CALL CENTER EXPERIENCE: SHORT TERM DISABILITY MENTAL ILLNESS CLAIMS

What employers can do to help their employees

Executive summary

› Cigna analyzed the short term disability (STD) claim experience with the call center operations of three large U.S. companies. The analysis revealed that mental illness was the third leading cause of STD claims for these entities (in aggregate), and for one company it ranked number one.

› In general, the increased incidence of mental-illness-driven STD claims in call centers is not explained by employee demographics, but rather by job design, the work environment, hiring practices, management style, time and attendance policies, etc. Factors that with modification or redesign may be mitigated.

› The incidence of mental-illness-driven STD claims however, can be reduced by the implementation of a full suite of pre- and post-disability vocational services that includes health and wellness coaching and, in appropriate settings, onsite employee assistance program (EAP).

Introduction

The history of the call center begins with the history of telephony (the telephone [1876], the telephone switchboard [1894], centralized operator services and rotary dialing) and tracks through the host of advancing computing and system connectivity technologies that have developed within the past 50 years. Despite call centers being a ubiquitous and important facet of customer service delivery in modern business today, since the inception of centralized operator services at the beginning of the 20th century, the call center has presented challenges to employers from the perspective of maintaining employee satisfaction and engagement, and ultimately managing time and attendance. There are archive photographs (c. 1912) of Colorado Telephone Company operators doing group calisthenics to relieve the tedium of their job. Moving into the modern era, recent research demonstrates that, when compared to other employee population groups, call center employees can have higher continuous and intermittent Family and Medical Leave Act (FMLA) rates than other employees.
Cigna’s research

Supplementing the FMLA research, Cigna analyzed the STD claim experience for the call center divisions of three large U.S. corporate entities in the health services, manufacturing and energy sectors (4,100 STD claims in 2014); comparing their experience to that of Cigna’s total STD book of business (BOB) for 2014. In aggregate, the incidence of STD claims with mental illness as the primary diagnosis in these call center operations was nearly twice that of the BOB (11.3% vs. 6.0%). Additionally, mental illness was the third leading cause of STD claims in the call center as opposed to being fifth in the BOB. Of particular note, for the manufacturer’s call centers, focused on financial services, mental illness was the leading cause of STD claims at 19.1%.

Call center issues that may contribute to disability absence

Call center activities present several different types of potential issues to employees and employers.

1. Work organization, working practices and management style
2. Job design – little or no autonomy in how the work tasks are accomplished, too much/too little variety, repetitive call content/tasks
3. Working environment – restriction of physical movement or interactions with peers within the office
4. Poor ergonomic design of workstations and equipment
5. Working time arrangements – excessive hours/mandatory overtime/inflexible scheduling
6. Monitoring systems
7. Health issues including musculoskeletal disorders, eye strain, voice strain/loss, etc.

These issues often coexist and their combined effects may cause feelings of burnout, stress, anxiety or depression that likely contribute to the increased incidence of mental illness STD claims.

One Cigna client’s experience in reducing the incidence of mental illness STD claims

Cigna made the following recommendations to a client manufacturer of call centers focused on financial services, which subsequently they implemented.

1. Review call center job design – build in more autonomy and task variety
2. Review attendance policies – redesign to build in flexibility and consistency
3. Review hiring philosophy – hire from non-call-center work environments
4. Provide a suite of vocational services designed for at-risk employees (described below)
5. Establish an onsite EAP for the call center with the greatest incidence of mental-illness-related STD claims and intermittent FMLA leaves

A year after implementing these programs and changes, the client’s mental illness STD claims had dropped by 30% to a six year low.

In this instance, the most innovative recommendation that Cigna offered were the vocational services directed to both the pre-disability period, for working at-risk employees, and the post-disability period for disabled employees who would benefit from return-to-work vocational coaching.
Pre-disability vocational coaching to keep at-risk employees on the job. Specially trained and certified Vocational Coaches develop personalized interventions to help employees who are working, but struggling with an illness or injury that puts them at risk for a future disability absence. Referrals may come to the Vocational Coach from the employer, leave managers – for customers on family medical leave – clinics, or other health management programs.

Potential interventions included:
- Individualized ergonomic assessments
- One-on-one coaching, education and technical assistance
- Workstation adjustments or job task modifications
- Assistive devices, attire or equipment
- Assistance with accommodation requests
- Referrals to EAP, health management programs, self-directed exercise programs, and health coaches and clinics as needed

Post-disability return-to-work coaching – for the same job/occupation or different occupation. When employees are ready to return to work, Vocational Coaches work with the employee, the employer and the health care professional to develop an individualized plan that facilitates the employee's return to work safely and comfortably.

Potential Interventions included:
- All those enumerated above (Pre-disability potential interventions), plus:
- Transferrable skills assessment
- Identification of training opportunities for a new occupation

To keep the employees healthy and working, and to reduce the likelihood of a recurrent disability, the Vocational Coaches offered:
- Education on the value of maintaining health and fitness
- Referrals to EAP, health management programs, self-directed exercise programs, and health coaches and clinics

An example: Margie – at work, and at risk

Margie was working, but experiencing debilitating headaches, stress and fatigue from lack of sleep. She authorized her manager to refer her to Cigna’s Healthy Working LifeSM program. A Cigna Vocational Coach called Margie to conduct an assessment. During their conversation, the coach used his specialized training to uncover the health issues that caused challenges for Margie at work and in her daily life. The Vocational Coach created a personalized plan with Margie that included nutritional counseling, a sleep clinic and an antiglare screen for her office computer to reduce eye strain.

(This story is based on a real customer experience. Name and other circumstances have been changed to protect the customer's identity. Actual customer/client results will vary).