

**Jurisdictional Update Report**

**Date:** April, 2014

**To:** Compensation and Benefits Committee **From:** WorkSafeBC

 **Committee Member(s):** Trevor Alexander and David Young

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| **Committee Mandate** |  |
| The AWCBC Compensation & Benefits Committee works collaboratively to share experiences, identify and improve claim-related outcomes and identify and action opportunities around operational, research and policy development initiatives. |
| **Goals** |  |
| 1. To share jurisdictional experiences and knowledge. |
| 2. To put before the committee, emerging issues that are deemed high priority, for consideration of planning. |
| 3. To identify, plan, and carry out specific projects for the benefit of the committee members and their respective jurisdictions.  |
| 4. To be available to other AWCBC / national committees to provide input and or partner with when requested. |
| 5. To provide feedback to AWCBC Executive when required or requested. |

| **Objective**  | **Activities** | **Target Date(s)****/Status** | **Budget** |
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| **Improving Return to Work Outcomes/Reducing Durations****(Share work that is being done within your organization to support RTW, reduce duration etc )**1. **Organizational Changes to support RTW**
2. **New Initiatives**
3. **Best Practices**
4. **Outcomes**
 | **New Initiatives:*** **Mental Health Claims (compensable consequences) End-to-End Review**

In the past several years, there has been a rise in volume, duration and costs on claims that are initially accepted due to a work-related traumatic injury, but subsequently evolve to include a mental health disorder as a compensable consequence of the physical injury. WorkSafeBC has completed a comprehensive end-to-end review of these complex claims and processes in order to identify the key drivers, issues, and possible solutions. We are currently developing project plans to support the following initiatives:* Early Intervention - develop job aids re: return-to-work risk factors (identification and mitigation strategies).
* Best Practices - develop new process for team meetings (prior to acceptance of a diagnosis and/or referral to an external provider in the psychology network).
* Quality Adjudication - draft a new Practice Directive to guide officers in the adjudication of ‘causative significance’.
* Improve Quality of the Mental Health Assessments and Treatment - external provider network review and revised contracts.
* Improve ongoing claim management – develop new end-to-end process map.
* **New Physiotherapy Contract**

In support of facilitating timely and safe RTW, WorkSafeBC has negotiated a new contact for our physiotherapy providers. The RFQ process is currently underway and we anticipate going live with the new agreement on June 1st. Key contract changes:* Physio treatment that is based on functional abilities and job demands, as well as employer contact – in order to identify opportunities for early RTW
* Contract that emphasizes ‘active’ rehab
* “Case” or “block” fee, as opposed to fee-for-service
* Contracting directly with clinic owners (not with the PABC)

Why the changes?* Increased focus on function, active rehab and RTW
* Improved communication: with worker, employer and case manager
* Stop unnecessary lengthy treatment
* Improved accountability for physiotherapists
* Improved contract management ability for WorkSafeBC
* **Medical Outreach**

Our Clinical Services Department has a well established medical outreach program. Typical activities include:* Hosting an annual, external physician conference
* Authoring one page articles in the BC Medical Journal (10 issues/year)
* Hosting Ad-hoc conferences (ex., foreign/international medical graduates, medical residents, etc)
* Speaking at various hospital rounds
* Ongoing phone contact with treating physicians and specialist

**New for 2014 - Targeted Outreach**Analysis was done on a three year period (2010-2012) of duration of all time loss musculoskeletal injury claims. This analysis enabled us to:* Identify individual physicians
* Break down claims by injury type (ICD9 codes)
* Identify average or median disability timelines determined for injury types

The information has allowed us to target our one-on-one engagements with those physicians who had at least 30 injured workers in that time frame, where the majority of those workers had disability durations exceeding the 80 percentile for all physicians. A Medical Advisor will contact each physician / arrange a meeting to discuss the issues, best practices of disability management, and how WSBC may assist.**Best Practices:*** **Chronic Pain**

It is estimated that the number of chronic pain only awards (2.5% PFI) has risen from approximately 780 in 2010 to over 1,200 in 2012. Costs have risen from approximately $7 million to almost $12 million. As well, approximately 50% of claims with a functional award received between 2010 and 2012 also included a decision to accept a permanent award for chronic pain.WorkSafeBC is developing a new Practice Directive and supporting training material to assist officers who are currently struggling with the management and adjudication of claims for workers with pain complaints. The intent is to provide mitigation strategies so that workers' pain complaints do not unnecessarily frustrate return to work opportunities. The following training modules, and associated key messages, have been developed:***Identify and Actively Manage**** The sooner we identify workers at risk of developing chronic pain, the sooner we can intervene to promote a better outcome.
* Focus on ability and return to work – usually the best medicine.
* Get everyone (worker, employer, & provider) on the same page and discussing RTW from the beginning.
* Remind Case Managers of the tools they have available to them:
	+ - Policy
		- Treatment programs and resources – aimed at activating/motivating the worker to be focused on RTW
* Discuss with Case Managers the crucial role they play and remind them that they are in charge of the claim (concern about ‘passive adjudication’ and ‘passive claims management’).

***Adjudicate Chronic Pain**** Determining if chronic pain is temporary or permanent
* Applying the causation test to chronic pain
* Determining if the worker’s credibility is an issue
* Timing of chronic pain decision (injury expected to resolve or result in a permanent impairment)
* Compensation for Psychological Conditions primarily characterized by pain (i.e. Pain Disorder) – 2.5%

***Restrictions and Limitations*** * Important to identify restrictions and limitations throughout the claim, not just at plateau - needed for RTW planning
* Medical Restrictions = risk of harm
* Functional Limitations = lack of capacity and/or lack of tolerance for pain
* We accept that workers may be disabled due to lack of tolerance for pain in the period immediately following the injury and where there is some supporting pathology. However, after the initial acute stage, lack of tolerance is generally not considered disabling – i.e. pain should not prevent a RTW
 | **Contact:**Christina Lacasse, Director, Entitlement 250-314-6061**Contact:**Andrew Montgomerie, Director, Financial Services and Health Care Programs604-232-7705**Contact:**Dr. Peter Rothfels, Director, Clinical Services and Chief Medical604-231-8586**Contact:**Nancy McLachlan, Manager, Compensation Quality604-214-5487 |  |
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| **Service Delivery / Quality Initiatives****Share what is being done in your organization to improve Customer service delivery and to support Quality service/ decisions to stakeholder)**1. **New Initiatives**
2. **Best Practices**
3. **Outcomes**
 | **New Service Coordinator Role**WorkSafeBC is currently rolling out a new ‘Service Coordinator’ role (replaces the former ‘Team Assistant’ role), in order to provide a higher level of support to the Case Manager (‘CM’) and Vocational Rehabilitation Consultant (‘VRC’). The Service Coordinator will be responsible for:* + - Managing certification of payments
		- Managing over and underpayments
		- Converting health care only claims to wage loss claims
		- Managing administrative re-opening of claims
		- Completing Income Loss, and FMEP orders
		- Managing and approving requests for replacement and refurbishment of braces, splints, etc.
		- Proactively managing Services Plan Items
		- Assisting VRCs in the development of the Rehab Plan
		- Providing support to VRCs in the delivery of the Rehab Plan

With the new Service Coordinator position taking on an enhanced administrative role on the claim, our CMs and VRCs will have additional capacity to more effectively cultivate relationships with their clients, engage workers, employers and other parties in return-to-work, and proactively manage the recovery and return to work plan.**Documenting Service Issues**WorkSafeBC has launched a new Compliant Tracking and Resolution Software tool (“CTRS”) in order to simplify, formalize, and provide an integrated approach to complaint handling. The new integrated complaint handling approach was built on guiding principles borrowed from the best practises of other agencies including: * Transparency, simplicity and fairness(to all)
* Viewing complaints as opportunities
* Emphasizing resolution and/or relationship rebuilding wherever possible or referring to available appeal rights
* Timely response, even if unable to resolve
* Enhanced risk management - Automatic escalation to more senior staff in the event of delay in response, repetition of complaint or threats
* Working collaboratively with partner agencies/staff

CTRS has robust handling and reporting features and notifies claims staff and managers if a complaint is received. CTRS went live in 2013 and is used by line managers, directors and our Fair Practices Office to record, manage, resolve or escalate claims complaints from workers and employers. | **Contact**:Sue Klokeid, Manager, Client Services250-704-4208**Contact:**Joe Pinto, Program Manager604-231-8596 |  |
| **Emerging Issues / Changes in Policy or Legislation****Share information that is related to changes in legislation, policy and other significant changes within your organization.** | **Heath Care Policies:**Revisions to WorkSafeBC’s health care policies (Chapter 10 of the *Rehabilitation Services and Claims Manual*) have been amended and will come into effect January 1, 2015.Key changes to the policies:* Recognize the provision of services by health care providers, other than physicians and qualified practitioners (e.g., massage therapists, psychologists and community health workers).
* Recognize that WorkSafeBC establishes the types of health care treatment and fees it pays through contracts or fee schedules.
* Clarify the application of WorkSafeBC’s authority to reduce or suspend a worker’s compensation where a worker fails to attend a medical examination or refuses to submit to medical treatment.
* Update the policies around opioids and other drugs of addiction to reflect current clinical best practices.
* Reduce the exclusion zone and increases the mileage rate relating to the payment of ground transportation to injured workers.
* Provide a comprehensive overview of additional benefits that are available to severely temporarily and permanently disabled workers.  The overview addresses major home and vehicle modifications, vehicle purchase, independence and home maintenance allowance, respite care, palliative care, and extension of health care treatments and services for severely disabled workers.

**Interest Policy:**Amendments to policy item #50.00, *Interest,* were approved in November, 2013*.* The amendments remove the blatant Board error test from the Interest Policy and pay interest on compensation benefits only as set out in the *Workers Compensation Act.*These amendments came into effect January 1, 2014. The complete resolution and amendments are available at the following link:<http://www.worksafebc.com/regulation_and_policy/policy_decision/board_decisions/2013/nov/assets/20131120-01.pdf> | **Contact:**Deepani Weerapura, Sr. Policy Analyst604-276-5165**Contact:**Lori Guiton, Director, Compensation and Assessment Policy604-232-5893 |  |
| **Shared information / opportunities** **Additional Information / Items**  | **Coverage for RCMP members under GECA** In late 2013, the RCMP and HRSDC advised WorkSafeBC that it was being contemplated that coverage under the GECA would be made available to RCMP members. There are about 6,000 RCMP members working in BC - the largest contingent in Canada.In January 2014, WorkSafeBC agreed in principle to be ready, effective January 1, 2015, to administer the additional GECA claims that would be generated if coverage was extended to RCMP members under that *Act*.This agreement was contingent upon:* any necessary legislative changes, including to the RCMP *Act* and the GECA *Act,* being in place prior to January 1, 2015;
* the RCMP being able to provide clear and current estimates for occupationally caused work absences by May 2014;
* the RCMP leading the communication to staff, managers, associations, and other key stakeholders; and,
* any necessary changes to the GECA agreement being agreed to advance by the Federal government and WorkSafeBC.

WorkSafeBC and HRSDC also agreed to work together in the interim to improve the timelines and efficiency of current GECA claims handling so as to improve the ability of both organizations to handle the additional claims generated by RCMP members.**LATEST DEVELOPMENT:**In early April we were advised by the RCMP that the transition to GECA has been placed on hold (18 to 24 months), pending necessary legislative changes and progress on a related initiative to enhance the federal disability program. | **Contact:**Joe Pinto, Program Manager604-231-8596  |  |