

# ORP Network News

## April 24, 2003

### 1. 4<sup>th</sup> QUARTER OUTCOMES

You should have recently received your 4th Quarter KPI Report for 2002 as well as your Pay for Performance for Quarter 3, 2002.

Of note:

- The average Client Satisfaction Rate (7.96) was below 8.00 for the 2nd time in 1-1/2 years. On the upside, the average client satisfaction response rate of 79% was an all-time high.
- For quarters 2 and 3, durable RTW figures were not available from the external survey company. We used the internal mainframe database to determine who was not receiving wage loss benefits. The network average for quarter 3 was 61%, down from quarter 2's 69% which was the highest ever.
- Congratulations to Drake Medox in Kamloops and Summit in Victoria for achieving a durable RTW+ outcome of  $\geq 70\%$  for 3 consecutive quarters!
- Congratulations to Northeastern Occupational Rehabilitation Centre in Dawson Creek for **exceeding both** client satisfaction targets (8.50 client satisfaction rate and 70% response rate) for 4 consecutive quarters. In 2002, the program's **average** client satisfaction rate was 9.75 with a 82% response rate!
- The following programs also met or exceeded **both** client satisfaction targets in quarter 4:
  - Columbia – Kelowna
  - Drake Medox
  - Kelowna General Hospital
  - OT Consulting
  - Summit – Langford
  - Summit - Nanaimo

### 2. FREEDOM OF INFORMATION

WCB's Worksafe web page is a valuable source of information. One of the useful pieces for providers is the "Freedom of Information Fact Sheet for WCB Service Providers". Please follow the map below to find the fact sheet regarding providers and freedom of information issues.

[http://www.worksafebc.com/law\\_and\\_policy/legislation\\_and\\_regulation/fipp/default.asp](http://www.worksafebc.com/law_and_policy/legislation_and_regulation/fipp/default.asp)

### 3. HEALTHCARE MODEL REVIEW

Health Care Provider Services (formerly Rehabilitation Services) has recently undergone a review of the WCB's rehabilitation programs and services by Nikolaj Consulting. This included contact with a number of representative providers who offered feedback on their experience in working with WCB, including the provision of ORP services. As the findings of the review are reported and analysed, we intend to share our learnings with the Network and how they may impact the model of healthcare services that WCB will continue supporting in the future. We wish to thank those providers who took time out of their busy schedules to provide valuable input to the consultants.

#### **4. CONTRACT UPDATES - Maximize Function**

In follow up to the ORP discussion group held late in 2002, we have now confirmed that "Maximize Function" clients who are receiving Vocational Rehabilitation support at the 3 month mark post discharge are not considered "successful" in terms of the "3 month durable return to work" outcome measure. As a result of this information, further discussion as to how these referrals should be considered for the purposes of the pay-for-performance incentive will be required as we move forward with revisions to the current contract.

#### **5. WCB LEGISLATION AND POLICY UPDATES**

With the legislative changes of Bill 49, entitlement benefits for injured workers have changed. The "Law and Policy" section of the [www.worksafebc.com](http://www.worksafebc.com) website provides a valuable summary of the legislative changes as well as the practice directives which govern the management of claims. As the practice directives are updated to reflect changes in policy, this website will be a valuable resource for you in staying up to date with the policy information at the WCB. Practice directive #23, specifically deals with the rehabilitation programs and services and although it is currently out of date, it will be updated in the near future. A new practice directive, #61, will be added which will address "Pain and Chronic Pain".

The overall impact of the policy changes is a renewed focus on "Return to Work" and maintaining workplace attachment early in the claim. The policy changes addressing Pain and Chronic Pain support the value of a multidisciplinary approach in determining what specific treatment or rehabilitation intervention is appropriate for a worker. Multidisciplinary assessment is now required for all workers where the board officer considers that the worker may be experiencing chronic pain symptoms. (Chronic pain is now defined in policy as "pain that persists six months after an injury or occupational disease and beyond the usual recovery time for that injury or disease").

The initial roll out of the internal training regarding the policy changes and their impact on the claims management process begins April 28/03 and will continue through June throughout the province. As the changes are implemented, you may see changes in the way that the programs and services are being used by the Claims Management staff. It is possible that you may be asked to provide a Multidisciplinary Assessment ("Assessment Only") as a stand alone service which will provide recommendations regarding treatment intervention. The service should be no different than the current assessment you already provide, however the case manager may request participation of the Physician and Psychologist as part of the assessment process. This is in keeping with the current contract expectations and would be billed under the current fee schedule as an assessment only with physician involvement. Changes in the use of the "Assessment Only" would obviously need to be taken into consideration as we monitor the "Assessment Only" statistics for the network.

If you have any questions or concerns during this time of transition please contact either Duane or myself.

#### **6. MODIFIED TREATMENT REQUESTS**

In the event that an injured worker is appropriate for admission into the Occupational Rehabilitation Program, and clear evidence exists that the worker is initially unable or unsafe to

participate in a 6 hour treatment day, then approval must be obtained from the Case Manager in order for the worker to begin the program at any duration of less than 6 hours. It may also be appropriate to modify an injured worker's program if they are a student, working part-time or have dependent-care arrangements that can not be altered.

It is no longer necessary to submit Modified Treatment requests to Duane or Janet for approval, however, Case Manager approval is still required.

To obtain signed approval for a worker to begin treatment for any duration less than six (6) hours, the Board Officer must be notified and provided with a faxed copy of the detailed rationale and treatment plan (including program times), to increase the injured worker's tolerance to program activities.

#### **7. TREATMENT DURING PROGRAM INTERRUPT**

A reminder, as first reported in the May 21, 2002 ORP Network News, that monitoring treatment is to be used only when a client has been discharged from the program and is awaiting planned subsequent intervention. Monitoring should not be used while a client is on a 'program interrupt'. Refer to standard '4.73 Monitoring' for guidelines on the use of monitoring and when it is appropriate.

In addition, acute physiotherapy treatment should not be recommended during a program interrupt. Refer to standard '4.32 Program Interruptions' for reasons when a program interrupt is appropriate. Preferred treatment options would be to temporarily modify an injured worker's treatment program or, if necessary, to discharge the worker from the Occupational Rehabilitation program. It is expected that while a worker is on a program interrupt that he/she will be maintained on a home exercise program.

#### **8. INFORMATION BULLETINS**

Since the last 'Network News' dated March 24, 2003 there have been no information bulletins distributed.

Please feel free to contact Duane Endo, Quality Assurance Supervisor (604-231-8895) or Janet Brydon, Program Manager (604-231-8841) should you have any questions or comments.