



EVIDENCE FOR BEST PRACTICES IN THE MANAGEMENT OF DISABILITIES

Executive Summary

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Introduction

1. Disabilities associated with physical and mental health problems may be viewed as universal, with significant impacts on individuals, families and society. Many military Veterans, their families and caregivers are affected by disabilities acquired as a result of military service.
2. Veterans Affairs Canada (VAC) and the Canadian Forces (CF) are jointly exploring options to ensure the best provision of benefits and services to CF Veterans and medically releasing CF members facing long term disability. The CF LTD-VAC Harmonization Transition Project requested a rapid review of published evidence on long term management of disabilities, with special focus on these questions:
 - 2.1. What is the nature and quality of published evidence for comprehensive approaches to long term disability management?
 - 2.2. What are best practices for management of long-term disabilities?
 - 2.3. What are the economic merits of comprehensive management of long-term disabilities?

Methods

3. This was a rapid critical review of published expert opinion and scientific evidence. The review was conducted by a physician Medical Advisor to the VAC Research Directorate who is not a rehabilitation specialist, and a Health Economist in the VAC Research Directorate. The literature search was partially systematic and opportunistic. Medical-scientific and economic evidence included published, peer-reviewed literature reviews, unpublished literature reviews that employed standard critical review methodology, and published and unpublished consensus expert opinion. The evidence was

graded for limitations, and the synthesis was narrative. A draft was peer-reviewed within VAC and by external experts.

Definitions

4. “*Health*” is defined by the World Health Organization (WHO) as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.
5. The “*Determinants of Health*” is defined by WHO as “the range of personal, social, economic and environmental factors that determine the health status of individuals or populations”.
6. “*Disability*” can be viewed as the impact of a physical or mental impairment on functioning, including those resulting from barriers in the person’s social and physical environment.
7. “*Disability management*” normally refers to the kind of programs set up by employers to facilitate cost-efficient return-to-work outcomes. The term “*management of disabilities*” normally refers to the broader societal sense of helping all persons who have disabilities through the life course, which is closer to VAC’s mandate for Veterans. Most evidence was developed for disability management, not the broader sense.
8. “*Early comprehensive management of disability*” is an approach to disability intervention that (1) begins soon after the onset of a physical or mental impairment; (2) seeks to optimize treatment of physical and mental impairments so as to prevent or minimize long term impairment; (3) removes or minimizes physical and social environmental barriers to full participation in life; (4) employs a case manager to coordinate care; and (5) improves the individual’s ability to manage their disability and improve function in activities of daily living, family and social roles, work and leisure, and community participation. A variety of treating professions are engaged as required, including physicians, nurses, physical therapists, psychologists, occupational therapists, social workers, rehabilitation specialists and vocational professionals.

“*Disability*” can be viewed as the impact of a physical or mental impairment on functioning, including those resulting from barriers in the person’s social and physical environment.

“*Early comprehensive management of disability*” is an approach to disability intervention that:

- (1) Begins soon after the onset of a physical or mental impairment;
- (2) Employs a case manager to coordinate care;
- (3) Seeks to optimize treatment of physical and mental impairments so as to prevent or minimize long term impairment;
- (4) Removes or minimizes physical and social environmental barriers to full participation in life; and
- (5) Improves the individual’s ability to manage their disability and improve function in activities of daily living, family and social roles, work and leisure, and community participation.

What is the nature and quality of published evidence for comprehensive approaches to long term disability management?

9. There is a vast, complex medical-scientific literature on approaches to the management of disability. The published evidence base is fragmented and heterogeneous, reflecting the deeply varied nature of human disability, and broad variations in approaches to helping persons with physical and mental disabilities. This heterogeneity makes it difficult to both study the management of disabilities, and draw conclusions from published evidence. Most of the available evidence is expert opinion. For many aspects of the management of disabilities, higher level scientific evidence for the clinical efficacy and safety of specific approaches to the management of disabilities generally lags expert opinion, which is a lesser level of evidence unless expert opinion is informed by higher level scientific evidence.
10. There are limited published studies of the economic evaluation of various approaches to the early, comprehensive management of disabilities. The limitations include: small number of high quality studies, uncertain relevance to Canada; focus on limited types of physical and mental health conditions; and, in particular perspective limited to civilian workers' compensation, insurers and employers and not the societal perspective. There is ongoing Canadian research in this complex field.
11. We found broad international, multidisciplinary expert consensus favouring early, comprehensive approaches to the management of disabilities. The quality, quantity and consistency of scientific evidence for many aspects is highly variable, ranging from medium-strong for some disorders and approaches, to limited and lacking for others. Persons with disabilities and their social contexts are so heterogeneous that it is difficult to design and conduct research to test the efficacy and risks of specific approaches to the management of disabilities. It will take time for research to catch up with expert opinion.
12. Some expert opinion on the effectiveness of comprehensive management of disabilities appears to originate from private for-profit agencies with a vested interest. Potential conflicts of interest and dissenting opinions were not made clear in most reports.
13. Workers' compensation agencies, disability insurance companies and some government agencies that compensate for disability have done the most relevant work on comprehensive disability management. Most research concentrated on approaches to returning ill and injured workers to the same workplace as soon as possible.
14. All the published research and expert opinion found was related to civilian populations. There are special problems when the military is the employer. While civilian workers have some similarities to still-serving injured or ill

We found broad expert consensus opinion favouring early, comprehensive approaches to the management of disabilities

Canadian Forces members, the military context creates significant differences. The military requires very physically and mentally fit members to meet their operational requirements. Unlike civilian workplaces, military members may therefore have to leave the military and seek new employment in the civilian world with relatively minor disabilities that would not necessarily prevent them from returning to work with a civilian employer. Although the broad range of civilian disabilities also occurs in military members, the mix of disabilities likely differs in the military.

15. There are special issues to consider when the employer is the military. Medical release for relatively minor physical and mental disabilities may occur if they prevent members from meeting operational readiness criteria. Civilian return to work programs may assume the worker returns to the same employer; however this may not be a realistic employment goal for military forces. When release looms, the member has to deal with finding new employment in civilian life. Operational imperatives may make it difficult for the military to provide early, comprehensive management of disabilities prior to members' releases. After release, the military is not in a position to participate directly in the management of disability, that role falling to civilian agencies including Veterans Affairs Canada. These and other unique workplace issues require special solutions for the military employer, and military members with disabilities.

16. In our opinion, the military context of disability is important to consider. CF members differ demographically from civilian Canadian workers. Military members share many occupational exposures with civilian workers; however there are exposures unique to military service which may produce unique profiles of potentially disabling physical and mental health conditions. The social and environmental aspects of disability have unique military roots, for example the effect on families of stresses occurring during transition from military to civilian life.
17. Clearly, there appears to be broad acceptance that early, comprehensive management of disabilities is effective and worth pursuing in policy and research.

The military context of military members' and Veterans' disabilities is important.

What are best practices for the comprehensive management of disabilities?

18. Comprehensive management of disabilities includes:

- 18.1. Early intervention. Temporary impairment and short term disability can evolve into long term or permanent impairment and long term or permanent disability. Comprehensive intervention should start early and become increasingly more intensive as the duration of work absence

Features of comprehensive management of disabilities:

- Case management.
- Treatment for contributing mental and physical conditions.
- Mental and emotional adaptation.
- Reducing social barriers.
- Reducing physical environment barriers.
- Employment interventions.

increases. “Early” roughly means about one to six months from the start of work absence.

- 18.2. An individualized, stepped-care approach.
- 18.3. Collaboration by the person with disability in determining and meeting appropriate goals.
- 18.4. Case management by trained and qualified case managers. Case-managed, comprehensive multidisciplinary intervention decreases the likelihood that an acute injury or illness will evolve into a short, medium or long term disability, and increases the likelihood that a person’s disability outcome can be optimized. Management of disabilities appears to work best when a case manager can assist the worker, employer, and health care providers to work together, at all stages of disability. Coordination is a key element.
- 18.5. Treatment of the physical and mental health conditions contributing to the disability.
- 18.6. Intervention with the person’s social context and physical environment at work, home and in the community, to remove barriers to participation.
- 18.7. Vocational rehabilitation to facilitate employment.

In managing disabilities, employment is a primary goal, but there is growing consensus favouring the broader goal of restoring a person’s health, independence and participation in life, to the maximum practicable extent.

19. Based on variable strengths of scientific evidence and broad, international multidisciplinary expert consensus, best practices for the management of disabilities include the following:¹

- 19.1. All organizations and employers should play a role in preventing and mitigating disability later in life. The problem cannot be solved by organizations and employers working in isolation, or by only providing access to disability rehabilitation services that relate to the organization’s limited mission or goals, such as profit or military operations.
- 19.2. Primary prevention of physical and mental injury and illness is a fundamental first step in mitigating the incidence and prevalence of disability.
- 19.3. Optimum management of disability occurs along a continuum that begins at the onset of an illness or injury.
- 19.4. Appropriate diagnosis and treatment in the acute stage of illness and injury can mitigate adverse outcomes leading to short and long term

¹ Categories of strength of evidence are not provided for these recommendations because it would take a well-funded multidisciplinary team at least several months to acquire, grade and synthesize the evidence using a critical review methodology. In general, most of the evidence for these statements is expert consensus opinion based on anecdotal information, expert experience, inferences from population statistics and somewhat limited peer reviewed research.

disability. Management of disability starts at first contact with the health care system.

- 19.5. Work absence due to illness or injury is an important red flag for risk of disability. As work absence prolongs, the risk of persistent disability increases. Increasing work absence duration is an indication to increase the intensity of disability rehabilitation services.
 - 19.6. Comprehensive management of disabilities is preferred over less organized approaches that do not integrate providers with specialized rehabilitation training.
 - 19.7. It is important to ensure good communication between multiple providers, the family and caregivers.
 - 19.8. Employment is therapy, a primary desired outcome, and a key determinant of health. However, it is not the only goal. The ultimate goal of the management of disability is to maximize function, independence and life participation, at work, at play, in the family and in the community.
20. It is time to move beyond pejorative terminology like “the medical model”, and vague terms like “holistic”. The challenge now is to identify precise, objective terminology and frameworks for addressing the complex issues around management of disability. All health care providers have roles to play in managing all stages of disability, guided by specialized rehabilitation experts when appropriate.

What are the economic merits of comprehensive management of long term disabilities?

21. There is strong economic evidence that a comprehensive approach for musculoskeletal conditions aimed at improving workplace outcomes is more cost-effective than standard care. The economic evidence is largely limited to musculoskeletal disorders with a limited perspective, i.e. mostly insurers and return to work (RTW), as opposed to societal perspective measuring outcomes other than RTW.

There is strong economic evidence that a comprehensive approach is more cost effective than usual care for some health problems in supporting return to work.

Recommendations for Further Research

22. There is pressing need for disability research on three fronts:
- 22.1. Primary research into the clinical effectiveness and safety of various approaches to the early, comprehensive management of disability, and
 - 22.2. Primary research to economically evaluate disability interventions and approaches, in particular for mental health conditions.
 - 22.3. Formal critical review of the existing evidence base.