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PRACTICE DIRECTIVE #13

Medical Advisor and Nurse Advisor Referrals

Background:

The Division has created the position of Nurse Advisor to handle certain routine matters that are currently handled by Board Medical Advisors. This is a key component of a strategy to have Medical Advisors focus more of their time on education of and dialogue with the medical community. The expected end result will be fewer disputes and improved return-to-work outcomes on individual cases.

This directive is intended to provide guidance to adjudication staff, Medical and Nurse Advisors and other interested parties on:

- (a) The types of issues that should be directed to Nurse and Medical Advisors respectively.
- (b) The manner in which Nurse and Medical Advisors handle such referrals (with implementation of the electronic file (E-File) nearing completion and with the development of a collaborative case management model progressing, traditional and paper-based referral methods are no longer valid).

To Whom Should a Referral be Made:

1. In SDL's with a Nurse Advisor:
 - (a) All referrals should be referred to Nurse Advisor except those identified on the attached list as direct Medical Advisor referrals.
 - (b) The Nurse Advisor will consult with the Medical Advisor or refer to him/her any requests beyond the Nurse Advisor's professional expertise.
2. In SDL's without a Nurse Advisor, all referrals should continue to be made through the Medical Advisor.

How to Refer, Respond and Document:

1. The majority of requests should be handled without the necessity of a written or electronic referral or response. Discussion should suffice. This may occur within the context of a case conference.

RESCINDED

2. Where documentation of the discussion is necessary, adjudication staff will do the documentation and the advisor will initial the document to signify concurrence. On “E-files”, the advisor will add a short note signifying concurrence.
3. Where a detailed consideration is necessary or the opinion will contribute to a decision that will likely be appealed by a worker or employer, the advisor will retain the file and provide a written opinion.
4. When necessary, the advisor may be requested to accompany adjudication staff to a worksite prior to rendering an opinion.

Policy Review

Chapter 10 and other relevant sections of the Rehabilitation Services and Claims Manual are under review by the Policy Bureau, Compensation Services and Medical Services. This directive is being issued on an interim basis to provide guidance to adjudication staff in dealing with day to day matters while the policy review takes place.

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DRAFT - NURSE ADVISOR REFERRALS

The Nurse Advisor generally acts as the first avenue of contact with officer level staff re written and/or verbal medical questions/concerns. The Nurse Advisor will seek direction or advice from the Medical Advisor on these referrals as required. A list of items that should be referred directly to a Medical Advisor is attached. The following are those items which a Nurse Advisor will generally handle, without assistance from a Medical Advisor.

- Routine questions of relationship of diagnosis to injury/incident - including reopenings.
- Assistance in the development of care plans (recovery/RTW dates).
- Interpretation of medical information to non-medical staff.
- Routine contact with attending physicians or other qualified practitioners who are reluctant to refer to Continuum of Care programs (i.e. external provider liaison).
- Identification of missing medical/clinical information/documentation.
- Liaison with various Health Care Providers to expedite referrals/appointments as necessary.
- Liaison with Occupational Health Nurse/delegate at place of employment re RTW as requested.
- Requests for extension of chiro, physio & naturopathy RX in conjunction with the adjudicator.
- Health care benefit questions.
- VRC's inquiries concerning home support.

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DIRECT MEDICAL ADVISOR REFERRALS

The following are appropriate direct referrals to Medical Advisors. All other questions will be handled by the Nurse Advisor. The Nurse Advisor will seek direction or advice from the Medical Advisor as required.

1. Attending physician requests Medical Advisor input.
2. Surgery approval where it is not readily evident to the adjudicator.
3. Diagnostic testing requests, Visiting Specialist Clinic referral requests from outside MD.
4. Where there are complex medical issues or issues which will likely be highly contentious. These include:
 - cases where there is an apparent inconsistency regarding the medical diagnosis and the reported mechanism of injury.
 - cases where there are multiple diagnosis on file or where non-compensable conditions are a significant factor in causation.