

Interview with Maria Vandenhurk of Banyan Work Health Solutions

RGA Australia has been fortunate to develop a close working relationship with Banyan Work Health Solutions of Canada. We were pleased to host Maria Vandenhurk, Banyan's Chief Operating Officer, who visited Australia during March and was a keynote speaker at both the FSC Life Insurance Conference in Sydney and an RGA seminar held in Melbourne. She impressed upon audiences the need to embrace a new approach to disability claims management that focuses not only on a de-medicalisation of current claims management practices but, even more important, on the development of an outcome-focused approach. ReView was able to get some valuable time with Maria during her busy schedule to ask her some questions about and get her views on best practice claims management. Her responses provide much food for thought for those interested in changing the traditional claims management paradigm.

ReView: How long have you been working in the disability arena in Canada?

Maria: Personally I have more than 20 years of front-line experience working with a range of diagnoses, including mental health, cardiac and musculoskeletal, with a special focus on multi-diagnosis cases.

ReView: What distinguishes your own as well as Banyan's approach to disability claims management from the more traditional approach that was used when you first entered the Canadian disability market?

Maria: Since Banyan's inception, I have instilled in our team a de-medicalised, function-focused approach to case management where return to work is very much part of the recovery process. Traditionally, claims have been managed by confirming a medical diagnosis and ensuring appropriate treatment, whereas we have encouraged a reduction in the over-emphasis on 'medical' and instead extend focus onto equally important elements like current capabilities, work demands, reasonable accommodation, and ensuring that the employee and employer have clear information and a full understanding of the options available all along the path.

ReView: What are some of the key issues that you have observed regarding Australia's approach to disability claims assessment and management?

Maria: It would appear that the Australian approach, like the Canadian approach previously, has been primarily focused on the medical diagnosis rather than on a claimant's functional capacity. This has resulted in a reluctance to question doctors further on how the diagnosis may affect the claimant's ability to perform their duties because the diagnosis rested with the treating doctor. If we were to shift from a diagnosis-oriented mindset to



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one that primarily considers functional capacity, then the claims assessment and management process is more aligned to the original intent of the product design itself and to the purpose of the protection for the customer.

What I also found quite interesting was the fact that there had developed an apparent discrepancy between what was often said in the actual policy conditions and what was done in practice in Australia. This I found difficult to come to grips with because the policy conditions provide certainty and protection to all parties to the insurance contract, and without this reliable reference point there could develop not only inconsistency in practice but also a deviation from the underlying intent and even pricing basis of the protection.

ReView: You use the term 'de-medicalisation' often in your presentations and discussions with clients. Does this mean that you overlook or ignore the medical diagnosis and opinion?

Maria: No, we would not consider doing that, nor do we fail to value optimum medical management. Rather, our approach goes well beyond the purely medical, as it embraces the full myriad of factors that ultimately speak to the complexity of each case. This broad-based lens is applied both in the assessment of eligibility and the management of the claim toward resolution. It calls for such elements as thorough information gathering (including non-medical influencing factors that may well be at the heart of prolonged absence), active ongoing dialogue with the employee (who sits at the centre of the process), and developing case-specific action plans that draw on full-spectrum solutions and that are linked to specified timeframes.

ReView: That all sounds fine in theory, but are there any key differentiators that can assist our readers in better understanding how the de-medicalised, or outcomes-focused, approach differs from the traditional claims management practices?

Maria: Certainly, I can probably best lay it out visually for your readers in the following table format:

Traditional Medical Focus	De-medicalised Focus
Focus on symptoms, impairment, limitation, restrictions	Predicated on optimum medical management, the focus is on function, capability, work demands and modifications, transferrable skills
Reactive	Proactive
Rarely examines influence factors or non-medical factors; may even avoid documenting them	Identifies influencing and non-medical factors; sets strategy to manage as appropriate; clarifies expectations around non-medical barriers to RTW (i.e. childcare challenges)
Wait for recovery; wait for medical clearance; views Dr. as the gatekeeper/authority	Looks for activation opportunities, views return to work as part of the recovery process; seeks medical input as appropriate
Relies on medical treatment providers for an understanding of function	Use of telephone interviews directly with the claimant to gather the functional picture; communicates functional picture to the doctor
Focus on medical treatment and solutions; often unaware of range of other possible solutions	Invested in vocational rehab, behavioural and activation oriented solutions; optimum medical recovery still encouraged
Often misses opportunity to impact claims duration	Optimum management of claims duration; understands that monthly benefit are the silent cost of disability



ReView: There has been much written about the benefits of work for the individual and how it impacts a person's general medical and social well-being. How can this impact the claims experience, and how can insurers better engage with claimants, employers and others in the person's sphere of influence?

Maria: There is a belief in some quarters that time off from work can reduce or eliminate unwanted stress and allow a worker to recover. What is generally not considered is the significantly negative impact that unnecessarily prolonged time away from work can have on the worker's daily life and well-being. Consider such impacts as loss of social relationships, compromised self-respect that comes with no longer generating an income from one's own effort, and the erosion of a sense of identity that accompanies the loss of the worker role. While we all welcome a vacation from work, extending this into prolonged time away, particularly when the worker may sense that it is not necessary, results in undesirable complications for most human beings. As a result, we all know that the key to preventing disability is early intervention. This approach to early intervention requires not only engagement with the person but also with those in his or her sphere of influence, including the employer. It is interesting to note that under Canadian law there is a duty imposed on employers to co-operate in the rehabilitation of their employees who are in receipt of disability benefits. This legal obligation doesn't exist in Australia, but nevertheless engagement with the employer by the insurer will be of huge benefit to the claimant, employer and insurer alike.

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ReView: Our situation in Australia may be a little different from what you experienced in Canada, where group cover was largely employer-owned, so how can the insurer achieve the same level of engagement with those involved in the claimant's workplace?

Maria: Yes, the employer-employee-insurer relationships may be less well connected here in Australia, but this should not prevent the insurer from developing a philosophy and program that focus on the capabilities of what people can do within

the workforce, not their inability to do certain things. By moving from a medical diagnosis basis of claims management to one of functional capacity, we can determine whether there are alternative solutions that will enable the claimant to re-enter the workforce in a meaningful role for all involved, and that will bring benefits to all involved.

ReView: This change in mindset and practices that you and Banyan promote and assist with appears to put Australia's current claims conundrum back on course for a better result for all. What should be our next steps?

Maria: Insurers need to closely and critically examine their current claims practices and determine whether they have allowed themselves to be locked into the unsustainable and inappropriate medical diagnosis approach to disability claims. They then need to consider the benefits that can be realised by moving to what we have briefly discussed as the de-medicalised, or outcomes-focused, approach, and what changes need to be made to the way they manage their claims portfolios to achieve it. The change in approach will ultimately result in benefits for all parties involved, not just the insurer. ■



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