

1995 Annual Report of the Medical Review Panel Department

Date: March 25, 1996

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1. Purpose of Medical Review Panels

Claims for occupational injury and disease often involve complex medical issues which are difficult to resolve. Issues of causation, diagnosis and the nature and extent of a worker's disability have serious impact upon the adjudication of a claim.

The *Workers Compensation Act* ("the Act") recognizes this by providing workers and employers who disagree with medical decisions of the Board a right to request an independent review by three community-based physicians. The Medical Review Panels are the final decision-makers on medical questions arising in the adjudication of a claim. Under Section 65 of the *Act*, panel certificates are binding on the Board.

2. Composition of Medical Review Panels

Each Medical Review Panel ("MRP or Panel") consists of a chair and two specialist members.

Panel chairs are appointed by the lieutenant-governor-in-council under Section 58(1) of the *Act*. There are currently 14 panel chairs as follows:

CURRENT MRP CHAIRS AND DATES OF APPOINTMENT

Name	Date of Appointment
Dr. Nigel H. Clark	January 30, 1975
Dr. Stanley L. Sunshine	January 30, 1975
Dr. Victor Dirnfeld	July 13, 1978
Dr. Peter J. Banks	April 25, 1986
Dr. Darryl G. Morris	April 25, 1986
Dr. Geoffrey L. Nanson	April 25, 1986
Dr. J. Trevor Sandy	April 25, 1986
Dr. Peter Allen	March 1, 1990
Dr. Beverley Barron	March 1, 1990
Dr. Ian D. Connell	March 1, 1990
Dr. Robert S. Purkis	March 1, 1990
Dr. John P. Sloan	March 1, 1990
Dr. John S. Smith	March 1, 1990
Dr. Leonard C. Jenkins	September 8, 1993

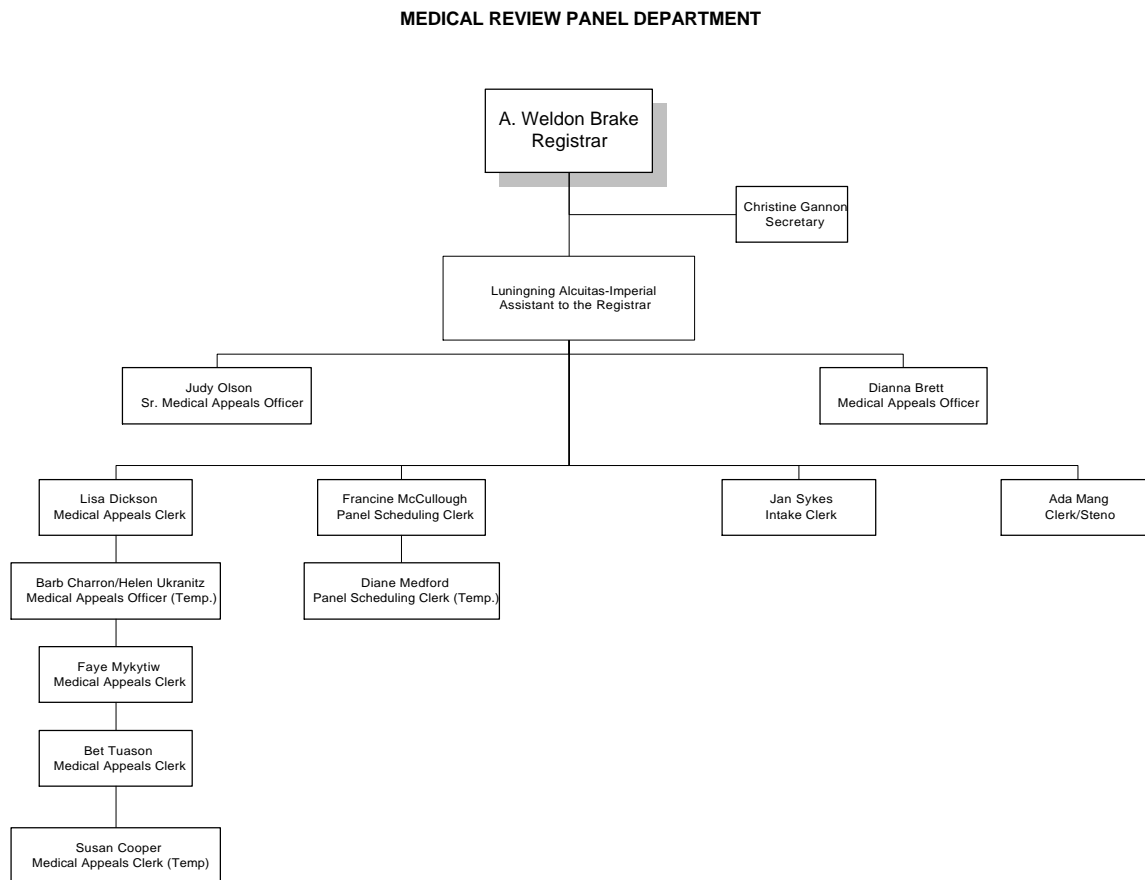
Panel specialists are nominated by the worker and employer from lists prepared by the Medical Committee. There are 195 specialists listed from 24 areas of medical expertise. The fields of expertise range from occupational medicine (new in 1995) to orthopaedic surgery (most frequently used in 1995).

3. The Medical Review Panel Department

The MRP Department, under the direction of the registrar, plays a dual role by providing support to the Panels and performing the Board’s administrative duties mandated by the *Act*. The department reports and is responsible to the chair of the Panel of Administrators.

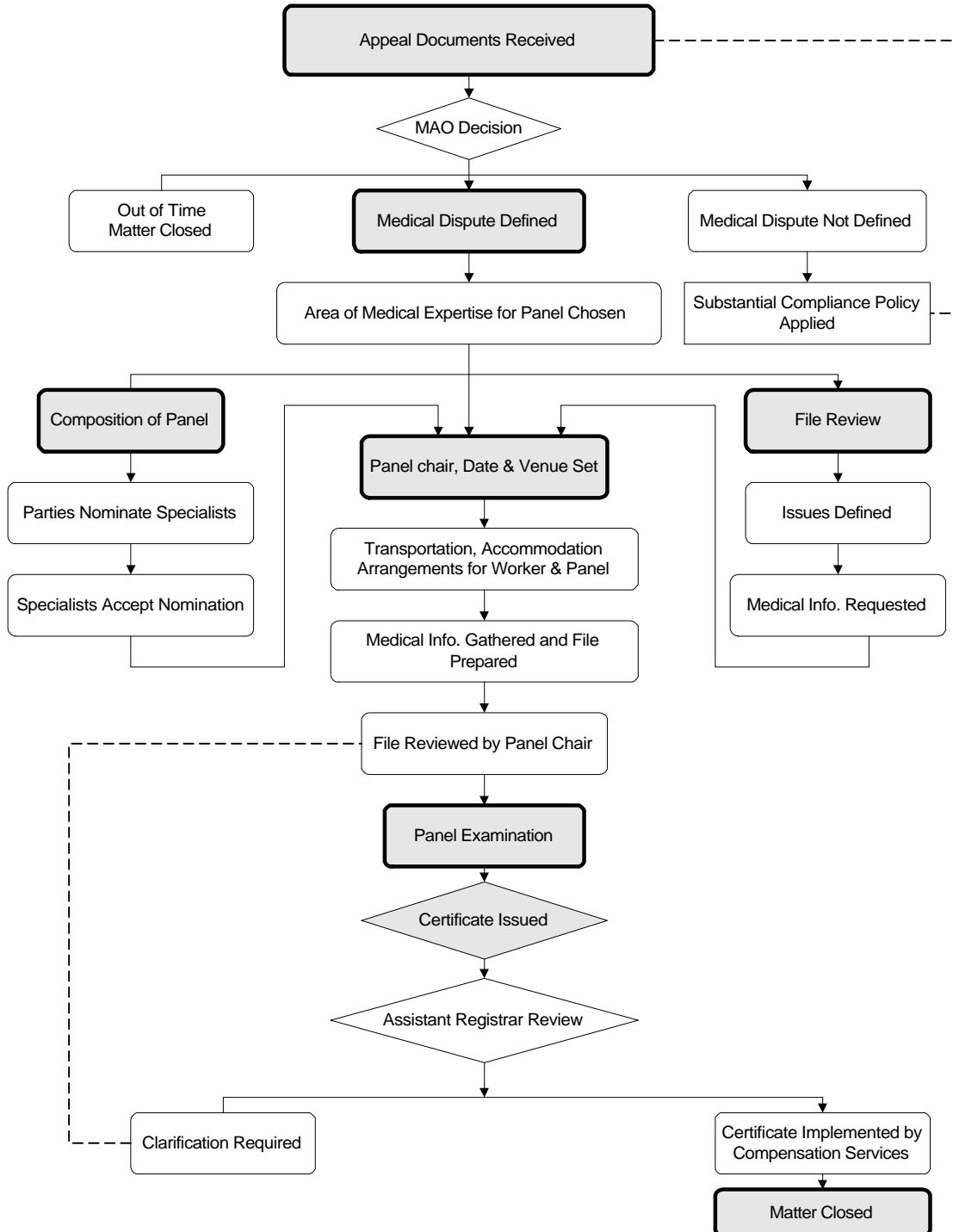
There were significant changes to the composition of the department in 1995. Six positions were eliminated in May, while the position of assistant to the registrar was created.

At the end of the year, the department consisted of 13 permanent staff (including 2 half-time) and 3 temporary staff. The department organizational chart illustrates the internal reporting structure:



4. The Processing of a Request for a Medical Review Panel Examination

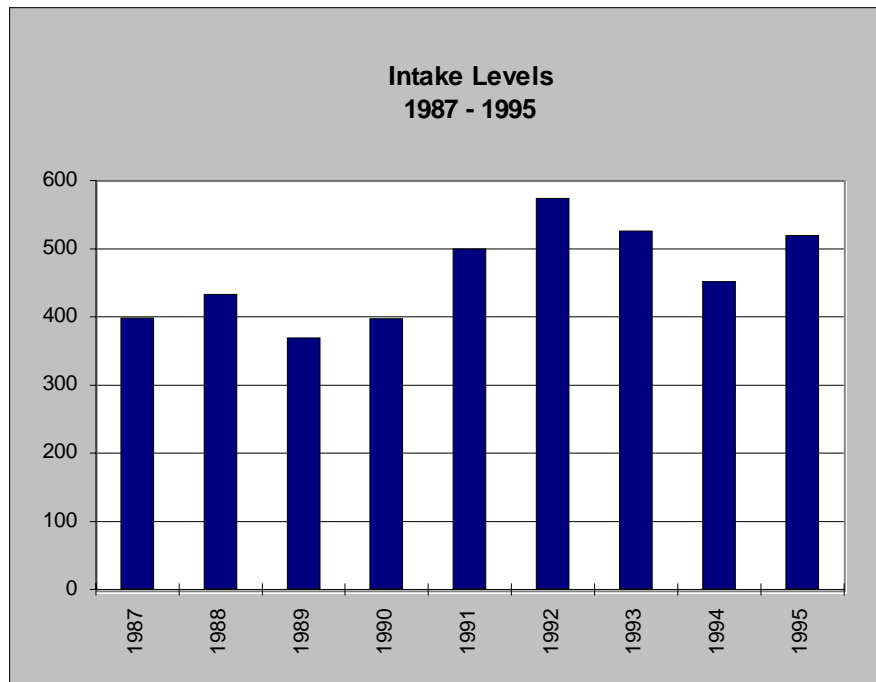
The processing of a request for a panel examination is governed by Sections 58 to 66 of the Act and Item #103.00 of the *Rehabilitation Services and Claims Manual* (“the Manual”). The primary stages of this process are outlined below:



5. New Applications

(a) Levels

There were 519 new applications in 1995. This is a 14.8% increase over the 452 new applications in 1994. The fluctuations in intake levels since 1987 are shown below:



The medical appeals officers considered 419 new applications in 1995 . 67% of these applications disclosed a bona fide medical dispute and went on to be processed by the department.

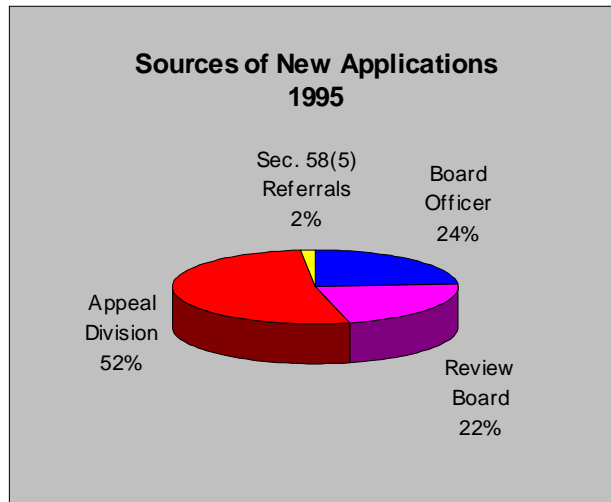
(b) Sources

Requests for Medical Review Panel examinations can come from three levels:

- a. Medical decisions of board officers;
- b. Medical findings of the Workers' Compensation Review Board; or
- c. Medical decisions of the Appeal Division.

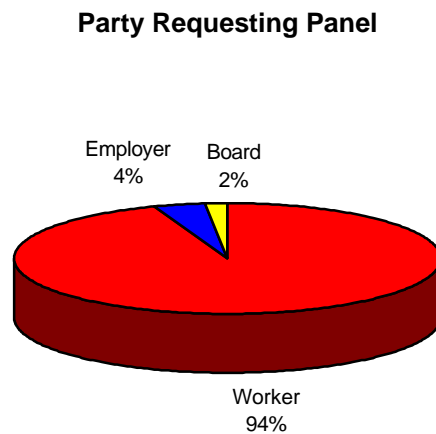
The Board can also refer unusual or complex medical matters to a Medical Review Panel under Section 58(5) of the *Act*.

Medical decisions of the Appeal Division continue to be the main source of the new applications as illustrated below:



(c) Worker or employer requests

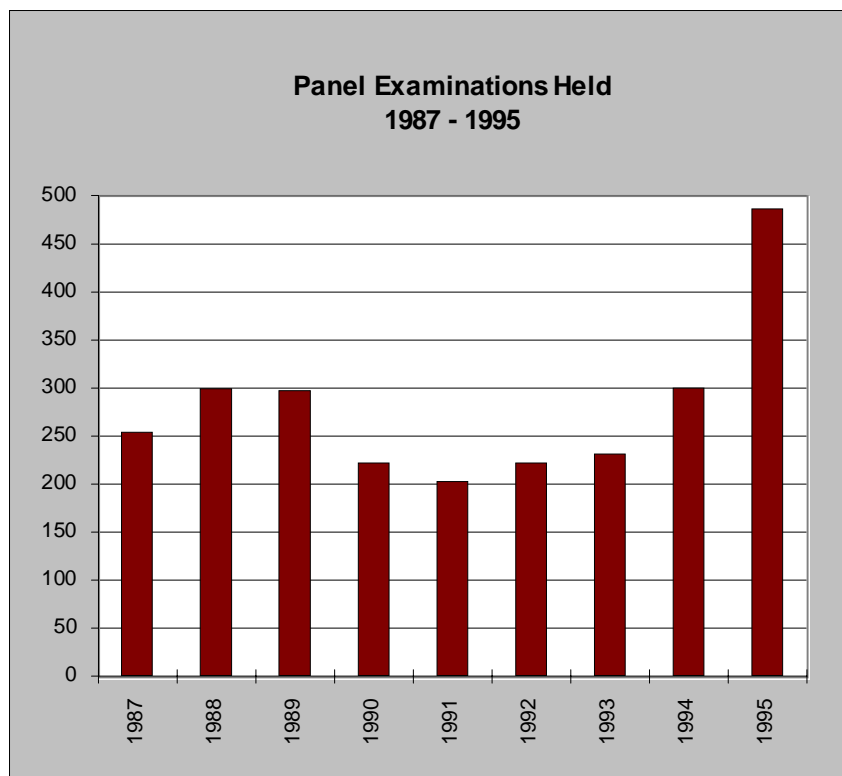
Worker requests continue to be the bulk of new applications as shown below:



6. Medical Review Panel Examinations

(a) Levels

The *Act* requires a Medical Review Panel to conduct a physical examination of the worker. There were 486 panel examinations held in 1995 — the largest number in the history of the process. The yearly number of panel examinations since 1987 is shown below:



(b) Issues

Causation or the work-relatedness of the injury or disease is the most prevalent dispute confronted by the panels. Also, back conditions and chronic back pain have been consistently the most common injuries involved in these claims. This is reflected in 52% of the 1995 panels being composed of orthopaedic surgeons.

7. Medical Review Panel Decisions

A Medical Review Panel issues a panel certificate outlining its medical findings to the Board. There were 482 panel certificates issued in 1995 — a 67% increase over 1994.

8. Department Performance

(a) Workflow

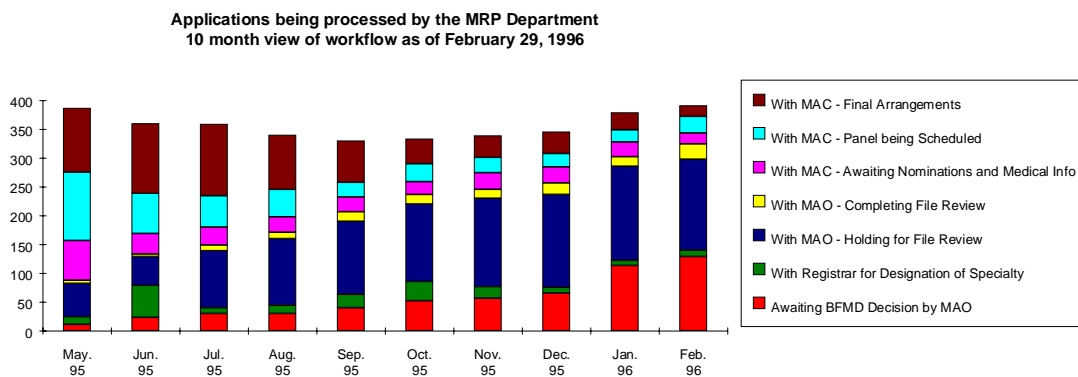
As of December 29, 1995, there were 629 matters within our system. This number breaks down as:

Incomplete, Awaiting Form(s) or File(s)	89
Being Processed by MRP Department	345
With Panel Chairs	44
Certificates Received	22
Clarification Requested	4
Awaiting Implementation by Compensation Services	125
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TOTAL	629

The 345 applications being processed by the MRP Department, at the end of 1995, breaks down as:

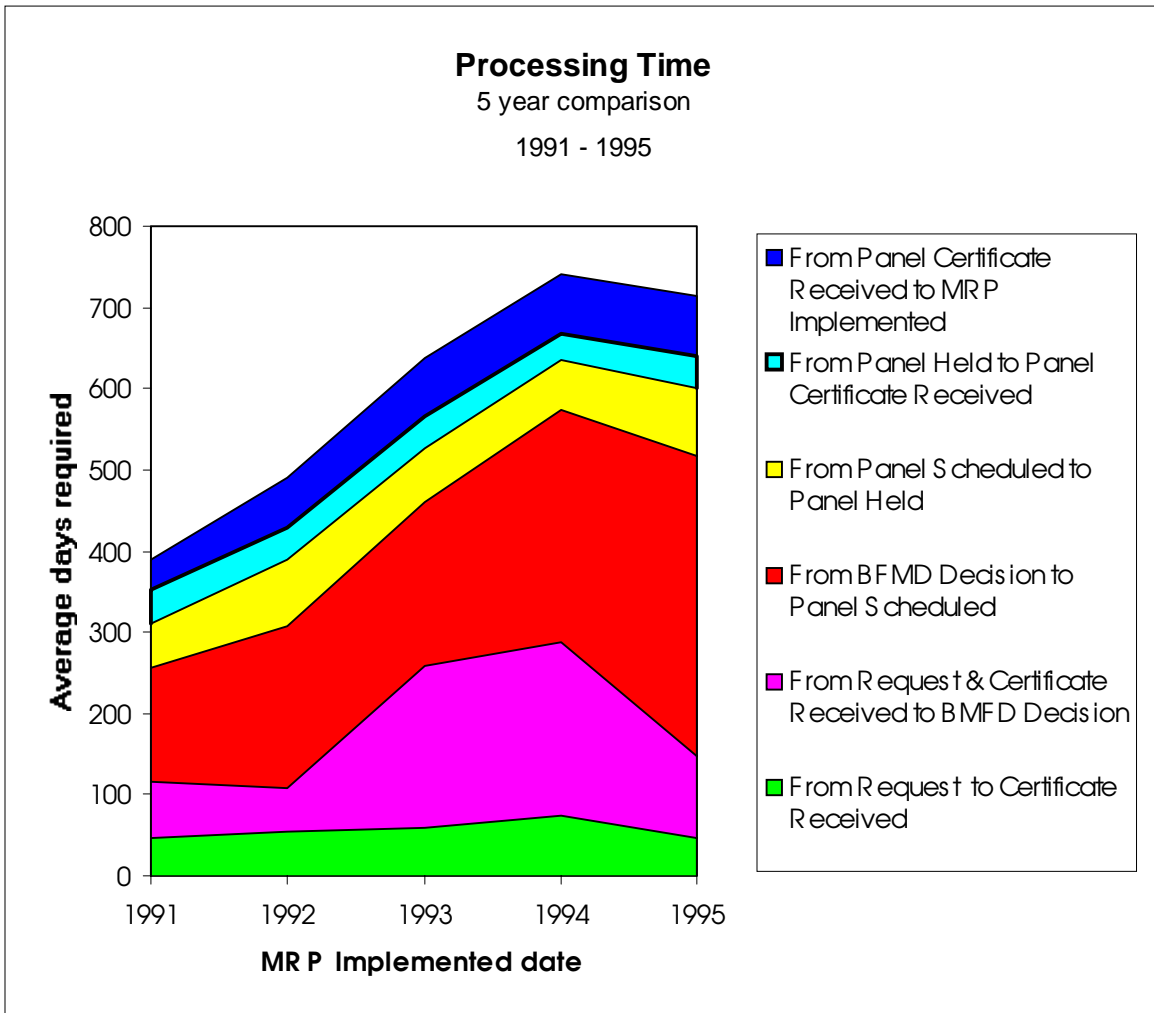
Awaiting BFMD Decision by Medical Appeals Officer (MAO)	66
With Registrar for Designation of Specialty	10
With MAO	
Holding for File Review	161
Completing File Review	20
With Medical Appeals Clerk (MAC)	
Awaiting Nominations and Medical Information	27
Panel being Scheduled	23
Final arrangements	38
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TOTAL	345

In the first four months of 1995, the medical appeals officers succeeded in completing 229 file reviews which had been delayed at that stage of the process. This bulge was then processed by the medical appeals clerks and resulted in the large increase in the number of panel examinations in 1995. However, at the close of 1995, new delays at the bona fide medical dispute decision and file review stages were created. The chart below illustrates the progress of these matters within the department:



(b) Processing Time

In 1995, the average processing time for an MRP matter from initiation to completion was 707 days or 23.57 months. Although slightly shorter than the 1994 average processing time of 742 days or 24.73 months, delays within the MRP process continue to be a critical challenge for the department. A comparison of the processing time from 1991 to 1995 is set out below:



9. Initiatives in 1995

(a) New policy developed and implemented

In 1991, the Board of Governors asked Dr. Leonard C. Jenkins to review the MRP process and identify issues of concern. Dr. Jenkins' 1992 report initiated a dialogue with MRP stakeholders which included a preliminary consultation in 1993 and a public hearing in June 1994.

While the dialogue had a broad scope, the focus in 1995 was to revise Board of Governors' policy impacting upon the MRP process. As a result, significant changes to Item #103.00 of the *Manual* were approved by the Board of Governors on May 1, 1995. While

responding to concerns raised by the community, the text of the previous *Manual* was also reorganized and clarified. Highlights of the policy changes include:

- The role of the MRP Department, including how the Department interacts with and supports the Medical Review Panels, is clarified.
- The practice of the Department to prepare a Statement of Foundational Non-Medical Facts in all cases was changed. Instead, a Statement of Issues asking the medical questions that the Board wants the Panel to answer is prepared. Appended to this Statement of Issues is the physician's certificate and the Board decision or finding in dispute. The Board and the Panels retain discretion to determine if a Statement of Foundational Non-Medical Facts is necessary under Section 64 of the *Act*.
- A Registrar review of Medical Appeals Officer decisions was established.
- A process for clarification of certificates, involving the Registrar, was created.
- A comprehensive statement of the application of the *Freedom of Information and Protection of Privacy Act* to the MRP process is included.

At the end of 1995, essentially all of the policy changes were fully implemented.

Proposals for statutory amendments and recommendations to the lieutenant-governor-in-council will be addressed in the context of the development of a strategic plan in 1996.

(b) Maintaining communication lines

While the MRP process is governed by the *Act* and policy, communication with various communities is critical to its success. In 1995, communication lines with the panel chairs were maintained through the Medical Advisory Committee, composed of the Registrar (or designate), Dr. Nigel H. Clark, Dr. Ian D. Connell, Dr. Leonard C. Jenkins and Dr. J. Trevor Sandy. A business day was held on December 7, 1995 to introduce the policy changes to the panel chairs. A particular task in 1996 will be to strengthen the ongoing communication and dialogue with the panel chairs. As well, communication with the Medical Committee created under Section 58(2) of the *Act* will be improved in order to create and sustain interest in the medical community to serve on panels.

As the focus of the work in 1995 has been internal to the department, dialogue with the workers' and employers' community was lacking. This weakness will also be addressed in the strategic plan.

(c) Building a cohesive staff team

The staff members of the MRP Department bring a dedication to and in-depth knowledge of the MRP process that was critical to the performance in 1995. However, the policy changes coupled with staff reductions, turnover and additions resulted in a need to strengthen communication with the MRP staff members.

In July 1995, the department attended a two-day team-building session facilitated by Chris Coffey, Prism Ltd. While discussion centered on how each member contributes and supports the team, areas that the department does well and areas which could be improved upon were also identified. The critical areas for improvement were:

1. Improve internal communication;
2. Clarify roles and responsibilities of each staff member;
3. Clean up the backlog of MRP matters; and
4. Reduce time delays in parts of the process.

With the assistance of key Human Resource staff (Louise Cook, manager, Administration Services; and Robin Smith, human resources advisor), the department tackled the issues of internal communication and staff member roles and responsibilities. Some outcomes of this process were:

- a half-day session on the policy changes;
- a commitment to regular monthly staff meetings and other forms of clear and open communication; and
- the development of a document outlining each staff member's responsibilities, including the interaction with other staff.

The team-building process is ongoing. A specific initiative to develop procedural and training manuals, particularly about payments for costs associated with the Panels, is currently underway.

The department also reorganized and expanded its physical facilities on the fifth floor of the main administration building.

10. Full-Time Equivalent Months (FTEMs) Analysis

In 1995, the MRP Department used 230.27 FTEMs. This broke down into 192.09 permanent and 28.18 temporary. These totals were under the projected levels for 1995, but were an 18% increase over the 1994 totals.

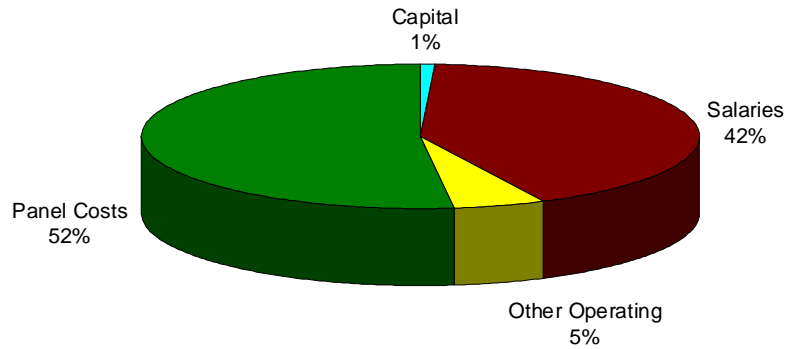
11. Cost Expenditures

The total operating and capital expenditures for the Medical Review Panel process was \$2,532,000 in 1995. This amount was 16.7% under the 1995 budget because of decreased staff costs and the discontinuance of the project to build a separate MRP examination facility. A breakdown of the 1995 expenditures is set out below:

Operating Expenses		1,199,508
1. Salaries & Payroll	1,066,361	
2. Travel	1,212	
3. Supplies & Stationery	6,874	
4. Buildings & Services	49,284	
5. Communications	15,818	
6. Furniture & Equipment	29,434	
7. Advertising & Promotion	2,003	
8. Consultants	23,902	
9. Other Costs	4,620	
Capital Expenses		21,562
Panel Costs		1,310,930
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TOTAL		2,532,000

Panel costs and staff salaries continue to represent the bulk of the total expenditures as set out below:

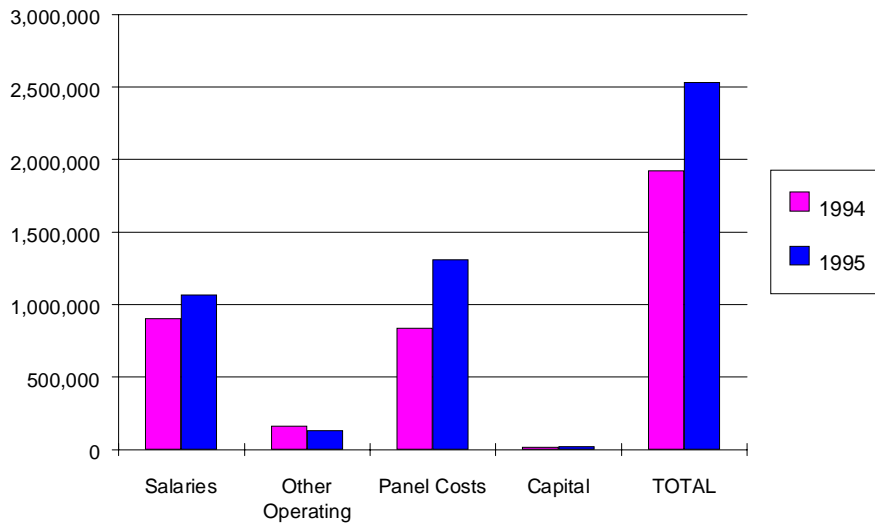
1995 Expenditures



The 1995 cost per panel examination was \$5,210. This is a 19% decrease from the 1994 cost per panel examination of \$6,411.

There was a 31.65% increase over 1994 expenditures, primarily due to increased salaries, the 62% growth in the number of panel examinations and CPI-related panel fee increases. The variance from the 1994 expenditures is set out in detail below:

Total Expenditures 1994 vs. 1995



In 1995, the monitoring of cost expenditures was improved. Monthly and quarterly variance reports were completed. The department also began to implement recommendations contained in the December 1994 internal audit, particularly the development of improved approval, reporting and monitoring procedures for panel costs.

12. Challenges for 1996

The community survey begun in 1994 confirms general satisfaction with the current Medical Review Panel process. However, there are a number of critical challenges which must be addressed in 1996 and beyond:

- identify staffing requirements
- streamline and document procedures
- reduce delays in the processing of MRP matters
- reduce the number of matters delayed at specific points in the process
- upgrade the computerized case management system
- improve communication, coordination and training of the Panel members
- dialogue with the medical community, workers and employers
- maintain cost-effectiveness

If these challenges are met through the development and implementation of a comprehensive and realistic plan, the system will continue to meet the needs of workers and employers in British Columbia.

