

SOCIO-PROFESSIONAL REHABILITATION AND INSURANCE

Christian Mainguy, CEO of Réhalto



Réhalto is a SCOR Group company which has been operating in France and Belgium for over fifteen years. Socio-professional rehabilitation is one of its traditional lines of business. The Company offers this service to many insurers on its markets. It is part of a global approach to preventing the risks of absenteeism including tertiary (individual support), secondary (management support) and primary (prevention actions at organisation level) prevention.



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SOLUTIONS TO COMBINE WORKPLACE WELL-BEING AND PERFORMANCE

ORGANISATIONAL CONSULTING

Organisational health
diagnosis and assessment
of the company's human
capital and risks

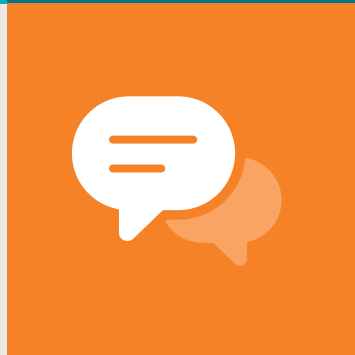


MANAGERIAL SUPPORT MANAGERIAL GOOD PRACTICE & COACHING

Managerial Training:
a comprehensive range
of training courses
for concrete identified
managerial situations



CRISIS MANAGEMENT & POST-TRAUMATIC INTERVENTION



EMPLOYEE ASSISTANCE PROGRAMMES

Psychological support
for employees by phone and
face to face counseling

According to Réhalto survey
71% of employees confirm that
EAP avoid absenteeism

REHABILITATION

Comprehensive
rehabilitation program
provider

Insurance services
in managing disability
claims



A HOLISTIC AND MULTIDISCIPLINARY APPROACH

Réhalto's approach to managing employees on sick leave is holistic and focuses on the person within his/her work and social environment. It is multidisciplinary, as it can combine physical, mental, occupational and medical aspects, depending on the circumstances.

For instance, musculoskeletal conditions - accounting for a significant share of the medical conditions we deal with - are rarely isolated. They quickly become associated with psychological disorders, which form the second layer of our business. Thus, a work accident which has caused injuries to the limbs may lead to a musculoskeletal condition. In a typical scenario, the victim may develop algodystrophy after suffering trauma to the shoulder, leading to psychological problems due to the extended period of time off work, exclusion from the work environment, or social or family isolation.

The functional impairment will limit the affected person's participation in different activities, in both his/her personal and professional life.

Our services rely on a very extensive network including - in addition to psychologists - occupational counsellors, occupational therapists and fitness trainers, as well as medical specialists if health issues are preventing the person from returning to work.

Our interventions cover four areas: **musculoskeletal and mental conditions, chronic illness, accidentology and traumatology.**

Over the last few years, we have noted an increase in the number of chronic illness cases, notably cancer, as well as mental issues, including burnout syndrome in particular.

CASE STUDY #1

BURNOUT



57 year-old man – Sales Director in a bank

Had been on sick leave for seven months when Réhalto was brought in

ISSUE

Functional and psychosocial situation

Reactive depression following a period of being overworked to support the company's restructuring. Mr X had become socially withdrawn and showed little interest in his social and family life.

Professional situation

Mr X no longer felt able to return to his job. He no longer had contact with his line management and was contemplating changing jobs or company.

RÉHALTO'S SUPPORT

Psychological: Acknowledgement of the post-traumatic experience related to being overworked. Decrease in anxiety. Self-confidence restored and ability to open up to a positive vision of the future. Support with rebuilding social and family ties.

Physical: Physical health coaching: support to break from the sedentary lifestyle and to restore a dynamic of activity. Boosting stamina, identifying the indicators of exhaustion and ascertaining a satisfactory level of activity.

Professional: Analysis of the reasons leading to the burnout. Restoring the feeling of professional efficiency. Clarification of the motivations and opportunities of returning to work. Creation of an internal relocation project. Meeting with management and the HR department to consider the potential opportunities of internal relocation. Coaching on the return to work.

OUTCOME OF THE SUPPORT

Mr X has recovered a psychological state that has enabled him to present his plan to return to work to his employer. His wishes have been acknowledged and taken into account. He has returned to the company and now works in another sales department.

🕒 5 MONTHS - 💰 € 3 125 - ⌚ PSYCHOLOGICAL 9 H - PHYSICAL 10 H - PROFESSIONAL 6 H

KEY ELEMENTS OF SUCCESS

A key element of our approach is the use of a psychosocial assessment to identify the person's needs and resources. It may be carried out in two stages, with an initial assessment over the phone, to confirm that the person is interested and willing, and to determine the optimal time for the session. The second assessment is comprehensive and takes place at the person's home.

This psychosocial assessment is carried out by a case manager with proven experience in appraising the needs and resources of convalescing individuals. It aims to help the person return to work by identifying his/her resources and opening up new perspectives. It leads to the preparation of a customised programme, to which the person concerned needs to commit.

Another key element of success lies in the ability to combine different types of intervention (physical, mental, occupational or medical) to meet the person's needs and remove the various barriers preventing him/her from returning to work:

- 1. Physical intervention** involves physical rehabilitation with the assistance of fitness trainers and occupational therapists who supplement the healthcare treatments provided, in particular in the field of physiotherapy;
- 2. Psychological intervention**, because the person on sick leave often requires genuine support to regain his/her confidence and self-esteem, find his/her bearings, overcome depression and regain his/her autonomy. In general, this type of support is a preliminary stage before the person rebuilds a career project or returns to his/her job;

CASE STUDY #2

MUSCULOSKELETAL DISORDER



*43 year-old man – Team manager in a company manufacturing electrical cables
Had been on sick leave for five months when Réhalto was brought in*

ISSUE

Functional and psychosocial situation

Herniated disc surgery: Mr Y cannot carry heavy loads, or work in a seated or standing position for long periods of time. He must learn movements that do not put strain on his back. He was bored at home and struggling with this period of inactivity. He wanted to return to work quickly.

Professional situation

Mr Y has been working in the company for five years and has made his way up the internal ladder to the position of team manager. His duties include carrying cable reels and he has to walk a lot inside the factory.

RÉHALTO'S SUPPORT

Psychological: Work on negative thinking and demotivating attitudes. Renewed confidence in his abilities, restored self-esteem.

Physical: Pain management. Increase in body mobility. Tools to use his body while protecting vulnerable areas and by developing a series of gestures using healthy body parts.

Professional: Clarification of professional expectations with regard to potential opportunities within the company. Work with the employer to find an effective solution.

OUTCOME OF THE SUPPORT

An improvement in Mr Y's health has enabled him to return to his previous position, initially on a part-time basis on health grounds, then on a full-time basis.

The physical assistance has supported his return and strengthened Mr Y's use of the tools learned on a daily basis in his job.

 6 MONTHS -  2 875 -  PSYCHOLOGICAL 12 H - PHYSICAL 3 H - PROFESSIONAL 8 H

KEY ELEMENTS OF SUCCESS

3. Medical intervention if the overall health situation isn't sufficiently clear and hinders rehabilitation support. It focuses on the functional limitations of the insured person in different areas of his/her life. The goal is to identify additional strategies to help the insured regain his/her autonomy and to adapt the environment to his/her new abilities;

4. Occupational intervention: upon request by the affected person, an occupational counsellor can liaise with the work environment, HR or the manager to ensure that the right conditions are in place for successful reintegration and a lasting return to work. Changes may occur during the person's absence from work, such as reorganisations or transfers. In this case, the goal is to identify the best reintegration conditions and solutions,

for instance, involving training or therapeutic part-time work. If reintegration in the former position is not possible, the occupational counsellor can help the person develop a new career plan.

The success and effectiveness of these programmes also depend on the timing of the intervention. The earlier the intervention, the higher the chance of an early return to work. The inability to work often causes the person to become withdrawn, or can even lead to desocialisation. In such cases, the beneficiary needs to be convinced that he/she can return to work, and requires help to leverage his/her resources and regain sufficient self-confidence to resume work or develop a new career plan.

CASE STUDY #3

BREAST CANCER RECURRENCE



40 year-old woman – Secretary for a department of 11 people
Had been on leave for one year when support was first provided

ISSUE

Functional and psychosocial situation

Extreme fatigue, can no longer use her arm for some things and cannot carry any loads. Ms Z had lost her self-confidence. She was exposed to high levels of pressure in her personal and family life, which impacted her psychological recovery and mental availability to return to work.

Professional situation

Relations with her employer were strained. During her leave, she was replaced by a full-time employee and the company is very happy with her. The company was not waiting for Ms Z's return. Her employer made her a transfer proposal which she refused. She was worried that she would not be able to return to her former position. She was losing self-confidence and her anxiety was renewed.

RÉHALTO'S SUPPORT

Psychological: Treatment of anxiety related to the cancer and depression. Restoring self-confidence and hope in the future. Support to find effective solutions: clarification of her marital situation, search for new housing, childcare solutions.

Physical: Sophrology: Physical relaxation methods. Feldenkrais method: awareness of the body in movement, finding underused functional aptitudes.

Professional: Analysis of the reasons behind the failure of previous attempts to return to work. Meeting with the employer. Consideration of solutions to reorganise the position. Coaching on the return to work.

OUTCOME OF THE SUPPORT

Negotiations with the employer were conducted for a gradual return to work under adjusted conditions. Ms Z has returned to her job, to conduct duties for which she does not need to use her arm and for tasks that complement those conducted by her replacement.

 6 MONTHS -  5 000 -  PSYCHOLOGICAL 20 H - PHYSICAL 7 H - PROFESSIONAL 13 H

THE IMPORTANCE OF THIS SERVICE FOR THE INSURER: AN UNDENIABLE FINANCIAL BENEFIT

Our figures for the last five years show a cost / mathematical reserve ratio in excess of

1:6

Our figures for the last five years show a cost / mathematical reserve ratio in excess of 1 for every 6, with ratios of more than 10 for some portfolios and a compensation payment termination rate of over 70% for people who follow our rehabilitation programmes.

Thus, providing rehabilitation programmes to the beneficiaries has an undeniable financial benefit. An additional advantage is the service's added value, which is appreciated by both the companies involved and the people on sick leave. Our follow-up surveys have provided a number of testimonials, with certain persons stating that the service was essential to their effective, long-term return to work, whilst others commented that without it, they would not have been able to resume work.

The era of simple compensation is long gone. The insured's expectations of the insurer have shifted towards complementary needs relating to genuine support in terms of returning to work. The insurer's services come into their own during a claim.

Offering a rehabilitation service also means rethinking and optimising the claims management process - whether in terms of preparing questionnaires or assessing the insured's needs on the phone (tele-assessment) - from the time the claim event occurs and is reported until the payment of compensation ends.

Ours is a minor market in terms of the number of claims handled. Penetration rates in France remain low, in contrast with established practices in North America, Canada and the United States, where rehabilitation is more systematic.

Socio-professional rehabilitation is a business with great potential and a bright outlook.



For further information regarding Rehabilitation, please contact your SCOR Global Life's client manager.

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Global Life

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