

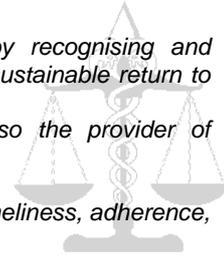
HSE Research Report RR493

The costs and benefits of active case management and rehabilitation for musculoskeletal disorders

The report identifies best practice for case management and finds good evidence that this approach is cost effective. It is an approach that is increasingly being adopted by the larger firms.

Best practice:

- *Individual worker has their own case manager*
- *Case manager facilitates safe and sustainable return to work by recognising and addressing personal and occupational obstacles to secure safe and sustainable return to work*
- *Case manager interfaces with healthcare services, but is not also the provider of healthcare*
- *Best clinical practice guidelines are available and followed*
- *Case manager monitors all aspects of treatment – appropriateness, timeliness, adherence, outcome, and cost*
- *Case manager makes treatment funding decisions*
- *Duration management techniques are available (using normative data on likely absence durations for conditions, the case manager can identify when a case has exceeded a typical absence period, and this triggers a review of the case)*
- *Case manager liaises directly with employer about return to work*
- *Case manager negotiates transitional work arrangements*
- *Early intervention focus*



Effective case managers:

- *Help to define a health or injury problem*
- *Arrange specific healthcare*
- *Develop a clear plan for safe sustainable return to work*
- *Manage resources efficiently*
- *Proactively use resources to purchase interventions with known effectiveness, at the most beneficial time*
- *Interact with other stakeholders and adopt appropriate roles:*
 - *When communicating with an employer – emphasise the worker's needs*
 - *When communicating with a healthcare provider – emphasise the employer's needs*
 - *When communicating with the worker – emphasise early and sustainable return to work*

It seems that the skill of individual case managers is more important than their professional training or background.

When taking all the costs of injury and absence together; with most programmes for every £1 spent there was a saving of £2-£3.

Comment

Case management will not work unless the case manager has an appropriate organisational and financial structure to work within. Barriers such as liability disputes would usually be beyond the scope, but action can still be taken when there are liability disputes provided the parties are able to separate rehabilitation from the defence of their adversarial position.

Workplace modifications were rarely if ever the key factor in successful rehabilitation. The key components of successful programmes include providing early access to appropriate advice, remaining at work or returning early, and the organisation staying in touch with the individual during absence.