

Connecting members, advancing knowledge Relier les membres, développer les connaissances

Compensation & Benefits Committee - AWCBC Jurisdictional Update Report

mmittee Member: Denise Caron-Adam From: WSIB Ontario Date: May 2019	Committee Member: Denise Caron-Adam	From: WSIB Ontario	Date: May 2019
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Mandate

Defines expectations / responsibilities. Facilitates better focus on objectives and activities by which the committee operates.

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

Based on your mandate, set realistic and specific goals. What is the long-range aim? What do you hope to achieve?

- 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.

	Return to Work Outcomes		
Objectives 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	Activities	Target Date(s) / Status	Budget
Vocational Rehabilitation Job Development – What services do you provide to ensure workers find employment?	Do you have a job bank of positions that are available to injured workers? What incentives do you provide employers to hire injured workers? (for example: salary support, ergonomic assessments, OT support, equipment purchases, etc) In Ontario we do not have a job bank of positions that are available to injured workers.	All	
Medical Marijuana • Ongoing discussions	Provide an update on any new developments relating to approval of cannabis We have a new policy on medical cannabis 17-01-10 with very specific criteria.(effective March 1, 2019) https://www.wsib.ca/en/operational-policy-manual/cannabis-medical-purposes In Summary: Medical cannabis is not necessary, appropriate or sufficient health care treatment for most medical conditions due to the lack of strong and consistent evidence of therapeutic efficacy and the known harms of	All	

cannabis use. However, in limited circumstances, medical cannabis may be necessary, appropriate, and sufficient health care treatment as a result of a work-related injury/disease.

Medical cannabis is only allowed for designated conditions as follows:

- neuropathic pain
- spasticity resulting from a spinal cord injury
- nausea and vomiting associated with cancer chemotherapy
- loss of appetite associated with human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS), or
- pain and other symptoms experienced in a palliative setting;

Overview of entitlement criteria

Except where otherwise provided in this policy in relation to palliative care, entitlement to medical cannabis for a work-related injury/disease may be allowed if all of the following criteria are met:

- 1. The worker has a designated condition.
- 2. The worker's treating health professional authorizes medical cannabis to treat the designated condition.
- 3. The worker has exhausted conventional treatments for the designated condition.
- 4. An appropriate clinical assessment of the worker has been conducted.
- 5. The benefits of medical cannabis for the worker outweigh the risks.
- 6. The dose and route of administration authorized for the worker are appropriate.
- 7. The worker has a valid medical document or a written order for medical cannabis.

Employee Resilience	PEI to present on their utilization of TEND Academy Yukon to present on their approach to dealing with staff burnout	Kate Susanne	
Opioids • Strategies used by jurisdictions to reduce opioid use	We have a narcotics strategy. https://www.wsib.ca/en/narcotic-management-injured-workers The goal of the Narcotic Strategy is appropriate narcotic (opioid) therapy for injured workers. The Workplace Safety and Insurance Board (WSIB) initially only allows prescriptions for short-acting narcotics for a maximum of 12 weeks. This may involve the pharmacist or physician calling the WSIB for authorization. Long-acting drugs will not be allowed during this period since there are other milder drugs available to workers for pain relief. After 12 weeks of ongoing narcotic use, WSIB clinical staff will review the worker's case regarding the ongoing use. The WSIB approach to narcotic therapy is based on two key principles: • Authorization of narcotics (opioids) for workers should support treatment goals that include improvement in function, quality of life and safe and sustained return to work. • A graduated approach to guide authorization of prescribed narcotics for the management of non-cancer pain that is consistent with best practice. Our goal is appropriate pain management. When used appropriately, narcotics should improve a worker's function and quality of life, and support a safe and sustained return to work.	All	

Hearing Loss	Ontario audiologist to present on Noise Induced Hearing Loss	Christina Lopes	
All jurisdictions to provide an update on initiatives to manage the challenges in the Health Care Industry	 Psychological impact – violent injuries – are you seeing trends in injury types? – We track by injury event: assault, violent acts, harassment and acts of war or terrorism – with 3,054 lost time claims in 2017 compared to 2,771 in 2016 We have policies on traumatic mental stress and chronic mental stress and would deal with these claims with the same type of sensitivity as we would all TMS or CMS claims. Return to work strategies for health care claims. We do not have specific strategies for the health care industry/sector. Any strategies for violent injury claims We do not have any specific strategies for dealing with violent injury claims however we have programs in the health care community and within our specialty programs to support workers in dealing with traumatic events and provide psychological treatment. For jurisdictions with the Prevention mandate, what are your strategies for preventing injuries (vm for Matt Wilson) The WSIB has the legal mandate under the Workplace Safety and Insurance Act as of 1998 to promote health and safety in workplaces. We provide health and safety incentive programs, consultation, on-site assessments, and other services to help: 	AII	

	 Implement health and safety improvements Develop or improve a health and safety management system Incorporate the latest health and safety best practices Grow a culture of health and safety in your workplace We have a Health and Safety Excellence program wherein we work closely with employers in identifying their health and safety needs and support them in making improvements. 		
Fall Meeting	Discussion of host province and topics to include in the Fall 2019 meeting	All	

	Service Delivery/Quality Initiatives		
Objectives Service Delivery/Quality Initiatives Share what is being done in your organization to improve Customer service delivery and to support Quality service/decisions to stakeholders. 1. New Initiatives 2. Best Practices 3. Outcomes	Activities	Target Date(s) / Status	Budget
What is being done to improve customer service. • New initiatives • Best practices • outcomes	In July 2018 we made improvements to how we manage claims. We completed a process mapping exercise which identified duplication of activities and inefficiencies – which we eliminated. We have since made adjustments to some of the processes and reassigned many activities to the most appropriate person/role. We upskilled our Customer Service Representatives (CSR) to help gather information for Eligibility Adjudicators (EA) to allow them to make quicker initial entitlement decisions.	All	

	We moved to a provincial allocation model (vs previous geographic assignment) – which allows the claim to be assigned to the first available staff (eligibility and/or case managers). We maintained the geographic assignment for our Return-to-Work Specialists (RTWS). We introduced triaging up front in claims – which allows us to get a claim triaged to a RTWS or Nurse Consultant (NC) immediately if a return-to-work or recovery risk is identified (even if the claim is still pending). We introduced claim segmentation and interdisciplinary teams to support high impact (low back, shoulder and fracture claims) as well as MTBI claims in specific geographic locations. These teams are comprised of Case Managers (CM), NC and RTWS who consult to determine who needs to take the lead on a case based on the specific case factors – versus in the past the CM lead the case management and requested assistance of the interventionists. We assigned a team of CMs to inactive claims to deal with any issues/enquiries that might arise versus having the case immediately reassigned to a new dedicated CM. We have directed all incoming calls through our toll free 1-800 line vs calling staff directly. In many instances the upskilled CSR is able to provide updates or document information and forward the information to the EA or CM. This change minimized voice mail messages back and forth – and provided access to a live-person answering the call.		
Customer/Client Service Training	Our Customer Service Representatives have been upskilled to allow them to provide responses to additional inbound enquiries regarding claim file status etc. They also make outbound calls in order to support Eligibility Adjudicators in collecting required information in order to make quicker entitlement decisions. The CSRs also complete a four week follow-up in cases where an injured	All	
	person has returned to work on modified duties.		

Human Resources/Training

Objectives Human Resources/Training Share information on staff related issues including training, recruitment, management oversight etc 1. Staffing Issues 2. New Initiatives 3. Training	Activities	Target Date(s) / Status	Budget
Internal Training – Jurisdictions to review and provide the committee with information around inter jurisdictional training opportunities. le: staff attending training sessions offered by other jurisdictions, train the trainer opportunities, etc.	Most of our recruitment in 2018 has been to replace staff leaving the organization due to attrition. With regards to training, we have a continuous learning model – learning is embedded in the work, technology enabled and available on demand. We have a governance model for learning, a governance council from our three clusters (Service Excellence, Operations and Finance) make decisions re: priorities and will help shape learning culture. We have a hybrid structure (combination of centralized/decentralized) in partnership with the business area. We have a new role called Learning Advisor, who oversees/project manages all solutions from scoping to implementation. We also have a learning and analytics specialist who will be helping us use business intelligence to shape learning solutions and measure impact.	AII	

Emerging issues/Changes in Policy or Legislation

Objectives Emerging Issues/Changes in policy or Legislation 1. Share information that is related to changes in legislation, policy and other significant changes within your organization	Activities	Target Date(s) / Status	Budget
anything legislative or policy related to be updated here	Provide an update on any new developments relating to approval of cannabis We have a new policy on medical cannabis 17-01-10 with very specific criteria. (effective March 1, 2019) https://www.wsib.ca/en/operational-policy-manual/cannabis-medical-purposes Medical cannabis is only allowed for designated conditions as follows: • neuropathic pain • spasticity resulting from a spinal cord injury • nausea and vomiting associated with cancer chemotherapy • loss of appetite associated with human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS), or • pain and other symptoms experienced in a palliative setting; Overview of entitlement criteria Except where otherwise provided in this policy in relation to palliative care, entitlement to medical cannabis for a work-related injury/disease may be allowed if all of the following criteria are met: 1. The worker has a designated condition.	All	

Any changes that will impact the organization	No	All	
Any changes in legislation	No	All	
Any changes in policy	No	All	
	 The worker's treating health professional authorizes medical cannabis to treat the designated condition. The worker has exhausted conventional treatments for the designated condition. An appropriate clinical assessment of the worker has been conducted. The benefits of medical cannabis for the worker outweigh the risks. The dose and route of administration authorized for the worker are appropriate. The worker has a valid medical document or a written order for medical cannabis. 		

Other Topics/issues happening in the jurisdiction that would be of interest nationally

Objectives	Activities	Target Date(s) / Status	Budget
Committee Structure	We will do a quick review of the TOR and selection of a co-chair	Wade	
Format Chrystyre			
Structure			

KPI's

Objectives: reporting KPI outcomes Time to initial payment Short term duration Long term duration RTW outcomes	Activities	Target Date(s) / Status	Budget
Time to Initial Payment	Within 5 business days: 82% in 2018	All	
Short term duration	As of December 31, 2018, percentage on benefits at: 3mths – 13.7% 6mths - 8.3%	All	
Long term duration	As of December 31, 2018, percentage on benefits at: 12mths – 5.7% 24mths – 3.8% 48mths – 2.1% 72mths – 2.0%	All	
Return to work outcomes	Return to work at 100% pre-injury earnings at 12 months: 90.2%	All	
Any other KPI's that would be of interest	Discussion on whether these current KPIs are still relevant and if there are others we should include in the jurisdictional updates. For example, the number and percentage of injured workers who are placed on long term earnings loss benefits on an annual basis. (For Nova Scotia, we placed 426 workers on long term benefits in 2018. Our annual time loss claim volume for the past 5 years has averaged	All	

5900 TL claims, so on average 7.2% of our annual time loss claim volume ended up on long term benefits in 2018).	

Technological Updates

Objectives: What is new/upcoming in the jurisdiction that will be of national interest. • Share information	Activities	Target Date(s) / Status	Budget
Case Management Systems o Learning from the case management models Lessons learned Pros and cons Dashboards	We currently have Guidewire 7 for our case management and accounts systems which was customized based on our previous processes. We completed a process mapping exercise in early 2018 which identified some duplications and opportunity for efficiencies. There are plans to update to a newer version of Guidewire as part of our core services modernization – where we will be using (majority) out of the box functionality vs customizing to the same degree.	All	
Update on online services for clients and service providers	By the end of 2019 we will roll out Compass 2 which will provide additional online functionality for employers to view account and claims information. We currently have a Document Upload tool – which allows people to download documents directly into claim files.	All	
Other Technological initiatives		All	