The Community Physician and WorkSafeBC

Presentation to the College of Physicians and Surgeons of BC

Dr. Peter Rothfels

Chief Medical Officer, Director of Clinical Services, WorkSafeBC

September 30, 2016

Outline

1. Overview of WorkSafeBC
2. The role of the physician in a work related injury claim
3. Recovery and Return to work

Overview of WorkSafeBC

Our Historic Roots

- Royal Commission 1910-1913
- Meredith Report
- Foundation for compensation systems in Canada
- The historic compromise
    - Employers agreed to fund a no-fault insurance system that would compensate injured workers
    - Injured workers gave up the right to sue employers

WorkSafeBC

- Created by the Workers Compensation Act in 1917
- An independent Statutory Agency
- The sole insurer of workers′ compensation in British Columbia
- Employer Funded
- Exempt from Canada Health Act
- The Occupational Safety and Health regulator, inspectorate and promoter

Three Lines of Business

Prevention

- Occupational health and safety regulator and inspectorate
- Education & Consultation
- 500,000+ workplaces
- ~ 40,000 inspections

Claims

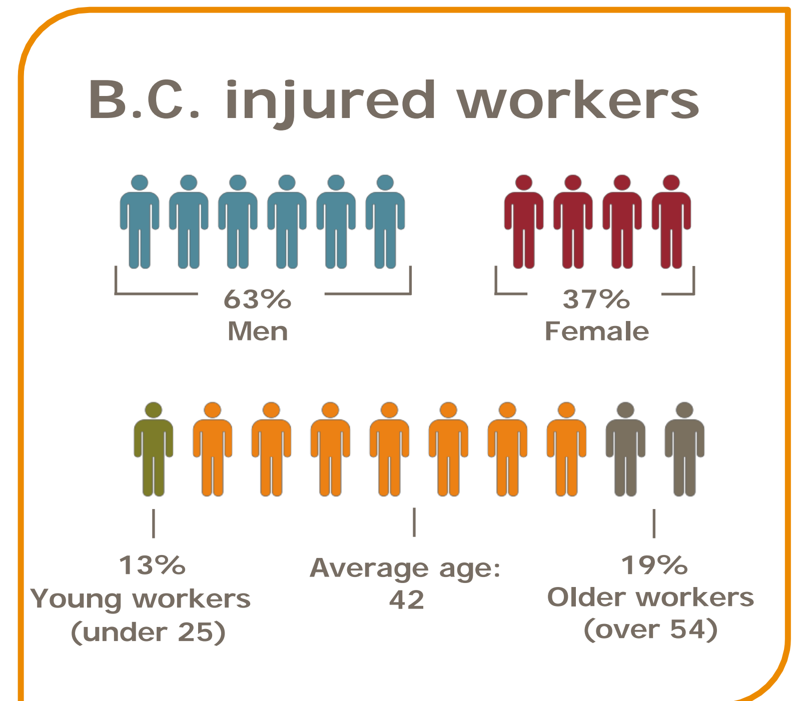
- Income replacement benefits
- Clinical, return to work, and emotional support
- Long term pensions
- Exempt from the Canada Health Act

Insurance

- Sole insurer of workers' compensation in British Columbia
- Employer funded
- 225,000+ registered employers
- ~ 2.2 million workers covered

Claims

- 51,000 health care only claims
- 51,000 time loss claims accepted
- Claims include:
  - Trauma
  - ASTD (Activity-Related Soft Tissue Disorder) – Repetitive Strain
  - Occupational Disease (ODS) (e.g. Mesothelioma due to exposure to asbestos)
  - Mental Disorders
  - Work-related deaths



Prevention

- Our vision is to keep workers and workplaces safe and secure from injury, disease, and death
- To improve health and safety in B.C. workplaces, we
  - establish standards and guidelines for occupational health and safety practices
  - educate and consult with workplace stakeholders
  - raise public awareness
  - build partnerships with industry safety associations, unions, and other key stakeholders.
- We have the legislative authority to
  - monitor compliance with occupational health and safety law and regulation
  - investigate serious incidents
  - levy financial penalties or other sanctions against employers for safety infractions

The role of the physician in a work related injury claim

The claim process

- Receive report of injury
    - Employer
    - Worker
    - Physician
- Determine eligibility of the claim
    - Did the injury "arise out of and in the course of" employment?
- Manage medical recovery and health care
- Facilitate return to work

What is the physician required to do?

- Provide appropriate evidence informed care
- Recommend medically necessary treatments
- Provide reports to WorkSafeBC
    - The Workers Compensation Act sets out the statutory obligation of physicians to provide reports and information to WorkSafeBC
- Reports should:
    - Record the nature of the medical problem
    - Document treatment
    - Inform regarding medical aspects of disability

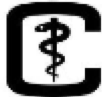
Your input informs our claims decisions

1. Medicolegal input into the adjudication process
2. Clinical input into investigation/treatment/recovery of the worker
3. Clinical input into disability management

Forms and Practical Advice

- Obligation to send forms or release chart notes on request
- Consider relevancy/privacy/reader
- ‘It’ is a medical-legal document
- Clinical information is best for your patient…and WorkSafeBC Adjudicative & Medical staff
- SOAP Principle; please report objective findings
- Focus on what your patient CAN DO = Abilities
- Fitness notes as opposed to Sick notes
- Your reports are more than a brief clinical note used for billing purposes.

Recovery and Return to work



CMA POLICY

THE TREATING PHYSICIAN'S ROLE IN HELPING PATIENTS RETURN TO WORK AFTER AN ILLNESS OR INJURY (UPDATE 2013)

"Prolonged absence from one's normal roles, including absence from the workplace is detrimental to a person's mental, physical and social well being."

Studies show…

Time off work following injury or illness	Likelihood of returning to work
1 Month	**90%** chance of RTW
3 Months	**80%** chance of RTW
6 Months	**50%** chance of RTW
12 Months	**20%** chance of RTW
24 Months	**<10%** chance of RTW

Reducing Needless Disability

- When we have to stop working for health reasons, our relationships with family members and quality of life are severely affected
- Research shows that many people's lives decline considerably after six months of disability

1 in 3 experience
marital problems

1 in 4 experience
financial problems

1 in 5 experience a
clinical depression

1 in 6 become involved in
substance abuse

Work Injury and Recovery

The key message is:

Short term absence from work can quickly deteriorate into long-term disability.

Physician has two hats

Medical Management – an expert on the diagnosis and treatment of common work-related physical and mental conditions.

Disability Evaluation and Prevention – an expert on preventing needless work disability from common physical and mental conditions.

Changing the Focus

- Move away from biomedical model of disability
- Embrace return to work as part of recovery
- Consider the impact of biopsychosocial factors

Biopsychosocial Model of Disability

The ICF model encompasses psychosocial and biological factors

- Who the worker is (e.g. age, sex, coping abilities, cultural background)
- What illness/pathology the worker has
- How the illness/pathology impacts on function
- The environment in which the worker experiences his/her illness and associated impairments

Food for thought...

Most people who are off work have the same conditions that people who are at work have.

- Musculoskeletal problems e.g. back pain
- Mental health conditions

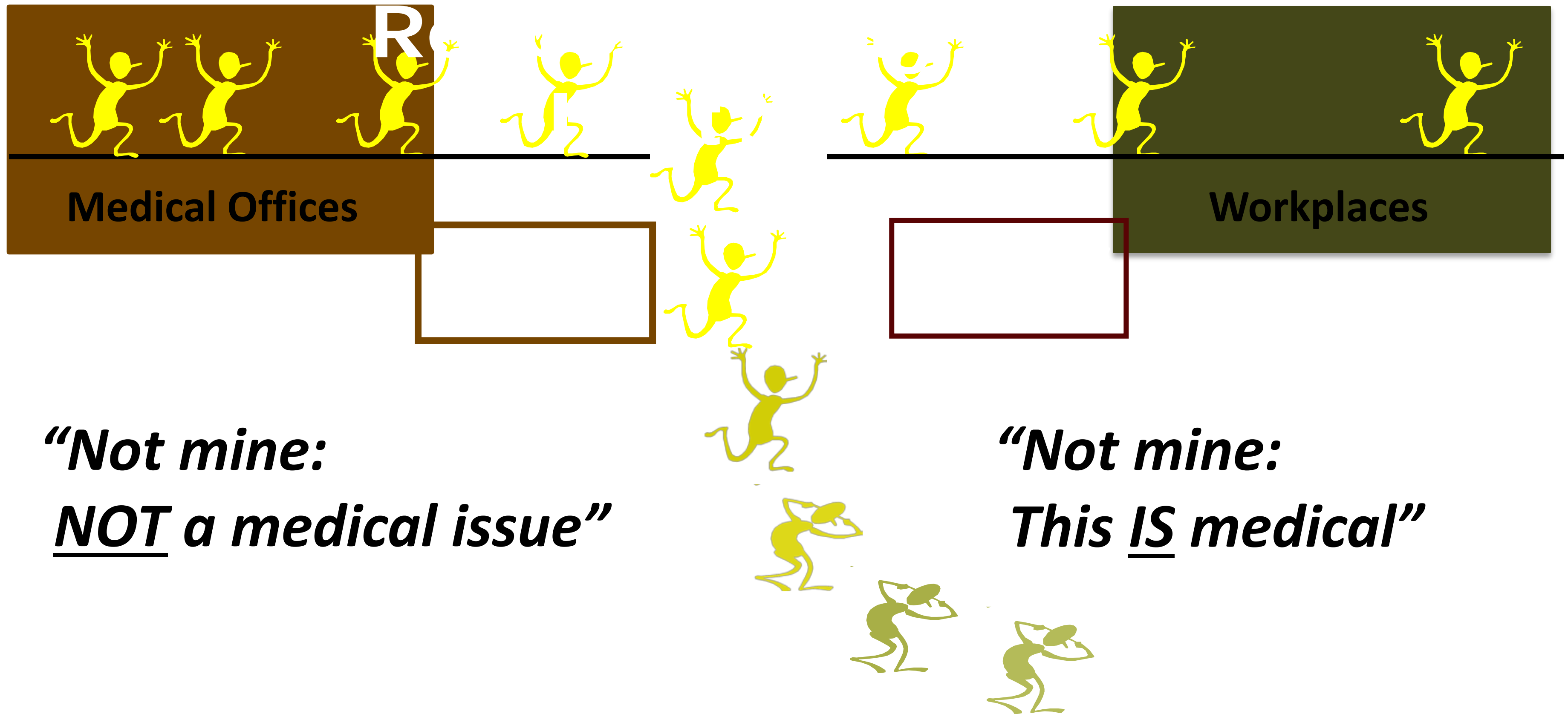
The type of condition that the owner of a Mom & Pop store would most likely carry on with. Why?

- Multiple reasons
- Partly because we over medicalize normal life experiences.
- Many non-medical factors

Why are doctors in the middle?

- Asking Physicians for precise information on return to work dates
- Pressed into service by others due to
  - Desire for objective corroboration
  - Physicians are a trusted advisor
  - Assumption that doctors know everything
- But we're not trained in these matters which are not considered "medical"
- And the science is very weak
- Physicians are the best available choice

THE GAP



"Not mine:
NOT a medical issue"

"Not mine:
This IS medical"

What Physicians Say?

- I wasn't taught to do this
- This is not a billable service
- This is time consuming
- This does not fit into practice patterns built for family physicians
- Forms are burning me out; there is no way to answer these questions in a 10 x 10 office
- How can I trust the employer?
- I need to protect patient confidentiality
- One of my professional roles is advocate
- I need to protect my patient

What Employers Say?

- Physicians don't seem to understand
- They are paid well and still want to get paid for this form
- They won't take the time to fill out the form or call me
- My form is simple – just a bunch of checkboxes
- I am sending them all the information about this job (10 pages! With photos!)
- They won't even tell me the diagnosis?
- They are advocating for the patient
- How can I trust that they are not overly protecting their patient?

Occupational Medicine - Definitions

Restriction/Risk

- Those activities a worker should not perform due to a significant risk of harm.
- **Physician Prescribed**
- **Think of safety sensitive work or tasks**

Occupational Medicine - Definitions

Objective Limitations/Capacity

- Activities a patient is unable to perform based on objective evidence
- The patient cannot do these activities
- This is not due to fatigue or pain
- **Physician or other described**

Subjective Limitations/Tolerance

- Activities the patient is reporting they cannot do or prefer not to do
- Patient described
- Commonly due to pain or fatigue
- May tolerate these activities under some conditions but not others
- **Patient/Worker described**

Set the stage early

Talk about work from first visit

- Health outcomes
- Expectations
- Realistic reassurance

Provide an activity prescription to guide both:

- Employee/patient
- Supervisor/workplace

What do I say?

First Visit

- Approach with long term worklessness as bad health outcome
- Universal precautions: ask about RTW goals
- "Activity will help you recover"
- "Some discomfort is normal when returning to activities after an injury."
- "You can help with your recovery."
- "You can protect yourself from re-injury."

Resources:

- Washington State Labor and Industry Handbook for Physicians
- 60 Summits: How to minimize life and work disruption due to injury or illness
- 60 Summits: BC Version: Tips for Managing your Employee's Health-related disruption

In Summary

1. Short term absence can too easily can become long term disability
2. Work is good for us
3. Use the biopsychosocial model
4. Be objective – diagnosis, prognosis & review
5. Set expectations at the beginning
6. Focus on function
7. Encourage employee / employer communication

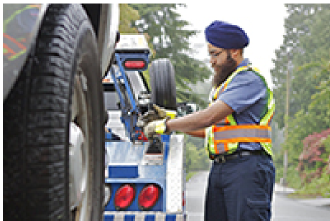
More information - worksafebc.com

WORK SAFE BC

Forms & Resources   Law & Policy   Contact Us   Log in | Create an account

Health & Safety   Insurance   Claims   I Am a...

Search worksafebc.com

Worker	Employer	Health & Safety Committee Member	Health Care Provider	Vocational Rehabilitation Provider
				

As physicians we must advocate for our patients' best health.

Thank You

Questions?