



## Jurisdictional Update Report

**Date:** May 27 & 28, 2015

**To:** Compensation and Benefits Committee

**From:** Yukon

**Committee Member:** Karen Branigan

<b>Committee Mandate</b>	
	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.
<b>Goals</b>	
	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><b>Repetitive Strain injuries</b></p> <p><b>Gradual Onset Muscular-Skeletal Disorders EN-08</b></p>	<p>Rare that we are actually dealing with repetitive strain. Majority of cases are about aging, obesity, fitness for work, posture, ergonomics, and workplace issues.</p> <p>Our medical consultant provides a report regarding if the symptoms are consistent with the mechanism of injury</p> <p>Best practise is having OT complete necessary assessments and work with client regarding changing tools, layout and design of workspace, posture and other body mechanics. Educating employers about how to do work differently. These are usually opportunities to prevent other injuries.</p> <p>Those that are actual GOMD claims have primarily been from awkward body positions in industries like glass replacement and automotive shops.</p>		
<p><b>Psychological Injuries</b></p> <p><b>Adjudicating Psychological Injury EN-09</b></p> <p><b>Psychological Treatment HC-09</b></p> <p>PTSD Functional abilities Form</p>	<p>Legislators are exploring Presumptive legislation for Emergency Responders for PTSD.</p> <p>Best Practise We have been building functional relationships with our service providers over the last year and half so that we can have open frank dialogue about our clients and their assessments. Best practise has been to involve treatment providers in the determination of suitable employment. Very often environmental factors are present and looking at different work early on has proven effective particularly in health and social service work. This approach has not worked well with emergency responders.</p> <p>Barriers: employers remain fearful of dealing with mental health issues and tend to ask for information they are not privy to as the functional abilities are not black and white. Treatment intervention remains more passive than active. Often overlay of interpersonal labour issues that disconnects worker and employer.</p> <p>Perceived injustice is sometimes present with this group of clients.</p>		

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<b>Quality Assurance</b>	<p>Recently claims decision makers completed decision writing with Foundations of administrative Justice. Plan is to start building QA program with letter reviews by our internal review folks. To date all denials, suspension and terminations are reviewed by the management group. New trainees have letters reviewed for quality of decision, teachable areas, style, plain language and privacy matters.</p>		
<b>Return to Work</b>  <u>RE-01 Return to Work – Overview</u> <u>RE-02-1 Duty to Cooperate Part 1 of 4: Early and Safe Return to Work Plans</u> <u>RE-02-2 Duty to Cooperate Part 2 of 4: Roles and Responsibilities</u> <u>RE-02-3 Duty to Cooperate Part 3 of 4: Functional Abilities</u> <u>RE-02-4 Duty to Cooperate Part 4 of 4: Penalties for Non Cooperation</u> <u>RE-03 Mitigation of Loss</u> <u>RE-04 Employer’s Obligation to Re-employ – Overview</u> <u>RE-05 Alternative Employment Comparable to Pre-Injury Employment</u> <u>RE-06 Accommodating Work or a Workplace</u> <u>RE-07-1 Compliance with Re-employment Obligation</u> <u>RE-07-2 Re-employment Penalties and Payments</u> <u>RE-07-3 Termination after Re-employment</u> <u>RE-08 Re-employment Provisions of Collective Agreements</u> <u>RE-09 Relocation of Injured Workers</u> <u>RE-10 Vocational Rehabilitation</u> <u>RE-11 Vocational and Academic Assistance for Surviving Spouse</u> <u>RE-12 Employment Readiness</u> <u>RE-13 Determining Suitable Employment and Earnings Capacity Loss</u>	<p>Success:</p> <p>In 2014 focused on clients approaching or over the 360 day duration and made a positive impact on the long term duration indicator. The short term duration showed improvement as well. The long term clients required a lot of face to face time and discussion which was time consuming for case managers.</p> <p>Challenges:</p> <p>A 20% increase in number of physicians in the Territory. It requires a lot of retraining when new physicians arrive because we don't accept functional abilities forms that put people off work. Our Health Care Liaison reviews medical reports to identify new docs and return reports and function forms that do not meet the criteria in our agreement with physicians.</p> <p>Concussions:</p> <p>Protocols dealing with concussions are outdated and debilitating. Sending a client home to sit in a dark room for 2 weeks is not helpful and sends a message the client is broken. Getting clients to complete a baseline using self report forms that everyone will score something on is absurd. These are people who did not lose consciousness, no Glasgow scale monitoring required and something made contact with the head. The clients are then very afraid to return to their normal life.</p> <p>The next Continuing Medical Education session will focus on MBTI and concussions.</p>		

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<p><b>Non Diagnostic Conditions</b> (psychosocial drivers)</p> <p>Catastrophizing behaviour</p> <p>Perceived Injustice</p> <p>Enabling service providers and employers.</p>	<p>These conditions are the outcomes of a persons' reaction to being injured rather than the injury itself that are often minor from a medical perspective. Any type of injury that would heal without any intervention such as concussions and soft tissue injuries where the persons' reaction to being injured is disproportionate should be considered from a behavioural perspective.</p> <p>Michael Sullivan, PhD. Training based on his research, chronic pain, perceived injustice and catastrophizing really speaks to human behavior around these types of conditions. Catastrophizing predicts chronic pain and perceived injustice predicts no return to work and accounts for 30% of the psychosocial variance in people who do not go back to work. In men the visible behavior is anger and in women the behavior is depression</p> <p>Very important to manage the service providers in these cases as they are enabling the reactive behavior and then critical that we are pushing them back to work further supporting a perspective of injustice.</p>																																																						
<p><b>KPI's</b></p> <p><b>Time to First Pay</b></p>	<table border="1"> <caption>Goal 90% - Time to First Pay Data</caption> <thead> <tr> <th>Year</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>28%</td> <td>38%</td> <td>67%</td> <td>48%</td> <td>63%</td> <td>60%</td> <td>83%</td> <td>47%</td> <td>47%</td> <td>47%</td> <td>30%</td> <td>27%</td> </tr> <tr> <td>2013</td> <td>38%</td> <td>38%</td> <td>42%</td> <td>55%</td> <td>52%</td> <td>34%</td> <td>63%</td> <td>65%</td> <td>37%</td> <td>47%</td> <td>20%</td> <td>53%</td> </tr> <tr> <td>2014</td> <td>15%</td> <td>45%</td> <td>40%</td> <td>41%</td> <td>33%</td> <td>38%</td> <td>53%</td> <td>36%</td> <td>29%</td> <td>20%</td> <td>12%</td> <td>38%</td> </tr> </tbody> </table>	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2012	28%	38%	67%	48%	63%	60%	83%	47%	47%	47%	30%	27%	2013	38%	38%	42%	55%	52%	34%	63%	65%	37%	47%	20%	53%	2014	15%	45%	40%	41%	33%	38%	53%	36%	29%	20%	12%	38%		
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<b>Short Term Duration</b>	<p style="text-align: center;"><b>Goal 90%</b></p> <p>The chart displays performance percentages for four data series: 2012 (blue diamonds), 2013 (red squares), 2014 (green triangles), and Historic (purple crosses and cyan asterisks). The y-axis ranges from 75% to 87% in 2% increments. The x-axis lists months from Jan to Dec. The 2014 series shows a strong upward trend, ending at approximately 84.5% in December. The 2012 series starts at 81.2% and ends at 77.2%. The 2013 series starts at 78.1% and ends at 80.8%. Historic data points are scattered between 77% and 86%.</p> <table border="1"> <caption>Estimated Data for Short Term Duration Chart</caption> <thead> <tr> <th>Month</th> <th>2012</th> <th>2013</th> <th>2014</th> <th>Historic (Purple X)</th> <th>Historic (Cyan *)</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>81.2</td><td>78.1</td><td>80.7</td><td>85.7</td><td>77.8</td></tr> <tr><td>Feb</td><td>81.2</td><td>79.3</td><td>80.4</td><td>85.8</td><td>78.1</td></tr> <tr><td>Mar</td><td>82.1</td><td>79.0</td><td>80.5</td><td>85.4</td><td>76.9</td></tr> <tr><td>Apr</td><td>82.2</td><td>78.8</td><td>80.6</td><td>86.2</td><td>77.3</td></tr> <tr><td>May</td><td>81.6</td><td>79.6</td><td>80.9</td><td>85.4</td><td>79.4</td></tr> <tr><td>Jun</td><td>80.8</td><td>78.6</td><td>81.3</td><td>85.7</td><td>77.4</td></tr> <tr><td>Jul</td><td>80.1</td><td>78.4</td><td>81.3</td><td>85.7</td><td>77.8</td></tr> <tr><td>Aug</td><td>80.0</td><td>79.0</td><td>81.3</td><td>78.0</td><td>79.4</td></tr> <tr><td>Sep</td><td>78.6</td><td>79.1</td><td>81.4</td><td>78.0</td><td>79.9</td></tr> <tr><td>Oct</td><td>77.5</td><td>79.9</td><td>82.1</td><td>78.4</td><td>79.9</td></tr> <tr><td>Nov</td><td>77.6</td><td>80.1</td><td>83.3</td><td>76.6</td><td>80.3</td></tr> <tr><td>Dec</td><td>77.2</td><td>80.8</td><td>84.3</td><td>77.3</td><td>80.1</td></tr> </tbody> </table>	Month	2012	2013	2014	Historic (Purple X)	Historic (Cyan *)	Jan	81.2	78.1	80.7	85.7	77.8	Feb	81.2	79.3	80.4	85.8	78.1	Mar	82.1	79.0	80.5	85.4	76.9	Apr	82.2	78.8	80.6	86.2	77.3	May	81.6	79.6	80.9	85.4	79.4	Jun	80.8	78.6	81.3	85.7	77.4	Jul	80.1	78.4	81.3	85.7	77.8	Aug	80.0	79.0	81.3	78.0	79.4	Sep	78.6	79.1	81.4	78.0	79.9	Oct	77.5	79.9	82.1	78.4	79.9	Nov	77.6	80.1	83.3	76.6	80.3	Dec	77.2	80.8	84.3	77.3	80.1		
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