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

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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

B.C. injured workers

- 63% Men
- 37% Female
- 13% Young workers (under 25)
- Average age: 42
- 19% Older workers (over 54)
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
“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...

<table>
<thead>
<tr>
<th>Time off work following injury or illness</th>
<th>Likelihood of returning to work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Month</td>
<td>90% chance of RTW</td>
</tr>
<tr>
<td>3 Months</td>
<td>80% chance of RTW</td>
</tr>
<tr>
<td>6 Months</td>
<td>50% chance of RTW</td>
</tr>
<tr>
<td>12 Months</td>
<td>20% chance of RTW</td>
</tr>
<tr>
<td>24 Months</td>
<td>&lt;10% chance of RTW</td>
</tr>
</tbody>
</table>
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

Medical Offices

"Not mine: NOT a medical issue"

Workplaces

"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
As physicians we must advocate for our patients’ best health.
Thank You

Questions?