THANDILE HEALTH RISK MANAGEMENT

Dr Louis Mokwena
Introduction to Thandile
Impairment and disability
Legislation and PILIR
PILIR approach to disability assessment
Application profile
Challenges experienced
Introduction to Thandile
Thandile Health Risk Management

Thandile established in 2002

- Medexec
- FirstCare
- Bophelong

Thandile is an objective, independent, multi-disciplinary entity of medical experts, specialising in occupational medicine
<table>
<thead>
<tr>
<th>Areas of Expertise</th>
<th>Thandile Health Risk Management</th>
<th>Employee Wellness Services</th>
</tr>
</thead>
</table>
| Incapacity and Disability Management | • Incapacity leave  
• Ill health retirement  
• Injury on duty |                                                                                             | • Chronic disease screening programmes  
• Worksite health promotions  
• Quality of Work life  
• HIV Management  
• Disability management  
• Executive Medical programmes  
• Training  
• Employee Wellness Programmes |
| Occupational Health and Medical Surveillance | • Pre-training  
• Pre-employment  
• Periodic  
• Exit medicals  
• Medical surveillance  
• SHE Management |                                                                                             |                                                                                          |
<table>
<thead>
<tr>
<th>Contracts</th>
<th>Capacity</th>
<th>Services provided</th>
</tr>
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<tbody>
<tr>
<td><strong>Polmed Medical Aid</strong></td>
<td>National level</td>
<td>Review of Ill health retirement assessments</td>
</tr>
<tr>
<td>2000 to 2003</td>
<td></td>
<td></td>
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<tr>
<td><strong>National Department of Correctional Services</strong></td>
<td>National level</td>
<td></td>
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<tr>
<td>2001 to 2003</td>
<td>33 000 employees</td>
<td>Ill health retirement: 236 assessments</td>
</tr>
<tr>
<td><strong>National Department of Justice</strong></td>
<td>National level</td>
<td></td>
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<tr>
<td>2001 to 2003</td>
<td>18 000 employees</td>
<td>Ill health retirement: 300 assessments</td>
</tr>
<tr>
<td><strong>South African Police Service</strong></td>
<td>9 Provinces</td>
<td>Incapacity and disability applications: 35 000 assessments</td>
</tr>
<tr>
<td>2003 to 2006</td>
<td>152 067 employees</td>
<td></td>
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</table>
### Thandile’s experience

<table>
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<tr>
<th>Contracts</th>
<th>Capacity</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>North West Province</strong></td>
<td>11 Provincial Departments</td>
<td>Incapacity and disability applications:</td>
</tr>
<tr>
<td>2006 to 2009</td>
<td>60 070 employees</td>
<td>6 575 assessments</td>
</tr>
<tr>
<td><strong>KwaZulu Natal Province</strong></td>
<td>15 Provincial Departments</td>
<td>Incapacity and disability applications:</td>
</tr>
<tr>
<td>2006 to 2012</td>
<td>190 838 employees</td>
<td>81 929 assessments</td>
</tr>
<tr>
<td><strong>South African Social Security Agency</strong></td>
<td>9 Provinces, as well as Head Office</td>
<td>Incapacity and disability applications:</td>
</tr>
<tr>
<td>2009 to 2013</td>
<td>8 165 employees</td>
<td>3 793 assessments</td>
</tr>
</tbody>
</table>
Impairment and disability
Deviation from the *functional capabilities* expected of an *average healthy individual*

- E.g. loss of hearing, vision, joint mobility
- Not necessarily disabled, does not render employee automatically unfit
Impairment that *prevents* person from performing a task or occupation or *limits* the performance of the task or occupation

- Legal, ethical, administrative and socio-economic factors taken into consideration
- Classified with respect to extent and duration
The incapacity matrix

<table>
<thead>
<tr>
<th>Extent</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial</td>
<td>Temporary</td>
</tr>
<tr>
<td>Total</td>
<td>Permanent</td>
</tr>
</tbody>
</table>

Incapacity due to injury or ill health
Objective quantification of loss of function or loss of body part

- Assessment outcome is reproducible
- E.g. independent specialist assessments
- Use structured and objective grading systems e.g.
  - American Thoracic Society guidelines on lung function impairment
  - Global Assessment of Functioning scale
Disability assessments

Forming an impression of an individual’s capacity to meet personal, social and occupational demands

• Ideally multi-disciplinary assessment team
• Guidelines to assist, e.g.
  – Association for Savings and Investment of SA (LOA)
  – SASOP, SEMDSA, AHA, etc.
Legislation and PILIR
Basic Conditions of Employment Act
Public Service Act
Employment of Educators Act
Labour Relations Act
Employment Equity Act
Occupational Health and Safety Act
Compensation for Occupational Injuries and Diseases Act
<table>
<thead>
<tr>
<th>LRA = Guides dismissal</th>
<th>EEA = Promotes employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Determines when employment can be terminated due to incapacity</td>
<td>• Prohibits discrimination on grounds of disability</td>
</tr>
<tr>
<td>• Prevents unfair dismissal against disabled employees</td>
<td>• Requires employers to take affirmative actions to promote employment of the disabled</td>
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</table>
PILIR – Temporary incapacity leave

• After depletion of 36 days of normal sick leave per sick leave cycle

• Fully paid, but must
  – Adhere to certain requirements (PILIR)
  – Be assessed by a Health Risk Manager to determine the validity and justification thereof
  – Be submitted for every period of absence due to illness, irrespective of duration or cause
  – The onus of proof of incapacity lies with the employee
Normal sick leave

- Z1 leave form required
- MC only required for absence of >2 days
- Diagnosis not required on MC
- Dr report not required
- No additional documentation required

Temporary incapacity leave

- Specific application required
- MC required from first day of absence and each period
- Must be able to validate absence, i.e. diagnosis required
- Dr report required for absences > 29 days
- Certain conditions require additional documentation (HII)
• Any time during sick leave cycle

• Onus of proof of total and permanent incapacity lies with the employee

• Assessed by a Health Risk Manager to determine the validity and justification thereof

• Includes an independent specialist referral
Determining permanent incapacity

Is there an impact on work potential? **YES**

Is there an inability to perform **OWN** duties? **YES**

Is there an inability to perform **ADAPTED** duties? **YES**

Is there an inability to perform **ALTERNATIVE** duties? **YES**

**PERMANENT INCAPACITY**
Health Risk Managers

- Objective, independent, multi-disciplinary panel of medical experts
- Conduct assessments for incapacity leave and ill health retirement applications, taking all available collateral information into consideration
- Assist the employer in decision-making process
PILIR approach to disability assessment
Assessment approach

PILIR application submitted to Thandile
Capturing on document management system
Pre-assessment and categorisation

Verification according to PILIR
Primary assessment
Secondary assessment referral to independent specialist
Application assessment by medical doctors
Multi-disciplinary panel peer review

STAKEHOLDERS
EXECUTIVE MANAGEMENT
CONFIDENTIALITY

Case-specific medico-legal report
Executive management reports
Assessment approach

• Administrative component
  – Completeness of application
  – Previous applications of the employee

• Legal component
  – Basic Conditions of Employment Act
  – Labour Relations Act
  – Employment Equity Act
  – PILIR
• Clinical component
  – Determine if valid, appropriate, justified
  – Medical certificates against specific norms
  – Sick leave utilisation patterns and high utilisation rates
  – Medical conditions or affected medical systems to identify related incidences of absenteeism
  – Duration of absence against duration norms for the specific diagnosis
  – Treatment and management against national and international guidelines
  – Independent clinical assessments
Assessment approach

• Contact with attending doctor for further information, if required, regarding:
  – Clinical condition
  – Treatment regime
  – Future management
  – Prognosis

• Ethical, moral and socio-economic component
  – The human factor
Advice the employer on:
- Validity of the period applied for
- The nature and extent of the impairment
- Future management and treatment of the impairment
- The impact of the illness on current work performance
- Need for rehabilitation and re-skilling
- Future work potential, including adapted and alternative duties

Employer takes the final decision
Application profile
Employee determining factors

✓ Age plays a role in temporary incapacity leave application submission
✓ Salary level plays a role in the application distribution
✓ Job titles plays a role in the disease profiles
  – E.g. labour intensive jobs more musculoskeletal problems

x Gender does not play a role
< 40 years
More shorts

> 40 years
More Longs and Ills

Age

< 30  30 - 39  40 - 49  50 - 59  60 +

% 40.0
30.0
20.0
10.0
0.0

Short
Long
Ill
Province
More Shorts at salary levels 6 and lower
More longs and ills at salary levels 6 and higher

Salary level

Applications

Province
Disease profile: Shorts

- Diseases of the respiratory system: 25.9%
- Diseases of the musculoskeletal and connective tissues: 17.4%
- Diseases of the digestive system: 10.2%
- Mental and behavioural disorders: 8.8%
- Diseases of the genitourinary system: 6.4%
Disease profile: Longs

- Mental and behavioural disorders: 26.0%
- Diseases of the musculoskeletal and connective tissues: 21.8%
- Neurological: 10.4%
- Diseases of the respiratory system: 9.7%
- Infectious and parasitic diseases: 8.1%
Disease profile: Ills

- Diseases of the musculoskeletal and connective tissues: 24.2%
- Mental and behavioural disorders: 20.9%
- Neurological: 17.6%
- Diseases of the circulatory system: 7.1%
- Endocrine, nutritional and metabolic diseases: 5.3%
Prominent reasons for repudiation

- Insufficient information was submitted
- Adapted or alternative duties are possible
- Invalid or vague diagnosis
- Mismanagement of sick leave (trend analysis)
- No specialist involvement
- International guidelines indicate sub-optimal treatment
- Excessive duration
Challenges experienced
Challenges experienced

• Management of sick leave required in 36 days normal sick leave
• Late submission of applications with stale medical information
• Incomplete applications or lacking in medical content
• Advice by the Health Risk Manager often not implemented
• Treating doctors not au fait with PILIR requirements
• Relevant clinical evidence only submitted once grievance lodged
Impartial,
but never impersonal
Applicable legislation

• Basic Conditions of Employment Act, 2002
  – Issues of fitness to work, e.g. paid sick leave, medical certificates, maternity leave, overtime, etc.

• Public Service Act, 1994
  – Discharge of an employee on account of ill health
  – Medical examination may be required
  – Due regard to item 10 of Schedule 8 of the LRA must be given.
Labour Relations Act, 1995

• Prevents unfair dismissal and labour practices

• Provides mechanisms of fair dismissal if incapable of performing job due to poor health or injury, Schedule 8

• Dismissal must be:
  – Substantively fair: Dismissed for a fair reason
  – Procedurally fair: Dismissal followed a fair procedure

• Dismissal solely on the grounds of disability is automatically unfair
Labour Relations Act, 1995

If permanent incapacity, ascertain possibility of

• Securing alternative employment
• Adapting duties or work circumstances to accommodate the employee’s disability

Duty of employer to accommodate greater if injury or illness work related
Disability according to the EEA:

- Focus is on effect of disability in relation to the working environment and not on the diagnosis of impairment

- Must satisfy the following criteria:
  - Long term or recurring
  - Physical or mental impairment
  - Substantially limiting
Substantially limiting:

• Totally unable or significantly limited to do a job without reasonable accommodation by the employer

• Must consider if medical treatment or devices would control or correct impairment
• Reasonable accommodation
  – Aim is to reduce the impact of impairment to fulfil the essential functions of the job
  – Depend on the individual, the impairment and its effect, duties itself and working environment
  – Examples:
    • Accessibility of facilities
    • Equipment, workstations
    • Restructuring of jobs with reassignment of non-essential functions
    • Adjusted working time or leave
    • Interpreters of sign language, readers
    • Specialised supervision, training and support
• Requires employers to take affirmative actions to promote employment of disabled

• Retaining people with disabilities
  – If disabled during employment, re-integrate into work
  – Encourage early return-to-work
  – Offer alternative work, reduced work, flexible work