

**AWCBC Compensation & Benefits Committee**  
**Spring 2022 WCBNS Update**

**Jurisdictional updates**

**Current Claim volumes:**

2021: Registered claims: – Time loss claims: \*\* we are currently experiencing some issues with this year's data so I do not have this info yet. I am expecting it any day and will update this as soon as I receive it.

2020: Registered claims: 19944 Time loss claims: 4977

2019: Registered claims: 24900 Time loss claims: 5663

We believe the decrease between 2019 and 2020 was largely due to the impact of Covid on the NS economy.

**Legislation or Policy Changes:**

Effective July 1, 2022 there is a change in regulations for Fire Fighter Presumptive Cancers. The number of cancers now included has increased from six to nineteen. It will also include heart attacks that occur within 24hrs following a call. The Regulations are retroactive to diagnoses up to a year prior, July 1, 2021. The cancers now covered are esophageal, lung, testicular, ureter, breast, multiple myeloma, prostate, skin, ovarian, cervical, penile, thyroid, and pancreatic. There is existing coverage for bladder, brain, colorectal and kidney cancer, leukemia and non-Hodgkin's lymphoma.

Fall 2022, we are expecting a change regarding gradual onset of stress. Currently gradual onset of stress claims are not accepted.

**Current Challenges the organization is experiencing:**

There has also been an increase in claim durations due to the delay in providing services at different points in time during the Pandemic, including the ability to move claims from our active RTW teams to our Long Term Benefits team due to lack of PMI appointments. (Delays in physio originally, surgeries delayed, consults delayed, diagnostic testing delayed – any services required from health care providers). Overall, the healthcare industry is really struggling and that is affecting all aspects of the industry and in turn our claims management. This has led to a workload issue and an even greater complexity within those claims.

**Any new initiatives:**

We are currently waiting for confirmation on the initiatives that will be going ahead this year. They were delayed due to the impact of Covid and a change in the organizations plans from 2021 that were not completed. We are taking a little bit of time to regroup and determine what can be done this year due to the significant changes over the past couple of years. People are really feeling burnt out and overdrawn.

**COVID-19 update:**

Since the beginning of the pandemic, we have had 312 actual COVID claims and 233 COVID exposures reported.

- Have there been challenges in the management of existing claims for COVID-19 and how have you managed these challenges?

- What has been your experience in terms of effective treatment programs for COVID 19 claims?

Our Occupational Disease (OD) team manages all of our COVID claims. They have case management meetings with the OD team and the Medical Advisor assigned to that team, every month, to review all of the long-hauler COVID claims along with any challenging scenarios that may happen to arise (psych overlay etc.). These were every week during the first wave but are now monthly. They are quite beneficial.

As for treatment programs, we find many of our COVID claimants require physio through our approved service providers. We are using an approach that involves establishing baseline fitness and a gradual conditioning program. A primary care provider, especially for those who have had cardiac or respiratory issues, must approve this. We also provide psychological and psychiatric (IME/Consultation) services. We are not funding alternative services, (ie: IV magnesium infusions) although some have been requested.

We are seeing some of our longer claims “long haulers” are reaching MMR. So far, we have awarded 3 extended earning replacement benefits due to Covid.

Most claims have similar symptoms, such as “brain fog”, fatigue, myalgia’s, mood (including PTSD) symptoms, etc... These symptoms are extremely vague but, as stated above, seem to have a common thread. We have been fortunate not to have any claimants with serious sequelae such as, renal, cardiac, respiratory or circulatory compromise.

We also have accepted one fatality that was due to COVID.

### **Psychological Injuries:**

In October 2018 Presumptive legislation regarding psychological injury claims came into effect for the following specific occupations: Police, Paid and volunteer firefighters, Paramedics, Nurses, Correctional Officers, Continuing care assistants, Emergency-response dispatchers, and Sheriffs. Other occupations are still able to apply for coverage however, they are covered under the general entitlement not presumptive legislation. There was an initial increase in claim submission because the Presumptive legislation was retroactive to October 2013. We believe we are beginning to see some stabilization of intake occurring at this time.

2016 – 51 (42 time loss)

2017 – 74 (64 time loss)

2018 – 182 (154 time loss)

2019 – 290 (228 time loss)

2020 – 251 (212 time loss)

2021 – 213 (147 time loss) \*\* needs to be updated but waiting on data

- We quickly identified that we did not have the right services available to assist this population so in keeping with the WCBNS commitment to support workers impacted by traumatic psychological injuries (TPI) a comprehensive TPI program was developed. This happened after a great deal of research, jurisdictional scans and RFP submissions. In the end, we entered into a contract with three service providers. The TPI Program is designed to address the psychological, medical, functional, musculoskeletal, cognitive and vocational needs of the Worker with a TPI to facilitate safe and sustainable return to work (RTW). As a result, the program consists of the following services:

- Diagnostic Services
- Screening Assessment
- Treatment Services (including iCBT)
- RTW Services
- Relapse Prevention Services

The TPI program is our current best practice approach, but it is for new claims only since July 2021. This leaves ¾ of our current claims in various in other treatment approach i.e. various stages of psychotherapy and other services as needed – medications mgt, OT, psychiatry etc.

It is still vary early days for our TPI program evaluation. We expected to have some outcome data by now but unfortunately, it has been delayed from our providers. Anecdotally, it take us on average 35 days to approve a claim and get the worker in the appropriate treatment stream, which is a vast improvement on where we were.

**Working from Home:**

WCBNS is moving to a permanent hybrid model called FlexWorkplace. We will be fully in this model by April 1, 2022. Some positions have been identified to work on-site 100% of the time due to the nature of their job. For those positions that are eligible to participate in the hybrid model there is a minimum of 20% on-site required. We have created a policy that guides this process and includes a FlexWork agreement that needs to be signed off by all participating employees. Those employees that identified they wish to work on-site have been provided with that opportunity.