

July 10, 2007

EARLY INTERVENTION PROGRAM

POLICIES & PROCEDURES

Between

**Facilities Bargaining
Association**

and

HEABC

Health Employers
Association of BC

Introduction

The Health Employers Association of BC (HEABC) and the Facility Bargaining Association (FBA) have negotiated an Early Intervention Program (EIP). The Memorandum of Agreement with respect to EIP can be found at Appendix E.

The purpose of the EIP is to facilitate proactive, appropriate customized return to work (RTW) programs for employees with occupational and non-occupational disabilities. This joint program is supported by the FBA and HEABC. The EIP will be administered by the Healthcare Benefit Trust (HBT), which also administers the LTD plan.

The benefits to be realized by the EIP by both the employer and employee may include:

- Prevent feelings of loneliness and abandonment that may affect the ill/injured employee's motivation to get well or return to active employment;
- Assist the ill/injured employee to obtain appropriate health/rehabilitation services;
- Help avoid a 'run around' for the ill/injured employee from one healthcare professional to another
- Assist the ill/injured employee and her/his family in re-establishing a sense of control;
- Increase the likelihood of a successful rehabilitation outcome; and
- Reduce the costs of sick leave and the long-term disability insurance plan.

The success of the EIP will ultimately depend on the participation of employers, unions and ill/injured employees and their support of the program. For ill/injured employees, seeking timely medical treatment, following medical recommendations of the treating physician or healthcare professional and, if appropriate, participating in an early return to work (ERTW) plan are vital in improving his/her quality of life and successful return to pre-disability health. Any ERTW will include the involvement of the appropriate union designate and management representative to improve the likelihood of a successful ERTW.

The National Association of Disability Evaluating Professionals (NADEP) has indicated that the likelihood of an unassisted individual ever returning from an absence due to illness or injury decreases the longer an employee is absent from work. Therefore, the EIP plays a critical role in reducing the costs of disability claims within the Health Care Sector.

The parties understand that the EIP may evolve as it is implemented and this document may need to be updated periodically to reflect any agreed upon changes.

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1.0 Contact Information

1.1 EIP Provider

Healthcare Benefit Trust (HBT)
#530 – 1285 West Broadway
Vancouver, BC V6H 3X8

Vancouver: (604) 630-1456
Toll Free (in BC): 1-888-630-1456
Fax: (604) 630-1475

- Early Intervention Coordinator (EIC)
Early Intervention Services
 - For issues regarding specific employees who are participating in the program
- Medical Case Manager (MCM)
Early Intervention Services
 - For issues regarding specific employees who are participating in the program
- Maria Howard, M.Ed., (Rehab), CCRC
Program Manager, Early Intervention Services and Clinical Support
 - For issues relating to the program and related services

1.2 HEABC Representative

Frances Kerstiens
Senior Consultant, Occupational Health and Safety
Health Employers Association of British Columbia
#200 – 1333 West Broadway, Vancouver, BC V6H 4C6

Phone: 604-714-2272
Fax: 604-736-2715
Email: francesk@heabc.bc.ca

Shirley Devine
Coordinator, Early Intervention Program
Health Employers Association of British Columbia
#200 – 1333 West Broadway, Vancouver, BC V6H 4C6

Phone: 604-714-2290
Fax: 604-736-2715
Email: shirleyd@heabc.bc.ca

1.3 FBA Representative

Lois MacDonald
EIP Representative
Hospital Employees' Union
5000 North Fraser Way
Burnaby, BC V5J 5M3

Phone: 604-456-7105
Fax: 604-739-1510
Email: lmacdonald@heu.org

2.0 Goals and Objectives

The goal of the EIP is to complement the existing disability plans by facilitating a proactive and customized service for ill and injured employees to effectively return to work in a safe and timely manner.

The objectives are:

- to initiate early contact with ill/injured employees;
- to identify and provide appropriate, caring case management of ill/injured employee's health issues;
- to convey the message that employees are valued;
- to facilitate the rehabilitation of ill/injured employees while expediting a safe and timely RTW through an ERTW plan;
- to encourage health promotion and employee wellness;
- to be compliant with legislation and regulations (e.g. Workers' Compensation Act, Human Rights legislation, including duty to accommodate, provincial and/or federal privacy laws, collective agreements);
- to promote open discussion and support for the EIP by the FBA and HEABC; and;
- to reduce the costs of sick leave and the Long-Term Disability Insurance Plan.

3.0 Roles and Responsibilities

3.1 EIP Steering Committee (SC)

Refer to Appendix G.

3.2 EIP Working Group (WG)

Refer to Appendix H.

The WG includes the HEABC Representative(s) and the Union Representative(s).

3.3 Local Implementation Committee

A local implementation committee will be established at each Health Authority or Affiliate Employer with a mandate to:

1. Implement the EIP developed by the Steering Committee;
2. Promote the EIP to employees, Unions, and Employers;
3. Develop and implement a communications plan for the EIP;
4. Receive and analyze quarterly data reports to evaluate the effectiveness of the EIP and its impact on sick leave and on the LTD plan; and
5. Discuss issues arising from the implementation of the EIP referenced in the MOA.

3.4 HBT Program Manager: Disease Management and Disability Prevention

- Participate in the design and implementation of the program under the direction of the Steering Committee;
- give direction to the EIC and MCM;
- approve individual ERTW plans where there will be a direct cost to the EIP, and approve costs (e.g. medical interventions) up to spending limits as defined by HBT management;
- review ongoing effectiveness of HBT's services to the EIP; and
- attend meetings of the Steering Committee and WG, provide input for enhancements or changes to the EIP, and provide periodic reports, not less than every quarter.

3.5 Early Intervention Coordinator (EIC): Disability Management Services

This is the individual designated by HBT for early intervention services and is responsible for:

- receiving notification from the employer, employee, or union representative;
- making the initial contact by telephone (within one working day) with the ill/injured employee to determine if the EIP process should be initiated;
- explaining the EIP to the employee, including the roles and responsibilities of both the ill/injured employee and EIC in the program;
- supplying the name and contact information for the FBA Representative on the WG and urge the member to contact the FBA representative if the employee has concerns about the program;
- sending out the Early Notification Package if the EIP process is required;
- receiving and notifying the WG members when the Early Notification Package documentation is received from the employee;
- contacting the Employer Representative and encouraging the early submission of an LTD claim (ideally after 4 months of absence), if the employee is not expected to RTW within the LTD qualification period (currently 5 months); and
- providing weekly status reports to the WG.

3.6 Medical Case Manager (MCM)

- Gathering and reviewing information about the employee's illness/injury and developing an ERTW/accommodation plan, if appropriate;
- following up with the employee to ensure the RTW was successful, if the EIP process was not initiated – e.g. because the employee will soon be returning to work;
- in consultation with the employee's physician and the Working Group, referring the employee for independent medical examinations
- in consultation with the employee's physician, referring the employee to additional treatment services (e.g. physiotherapy, counseling)
- referring the case to the WG if there are complicating factors
- communicating with the employee, employee's physician, appropriate employer designate, appropriate union designate and the WG throughout the employee's absence to monitor her/his progress and to ensure that the RTW plan is followed;

- participating in regular meetings of the WG; and
- providing the HBT Program Manager with status reports for the Steering Committee not less than quarterly

3.7 Employer

The Employer will:

- phone the EIC when an employee has been absent for 6 scheduled shifts or 10 calendar days, whichever occurs first
- provide the EIC with basic information on the employee (name, phone number, address, last date worked, etc.) as required;
- notify the EIC when an employee's WCB claim has been finalized and the employee has not returned to work; and
- be responsible for accommodating the employee's early return to work, transitional accommodations, and the costs associated with that.

3.8 Employee

Ill/injured employees shall participate in the EIP program and cooperate with the parties by:

- completing all required forms;
- speaking with Early Intervention Program coordinators and/or Union representatives to discuss the potential for early return to work or accommodation plans;
- participating in an agreed upon early return to work/accommodation plan if approved by the ill/injured employee's physician; and
- cooperating with any recommended medical and rehabilitation intervention plans, if approved by the employee's physician.

Employees may also self refer to EIP.

3.9 EIP Implementation Issue Resolution Process

1. Local Implementation Committee

If issues arise out of the implementation of EIP which cannot be resolved at the local level, either party can refer the matter to the Working Group for resolution.

2. Working Group

The WG will work towards resolving issues on a timely basis which they encounter in the implementation and day to day administration of EIP or which are referred to them by local implementation committees. If the WG cannot resolve local or industry wide issues, they will refer those issues to the Steering Committee.

3. Steering Committee

The Steering committee will work on a timely basis towards resolving any issues that cannot be resolved by the WG. As a last resort when an issue cannot be resolved at the Steering Committee, the issue will be referred to Don Munroe for mediation/arbitration.

4. Mediator/Arbitrator Don Munroe

Don Munroe shall meet with the parties on a timely basis to try to facilitate mediated resolutions to conflict. If a mediated resolution is not reached, he shall issue a written decision. The mediator will render such decision within 30 calendar days of the referral.

4.0 Policies

4.1 Confidentiality

HBT is an independent service provider that is bound by the BC Personal Information Protection Act and has strict confidentiality policies and procedures. As such, information that the ill/injured employee provides to the EIC is **confidential**. However, the diagnosis (as may be necessary in order to arrive at appropriate decisions on behalf of an employee) and prognosis will be shared with the HEABC and FBA representatives on the WG where required for ERTW planning and where authorized in writing by the employee.

The Steering Committee will only receive aggregate data in order to measure the effectiveness of the EIP.

All documents for active cases are kept in locked security at HBT.

Confidential material will be shared with GWL, when authorized by the employees as part of an LTD claim submission to ensure continuity of case management.

4.2 Participation

In accordance with Memorandum of Agreement, participation of ill/injured employees in EIP includes:

- completing the form provided in the Early Notification Package;
- speaking with the EIC and/or Union representatives to discuss the potential for an early return-to-work (ERTW)/accommodation plan;
- participating in an agreed upon ERTW/accommodation plan, if approved by the ill/injured employee's physician; and
- cooperating with any recommended medical and rehabilitation interventions plans, if approved, by the employee's physician.

If an employee does not participate, the EIC will refer the case to the WG. If the employee still does not participate, the EIC will send a letter notifying the employee that non-participation in the EIP may result in complications, delay or denial of LTD Plan claims and/or benefits. The letter will be copied to the WG and local Employer Representative. HBT will not be involved in labour relations or compliance issues.

5.0 Medical Forms

An ill/injured employee participating in the EIP will be asked to have her/his employee's physician complete an Occupational Fitness Assessment (OFA) form that provides general information regarding her/his current injury/illness. The OFA is part of the Early Notification Package, and includes the employee authorization section.

6.0 Early Return to Work (ERTW)

Once the EIC has gathered all necessary information, the MCM will consult with the employee, his/her physician, the appropriate union designate, the appropriate employer designate, and/or any other relevant resource, to develop and implement an optimal early return-to-work (ERTW) plan.

7.0 Integration With Other Programs And Services

The EIC will work with employers to facilitate ERTW programs and will encourage the participation of available employer or external ancillary services. Ancillary services may include, but are not limited to:

- PEARS
- ergonomic assessments
- work conditioning – preparing physically
- job demands analysis
- workplace environment assessments
- EAP/EFAP where available

The healthcare professionals contracted by HBT will be bound by the same confidentiality requirements as required under provincial and/or federal laws.

The EIC will work collaboratively with other agencies (WCB, ICBC, etc) where applicable to the claim.

8.0 Data Collection and Reporting

The EIC will maintain detailed file records for each employee participating in the EIP, and manage and store such records in a confidential and secure manner. The EIC and the HBT Program Manager will provide the following reports:

- Weekly electronic report to the WG of all cases referred to HBT to date.
- Cases that are not accepted into the EIP (e.g. where the employee is soon returning to work) will be reported in a non-identifiable manner because the employee will not have signed an authorization.
- Case-specific reporting to the WG for cases that require further review.
- Quarterly reporting to the Steering Committee based on the requirements of the Steering Committee, such as:
 - total number of active claims and breakdown by types of disability;
 - number of new claims received during the month;
 - number of claimants returning to work in the month;
 - number of claims closed due to non participation;
 - summary of costs;
 - summary of estimated savings (e.g. reduction in number and duration of LTD claims);
 - outcomes (e.g. successful RTW; LTD claim submitted but duration anticipated to be reduced; LTD claim submitted without EIP); and
 - any other data agreed upon by the parties.

9.0 Communication

Effective communication is integral to the overall success of the EIP. The Steering Committee will develop a communication strategy, both to initially introduce the program and promote its ongoing use.

10.0 Program Evaluation

The Steering Committee will evaluate the effectiveness of the EIP on an ongoing basis. This may be accomplished through:

- review of aggregate data that is provided by HBT;
- independent evaluation forms completed by employees who have participated in the EIP;
- feedback provided by FBA, HEABC, and Employer representatives as well as Employees;
- reviews of reports, and feedback from HBT
- review of HBT's services; and
- other processes, as appropriate.

11.0 Baseline Data

Prior to rolling out the plan, the Steering Committee will meet to determine the scope of any statistical information that may be required from Employer sources (Affiliate and Health Authority) in order to accurately establish pre-implementation baseline thresholds to more reliably track and measure the effectiveness of the plan following its implementation. Such threshold data is also anticipated to assist the Committee in their efforts at formulating post-implementation comparisons of savings realized by the plan.

Appendix A – Early Notification Package

A.1 Initial Letter from EIC

Dear (Employee):

RE: Early Intervention Program
Union Name, (Health Authority, Job Site)

You have been referred to the Early Intervention Program (EIP) because you have been off work due to an illness or injury. EIP is a confidential program supported jointly by your union and your employer as part of your collective agreement. EIP is provided through the Healthcare Benefit Trust (HBT).

The purpose of the program is to provide proactive and timely service to employees who are ill or injured and to assist them with a safe and sustained return to work. Medical Case Managers who are occupational health nurses or registered nurses work with employees and their physicians to ensure they are receiving the best possible healthcare management which focuses on return to work.

We would ask that you please review the enclosed forms and follow the steps outlined below:

1. Read, sign and fax the completed authorization form to me
2. Book an appointment with your doctor and have the Occupational Fitness Assessment (OFA) form completed
3. Inform your doctor that he/she may invoice HBT for the cost of completing the form, up to \$37.50 in accordance with the BCMA fee schedule
4. Have the forms faxed back to me by (date) at (fax number)

With your authorization, your medical information will only be shared with those who are a part of your EIP team. The other people who may assist you with your recovery include your doctor, other medical professionals and/or rehabilitation specialists, your union representative and the Health Employers Association of British Columbia (HEABC) representative. While your confidential medical information will not be shared with your employer, they will be advised of your fitness to work and will develop &/or monitor your return to work program.

I will be contacting you shortly to provide further information about EIP and answer any questions that you may have. Once your completed forms have been returned, the Medical Case Manager (name) will follow up with you to review your medical information, and develop a plan of action which will provide assistance and support to promote your recovery and return to work.

If you have any questions or concerns about the program, I can be reached at (number) or, you can contact your Facilities Bargaining Association Representative, Lois MacDonald at 604-456-7105 or 1-800-663-5813 or lmacdonald@heu.org.

Thank you and we look forward to working with you.

Yours truly,

(Name)
Early Intervention Coordinator

cc: Lois MacDonald, EIP Representative, Facilities Bargaining Association
Frances Kerstiens, Senior Consultant, Occupational Health and Safety, HEABC
Shirley Devine, Coordinator EIP, HEABC
(Name) (Title), Employer Representative

Appendix B – Other Sample Letters From EIC

B.1 Non-Participation

Dear (Employee):

RE: Non Participation in Early Intervention Program (EIP)
Employee Reference #:
Union Name, (Health Authority, Job Site)

Further to our (reminder letter dated) or (discussion), we understand you will not be participating in the Early Intervention Program (EIP). Therefore, at this time, I will be making your EIP file inactive. If you have not already done so, we strongly encourage you to contact Lois MacDonald, EIP Representative at the Facilities Bargaining Association to further discuss your decision.

I would like to take this opportunity to remind you that the EIP is a confidential program supported jointly by your union and your employer as part of your collective agreement. The purpose of the program is to provide proactive and timely services to employees who are ill or injured and to assist them with a safe and sustained return to work.

In the future if you have not returned to work, you may be required to apply for Long Term Disability (LTD) benefits. In order to qualify for LTD you must be able to provide evidence of your medical disability and be under the regular care of a Physician during the period of your disability. Participation in EIP may help to facilitate your access to LTD benefits.

If you change your mind and would like to participate in EIP I can be reached at (number with extension) or, you can contact your Facilities Bargaining Association Representative, Lois MacDonald at 604-456-7105 or 1-800-663-5813 or lmacdonald@heu.org.

Thank you.

Yours truly,

(Name)

Early Intervention Coordinator

cc: Lois MacDonald, EIP Representative, Facilities Bargaining Association
Frances Kerstiens, Senior Consultant, Occupational Health and Safety, HEABC
Shirley Devine, Coordinator EIP, HEABC
(Name)(Title), Employer Representative

B.2 EIP Working Group File Referral

CONFIDENTIAL

MEMO TO: HEABC Representative Frances Kerstiens
FBA Representative _____

FROM: HBT MCM _____

DATE: _____

The attached file is referred for discussion at the next meeting of the EIP Working Group (WG).

File Information:

_____ [Name of Employee]
_____ [Department/Work Site]
_____ [Employer]
_____ [Date of Disability]
_____ [Union Affiliation]

Special Issues for Discussion:

- Early Return To Work Planning
 - Accommodation
 - Employee Motivation
 - Employer Motivation
 - Labour Relations
 - Other _____
- _____
- _____

Referral Requested By:

- Union
- Employer
- Employee
- HBT
- Other _____

To be discussed at meeting on: _____

Appendix C – Authorization & Occupational Fitness Assessment (OFA) Form



#1200-1333 W. Broadway, Vancouver, BC V6H 4C1

Phone: 604-736-2087 Fax: 604-736-8218

Early Intervention Program (EIP) AUTHORIZATION & OCCUPATIONAL FITNESS ASSESSMENT (OFA) FORM

PURPOSE

This ***confidential*** form will assist the EIP Early Intervention Coordinator to:

- confirm the anticipated duration of your sick leave
- determine the type of work suitable to your medical restrictions
- determine if other medical or rehabilitation processes would be beneficial

AUTHORIZATION TO ACCESS INFORMATION (To Be Completed By Employee)

Purpose of the Authorization

The purpose of this authorization is to allow the Healthcare Benefit Trust (“HBT”)¹ to collect, use and disclose information about me that is necessary for providing “early intervention services”² to me.

It is also the purpose of this authorization to protect my right to privacy by restricting the collection, use and disclosure of my information about me which is necessary for the effective delivery of early intervention services to me.

It is a condition of this authorization that only those employees, agents or contractors of HBT that need access to my information about me for the effective delivery of early intervention services to me will have access to my information.

Authorization to My Health Care Providers

I authorize my health care providers³ to disclose to the Healthcare Benefit Trust (HBT) medical information⁴ about the illness or injury for which I may receive early intervention services, and other personal information⁵ about me that is necessary for the delivery of early intervention services to me in relation to this illness or injury.

Authorization to My Employer

I authorize my employer to disclose to HBT “employment information”⁶ that is necessary for the effective delivery of early intervention services to me.

Authorization to Healthcare Benefit Trust

I authorize the HBT to disclose my medical, personal and employment information to:

1. other health care providers,
2. representatives of the Facilities Bargaining Association or Community Bargaining Association, as appropriate, authorized to represent the unions in the Early Intervention Program,

3. representatives of the Health Employers Association of BC authorized to represent the employers in the Early Intervention Program,

to the extent that this disclosure is necessary for my ongoing treatment or the effective delivery of early intervention services to me.

If I make a claim for LTD benefits, I authorize the HBT to disclose to Great-West Life Assurance Co. the medical information collected in the EIP process that is necessary to process my LTD claim.

¹ Healthcare Benefit Trust (HBT) – the legal entity of the HBT is the Trustees of the HBT.

² “early intervention services” are customized services provided to ill or injured employees to facilitate their safe and timely recovery and return to work.

³ “health care provider” means a physician (doctor), therapist, or other medical practitioner who has or will examine, diagnose or treat you with respect to the illness or injury for which early intervention services may be provided before or during your participation in the Early Intervention Program.

⁴ “medical information” means information in the possession of a health care provider that relates to the diagnosis or treatment for the illness or injury for which early intervention services are to be provided.

⁵ “personal information” means information about you, other than medical or employment information, that the early intervention service providers need to be able to provide early intervention services to you, including your home address and home telephone number.

⁶ “employment information” means information in the possession of your employer that relates to your employment and is necessary to process your claim for early intervention services, including your job title, job description, date of disability and other information necessary for the development of a return to work plan.

**THIS AUTHORIZATION WILL REMAIN IN EFFECT FOR 5 MONTHS
FROM THE DATE OF SIGNATURE**

I confirm that a photocopy or electronic copy of this authorization shall be as valid as the original.

Print Name: _____ Signature of Claimant: _____

Date: _____ Telephone Number: (____) _____

CONFIDENTIAL INFORMATION (To Be Completed By Attending Physician)

Patient's Name: _____

Date of Birth: _____

Date of Injury/Illness: _____

Expected Date of Return to Work: _____

Reason for Absence: Sickness Injury Occupational Non-Occupational

Primary Diagnosis: _____

Secondary Diagnosis: _____

If Psychiatric Diagnosis, DSM AXIS I: _____

Hospitalized: No Yes – If "Yes", date admitted: _____

Date Discharged: _____

Medications: _____

Treatment: _____

Date of First Visit: _____ Date of Most Recent Visit: _____

Date of Next Planned Visit: _____ Frequency of Visits: _____

When do you expect improvement? _____

Names of other treatment physicians: _____

Functional Limitations:

Restrictions/limitations of function resulting from medications and/or treatment and approximate duration:

Are there any medical restrictions that limit your patient's functions or abilities?

No Yes – please complete below.

*** PLEASE NOTE THAT TRANSITIONAL WORK IS AVAILABLE**

Physical Limitations:

Duration – Comments

Walking: short distances only medium distances no restriction _____

Standing: less than 15 min. less than 30 min. no restriction _____

Sitting: less than 30 min. less than 1 hr. no restriction _____

Lifting Floor to Waist: <10 kg <25 kg no restriction _____

Lifting Waist to Shoulder: <10 kg <25 kg no restriction _____

Stair Climbing: none 2-3 steps short flight no restriction _____

Ladder Climbing: none 2-3 steps 4-6 steps no restriction _____

Hand / Wrist: grip type write no restriction _____

Above Shoulder Activity: _____

Below Shoulder Activity: _____

Vision: acuity _____ depth _____ perception _____

Pushing / Pulling: _____

Other: _____

Cognitive/Mental Limitations:

Duration – Comments

Attention & Concentration: mild moderate severe _____

Learning & Memory: mild moderate severe _____

Decision-Making: mild moderate severe _____

Judgment: mild moderate severe _____

Organization & Planning: mild moderate severe _____

Social Interaction: mild moderate severe _____

Communication: mild moderate severe _____

Adaptation: mild moderate severe _____

Other: _____

PHYSICIAN INFORMATION

Name of Attending Physician *(please print)*

Specialty *(if applicable)*

Address

City, Province, Postal Code

()
Phone Number

()
Fax Number

Physician's Signature

Date: (month, day, year)

* Please fax or mail this form by: _____



** In accordance with the BCMA fee schedule A00032, Healthcare Benefit Trust will pay a form completion fee of \$37.50 for your assistance in this regard. Please mail your invoice to the address listed above. Please note we require original form fee invoices (not faxes).*

**Fax to: Early Intervention Coordinator
Early Intervention Services**

Fax: 604-630-1475

**HEALTHCARE BENEFIT TRUST
#530 – 1285 West Broadway
Vancouver, BC V6H 3X8**

**Telephone: 604-630-1456
Toll Free: 1-888-630-1456**

Appendix D – Reminder Letter

Dear (Employee):

RE: Reminder Letter
Employee Reference #:
Union Name, Health Authority, Job Site)

I am writing to let you know that we have not yet received your Authorization and Occupational Fitness Assessment forms. This information is required in order to participate in the Early Intervention Program (EIP). Therefore, I am enclosing duplicate copies in the event you have misplaced the originals.

EIP is a confidential program supported jointly by your union and your employer as part of your collective agreement. The purpose of the program is to provide proactive and timely services to employees who are ill or injured and to assist them with a safe and sustained return to work. Your participation in the program is strongly encouraged.

If you have not already done so, please make an appointment with your Physician in order to have the Authorization and Occupational Fitness Assessment form completed. We would ask that you return this confidential information to my attention via fax at (number) by (date). Your Physician may invoice the Healthcare Benefit Trust for the cost of completing the form, up to \$37.50 in accordance with the BCMA fee schedule.

In the future if you have not returned to work, you may be required to apply for Long Term Disability (LTD) benefits. In order to qualify for LTD you must be able to provide evidence of your medical disability and be under the regular care of a Physician during the period of your disability. Participation in EIP may help to facilitate your access to LTD benefits.

If you have any questions or concerns about the program I can be reached at (number) or, you can contact your Facilities Bargaining Association Representative, Lois MacDonald at 604-456-7105 or 1-800-663-5813 or lmacdonald@heu.org. You also may be contacted by Lois MacDonald from the Facilities Bargaining Association as well.

Thank you and we look forward to working with you.

Yours truly,

(Name)
Early Intervention Coordinator

Cc: Lois MacDonald, EIP Representative, Facilities Bargaining Association
 Frances Kerstiens, Senior Consultant, Occupational Health and Safety, HEABC
 Shirley Devine, Coordinator EIP, HEABC
 (Name) (Title), Employer Representative

Appendix E – Memorandum of Agreement Re: Early Intervention Program

Memorandum of Agreement
Between
Health Employers Association of British Columbia (“HEABC”)
And
Facilities Bargaining Association (“FBA”)

Re: Early Intervention Program

The Parties agree that the goal of an Early Intervention Program is to complement the existing disability plans by facilitating a proactive and customized service for ill and injured employees to effectively return to work in a safe and timely manner.

WHEREAS the objectives of the Early Intervention Program are:

- a) to initiate early contact with the ill/injured employee;
- b) to identify and provide appropriate case management of the ill/injured employee's health issues;
- c) to facilitate the rehabilitation of ill/injured employees while expediting a safe and timely return to work through an early return to work plan.
- d) to convey the message that employees are valued; and
- e) to reduce the costs of sick leave and the Long-Term Disability Insurance Plan.

AND WHEREAS the parties agree to promote open discussion and support for the Early Intervention Program.

THEREFORE the parties agree on the following principles for establishing a Early Intervention Program:

1. Joint Steering Committee comprised of five (5) representatives of the Facilities Bargaining Association and five (5) representatives of HEABC shall be established within thirty (30) days of ratification of the renewal Facilities Subsector Collective Agreement. The purpose of the Steering Committee is to develop an agreement for the delivery/implementation of an Early Intervention Program that has a case management component. The Steering Committee will also consider how the Early Intervention Program will integrate with existing programs, including PEARS. The Committee shall call upon advisors, as required, such as the Occupational Health and Safety Agency and the Healthcare Benefit Trust.
In the event other health sector Collective Agreements include an Early Intervention Plan Steering Committee similar or identical to the Committee described above, the Facilities Bargaining Association will make every effort to work with HEABC and the other Union Associations to develop a health sector wide Early Intervention Plan.
2. A local implementation committee comprised of no more than three (3) representatives of the Facilities Bargaining Association and an equal number of representatives from the Health Authority or Affiliate Employer will be established at each Health Authority or Affiliate Employer with the following mandate:
 - a) implement the Early Intervention Program developed by the Steering Committee by December 5, 2006;
 - b) promote the Early Intervention Program to employees, Unions, and Employers;
 - c) develop and implement a communications plan for the Early Intervention Program;

- d) receive and analyze quarterly data reports to evaluate the effectiveness of the Early Intervention Program and its impact on sick leave and the Long-Term Disability Insurance Plan;
- e) discuss issues arising from the implementation of the Early Intervention Program referenced in this Memorandum of Agreement.

In the event other health sector Collective Agreements include a local committee similar or identical to the local committee described above, the Facilities Bargaining Association will make every effort to work with the Employer and the other Union Bargaining Associations to establish a single multi-Union local committee.

- 3. The parties agree that the implementation of the Early Intervention Program will be effective on December 5, 2006. In the event the Steering Committee has not agreed on the elements of the Early Intervention Program, they will refer the matter to mediation/arbitration with Donald Munroe by October 1, 2006 for a hearing by November 15, 2006. Donald Munroe shall also be available to the parties, if necessary, to facilitate the resolution of parties at the local level to resolve any disputes regarding the implementation of the Early Intervention Program.
- 4. The LTD Plan carrier will administer and provide Early Intervention Program case management unless the members of the Steering Committee voluntarily agree to a different provider.
- 5. An Early Intervention Program provides assistance to employees, including the proper completion of any required forms. Non-participation in the Early Intervention Program may result in complications, delay or denial of LTD Plan claims and/or benefits. The parties agree that ill/injured regular employees shall participate in the Early Intervention Program and cooperate by:
 - completing all required forms;
 - speaking with Early Intervention Program coordinators and/or Union representatives to discuss the potential for early return to work or accommodation plans;
 - participating in an agreed upon early return to work/accommodation plan if approved by the ill/injured employee’s physician; and
 - cooperating with any recommended medical and rehabilitation interventions plans, if approved, by the attending physician.
- 6. The parties agree that for the purposes of the Early Intervention Program, an independent service provider engaged for the Early Intervention Program will be bound by the B.C. *Personal Information Protection Act* and have strict confidentiality policies and procedures. Information that the ill/injured employee provides to the Early Intervention Program service provider is confidential. However, the agreed to accommodation plan including limitations will be shared with the Employer and the Early Intervention Program Coordinator where required for early return to work plans.
- 7. The Steering Committee will only receive aggregate and summary data in order to measure the effectiveness of the Early Intervention Program.

All of which is agreed this 16th day of March, 2006.

Signed on behalf of the FBA:

Signed on behalf of HEABC:

Appendix F – Glossary

SC	–	EIP Steering Committee
HEABC	–	Health Employers Association of British Columbia
EIP	–	Early Intervention Program
WG	–	EIP Working Group
EIC	–	Early Intervention Coordinator (HBT)
MCM	–	Medical Case Manager
ERTW	–	Early Return to Work
EWHS	–	Employee & Workplace Health Services (HBT)
GWL	–	Great West Life
HBT	–	Healthcare Benefit Trust
LTD	–	Long Term Disability
NADEP	–	National Association of Disability Evaluating Professionals
OFA	–	Occupational Fitness Assessment
RC	–	Rehabilitation Consultant
RTW	–	Return to Work
FBA	–	Facility Bargaining Association

Appendix G – Steering Committee’s (SC) Terms of Reference

1. The SC reports to the HEABC and the FBA.
2. The SC is made up of representatives of HEABC and its members, and 5 representatives of the FBA.
3. The SC meets as required. The SC will need to meet monthly at the inception of the program to develop the education and communication plans. Following development of the plans, the SC will meet, at a minimum, at least quarterly.
4. The SC is responsible for:
 - a. Implementing the EIP that is referenced in Memorandum of Agreement.
 - b. Contracting with an EIP provider [currently the Healthcare Benefit Trust (HBT)] and giving ongoing direction to the provider.
 - c. Promoting the EIP to HEABC members, unions and employees.
 - d. Designating the members of the EIP Working Group (WG) from representatives of HEABC and the FBA
 - e. Developing an education program which will include:
 - i) an outline of the goals, policies and procedures governing EIP that supports the intent of the MOA
 - ii) how EIP medical certificates and collective agreement requirements for medical certificates will be managed so that there won't be dual requirements to produce medical information.
 - iii) how EIP will integrate with existing programs already in place in many Affiliates and Health Authorities.
 - f. Developing a communication plan and participating in the communication of the EIP.
 - g. Approving policies and procedures as established by the WG.
 - h. Receiving and analyzing quarterly data reports to evaluate the effectiveness of the EIP and its impact on the LTD plan.
 - i. Implementing changes to the EIP based on the recommendations of the WG or as a result of collective bargaining.
 - j. Develop baseline information and EIP evaluation tools that may be required pursuant to 11.0.

Appendix H – Roles of EIP Working Group (WG)

1. The WG reports to the Steering Committee (SC).
2. The WG is made up of 1 or 2 representatives of HEABC and *a minimum of 2 and maximum of 3* representatives of the CBA. In circumstances where an issue arises and the employee is not a member of one of the Unions sitting on the WG, the employee's Union will be invited.
3. The WG meets as required.
4. Representatives of the Healthcare Benefit Trust (HBT) will attend WG meetings, in their capacity as administrator/provider of the EIP.
5. The WG is responsible for:
 - a. Implementing the EIP that is referenced in Memorandum of Agreement in the CBA Collective Agreement.
 - b. Establishing policies and procedures.
 - c. Communicating and promoting the EIP to HEABC members, unions, and employees.
 - d. Resolving industry-wide issues and concerns as they arise or referring them to the SC.
 - e. Receiving and reviewing regular updates from HBT on the status of claims.
 - f. Reviewing certain claims on a regular basis that are identified by the WG and/or MCM and that require special RTW planning and/or accommodations.
 - g. Receiving and analyzing quarterly data reports to identify trends and issues, and to evaluate the effectiveness of the EIP.
 - h. Making recommendations to the SC for improvements to the EIP.
 - i. Reviewing the impact of the EIP on the LTD plan.
 - j. Reviewing employee feedback on the effectiveness of the service.
 - k. Reviewing non-participation matters.
 - l. Provide aggregate data regarding non-participation matters to the appropriate Local Implementation Committee.