

Member Assistance Program

2018 – 2019
Year End Review

Presented by



OTIP RAEO®

Member Assistance Program: A Year In Review

The Member Assistance Program (MAP) was launched in October 2018 as a joint initiative between OSSTF, OBSPA and OTIP. The goal of the pilot program was to reduce the duration of sick leave taken during the waiting period for LTD. MAP is based on OTIP's existing Early Intervention program, with notable differences including the gathering of consent and medical documentation and OTIP's MAP Consultants collaborating closely with all stakeholders to develop and implement timely return to work plans.

Five school boards participated in MAP for the 2018-2019 school year:

- Rainbow District School Board
- Durham District School Board
- Kawartha Pine Ridge District School Board
- Simcoe District School Board
- Upper Grand District School Board

The following report outlines the activity of the MAP program from October 1, 2018 to June 30, 2019.

Section 1 – Referrals

Section 2 – Closure Outcomes

Section 3 – Comparison of MAP and EI Outcomes

Section 4 – Funding

Section 5 – Return to Work

Section 6 – Medical documentation

Section 1 – Referrals:

There were a total of 242 referrals to MAP services between October 1, 2018 and June 30, 2019.

- Rainbow District School Board: 15
- Kawartha Pine Ridge District School Board: 44
- Simcoe District School Board: 44
- Upper Grand District School Board: 48
- Durham District School Board: 91

The basic referral criteria were outlined as the following:

- 10 day absences or absences you know will be longer than 10 days.
- Absences with no known return to work date.
- Short term absences i.e. surgery with known short recovery periods are not appropriate.

Section 2 – Closure Outcomes

- As of June 30, 2019 a total of 171 files have been closed. The following is a breakdown of the closure outcomes and a comparison to the OSSTF Early Intervention closed files.

Closure reason	MAP	EI (OSSTF block)
RTW	81 (47%) *	59 (14%)
Assistance/Funding Provided	30 (18%)	85 (20%)
Unable to contact	21 (12%)	141 (32%)
Member Declined	15 (9%)	6 (1%)
Not required/appropriate	19 (11%)	138 (32%)
Retirement	4 (2%)	1 (1%)
Death	1 (<1%)	2 (<1%)

*Return to work (RTW) with MAP consultant coordinating the RTW plan accounted for 48 files (59%) and RTW following MAP assistance and with board or self-directed RTW plan was 33 files (41%).

Commentary and interpretation on closure reasons:

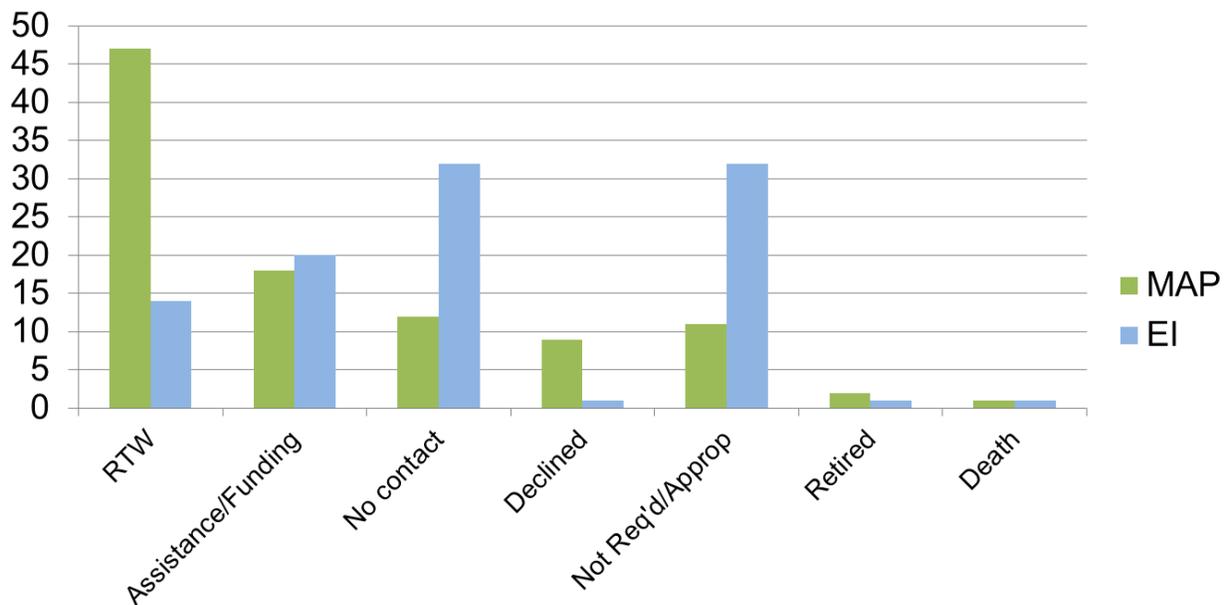
- RTW:** Member has RTW either full time or part time. The collaboration with all stakeholders in MAP enabled the reporting and therefore tracking of RTW. In Early Intervention this is often unknown and thus not tracked as robustly as it was in MAP.
- Assistance/Funding Provided:** the member was provided with funding, resources, education or other assistance (eg. Carepath) from the MAP consultant. MAP outcome is comparable to EI.
- Unable to contact:** Despite 3 or more attempts to reach the member the MAP consultant was unable to connect with them. See section 3 for more detail regarding the variance between MAP and EI.
- Declined:** The MAP Consultant explained the program to the member however the member chose not to participate in the program. Members declined to participate in MAP more than EI due to the requirement to sign the consent form and possibility of OTIP gathering medical information, neither of which occur in EI.
- Not required/appropriate:** Following discussion with the member it was determined that assistance was not required and/or the referral was not appropriate (eg. maternity leave). Due to the partnership with stakeholders the MAP program receives more

appropriate referrals than the EI program (ie. No maternity leaves or members on WSIB leaves).

- **Retirement:** the member advised the MAP Consultant of their retirement.
- **Death:** Member passed away while their MAP file was still open.

Section 3 – Comparison to MAP and EI Outcomes

- The design of MAP is more structured on the front end as compared to Early Intervention. The school board submits the MAP referral to OTIP and within 24-48 hours of the referral the local Teachers Bargaining Unit (TBU) officer reaches out to the member to inform them of the program and that they will receive a call from OTIP, thus promoting union support of the program.
- Because of this initial outreach by the TBU officer, MAP has a lower rate of members that are unable to be contacted at just 12% as compared to 32% in Early Intervention where not all locals are reaching out to members when a Notice of Prolonged Absence form is submitted.



Section 4 – Funding

Funding assistance for treatment programs was offered to participants in MAP. The focus of the assistance is to ensure that members are receiving the treatment that is evidence based for their condition. OTIP launched three new mental health programs this year and MAP participants were also considered for these new programs.

- 45% of MAP participants received funding assistance. Many of these members went on to participate in RTW programs.
- The average amount spent per member was \$900.
- 29 members were referred to one of the new mental health support programs.

Treatment	Funding occurrences	Total amount approved
Counseling	51	\$35,300.00
Physiotherapy	14	\$13,473.00
Massage Therapy	6	\$4,211.00
Occupational Therapy	2	\$4,480.00
Fitness	10	\$2,065.00
Other	6	\$3,346.00
TOTAL	89	\$62,875.00

Section 5 – Return to Work

One of the distinguishing features of MAP is OTIP's collaboration with the school board and TBU officer to coordinate RTW plans for members.

Of the files closed following participation in MAP, 47% were closed due to a RTW.

The average duration of the RTW plan is 4-6 weeks.

Section 6 – Medical Documentation

Another distinguishing feature of MAP is the gathering of medical documentation at the MAP consultant's discretion. Initially it was thought that medical documentation could help support treatment plans and outline restrictions and limitations required to develop RTW plans. The more we worked with members the more we realized that the Abilities Form the board gathers was often sufficient for our review and the members were agreeable to send us copies. As such, 18 MAP Medical forms were gathered over the course of the last school year, which provided the MAP consultants with more specific information relating to diagnosis, treatment, and prognosis to assist with return to work planning. The MAP consultants also received medical notes from members and communicated with treatment providers over the phone or via email.

