

To: WCB Physiotherapy Providers

Date: 2001/05/02

From: Al Kozlowski, Manager, Physiotherapy Network, WCB

Re: Physiotherapy Treatment/Report Form and Requested Reporting – The Rationale

When WCB and PABC negotiated our current Agreement, the aim was to improve communication with Board Officers, to provide quality service to workers, to be accountable for service provided, to allow physiotherapists to recommend various types of treatment (i.e. WCP, physiotherapy), and to establish data/statistics not available before. Recent discussions with physiotherapists have indicated that we need to provide some rationale for the report requirements written into the Agreement. They exist for two reasons: to give the physiotherapist a voice in the benefits decision-making process, and to provide objective information to the Board Officers to enhance their ability to make sound entitlement decisions. As a result of the reports, we expected a reduction in high-utilization claims (i.e. such as claims over 100 physiotherapy visits we are still seeing).

The Physiotherapy Plan/Report is WCB's means of keeping on track, and of being optimally informed about the worker's progress in rehabilitation. WCB is requesting specific but concise reports because we believe they provides the Board Officers with sound information that enables them to make sound decisions about what benefits each individual worker is entitled to receive.

Physiotherapists typically deal with 2 types of Board Officers: 1) Entitlement Officers, who manage early, uncomplicated claims, and 2) Case Managers (a.k.a. adjudicators) who manage more complex or longer duration claims. Most officers do not have clinical backgrounds. Their function is to decide entitlement to benefits to ensure fair compensation for the worker in accordance with the Workers' Compensation Act, and policies. Compensation includes wage and medical benefits, and in some cases vocational rehabilitation assistance or a disability award if there is a permanent functional impairment. In addition, they are responsible to assist in safe, early and durable return to the pre-injury job, when and where possible. Part of the law states that workers disabled from their pre-injury work must actively participate in their recovery process to be entitled to benefits. The Board Officer aims to provide the service most likely to achieve the best possible outcome for a worker, given the nature and severity of the injury, the time and events elapsed since the injury, the demands of the job, and other specific characteristics.

When considering rehabilitation options, the WCB wants to provide the service that is most likely to achieve the best outcome for the worker in the shortest possible time, with the least intensive intervention. In other words, the service that is effective both clinically and financially. To make decisions on what service the worker is entitled to, Board Officers require information from clinicians. The Physiotherapy Plan/Report and Requested Report are the primary tools for this communication. To be beneficial to the Officer, the reports must:

- 1) Describe the **status of the worker's injury** using objective measures of change of the injury (i.e. an *impairment*¹ measure);
- 2) Provide a **measure of current ability** of the worker to perform a specific job task relative to that required normally², with the aim of an early and safe return to work (current rehabilitation literature supports the concept that people recover faster and to a higher degree within the environment they perform usual activities);
- 3) Specify a **recommendation** based on the objective information provided for the service that is most likely to achieve a positive outcome for the worker. If an extension of physiotherapy is recommended, a description of what this treatment is expected to achieve, and by what date, is required. This outcome of treatment can be either *impairment* or an *activity* type of measure. If the 'return to work' (i.e. full pre-injury duties) outcome³ is expected at a different time, or through some other service, this should be specified as well.

To be understandable, the report is best written in common language without clinical jargon or abbreviations (standard medical terminology is acceptable). To be meaningful, the report must contain specific information that indicates

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¹ WHO definition: loss of or recovery of physical function at level of organ or body part.

² This is consistent with WHO definition of ACTIVITY, which is a loss of function at or recovery towards the level whole body ability to perform specific activities.

³ This is consistent with the WHO definition of PARTICIPATION, which is a loss of function at or recovery towards the level whole body ability to perform specific activities in an environmental context.

whether measurable recovery from the injury has occurred, is likely to continue, or if not, provides a plausible explanation for lack of progress. If no measurable improvement is being made, the physiotherapists may recommend something other than physiotherapy.

Thus, complete, concise, and informative reporting is critical for the Board Officer to be able to perform their function of determining what the worker is entitled to, and to promote the best outcome possible in a timely manner for the worker. Statistics collected from late last year indicate that reports were not providing this information. We therefore began to sample and scoring Physiotherapy Plan/Reports to evaluate how what and where weaknesses existed, and to provide constructive feedback to promote consistent and complete reporting in an effort to best serve the worker.

On February 15, 2001, results were reported that, on average, reports had a score of 58.6%. Also, three important sections of the report were identified as weak, and recommendations were given to improve them. Since then, four samples have been scored with an average score of 61.6%. The three weak areas identified in the previous notice remain virtually unchanged. Specifically, objective measure of change in 'Injury Status/Objective Findings', a measure of what the worker *can* do relative to a job demand in 'Functional Abilities', and an objective measure of change describing the prognosis in 'Expected Outcome: Treatment'. For example, the objective findings of the 4 samples of 10 reports taken since the last notice are:

- In the "Injury Status" section, an objective measure was provided 32.5% of the time (13/40 reports) and only 5% of reports (2/40) provided a measure of change;
- In the "Functional Abilities" section, a positive measure of a job demand was provided in only 5% of reports (2/40);
- In the "Expected Outcome: Treatment" section, an objective prognosis was provided in 2.6% (1/39 reports - one recommended a Work Conditioning Program).

Without objective evidence of recovery from the injury, and a tangible expectation of the degree of further recovery that treatment can potentially help a worker achieve, it is difficult to establish the rationale for extending physiotherapy. Board Officers are being encouraged to evaluate **all** information available to them to decide which service is most likely to provide the best outcome for the worker. Physiotherapy Plan/Reports that provides objective evidence and logical recommendations that are in the workers' best interest are most likely to be approved by the Board Officers.

Previous notices have been sent to you with the criteria for completing reports, the timelines for submission and, the importance of contacting the Board Officer when the recovery does not progress as expected in the treatment plan. Payment of the report fee is contingent on a complete report received on time. Board Officers are being reminded to assist with consistent evaluation of reports for all requirements to determine payment of report fees.

Following this notice, we expect to see a substantial improvement in the completion of reports. We will continue to sample and score reports every two weeks, and update you with the results. A substantial increase in the average score will be positive evidence that physiotherapists across the province can provide cost-effective and clinically effective service, objective and meaningful information, and sound recommendations for the best service to benefit workers. We are setting an expected outcome for the sample drawn on May 28, 2001 to have an average score of 80%, and for the sample drawn on June 25, 2001 to have an average score of 90%.

I am confident that we can demonstrate physiotherapy to be healthcare profession that 'can'.

If you have any questions or, please contact me by phone at (604) 244-6155 (toll free at 1 800 661-2112, local 6155) or email at akozlows@wcb.bc.ca.

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