

## **Best Practices in Health Care**

WorkSafeNB follows a Continuum of Care progressing the client through acute care consisting of primary PT and family physician, to Work Conditioning (WC)-active PT incorporating transitional return to work, or Low Back Program or Shoulder Program incorporating transitional RTW to multidisciplinary rehab if client does not return to work with previous treatment or if they flag high on the Pain and Activity (P and A) Questionnaire-predictor of chronic disability. (See attached Continuum of Care)

The P and A Questionnaire is administered by PT clinics to all clients with a STI who are transferred to case management. It is also administered in the WC, Shoulder and Back programs. If the clients scores high, they are fast tracked to multidisciplinary rehab.

The Shoulder and Back Programs are administered by a select group of PT's. The PT performs a clinical and functional assessment and refers applicable clients directly to orthopaedic surgeons.

WorkSafeNB approves all primary PT clinics if they meet standards. Billing and reporting is automated and we have secure e-mail communication. Work Conditioning, Shoulder and Back Program providers are acquired through RFP. Multidisciplinary treatment is provided by the Workers Rehabilitation Centre, which is owned and operated by WorkSafeNB.

We are currently piloting direct referral of injured workers with STI's to physiotherapy by select employers. The employer may send the worker immediately to a designated PT. The PT performs a clinical and functional assessment and sends both reports to WorkSafeNB and the functional information along with RTW recommendations to the employer. WorkSafeNB can use the PT report as first medical. If WorkSafeNB does not accept the claim the PT is paid by the employer.

In response to request from employers, WorkSafeNB recently piloted early transfer (at week 4 post-accident) of no lost time modified RTW workers to case management. Historically, these claims remained in Adjudication Services for at least 13 weeks before transfer to case management. Employers were requesting earlier case management / occupational therapy services to assist with transitioning these workers back to regular duties. The pilot was very successful and this practice has now been rolled out.

In response to prolonged claim duration, WorkSafeNB developed and rolled out a continuum of care for traumatic psychological injuries. The continuum includes graded exposure by occupational therapists and progression to multidisciplinary treatment if required. WorkSafeNB is continuing to work with and educate providers and refine the continuum. Claim duration still remains long for these clients.

WorkSafeNB developed a two-step process for the adjudication of mild traumatic brain injuries (MTBI). The claim is initially adjudicated for head or neck trauma then transferred to case management for further testing to determine MTBI diagnosis.

We have rolled out a best practice approach for gradual return to work. The approach ensures all applicable information / barriers are gathered from the client, employer and treatment providers prior to commencing RTW. The purpose of gathering the information is to be more proactive in the identification and management of RTW barriers.

The three Maritime WCB's have partnered with Dalhousie University CME to provide courses and resources to family physicians to address a common problem of "medically unnecessary time off". Medical students are conducting family physician focus groups and will include questions around why family physicians write sick notes in the absence of objective medical evidence. WorkSafeNB is also tracking medically unnecessary time off to better define the extent of the issue.