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Medicine

Engaging with the WSIB/ Insurance Systems Part 2

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Faculty/Presenter Disclosure

- **Faculty:** Aaron Thompson MD MPH FRCPC
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 - **Patents:** None
 - **Other:** Associate Professor, Temerty Faculty of Medicine, University of Toronto
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- 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



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

- “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 “
- Accessing robust multi-disciplinary teams locally for occupational rehabilitation
- “What happens when an employee is injured permanently and can not return to previous role, workplace accommodation lasts years?”



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Learning Objectives

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

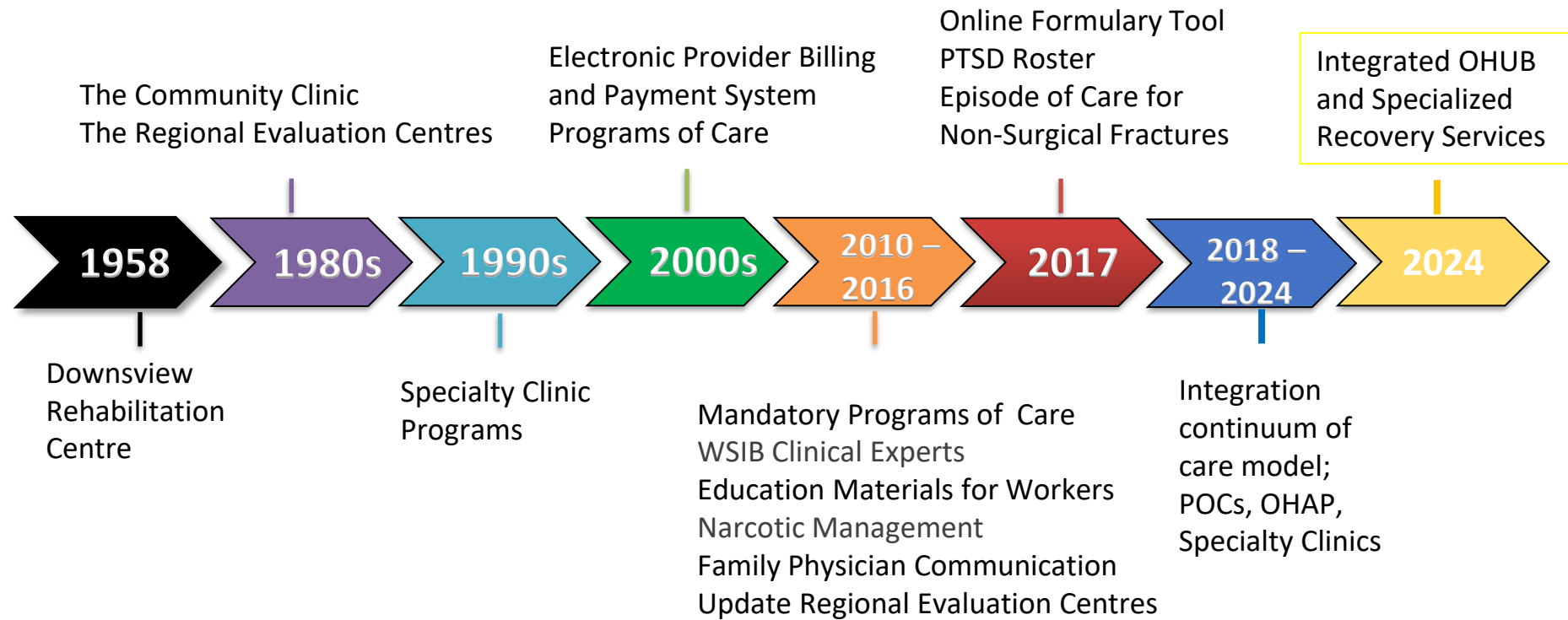
1. Describe health care programs provided by the WSIB and how to leverage them for your patients
2. Explain how return to work services function at WSIB



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Health Care Programs Provided by the WSIB

Evolution of Health Services at WSIB



The New Specialized Care Services



- In January 2024, WSIB issued a request for proposal for the new specialized care services program to replace the current Occupational Health Assessment Program and the Specialty Program.
- Effective October 28, 2024, the new specialized care services were implemented with 15 contracted hospital partners.
- These new programs are now called the **Occupational Health Hub and Specialized Recovery Services.**

WSIB Health Care Continuum

Physician-led assessment and consultation services to support recovery and return-to-work education and planning



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First line Programs of Care:

Musculoskeletal, mild traumatic brain injury and interdisciplinary team

Community mental health program



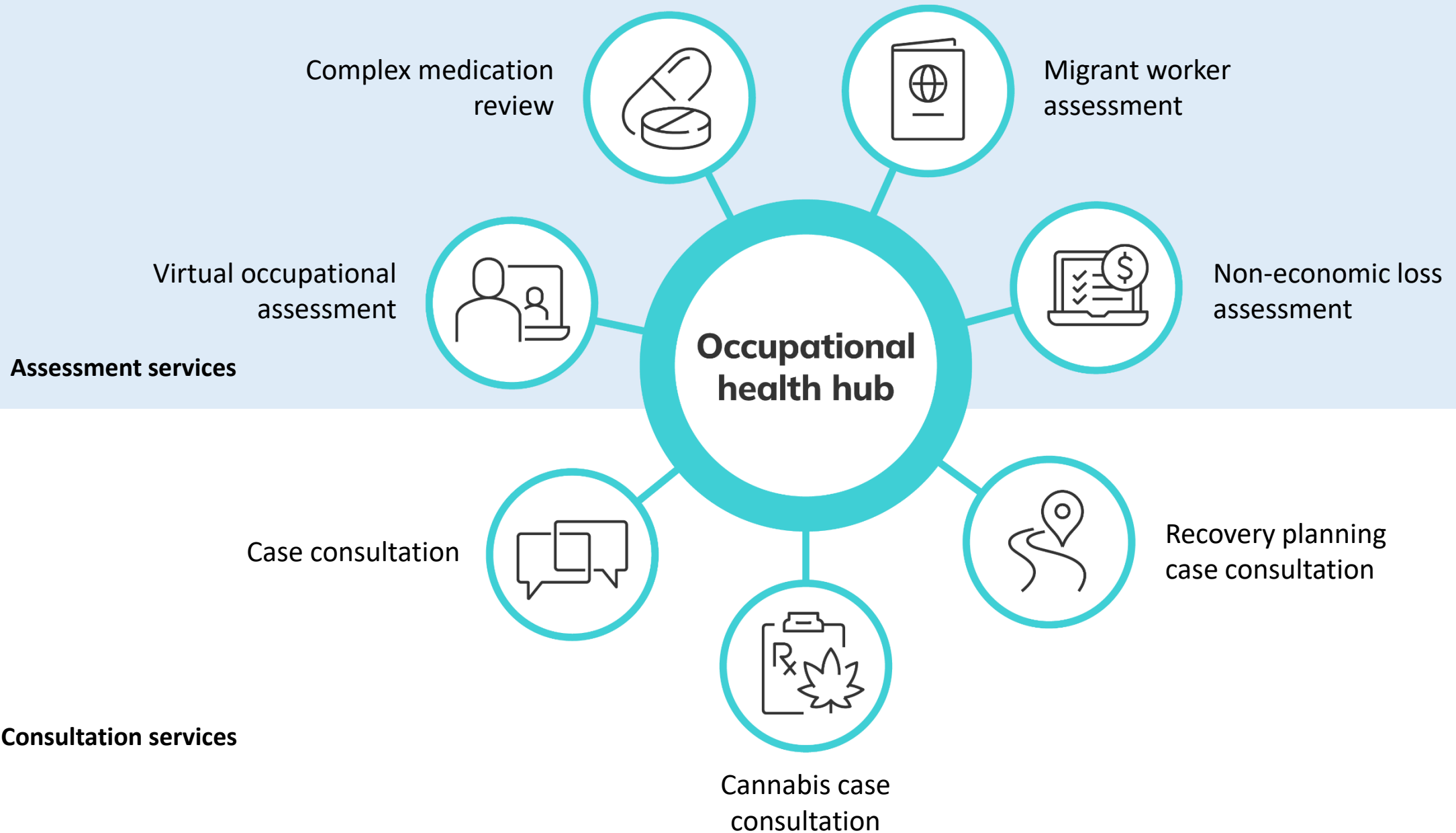
Enhanced specialized care programs

OHUB: Occupational Health Assessment Program



- Physician-led, with expertise in occupational rehabilitation, assessment and consultation services to support recovery and return-to-work
- Assessments are distinct for the purpose of **education, triage** or to address a **specific focus** (i.e., migrant worker, non-economic loss, complex medication review)
- Virtual Occupational Assessment within OHUB provides early education and triage for next steps
- Note: In-person MSK and mTBI assessment are now done within Specialized Recovery Services (SRS), where patients are seen by range of specialists, to ensure the right level of care at the right time.

Occupational Health Hub

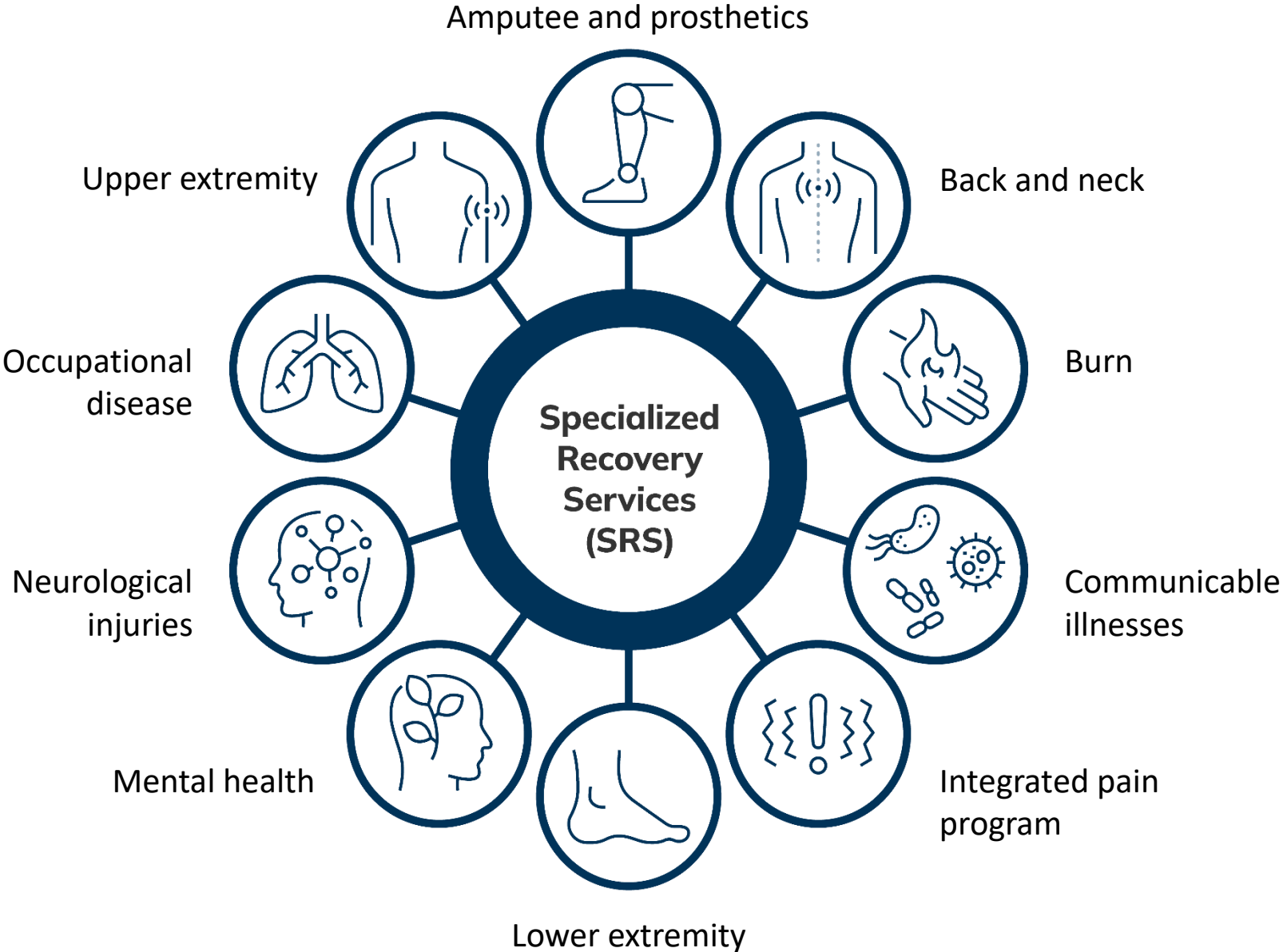


Specialized Recovery Services (SRS): Expanded and Enhanced Specialty Programs



- Broad scope of physicians completing assessments
- Functional recovery coordinator embedded in all programs
- Increased access to specialized expertise across the province
 - Mental health providers have expanded
 - New programs introduced
 - Pain
 - Communicable illness
 - Expanded neurological injuries – moderate/severe and spinal cord
 - Expanded access to French language services
- Providers will no longer comment on RTW recommendation. Will focus only on providing holistic functional abilities. RTW Specialists embedded in the program will operationalize restrictions and limitations from providers.

Specialized Care Programs



Specialized recovery services

Specialized recovery services provide timely access to a range of physician types for people with work-related injuries or illnesses. These programs specialize in recovery and achieving a healthy and safe return to work by conducting an assessment and providing interdisciplinary treatment for more complex injuries and illnesses.

There are ten specialized recovery services that people can access across the province:

1. Amputee, prosthetics and custom orthopaedic shoes
2. Burn
3. Back and neck
4. Communicable illnesses
5. Integrated pain
6. Lower extremity
7. Mental health
 - inclusive of a [pilot program specific for first responders](#)
8. Neurological injuries
 - Mild traumatic brain injury
 - Moderate or severe brain injury
 - Spinal cord injury
9. Occupational disease
10. Upper extremity

Comprehensive care when and where your patients need it

Our specialized recovery services offer the expertise of interdisciplinary health care teams who work together to provide the best care possible for someone with a workplace injury or illness.

We do this by:

- ensuring timely access to a comprehensive assessment in all our specialized recovery services to develop an integrated plan for recovery and return to work.
- providing a range of expertise in consultation and treatment services that address a person's unique health care needs within one program.
- ensuring communication, where beneficial, for physician specialists to connect with a patient's primary health care provider to share and discuss the results of the specialist's assessment and the treatment plan.
- including our return-to-work team to better support people's safe return to work.
- making sure there are providers and services across the province that offer, a range of expertise.

If you are a patient in one of our specialized recovery services and want to give feedback, you can read more about [how to provide patient feedback](#).

Referrals

To suggest a referral to one of our specialized recovery services, [call us](#) and ask to speak to your patient's nurse consultant or case manager, or indicate in your reports back to us that you think your patient might benefit from care in one of our services.

See our [contact list for specialized recovery services by location](#).

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Which is True?

- A. Programs of Care are contracted programs with preferred providers
- B. Programs of Care are based on internal WSIB expertise
- C. Programs of Care are developed by external committees of relevant medical disciplines based on review of current evidence



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Return to Work Services at WSIB

ACOEM GUIDELINE

Preventing Needless Work Disability by Helping People Stay Employed

Stay-at-Work and Return-to-Work Process Improvement Committee

Introduction/Background

Each year, millions of American workers develop health problems that may temporarily or permanently prevent them from reentering the workforce. In most cases, employees are able to stay at work or return to work after a brief recovery period. However, approximately 10% of these workers incur significant work absences and/or life disruptions that can lead to prolonged or permanent withdrawal from the workforce. During this nonworking period, these individuals are described as "disabled," and many become involved in one or more of the existing disability benefit systems and laws, eg, sick leave, workers' compensation, short-term disability, long-term disability, Social Security Disability Insurance, the Family Medical Leave Act, or the Americans with Disabilities Act (ADA). The estimated total annual cost of disability benefits paid under all these systems exceeds \$100 billion.

This report focuses on the large number of people who, due to a medical condition that should normally result in only a few days of work absence, end up withdrawing from work either permanently or for prolonged periods. For many of these workers, their conditions began as a common problem (eg, a sprain, strain, depression, or anxiety) but escalated, resulting in short-term, long-term, or

permanent disability. This potentially preventable disability absence has unfortunate consequences for both the employer and the employee.

The fundamental reason for most medically-related lost workdays and lost jobs is not medical necessity, but the nonmedical decision making involved in and the poor functioning of a little known but fundamental practice used by U.S. and Canadian disability benefits systems: the stay-at-work/return-to-work (SAW/RTW) process. This process determines whether a worker stays at work despite a medical condition or whether, when, and how a worker returns to work during or after recovery. The SAW/RTW process presently focuses on "managing" or "evaluating" a disability rather than preventing it. This report describes the SAW/RTW process, presents recommendations to improve the process, and provides information on current best practices and initiatives.

What Is the Stay-at-Work/Return-to-Work Process?

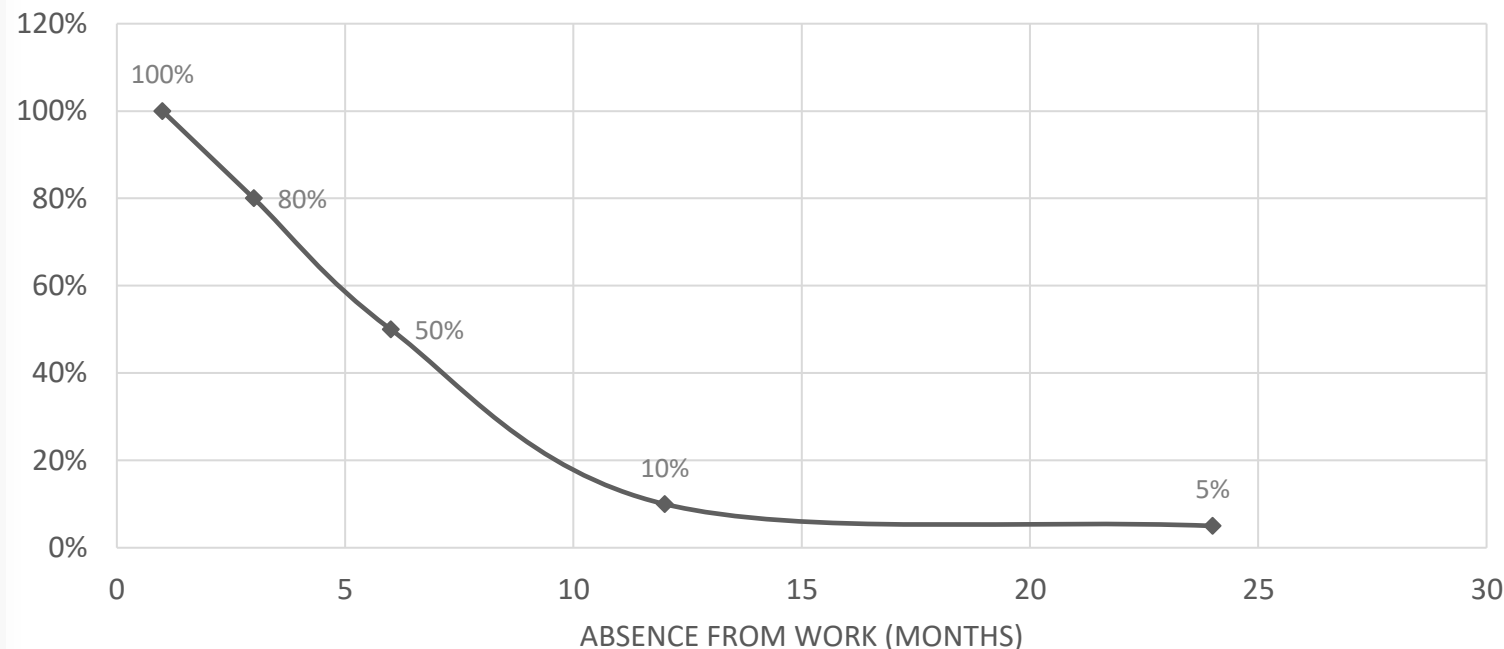
The usual steps included in the SAW/RTW process are as follows:

1. The SAW/RTW process is triggered when a medical condition or another precipitating event occurs—in this example, a worker with a badly infected cut on his or her foot—raising the question whether the worker can or should do his or her usual job today.
2. The worker's current ability to work is assessed on three important dimensions:
 - a. Functional capacity—what can he or she do today? Has the infection made him or her so sick he or she simply cannot

function at all? If not, what can he or she do in his or her current condition?

- b. Functional impairments or limitations—what can the worker not do now that he or she normally could? The acute pain makes it uncomfortable to wear regular shoes and conduct activities that require being on one's feet.
 - c. Medically based restrictions—what he or she should not do lest specific medical harm occur? Would walking, standing, and being on his or her feet all day actually worsen the infection or delay healing?
3. Next, the demands of the usual job and/or available temporary alternative tasks are compared with the worker's current functional capacity, limitations, and medical restrictions.
 - a. To make this comparison, the functional demands of the tasks or job must be known, including what knowledge, skills, and abilities—physical, cognitive, and social—are required.
 - b. Specific medical qualification standards (such as those for airline pilots), legal requirements (such as those for truck drivers and crane operators), company policies, or concerns about the safety of coworkers, the public, or the business may also apply.
 4. Finally, the actions necessary to resolve the situation and return the worker to work are identified.
 - a. If the worker can be safe and comfortable doing his or her usual job or can independently make any necessary modifica-

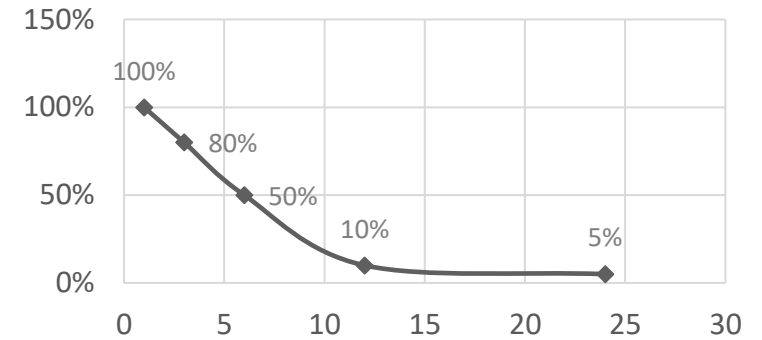
“Research confirms that people who never lose time from work have better outcomes than people who lose some time from work. Studies have shown that the odds for return to full employment drop to 50/50 after 6 months of absence.”



References:

1. Preventing needless work disability by helping people stay employed. *J Occup Environ Med.* 2006 Sep;48(9):972-87.
2. Texas Dept. of Insurance, Workers' Compensation Research and Evaluation Group; "Return to work outcomes for Texas injured workers"; 2007.
3. Infante-Rivard; "Prognostic factors for return to work after a first compensated episode of back pain"; *Occup Environ Med* 1996.
4. 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.
5. Waddell G, Burton AK. Is work good for your health and well-being? London (UK): The Stationery Office; 2006.

Reasons likelihood of RTW decreases with prolonged absence from work



- **Medical Selection**

- More severe the injury, the higher the likelihood of prolonged or permanent disability.
- Complex injuries have longer durations of disability, and they also have lower likelihood of ever returning to work

- **Social Selection**

- Being off work itself, regardless of injury type or severity, is an independent cause of increasing work disability.
- Psychosocial factors that develop when a person is off work become important barriers to return to work.
- Therefore, with increasing time off work, there is an increase in psychosocial barriers to return to work, and this leads to lower likelihood of ever returning to work with increasing time off work.

Social Selection Mechanisms



- Fear-Avoidance
- Adjustment to new schedule and routines
- Real/perceived conflict with employer or co-workers
- Loss of work-role centrality
- Adverse impact on mental health (poor core self-evaluation, stronger stress appraisal, social undermining from others)



Policy Studies Institute

Lahey, J., Mukherjee, A.,
White, M. (2001)



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- “Phases model” - time course of adverse mental health effects with worklessness

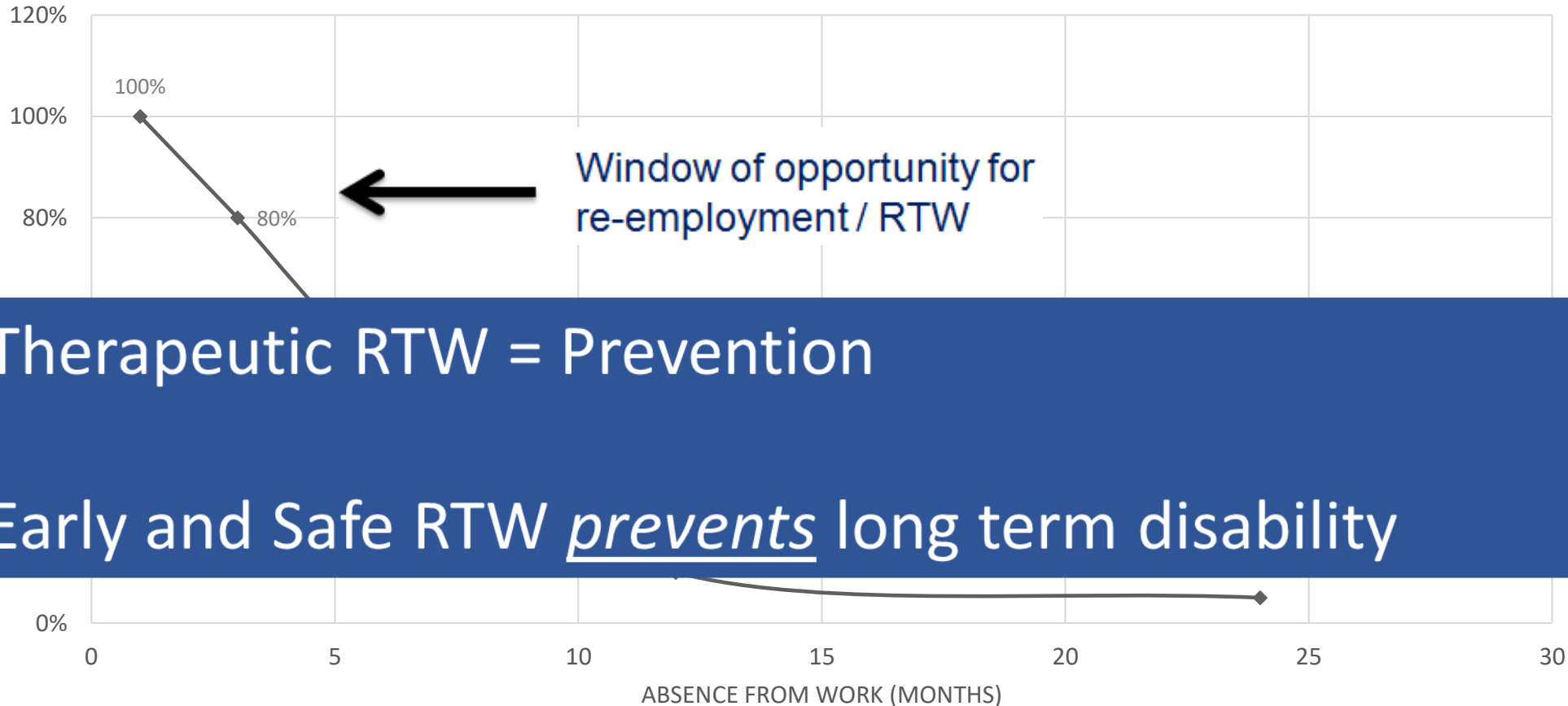
Three stages:

- optimistic activity ← Window of opportunity for RTW
- increasing distress
- fatalism and apathy

Likelihood of RTW after increasing durations of absence



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Therapeutic RTW = Prevention

Early and Safe RTW prevents long term disability

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.
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WSIB RTW Services



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



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



≈ **17,000** referrals sent to the program per year



RTW Specialists:

- Certified Disability Management Professional (CDMP) and Certified Return to Work Coordinator (CRTWC) designations.
- 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

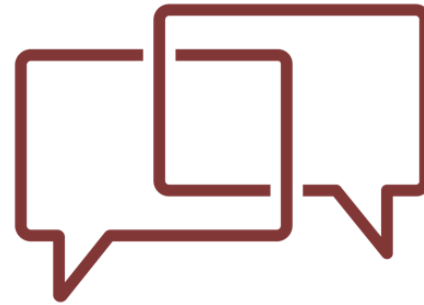


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Which is True?

- A. Return to work specialists do fitness for duty evaluations to determine restrictions and limitations
- B. WSIB return to work specialists have specific training and certification in return to work and disability management
- C. WSIB return to work specialists are involved in every case

Discussion



More information:

<https://www.wsib.ca>

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