

# Medical and Return to Work Planning (MARP) Assessment Services

## Reference Manual

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# Medical and Return to Work Planning (MARP) Assessment Services Reference Manual

This manual is intended to assist with specific business processes related to doing business with the Workers' Compensation Board of BC (WorkSafeBC). This is not a stand-alone document and it is intended that this manual be used in conjunction with the Medical and Return to Work Planning Assessment Services Memorandum of Agreement and all the related Schedules. Please ensure that all staff has access to and understand the content of this manual.

## REFERRALS

Referrals must be received electronically through the WorkSafeBC Provider Portal at [www.myworksafebc.com](http://www.myworksafebc.com). Please refer to the "WorkSafeBC Provider Portal User Guide" for specific instruction on how to process referrals. If a referral source contacts a Provider directly, the Provider must contact the Board Officer to process the referral through the Health Care Provider Portal.

The Provider must book the appointment with the injured worker and confirm the outcome of this communication, or lack thereof, through the WorkSafeBC Provider Portal within one (1) business day of receipt of the referral.

The Provider must book appointments within five (5) business days of the referral date in order to be eligible to bill the 'Timely Referral to Admit' fee. If unable to accommodate an appointment within eight (8) business days of the referral date, the Provider must decline the referral to have it re-routed to the next available MARP Contractor. Appointments may be booked outside of eight (8) business days of the referral date, if instructed by the referral source.

If a Provider initially receives a verbal request from a WorkSafeBC Officer for a MARP Assessment or Reassessment referral, the Provider must remind the WorkSafeBC Officer to complete the Provider Referral – MARP Assessment Services document (Form 83B122). This form is required to formalize the referral.

The Provider should expect a referral letter from the WorkSafeBC Medical Advisor to accompany all the referrals for all MARP Assessments and Reassessments. MARP Subsequent Visits do not require a referral form or a referral letter.

Upon receipt of a MARP referral and accompanying referral letter from the WorkSafeBC Medical Advisor, the Provider must determine the appropriate MARP service required (Assessment, Activity Prescription, Reassessment or Subsequent Visit), and contact the injured worker to book the appointment.

Upon receipt of the MARP Assessment or Reassessment referral, the Provider must accept the referral and schedule the appointment in the Portal.

Should an injured worker's MARP Assessment or MARP Reassessment appointment be rescheduled, the Provider must update the appointment date and time through the Portal. "No show" and cancelled appointments should be communicated through the Portal. If required, the appointment must be rescheduled. Rescheduled appointments do not require a new referral. If the worker does not attend the original MARP Assessment as scheduled, the date of the missed appointment becomes Day 0. The timely referral-to-admit fee is paid if the Worker is rescheduled and is assessed on or before Day 5 in all cases.

A worker cannot attend MARP Services if they are currently enrolled in another Board Sponsored Rehab Service where Physician services are available as part of the program (e.g. OR2, ASTD, PMP, HIATS, AMP).

For assistance with Program related business process questions for referrals, please contact Health Care Services at WorkSafeBC at 604.232.7787. Please visit the [Health Care Provider Centre](http://worksafebc.com/Health-Care-Provider-Centre) in worksafebc.com to view the Provider Portal Training Video Series on topics such as: referrals, clinical reporting, invoicing and much more.

If you are experiencing problems using the Provider Portal or have questions about how to use it, please call TELUS Health Solutions at 1.855.284.5900.

### Threat Management Procedures:

- If a worker directly threatens you or a staff member, you should contact the police immediately to report the threat or act of violence.
- Also contact the WorkSafeBC Officer who will gather details from you to complete a Threat Report.
- If you or a staff member are aware of a threat to a WorkSafeBC employee, you should report it to WorkSafeBC, who may involve internal Corporate Security staff to advise.
- A WorkSafeBC Officer can flag this information for you when making a referral by using the “Please call the WorkSafeBC Officer for additional information” field and marking Yes or No, thus the WorkSafeBC Officer can alert you of a threat code by providing specific details over the phone, without creating FIPP/disclosure issues. See below.

Please call the claim owner for additional information	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## WORKERS LATE FOR APPOINTMENT

If the worker shows up late for their scheduled appointment, it is the Provider’s responsibility to determine if the full MARP service can be completed on that day. Determining whether a worker is too late for an appointment is left to the discretion of the Providers based on the likelihood of completing the MARP service without significantly affecting subsequent appointments. The decision should be based on the complexity of the examination, need for interpreter, whether worker has to leave by a certain time, etc.

If it is decided that the scheduled MARP service cannot be completed on that day, the Provider must contact the WorkSafeBC Officer immediately to determine next steps (e.g. re-book the appointment so the entire assessment can be completed; or perhaps an abbreviated evaluation to focus on limited number of body parts, with follow up assessment at a later date). The WorkSafeBC Officer will have various considerations in mind when determining next steps, such as whether the Worker has travelled from out of town, or the Worker is scheduled for other services which rely on the results of the MARP assessment. If the WorkSafeBC Officer is not available for discussion, the Provider may choose to perform an abbreviated evaluation or re-book the entire assessment, based on clinical judgement and previously mentioned logistical factors.

## INTERPRETER SERVICES

WorkSafeBC has contracted Interpretation Service Providers throughout BC. These Interpretation Providers will bill WorkSafeBC directly for Interpretation Services. If your organization has an in-house interpreter, interpretation provided by the in-house interpreter must not be billed to WorkSafeBC.

## Booking Interpreters

The Provider is responsible for booking all interpretation appointments with the Interpretation Provider; therefore, the Provider must check every incoming referral to see if an interpreter is required. A paper referral will have a box checked to indicate that an interpreter is required. A referral coming through the Health Care Provider Portal will indicate "Interpreter Required" on the Referral screen.

When required, the Provider is authorized to use Dial-In Interpretation via the toll-free number provided by WorkSafeBC to conduct a 3-way call with the Injured Worker and interpreter simultaneously (see Dial-in Telephone Interpretation below).

Once the appointment(s) has been arranged with the worker, if required, the Provider must then contact one of the WorkSafeBC contracted Interpretation Providers for their area (see Approved Interpretation Services Provider List - Appendix D) to book an interpreter for In-person Interpretation. The preferred method of contact is by telephone; however, each Interpretation Provider may make available alternate means of booking that may be used by the Provider (e.g. on-line booking system).

The Provider must provide the Interpretation Provider with the following identifiers:

- Referral Authorization Number (noted on each incoming referral from WorkSafeBC)
- Worker Claim Number
- Worker Name
- Appointment details (date, location, time, number of hours required & the length of any breaks that may be expected)

When the Interpretation Provider accepts the request, they will provide the Provider with a Reference Number for the appointment(s). Please make a note of this number in the event of any issues with the appointment.

## Provider Responsibilities When Interpreters Are Involved

The Provider is responsible for:

- Arranging the Interpretation Services for any relevant appointments, as follows:
  - Requests for Interpretation Services should be directed to any of the Interpretation Providers authorized within the relevant Service Region noted in the Appendices (Approved Interpretation Services Provider List).
  - Whenever possible, Interpretation Services should be booked at least twenty four (24) hours in advance of the required service date to avoid the emergency surcharges associated with last minute bookings.
  - Contact the Interpretation Provider by phone and provide the language desired and appointment details, including any safety equipment required for job site visits, if applicable.
  - Be as accurate as possible with the times requested as WorkSafeBC pays for the time booked for appointments that end early. WorkSafeBC also pays a referral fee for appointments cancelled with less than twenty four (24) hours notice and a surcharge for requests that are made with less than twenty four (24) hours notice.
  - If the Interpretation Provider informs that they are unable to supply an interpreter for the appointment requested, the Provider should contact another Interpretation Provider on the list and repeat the process.
  - If all Interpretation Providers are unable to supply an interpreter, and re-scheduling the appointment is not the best option, contact the Health Care Services Quality Assurance Supervisor or Program Manager responsible for Interpretation and Translation Services at 604.232.7787 or toll free at 1.888.967.5377 (local 7787).

- Accurately document the interpreter’s service hours, to the minute, on the Interpreter Assignment Sheet (to be provided by interpreter) following each interpretation service. Please note that interpreters are not paid for any breaks that they willingly take at a time agreeable to the Provider during the appointment. Interpreters are also not paid for the Injured Worker’s breaks so care must be taken to maximize the use of the interpreter’s scheduled time, and not book it over the time the Worker is scheduled to take a break. Ensure that any time taken for breaks is deducted from the total time of the Interpretation Service that the Provider signs off.
- Notify the Interpretation Provider of any cancellations as soon as possible.
- Inform Quality Assurance Supervisor of Interpretation Services in Health Care Services in the event of any quality concerns, including tardiness and no-shows.
- If the Provider fails to arrange an interpreter and the appointment cannot take place due to communication barriers, WorkSafeBC shall not be charged for this visit by the Provider.

Making every effort to ensure cost-effective usage of Interpretation Services, including not scheduling interpreters over Injured Workers’ breaks and maximizing use of the scheduled time over only the core components of the appointment requiring interpretation.

## Dial-in Telephone Interpretation

This process can be used to communicate with the Worker about any scheduled appointments, cancellations or changes and is available 24 hours a day, 7 days a week.

Please refer to the “**Quick Reference Guide**” in Appendix C on how to effectively utilize **Language Line Services Dial-in Telephone Interpretation Service**.

## REFERRAL TO ADMISSION TIMEFRAMES

The Injured Worker should be assessed by the Provider within five (5) business days following receipt of the referral (which is considered ‘day 0’). If unable to accommodate an appointment within eight (8) business days of the referral date, the Provider must decline the referral to have it re-routed to the next available MARP Contractor. Appointments may be booked outside of eight (8) business days of the referral date, if instructed by the referral source.

The Timely Referral to Admit Fee can only be billed for MARP Assessments or MARP Reassessments (not Subsequent Visits), when the assessment occurs on or before Day 5.

When a worker does not attend the MARP appointment, the appointment should be rescheduled. The original appointment date becomes ‘Day 0’, and the referral to admission timeframe restarts.

## WORKSAFEBC DISCLOSURE OF MEDICAL INFORMATION

Providers will receive a copy of the medical section of the claims file by electronic mail. WorkSafeBC will send the disclosure to only one email address for each clinic location, regardless of how many different programs may be located at the facility.

Providers with multiple clinic locations can choose to use the same or different email address across each of the different locations.

The disclosure will be sent through secure email.

The disclosure will be very small in your inbox as the email itself will provide link to an external site that will contain the actual PDF medical disclosure. Once you click the link to access the external site, you can download and save the PDF.

Please note that each emailed disclosure will automatically be deleted from the secure email system after one (1) year of receipt. As a result, if you wanted to refer to the disclosure in the future, you will need to download and save a soft copy of the PDF to your computer hard drive.

Adobe Acrobat Reader is required to read the PDF file. If you don't have this software, it can be downloaded for free at [www.adobe.com](http://www.adobe.com).

Note: If you need to update contact information for disclosures, please contact Health Care Services at 604.232.7787.

## MARP ASSESSMENT

Referral for a MARP Assessment must be initiated by WorkSafeBC via MARP referral form and Medical Advisor referral letter.

A Worker can be referred for a MARP Assessment if he/she has not attended a MARP Service for the same injury/body part within six (6) months.

Following the initial MARP Assessment, the MARP provider must submit ONE of the following written reports to WorkSafeBC:

- MARP Assessment Report - If the MARP Physician determines that the worker will require follow-up/subsequent visits (e.g. follow up after investigations, injection or for review of status), a MARP Assessment Report must be submitted.
- MARP Discharge Report - If the MARP Physician determines that the worker will not require follow-up/subsequent visits, a MARP Discharge Report must be submitted.

If an Injured Worker has been discharged from a MARP Assessment (which was not for CRPS diagnosis), and then re-referred for purposes of CRPS clarification or for a new injury or body part, these would be considered new MARP Assessments.

## MARP REASSESSMENT

A Worker can be referred for a MARP Reassessment if he/she requires reassessment of the same injury and/or body part, and has attended a MARP Initial Assessment within the past six (6) months.

Referral for a MARP Reassessment must be initiated by WorkSafeBC via MARP referral form and Medical Advisor referral letter.

Following a MARP Reassessment, the MARP provider must submit ONE of the following written reports to WorkSafeBC:

- MARP Reassessment Report - If the MARP Physician determines that the worker will require follow-up/subsequent visits (e.g. follow up after investigations, injection or for review of status), a MARP Reassessment Report must be submitted.
- MARP Discharge Report - If the MARP Physician determines that the worker will not require follow-up/subsequent visits, a MARP Discharge Report must be submitted.

## MARP SUBSEQUENT VISIT

If a Worker is assessed in a MARP Assessment or Reassessment and is then required to return for another appointment, (e.g. for follow up after investigations, injection or MARP Physician initiated review of status), this would be a Subsequent Visit.

Following a MARP Subsequent Visit, the MARP provider must submit ONE of the following written reports to WorkSafeBC:

- MARP Progress Report - If the MARP Physician determines that the worker will require further follow-up/subsequent visits (e.g. follow up after investigations, injection or for review of status), a MARP Progress Report must be submitted.
- MARP Discharge Report - If the MARP Physician determines that the worker will not require any further follow-up/subsequent visits, a MARP Discharge Report must be submitted.

No referral or Medical Advisor letter is required for a Subsequent Visit.

A Worker can be seen for a MARP Subsequent Visit up to five (5) times within a six (6) month period following the initial MARP Assessment or MARP Reassessment.

A separate report is required following each Subsequent Visit.

A Subsequent Visit may be initiated by the Provider.

MARP Providers have the option of completing MARP Subsequent Visits in-person or on-the-phone, at their discretion and clinical judgment.

## MARP ACTIVITY PRESCRIPTION FORM

Requests for completion of the MARP Activity Prescription Form may be found within the Medical Advisor Referral letter or by request from the WorkSafeBC Officer.

Activity Prescription (initial or updated/revised) must be submitted using the template form 83D337, which can be downloaded from [www.worksafebc.com](http://www.worksafebc.com)

## OPIOID AND SEDATIVE-HYPNOTIC MEDICATION

RSCM Policy Item C10-80.00 provides guidance on when WorkSafeBC will cover the cost of opioids, sedative/hypnotics and other potentially addictive drugs for injured workers. WorkSafeBC's responsibility for payment of prescribed opioids is generally limited to a period of up to four weeks post-injury or post-surgery. For prescribed sedative/hypnotics, WorkSafeBC's responsibility is generally limited to a period of up to two weeks post-injury or post-surgery. In certain *exceptional circumstances*, WorkSafeBC pays for opioids or sedative/hypnotics beyond this acute period.

### Prescriptions beyond WorkSafeBC's time limits

#### Opioids

To extend approval of opioids beyond the four-week period, the policy requires:

- WorkSafeBC approval of a request from the worker's prescribing physician outlining details such as the treatment plan, dosage, frequency, and progress expectations, and
- A written treatment agreement completed by the worker.



## Sedative-hypnotics

Sedative-hypnotics are generally prescribed for patients with sleep disturbances. For WorkSafeBC to cover the costs of these prescriptions, their use must be directly related to a compensable injury.

Where the Injured Worker is having difficulty sleeping as a direct result of a compensable injury, WorkSafeBC may pay for sedative-hypnotic medication for up to two (2) weeks post injury or post surgery. WorkSafeBC does not pay for this class of medication to treat sleep disturbances on a long-term basis.

In particular, WorkSafeBC does not reimburse for sedative-hypnotics used for chronic pain or muscle spasm. Instead, we fund treatments that address the injured worker's underlying issues and compensable injuries.

An extension to sedative/hypnotics payments may be extended if the worker is under the care of psychiatrist for an accepted psychological condition on the claim; treatment of spasticity associated with a compensable condition; short term (i.e., 1 to 2 days) while Worker attends a medical investigation or procedure.

There are exceptions where WorkSafeBC will consider reimbursement:

- Compensable psychiatric conditions, such as PTSD, where the Worker is under the care of a psychiatrist
- Preoperative or pre-procedure use of a sedative-hypnotic medication-a prescription for 1-2 days will be covered
- Spinal cord injuries-this class of medication will be covered to treat spasticity associated with significant compensable spinal cord injuries.

Please note that WorkSafeBC includes Tramadol (Tramacet) in the list of controlled opioids.

The complete Practice Directive may be accessed via the following link:

[http://www.worksafebc.com/regulation\\_and\\_policy/practice\\_directives/compensation\\_practices/assets/pdf/C10-1.pdf](http://www.worksafebc.com/regulation_and_policy/practice_directives/compensation_practices/assets/pdf/C10-1.pdf)

The College of Physicians and Surgeons of BC, Professional Standards and Guidelines on Safe Prescribing:

<https://www.cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf>

## RECOMMENDATIONS FOR FURTHER INVESTIGATIONS OR INTERVENTIONS

All MARP referrals include pre-approval for imaging of the identified injured body part.

The MARP Provider must obtain verbal approval from the WorkSafeBC Officer / Medical Advisor, for any further investigations and/or specialist services (e.g. Visiting Specialist Clinic) which are being recommended, prior to informing the Injured Worker.

For imaging services (MRI, CT, Ultrasound, Bone Scans) or Nerve Conduction Studies (EMG), the MARP Physician completes the relevant requisition. The MARP provider can fax the requisition to the VSC, or directly contact a board-approved imaging facility to book the imaging request. The provider can call the VSC at 604.214.6700 to request VSC requisition forms if needed.

When ordering imaging or EMG, in order to ensure it is expedited and to avoid delays in scheduling, please do the following:

- Indicate that the request is being sent from a WorkSafeBC-contracted MARP Provider.
- Indicate that Case Manager approval has been obtained.

For Specialist consultations, once approval is received, the MARP Physician completes a referral letter and sends directly to the VSC (fax # 604.214.6799). In order to avoid scheduling delays, please include the following details in each referral letter:

- Indicate that the referral source is a contracted MARP Provider.
- Indicate that Case Manager approval has been obtained.
- Indicate: Area to be examined and which type of Specialty is required.

*Note: Please refrain from requesting specific Specialists when referring to the VSC, which could lead to longer wait times for Injured Workers.*

- Indicate on the fax cover sheet and in the referral letter that the referral is "Assessment Only".  
"Assessment Only" means the VSC referral does not include pre-approval for surgical intervention.

*Note: If referring to specialist services outside of the VSC, please coordinate directly with the Claim Owner (the VSC is not involved in this process).*

**For all imaging services and specialist consultations, the MARP Provider is to also upload the relevant requisition and/or referral letter to the Provider Portal (using the 'Other' dropdown choice) for WorkSafeBC's reference.**

## TRANSFER OF CARE

MARP Physicians ordering diagnostic investigations are considered to be responsible for following up on the outcome of the investigation. This applies unless that responsibility has been specifically delegated to another physician and that physician has agreed to accept that responsibility.

For example:

In order for another Physician (e.g.: OR2, Family Physician) to follow-up on an investigation ordered by a MARP Assessment Physician, there has to be evidence of transfer of care. Transfer of care may be necessary when the Worker is involved in another service or when there are findings unrelated to the diagnosis on the claim. That is, the MARP Assessment Physician must:

- Communicate with the other physician to ensure the other physician:
  - is informed of the transfer of care
  - agrees to accept the transfer of care
- Document in the clinical chart notes that he/she is transferring responsibility of follow-up to the other physician and that communication with the other physician has occurred

Please note that transfer of care is not the role of the injured worker. As such, communicating with the injured worker to follow-up with his/her Family Physician will not fulfill the requirement of transfer of care.

# REPORTING

The MARP Physician must contact the WorkSafeBC Officer within one (1) business day following the assessment to discuss findings, probable diagnosis, review treatment, return to work and diagnostic/investigative recommendations. The MARP Physician must also contact the Attending Physician to discuss the same.

Reports, including Activity Prescription Forms, must be submitted electronically through the WorkSafeBC Provider Portal at [www.myworksafebc.com](http://www.myworksafebc.com). Please refer to the “WorkSafeBC Provider Portal User Guide” for specific instruction on how to submit reports.

Only reports sent through the WorkSafeBC Provider Portal will be used to determine report timeliness for the purposes of invoicing.

All MARP reports must be submitted in Word document format and must contain the following information on **each page** of the document:

- Injured Worker's name
- Injured Worker's claim number
- Document name (e.g. MARP Assessment or MARP Reassessment, MARP Progress, MARP Discharge) and page number

Note: MARP Activity Prescriptions are to be completed using the template Form 83D337, which can be downloaded from [www.worksafebc.com](http://www.worksafebc.com).

All reports must be submitted to WorkSafeBC through the Portal as well as by fax to the Attending Physician.

For any MARP service (Assessment, Reassessment or Subsequent Visit) and Activity Prescription Form, a report/form must be completed with the subheadings and content as outlined in the Reporting Guidelines, found in Appendix B in this manual.

- Reports/Forms must be submitted within five (5) business days following the date of the visit.

If WorkSafeBC Officers request that a copy of any report be faxed directly to them, the Provider must indicate on the version sent to the Board Officer that it is a copy and should not be scanned, by including “COPY: Do not scan” on the cover. In addition to the copy sent to the WorkSafeBC, the Provider must also submit the report through the Provider Portal.

For assistance with Program related business process questions for reporting, please contact Health Care Services at WorkSafeBC at 604.232.7787. Please visit the [Health Care Provider Centre](http://www.worksafebc.com/Health-Care-Provider-Centre) in [worksafebc.com](http://www.worksafebc.com) to view the Provider Portal Training Video Series on topics such as: referrals, clinical reporting, invoicing and much more.

If you are experiencing problems using the Provider Portal or have questions about how to use it, please call TELUS Health Solutions at 1.855.284.5900.

## COMMUNICATION REQUIREMENTS

### MARP-Specific Communications

The MARP Physician must contact the Board Officer within one (1) business day following the assessment to discuss findings, probable diagnosis, review treatment, return to work and diagnostic/investigative recommendations. The MARP Physician must also contact the Attending Physician to discuss the same.

## General Communications

The following are situations that require disclosure to the appropriate WorkSafeBC staff member:

- Any implicit or explicit threat towards a WorkSafeBC staff member or property; and/or any statement or action of harm directed towards another individual.
- Where any accident or critical incident occurs, the Board Officer and Attending Physician must be notified immediately by telephone and a written incident report must be submitted to WorkSafeBC.
- When reporting one of the above, the seriousness of intent should also be communicated. Contact the Quality Assurance Supervisor if in doubt of the appropriate person to contact.

## Communications regarding Exceptions

For inquiries regarding exceptions to billing or provision of services contact Health Care Services for direction.

Final decisions/recommendations will be communicated to Providers in writing from Health Care Services and will apply specifically to the scenario in question. Same decision/recommendations cannot be applied to another injured worker without specific approval, provided in writing, from Health Care services.

## Communications regarding Recommendations

Recommendations for RTW, further medical investigations/referrals, medical supplies/equipment and treatment plan etc. should be discussed with the Board Officer prior to advising the Worker or documenting in a report.

## Communications with Injured Workers regarding Work Disability Prevention

Research shows that returning to normal activity as soon as safely possible after injury reduces the likelihood of long-term disability. Helping workers develop expectations and goals for returning to work can improve their outcomes. Below are some conversations you can have with Injured Workers:

### **Activity helps recovery**

- Returning to some level of work and activity will help injured workers recover from common injuries faster than prolonged bed rest.
- Help Workers understand the level and type of activity they can do. Incrementally increase the activity they can do a little bit, each day.

### **Some discomfort is normal when returning to activities after an injury**

- This is not harmful, and is different from pain that indicates a setback.

### **Early and safe return to work makes sense**

- Return to work is one of the goals of treatment

### **“You can help with your own recovery”**

- Help workers understand they play an important role in ensuring their own successful recovery, and by following the MARP Physician’s activity prescription

## Health Care Services Communication

Health Care Services regularly uses email bulletins as a communication channel between WorkSafeBC and program Providers, relaying information regarding:

- New forms, new invoices
- Updated processes
- WorkSafeBC staff changes
- Patterns in claims
- Updates on service matters
- Payment issues / Billing FAQ's
- Clinical reminders
- Other relevant information

If you would like to be added to the **MARP** email bulletin list, or if you already receive this email and would like to change the email address or be removed from the list, please send an email to [hcsinqu@worksafebc.com](mailto:hcsinqu@worksafebc.com) requesting the change. There is no limit to the number of people within a Provider organization who can receive the information bulletins.

## FIPPA Release of Information to Employers

As part of WorkSafeBC treatment programs' expectations, program providers frequently communicate with the injured worker's employer to assist the worker to return to work in a safe and timely manner. This section serves as a reminder of the Freedom of Information and Protection of Privacy Act (FIPPA) as it relates to discussing personal information with a worker's employer.

The provider should obtain written consent from a worker prior to sharing information with their employer. This consent will let the worker know that information will be shared and the authorization can be tailored to address what information the worker wants to share. It also allows the worker to be part of the process so that s/he is not surprised when the service provider is speaking with their employer. The service provider should ideally also have a named individual at the employer that they are to speak with to ensure that they are sharing the information with the appropriate party.

When speaking with an employer (or an authorized employer/worker representative) you can only share information with them on a "need to know" basis. The amount and type of information that can be disclosed to the employer about a worker is quite minimal. Some examples of information that the employer needs to know for their workplace, which you can share with them, include the following:

- When the worker is expected back to work
- Whether the worker will need light / modified / transitional duties upon return to work (capabilities, restrictions and relative timelines)
- RTW hours
- Accepted, claim-related, limitations and restrictions
- Recommended workplace accommodations (ex: sit / stand stool, ergo chair, etc)

The service provider should not release information or details to the employer about the worker's medical condition (ex: diagnosis, surgery types, surgery dates, specialist appointments, treatments, etc) as that is not a level of detail that would be required for the workplace. Regular updates to the employer (unless something significant changes), questions regarding specific specialists and "what did the consult report say" are also not information to share with the employer. The employer does not need to know the names and roles of the rehabilitation program staff or specialists, unless those contact details are relevant for the management of the worker's return to work plan.

If you have further questions you can contact the WorkSafeBC FIPP office at 604.279.8171.

You can find out more about the FIPP Act from the Office of the Information & Privacy Commissioner for BC at: <https://www.oipc.bc.ca/about/legislation/>

## FAMILY PHYSICIAN COMMUNICATION

Providers are encouraged to contact the Family/Attending Physician. Providers may advise the Family/Attending Physician that the Telephone Consultation fee code (19930) within the WorkSafeBC-Doctors of BC Service Agreement may be invoiced to WorkSafeBC by Physicians. Physicians may bill this fee code on more than one occasion per claim. The fee code should not be used for routine inquiries.

A summary of the phone conversation must be included in the MARP Report in order for fee code 1198350 to be paid.

## INVOICES

Invoices must be submitted electronically through the WorkSafeBC Provider Portal at [www.myworksafebc.com](http://www.myworksafebc.com). Please refer to the "WorkSafeBC Provider Portal User Guide" for specific instruction on how to submit invoices.

For the purposes of invoicing, only those reports sent via the Portal will be used to determine report timeliness.

Invoices for services must be received within 90 days following the date of service. Invoices received beyond 90 days may not be paid.

For MARP Assessment appointments, where the Injured Worker cancels the appointment within two (2) business days of the appointment, or fails to attend the scheduled appointment, and when the Provider does not subsequently complete the MARP Assessment, the Provider is eligible to bill a MARP Referral Fee as outlined in Schedule B.

- The MARP referral fee is not billable for Subsequent Visits.

For assistance with Program related business process questions for invoicing, please contact Health Care Services at WorkSafeBC at 604.232.7787. Please visit the [Health Care Provider Centre](http://www.worksafebc.com/Health-Care-Provider-Centre) in [worksafebc.com](http://www.worksafebc.com) to view the Provider Portal Training Video Series on topics such as: referrals, clinical reporting, invoicing and much more.

If you are experiencing problems using the Provider Portal or have questions about how to use it, please call TELUS Health Solutions at 1.855.284.5900.

## SUBMISSION OF DATA TO WORKSAFEBC

WorkSafeBC will measure and monitor outcomes based on Provider information and data submitted to the WorkSafeBC. The data will be used to monitor utilization and effectiveness of the MARP Services. The Provider must submit data and information as outlined by WorkSafeBC and within the timelines identified. Failure to comply with these requirements may, at the discretion of WorkSafeBC, result in removal from the Provider Network.

All email communication containing Injured Worker information must be encrypted.

# STANDARDS

WorkSafeBC will collect and monitor several standards for MARP Service provision, including, but not limited to:

- Referral to admission timeframes
- Client Satisfaction rating
- Client Satisfaction response rate

Targets for these measures are:

- Referral to admission: within five (5) business days
- Client Satisfaction rating: 8.5 (minimum acceptable average is 7.0)
- Client Satisfaction response rate: 80% (minimum acceptable average is 60%)

For each Provider, the standards will be measured against the network averages.

Feedback with regards to the Provider's measures in these areas will be communicated regularly by WorkSafeBC.

## PROGRAM CLOSURES

It is the responsibility of the Provider to clearly inform the injured workers, WorkSafeBC Officer and Health Care Services of any unexpected closures or Service interruptions (e.g. Power outages, snowstorm, floods, earthquakes, etc).

It is the responsibility of the Provider to clearly inform injured workers and WorkSafeBC Officers of holiday or other closures.

If a Provider chooses to open on one of the public holidays, they may do so, but injured workers may choose not to attend.

## INJURED WORKER ATTENDANCE

Providers must advise the WorkSafeBC Officer within one (1) business day of any absences. If the appointment is subsequently rescheduled, the Provider must notify the WorkSafeBC Officer of the new appointment date and time.

The Contractor must determine and document in their clinical records the reason for all absences from the program (including whole or part days and days missed from the clinical treatment or treatment at the work site). Clinical judgment should be used when determining whether unplanned partial attendance on any day (e.g. illness during treatment, emergency at home) will be counted as a Participation day.

Planned absences must be pre-approved by the WorkSafeBC Officer. The program must confirm the absence with the WorkSafeBC Officer.

## WORK DISABILITY PREVENTION PRINCIPLES

1. Disability status is a determinant of health. Evidence shows that long term worklessness leads to increased morbidity, mortality, family and societal problems. *Reference: Is Work Good for Your Health and Well-Being? Review by Gordon Waddell, and A Kim Burton.* The concept here is that the Physician would place as much value on returning someone to work as they would in preventing smoking preoperatively because it is a health issue.

2. Window of opportunity for return-to-work

- For soft tissue injuries, probably within 6 weeks
- For surgical condition, may take months for full recovery, however, RTW can proceed prior to full recovery or function.

3. Yellow flags. Some of the risk factors for prolonged disability may include:

- Pain intensity
- Fear avoidance beliefs
- Pain behavior
- Job/co-worker dissatisfaction
- Catastrophizing
- Emotional distress, co-morbid psychiatric condition e.g. depression
- Perceived health/disability
- Duration of time off work, expectations about return to work

4. While patients may not be aware of accommodations at the workplace or report to you there are no accommodations, you can provide advice on what activities should specifically be avoided to prevent harm, and what limitations in ability they should potentially work with. OT's, occupational nurses etc., are trained and skilled at speaking with employers to identify safe work. They can look for safe and appropriate activities based on your recommendations. It is not uncommon for us to have a Worker be deemed as having an inability to RTW, but with the assistance of a Vocational Rehabilitation Consultant can be successful at returning this Worker back to their place of employment.

5. What can you do?

- Some patients will go back to work no matter what you do
- Some patients will never go back to work no matter what you do
- There is a large group of patients who are at risk of not returning to work, but their chances are greatly improved with respect to health status if we assist them back to work as early as possible.

How? Universal Precautions system:

- a. Set expectations with all your patients around the length of time for recovery and your confidence about their ability to get back to useful work.
- b. Over the course of follow-up care, identify any change in the Worker's restrictions and/or limitations, and guidance over increasing activity. Physicians can provide an active role in RTW by providing guidelines to activity noting restrictions and limitations.
- c. For MARP Assessments, to complete or revise the Activity Prescription form, as required
- d. For chronic pain, any intervention needs to address both pain and function objectively. If the patient is still not advancing towards function such as RTW, one needs to question if the intervention is useful.



- e. Unlike compensation for wage loss, entitlement to vocational rehabilitation is a discretionary benefit under WorkSafeBC. There is a process for determining the extent of VR entitlement
- There are 5 phases of Vocational Rehabilitation
  - It is only the last phase that contemplates retraining; it is atypical for Workers to advance through the phases to reach the level of retraining. Suggesting vocational rehabilitation measures be taken is more useful than suggesting retraining occur.
- f. Understand that part of re-attaching a patient to work may require expert assistance from a disability management expert, like a nurse/OT/VR. You don't have to be expert at this. Just as you would refer a Worker with a psychiatric problem to a psychiatrist, it is okay to identify that the problem is a disability one.

# DISCHARGE RECOMMENDATION CATEGORIES

## Discharge Status Categories

The injured worker must be discharged under one of the Discharge Status options based on the injury accepted on the claim as illustrated in the table that follows.

In the rare instance where an injured worker is discharged from the Program and will continue to participate in a RTW plan, the worker should be discharged as "Fit to Return to Work with Limitations" and the appropriate details included in the report.

Discharge Status	Criteria: injured worker
Fit to Return to Pre-injury Work <b>without Limitations</b>	<ul style="list-style-type: none"> <li>• Has overcome the barriers preventing the return to the pre-injury critical job demands.</li> <li>• Is not job attached, but demonstrates the functional abilities to perform pre-injury critical job demands.</li> <li>• Has withdrawn from the program and the provider confirms the Injured Worker could return to work without limitations.</li> <li>• Has not demonstrated the ability to meet critical job demands, but an inconsistency in functional abilities has been observed and documented.</li> <li>• Has not demonstrated the ability to meet critical job demands, but the demonstrated functional abilities are not consistent with the objective findings of impairment.</li> <li>• Has not demonstrated the ability to meet critical job demands but physical findings do not preclude a safe return to work.</li> </ul>
Fit to Return to Pre-injury Work <b>with Limitations</b>	<ul style="list-style-type: none"> <li>• Has not demonstrated the ability to meet critical pre-injury job demands and objective findings of impairment are consistent with the demonstrated functional abilities.</li> <li>• Has withdrawn from the program and the team/therapist confirms the Injured Worker could return to work with limitations.</li> <li>• Where an Injured Worker is deemed fit to return to work with limitations, recommendations should be made for a return to modified or alternate work. For example*:               <ul style="list-style-type: none"> <li>• Pre-injury Duties – Modified Hours</li> <li>• Modified Pre-Injury Duties – Pre-Injury Hours</li> <li>• Modified Pre-Injury Duties – Modified Hours</li> <li>• Alternate Duties - Pre-Injury Hours</li> <li>• Alternate Duties – Modified Hours</li> </ul> </li> </ul>
<b>Not Fit</b> to Return to Pre-injury Work	<ul style="list-style-type: none"> <li>• Has not demonstrated the physical abilities to return to any aspect of work and has not overcome the barriers identified to return to work despite modifications at the work place.</li> <li>• Is not fit to return to work and no further clinical intervention is required.</li> </ul>

**\* For WorkSafeBC Sponsored Rehabilitation Programs & Services:**

- **Modified duties** are defined as a reduction of intensity in **pre-injury work duties** in order to accommodate the injured worker's limitations resulting from the injury.
- **Alternate duties** are defined as a return to employment performing alternate duties, or to a position having a different job title or description from the pre-injury work duties.

Discharge recommendations for modified or alternate duties must be based on both the objective evidence of impairment and the demonstrated functional abilities. For temporarily modified or alternate duties, an expected end date must be reported.

## **Program Withdrawal or Discharge for Non-compliance**

The injured worker has the right to voluntarily withdraw from the Program.

The WorkSafeBC Officer has the right to withdraw the injured worker from the Program at any time.

The Provider may discharge an injured worker who is not benefiting from the Program for reasons of poor levels of participation or attendance. Evidence for the poor participation or attendance and a functional summary must be included in the Discharge Report.

The Provider shall notify the WorkSafeBC Officer as soon as the injured worker has withdrawn from treatment or if the Provider is considering a discharge for the reasons above.

## **WORKSAFEBC INJURED WORKER SATISFACTION & COMPLAINTS**

All injured workers attending the Program must be provided with an electronic WorkSafeBC Client Satisfaction Survey. The clinic payee number and program name are mandatory fields and must be accurately recorded. Entering the Injured Worker's claim number is optional and it is the Worker's decision as to whether the claim number is entered or not.

Contact Health Care Services for the link to the WorkSafeBC Client Satisfaction Survey.

# CONTACT INFORMATION

## **Program and service inquiries**

### **Health Care Services**

Lower Mainland 604.232.7787

Toll-free 1.888.967.5377 ext 7787

E-mail: [hcsinqu@worksafebc.com](mailto:hcsinqu@worksafebc.com)

### **Provider Referrals**

Lower Mainland: 604.231.8887

Toll-free: 1.866.481.8887

Fax: 604.233.9777

Toll-free Fax: 1.888.922.8807

### **General claim or entitlement inquiries**

Lower Mainland: 604.231.8888

Toll-free: 1.888.967.5377

### **Billing and payment inquiries**

#### **Payment Services**

Lower Mainland: 604.276.3085

Toll-free: 1.888.422.2228

### **Contract inquiries**

#### **Purchasing Services**

Lower Mainland: 604.276.3344

Toll free: 1.844.276.3344

### **WorkSafeBC Provider Portal Support Line**

1.855.284.5900 (24/7 support)

If you are experiencing problems using the Provider Portal or have questions about how to use it, please call TELUS Health Solutions at: 1.855.284.5900. If you contact this number and the question/issue is not immediately addressed, be sure to ask for your ticket# for reference and follow-up purposes.

# Appendix A - WorkSafeBC Service Delivery Location (SDL) Contact Numbers

Each **SDL** (Service Delivery Location) represents a WorkSafeBC office that provides prevention, claims, account management and assessment services to Workers and employers of British Columbia, primarily directed to where the employer is located in the province and often based on the employer's industry. Each WorkSafeBC SDL provides comprehensive and integrated day-to-day customer service for Workers, employers and stakeholders.

The SDL contact numbers are included below to be used in the case of urgent circumstance where the provider may want to reach WorkSafeBC but the Board Officer is not available for contact.

SDL	Phone Number	Toll free
Abbotsford	604.556.2005	1.888.967.5377
Burnaby	604.232.5900	1.888.967.5377
Coquitlam	604.232.1900	1.888.967.5377
Courtenay	250.334.8701	1.800.663.7921
Cranbrook	250.352.2824	1.800.663.4962
Kamloops	250.371.6002	1.800.663.3935
Kelowna	250.717.4301	1.888.922.4466
Nanaimo	250.751.8000	1.800.663.7382
Nelson	250.354.5700	1.888.967.5377
Prince George	250.563.9264	1.800.663.6623
Special Care Services	604.231.8888	1.888.967.5377
Surrey	604.232.7000	1.888.967.5377
Terrace	250.615.6600	1.800.663.3871
North Vancouver	604.232.1522	1.888.875.6999
Victoria	250.881.3441	1.888.663.7593

# Appendix B – MARP Assessment Services Reporting Guidelines

## MARP Assessment Report (or Discharge Report)

- Following the MARP Assessment, submit a MARP Assessment Report if the injured worker is expected to require follow-up. If subsequent visits are not expected, the provider submits a MARP Discharge Report.
- Index codes: MARPAR (Assessment Report) or MARPDR (Discharge Report)

Memo Field Name	Required Subheadings	Contents
<b>MARP Assessment Report</b>  <u>Or</u> <b>MARP Discharge Report</b>  (if no Subsequent Visits are expected)	<b>Medical History</b>	<ul style="list-style-type: none"> <li>• Mechanism of injury</li> <li>• History of present condition: present function, progress to date, investigations and past treatments</li> <li>• Functional Enquiry</li> <li>• Past Medical History, including previous work-related injury(ies) and clinical course</li> <li>• Family history, Smoking/Substance use history, Medications, Allergies</li> <li>• Psychosocial history include:                             <ul style="list-style-type: none"> <li>• summary of non-physical barriers which may impact return to work (RTW)</li> <li>• interpretation of standardized psychosocial test results;</li> </ul> </li> <li>• Worker's understanding/plans</li> </ul>
	<b>Physical Exam</b>	<ul style="list-style-type: none"> <li>• Physical exam findings                             <ul style="list-style-type: none"> <li>• include examination of contralateral side, positive and negative findings</li> </ul> </li> </ul>
	<b>Diagnosis and Clinical Impression</b>	<ul style="list-style-type: none"> <li>• Differential and/or probable diagnosis including rationale</li> <li>• Clinical impression - discussion and summary of findings.</li> <li>• Respond to specific referral question.</li> <li>• Identify medical restrictions, if any.</li> </ul>
	<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• Provide recommendations and rationale regarding:                             <ul style="list-style-type: none"> <li>• RTW/RTW Support Services</li> <li>• Further investigations or medical intervention (i.e. VSC referral)</li> <li>• Further MARP Subsequent visits</li> <li>• Treatment intervention (eg. Physiotherapy, OR1, OR2, Pain Management Program)</li> <li>• Provide expected outcome with defined time frames</li> </ul> </li> <li>• All recommendations should be discussed with the Board Officer prior to documentation of the report</li> </ul>
	<b>Contact with Family Physician</b>	<ul style="list-style-type: none"> <li>• Summary of discussion with Family Physician</li> </ul>
	<b>Assessment Team Members</b>	<ul style="list-style-type: none"> <li>• Names and professional designations of assessment team members</li> </ul>
	<b>Report Prepared By</b>	<ul style="list-style-type: none"> <li>• Name(s) and signature(s) of report writer(s)</li> </ul>

## MARP Reassessment Report (or Discharge Report)

- Following the MARP Reassessment, submit a MARP Reassessment Report if the injured worker is expected to require follow-up. If no subsequent visits are expected, the provider is to submit a MARP Discharge Report.
- Index codes: 83B328 (Reassessment report) **or** MARPDR (Discharge report)

Memo Field Name	Required Subheadings	Contents
<b>MARP Reassessment Report</b>  <b>Or</b> <b>MARP Discharge Report</b>  (if no Subsequent Visits are expected)	<b>Medical History of Specific Injury</b>	<ul style="list-style-type: none"> <li>• Brief overview of history</li> <li>• Clinical course and progress to date</li> <li>• Pending results of investigations or appointments</li> </ul>
	<b>Physical Exam of Specific Injury</b>	<ul style="list-style-type: none"> <li>• Physical exam findings</li> <li>• Changes in physical status since last assessment</li> </ul>
	<b>Diagnosis and Clinical Impression</b>	<ul style="list-style-type: none"> <li>• Differential diagnosis and/or probable diagnosis</li> <li>• Clinical impression - discussion and summary of findings</li> <li>• Respond to specific referral question if not answered in another section.</li> <li>• Identify medical restrictions, if any.</li> </ul>
	<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• Provide recommendations and rationale regarding:                             <ul style="list-style-type: none"> <li>• RTW/RTW Support Services Further investigations or medical intervention (i.e. VSC referral)</li> <li>• Further MARP Subsequent visit</li> <li>• Treatment intervention (eg. Physiotherapy, OR1, OR2, Pain Management Program)</li> <li>• Provide expected outcome with defined time frames</li> </ul> </li> <li>• All recommendations should be discussed with the Board Officer prior to documentation of the report</li> </ul>
	<b>Contact with Family Physician</b>	<ul style="list-style-type: none"> <li>• Summary of discussion with Family Physician</li> </ul>
	<b>Assessment Team Members</b>	<ul style="list-style-type: none"> <li>• Names and professional designations of the assessment team members</li> </ul>
	<b>Report Prepared By</b>	<ul style="list-style-type: none"> <li>• Name(s) and signature(s) of report writer(s)</li> </ul>

## MARP Subsequent Visits: MARP Progress Report (or Discharge Report)

- Following each MARP Subsequent Visit, submit a MARP Progress Report if the injured worker is expected to require further follow-up. If no further subsequent visits are expected, the provider is to submit a MARP Discharge Report.
- Index codes: MARPPR (MARP Progress) or MARPDR (MARP Discharge)

Memo Field Name	Required Subheadings	Contents
<b>MARP Progress Report</b> <b>Or</b> <b>MARP Discharge Report</b> <b>(if no further Subsequent Visits are expected)</b>	<b>Medical History and Physical Exam</b>	<ul style="list-style-type: none"> <li>• Update medical history</li> <li>• Clinical course and progress to date</li> <li>• Comment on results and significance of intervention/investigations</li> <li>• Any new psychosocial factors identified since last assessment</li> <li>• Update physical exam findings</li> </ul>
	<b>Diagnosis and Clinical Impression</b>	<ul style="list-style-type: none"> <li>• Diagnosis or probable diagnosis, including rationale.</li> <li>• Clinical impression - discussion and summary of findings</li> <li>• Respond to specific referral question if not answered in another section</li> </ul>
	<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• Plan for further Subsequent visits or conclusion of MARP Subsequent visit involvement.</li> <li>• Provide recommendations and rationale regarding:               <ul style="list-style-type: none"> <li>• RTW/RTW Support Services</li> <li>• Further medical intervention (i.e. VSC referral)</li> <li>• Treatment intervention (eg. Physiotherapy, OR1, OR2, Pain Management Program)</li> <li>• Provide expected outcome with defined time frames</li> </ul> </li> <li>• All recommendations should be discussed with the Board Officer prior to documentation of the report</li> </ul>
	<b>Contact with Family Physician</b>	<ul style="list-style-type: none"> <li>• Summary of discussion with Family Physician</li> </ul>
	<b>Assessment Team Members</b>	<ul style="list-style-type: none"> <li>• Names and professional designations of the assessment team members</li> </ul>
	<b>Report Prepared By</b>	<ul style="list-style-type: none"> <li>• Name(s) and signature(s) of report writer(s)</li> </ul>



## MARP Activity Prescription

- Following each MARP Assessment and Reassessment Visit, submit a MARP Activity Prescription Form (if requested and/or indicated in the MARP Referral Letter).
- Following each Subsequent Visit, revise and re-submit the Activity Prescription, where appropriate.
- MARP Activity Prescriptions (initial and updated/revised) are to be completed using the template form 83D337, which can be downloaded from [www.worksafebc.com](http://www.worksafebc.com).
- The following table provides guidelines for the information to include in each section of the template form 83D337. Avoid advice to the Employer or Case Manager as to the job you wish the Worker to have. Limit your comments to provision of information on restrictions, limitations and activity recommendations so that the Case Manager and Employer can find appropriate tasks and job match.
- Avoid setting expectations of what will be covered as a Workers' Compensation benefit.
- For Workers with claim concerns, advise the Worker to contact their Case Manager for information.
- Maintain your role as an advocate for safe work attachment due to health benefits. This includes:
  - Objective evaluation
  - Expert medical advice
  - Appropriately referring questions on legal/claim advice

Memo Field Name	Required Subheadings	Contents
MARP Activity Prescription	<b>Activities the Worker should be performing</b>	<p>Identify the activities the Worker should be performing and how often.</p> <p>If not mentioned in other sections, what activities do you recommend to improve capacity/tolerance to achieve best prognosis (best symptomatic and functional outcome)?</p>
	<b>Medical Restrictions</b>	<p>List those activities that a Worker <b>should not</b> perform because of risk of significant harm. "Should not" = Physician Imposed.</p> <p>Make sure to add time frames to the specific medical restriction.</p> <p>A Physician imposing restrictions on a Worker should be able to describe the nature of the risk of harm. The test to use here is that if a patient begged you to perform the activity, you would still say "no" due to the risk of harm. <i>E.g., patient with acute tib/fib fracture is prohibited from weight bearing; patient with acute concussion is pulled off the playing field; patient with uncontrolled seizures is prohibited from driving. However, if a patient post rotator cuff repair begged you to return to typing on the computer, you would say that's okay - there is no need to restrict typing in someone who complains they cannot do it.</i></p> <p><i>Repetitive Strain Injuries: concept is MICE...tendons need to move...instead of R for 'rest', it is replaced with M for 'modification of activity'</i></p> <p>Indicate if the worker has no restriction for activity, or if medical restrictions are imposed, for example, the Worker has the following restrictions imposed for the next ___days/weeks/months or until the next consultation. If latter is chosen, "At the next MARP follow-up, I</p>

	will consider modifying this restriction based on _____, _____.
<p><b>Objective Physical Limitations</b></p>	<p>Objective limitations = incapacity that is not changeable through more effort  eg. Arthrodesed joint, frozen shoulder. For instance, those patients with adhesive capsulitis would not have the capacity to work at or above shoulder.</p> <p>List those activities that a Worker <b>cannot</b> perform due to lack of physical capacity (not due to pain or fatigue). "Cannot" = Physician Described.</p> <p>Make sure to add time frames to the specific objective physical limitations.</p>
<p><b>Subjective Limitations</b>  = Tolerance</p>	<p>Subjective limitations = Activities the worker is reporting they cannot or prefer not to perform due to pain/fatigue/other unpleasant symptoms. Would the worker perform these in some circumstances, but not others? "Cannot" = Patient Described.</p> <p>List those activities the worker <b>may</b> have difficulty performing due to pain or fatigue.</p> <ul style="list-style-type: none"> <li>• Pain does not, by itself, lead to restrictions (as defined above). Only the medical pathology (if known) causing the pain can be the basis for imposing medical restrictions. Pain may lead to genuine physical limitations. These limitations cannot be measured by medical means alone.</li> <li>• Work can be used as progressive exercise that builds capacity and tolerance. Inappropriate prescription for decreased activity will decrease capacity.</li> <li>• Please also comment on what (if any) intervention you see that will improve tolerance of subjective complaints. Eg "with active rehabilitation I would anticipate improvement in these". If there is nothing you are aware of that will meaningfully cure or cover the tolerance problem, don't feel obliged to make a recommendation. We may have non-medical options to help the patient cope.</li> <li>• If you feel the tolerance is what is typically expected for such a medical condition, please indicate this.</li> <li>• If you feel the level of tolerance is not typical, and we should be aiming to assist the individual to improved tolerance, that is also helpful to know. If you are not sure, that's okay.</li> <li>• Be cautious about presenting a tolerance issue as a restriction unless you believe it will cause actual medical harm. Instead of "the worker should not lift 5 pounds", consider "the worker reports pain with lifting 5 pounds" as a subjective limitation.</li> </ul> <p>Recommend intervention(s) that will improve tolerance of subjective</p>

	complaints.
<b>Return-to-Work Planning</b>	<p>The worker's current RTW status and availability of modified work.</p> <p>Identify if an attempt can be made to integrate the worker into the workforce in some capacity.</p> <p>Identify factors that might be impacting RTW (e.g. pain, fear, reluctance to move extremity without supervision)</p>

# Appendix C – Dial-in Telephone Interpretation Services - Quick Reference Guide



Language Line  
services

## WORKSAFEBC – HEALTH CARE SERVICES

Keep this Quick Reference Guide (QRG) nearby for easy reference to effectively utilize Language Line® Dial-in Telephone Interpretation Service.

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When placing an outgoing call:

1. Dial **1.866.874.3972**
2. ENTER ON YOUR TELEPHONE KEYPAD:  
Client ID **5 5 6 6 9 4**
3. WHEN PROMPTED, YOU MUST PROVIDE THE FOLLOWING INFORMATION:
  - Your unique Clinic Vendor Code: xxxxx (**sent separately to each clinic; this code must be accurate or service will be denied**)
  - Worker Claim #
  - Worker First & Last Name
  - Language required

An Interpreter will be connected to the call.

4. **Brief the Interpreter.**  
Summarize what you wish to accomplish and give any special instructions.
  5. **Use Conference Hold** on your phone to place the interpreter on hold. This can be accomplished by either pressing the 3-way conference button or the feature code on your phone system. This is critical so determine how to access the function before placing the call.
  6. **Add the Limited English Speaker (injured worker)** to the line. As the call is ringing, conference back the Interpreter who will introduce you and your company in language and complete your call via the interpreter.
  7. **Say “End of Call”** to the Interpreter when the call is completed.
- 

Following are important tips to help you optimize your experience.

Unknown Language – If you do not know which language to request, our representative will help you.

Working with an Interpreter - Give the Interpreter specific questions to relay. Group your thoughts or questions to help conversation flow quickly.

Interpreter identification - Our Interpreters identify themselves by first name and number only. For reasons of confidentiality, they do not divulge either their full names or phone number.

Demonstration line – To hear a recorded demonstration of over-the-phone interpretation, call our demonstration line at 1 800 996-8808 or visit our website at [www.LanguageLine.com](http://www.LanguageLine.com).

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Any further questions can be directed to Language Line Services, Bruce Linkletter at (416) 884.5465 or [blinkletter@languageline.com](mailto:blinkletter@languageline.com)

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# Appendix D - Approved In-person Interpretation Services Provider List

## Vancouver & Lower Mainland

Cities: Vancouver, Richmond, Burnaby, Delta, Tsawwassen, Surrey, Langley, White Rock, New Westminster & Coquitlam

Provider <i>*listed in alphabetical order</i>	Phone Number
Abbotsford Community Services Society (ITS)	604.870.3769 1.877.889.8886
DIVERSEcity Community Resources Society	604.597.1358
MOSAIC Interpretation Services	604.254.8022

## Fraser Valley

Cities: Pitt Meadows, Maple Ridge, Port Moody, Mission Abbotsford, Aldergrove, Clearbrook, Chilliwack, Rosedale & Hope

Provider <i>*listed in alphabetical order</i>	Phone Number
Abbotsford Community Services Society (ITS)	604.870.3769 1.877.889.8886
MOSAIC Interpretation Services	604.254.8022

## North Shore and Sea to Sky Corridor

Cities: North Vancouver, West Vancouver Squamish, Whistler, Pemberton & Lillooet

Provider <i>*listed in alphabetical order</i>	Phone Number
Abbotsford Community Services Society (ITS)	604.870.3769 1.877.889.8886
MOSAIC Interpretation Services	604.254.8022

## Thompson Okanagan

Cities: Kamloops, Salmon Arm, Cache Creek, Kelowna, Penticton, Vernon, Osoyoos, Barrier, Lillooet & Merritt

Provider <i>*listed in the order in which they should be contacted</i>	Phone Number
Kamloops Immigrant Services	778.470.6101
Note: Please contact this Provider first to see if the desired interpreter is available	1.866.672.0855

## Vancouver Island

The entire Island and Gulf islands, for example: Victoria, Duncan, Nanaimo, Parksville, Tofino, Ucluelet, Port Alberni, Campbell River, Courtenay, Comox & Port Hardy

Provider <i>*listed in the order in which they should be contacted</i>	Phone Number
Multilingual Services  Note: Please contact this Provider first to see if the desired interpreter is available	250.744.2853 (Business) 250.744.2854 (Home)

## Other Areas in BC

We currently do not have contracted Interpretation Providers that can service areas outside the above listed regions for In-person Interpretation (i.e. Sunshine Coast, Northern BC, Kootenays). Please contact Health Care Services for assistance if an Interpreter is physically needed for an appointment in one of these under-serviced areas.

<b>REFERRAL AUTHORIZATION NUMBER</b> <i>*For the use of PFI, Hand &amp; Expedited Medical Imaging Providers only</i>	<b>B0601007787</b>
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## Sign Language Interpretation Services

The WorkSafeBC Service Coordinator of the Board Officer is responsible for booking all appointments for Sign Language Services. If a referral is received indicating that a Sign Language Interpreter is needed, please contact the SC with the appointment details so that they can book one for you.

Language Line Services (Dial-in Telephone Interpretation)	Phone Number
Client ID <b>556694</b> Unique Clinic Vendor Code xxxxx <i>(sent separately to each clinic)</i>	1.866.874.3972

If you have difficulty finding an Interpretation Provider that can accept your request for an interpreter, please contact the Quality Assurance Supervisor of Interpretation & Translation at the numbers below.

### WorkSafeBC Health Care Services:

Telephone: 604.232.7787

Toll-free within BC: 1.888.967.5377

Fax 604.231.8424

# Appendix E – Summary of Related Health Care Services Programs

- **Addiction Services:**
  - **Community Pain and Addiction Services (CPAS)** - CPAS is an outpatient assessment and treatment program for Workers with pain and addiction issues. Services are provided by an ASAM Addiction Physician and a Drug and Alcohol Counsellor or Psychologist. The program includes a one day comprehensive assessment by an addiction physician and drug/alcohol counsellor or psychologist, as well as outpatient treatment which includes recovery coaching and counselling, and medication management.
  - **Residential Addiction Services (RAS)** - These are medically supervised abstinence-based multidisciplinary inpatient programs utilizing a bio-psychosocial model to treat Workers with alcohol and drug addictions. These programs provide medical and psychological treatment for drug effects, teach behavioral skills that promote lasting change, and provide long-term support to help clients live a drug-free lifestyle. Programs consist of peer and self-assessments, group and individual therapy, lectures, as well as conferences with family and referral sources.
- **Amputee Multidisciplinary Program (AMP)** – AMP provides treatment for major amputees to maximize function and to return the Worker to productive employment. The team includes the Visiting Specialist Clinic (VSC) or a community physiatrist, a Physical Therapist, occupational therapist, and a psychologist. The team will work closely with a community prosthetist to assist the Injured Worker in obtaining an appropriate prosthetic device.
- **Activity Related Soft Tissue Disorder Services (ASTD)** - ASTD Services are designed for Workers with pathology related to overuse. The services consist of an ASTD Medical Assessment and ASTD Treatment Program. The multidisciplinary treatment program duration is up to 12 weeks with a focus on RTW.
- **Chronic Wound Care Services** - The Chronic Wound Care Services project has been created to provide early intervention and treatment for Injured Workers who have Chronic Wound Care issues. The goal is to enable Return to Work (RTW) outcomes when appropriate and to provide long term services to Workers with permanent disabilities. Early intervention and treatment is to be provided by a multidisciplinary team that includes an Occupational Therapist (OT)/Physical Therapist (PT) and a RN with Wound Care Specialization. There may be ongoing involvement by the community Physician, Physical Therapist, Dietitian and psychological counseling and education, if required.
- **Community Brain Injury Services (CBIS)** – CBIS is designed for Injured Workers with an acquired brain injury with the goal of maximizing and maintaining skills in self-care, and productivity that allow them to live, participate and work in their local community. CBIS services are OT driven with up to 8 hours per day of support from a support worker.
- **Community Occupational Therapy (COT)** -These services are designed to help Injured Workers gain, maintain, and improve skills in self-care, and productivity that allow them to live, participate and work in their local community. The Occupational Therapist may provide service in the home



and/or in a community setting to assist the Injured Worker in acquiring, retaining, and improving independence, and physical adaptive skills and return to a productive life.

- **Expedited Medical Imaging Services (EMIS)** - WorkSafeBC refers Injured Workers to contracted facilities to provide expedited imaging services including Magnetic Resonance Imaging (MRI), Computerized Tomography (CT), CT/MRI Arthrogram, Image-Guided Injection or Aspiration and Ultrasound. Services must be completed within 5 days.
- **Expedited Surgical Facilities Services (ESFS)** - The Contracted facilities will provide fully equipped surgical facility services (including but not limited to nursing and support staff, medications, supplies, equipment, and facilities) to any surgeon to perform expedited elective daycare surgical procedure(s).
- **Functional Capacity Evaluation (FCE)** - A Functional Capacity Evaluation (FCE) will determine an Injured Worker's overall physical abilities, limitations, and tolerances for the purpose of determining employability in a specific job or general job category.
- **Hand Therapy Program** - The Hand Therapy Program provides treatment and consultation for Injured Workers with acute traumatic or repetitive injuries of the upper extremity, below the level of the shoulder. This includes injuries to the hands and wrists such as open wounds, crush injuries, tendon repairs, and burns. The treatment is provided by Certified Hand Therapists with specialized skills in assessing and treating upper extremity conditions.
- **Head Injury Assessment and Treatment Services (HIATS)** – HIATS provides early intervention consisting of a variety of assessment and treatment services for brain Injured Workers. The services focus on neuropsychological, medical, functional assessment and treatment, as well as return-to-the-workplace education for the Worker, the Worker's family, and the attending physician.
- **Home Access and Modifications Program** - WorkSafeBC may undertake modifications to a residence or work place to lessen or remove barriers that severely Injured Workers experience following a compensable injury. The Board Officer will determine the modifications necessary based on the compensable injury along with recommendations from an Occupational Therapist (OT) assessment as required.
- **Home Care Program** - We have a Contracted network of Home Care Providers - community agencies that provide home support and nursing services to Injured Workers. Service is provided in the Worker's home and/or community setting and focus on assisting with Activities of Daily Living (ADL's), personal care and professional nursing services (e.g. wound care).
- **Home IV Supply Services** - Home IV Services are provided to Injured Workers at home by Home Care nurses from either our Contracted Home Care network or the local Health Authority. Supplies, equipment and medications for Home IV Services are provided by Calea Pharmacy.
- **Independence and Home Maintenance Allowance (IHMA)** - In rare circumstances Injured Workers may be referred for a Community OT Assessment when the Injured Worker is being considered for an IHMA or a Personal Care Allowance (PCA). Most often these are direct referrals from a Special Needs Officer but may also be from a Vocational Rehabilitation Consultant. The OT

will be required to give an opinion as to whether the Injured Worker's disability will prevent the Injured Worker from carrying out the activities covered by the allowances.

- **Mental Health Programs:**

- **Mental Health Assessment/Mental Health Treatment** - A contracted network of qualified professionals across the province that provides psychological services as needed to Injured Workers who have psychological issues associated with a physical injury or related to workplace trauma. Assessment Services are provided by Registered Psychologists. Treatment Services are provided by Registered Psychologists and Registered Clinical Counsellors
- **Mental Health File Review** - The Scope of Services covered under this contract is for the provision of clinical opinions and recommendations for a course of action relating to: diagnosis; causality; treatment planning; prognosis; clinical progress; psychological functional capabilities; limitations and/or restrictions; and the identification of permanent functional impairment. File Review Services are provided by Psychologists. File Review Services may be required on all types of Injured Worker claim files, including those that may have previously been referred for Assessment and/or Treatment Services.
- **Posttraumatic Stress Disorder: Resilience over Psychological Trauma** - The PTSD:RoPT Pilot Service is a multi-level interdisciplinary treatment program for Injured Workers who have experienced a psychological trauma. The purpose of PTSD:RoPT is to empower Injured Workers with strategies such that they can lead independent and productive lives despite having experienced a traumatic event(s).

- **Mental Health RTW for Depression and Anxiety** - MHRTW for Depression and Anxiety provides services to Injured Workers who have an accepted psychological issue. Services may be provided by any combination of a Psychologist, Clinical Counsellor, Occupational Therapist, and Kinesiologist, and may be delivered in a clinic and/or community setting and/or at the Injured Worker's work place.
- **Occupational Rehabilitation 1 Program (OR1)** - OR 1 is a structured, active rehabilitation program offered by Physical Therapists supported by Kinesiologists. The program is designed to assist Workers with soft-tissue injuries, resolved surgery or healed fractures to achieve a safe and durable return-to-work. Treatment may be provided at a rehabilitation clinic and/or at the work site.
- **Occupational Rehabilitation 2 Program (OR2)** - OR2 is a structured, active rehabilitation program focused on return to work through physical and functional conditioning, education and supported return to work. It is a multidisciplinary program, offered by Physical Therapists, occupational therapists, psychologists, Kinesiologists and physicians. Treatment services may be provided at a rehabilitation clinic and/or at the work site.
- **Pain Management Program (PMP)** - PMP is an outpatient multidisciplinary treatment program offered by physical therapists, occupational therapists, psychologists, physicians, and pharmacists for Workers with complex pain issues. The PMP is able to provide medication management for patients with chronic pain who may need modification to medication regime. When addiction becomes a co-occurring disorder, the Worker should be referred to Addiction Services.

- **Prosthetics** – Providers certified by the Canadian Board for Certification of Prosthetists and Orthotists (CBCPO) are eligible to provide prosthetic services to Injured Workers.
- **Residential Care Services (RCS)** - RCS are designed to help Injured Workers maintain skills in self-care that allow them to live, participate and work in their local community. RCS will address physical and psychological needs, as well as appropriate behavioural interventions. A qualified Contractor may provide RCS in a facility or family care home, to assist Injured Workers in retaining, and improving independence.
- **Return to Work Support Services (RTWSS)**- RTWSS is designed for the Injured Worker who does not require a structured treatment program but would benefit from a supported return-to-work. RTWSS may be performed by a Physical Therapist, Occupational Therapist, or a Kinesiologist experienced in the performance of return-to-work services and job-site visits. The goal of RTWSS is to return Injured Workers to their pre-injury duties at the work place.
- **Short Term Care Facility Services (STCF)** - STCF Services allow an Injured Worker to live in a protected and supported environment on a short term basis with the necessary medical and rehabilitation services required following surgery or where respite care is required.