



The insurance industry is searching for more effective ways to manage the increasing number of long term disability claims.

## Project Douleur



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### A somewhat different approach to Life Insurance

In the last few years there has been a progressive increase in disability claims which has resulted in increased reserves for disability products. Due to this the insurance industry is currently searching for more effective ways to manage the increasing number of long term disability claims. This particularly applies to permanent health insurance (PHI) claims. Although this is a very attractive insurance product, it has unfortunately meant that a significantly large number of long term disability claims have been submitted. Long term disability claimants pose a significant burden to the insurance industry and society at large due to the following factors:

- The loss of skilled and knowledgeable workers due to long term disability.
- The development of co-morbid medical conditions as a result of occupational disability, which eventually prevent return to any form of work.
- The high levels of claims reserves, which ultimately impact the future pricing of disability products via higher claims experience.

In addition to this there seems to be an inability to prevent progression of short term PHI (temporary disability) claims to long term claims. This is in spite of the numerous attempts made by insurers to manage the claims process on an individual and group insurance level.

## What is Project Douleur?

The name “Douleur” is the French word for pain, making it a fitting name for Project Douleur, which began as a possible solution to the problem of long term chronic pain claims. Project Douleur uses a proactive approach to long term disability claims which combines case management, vocational rehabilitation and the progressive goal attainment programme (PGAP). It is essentially a multimodal return to work intervention which relies on a dedicated network of trained, competent occupational therapists with insurance industry experience. Many may question what is different about this approach as most, if not all, insurers involved with disability benefits have used case management and vocational rehabilitation in varying degrees in the past. The addition of PGAP may be considered new, however, this programme has been utilised by insurers since 2011, although it has not been used widely or by all insurers in the past. PGAP has also been utilised previously to effect return to work.<sup>1 2</sup>



Project Douleur uses a proactive approach to long term disability claims which combines case management, vocational rehabilitation and the progressive goal attainment programme (PGAP).

This project is a somewhat different approach to disability case management in that the elements are combined to effectively provide efficient and adequate feedback to the insurer, claimant and treating occupational therapist at every milestone to ensure that the best possible return to work outcome is achieved. The process is streamlined through interaction with Hannover Re which ensures a smoother process, with all stakeholders on the same page regarding work outcomes and prognosis for each claimant.

The project has various partners who assist in ensuring that the outcomes will not only be successful, but also provide valuable information on the factors which affect return to work in disability claimants in the context of the South African insurance industry. Hannover Re has partnered with the Occupational Therapy Department at the University of Witwatersrand who are assisting with data analysis of information gathered through the project to ensure that any results gained from project outcomes are valid, reliable and done so according to ethical standards.

Michael Sullivan, the developer of PGAP, along with the Centre for Rehabilitation and Health in Canada have partnered with Hannover Re to ensure conformity to the PGAP process whenever PGAP is utilised in the project.

## Selection of project participants

Any disability claimant who has been identified to have the potential to return to work can be referred to the project. Once referral is completed the claimant is allocated to the nearest participating occupational therapist for a project screen which assesses the claimant’s potential to return to work. Factors such as medical stability, definition of disability, employer engagement and job availability are considered in this process.





If the claimant is screened and found to have a good return to work prognosis or potential, case management and vocational rehabilitation is implemented. The structure and time allocation to these interventions is case dependent as some claimants require more vocational rehabilitation and support than others. This is largely dependent on the complexity of the case.

- 1 Sullivan M, Adams H, Thibault P, Moore E et al. Return to work helps maintain treatment gains in the rehabilitation of whiplash injury. 2017. PAIN.158, 980–987.
- 2 Adams H, Ellis T, Stanish W D, Sullivan M J L. Psychosocial Factors Related to Return to Work Following Rehabilitation of Whiplash Injuries. 2007. Journal of Occupational Rehabilitation.17, 305–315.

A fundamental part of this process is ensuring that claimants stay at work once they have resumed working. This is not an easy feat to achieve as there are various role players involved in the return to work process, not all of whom have the same long term goals for the claimant. These role players include but are not limited to the insurer, employer, trade union, treating doctor and the claimant himself.

There are also several factors which impact on the success of the return to work process. An example of the factors applicable to those suffering from lower back pain is shown below.<sup>3 4</sup> Note that the factors examined ring true for all diagnoses that result in occupational disability.

**Synthesis of red, yellow, blue and black flags for low back pain workers**

	Red Flags	Organic pathology co-morbidity	Biomedical Factors
	Yellow Flags	Beliefs, coping, stress, pain behaviours, change volition	Psychosocial or Behavioural factors
	Blue Flags	Job status, job contentment, working conditions, work station features	Occupational factors
	Black Flags	Insurance benefits, litigations, social policy, family support	Social and Economic Factors

See Petit A, Rozenberg S, Fassier J B, Rousseau S, Mairiaux P, Roqueleure Y. 2015. Pre-return-to-work medical consultation for low back pain workers. Good practice recommendations based on systematic review and expert consensus. *Annals of Physical and Rehabilitation Medicine*. 58, 298–304.

3 Petit A, Rozenberg S, Fassier J B, Rousseau S et al. 2015. Pre-return-to-work medical consultation for low back pain workers. Good practice recommendations based on systematic review and expert consensus. *Annals of Physical and Rehabilitation Medicine*. 58, 298–304.  
 4 Jetha A, Pransky G, Fish J, Hettinger L J. 2015. Return-to-Work within a Complex and Dynamic Organizational Work Disability System. *Journal of Occupational Rehabilitation*. DOI 10.1007/s10926-015-9613-2

The Red flags represent biomedical factors which include aspects such as the pathology, co-morbid medical conditions and symptom severity that may impact an individual’s ability to physically and mentally engage in work tasks.

The yellow flags represent psychosocial aspects such as coping mechanisms, beliefs and perceptions about illness, injury and return to work prospects. These flags are often difficult to target and change the longer they have been present.

The occupational factors (blue flags) involve the employer and work environment. These are often not modifiable but can impact whether the claimant can return to his own occupation or has to job hunt in the open labour market. The black flags represent social and economic factors. These factors revolve around the insurance benefit, social support and any possible litigation that may be relevant such as a Road Accident Fund claim. The social and economic factors often require the individual to prove his/her level of disability which consequently results in poor motivation to improve function and ultimately in poor return-to-work outcomes.

In addition to the factors highlighted in the diagram on the left it is important to note that the South African context brings with it a few challenges, such as a large number of litigation claims for the Road Accident Fund and the availability of resources in our South African setting, such as medical aid, to pay for clinical rehabilitation and medical treatment.

Although this does not fall into the domain of long term disability insurance, the effect of inadequate treatment can have dire consequences for the ill worker and can often prolong the period of work absence. Motivation to return to work (or lack thereof) has also been listed as a key reason that people do not resume employment.<sup>5</sup>

These factors have to be managed and monitored carefully to ensure a successful reintegration of the claimant into the work environment.

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### A recent Project Douleur case study

Mr X was diagnosed with lower back pain with spondylosis. He was placed on benefits at the end of 2015 following spinal surgery. He was then reassessed in 2016 but remained on benefits. At the end of 2016 Mr X was referred to Project Douleur and commenced active rehabilitation.

Mr X reported wanting to return to work however he was suffering from significant pain that was exacerbated every time he engaged in physical activity such as walking or household chores. As a result he was not hopeful that he could return to work. PGAP commenced and initially did not go well, with Mr X requiring extra medication to cope with his pain. In addition, his pain stopped him from completing activities. He was feeling negative and did not want to engage in PGAP.

By session 4, however, Mr X felt much more positive, which led to him engaging in various activities and starting to drive again. He began to wean off medication and managed better with tasks and activities. Gradually his activity levels increased. By the time his final assessment was completed, all his PGAP scores had decreased significantly indicating a decreased risk of long term disability.

A graded return to work programme was negotiated with the employer who was uncertain about Mr X's ability to remain at work due to fear of a possible relapse. Mr X started work part-time gradually increasing hours from part-time work to a full day of work a month later. He then required additional support in the form of telephonic support and additional sessions with the occupational therapist that were eventually tapered and ended.

He is currently at work with a full work load and coping well. Mission accomplished!

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The advantage of early intervention has already been demonstrated and is a key feature of Project Douleur as longer work absences usually have poorer outcomes for occupational disability.<sup>5 6 7</sup>

The benefits of having a smoother, more efficient process of return to work intervention are numerous. Not only does the insurer benefit from a reduction in long term disability claims and claims reserves but the claimants themselves benefit immensely: they are happier, more engaged in their lives and work and have a better quality of life and emotional status.<sup>8</sup> This is crucial as work gives an individual a sense of purpose. This is demonstrated by the effects experienced - when the claimant experiences a loss of a worker role - such as the development of co-morbidities, which are reduced by work resumption.

- 5 Johnston V, Strong J, Gargett S, Jull G et al. 2014. Enhancing the vocational outcomes of people with chronic disabilities caused by a musculoskeletal condition: Development and evaluation of content of self-management training modules. *Work*.49, 455-464.
- 6 Van Vilsteren M, Van Oostrom S H, De Vet C H, Franche R L, Boot C R L, Anema J R. 2015. Workplace interventions to prevent work disability in workers on sick leave. *Cochrane Database of Systematic Reviews*.10, CD006955.
- 7 Bevan S. 2013.Reducing Temporary Work Absence Through Early Intervention: The case of MSDs in the EU. The Work Foundation.
- 8 Chang W H, Sohn M K, Lee J, Kim D Y et al. 2016. Return To Work After Stroke: The Kosco Study. *Journal of Rehabilitation Medicine*. 48, 273-279.

The provisional results and feedback from the project have shown good return to work outcomes for participating insurers. This includes both full and partial return to work outcomes.

The project has also helped insurers gain insight into the claimant's ability to return to work and whether it is worth pursuing this avenue. It is equally valuable to determine sooner rather than later if a claimant will not be able to return to any form of work.

All in all, we believe Project Douleur is the answer to keeping long term disability in check by preventing short term and temporary disability claim progression to long term disability. It uses a somewhat different approach to the return to work process and therein lies the secret to its success.

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