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Technical Report on Reintegration into Work

Eckehard Froese
Director
Department of Rehabilitation
Social Accident Insurance (VBG)
Germany

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This Technical Report on Reintegration into Work illustrates the elements that are essential for a successful and sustainable reintegration into work. This Report is based on Germany's statutory occupational accident insurance system. Examples from other countries included in the report demonstrate that the principles described can be generalized and applied to social security systems around the world. This report should also include international examples of the key elements mentioned.

1. Rehabilitation and compensation together from the start: A strong economic incentive to invest in successful rehabilitation

As soon as the social security carrier learns that an individual's health has been damaged, the carrier must focus on securing the affected individual's employment or, if that is not possible, securing employment that corresponds to the individual's interests and abilities.

Social security carriers are in an optimal position to take action if they - like Germany's statutory occupational accident insurance carriers – take a holistic view from the start and provide the following benefits from a single source:

- Treatment therapies
- Medical rehabilitation
- Therapeutic appliances
- Orthopaedic devices and their installation
- Medical care and monitoring
- Benefits for participation in work life (cash or other benefits/incentives)
- Benefits for participation in community life (cash or other benefits/incentives)
- Transport subsidies during rehabilitation
- Cash benefits during rehabilitation
- Compensation for individuals whose disability results in a lower salary

By starting with this approach, individual benefits can be coordinated optimally with regard to content and timing. Transitions from one carrier to another and the friction associated with such transitions may be avoided. Given the insurance company's comprehensive and life-long obligation to provide support to workers who experience a work-related accident that leaves them fully or partially disabled, there is a strong economic incentive to invest in

successful rehabilitation. Investing in rehabilitation can help to avoid both long-term and repeated payment of rehabilitation benefits and compensation.

Examples: Russia's social security carrier, the Social Insurance Fund of the Russian Federation, provides rehabilitation and compensation from a single source. The insurance carrier pays for the following: treatment following severe accidents; medical rehabilitation; provision of appliances; care (payment for external and special medical care); payment for participation in work life (benefits for temporary incapacity for work); and, benefits for a reduced ability to work in the labour market (lump sum and monthly insurance benefits).

The Workers' Compensation Boards in Canada and the SUVA in Switzerland also provide rehabilitation and compensation from a single source from the start.

In China, besides the legislative requirement of timely treatment for injured workers, a concept of "both medical treatment and rehabilitation, rehabilitation before disability assessment" is advocated by the accident insurance carriers. This concept may ensure a timely rehabilitation of the affected patients and maximizes the recovery of their body functions.

2. Resources/results ratio: a cost-effectiveness benchmark suitable for individual cases

The likelihood of achieving reintegration is greater if the benefits provided by the social security carrier are not subject to rigid budgeting (that is, fixed amounts) or standardized benefit catalogs. The benefits are likelier to satisfy the requirements of an individual case if they are based on the more flexible notion of economic and frugal use of funds available, proportional to the purpose sought. For statutory occupational accident insurance carriers in Germany, this principle is reflected in the order to pursue their statutory objectives economically and frugally using "all suitable means".

Example: The Workplace Safety and Insurance Act of the Canadian Province of Ontario specifies with healthcare metric of "necessary, appropriate and sufficient" and the labour market re-entry metric of "suitable ... available ... appropriate".

3. Early phase of damage to health - Acute phase of medical treatment

Employer's obligation to report

If the social security carrier is to carry out successful case management, it must receive information regarding any damage to health and the effects as soon as possible. In Germany, for example, employers are required by law to report employee accidents to the social security carrier within three days if the accident renders the employee unable to work for more than three days. In connection with the objective of reintegration into work, the employer's accident notification should include information about the area(s) of the body injured, the type of injury, the nature of the injured party's job, the length of time the injured party has held this position and where in the company the injured party has been working. The employer is also subject to a corresponding obligation to notify that an occupational illness may exist.

Examples: In Switzerland, the following applies with respect to the obligation to report accidents to the SUVA: The employer must notify the insurer immediately when the former

learns that an insured party in its employ has experienced an accident that requires medical attention by a physician, leads to an inability to work or results in death.

In Russia, the law requires that employers inform the insurance carrier within one day about a group accident (two or more persons), a severe accident or an accident resulting in death. The employer should notify the insurance carrier every quarter about all accidents that have occurred, including light work-related accidents and diseases.

In the Canadian province of Ontario, an employer must notify the Board within three days after learning that an employee has had an accident if the employee requires medical treatment or if, as a result, the worker cannot earn his or her full wages.

Ensuring high-quality acute medical care

Employer responsibility for employee welfare requires the former to ensure that first aid is provided immediately after an accident causing damage to health. Employers must also provide for appropriate transport of the injured. To obtain optimal trauma care in serious cases, employers should ensure that injured parties are treated by physicians and in hospitals specializing in traumatology that are licensed by the social security carriers and comply with specific processes and quality objectives.

In Germany, employers must thus ensure that affected individuals are seen by an "accident insurance physician" (AI physician) if they are unable to work or require treatment that lasts for more than one week, or to be treated at a hospital specified by the occupational accident insurance carriers in the event of severe injury. These hospitals and AI physicians licensed by the occupational accident insurance carriers with statutory approval comply with special requirements regarding professional qualifications, materials, equipment and personnel levels. They also satisfy the requirement to provide special traumatological or occupational illness treatment. They represent an important contribution for the occupational accident insurance carriers, particularly in the early phase - even before the carrier learns of the damage to health that has occurred - by ensuring that the affected individual receives optimal traumatological treatment. The AI physician also consults with additional specialist physicians in diagnosis and treatment, as needed. For the affected individual, the high quality of services that the occupational accident insurance carriers are required to provide by law does, however, involve some limits on the individual's choice of physician and/or hospital.

In China, the accident insurance regulation requires that employers must ensure the emergency first aid after an accident occurs. The regulation requires that employees with work-related injuries should seek medical treatment in institutions who have signed service agreement with the employers. However, in emergent cases, first aid can be provided by the nearest medical institution, so that the injured workers can get their necessary treatment within the shortest possible time.

Physician's reporting requirements

To ensure that case management is tailored to the specifics of an individual case, treating physicians and hospitals must provide reports to the social security carrier immediately, at regular intervals and, in the event of particular incidents, on treatment status and progress.

In Germany, the accident insurance physician's report is transmitted immediately via electronic data exchange. The report includes findings, results of imaging procedures, diagnoses and an assessment of the individual's likely ability to return to work. This report

constitutes the initial medical basis on which to assess the severity of a case and to determine the attention the case requires.

Example: The reporting obligations (Duty of physician or practitioner) on page 56 of the Workers' Compensation Act of the Province of British Columbia (Canada).

Reintegration into work as an objective of medical care

From the start of treatment, the treating physician's objective must be to achieve occupational reintegration and actively support that achievement. The treating physician must provide the social security carrier an early indication as to whether a stress test or work therapy is indicated, whether vocational and occupational training/education may be necessary and/or whether there are likely to be issues associated with occupational reintegration.

In Germany, a medical specialist who may be brought in under statutory occupational accident insurance must have in-depth experience in initiating measures for participating in work life, which requires the ability to assess the need for activity-based functional diagnostics and to provide a prognostic evaluation of such cases.

In China, accident insurance carriers developed special quality prerequisites and management requirements for medical institutions who were allowed to provide medical treatments and rehabilitations for workers with occupational injuries. This may ensure a professional and high quality medical service for the injured workers.

In Russia, the issues of the rehabilitation prognosis and the possibility that the affected individual will be able to resume work are managed by the specialized medical organization, with the help of the insurance carrier managers in expanding the rehabilitation program (medical, social and professional) for the affected individual.

The social insurance carrier's participation in investigating accidents

In investigating accidents, the board identifies the occupational safety violations, obtains information from the employer (or its representative) about workplace compliance with environmental requirements, established requirements and the results of the employees medical inspections. Later, it helps to prepare the affected individual for work. In Russia, the law requires the insurance carrier‘s managers to participate in the accident investigation.

In Germany, the statutory occupational accident insurance agency's prevention experts have the same responsibility.

4. Case management by qualified case managers

Treating physicians and hospitals are hard-pressed to ensure a seamless rehabilitation process during day-to-day treatment, in which the appropriate service is always provided at the optimal moment by the best qualified service provider. Consistent efforts to meet the reintegration objective require the social security carrier to implement active action plans via case management.

Example: The new case management process implemented by the SUVA in Switzerland.

The case manager's primary tasks involve:

1. Communication (with affected individuals, relatives, employers and service providers)
2. Goal-oriented planning and oversight of the rehabilitation process with the goal of achieving self-determination and participation in work life and in the society

This poses significant challenges to the case manager with regard to specialized knowledge, methods, social interaction and personality.

In Russia, qualified insurance carrier managers receive additional professional case management training that provides professional skills upgrading, case management upgrading and preparation of new professional activities.

At this time, insurance carrier managers improve their skills at short-term qualified courses that issue diplomas, offered by Blue Stream, the training centre of the Social Insurance Fund of the Russian Federation *(http://fss.ru),* and at the Russian State Social University.

Finance University, which is affiliated with the government of the Russian University *(http://www.fa.ru/Pages/Home.aspx)*, and the Academy of Labour and Social Relationship with a state diploma obtained for professional activity training *(http://www.atiso.ru),* offer a two-year qualification program for insurance carrier managers.

In Germany, the statutory occupational accident insurance system's case managers acquire basic knowledge in this field through the "Social Insurance" course of study at an institute of higher education. Upon graduation, they earn a Bachelor of Arts degree. In addition to social insurance law, the curriculum includes 25 modules, including:

- Business Economics/Healthcare Economics/Business Administration
- Statistics/Informatics
- Medicine
- Case Management
- Psychology/Communication

Additional qualifications are provided through on-the-job education in case management at the occupational accident insurance carriers. This provides staff with additional background in:

- Specialized knowledge
  - Supply structures
  - Diagnostics and therapy instruments/procedures
  - Assessment instruments
  - Job market requirements and vocational issues

- Methods
  - Project management
  - Planning basics/aids
  - Networking
  - Evaluation and quality assurance

- Social interaction
  - Communication
  - Multi-disciplinary cooperation
  - Negotiating techniques
  - Empathy

- Personal development
  - Self-confidence
  - Professional distance
  - Self-organization
  - Self-reflection
  - Stress management /burnout prevention

This comprehensive training satisfies the prerequisites for the case manager's certification as a "Certified Disability Management Professionals (CDMP)" in accordance with the "International Disability Management Standard Council (IDMSC)" standard. It demonstrates knowledge of nine essential skills:

1. theoretical and practical foundations
2. legal system and social services
3. encouraging cooperation among occupational social partners
4. communicating strategies and techniques and problem-solving
5. using case management methods
6. analyzing and ensuring workplace performance
7. connections among health, disability and prevention
8. evaluating results and ensuring quality
9. displaying appropriate social behavior

The following organizations administer certification examinations:

Australia
Personal Injury Education Foundation - *www.pief.com.au*

Austria
German Social Accident Insurance *(Deutsche Gesetzliche Unfallversicherung (DGUV))*
(German Statutory Occupational Accident Insurance) - *www.disability-manager.de*

Belgium, France, Luxembourg and Netherlands
Prevent - *www.prevent.be*

Canada
National Institute of Disability Management and Research - *www.nidmar.ca*

Germany
German Social Accident Insurance (*Deutsche Gesetzliche Unfallversicherung (DGUV))*
(German Statutory Occupational Accident Insurance) - *www.disability-manager.de*

Ireland
Gandon Enterprises - *www.rehab.ie/gandon*

New Zealand
Accident Compensation Corporation - *www.acc.co.nz*

Switzerland
German Social Accident Insurance *(Deutsche Gesetzliche Unfallversicherung (DGUV))*
(German Statutory Occupational Accident Insurance) - *www.disability-manager.de*

United Kingdom
Unum - *www.unumworkmatters.co.uk*

5. Comprehensive case analysis as the basis of goal-oriented case management

Case management as discussed here involves active, intensive rehabilitation management. Reintegration into work, in the sense of project management, is controlled individually. As a general rule, Germany's occupational accident insurance carriers assume that if an individual's injury is expected to prevent him or her from working for more than 16 weeks, he or she is less likely to be able to return to work. This risk must be remedied by active rehabilitation management.

Case management is initiated and based on the physician's first report, information about damage to health included in the employer's notification, the affected individual, the individual's previous workplace responsibilities and the employer. The decision regarding initiation of active rehabilitation management should be made within a few days after the damage to health occurs.

Ideally, the social security carrier will make its own determinations to supplement the bases for this decision. In Germany, this is carried out by the visitation service of the statutory occupational accident insurance. With this cross-carrier visitation service, the occupational accident insurance in Germany ensures that injured individuals treated at a hospital are visited by a regional rehabilitation expert within the first few days. The objective of this visit is to consult the affected individual and assess the situation through personal contact, including the occupational situation to date and contacts with the employer. This information is forwarded immediately to the appropriate social security carrier.

To support this decision regarding prognosis, medical systems are designed to offer prognoses regarding the duration of the inability to work based on the diagnosis, nature of the job responsibilities exercised and type of medical treatment. One example of such a system in Germany is the Weller table, which is based on a database with the actual progression of claims fed by the occupational accident insurance carriers in Germany.

Example: Reed Group's MDGuidelines™ Return to Work Guidelines are based on a database of over two million disability cases and covering over 1,300 medical topics. *http://www.reedgroup.com/mdguidelines.htm* (United States of America (USA)).

Ideally, the social security carrier's knowledge of working conditions at the place of employment can be used to supplement and tailor the resulting prognosis based on the information referred to previously. This is the case in Germany, for example, where occupational accident insurance carriers are organized by industry in the interest of prevention. They thus have current knowledge of current working conditions at their companies.

Capturing all relevant case aspects modeled on the ICF model

Case management triggered this way is based on capturing and incorporating the specific detailed circumstances of each case. A successful case management system must model itself closely on the biopsychosocial model as mapped in the World Health Organization's International Classification of Functioning, Disability and Health (ICF).

Example: Key principles of injury management, WorkCover South Australia: Considering biopsychosocial factors, *http://www.workcover.com/health-provider/key-principles-of-injury-management/considering-biopsychosocial-factors.*

Workplace requirements

Accordingly, case managers ensure that the insured's work situation and conditions for the insured's return to the previous workplace falls within the scope of the managers' activity from the outset. Because the priority of occupational reintegration is to retain the individual at the current workplace, all medical and other rehabilitation services are tailored initially to the affected individual's situation and the requirements of his or her current workplace.

For this purpose, the case manager obtains a workplace requirements profile from the employer as soon as possible. In the process, the case manager will often question the supervisor, using a checklist, about the specific characteristics of the activities, stresses, the proportion of the time they exist and their intensity. This information is used to plan additional rehabilitative measures and influences the objectives and content of the therapies.

Example: Employers' Job Description Form of the Vocational Services of the Washington State Department of Labor and Industries, *http://www.lni.wa.gov/Forms/pdf/F252-040-000.pdf.*

In some cases, companies (primarily large industrial firms) have very specific documentation regarding the workplace/position requirements that is much more detailed than the information the case manager could obtain using the checklist. In such cases, the case managers, physicians and therapists are in an optimal position to design therapy that is tailored to the specific workplace. Where needed, this information may be supplemented by photo and video documentation of actual working conditions and processes.

Example: The Airbus Deutschland GmbH company network provides the physical workplace stresses in airplane manufacturing in an ergonomics register, *http://phpframe.wcms-file3.tu-dresden.de/generalize/index.php?g_nid=0111&node=211&e_id=14232&t_id=100.*

In Russia, the insurance carrier obtains information about workplace compliance with established labour conditions requirements that are used later to establish discounts and charges to the insurance rates.

The insurance carrier uses the information obtained about the affected individual's workplace and the results of periodic medical inspections to fund workplace accident and disease prevention measures.

Context factors within the meaning of the ICF

Supplementing medical information with specific workplace requirements makes it possible to assess the difficulties that may arise when the individual returns to the previous workplace. However, this important and critical information is insufficient for goal-oriented management of reintegration into work.

Such management also requires that context factors are included, based on the affected individual or his/her environment and relevant to the specific case within the meaning of the ICF. These can have an impact on guiding the reintegration into work. For this purpose, the case manager must have personal contact with the affected insured, his/her treating physicians and therapists and his/her employer from the outset. It is important to capture, in

comprehensive fashion, all circumstances that may inhibit or promote the resumption of participation in work and community life. The objective is to include these circumstances in the case management and the planned rehabilitation measures.

With the goal of reintegration into work, this involves the affected individual's pre-existing conditions, the economic security of the existing workplace, the affected individual's potential conflicts at the company, his/her motivation to return, the employer's attitude towards this employee, the employer's motivation and options for supporting the reintegration process.

Example: WorkCover Authority of New South Wales, FACTORWEB – Personal and environmental risk factors, *http://www.workcover.nsw.gov.au/formspublications/publications/Documents/factorweb_5523%5B1%5D.pdf?bcsi_scan_ce299946edb5e163=wlB9Okx8UtQ7/LQmWqX6yD7bm58CAAAAwbfjBA==&bcsi_scan_filename=factorweb_5523[1].pdf.*

6. Planning, performing, monitoring and, where necessary, adjusting the medical rehabilitation measures

Cooperative rehabilitation planning

Cooperative rehabilitation planning is initiated by the case manager. It is based on this detailed captured and continuously updated case analysis and includes all parties (primarily the affected individual, treating physicians and therapists and the employer). The primary objective is to achieve a return to the previous workplace. In this cooperative approach, the affected person can move beyond his or her role as an object of rehabilitation. In the spirit of the UN Convention on the Rights of Persons with Disabilities, he/she has the opportunity to return to his/her previous life as a subject, not an object.

Example: Key principles of injury management, WorkCover South Australia: Communicating with other parties, *http://www.workcover.com/health-provider/key-principles-of-injury-management/communicating-with-other-parties.*

Workplace-related complex medical therapies

Medical monotherapies are often inadequate to achieve the goal of a rapid and sustainable return to work. In such situations, workplace-related complex medical therapies are necessary.

These workplace-related complex medical therapies focus on different points based on the type of case (in terms of body-related therapy elements and the scope of the workplace relationship). To restore the ability to work, these therapies must not focus solely on the affected body structures and functions, but must be holistic and address the entire body.

The statutory occupational accident insurance system in Germany relies on three such complex therapies: EAP, BGSW and ABMR.

Extended Outpatient Physiotherapy (EAP) is a form of therapy originally developed to rehabilitate athletes and designed to meet their specific high performance requirements. Based on the positive experiences with this therapy, it has long been used, for non-athletes simply by reducing its intensity, with equal success. It is a complex therapy that involves physiotherapy, physical therapy and medical training therapy. Accordingly, physiotherapists,

massage therapists and university-trained sports instructors all have a role, under medical supervision. EAP is used primarily to treat particularly severe functional and performance impairments and capability impairments in the musculoskeletal system. It is performed daily for at least two hours at a time.

In-patient Physical and Occupational Therapy *(Berufsgenossenschaftliche Stationäre Weiterbehandlung (BGSW))* is in-patient rehabilitation for injuries to the muscoskeletal system, peripheral nerve injuries and craniocerebral injuries. It is used when out-patient services are inadequate for medical rehabilitation following the acute phase. In BGSW, intensive physiotherapy treatment and physical therapy are combined with medical training therapy, ergotherapy and psychosocial assistance under medical supervision. Speech therapy, neuropsychological therapy, psychotherapy, sociotherapy, family care/counseling and rehabilitation care are added as needed. BGSW is thus a holistic form of rehabilitation. Therapy is provided for at least four hours, three of which are spent on individual therapy.

For the last phase of rehabilitation (during the last four weeks before achieving the ability to work), Workplace-related Muscoskeletal Rehabilitation (*Arbeitsplatzbezogene Muskuloskeletale Rehabilitation (ABMR))* is provided particularly to individuals who perform physical work or those with specific physical stresses (for example, one-sided monotonous activities or those that involve coordination challenges) on the injured region of the body. The ABMR's objective of enabling the individual to return to the previous workplace on a full-time basis is achieved by integrating the specific necessary work-relevant functional flows in therapy and reestablishing performance and resilience, adapted to the actual content and scope of work. This requires whole-body training and includes learning compensatory movements and ergonomic techniques as needed. The objective is to enable the individual to perform despite functional limitations. This form of rehabilitation can be performed both on an out-patient and in-patient basis and thus goes further than EAP and BGSW. It includes compulsory additional therapy involving work hardening, ergotherapy with a focus on work therapy and work simulation training. As necessary, it may be supplemented by psychological care and practical training. Workplace-related therapy under the direction of a specially qualified physician is performed five days per week by a specially qualified team of therapists at specially equipped rehabilitation facilities. Initially, the therapy lasts three hours per day. Duration and intensity are increased regularly under a physician's supervision, adjusted to actual workplace requirements.

Example: Work Related Injury Services of the Braintree Rehabilitation Hospital, Massachusetts, USA, *http://www.braintreerehabhospital.com/outpatient-occupational-health-workers-comp-work-related-therapy.asp.*

Assessment-based planning and provision of therapies

Prior to launching each of these therapies, trained personnel should prepare a detailed initial assessment, conducting a detailed, standardized functional activities analysis to identify the critical stress elements of the workplace. Based on the critical workplace requirements identified, the affected individual's current performance profile should then be prepared. This is done in standardized fashion, using Functional Capacity Evaluation (FCE) systems. The content of the therapy is based on a comparison of, or more specifically, the difference between, the results of the functional activities analysis and the performance profile. It is presented as a quantitative individual compilation of the different therapies available. This comparison should be performed repeatedly throughout the course of therapy until the final assessment and the determination of the ability to work.

Recent research[1] has shown positive effects in the supplemental use of patient questionnaires for measuring the health-related quality of life as an element of process-oriented quality assurance at rehabilitation facilities. Instruments such as the SF-36 (Short Form (36) Health Survey), DASH (Disabilities of Arm, Shoulder and Hand), WOMAC (Western Ontario and McMaster Universities Osteoarthritis Index) or the FFbH-R *Funktionsfragebogen Hannover zur alltagsnahen Diagnostik der Funktionsbeeinträchtigung durch Rückenschmerzen* (Functional Hanover Questionnaire for Everyday-like Diagnostics of Functional Limitations due to Back Pain) are thus used initially and throughout the duration of therapy. The information that the affected individuals provideassessing the consequences of their health issues and their current quality of life, including all dimensions of the ICF relevant to the rehabilitation and options for participation in work life, offers the therapists important further data supplementing conventional diagnostics. This enables them to make individual adjustments to the therapy and assess its progress.

Monitoring the rehabilitation

To monitor the progress of rehabilitation, rehabilitation managers rely on regular interim and final reports from all medical and therapeutic service providers. In addition to this written information, interdisciplinary case conferences with the rehabilitation manager, the insured and the facility's rehabilitation team at the rehabilitation facilities should be conducted regularly (at least every 14 days). Based on the documented results and findings, as well as the observations of all parties involved, the progress of the rehabilitation as well as any factors impeding or promoting progress can be identified and impacts on further progress of rehabilitation and rehabilitation management can be identified easily and quickly in coordination with the affected individuals and the parties involved. This first addresses the appropriate content of the therapy and any further services that are adjusted to needs. The prognoses and the plans with respect to the return to the workplace and the possible actions and preparations at the respective times, carried out in close contact with the employer and the employer's representatives (see below) are also important.

In China, occupational accident rehabilitation management authority requires that evaluative reports should be provided by the rehabilitation institutions for each injured workers at early, middle and late stage of rehabilitation, so that the effectiveness and progression of rehabilitation can be well judged.

Special methods in the rehabilitation process

Additional special rehabilitation methods may be necessary in special cases. This applies to rehabilitation after psychological trauma or when mental illness arises.

To determine the affected party's ability to perform, in some cases it may be necessary to conduct an isolated stress test and provide work therapy under medical conditions with the objective of determining the performance profile with regard to:

(a) the ability to work;
(b) the need for further treatment; or
(c) the potential benefits for participation in work life.

[1] Müller W-D et al., Assessment Driven Optimising of the Accident Insurance Inpatient Rehabilitation Program (BGSW), Phys Med Rehab Kuror 2008; 18:270-278; Müller W-D et al., Success factors for rehabilitation – Optimising the BGSW by using assessment instruments, Trauma Berufskrankh (Trauma occup. illness) 2010, 12 (Suppl 2): 208 – 215; Lohsträter A et al. Assessmentinstrumente bei Verletzungen der oberen Extremität (Assessment Instruments in case of Trauma to the Upper Extremities), Trauma Berufskrankh (Trauma occup. illness) 2009, 11 (Suppl 3): 373 – 377.

Services by qualified therapy facilities must also be available for medical/psychological evaluation regarding necessary occupational qualification measures and to their focus.

In Germany, occupational accident insurance carriers provide special rehabilitation services at their own workers' compensation clinics. In accordance with the responsibility of the occupational accident insurance carriers, they focus on restoring participation in work life via all suitable means. This applies to the following special treatments with their respective phase models:

- Severe burn victims
- Paraplegics
- Individuals with severe craniocerebral injuries
- Polytraumas
- Severe hand and foot injuries
- Pain therapy
- Psychotherapy
- Septic surgery
- Plastic reconstruction
- Replantation

The workers' compensation clinics also monitor and check treatment when the progress of rehabilitation is slow. They also provide complex in-patient rehabilitation using individual diagnostic and therapeutic efforts. The purpose is to achieve the prerequisites for a successful return to the workplace when rehabilitation progress has not yet been adequate, using targeted surgical or therapeutic measures. Germany's nine workers' compensation clinics are thus centers of the occupational accident insurance network for treating accident victims. They offer all treatments under the statutory occupational accident insurance system, with the goal of achieving a return to work via all suitable means.

In Russia, medical-social commission carriers manage the rehabilitation projections and issues involved in the prospects for the affected individual to resume work. They receive assistance in completing the report from representatives of the regional branches of the Social Insurance Fund's rehabilitation program, incorporating the data provided by the regional employment center and labour market and based on the information regarding the training (retraining) that the insured person is expected to require for the new profession.

7. Simultaneously managing the return to the work environment

Hierarchy of objectives for the reintegration to work

The primary objective of all activities focused on the return to the work environment is the return to the existing position.

If this objective cannot be achieved because of continuing health-related limitations, priority is given to securing employment with the current employer and transitioning to another position there.

If this option cannot be achieved either, efforts then focus on rapid and sustainable integration into the general job market. Measures are thus adapted to the affected individual's circumstances and to the requirements of the regional job market. If possible, the new job will

relate to the experiences, expertise and skills that the individual has acquired over the course of his/her work life so that occupational reintegration can occur quickly.

If permanent occupational reintegration maintaining the individual's prior social status cannot be achieved this way, the focus changes to occupational reorientation via corresponding comprehensive qualification measures.

Within this scope, self-employment options should also be encouraged. Providing new skills to promote occupational activity is also an option if sustainable occupational reintegration cannot be achieved.

Managing operational integration in cooperation with the employer

Close contact with the affected person's employer from the start is key to rehabilitation management. This begins with obtaining the workplace requirements profile, as mentioned earlier. As rehabilitation continues, the cooperative effort with the employer focuses on the specific measures that must be implemented if the individual is to return to the prior workplace or, if that is not possible, to the company. In Germany, statutory occupational accident insurance carriers may rely on the employers' statutory obligation to conduct an occupational integration management if an employee is unable to work for a period exceeding six weeks in one year. The statutory occupational accident insurance carriers in German advise business owners on structuring such operational integration management independent of their insurance cases.

In the Canadian province of Ontario, employers and employees must cooperate on reintegration to work. In the case of inability to work due to an injury or work-related illness, in some cases employers must reintegrate the employee. *http://www.wsib.on.ca /en/community/WSIB/230/OPMDetail/24347?vgnextoid=5b0bc0d9ca3d7210VgnVCM10000 0449c710aRCRD.*

The company owner and his/her representatives, as well as the representatives of employee interests, are involved in operational integration management. The company physician is also an important partner in assisting in the return to the workplace or factory. All German employers must take responsibility for occupational-medical care at their companies. The company physicians' tasks include issues associated with changes in the workplace, the integration and reintegration of disabled persons and the (re)integration of rehabilitated individuals. Particularly at large companies with permanent occupational-medical care departments, the company physician is thus a qualified contact. Based on the prognoses and determinations of the treating physician at the conclusion of the medical rehabilitation, that physician supports the assessment of the options, the time and, where applicable, the prerequisites remaining to achieve return to the prior workplace or the factory.

Workplace aids or the provision of workplace assistance (for example, a personal assistant at the workplace) may be required when the individual returns to the prior workplace or when a workplace modification is necessary. The social security carrier's rehabilitation managers receive support in this from experts in ergonomic workplace design and occupational medicine.

Under the supervision of the physician responsible for the medical rehabilitation, managers may, in appropriate cases and in coordination with the employer, the company physician and other involved parties of the operational integration management system, prepare a stress test and, subsequently, implement workplace reintegration with a gradual increase in the scope of work and workload. If the prior workplace is no longer available, these measures may also be

performed as practical training at other companies or facilities with corresponding workplaces (for example, educational institutions, training workshops; see above re: ABMR).

If the return to the prior workplace cannot be achieved but a transition to another position with the current employer is possible, the specific qualifications required for this position are an issue, in addition to all the mentioned measures related to the return to the prior workplace. Depending on the workplace requirements and the affected individual's prerequisites, these qualifications may range from occupational adjustment measures and further qualifications to complete vocational training by the employer or retraining for a new job provided by an educational institution.

Obtaining a job with another employer

If an individual has lost his or her job because of time spent on the insurance case or in rehabilitation, and if the individual can obtain a similar job with another employer, the social security carriers support the affected party in obtaining such a position. Thanks to their relationships with industry, occupational accident insurance carriers in Germany have contacts with potential employers industry. They have also created "DGUV Job", the Service for Work Placement of the German Statutory Occupational Accident Insurance, an institution that places individuals who have been received rehabilitation via the occupational accident insurance carriers in employment. As part of this placement activity, DGUV Job works to electronically match the applicant's profile with the profiles of open positions offered on the Internet.

The affected individual must take initiative if he/she is to succeed in entering into a work contract with an employer. However, social security carriers can provide multifaceted support in this process (including job application training, placement coaching, internship, probationary employment and providing an integration subsidy for the employer).

In Russia, the statutory social insurance system offers a discount on insurance payments (60 per cent of established insurance rates) for companies that employ disabled persons in classes I, II and III) and expand work opportunities for disabled persons who have lost the ability to work due to occupational accidents and diseases.

Qualifying for occupational integration into the job market

If the affected individual cannot return to the previous employment relationship and adequate occupational reintegration via placement in corresponding employment, the prerequisites for integration must be met through corresponding qualification measures. The individual's suitability, inclination and previous responsibilities and the situation and development of the job market must be considered in selecting the corresponding services. If possible, this will incorporate the experience, knowledge and skills from the prior position. However, if on-going health-related restrictions prevent this, complete occupational reorientation is required.

Preparing for a complete occupational reorientation is challenging for the rehabilitation manager because incorrect decisions may result in incorrect investments and may also place the affected individual's participation in work life at long-term risk. The following core issues are of central importance in the process of selecting the new occupation:

The affected individual's motivation is critical to achieving successful occupational reintegration, so his or her justifiable desires and needs must take priority.

In general, measures must correspond to the needs of the regional job market. In the case of mobility, the supra-regional job market is also taken into consideration.

If affected individuals are to have the opportunity and responsibility to choose their occupation, they must receive qualified consulting from a rehabilitation manager and corresponding experts. If required, measures for identifying an occupation and trying out the new occupation are carried out at institutions qualified for this purpose.

An individual must be found to have the proper qualifications for the position under consideration if such measures are to succeed. As part of an independent assessment based on the biopsychosocial model of the ICF, this evaluation includes a reliable prognosis of the likelihood that the measures under consideration will succeed, based on the affected individual's personal profile and the context factors that may impede or promote success. This determination of suitability, also referred to as profiling, based on existing knowledge, skills and capabilities, also includes job-related personality traits such as motivation, inclination, behaviors and stressability. The result provides the foundation for the agreement on objectives to be negotiated with the affected individual and the determination of the services required to achieve the objective of participating in work life (also referred to as the participation plan).

Example: The description of "Vocational Assessment and Counselling" in the Work Cover New South Wales' Supplement to the Guide: Nationally consistent approval framework for workplace rehabilitation providers (page 13 f.), *http://www.workcover.nsw.gov.au/formspublications/publications/Pages/workcovernswsupplementguide.aspx.*

Operational qualifications (if possible, related to a specific workplace available) are generally preferred over qualification measures at educational institutions or school facilities as they offer a greater probability of immediately obtaining employment at the company. Here, proximity to companies is an advantage for the occupational accident insurance carriers.

Special measures for individuals with special support needs

"Supported Employment" measures provide persons with disabilities and special support requirements with appropriate, suitable and operational employment eligible for social insurance payments. Supported employment is made possible through an individual operational qualification and, as needed, subsequent occupational support or assistance. It is based on the "Place first, then qualify" principle. Supported employment is designed particularly for affected individuals who would not be able to obtain employment without intense individual support.

Example: In the US, Supported Employment is regulated as a service as part of occupation rehabilitation since 1986 (Title VI Part C of the Rehabilitation Act Amendments of 1986, PL 99-596).

If, an affected individual requires special support in performing qualification measures because of the type or severity of his or her disability, qualifying services may be provided on an in-patient or partially in-patient basis by vocational training centers, vocational advancement centers and comparable occupational rehabilitation institutions. These special occupational rehabilitation institutions must meet special requirements regarding accessibility and suitability for people with disabilities and, furthermore, must offer special assistance such as medical, psychological and social services to ensure the qualification's success. Such institutions also provide qualification measures oriented to the target group, such as adolescents, the blind and visually impaired, aphasics or pain patients. These special

institutions should be networked with companies and increasingly guarantee a high job market and practice orientation.

To provide services for participation in work life, registered workshops for people with disabilities are also available in Germany. Here, people whose health is severely affected (such as following severe craniocerebral trauma) and who cannot obtain employment in the general job market or participate in qualifying measures because of the type or severity of the disability but can still provide some minimum amount of economically-valuable work, may receive services for participation in work life in the occupational training sector or work sector.

Comprehensive service portfolio matched to individual needs

All services for participating in work life must be based on the individual's needs. "Off the shelf" occupational rehabilitation will not work. To implement a participation plan that includes an agreement on objectives, all suitable measures may be taken that are based on needs. In addition to financing the actual qualifying measure and providing income for the duration of the measure, the service portfolio also includes all necessary medical, psychological and pedagogical assistance. Furthermore, the need to provide therapeutic appliances, vehicle assistance, housing assistance and technical work aids or a personal work assistant must be included. Tutoring support, job placement and services providing supporting placement are part of the service portfolio, as are support to employers in the form of training subsidies, integration subsidies, subsidies for work aids at the company and cost reimbursements for probationary employment.

The performance of services for participating in work life is also a personal budget consideration in the form of a monetary benefit, in addition to the conventional form of the so-called non-cash benefit. This personal budget may accommodate the affected individuals' desire for increased self-determination and responsibility by allowing them to purchase the elements of the participation plan themselves and to be responsible for the funds necessary to achieve their participation in work life.

Monitoring and quality assurance of the processes and results

During the performance of services for participation in work life, it is important to have regular contact with affected individuals and service providers, qualification companies and institutions and employers in order to respond promptly to problems and disruptions in the rehabilitation process. Interdisciplinary team meetings and/or case conferences are the preferred approach. In addition, monitoring of success via chronological proof of performance and intermediate examinations is also appropriate. Measures for achieving the objective or the participation plan will be modified as necessary.

To assure the quality of the services performed for participation in work life, the social security carriers may ask the affected individuals to complete standardized questionnaires, immediately after the conclusion of long-term measures.

The sustainability of measures designed to ensure occupational participation should be verified using corresponding success measures sometime after the individual has achieved successful reintegration into work life.