



A day in the life of... a CIGNA absence case manager

It's fair to say that employee absence is a significant cost to UK businesses in terms of both time and money. Latest research from the CIPD shows that on average sickness absence costs employers £692 per employee every year¹. Employee absence costs employers 7.4 working days for every member of staff per year. Incredibly, this represents 3.3% of working time¹. This not only puts an excessive strain on an organisations financial resources but also on employees who have to pick up the slack for their absent colleagues.

In the current economic climate we are constantly bombarded with stories of businesses 'proactively managing costs' and 'making cutbacks' - all in an effort to ensure activities are cost effective and adding value to the bottom line. Clearly this message has not escaped the attention of employers, with almost four in ten² saying the recession has increased their focus on reducing absence levels and costs. So what's the solution? Many HR managers would agree that absence monitoring and management is the key and highlight this as being a top business priority.

But coping with staff sickness absence can be a major headache for some employers. With increasing time pressures, there is often an overall lack of meaningful management information and resultant action within many businesses. So the need for cost-effective absence management support is overwhelming. Thankfully there are services available from experts in absence case management and occupational health that can provide this support.

Enter stage left, CIGNA's absence case management nurse...

My role

As an absence case manager for CIGNA I work closely with a wide range of clients in many different sectors from Retail to Banking, Financial services, Charities, Healthcare, Media and FMCG. My main focus is to provide information and recommendations to line managers and HR staff, engaging with them and supporting them in managing absent employees. This helps them maintain focus on reducing absence levels, improving employee productivity and ultimately reducing costs.

Clients will agree 'triggers' specific to their employee population at the outset of their contract. Absent employees are referred to me by the clients HR department as a result of these. By using robust and recognised triggers we can help clients to bring absence under control and work towards making a real impact on absence rates. I liaise with the employee, employer, GP, specialist and other providers to determine the correct treatment pathway for the absent employee, and to make recommendations to the client on a way forward. This is essential to ensure that employees are supported back to work as quickly as possible and in the most appropriate manner.

Before joining CIGNA

I have 10 years clinical experience in nursing and this depth of knowledge is essential when handling cases. A good knowledge of conditions and likely recovery times is a prerequisite. All of our nurses have many years of experience in different

areas from midwifery and occupational health to psychiatric nursing. I think it's important to have this mix in the team, that way we have an expert on everything!

A typical day

My day starts when I review my diary and prioritise my workload – strong time management and organisational skills are vital in this job! My workload is usually a combination of follow up calls to absent employees, their managers and HR contacts and any newly referred cases which are added on a daily basis. By ensuring we can speak to absent employees as quickly as possible, we can make sure that employees are supported and managed back to work within the shortest possible time. Our data shows that the earlier a case is referred to us, the shorter the duration of that absence.

During a call to an absent employee I discuss the reason for the absence, the treatment they are receiving, likely recovery times and what could help them get back to work sooner. This could be a phased return or workplace adjustment. For every case I produce a plan and when appropriate make recommendations for alternative treatment pathways for the employee to discuss with their GP and or specialists. By making sure this is in place early in the absence, we can help prevent complex longer-term health problems from developing.

Difficult cases which need a second opinion can come up. So I can consult with our nurse manager and our medical advisory panel or the in-house GPs for advice on any case. When required, we can arrange a face to face consultation by an Occupational Health Physician. This is a useful facility as it allows us to tap into an expert opinion and backs up the advice we are giving.

I also work closely with the clients other providers. Part of the service we can provide is an option of fast tracking treatment for absent employees. For example, if an employee has a musculoskeletal condition and needs physiotherapy, we can refer them to an approved physiotherapist. This avoids the need for the employee to go through the process of having time off to see a GP for referral and sourcing a physiotherapist. This option is popular with many clients as it can help to expedite a return to work and reduce recovery time.

I regularly attend client review meetings and support the production and analysis of data trends. I review agreed triggers and the management information (MI) produced with both the account manager and the client to identify trends and patterns of absence in the data. Sitting down and discussing this with the client helps to make it more real and meaningful. We can talk about what the trends mean and why they are happening. The MI produced also helps the client see the financial impact of employee absence. This allows us to work with them to produce a proactive wellness strategy and support to help reduce absence levels.

It's been a busy day, by 5 o'clock I'm exhausted. But it's all in a days work!

^{1,2}CIPD Annual Survey Report 2009, Absence Management