITED in ONE major life activity is enough to qualify