

Information Bulletin

May 2, 2023

Attention: MARP Providers

Subject: Updated reference manual and shift to abilities-focused language, MARP diagnosis vs. summary of imaging, MARP recommendations for workers who are at work

Updated reference manual and shift to abilities-focused language

We are happy to share with MARP providers an updated reference manual.

You will note that we've updated the format of the reference manual, making it more user-friendly.

Much of the information within the document remains the same; however, we ask that you note changes related to the shift to abilities language, even though these changes affect MARP to a lesser degree as compared with other programs.

For many of our other programs reports we have replaced the phrase "RTW barriers" with "Recovery and RTW factors." This updated phrase allows providers to not only focus on the factors that pose challenges to the worker's recovery and return to work, but also to include information regarding facilitators to support their recovery and return to work.

We have also updated our discharge status categories to the following:

- Able to Return to Work
- Able to Return to Work with Considerations
- Other

Providers are asked to ensure their communication with all involved stakeholders is abilities focused. This will serve to support the worker, employer, and WorkSafeBC officer to best move forward toward recovery and return to work.

MARP diagnosis vs. summary of imaging

Please be aware that the MARP diagnosis should not be purely a summary of imaging (e.g., CT, MRI, US) findings. The MARP physician should perform a clinical exam to determine diagnosis. The MARP physician should clarify in the report if imaging findings are clinically relevant and should provide education and reassurance to the worker if imaging reveals anomalies that are not clinically relevant.

MARP recommendations for workers who are at work

Please be aware that for workers who are at work in some capacity, a MARP recommendation for a specific rehabilitation program (e.g., OR1, OR2, PMMP) may result in the worker having the expectation that they need to stop working completely to attend the program. Taking into consideration the value of the worker remaining attached to the workplace, it may be more appropriate in such situations to recommend a program that allows the worker to continue working in some capacity, and to explain to the worker the rationale and value of this.

We appreciate your efforts to remain up to date on the information we have provided. Thank you for your continued support in the treatment of our injured workers. Should you have any questions, please reach out to the Health Care Programs team supporting the MARP program.

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