

**Kimberly Mashburn, The Hartford**

**Paulette Wright, Hackensack University Medical Center**

**Agnes Nines, Arthur J. Gallagher & Co.**



**Arthur J. Gallagher & Co.**  
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## **Best Practices of Integrated Absence Management and Regulatory Compliance**



## Agenda

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- Introductions
- Comprehensive Absence Management at HackensackUMC
- Best Practices in Absence Management
- Absence Management Results
- Productivity Reporting
- Q&A

## Kimberly Mashburn

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Kimberly Mashburn, is Absence, Disability and Wellness Consultant at The Hartford. Kimberly is responsible for providing strategic direction, quantitative and qualitative analysis, and evaluation of absence, disability, workers compensation, wellness and productivity programs for clients in partnership with sales and account management. She brings over 25 years of experience in the fields of absence and disability management, workplace productivity, wellness and return to work strategies. Kimberly has been published in numerous trade and financial journals and has been quoted in the Wall Street Journal. She is often invited to present at national industry conferences and is a recognized thought leader in absence and productivity management.

Prior to joining The Hartford, Kimberly was Vice President at a consulting firm where she was the company's subject matter expert for client absence and productivity. She began her career as a registered nurse and served in several hospital-based leadership positions before becoming President and CEO of a large multi-specialty medical practice. Kimberly serves on the board of directors for DMEC Atlanta Chapter and is active in the Atlanta community as chair of the 2015 Women's Leadership Conference.

# Integrated Absence Management and Regulatory Compliance

## *Best Practices*

### *Presenters:*

**Paulette Wright, Hackensack University Medical Center**

**Agnes Nines, Arthur J. Gallagher & Co.**

# HackensackUMC is the largest provider of inpatient and outpatient services in New Jersey

A work force of more than 8,500 employees, with more than 1,600 physicians representing a spectrum of specialties and subspecialties

More than 1,600 volunteers who annually donate approximately 270,000 hours to the medical center



- **HackensackUMC is listed as the #1 hospital in New Jersey and ranked among the top 30 in the nation by U.S. News & World Report in its 2014-2015 Best Hospitals list**
- The Joint Commission: 23 Gold Seals of Approval™ (most awarded hospital in the country)
- HealthGrades®: America's 50 Best Hospitals 2015 (9 years in a row)
- Leapfrog: Top Hospitals List
- 2015 Becker's Hospital Review Awards: 150 Great Places to Work in Healthcare, 100 hospitals with Great Women's Health Programs and 100 Great Hospitals
- CEO Cancer Gold Standard
- American Alliance of Healthcare Providers: "Hospital of Choice"



# Agnes Nines



Agnes Nines is Practice Leader, Absence Management, of the Health & Welfare Consulting Practice within the Benefits and Human Resources Consulting division of Arthur J. Gallagher & Co. In her role as a benefits strategist, she leads a consulting team focused on large group life and leave management programs as well as benefits for globally mobile employees.

Having devoted more than 25 years to group insurance national account underwriting, sales, consulting and account management, Agnes has developed specific expertise in disability, total absence management, FMLA, ADAAA, state and other jurisdictional leaves, and absence compliance. She is leading discussions among all constituents about the cost of presenteeism and absence and how organizations can better manage those costs through resource integration.

Agnes has been a featured speaker at the annual conference held by the American Society for Healthcare Human Resources Administration (ASHHRA) and DMEC, and is a contributing author for the annual Gallagher Benefits Strategy and Benchmarking Survey.

# Today's Workforce: Getting Prepared for Tomorrow

- The digital revolution enables companies to compete, connect and collaborate within the global marketplace like never before.
- Millennials are accustomed to a constant flow of communication via email, text messages and social media platforms (Facebook and Twitter) vs. print, mail or face-to-face interaction.
- A Changing Workforce:
  - 54% of those ages 60+ say they will work after retiring from their current job – up from 45% last year.<sup>1</sup>
  - From 2008-2018, the percentage of those ages 55+ in the labor force will increase from 18% to 24%.<sup>2</sup>
- Corporate training will also receive a significant makeover, emphasizing a highly interactive experience with tools including video games, simulations and alternate-reality games to develop leadership and analytical skills.

<sup>1</sup> [http://capricorn.bc.edu/agingandwork/database/browse/facts/fact\\_record/5621/all](http://capricorn.bc.edu/agingandwork/database/browse/facts/fact_record/5621/all)

Careerbuilder. (2015). Number of senior workers delaying retirement reaches new post-recession low. Chicago: Careerbuilder. Retrieved from [http://www.careerbuilder.com/share/aboutus/pressreleasesdetail.aspx?sd=2%2f19%2f2015&siteid=cbpr&sc\\_cmp1=cb\\_pr869\\_&id=pr869&ed=12%2f31%2f2015](http://www.careerbuilder.com/share/aboutus/pressreleasesdetail.aspx?sd=2%2f19%2f2015&siteid=cbpr&sc_cmp1=cb_pr869_&id=pr869&ed=12%2f31%2f2015)

<sup>2</sup> <http://www.ftpress.com/articles/article.aspx?p=2137183&seqNum=3> Article date 09/2013. Viewed 07/2015. Referenced from Bureau of Labor Statistics 2009.

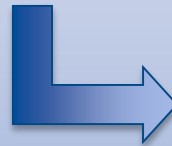


# Multi-site Employer of Choice Located in New Jersey

## Absent Employees



**Puts a strain on  
other employees  
and the organization**



**Impacts ability to provide  
the best care and service  
to as many patients as  
possible**

**How to provide employees with employer-paid income protection  
benefits, remain compliant with federal, state and municipal  
requirements, meet statutory staffing requirements and maintain the  
financial viability of the program**



# My Time – Leave Management Solution

Available leaves, paired with paid time off, become...

PTO & Incidental Absence (3 days)

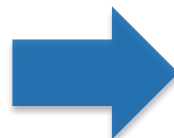
FMLA (Occupational/Non-Occupation)

State & Municipal Leaves

Medical Leave of Absence

Military Leave

Company Leave  
(Personal/Education/Sabbatical)



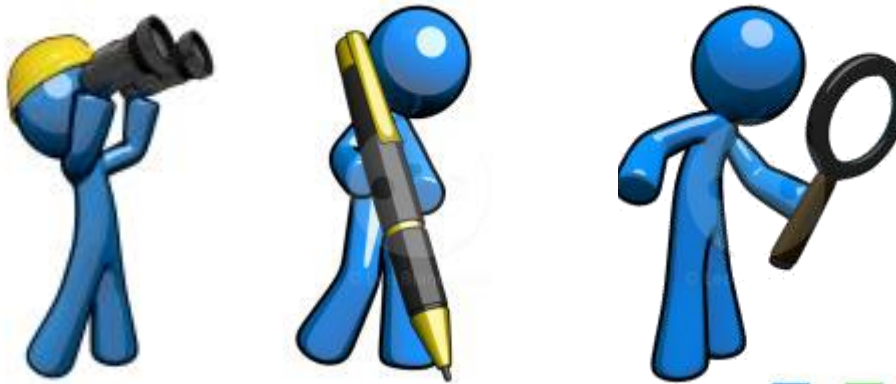
**Comprehensive  
Time & Attendance**

with coordinated  
management by  
HackensackUMC and  
The Hartford\*

\* New Jersey Family Leave Insurance (managed and paid by the State of New Jersey)

# Best Practices

## *Integrated Absence Management Regulatory Compliance*



# *Best Practices - eRTW Program*

## **It's a Team Effort**

- Employee
- Treating Physician(s)
- Hartford's Return to Work Coordinator
- Hartford's Risk Engineering
- Workers' Compensation Case Manager
- Supervisor/Department Head
- Human Resources / Leave Management
- Risk Management
- In-house Wellness Coaches
- Occupational Medicine
- Employee Relations
- Safety
- Legal



# Best Practices - eRTW Program

## Program Foundation – The Hartford



### Claim Analytics

Evaluation of claims by department determining utilization statistics and key claim causes

### Consultative Interventions

- On site departmental assessment of people, process and practices
- Recommendations to improve job safety, employee comfort and job modifications

### Claim Management

Dedicated Clinical Staff and Vocational Rehab Specialists

# *Best Practices - eRTW Program*

## **Program Foundation – Gallagher**

### **Regulatory Compliance**

Research and recommendations regarding application of laws and regulations

### **Cost Analysis**

- Ongoing cost analysis at organization and department level
- Claim analysis using Hartford-provided data and other sources

### **Project Management**

- Keep all parties on track
- Development and reporting of success metrics



# *Best Practices - eRTW Program*

## **Program Foundation – HackensackUMC**



### **Organizational Support**

- Maintained lines of communication with Executive staff, providing concept and financial milestones
- Successfully lobbied for resources necessary for success

### **Departmental Support**

- Successfully “sold” the concept to department leaders with highest absence incidence rates
- Developed core group of departmental and other internal champions

### **Risk Assessment**

Risk Engineering recommendations were used for business planning, worksite modifications and departmental changes



## *Best Practices - On-site Wellness Coaching*

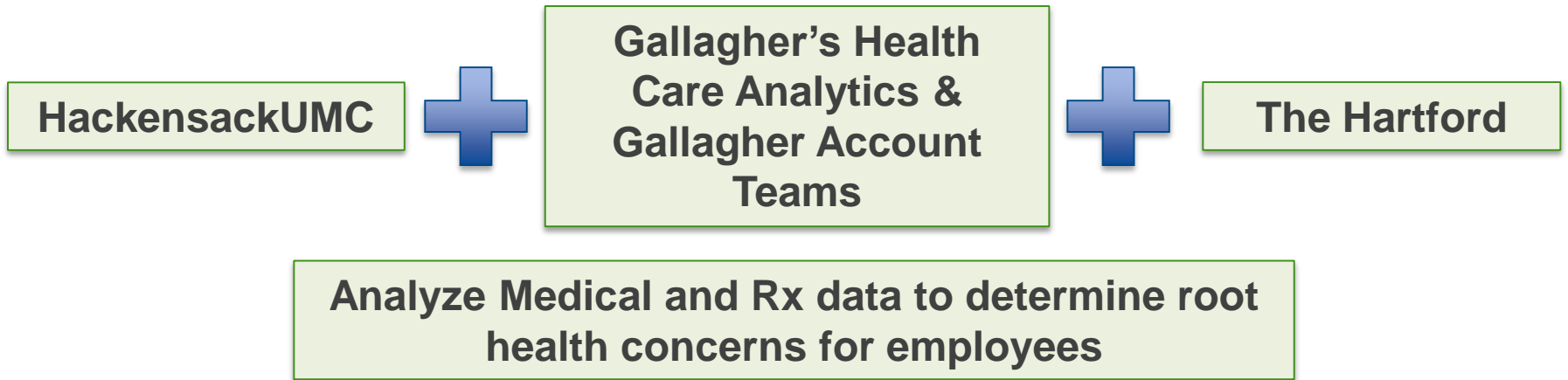
### **Earning Employee Trust**

- Supporting Stay-at-Work and Return-to-Work Efforts
- Wellness coaches meet regularly with department leadership weekly to focus on identified safety and ergonomic issues
- Relationship key to results - coaches assigned to departments familiar with concerns and the employees
- Wellness coaches met with each employee who returned to work, monitoring their progress, making recommendations for adjustment and referrals to other health resources



# Best Practices - Data Analytics

## Improving Population Health



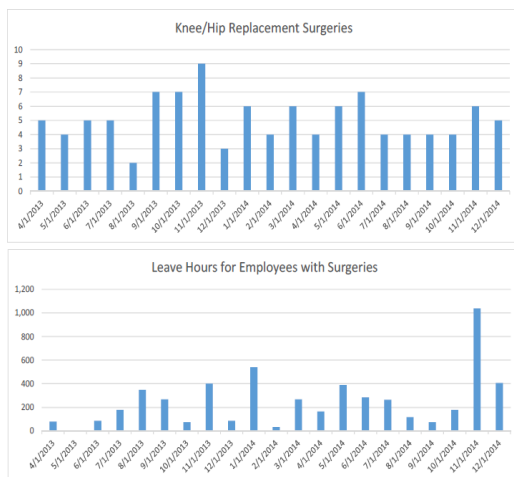
Add leave incidence data

- Identify healthcare spend by leave claimant
- Mine for comorbidities that impact recovery, duration and work ability

- **Obesity**
- **Diabetes**
- **Hypertension**
- **Chronic Joint**
- **Asthma**
- **Mental Health**

# Best Practices - Data Analytics

## Elective Surgery and Leave of Absence



- Chart on the left breaks out Hip and Knee Replacement Surgeries.
- There does not seem to be a pattern in the data for these surgeries.

STD Claim with Chronic Condition	Accidental Injury	
	# STD	CC Cost
All CC	58	\$286,648
One CC		
Mental Health	22	\$58,774
Diabetes	12	\$60,878
Obesity	7	\$4,119
Two CC		
Mental Health/ Diabetes	4	\$8,117
Mental Health/ Obesity	8	\$82,918
Diabetes/Obesity	3	\$18,342
Three CC		
Mental Health/ Diabetes/Obesity	2	\$53,499
Uninvolved	78	

## LOA – STD (without Maternity)

Clinical Risk Group	Employees on STD without Maternity		Employees Not on Leave		% Difference
	Employee Count	PEPY	Employee Count	PEPY	
Multiple Minor Chronic PCDs Level - 1	25	\$10,231	86	\$6,865	-33%
Multiple Minor Chronic PCDs Level - 2	6	\$21,088	14	\$8,922	-58%
Multiple Minor Chronic PCDs Level - 3	12	\$17,987	46	\$9,132	-49%
Multiple Minor Chronic PCDs Level - 4	4	\$18,814	11	\$10,200	-46%
<b>Subtotal</b>	<b>47</b>	<b>\$14,328</b>	<b>157</b>	<b>\$7,946</b>	<b>-45%</b>
Hypertension Level - 1	47	\$6,953	466	\$3,699	-47%
Hypertension Level - 2	32	\$14,288	101	\$6,156	-57%
Hypertension Level - 3	1	\$2,535	10	\$6,471	155%
Hypertension Level - 4	1	\$19,990	1	\$2,885	-86%
<b>Subtotal</b>	<b>81</b>	<b>\$9,957</b>	<b>578</b>	<b>\$4,175</b>	<b>-58%</b>
Chronic Joint and Musculoskeletal Diagnoses - Minor Level - 1	15	\$11,579	45	\$5,556	-52%
Chronic Joint and Musculoskeletal Diagnoses - Minor Level - 2	2	\$11,908	4	\$3,606	-70%
<b>Subtotal</b>	<b>17</b>	<b>\$11,617</b>	<b>49</b>	<b>\$5,397</b>	<b>-54%</b>
Asthma Level - 1	9	\$9,515	38	\$5,919	-38%
Asthma Level - 2	3	\$15,562	16	\$5,533	-64%
Asthma Level - 3	1	\$22,057	2	\$850	-96%
<b>Subtotal</b>	<b>13</b>	<b>\$11,875</b>	<b>56</b>	<b>\$5,628</b>	<b>-53%</b>
Employee Status	Employee Count	PEPY	HRI	HRI Adjusted PEPY	
Employees on STD without Maternity	753	\$20,768	3.26	\$6,378	
Employees Not on Leave	4,291	\$4,459	1.06	\$4,206	
% Difference		-79%	-67%	-34%	

Medical and Rx claims incurred January 1 through December 31, paid through December 31, 2013

# *Best Practices - ADA Accommodation Process*

## **Stay-at-Work and Return-to-Work Efforts**

- Advocates these efforts for both occupational/non-occupational reasons
- Dedicated Committee
- Interactive Process

Compliant workplace accommodations programs are critical due to evolving and changing ADA regulations with the ADA Amendment Act (ADAAA) and the final ruling by the Equal Employee Opportunity Commission (EEOC) expanding the definition of “disability.”

# *Best Practices - Promotion of the Campus Health Center*

## **Focused primary care with specialty care access**

- Primary care staff with rotating specialists and direct links to the full HackensackUMC community of providers
- Timely access for Employees and Dependents
- Healthier You Disease Management Program
  - Nurse case management
  - Individualized care plans, with adherence support
  - Referrals to conditions management programs
- Coordination with Wellness Coaches
- Working with same population health goals
- Currently exploring disability durations guidance to better support the team approach to absence management

# Absence Management



## Success Metrics & Productivity Measurement

# Early Stage Success Measurements

- Organizational participation
- Improved integration of occupational disabilities into the program
- Holistic approach to employee wellbeing through coordination of EAP, Disease Management, and Wellness programs with absence management

Financial Success at the Organizational Level				
	2011	2012	2013	2014
% Savings Over Base Year	Base Year	-22%	-34%	-36%
% Savings Over Prior Year	N/A	-22%	-16%	-2%

# Early Stage Success Measurements

## eRTW Pilot

**Seven departments; 1,600 employees**

Highest incidence rates of absence

Patient Care

Environmental Services

Ambulatory Care

Radiology

Case Management

Nutrition

Admission Services

Four Year Results		
	Pilot	Non-Pilot
Claim Incidence	-7%	+5%
Claim Duration	-14%	-17%
Lost FTE	-26%	-14%



# Early Stage Success Measurements

## Employee Satisfaction Results

**Improvement - 2012 to 2015**

**Increase of 5% = Significant Change**

The top five areas of Significant Change are related to and impact Total Absence Management:

"I'm satisfied with the disability benefits"	+13%
"I'm satisfied with the sick leave policy"	+10%
"Safety is a top priority with this organization"	+ 9%
"I'm satisfied with the amount of healthcare paid for"	9%
"I believe there is a spirit of cooperation at this organization"	8%

# From Absence Management Success to Productivity Improvement

## 2016 Opportunities

- Integrate Campus Health Center, supporting access to care, root cause diagnoses and treatment plan adherence
- Targeted conditions management programs and education
- Expand Wellness to support the whole person – career, physical, social, financial, community
- Continue to partner with treating physicians to promote return to work initiatives
- Enhance coordination of occupational and non-occupational disability between The Hartford and New Jersey Manufacturers
- Continue education for department managers on managing absence
- eRTW expansion to more departments

# From Absence Management Success to Productivity Improvement

## 2016 Opportunities

Hospital Consumer  
Assessment of Healthcare  
Providers and Systems

Pay for performance

Linking performance to  
employee presence

