

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:** Chief Medical Officer, Workplace Safety and Insurance Board (WSIB)
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Disclosure of Financial Support

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- 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



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- “WSIB approach to claims (what is the process of raising a claim until closed)”
- “What happens when an employee is injured permanently and can not return to previous role, workplace accommodation lasts years?”
- “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 “
- “Return to work discussions for mental stress injuries”
- “Mental health and PTSD management of WSIB cases”

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 the WSIB



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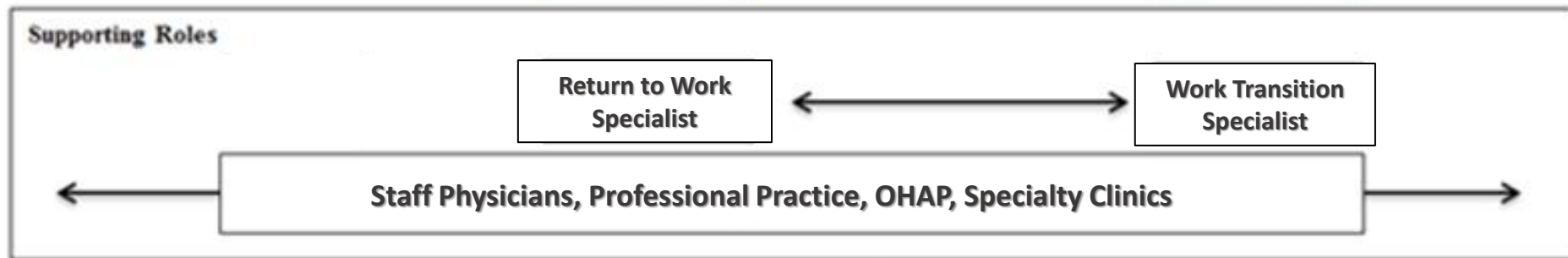
Life of a WSIB Claim

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

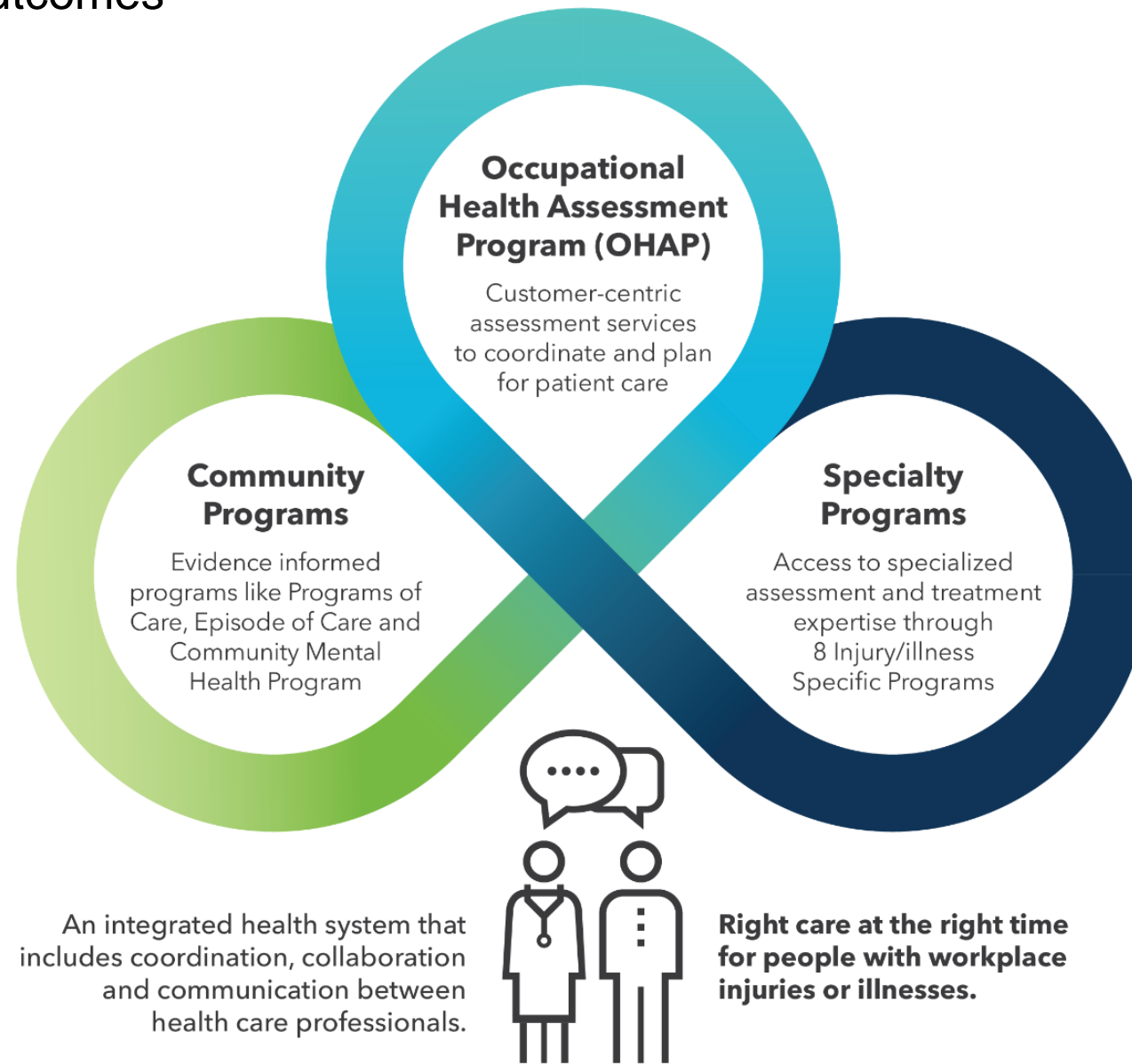


3. Facilitate work transition services for workers when required



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

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



Community Based Programs

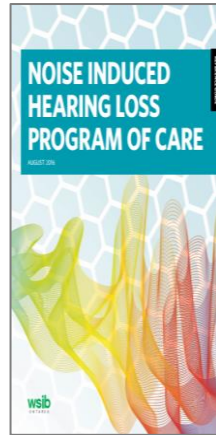
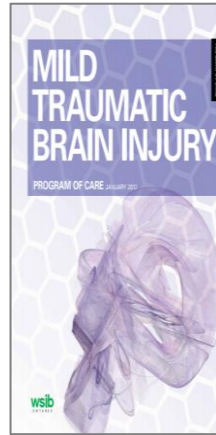
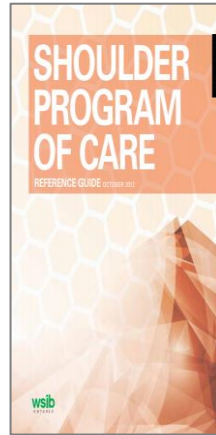
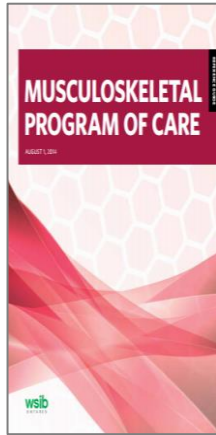
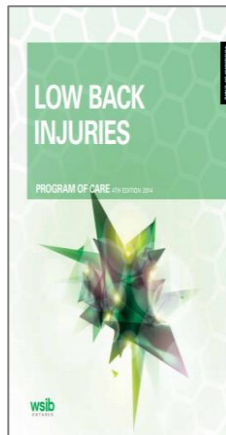
The first line of evidence informed programs are available for the most common musculoskeletal injuries and specific illnesses, such as mild traumatic brain injury (mTBI), noise induced hearing loss, and a community mental health program

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.

Search the directory by name, clinical specialization, location

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



Filter search

Filter by region
All regions ▼

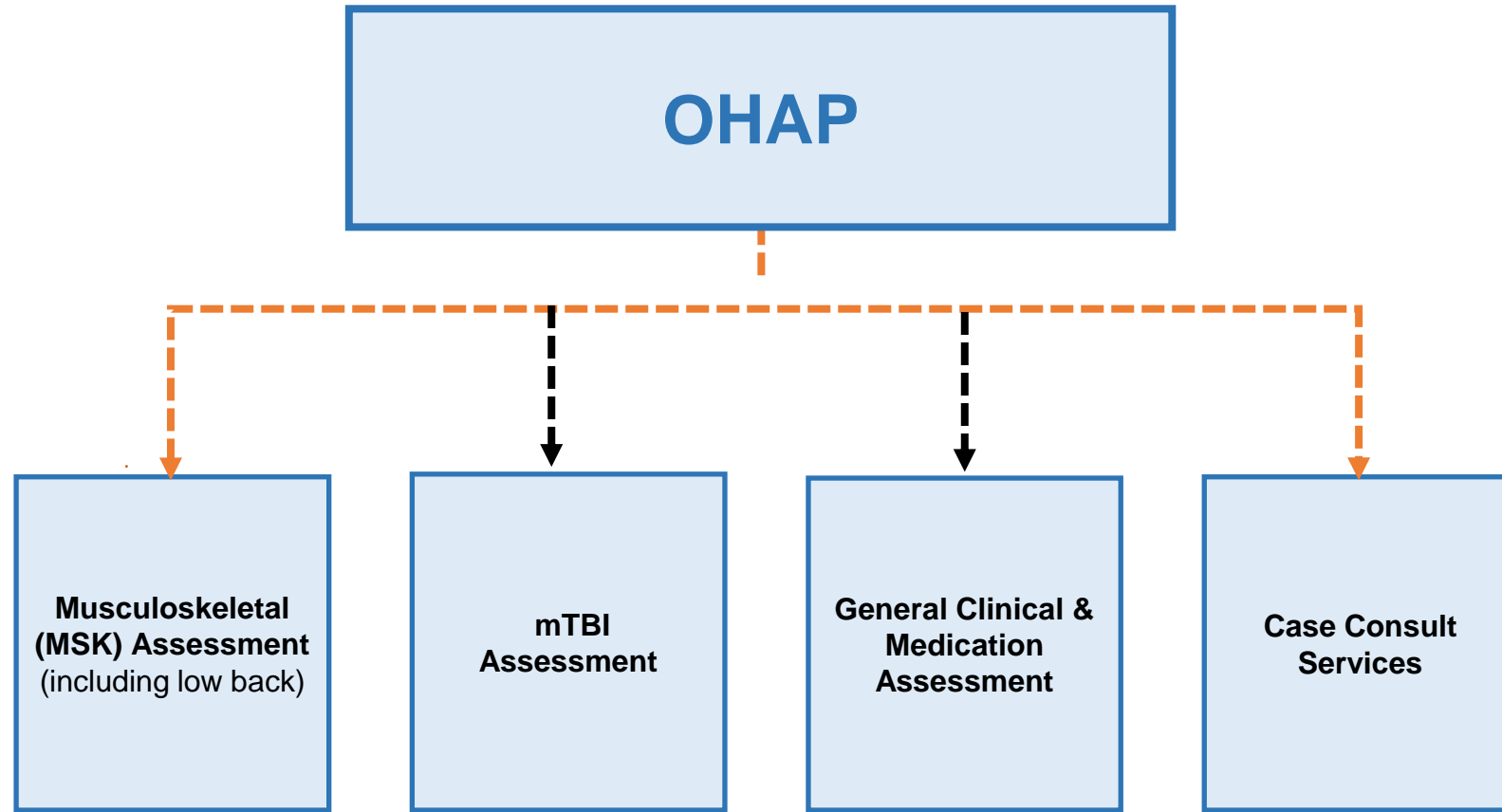
Filter by clinical specialization
All specialties ▼

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



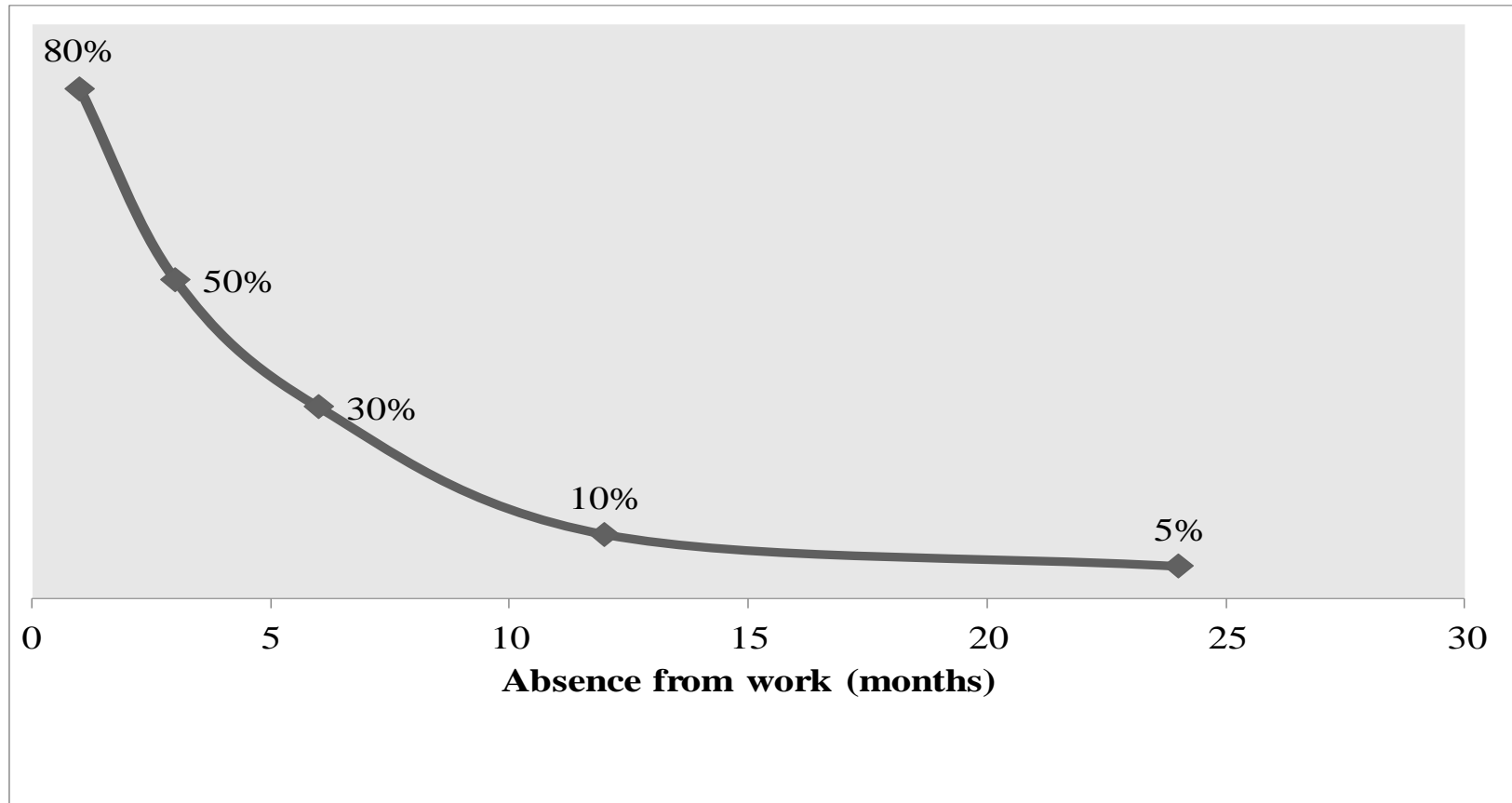
* See Appendix for Program Descriptions



LOCATIONS

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

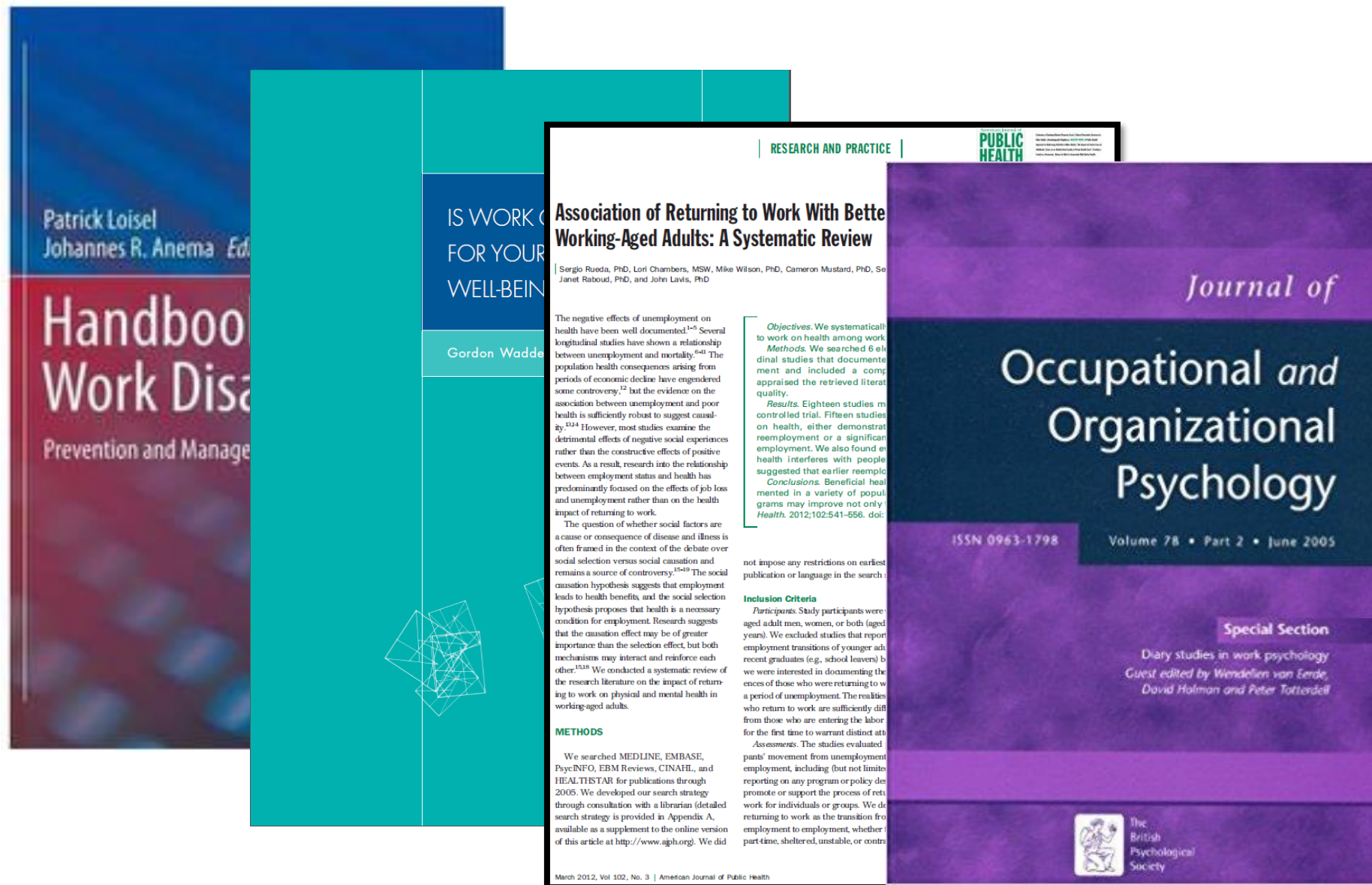
References:

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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Integrated RTW and Health Care at WSIB



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Key Principles:

1. RTW is a rehabilitation activity – ‘Better at Work’
2. Early intervention is key to preventing disability
3. RTW and recovery must be planned and integrated from date of injury to RTW 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

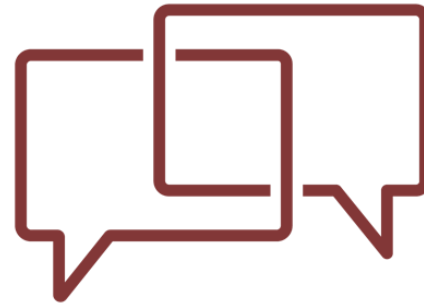
Process



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- **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>