



Dr. Errol Ferguson is currently a medical consultant to Medavie Blue Cross. He has 16 years' experience working with insurers and employers, and 22 years more in family practice.

# Doctor on Call



## bh IN BRIEF

Dr. Ferguson reflects on almost 40 years of working as a physician, and the important differences in perspectives between private practice doctors and their colleagues in disability management. He advocates for closer relationships between employers and insurers and more creative approaches to return ill or injured employees to work. New types of claims are emerging, and the use of non-traditional data to profile risk is helping some employers plan a more proactive approach, one that may prevent many disabilities in the first place.

### 1. What were the biggest differences from being a family physician to becoming an insurer's Medical Consultant?

A few things come to mind:

- I did not appreciate how diseases affect job function. This leads to a different focus, i.e., "Can he work with his impairment?", rather than, "What is his diagnosis and the best treatment?"
- Claimants often do not give full and accurate information regarding their illness. The attending physician's information is often a claimant's self-report and sometimes misleading.
- I moved from being the prime decision-maker for diagnoses and treatment plans, to providing advice to a claims team.

### 2. In general, how well do you find claimants are being managed by their family doctors? By specialists?

The management of disease and medical conditions is reasonably good by both general and specialist doctors, but they often do not understand the implications of not returning to work in a timely manner. There are important system issues as well: long waits for investigations, consultations and psychiatric treatment often add to poor management.

### 3. How often do organizational issues like relationships, trust and culture complicate "routine" physical disability claims?

This occurs frequently now as employees are routinely over-worked; over time, this creates high-stress work environments. Few claims are routine because there are many perspectives – the claimant, the employer, the insurer, physicians, lawyers and others – and the claims are typically multi-dimensional.

### 4. Advisors complain about the limited claim information provided by insurers who are constrained by privacy legislation. Poor information makes disability plans harder to manage. What are the general rules regarding information disclosure to third parties?

No medical information can be released unless the employee gives explicit consent and understands the need for collecting this information. Information transfers should be part of the initial agreement and used to develop, implement, and evaluate specific claim management strategies.

Insurers will provide general claims statistics for larger clients (>250 lives) in a form that prevents individuals from being identified. This will help in developing strategies if used with data on attendance, performance, morale, and work relationships for their employees.

### 5. You've worked for a number of insurers and large employers. What are the most significant changes you've seen over the last few years?

I see employers and insurers drifting apart, missing opportunities to jointly develop better practices from a common understanding of the types of disabilities and their drivers. This requires clear objectives for disability management, which needs to be communicated to employees as well. This is particularly relevant for subjective syndromes and "mental-nervous" claims.

Beyond a simple 'pay-or-decline' approach, perhaps the claimant would benefit from more flexibility, i.e., a structured, time-limited program directed at stress relief and return to work. Recovery times could be shortened which is good news for everyone.

On the plus side, cancer and cardiovascular disease are handled better, and there is more focus on prevention. Drugs for depression and psychoses are better, but there is still too little psychiatric care.

### 6. What are the most important emerging issues in managing short and long term disability claims?

I see fewer claims for chronic fatigue and fibromyalgia but more for non-specific chronic pain, mental illness, stress, cancer and pregnancy. Pain without impairment that does not respond to treatment often appears to be directly related to multiple personal and occupational stress factors.

Employers need a multi-focal approach to stress management that includes communication, trust, job fit, recognition and remuneration.

It's interesting that some employers are starting to build and target their strategies to reflect their demographics and the specific impairments of their workers, such as middle manager stress, pregnancy, or truck driver weight and fitness.