

January 26, 2007

EARLY INTERVENTION PROGRAM

POLICIES & PROCEDURES

Between

**Health Science
Professionals Bargaining
Association**

and

HEABC

Health Employers
Association of BC

Introduction

The Health Employers Association of British Columbia (HEABC) and the Health Science Professionals Bargaining Association (HSPBA) have negotiated an Early Intervention Program (EIP).

The purpose of the EIP is to facilitate pro-active, appropriate and customized return to work (RTW) programs for employees with occupational and non-occupational disabilities. The EIP is currently provided by the Healthcare Benefit Trust (HBT), which also provides the LTD coverage, and is supported by the HSPBA and HEABC.

The benefits of the EIP can be realized by both the Employer and employee, and may:

- prevent feelings of loneliness and abandonment that reduce the employee's motivation to get well;
- assist the employee to obtain appropriate health/rehabilitation services;
- help avoid a "run-around" for the employee from one healthcare professional to another;
- assist the 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 the employers, unions and employees, and their support of the program. For employees, seeking timely medical treatment, following medical recommendations of the treating physician or healthcare professional and, where appropriate, participating in an early intervention plan (EI Plan) are vital in improving her/his quality of life and successful return to pre-disability health. Any EI Plan will include the involvement of the local steward and management representative as it improves the likelihood of a successful EI Plan.

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 EIP may evolve as it is implemented and this document will be updated periodically to reflect those changes.

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1.0 Contact Information

1.1 EIP Provider

Healthcare Benefit Trust (HBT)
#1200 – 1333 West Broadway
Vancouver, BC V6H 4C1

Greater Vancouver calls: (604) 736-2087
Phone Toll Free: 1-888-736-2087
Fax: (604) 736-5788

- TBA
Early Intervention Coordinator (EIC)
Integrated Health & Disability Management Services / Early Intervention
 - For issues regarding specific employees who are participating in the program
- TBA
Team Leader, Medical Case Management (MCM)
Integrated Health & Disability Management Services / Early Intervention
 - For issues regarding specific employees who are participating in the program
- Linda Van Cleave, RN, BHSc (Nursing), MA (Disability Management), COHN-C, COHN-S/CM
Program Manager / Disease Management and Disability Prevention
email: lindav@hbt.bc.ca
 - For issues relating to the program and related services

1.2 HEABC Representative

Frances Kerstiens
Senior Consultant, Occupational Health and Safety
200 – 1333 West Broadway
Vancouver, BC V6H 4C6

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

1.3 HSPBA Representative

Alison Heitanen,
Senior Labour Relations Officer
300 – 5118 Joyce Street
Vancouver, B.C. V5R 4H1

Phone: (604) 439-0994
Fax: (604) 439-0976
Email: alison@hsabc.org

2.0 Goals and Objectives

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

The objectives are:

- to initiate early contact with the employee;
- to identify and provide appropriate, caring case management of the employee's health issues;
- to convey the message that employees are valued;
- to facilitate rehabilitation of employees and a safe and timely return to work;
- 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 HSPBA and HEABC; and
- to reduce the costs associated with sick leave and the long-term disability.

3.0 Roles and Responsibilities

3.1 EIP Steering Committee (SC)

Refer to Appendix F.

3.2 EIP Working Group (WG)

Refer to Appendix G.

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

3.3 Local Implementation Committee

Refer to Appendix H.

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;
- provide direction to the EIC and MCM;
- approve individual EI 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.

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 employee to determine if the EIP process should be initiated;
- explaining the EIP to the employee, including the roles and responsibilities of both the employee and EIC in the program;
- supplying the name and contact information for the HSPBA Representative on the WG and urging the employee to contact the HSPBA 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 EI Plan, if appropriate;
- following up with the employee to ensure the return to work was successful, if the EIP process was not initiated – e.g. because the employee will soon be returning to work;
- Facilitating the EI Plan by referring the employee to services such as medical examinations or procedures, physiotherapy treatment programs or counselling;
- referring the case to the WG if there are complicating factors such as non-participation or labour relations issues;
- communicating with the employee, Employer Representative, attending physician and WG throughout the employee's absence to monitor progress and to ensure that the EI Plan is followed;

- participating in meetings of the WG; and
- providing the HBT Program Manager with periodic status reports for the Steering Committee.

3.7 Employer

The Employer will:

- notify the EIC when an employee has been absent for 6 scheduled shifts or 10 calendar days whichever comes 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

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 an EI Plan;
- actively cooperating with and participating in the development of an EI Plan;
- cooperating with and participating in the agreed upon EI Plan, including any recommended medical and rehabilitation intervention plans, if approved by the attending physician.

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

On a timely basis, the working group will resolve issues which they encounter in the day to day implementation of EIP or which are referred to them by the local implementation committees. If the working group cannot resolve local or industry wide issues, they will refer these issues to the Steering Committee.

3. Steering Committee

The Steering committee will resolve any issues that cannot be resolved by the working group. 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 bound by the *BC Personal Information Protection Act* and has strict confidentiality policies and procedures. As such, information that the employee provides to the EIC is **confidential**. However, the diagnosis and prognosis will be shared with the HEABC and HSPBA Representatives on the WG where required for individual EI planning and where authorized in writing by the employee.

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

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

Medical information may be shared with GWL, when authorized by the employee, as part of an LTD claim submission and to ensure continuity of case management.

4.2 Participation

In accordance with the Memorandum of Agreement (Re: New Long Term Disability Plan), participation in the EIP is mandatory for all employees.

Participation by employees includes:

- completing all required forms;
- speaking with Early Intervention Program coordinators and/or Union representatives to discuss the potential for an EI Plan;
- actively cooperating with and participating in the development of an EI Plan;
- cooperating with and participating in the agreed upon EI Plan, including any recommended medical and rehabilitation intervention plans, if approved by the attending physician.

If an employee refuses to participate, the EIC will refer the case to the WG. If the employee still refuses to 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 Employer Representative and to the HSPBA. HBT will not be involved in labour relations or compliance issues.

5.0 Medical Forms

An employee participating in the EIP will have her/his attending 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 Intervention Plan (EI Plan)

Once the EIC has gathered all necessary information, the MCM will consult with the employee, supervisor, attending physician and/or any other relevant parties to develop and implement an EI Plan.

7.0 Integration With Other Programs And Services

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

- ergonomic assessments;
- work conditioning – preparing physically;
- working closely with the employee to increase her/his activities of daily living;
- functional capacity evaluations;
- transferable skills analysis;
- job demands analysis;
- graduated RTW planning;
- retraining for transitional work; and
- PEARS.

The healthcare professionals contracted by HBT will be bound by the same confidentiality requirement of 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 maintains detailed records of each case. These are maintained in a confidential and secure manner. The EIC and the HBT Program Manager will provide reports such as:

- Electronic reports 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.
- Periodic aggregate 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-cooperation;
 - 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 to 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 HSPBA, HEABC, and Employer representatives as well as Employees;
- reports, and feedback from HBT and/or independent consultant(s);
- HBT's services; and
- other processes, as appropriate.

Appendix A – Early Notification Package

A.1 Initial Letter from EIC

Dear _____:

We have been advised by your employer that you have been absent from work, due to health reasons, for 6 scheduled shifts or 10 calendar days. We are sorry to hear that you are unable to work. We are writing to advise that you have been enrolled in the Early Intervention Program (EIP). This program is being provided jointly by your union and your employer, as part of your collective agreement. In order for us to appropriately assist you, the Healthcare Benefit Trust is coordinating the program and I will be your primary contact person. You may also be contacted by a Medical Case Manager. If you have any questions for your union, please contact your Health Science Professionals Bargaining Association Representative, _____ [name of representative].

The purpose of the EIP is to provide proactive and timely services to employees who are ill or injured, and who need assistance in order to return to work. It is completely confidential. Your personal medical information is only provided to members of your EIP team.

Our role is to ensure that you are getting the best healthcare management possible and, if appropriate, to co-ordinate your rehabilitation plan. The other people who may assist with your rehabilitation plan are your doctor, other health care professional, a medical case manager, a representative of the Health Employers Association of British Columbia (HEABC) and your union. We will work with you to assist in your return to good health and your return to work. Your employer will play an important role in any return to work plans, but will **NOT** receive any of your medical information.

So that we may start collecting the information we need to assist you, please do the following:

- 1) Read and sign the authorization on the enclosed Occupational Fitness Assessment (OFA) form and take the OFA form to your doctor for her/his completion, as soon as possible. Your doctor can invoice the Healthcare Benefit Trust for the cost of completing the form, in accordance with the BCMA fee schedule. Your physician may choose to send the OFA form directly to our office.
- 2) If your physician does not send the OFA form directly, please fax or mail the OFA form to me within 7 days from the date of this letter. It can be faxed to me, in confidence, at (604) 736-5788 or mailed to the address on the letterhead above.

By the time you receive this package, we may have spoken by telephone. If not, please call me as soon as possible at (604) 736-2087 or toll free at 1-888-736-2087.

Yours truly,

NAME TBA _____
Early Intervention Coordinator
Disability Management Services
Healthcare Benefit Trust

Appendix B – Other Sample Letters From EIC

B.1 Non-Compliance

Dear _____:

I am sorry to hear that you are still unable to return to work. As explained during our telephone conversation, your employer has referred your claim to the Early Intervention Program (EIP). This is a confidential program that is provided by the Healthcare Benefit Trust and is fully supported by your union and your employer.

During our conversation you advised me that you did not wish to participate in the program. I therefore recommended that you discuss your concerns with _____ [name of union rep] at the _____ [name of union].

We understand that you have now spoken with _____, but that you continue to decline to participate in the program.

Therefore, we are suspending your EIP file. However, we wish to advise you that your entitlement to Long Term Disability (LTD) may be jeopardized if you are unable to provide medical evidence supporting your illness/injury. Please note that you are required to provide medical documentation regarding your illness/injury and to be under the care of a qualified physician from the date of your disability and throughout the five-month waiting period and beyond, in order to qualify for LTD.

If you wish to reconsider your participation, do not hesitate to call me at (604) 736-2087 or toll free at 1-888-736-2087.

Yours truly,

NAME TBA _____
Early Intervention Coordinator
Disability Management Services
Healthcare Benefit Trust

cc: _____ Employer Representative TBA
Alison Heitanen, Senior Labour Relations Officer, HSPBA
Frances Kerstiens, Senior Consultant, Occupational Health and Safety, HEABC

CONFIDENTIAL

B.2 EIP Working Group File Referral

MEMO TO: HEABC Representative Frances Kerstiens
HSPBA Representative Alison Heitanen

FROM: HBT MCM _____

DATE: _____

RE: **[Name of Employee]** _____

We are referring the attached file for discussion at the next meeting of the EIP Working Group (WG).

File Information:

_____ [Name of Employee]
_____ [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:

HSPBA
 HEABC
 HBT
 Other _____

To be discussed at meeting on: _____

Attach.

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 Be Completed By Employee)

I authorize any physician or practitioner, healthcare or rehabilitation provider, or any other person who has examined, diagnosed or treated me (or who may do so), to release my personal information including the full particulars regarding my current illness/injury that are reasonably necessary to process my claim to the Early Intervention Program (EIP) and the development of my Early Intervention Plan, to:

- EIP Early Intervention Coordinator
- EIP Medical Case Manager(s); and
- Designated representative(s) of the Health Science Professionals Bargaining Association; and
- Designated representative(s) of the Health Employers Association of BC.

I authorize the EIP to give my personal information to other medical providers for necessary treatment.

I authorize my employer to provide the EIP with information regarding my employment, my date of disability related to my EIP claim, and any other information reasonably necessary for the proper processing of my EIP claim and the development of my early intervention plan.

If and when I make a claim for LTD benefits, I authorize EIP to disclose any information collected in the EIP process to Great-West Life for the purpose of administering my LTD claim.

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: _____

PATIENT: _____

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 invoices (not faxes).***

Fax to: Early Intervention Coordinator
Disability Management Services

Fax: 604-736-5788

HEALTHCARE BENEFIT TRUST
#1200 – 1333 West Broadway
Vancouver, BC V6H 4C1

Telephone: 604-736-2087
Toll Free: 1-888-736-2087

Appendix D – Reminder Letter

Date

Name

Address 1

Address 2

Address 3

Dear _____:

Re: Request For Information Concerning Absence From Work Due To Illness Or Injury

To date, we have not received the medical information requested in our letter to you dated _____. This information is required as part of the Early Intervention Program (EIP), to support your absence from work due to illness or injury. EIP is a confidential program supported jointly by your union and your employer, and your participation is required.

We have been unable to reach you by telephone; therefore we are enclosing duplicate copies of the forms required, in case you did not receive the originals. We wish to advise you that your entitlement to Long Term Disability (LTD) may be jeopardized if you are unable to provide medical evidence supporting your illness/injury.

Please ensure that the **confidential** information is returned to me by _____. In order to expedite this process, please fax a copy to my attention at 604-736-5788. If you have any questions or concerns about the EIP, please contact me or your Health Science Professionals Bargaining Association Representative, _____ as soon as possible.

Thank you for your cooperation in this matter.

Yours truly,

NAME TBA _____
Early Intervention Coordinator
Disability Management Services
Healthcare Benefit Trust

cc: Frances Kerstiens, Senior Consultant, Occupational Health and Safety, HEABC
Heitanen, Senior Labour Relations Officer, HSPBA
_____ Employer Representative TBA

Appendix E – 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
EI Plan	–	Early Intervention Plan
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
HSPBA	–	Health Sciences Professionals Bargaining Association

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

1. The SC reports to the HEABC and the HSPBA.
2. The SC is made up of 2 or 3 representatives of HEABC and its members, and 2 or 3 representatives of the HSPBA.
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.
 - 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 HSPBA.
 - e. Developing an education program which will include:
 - i) coordination of EIP and collective agreement requirements for medical certificates to minimize duplication of processes;
 - ii) integration of EIP with existing attendance management programs
 - 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 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.

Appendix G – 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 1 or 2 representatives of the HSPBA.
3. The WG meets as required.
4. Representatives of the Healthcare Benefit Trust (HBT) will attend the meetings, in their current capacity as the provider of the EIP.
5. The WG is responsible for:
 - a. Implementing the EIP.
 - 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, the EIC and/or MCM.
 - g. Receiving and analyzing 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 EIP.

Appendix H – Roles of the Local Implementation Committee (LIC)

A local implementation committee will be established at each Health Authority 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 data reports to evaluate the effectiveness of the EIP and its impact on the LTD plan; and
5. Discuss issues arising from the implementation of the EIP