



Association of Workers' Compensation Boards of Canada
Association des commissions des accidents du travail du Canada

Jurisdictional Update Report

Date: September, 2014

To: Compensation and Benefits Committee

From: WorkSafeBC

Committee Member(s): David Young

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
<p>Improving Return to Work Outcomes/Reducing Durations</p> <p>(Share work that is being done within your organization to support RTW, reduce duration etc)</p> <p>1. Organizational Changes to support RTW</p> <p>2. New Initiatives</p> <p>3. Best Practices</p> <p>4. Outcomes</p>	<p>New Initiatives:</p> <ul style="list-style-type: none"> Proactive Case Management – Preventing Prolonged Disability <p>We are preparing new training material for adjudicative staff under the theme of preventing prolonged disability. The objective is to provide our officers with new tools to support proactive case management on complex claims (chronic pain and mental health issues that arise following a compensable traumatic injury).</p> <p>Key deliverables include:</p> <ul style="list-style-type: none"> Early screening tool to identify RTW Factors: This is based on the International Classification of Function (ICF) and intended to help Case Managers identify Personal, Health and Environmental (work & non-work) factors that may prolong disability. We have also developed a supporting tool called “Listening for RTW Factors” that provides real-life examples of workers’ responses to interview questions to help identify the related RTW factor. <p><i>[Copy of working draft attached]</i></p> <ul style="list-style-type: none"> RTW Factor Mitigation Guide: Explains the meaning and importance of 16 RTW factors, categorized as Personal, Health, or Environmental (Work/Non-Work). The guide offers practical strategies from both case management and clinical perspectives for influencing positive recovery & RTW outcomes. <p><i>[Copy of working draft attached]</i></p> <ul style="list-style-type: none"> Team Meeting Guidelines – Introduction of new requirements for mandatory team meetings. Supporting documentation provides guidance on when claims should be reviewed at a team meeting; the roles and responsibilities of team members; and, a summary of the claim information Case Managers must prepare for presentation at team meeting. Mental Health Recovery Guides - Developed for the three most commonly accepted conditions: Depressive Disorder, Anxiety Disorder, and Post Traumatic Stress Disorder. These guides explain that optimal duration based on the Medical Disability Guidelines and make clear to the case management team that indefinite, ongoing absence from work is not expected, recommended or helpful to recovering workers. <p><i>[I will bring a few copies of the draft material with me]</i></p> <ul style="list-style-type: none"> Restrictions and Limitations – presentation material examining the importance of identifying medical restrictions and functional limitations; gathering R/L 	<p>Contact:</p> <p>Rhonda Trudeau, Senior Manager, Compensation Practice and Quality Department 604-233-4065</p>	

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	<p>evidence; findings of fact vs. decisions; documenting R/Ls; and, revising R/Ls.</p> <p><i>[I will bring a few copies of the draft material with me]</i></p> <p>Our training material is still in development, but close to being finalized. The target date for training (we anticipate facilitating two day training sessions in each of our 4 regions), is November.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • Compensable Consequences – Psychological Conditions <p>We have drafted a new Practice Directive (“PD”) to assist Case Managers in adjudicating psychological conditions that arise as a possible consequence of a compensable physical injury. The PD explains the meaning of ‘causative significance,’ and includes advice for adjudicating claims where there is evidence of a pre-existing psychological condition or multiple factors have contributed to the condition. The PD also highlights the importance of supporting return-to-work efforts for workers with psychological conditions.</p> <p>The PD will remain in draft until external consultation concludes in October.</p> <p><i>[Copy attached]</i></p>	<p>Contact: Nancy McLachlan, Manager, Compensation Quality, Compensation Practice and Quality Department 604-214-5487</p>	
<p>Service Delivery / Quality Initiatives</p> <p>Share what is being done in your organization to improve Customer service delivery and to support Quality service/ decisions to stakeholder)</p> <ol style="list-style-type: none"> 1. New Initiatives 2. Best Practices 3. Outcomes 	<p>Best Practices:</p> <ul style="list-style-type: none"> • Chronic Pain <p>In June of this year, we rolled-out refresher training to our Case Managers on chronic pain. Our objective was to promote quality adjudication and reinforce effective stay at work / return-to-work options.</p> <p>Key messages:</p> <p>The Management of Chronic Pain - Determining the appropriate treatment plan</p> <ul style="list-style-type: none"> • DO normalize / DON’T medicalize • DO consider a referral to a Community OT to support the worker in returning to “normal activities” • DON’T automatically refer to an OR1 or OR2 for clinic based treatment • DO consider that a clinic based program may add 6 weeks of duration • DO make an early referral to Pain Management Program if indicated • DO recognize the value of a supernumery RTW or a return to modified duties 	<p>Contact: Jane Doogan, Manager, Compensation Quality, Compensation Practice and Quality Department 604-214-5439</p>	

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	<p>Working with the Medical Advisor</p> <ul style="list-style-type: none"> • When and why to refer to the MA • How to ask properly worded MEDICAL (versus adjudicative) questions • What not to ask the MA • How to work with the MA to ensure only genuinely necessary treatment/investigation is approved <p>How to Properly Adjudicate</p> <ul style="list-style-type: none"> • Is chronic pain a compensable consequence? • Is the chronic pain a temporary condition? <ul style="list-style-type: none"> ◦ if so, accept on a temporary basis, monitor the worker's recovery and anticipate the condition will resolve completely • Is the chronic pain only a permanent condition? <ul style="list-style-type: none"> ◦ If so, accept and refer to Disability Awards – mostly status quo • Is there evidence of chronic pain in addition to another permanent condition? <ul style="list-style-type: none"> ◦ If so, accept both conditions as permanent and refer to Disability Awards • When is a worker at plateau and what decisions flow from that? • How can we accept permanent chronic pain with no restrictions and/or limitations? • Chronic pain versus pain disorder/Somatiform Symptom Disorder (DSM 5) <p><i>[We are currently working on a re-write of our existing Practice Directive on Chronic Pain to better capture the key-messages in the re-fresher training – a draft copy is attached]</i></p> <p>New Initiatives:</p> <ul style="list-style-type: none"> • Motivational Interviewing <p>A 1-day motivational interviewing (“MI”) course was recently rolled out to each of our case managers.</p> <p>MI is a method of interacting with clients who are ambivalent about making change in their lives. MI is a well established, evidenced-based model with wide application in behavioural change: addictions, health, behaviour wellness, chronic disease management, and most recently in the employment field.</p> <p>The program was provided by Roxanne Sawatzky of Empowering Change. Roxanne is a specialist in MI and holds a certificate in addictions counseling and case management.</p> <p>Many courses exist on MI. Empowering Changes was selected because of its prior experience with using MI with other Compensation jurisdictions focusing on return to work.</p>	<p>Contact:</p> <p>Karen Baltzer, Manager, Learning and Development Services</p>	

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	<p>Goals of the Program</p> <p>The goals of the program were to:</p> <ul style="list-style-type: none"> • Improve return to work outcomes by engaging with ambivalent workers • Improve the relationship between the worker and the Case Manager • Provide Case Managers with professional development opportunities. <p>Program Description</p> <p>This program was designed to provide current Case Managers with the knowledge and tools to:</p> <ul style="list-style-type: none"> • Apply the spirit and four processes of MI to build a collaborative relation with workers • Recognize and assess where the worker is in their readiness to return to work, from the perspective of worker motivation • Recognize signs of resistance and ambivalence, and identify basic strategies for working with each • Use introductory level MI strategies and techniques to promote worker’s readiness to return to work (e.g. change talk, elicit technique) 		
<p>Emerging Issues / Changes in Policy or Legislation</p> <p>Share information that is related to changes in legislation, policy and other significant changes within your organization.</p>	<p>LEGISLATIVE CHANGE</p> <p>On March 10, 2014, the Minister of Justice and Attorney General introduced Bill 17, <i>Miscellaneous Statutes Amendment Act, 2014</i> (“Bill 17”), which included amendments to the <i>Workers Compensation Act</i> (“Act”), including expanding the current definition of qualified practitioner to include nurse practitioners.</p> <p>Under Bill 17, the <i>Act</i> would be amended to add nurse practitioners to the list of existing qualified practitioners. The amended (in bold) definition of “qualified practitioner” is as follows:</p> <p>“qualified practitioner” means a person authorized under an enactment to practise in British Columbia as a chiropractor, a dentist, a naturopathic physician, a nurse practitioner or a podiatrist.</p> <p>As qualified practitioners under the <i>Act</i>, nurse practitioners would be subject to the reporting and other requirements under the <i>Act</i>. This includes submitting forms required by WorkSafeBC and providing advice and assistance to the injured worker and the worker’s dependents in their application for compensation. Under the <i>Act</i> and policy, health care provided by qualified practitioners is subject to the direction, supervision and control of WorkSafeBC.</p> <p>This amendment will come into force by regulation of the Lieutenant Governor in Council, which is currently anticipated for January 1, 2015.</p>	<p>Contact:</p> <p>Lori Guiton, Director, Compensation and Assessment Policy 604-232-5893</p>	

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<p data-bbox="50 134 310 191">Shared information / opportunities</p> <p data-bbox="50 318 348 375">Additional Information / Items</p>	<p data-bbox="443 134 930 167">MIGRANT WORKERS (<i>agenda item</i>)</p> <p data-bbox="443 207 1629 264">WorkSafeBC has partnered with the Mexican government to provide safety education for Mexican temporary agricultural workers prior to their arrival in B.C.</p> <p data-bbox="443 305 1650 492">The program was initially intended for only those workers coming to B.C. but the Mexican Government decided to provide the education to all workers coming to Canada under the Seasonal Agriculture Worker Program (SAWP). The materials were developed as part of a strategic partnership between WorkSafeBC, the Consulate General of Mexico in Vancouver and the Mexican Secretariat of Labour and Social Welfare to increase seasonal agriculture workers' knowledge of safety rights and responsibilities.</p> <p data-bbox="443 532 1629 816">The worker training tool is designed to help orient and educate Mexican workers prior to their arrival in B.C. The "<i>Working in British Columbia Agriculture</i>" Orientation Program is 6-hour course designed to introduce prospective temporary farm workers to some of the issues and situations they might encounter when they come to work British Columbia. Although the overall goal of the course is to provide workers with the skills and attitudes they will need to recognize unsafe situations and communicate their health and safety concerns, the course also introduces participants to some of the societal aspects of living and working in Canada. Workers are also provided with a brochure and wallet "welcome card" upon arrival in B.C.</p> <p data-bbox="443 857 1650 979">Once the workers return to Mexico at the end of the season, the Mexican Ministry of Labour collects information from the workers about the practicality and benefits of their pre-trip training. This allows the workers to experience the work in B.C. and evaluate the course with their personal experience.</p> <p data-bbox="443 1019 1629 1141">WorkSafeBC and the governments of British Columbia and Mexico also offer information sessions for SAWP employers to answer any questions they might have about the program. The sessions, provided to over 60% of B.C.'s 350 SAWP employers, covered critical elements of SAWP and employer responsibilities under provincial legislation.</p> <p data-bbox="443 1182 1650 1206">http://www2.worksafebc.com/Portals/Agriculture/SeasonalAgriculturalWorkerProgram.asp</p> <p data-bbox="443 1247 1629 1555">Many of WorkSafeBC's publications have been translated into other languages, including Chinese (Traditional and Simplified), Farsi, Punjabi, Hindi, French, Spanish, Tagalog, and Vietnamese. The aim is to bring resources to people speaking various languages and increase awareness of OHS rights and responsibilities. As well, multilingual portals are available at WorkSafeBC.com where condensed content mirrors sites of the WorkSafeBC website. These portals are currently available in 7 languages: Chinese (Traditional and Simplified), French, Korean, Punjabi, Spanish and Vietnamese. Each portal includes a video welcome message, provides non-English speaking workers with basic information about coverage, claims and the appeal process, OHS rights and responsibilities, and features links to publications.</p>	<p data-bbox="1696 337 1808 362">Contact:</p> <p data-bbox="1696 386 1917 508">Nancy McLachlan, Manager, Compensation Quality,</p> <p data-bbox="1696 524 1927 613">Compensation Practice and Quality Department</p> <p data-bbox="1696 630 1864 654">604-214-5487</p>	

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	<ul style="list-style-type: none"> <li data-bbox="443 139 1276 167">○ What are the risks associated with this type of claim <p data-bbox="443 188 1665 277">Injured temporary foreign workers sometimes return to Mexico prior to recovery from their injuries and this can make the management of the claim more challenging with respect to contact with the worker and obtaining ongoing medical evidence.</p> <ul style="list-style-type: none"> <li data-bbox="443 334 1486 391">○ What is the initial adjudication process for foreign workers in your jurisdiction? <p data-bbox="443 412 1659 664">Initial adjudication of claims for SAWP workers is completed by one specific Entitlement Officer who speaks Spanish fluently. Where the Officer is unable to reach the worker or the worker is not attending medical appointments, WorkSafeBC will contact the Mexican consulate for assistance. Otherwise, the initial adjudication process for these claims is the same as for other claims. The Officer noted that when SAWP was initially started in B.C. there was some concern as to whether the workers were in a somewhat vulnerable position but that those concerns no longer exist and few problems arise in adjudicating these claims.</p> <ul style="list-style-type: none"> <li data-bbox="443 721 1646 777">○ What is the process of ongoing case management for foreign workers in your jurisdiction? <p data-bbox="443 799 1659 1081">Claims that arise in the agricultural sector are handled by specific Case Managers so any claims by a temporary foreign worker employed under the Seasonal Agriculture Worker Program will be managed by one of these individuals. Generally, these claims are managed in the exact same way as any other claim. The only significant difference is that the Case Manager does contact the Mexican consulate with claim updates and the consulate assists if the Case Manager has difficulty contacting the worker. There have been instances where the employer is no longer able to provide accommodation to an injured temporary foreign worker and WorkSafeBC has arranged hotel accommodation in those circumstances.</p> <p data-bbox="443 1122 1644 1211">All departments and offices within WorkSafeBC have access to translation services, "Language Line" through a U.S. based company offering third party interpretation in over 170 languages. This has been cited as a significant help by WorkSafeBC staff.</p> <ul style="list-style-type: none"> <li data-bbox="443 1268 1587 1325">○ Long term claims – what happens in your jurisdiction when the worker is totally disabled from returning to work? <p data-bbox="443 1346 1665 1403">Temporary foreign workers who are totally temporarily disabled from returning to work are provided wage loss compensation in the same manner as other injured workers.</p> <p data-bbox="443 1427 1665 1581">It is the worker's choice as to whether they remain in B.C. or return to Mexico while recovering from their injury. When the Seasonal Agriculture Worker Program was first instituted most workers chose to remain in B.C. while they recovered from their injury. In the past two years, more of the injured workers have chosen to return to Mexico. Benefits are not affected by an injured worker returning to Mexico but it can make claims</p>		

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	<p>management more difficult in terms of obtaining medical evidence, etc.</p> <p>In cases where entitlement to Vocational Rehabilitation (VR) Services is established, it is provided to temporary foreign workers as it would be for any other worker. Where a worker prefers to return to their home country before the VR process is complete, VR services may choose to calculate what the worker's entitlement to VR benefits would be if the worker instead chose to stay in B.C. and pay the funds out to the worker as a lump sum payment.</p> <p>HEALTH CARE SECTOR DURATION REDUCTION INITIATIVES (<i>agenda item</i>)</p> <p>In November 2010, the WorkSafeBC Board of Directors' endorsed a health care funding request from the Health Employers' Association of BC (HEABC) on behalf of the provincial health authorities and Providence Health Care of up to \$37 million with approval of initial funding for \$11.7 million. This <i>Health and Safety in Action</i> (HSIA) project targeted system-wide safety and disability management initiatives aimed at sustainable health and safety improvements and changing the safety culture in the health care sector. A Provincial Steering Committee comprised of representatives from HEABC, health authorities, Health Care Benefit Trust (HBT) and WorkSafeBC oversee the projects. An Advisory Group with representatives from the health care unions, health authorities, HBT and WorkSafeBC advises the Steering Committee on the status of current and future initiative opportunities.</p> <p>All HSIA Phase 1 (4 initiatives over 3 years) was completed as of December 31, 2013. Phase 1 initiatives and preliminary results are described below:</p> <ol style="list-style-type: none"> Provincial Reporting and Data Management – The objective of this foundational initiative was to establish a provincial health sector database which enables standard reporting, monitoring of key performance indicators (KPI's). With the completion of this initiative the BC health authorities now have a data platform and reporting system that is being used to monitor statistics, trends and drive injury rate reduction. Provincial Workplace Health Call Reporting Centre – This foundational initiative goal was to establish a provincial health sector injury, incident and exposure reporting centre to improve response and adjudication timelines for injured workers, effectively refer workers to available disability management services and to return injured workers to work. As of September 2013 all health authorities had on-boarded with the call centre. Time loss claim duration has improved across the health authorities with duration decreases ranging from 2 to 7 days. Provincial Residential Care Musculoskeletal Injury Prevention (MSIP) – The objective for this initiative was to consolidate and standardize MSI prevention strategies and to develop and deliver provincial-wide industry recognized best practices (IRPs). Early results at the pilot sites are showing a 30% decrease in MSI injury rate and a 39% decrease in claim costs. 	<p>Contact:</p> <p>Stephen Symon, Manager Health Care, Social Services and Education, Industry and Labour Services, 604-233-4054</p>	

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	<p>4. Provincial Violence Prevention Program Rollout – This initiative goal was to complete the consolidation and adoption of industry recognized practice in violence prevention program. The initial rollout to a total of three facilities in each health authority set a foundation for sustainability across the health care sector. This initiative has resulted in recommendations to enhance VPP curriculum and expand the program across the health authorities (HSIA Phase 2). Initial evaluations indicate that pilot sites are experiencing close to 40% decrease in claims and cost related to violence in the workplace.</p> <p>In the fall of 2014 consideration will be given to HSIA Phase 2 funding: \$8.5 million over 3 years with the primary focus on violence prevention programs.</p> <p>Realigned Claim Resources and Services:</p> <ul style="list-style-type: none"> • Consolidation of health care sector claims is now with three WorkSafeBC offices – Kelowna, Abbotsford and Victoria • Specialized health care sector claim teams work to improve communication and integration of disability management services with the health authorities. Specific initiatives include: <ul style="list-style-type: none"> ○ Assigned Client Service Manager(s) for the health authorities ○ Regular joint claim team meetings between health authorities and WorkSafeBC staff ○ Clarifying DM staff roles and expectations to workers ○ proactive review on pending claims ○ Modified duties available with all health authorities ○ Claim file reviews – particularly on aged inventory claims ○ Claim cycle times to milestones completed with each health authority and WorkSafeBC office ○ Monthly distribution of claims statistics – including STD days duration for each Health Authority, % RTW at 4, 12 & 26 weeks and number of time-loss claims <p>GENERAL CLAIMS KPI UPDATE</p> <ul style="list-style-type: none"> • STD Timeliness: 18.5 days (<i>date of disablement to first pay</i>) • RTW at 26 weeks: 77.8% • Active Claims Inventory: 1,100 STD claims >240 days • Voc Rehab RTW Outcomes: 74% • Employers' Overall Experience: 82% good/very good • Injured Workers' Overall Experience: 74% good/very good <p>[See attached slides]</p>		