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Environmental Medicine

# Engaging with the WSIB/Insurance Systems Part 2

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# Faculty/Presenter Disclosure

- **Faculty:** Aaron Thompson MD MPH FRCPC
- **Relationships with financial sponsors:**
  - **Grants/Research Support:** Social Sciences & Humanities Research Council (SSHRC)  
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  - **Consulting Fees:** Occupational Medicine Physician, Wawanesa Insurance  
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  - **Patents:** None
  - **Other:** Associate Professor, Temerty Faculty of Medicine, University of Toronto  
Staff Physician, Division of Occupational Medicine, Dept. Medicine, SMH  
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# Disclosure of Financial Support

- This program has received financial support from the Workplace Safety and Insurance Board (WSIB) in the form of an educational grant.
- This program has received in-kind support from – N/A
- Potential for conflict(s) of interest:
  - None

# Mitigating Potential Bias

- The information presented in this program is based on recent information that is explicitly “evidence-based”.
- This Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in this CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards

# Feedback from prior sessions – Topics people would like to be further addressed

- “WSIB approach to claims (what is the process of raising a claim until closed)”
- “Are there options to refer to specialists for other opinions about treatment? Sometimes patients don't get the treatment they need right away; surgery or specialist “
- “What happens when an employee is injured permanently and can not return to previous role, workplace accommodation lasts years?”

# Learning Objectives

By the end of this session, participants will be able to:

1. Explain the “life of a WSIB claim”
2. Describe health care programs provided by the WSIB
3. Explain how return to work services function at WSIB





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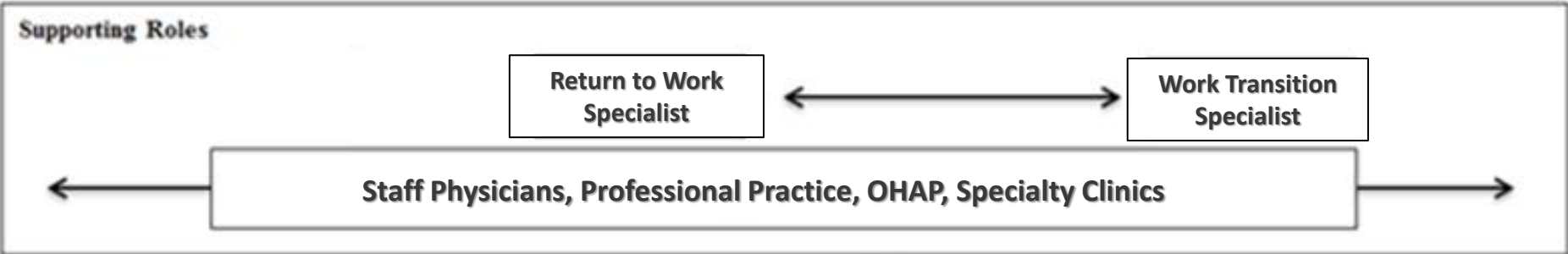
# Life of a WSIB Claim

# Life of a Claim

## Claims Services



## Supporting Roles







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# Health Care Programs Provided by the WSIB

# Role of the WSIB as defined in WSIA



1. Promote health and safety in workplaces to prevent and reduce the number of workplace injuries and occupational diseases



2. Facilitate return to work and recovery of patients who sustain personal injury or who suffer from an occupational disease

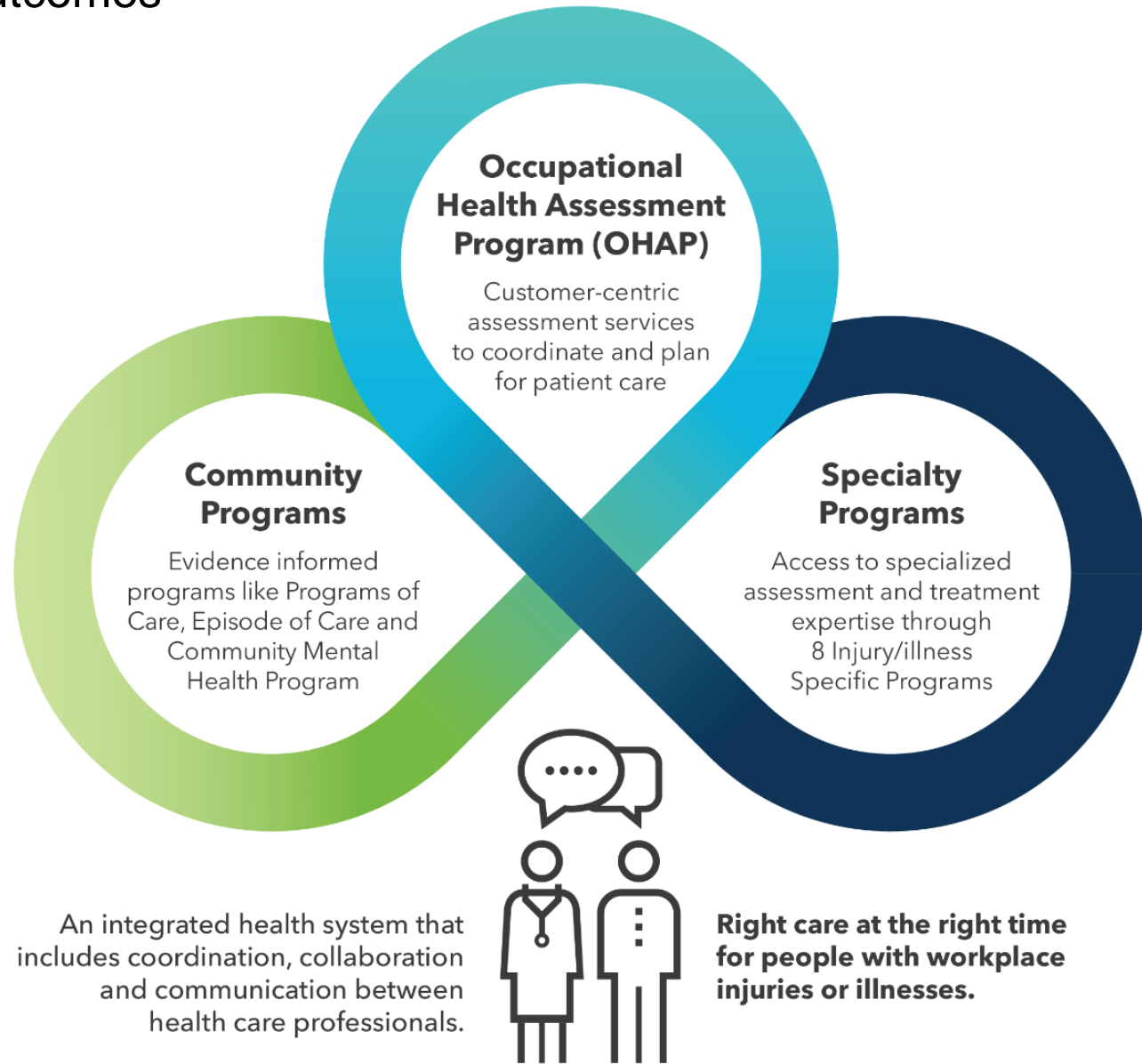


3. Facilitate work transition services for workers when required



4. Provide compensation and benefits to workers and to survivors of deceased workers

# Continuum of Programs to Promote Coordination of Care to Facilitate Recovery and Return to Work Outcomes



## Community Based Programs

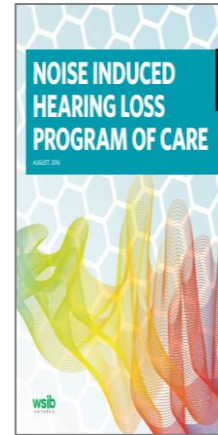
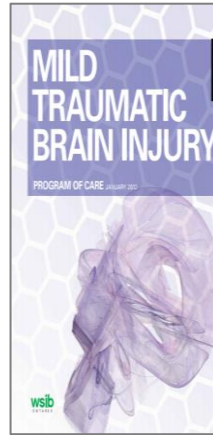
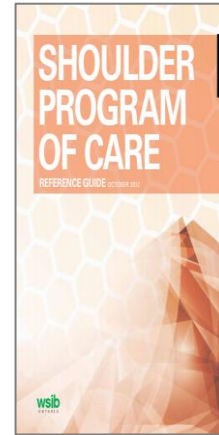
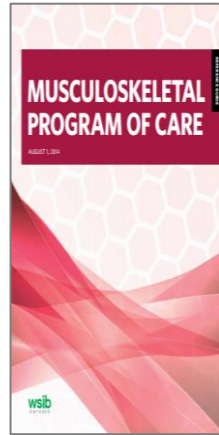
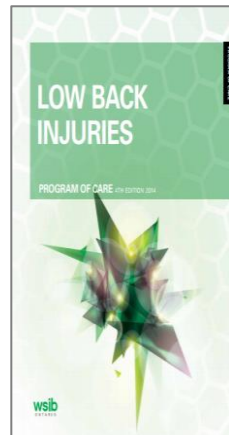
The first line of evidence informed programs are available for the most common musculoskeletal injuries and specific illnesses, such as mild traumatic brain injury (mTBI), noise induced hearing loss, and a community mental health program

# Community Programs



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## WSIB Programs of Care




## WSIB Community Mental Health Program

Network psychologist search [Download directory as accessible csv file](#)

Search the directory by name or location.

Enter search terms

**Map**  
Click on a region of the map to find WSIB registered/approved psychologists in the area



**Filter search**

Filter by region  
All regions ▼

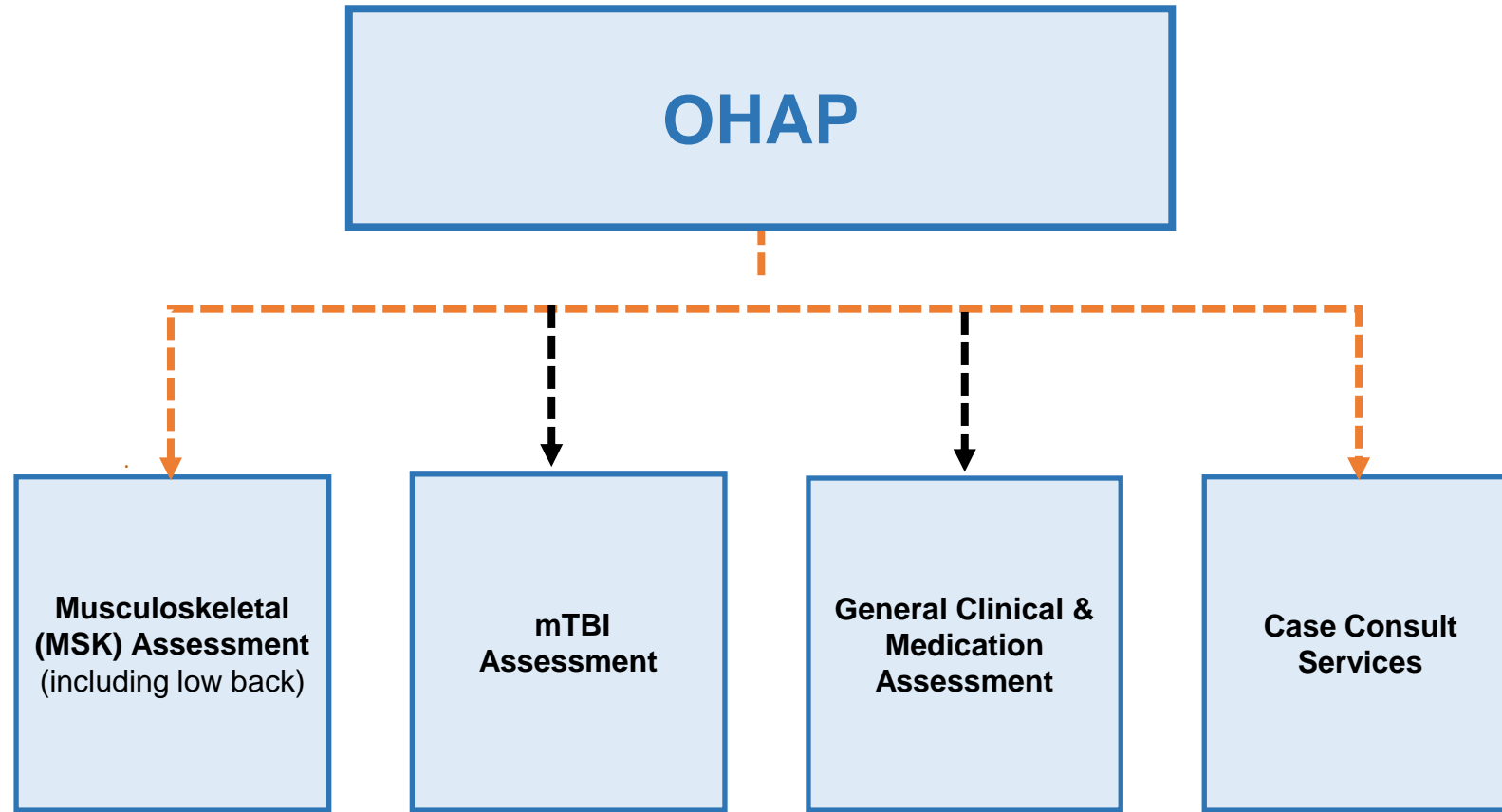
Filter by clinical specialization  
All specialties ▼

Filter by language  
All languages ▼

# Occupational Health Assessment Program

Launched July 2019  
across the province  
to provide access to  
timely assessment  
services close to  
home for a  
continuum of injuries  
and illnesses

# Occupational Health Assessment Program (OHAP) (Assessment Services)



## Specialty Programs

New Specialty programs launched July 1, 2018, with improved integration and more than doubling WSIB's access to high quality hospital based occupational injury/illness services. The new program brings together a network of hospitals, many in direct partnerships with a focus on local and expert care.



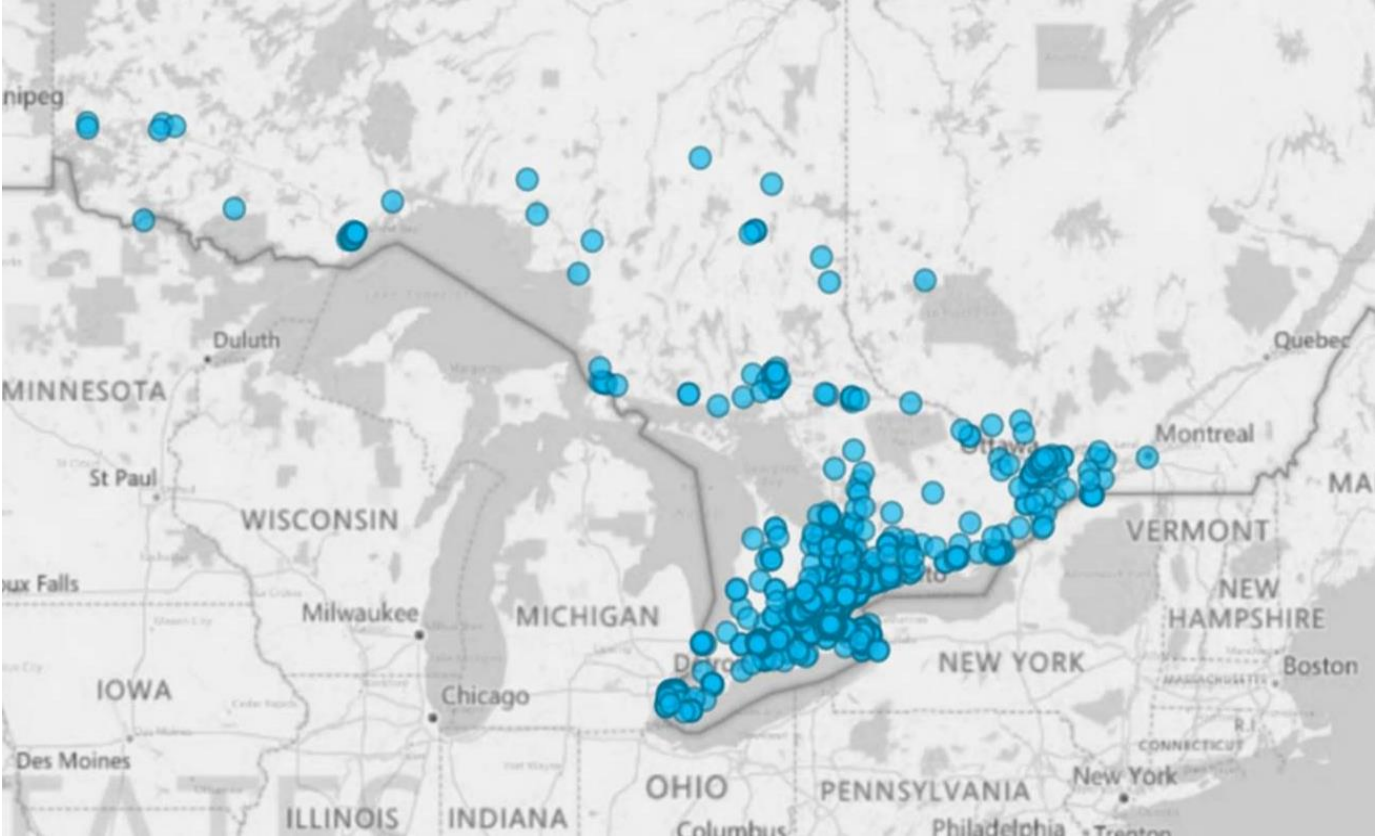
# Specialty Programs



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\* See Appendix for Program Descriptions



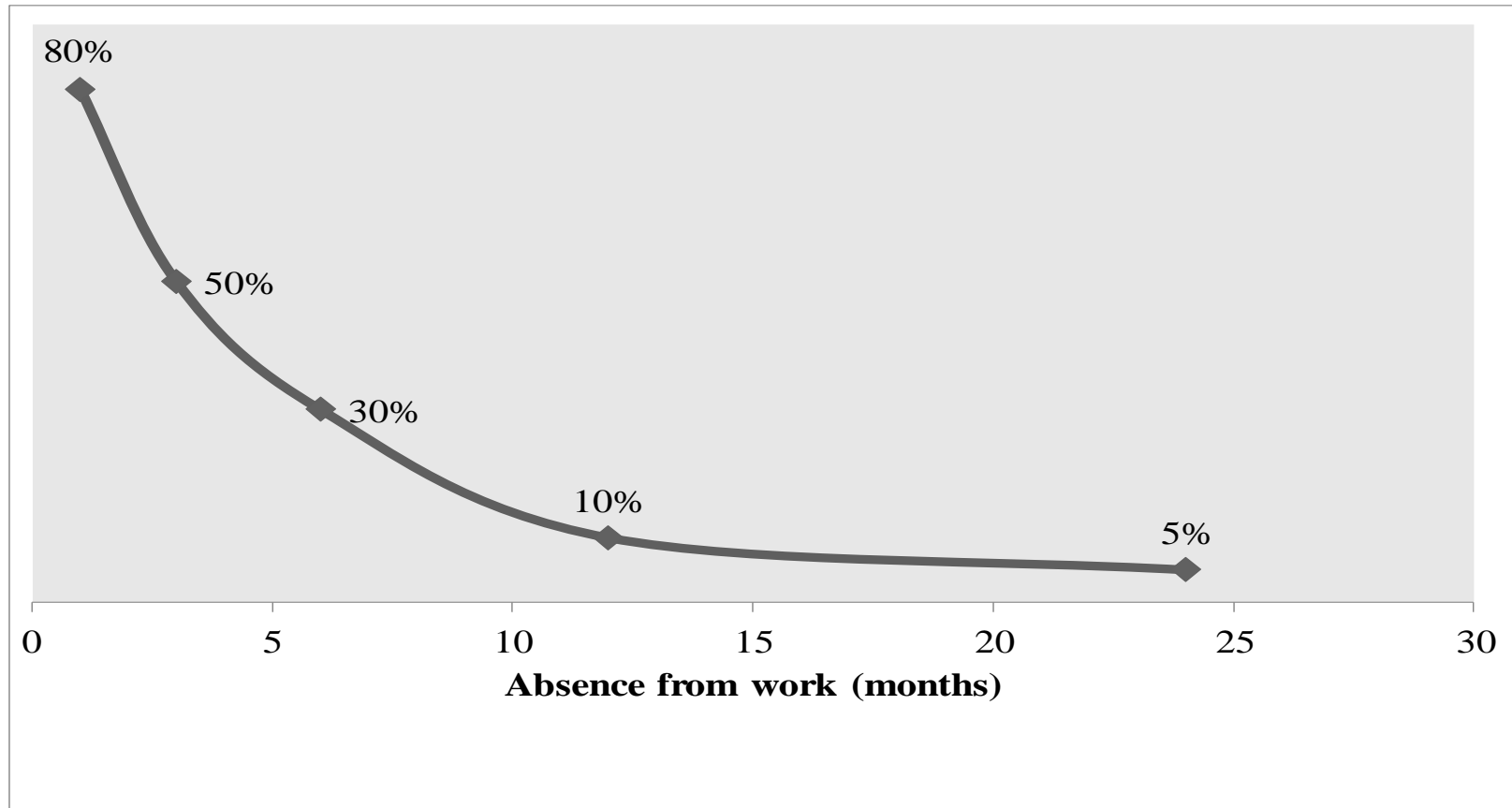
LOCATIONS



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# Return to Work Services at WSIB

# Timing of RTW



The longer anyone is off work, the lower are their chances of getting back to work

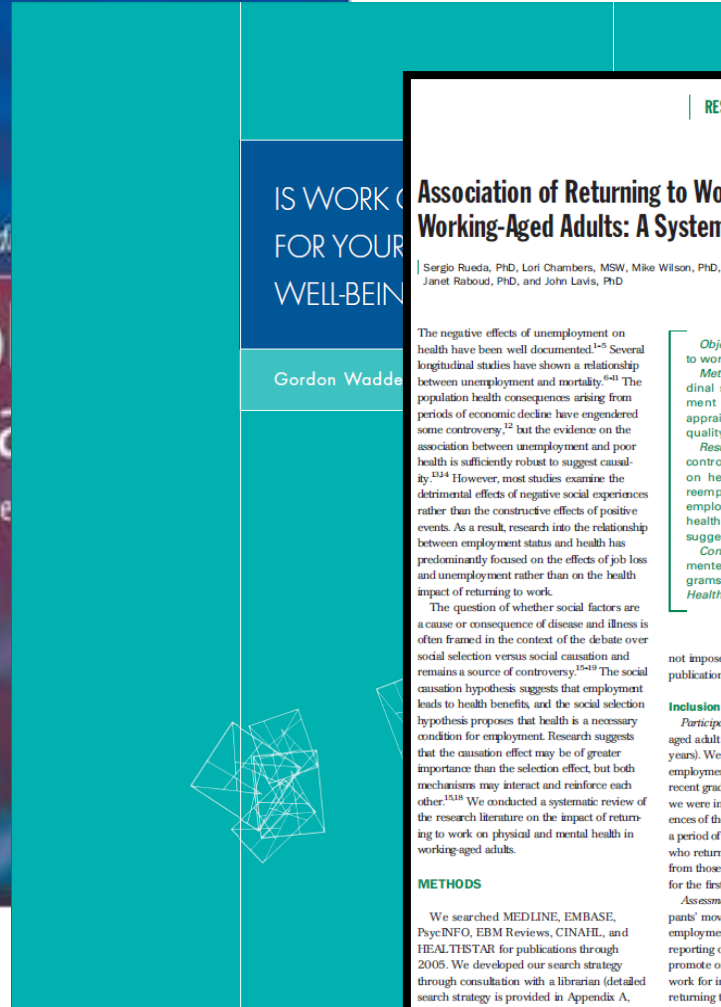
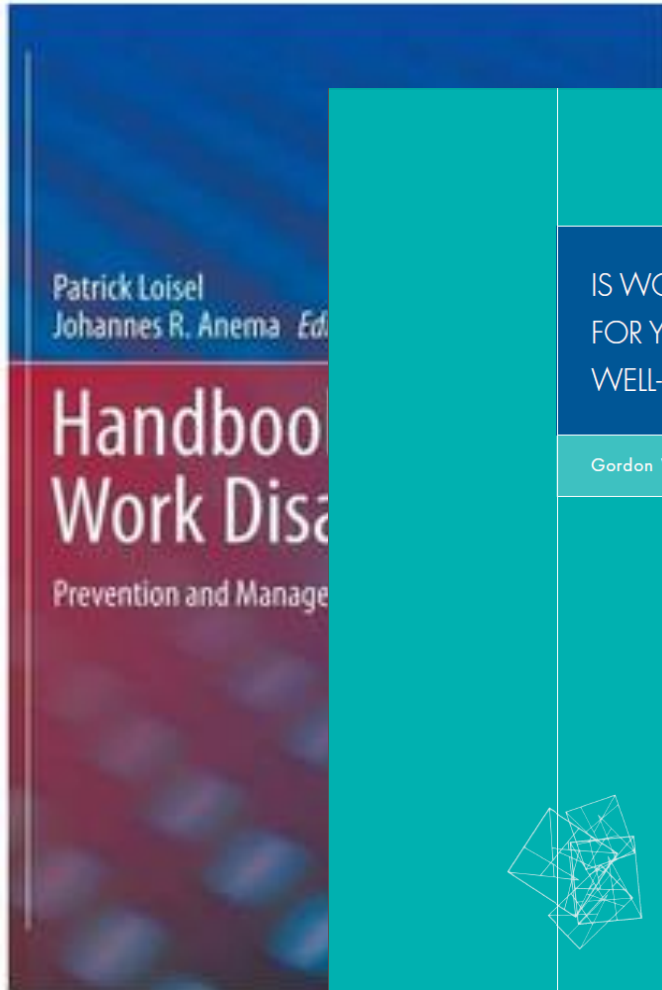
#### References:

1. Texas Dept. of Insurance, Workers' Compensation Research and Evaluation Group; "Return to work outcomes for Texas injured workers"; 2007.
2. Infante-Rivard; "Prognostic factors for return to work after a first compensated episode of back pain"; Occup Environ Med 1996.
3. Waddell G, Burton AK, Main CJ. 2003. Screening to identify people at risk of long-term incapacity for work. Royal Society of Medicine Press, London.
4. Waddell G, Burton AK. Is work good for your health and well-being? London (UK): The Stationery Office; 2006.

# Foundational Concept: Therapeutic Value of RTW



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RESEARCH AND PRACTICE | PUBLIC HEALTH

## Association of Returning to Work With Better Health in Working-Aged Adults: A Systematic Review

Sergio Rueda, PhD, Lori Chambers, MSW, Mike Wilson, PhD, Cameron Mustard, PhD, Sergio Rueda, PhD, Lori Chambers, MSW, Mike Wilson, PhD, Cameron Mustard, PhD, Janet Raboud, PhD, and John Lavis, PhD

The negative effects of unemployment on health have been well documented.<sup>1-5</sup> Several longitudinal studies have shown a relationship between unemployment and mortality.<sup>6-11</sup> The population health consequences arising from periods of economic decline have engendered some controversy,<sup>12</sup> but the evidence on the association between unemployment and poor health is sufficiently robust to suggest causality.<sup>13,14</sup> However, most studies examine the detrimental effects of negative social experiences rather than the constructive effects of positive events. As a result, research into the relationship between employment status and health has predominantly focused on the effects of job loss and unemployment rather than on the health impact of returning to work.

The question of whether social factors are a cause or consequence of disease and illness is often framed in the context of the debate over social selection versus social causation and remains a source of controversy.<sup>15-19</sup> The social causation hypothesis suggests that employment leads to health benefits, and the social selection hypothesis proposes that health is a necessary condition for employment. Research suggests that the causation effect may be of greater importance than the selection effect, but both mechanisms may interact and reinforce each other.<sup>13,18</sup> We conducted a systematic review of the research literature on the impact of returning to work on physical and mental health in working-aged adults.

### METHODS

We searched MEDLINE, EMBASE, PsycINFO, EBM Reviews, CINAHL, and HEALTHSTAR for publications through 2005. We developed our search strategy through consultation with a librarian (detailed search strategy is provided in Appendix A, available as a supplement to the online version of this article at <http://www.aph.org>). We did not impose any restrictions on earliest publication or language in the search.

### Inclusion Criteria

**Participants.** Study participants were aged adult men, women, or both (aged years). We excluded studies that report employment transitions of younger adult recent graduates (eg, school leavers) because we were interested in documenting the experiences of those who were returning to work after a period of unemployment. The realities of those who return to work are sufficiently different from those who are entering the labor force for the first time to warrant distinct assessments. The studies evaluated participants' movement from unemployment to employment, including (but not limited to) reporting on any program or policy designed to promote or support the process of returning to work for individuals or groups. We were interested in documenting the impact of returning to work as the transition from unemployment to employment, whether part-time, sheltered, unstable, or contract.

March 2012, Vol 102, No. 3 | American Journal of Public Health

Journal of Occupational and Organizational Psychology

ISSN 0963-1798 Volume 78 • Part 2 • June 2005

Special Section  
Diary studies in work psychology  
Guest edited by Wendolien van Eerde,  
David Holman and Peter Totterdell

The British Psychological Society

# Integrated RTW and Health Care at WSIB



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## Key Principles:

1. RTW is a rehabilitation activity
2. Early intervention is key to preventing disability
3. RTW and recovery must be planned and integrated through well-defined programs
4. Maintain the employment relationship between the injury employer and worker

Recognizing RTW is a component of the treatment plan, but to be successful requires a structured approach because:

- Beneficial effects depend on the nature of the work
- Jobs must be safe and accommodating
- Medical and non-medical barriers to RTW must be identified and addressed

# WSIB RTW Services

The WSIB operates in **14 different** locations across the province



The **RTW Program** within the WSIB currently employs some **300 staff**



**17,000** referrals were sent to the program in **2019**



- RTW Specialists:
  - Facilitate worksite meetings between workers and employers to discuss and plan for appropriate RTW
  - Provide expert advice, direction, vocational rehabilitation counselling and support workers and employers to coordinate the work transition process
  - Identify appropriate and realistic work transition options for workers, such as direct job entry or skills training, part-time employment, self-employment, training on the job or direct job placement assistance

# Process

- **Early Cases**

- Referrals come directly from Case Manager
- Have on-site meetings within 10 days

- **Long term cases**

- Referrals come directly from Case Manager or Return to Work Specialist (RTWS)
- RTWS and Case Manager initial interview with worker within 10 days of work transition (WT) referral and transferrable skills inventory completed
- On-site employer meeting(s) within 15 days of referral
- Vocational/Functional Assessment within 4 weeks of referral if no RTW
- Identify opportunities / develop plan for long term solution
- Consider re-employment obligations, accommodation
- Plan development (if required)

- Specialty RTWS manage **Traumatic Mental Stress, Occupational Disease, Serious Injuries** and **Survivor cases**



# Discussion



More information:

<https://www.wsib.ca>

<https://www.wsib.ca/en/health-care-providers/resources/physician-learning-modules>