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Compensation & Benefits Committee - AWCBC Jurisdictional Update Report

Committee Member: Julie Courville	From: CNEEST, Qc	Date: April 17, 2019
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Mandate	<i>Defines expectations / responsibilities. Facilitates better focus on objectives and activities by which the committee operates.</i>
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	<i>Based on your mandate, set realistic and specific goals. What is the long-range aim? What do you hope to achieve?</i>
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 <i>Improving Return to Work Outcomes/Reducing Durations (Share work that is being done within your organization to support RTW, reduce duration etc)</i> <ol style="list-style-type: none"> 1. Organizational Changes to support RTW 2. New Initiatives 3. Best Practices 4. Outcomes 	Activities	Target Date(s) / Status	Budget
<p>Vocational Rehabilitation</p> <ul style="list-style-type: none"> • Job Development – What services do you provide to ensure workers find employment? 	<p>What services do you provide to ensure workers find employment?</p> <p>The CNESST provides the worker with professional rehabilitation services to promote his social and professional reintegration, when he right to return to work has expired or when he is unable to return to his pre-injury employment.</p> <p>A vocational rehabilitation program may include :</p> <ul style="list-style-type: none"> • a refresher program; • evaluation of vocational potential; • a vocational training program; • assistance in finding employment; • the payment of subsidies to an employer to favour the employment of workers who have sustained permanent physical or mental impairments; • the adaptation of a position; • the payment of any cost incurred to explore an employment market or to move near a new place of employment; • the payment of subsidies to the worker. <p>Do you have a job bank of positions that are available to injured workers?</p> <ul style="list-style-type: none"> • No, the CNESST (Qc) does not maintain a job bank of available employment positions. In some cases, we can refer workers to 	<p>All</p>	

	<p>other government website with job banks, such as Emploi Quebec or job search websites.</p> <p>What incentives do you provide employers to hire injured workers?</p> <p>The CNESST (Qc) offers subsidy programs to the employer to promote the professional reintegration of workers (hiring subsidy or job creation subsidy).</p> <ul style="list-style-type: none"> • Hiring subsidy: The CNESST may, on the conditions it determines and publishes in the Gazette officielle du Québec, grant an employer who hires a worker who has suffered an employment injury a subsidy for the period, not exceeding one year, during which the worker cannot meet the normal requirements of the job. • Job creation subsidy: The CNESST may pay a subsidy to a person who creates one or more permanent jobs reserved for workers who have suffered permanent physical or psychological injury as a result of their employment injury. This grant is not renewable. This subsidy is intended to encourage an employer to create a permanent job for a worker who has suffered an employment injury. The CNESST assumes the costs related to the creation of this job. 		
<p>Medical Marijuana</p> <ul style="list-style-type: none"> • Ongoing discussions 	<p>Provide an update on any new developments relating to approval of cannabis</p> <p>At the moment, a medical arbitration procedure or a tribunal decision is always required for the CNESST to reimburse medical marijuana.</p> <p>In September 2018, a proposition was adopted by our Executive Committee, where we will accept to reimburse medical marijuana under certain criteria without going through the arbitration procedure. These are the criteria established:</p> <ul style="list-style-type: none"> • Maximum Dosage : THC concentration of 12.5%, 3 grams/day, • Chronic pain • Regular follow-ups by the CNESST (Qc) with the prescribing medical doctor at 4 months, 9 months and annually thereafter <p>We are currently working on a strategy to deploy the new guidelines on the reimbursement of marijuana for medical purposes. It will be presented</p>	<p>All</p>	

	to our Executive Committee in May 2019 for approval.		
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 <ul style="list-style-type: none"> Strategies used by jurisdictions to reduce opioid use 	<p>The CNESST (Qc) developed a program to monitor “Drugs with a high incidence of side effects” in order to reduce possible health effects on workers and to promote a prompt and sustainable return to work. It was carried out with the objective of preventing chronicity and targeted narcotics, anxiolytics and cannabinoids.</p> <p>A specific monitoring strategy was also developed for opioids:</p> <ul style="list-style-type: none"> All files with opioid will be analyzed by a pharmacist after 4 weeks of consumption and may be referred to a medical advisor. The medical advisor, based on the pharmacist recommendations and his analysis, may send a demand to the worker’s physician to obtain more information on the opioid consumption and its necessity as a treatment. The same process will be repeated after 12, 26 weeks and annually thereafter. <p>In this way, the monitoring program will collect and analyze information on prescription dispensing and opioid drug use activities, providing a comprehensive picture. With experience, the signalling criteria for monitoring could be refined (e.g., adding the duration of action of the drug), in order to better define CNESST’s interventions with workers who use opioid drugs and their doctors.</p> <p>This program is set to be implemented during the Fall 2019. See the appendix for the details of the program’s process (in French).</p>	All	
Hearing Loss	Ontario audiologist to present on Noise Induced Hearing Loss	Christina Lopes	
Health Industry Initiatives <ul style="list-style-type: none"> All jurisdictions to provide an update on initiatives to manage the challenges in the Health Care 	<p>Psychological impact – violent injuries – are you seeing trends in injury types?</p> <p>In November 2018, the CNESST (Qc) produced a statistical portrait of violence (physical and psychological), violence (acute and chronic) and harassment in the workplace for the years 2014 to 2017 in order to</p>	All	

Industry	<p>document the problem.</p> <p>Injuries due to violence in the workplace:</p> <ul style="list-style-type: none"> • Increase in accepted injuries due to violence by 27.2% between 2014 and 2017, 32.5% for physical violence and 12.3% for mental violence; • Nearly 80% of accepted injuries due to physical violence occur in health (61.5%) and educational settings (16.7%). • In 2017, women suffered 73.0% of accepted injuries due to physical violence and 68.5% of accepted injuries due to mental violence (Tables 4.3 & 4.4); • In 2017, women under 44 represented 28.2% of workers covered in full time equivalent (FTE) and 49.3% of physical violence injuries and 45.6% of mental violence; <p>Injuries due to stress (acute and chronic): Acute stress results from a traumatic event (serious accident, armed robbery, physical violence, death threats, etc.), while chronic stress results from a situation that continues over a long period of time (harassment at work, stress related to the task and organization of work, etc.).</p> <ul style="list-style-type: none"> • Increase in accepted stress-related injuries by 24.4% between 2014 and 2017; • In 2017, women experienced 53.4% of acute stress injuries and 66.3% of chronic stress injuries (Tables 5.3 & 5.4) <p>Return to work strategies for health care claims There are no specific strategies for health care claims at the moment.</p> <p>Strategies for violent injuries claims</p> <p>For jurisdictions with the Prevention mandate, what are your strategies for preventing injuries?</p> <p>Health care and social assistance. Establishment of a joint committee to educate the sector on how to better manage prevention of risks of physical violence, falls and musculoskeletal disorders.</p>		
Fall Meeting	<ul style="list-style-type: none"> • Discussion of host province and topics to include in the Fall 2019 meeting 	All	

Service Delivery/Quality Initiatives

Objectives <i>Service Delivery/Quality Initiatives</i> <i>Share what is being done in your organization to improve Customer service delivery and to support Quality service/decisions to stakeholders.</i> 1. New Initiatives 2. Best Practices 3. Outcomes	reActivities	Target Date(s) / Status	Budget
<p>What is being done to improve customer service.</p> <ul style="list-style-type: none"> • New initiatives • Best practices • Outcomes 	<p>Review of decision letters The CNESST (Qc) will review written communications with the workers in order to improve customer satisfaction and organizational performance.</p> <p>Electronic prescribed drugs reimbursement Everything is on track for deployment in the fall.</p>	All	
Customer/Client Service Training	<p>Training programs review The CNESST (Qc) is currently reviewing its training programs for its compensation officers/adjudicators and rehabilitation counselors. The main objectives are to develop new training programs based on best practices, i.e., by focusing on the development of skills related to tasks and by including work-study training in the curriculum.</p>	All	

Human Resources/Training

Objectives <i>Human Resources/Training</i> <i>Share information on staff related issues including training, recruitment, management oversight etc..</i> 1. Staffing Issues 2. New Initiatives 3. Training	Activities	Target Date(s) / Status	Budget
Internal Training <ul style="list-style-type: none"> Internal Training – Jurisdictions to review and provide the committee with information around inter jurisdictional training opportunities. i.e: staff attending training sessions offered by other jurisdictions, train the trainer opportunities, etc. 	N/A	All	

Emerging issues/Changes in Policy or Legislation

Objectives <i>Emerging Issues/Changes in policy or Legislation</i> 1. Share information that is related to changes in legislation, policy and other significant changes within your organization	Activities	Target Date(s) / Status	Budget
Medical Marijuana <ul style="list-style-type: none"> • anything legislative or policy related to be updated here 	See above.	All	
Any changes in policy	<p>Affaire Caron On February 1, 2018, the Supreme Court dismissed the appeal brought by the CNESST in the Caron case. This decision states that the rights and benefits granted by the Act respecting industrial accidents and occupational diseases must be interpreted and implemented in accordance with the employer's duty to reasonably accommodate a worker who has suffered an employment injury, when the latter is discriminated against because of the disability resulting from that injury. This obligation arises from the application of the Quebec Charter of Human Rights and Freedoms.</p> <p>The CNESST has been developing a new proactive approach to ensure compliance with the employers' duty to reasonably accommodate and strengthen its intervention practices with respect to workers' return to work with their employer. The new policy guidelines have been adopted by the Executive Committee of the CNESST and should be rolled out in Summer/Fall 2019.</p>	All	
Any changes in legislation	The Ministre du Travail, de l'Emploi et de la Solidarité sociale has announced a reform of the Act respecting Industrial Accidents and Occupational Diseases due in December 2019.	All	

<p>Any changes that will impact the organization</p>	<p>Noise-induced Hearing Loss The Board mandated the CNESST to carry out a preliminary analysis of the causes contributing to the increase in the injury toll (Board of Directors' meeting of 18 May 2018) from 2007 to 2017, with a specific section on occupational noise-induced hearing loss. The report was presented to the Board in April 2019.</p> <p>Main findings:</p> <ul style="list-style-type: none"> - The number of accepted claims increased from 3,508 to 10,698, an increase of 205 %. Total disbursements increased from \$48 million to \$161.4 million (+234.9%), including more than \$60 million from 2015 to 2017. - The two main categories of expenses are hearing aids (\$74.3 million) and compensation for bodily injury(\$75.9 million). - Representation of workers aged 66 and over increased from 24% to 47% of cases. - The largest increase in disbursements was in the 76+ age group, which increased by 1,216% (from \$1.6 million to \$21.1 million). - The percentage of permanent physical or mental impairment (which is used to determine compensation for bodily injury) is strongly related to age, with the percentage for permanent physical or mental impairment reaching nearly 35% among those aged 86 and over. <p>The report's recommendations are currently undergoing further analysis by the CNESST (Qc).</p> <p>New Organizational Structure The Board of Directors of the CNESST has started work for the creation of a new Vice-presidency of prevention.</p>	<p>All</p>	


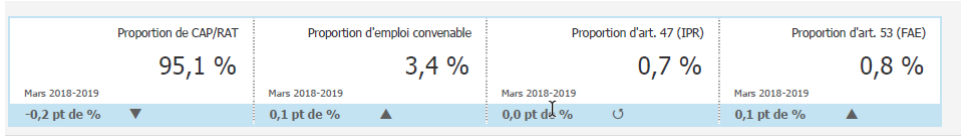
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**Other Topics/issues happening in the jurisdiction
that would be of interest nationally**

Objectives	Activities	Target Date(s) / Status	Budget
Committee Structure <ul style="list-style-type: none"> • Format • Structure • Chair/Co Chair succession plans • Terms of reference • Orientation guide 	We will do a quick review of the TOR and selection of a co-chair	Wade	
Functional disability evaluation	<p>The IRSST (Institut de recherche Robert-Sauvé en santé et en sécurité du travail) in collaboration with the CNESST is currently evaluating the possibility of updating their functional restriction scales.</p> <p>In that regards, we would be interested to know how your jurisdiction evaluate functional disability.</p>		

KPI's

Objectives: <i>reporting KPI outcomes</i>	Activities	Target Date(s) / Status	Budget												
<ul style="list-style-type: none"> Time to initial payment Short term duration Long term duration RTW outcomes 															
Time to Initial Payment	<p style="text-align: center;">Délai de première décision d'admissibilité (j) ¹</p> <div style="display: flex; justify-content: space-between; align-items: center;"> 19,1 ▲ <div style="text-align: right;"> 6,9 55,9 % </div> </div> <hr/> <p style="text-align: center;">Délai d'admissibilité - MPP, surdit� et d�c�s (j)</p> <div style="display: flex; justify-content: space-between; align-items: center;"> 86,7 ▲ <div style="text-align: right;"> 13,2 18,0 % </div> </div> <hr/> <p style="text-align: center;">D�lai du premier versement d'IRR (j)</p> <div style="display: flex; justify-content: space-between; align-items: center;"> 8,1 ▲ <div style="text-align: right;"> 0,6 8,4 % </div> </div> <hr/> <p style="text-align: center;">January – March 2019</p>	All													
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Any other KPI's that would be of interest	N/A	All													

Technological Updates

Objectives: <i>What is new/upcoming in the jurisdiction that will be of national interest.</i>	Activities	Target Date(s) / Status	Budget
<ul style="list-style-type: none"> • Share information 			
<p>Case Management Systems</p> <ul style="list-style-type: none"> ○ Learning from the case management models Lessons learned Pros and cons Dashboards 	<p>A project to optimize the IT working environment of front-line workers was launched by the CNESST in the fall of 2018. Its purpose is to provide front-line workers with tools so that they can focus their actions on the detection of risk factors and intervention to promote a prompt and sustainable return to work.</p> <p>The new IT working environment will support the front-line workers in the processing of claims through a simple and user-friendly user experience giving them a sense of efficiency and confidence, while promoting standardization and consistency.</p> <p>The vision of the new IT environment is currently being developed.</p>	All	
Update on online services for clients and service providers	<p>Since April 17, 2019, Quebec workers can now submit their industrial accident or occupational disease claim to the CNESST online through a brand new secure zone called My CNESST Space.</p> <p>This new online service will offer multiple benefits to workers, including:</p> <ul style="list-style-type: none"> • quick access to their files at all times • access to simplified forms • ability to send and receive documents online • ability to complete a direct deposit subscription online • access to a secure messaging service 	All	
Other Technological initiatives	N/A	All	