

Introduction to Special Issue on Disability Management

In the mid-1970s, I was a vocational rehabilitation (VR) counselor working for the Michigan state VR agency. I could not understand why local employers did not hire more people with disabilities. My coworkers and I followed all the prescribed steps for preparing clients for work: medical and vocational evaluation, retraining, and job seeking skills, adaptive equipment – the whole nine yards. But what I came to understand was that the cost of doing business in the 1970s included paying a lot of people to stay home and collect worker compensation, short term, long term, or retirement disability benefits. There existed a silent, tacit agreement – a “benevolent conspiracy” if you will – between employers and workers. Employees who became disabled through work or non-work-related injuries or illnesses while employed would collect disability benefits in some form until they either recovered, died, or became eligible for Social Security.

A lot has changed in 25 years, however. Ultimately, employers and the Federal government learned that the paid furlough of employees with disabilities would become expensive to the tune of hundreds of millions of dollars. Worker compensation and private disability benefit costs soared while the number of working age people drawing Social Security increased by 60% from the mid-1980s to the mid-1990s. The tacit agreement turned into a financial disaster for employers as well as for Federal entitlement programs.

In this context, disability management (DM) was born from the blending of VR, human resources management, and benefits administration. Other contributions came from claims and case management, safety and ergonomics, employee assistance, physical medicine, occupational medicine, risk management, and a host of other specialty areas. In 1982, the Washington Business Group on Health founded the Institute for Rehabilitation and Disability Management. The term DM was barely known outside of a handful of businesses and a few consultants and researchers who began working in this hybrid field. Eighteen years later, DM is the cornerstone of workplace-based disability programs within hundreds of progressive organizations. DM programs save companies millions of dollars in reduced benefit outlays and lost work time every year. While employers of all sizes show increasing interest in integrated benefits and DM, the number of insurer prod-

ucts and consulting services on the market increased dramatically. Opportunities for integrated DM have burgeoned with the advent of ever more sophisticated data management systems that can marshal information from a variety of sources (e.g. health plans, disability plans, worker compensation, absence tracking, etc.) to provide a complete picture of an organization’s health and disability trends.

Despite the rapid growth in popularity of DM, however, the field has remained an ill-defined amalgam of policies, programs, and practices encompassing many diverse organizational functions. The language of managed disability remains imprecise, as well, with the term “disability management” taking on different meanings in different settings, depending on the expectations of the program, the training of the staff, and the organizational structure of the particular company. The goal, however, remains constant across the spectrum of DM programs and services – early intervention and service coordination to prevent and/or remediate the work limiting effects of disability in the workplace. DM services now often encompass:

- day one case management and return to work services;
- state-of-the-art disease management programs that can detect and control the progress of chronic conditions such as asthma, diabetes, and heart disease;
- physician decision support tools to assist in the management of functional improvement; and
- workplace mental health programs that provide early detection and treatment for high incidence conditions (such as depression) without the need for lengthy leaves of absence.

As a provider of DM services, the VR professional occupies a role that intersects with human resources generalists, benefits managers, case managers, occupational health specialists and employee assistance professionals, to name a few. Often, the VR professional in DM programs becomes a vendor manager, human resources manager, trend analyst, mediator, and benefit design specialist. But many VR professionals are less than fully prepared to assume these roles.

In the context of this wave of change in the field of DM, the guest editors have prepared this special issue of the *Journal of Vocational Rehabilitation*. The article

by McMahon et al. begins a line of inquiry into the relationship between private sector DM efforts and public disability programs. The article questions the rationale for the still-common employer/insurer practice of “cost shifting” from private sources of income replacement to Social Security Disability Income. If the point of DM is to return employees with disabilities to work, why are so many working age disability benefit recipients ending up on SSDI? As the Social Security system seeks to reform and reinvent itself, the “progression of disability benefits” (PODB) phenomenon will play a key role in public policy formulation to encourage and support return to work. The next article by Wagner, Danczyk and Reid reveals a compelling, disability-specific profile of the application of PODB to mental health.

In the next article, by Calkins et al., principals from the Commission on DM Specialist Certification comment upon the expansion of integrated DM programs. Their position is illustrated in the thoughtful article that follows. Ahrens and Mulholland detail the development of the DM field and provide a case study of the an “early adopter” of the integrated DM approach – Owens Corning. Not only can other employers learn from the Owens Corning experience, but would-be DM practitioners are well-advised to note the number of different roles filled by DM staff within the Owens Corning environment.

Finally, the article by Chan et al. provides an illuminating perspective on the intersection of job demands, skills, and professional orientation for working DM professionals. As employer and insurer-based DM practice becomes more popular, the development of professional standards for DM practitioners can and should be guided by such careful and thorough research.

The 21st century business environment is one that demands rapid adaptation to marketplace change, continuous innovation, and instant access to information. It demands that employers, insurers, and DM professionals approach DM not as a cost of doing business, but as an investment in productivity enhancement. Organizations are struggling to cope with an aging workforce, a tight labor market, increasing global competition, and a confusing, often contradictory, regulatory

environment. But statistics indicate that the unemployment rate among people with disabilities remains unacceptably high, despite a booming economy and record low levels of unemployment in the general workforce. Clearly, this is a large and potentially productive labor pool that, in the midst of the current labor shortage, could assist employers in meeting workforce needs. The passage of the Ticket to Work/Work Incentives Improvement Act may begin a migration of people with disabilities into the workforce, many of whom have been there before, but who ended up on SSDI as the result of the progression of disability benefits.

I am proud of the VR profession because I have observed first hand what it has contributed to business’s understanding of the nature of disability in the workplace, and the promise of qualified workers with disabilities. The challenge for the next century is daunting but attainable. In my view, business, health care, rehabilitation, government – all parties – must embrace a broader view of what it means to be healthy and what it means to be productive. In this century, no employer, large or small, can afford to stand idly by while valuable human resources to end up in the public disability system by default. The days of the “benevolent conspiracy” are over – and DM professionals are the ones who will be “taking care of business”.

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