

# 2015 Alf Nachemson Memorial Lecture

## Using Evidence for System Transformation at WSIB

A knowledge user's  
perspective

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October 29, 2015

# A bad decade for WSIB

- ▶ 1998-2008
- ▶ Ever increasing levels of physical and work disability
- ▶ Declining lost time injury rate yet rising costs
- ▶ Financial crisis - Auditor General report
- ▶ Large numbers of clients retrained at escalating expense, with low employment rates



# Key drivers

- ▶ Collaborative study between IWH (Hogg-Johnson) and WSIB to identify trends and underlying causes of long durations
- ▶ Inadequate support for employers and injured workers - abandoned the playing field - workplace self reliance
- ▶ Medical "treadmill": more health care yet increasing propensity to permanent impairment; increase in use and strength of narcotics
- ▶ Workplace behaviour towards work disability prevention perversely influenced by incentive programs : high correlation between claim duration and changes in claim management behaviour

# New service delivery model

- ▶ Restructure: from generalist to specialist roles
- ▶ Evidence based practice design: centered on recovery and return to work (RTW)
- ▶ Culture shift to interventionist role and sense of urgency for timely decisions and service - "a day matters"
- ▶ Back on the playing field



# Work and health

- ▶ Work promotes well being and is generally good for physical and mental health (AFOEM, ACOEM, Wadell and Burton, Rueda)
- ▶ Work is an important part of identity (Black)
- ▶ Prolonged periods of unemployment can increase risk of chronic pain and other adverse effects (Hilde)
- ▶ Injured worker unemployment contributes to higher rates of depression (Franche), marital breakdown, substance use, mortality (various)
- ▶ RTW can enhance recovery (Loisel, ACOEM, Rueda)



# Demedicalizing RTW

- ▶ Medical model implies that fixing individual is solution to RTW
- ▶ Work disability prevention model recognizes that arena of work disability includes multiple systems, including insurance/legal, health care, workplace, personal (Loisel and others)
- ▶ Set out to design practice attending to entire arena

# Finding evidence for practice

- ▶ Created a case management practice development team
- ▶ Read and synthesized RTW/work disability prevention studies, identified relevant and actionable findings
- ▶ Invited respected researchers to give us advice as we translated their work into practice
- ▶ Enabled researchers to study us, and participated on research advisory groups to gain early insights into findings

# Typical questions we asked



- ▶ What is known to work?  
What has a good possibility of working?
- ▶ When is it ideal to do it?
- ▶ How is it best to do it? If we do it this way, is it still aligned with the evidence?
- ▶ What tools already exist that we can use or adapt?
- ▶ What is the relationship between A & B? If we change this, will it help improve that, too?

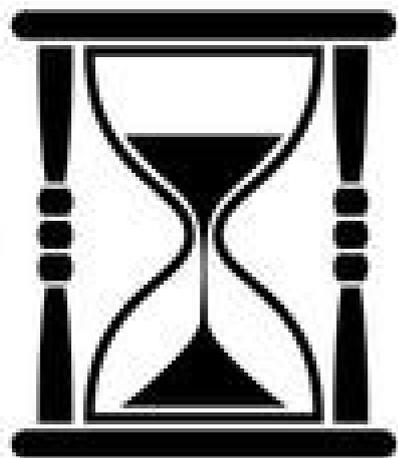
# RTW coordination

- ▶ 2003 systematic review of workplace based RTW interventions (IWH, Franche et al)
- ▶ Key findings: early offer of work accommodation and RTW coordination can prevent work disability (Seven Principles)
- ▶ Created RTW coordination role at WSIB, moving away from workplace self reliance
- ▶ "Early" intervention defined as workplace visit within 30 days



# Time to first decision

- ▶ Key finding: delays in initial entitlement decision significantly associated with increased duration (IWH)
- ▶ Created specialized eligibility adjudicator role
- ▶ Reengineered claims front end to dramatically shorten decision time
- ▶ Instituted robust quality control



# Assessing RTW risks

- ▶ Key finding: early identification of risk factors enables customized case management, e.g. injured worker's own perceptions very reliable predictor (Pransky)
- ▶ The "powerful questions". How are you today? Have you been in touch with your employer? When do you think you can go back to work?

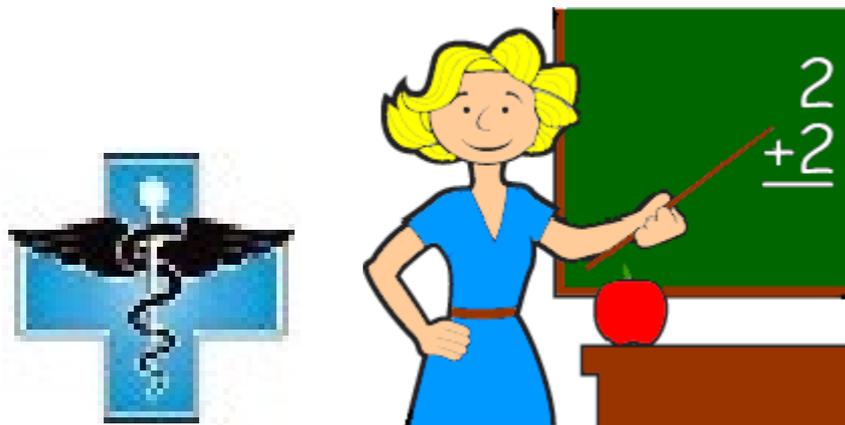


# Early intervention

- ▶ Key findings: risk of not going back to work increases significantly at 10-12 weeks off work (IWH and others); clear communication between all parties key (Loisel)
- ▶ Created short term case manager role, focussed on recovery and RTW
- ▶ Communicated expectation of RTW to worker and employer in first conversations and repeatedly
- ▶ Goal setting
- ▶ Created flags using prognostic evidence, and intervention protocols

# Integrated recovery and RTW

- ▶ Created health care programs of care for common and high cost injuries and streamed workers to them early - provider requirements and fees structured to support RTW
- ▶ Increased use of specialty clinics with new requirements to ensure recovery progress
- ▶ Evidence based controls on narcotics
- ▶ "Better at work"



# Labour market re-entry (LMR)

- ▶ Retraining when no RTW with injury employer
- ▶ Toronto Star investigative series
- ▶ IWH qualitative study (McEachen) concurrent with WSIB own deep dive and Value for Money Audit (KPMG)
- ▶ Significant quality, worker experience, value for money concerns
- ▶ Over 10 years since vocational rehabilitation was outsourced: costs doubled, employment rates declined to < 40%, time to begin program ~2 years, time to job search ~ 4 years, everyone dissatisfied
- ▶ 77% of LMR recipients had reemployment rights
- ▶ Significant association with cost relief and closure of experience rating

# Common complaints

- ▶ Training for jobs that don't exist
- ▶ Being railroaded
- ▶ Lack of pathways
- ▶ Provider profit motivation driving retraining plans
- ▶ Injured worker training ghettos
- ▶ Open labour market not friendly to injured workers



# Work reintegration strategy

- ▶ Created single strategic and policy framework governing end to end process of helping workers to get back to work
- ▶ Leading practices from OECD and other work reintegration studies
- ▶ From early and safe RTW coordination to work transition planning at 6 months
- ▶ Retraining planning back in house - new pathways, more choice, increased use of public colleges, new success supports for worker...
- ▶ Unrelenting focus on retention with injury employer



# Incenting work disability prevention

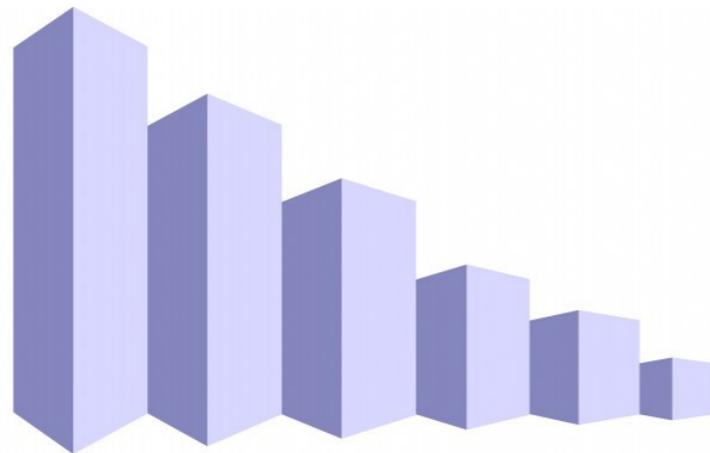
- ▶ Policy change to strengthen employer obligation to retain injured worker - linked to human rights code
- ▶ Re-introduced re-employment enforcement team, including penalties for failure to comply with law
- ▶ Clarified SIEF cost relief policy with decision makers
- ▶ Placed management controls over cost relief decisions
- ▶ Experience rating review



# Outcomes - physical recovery

Note: all data is provided by WSIB Corporate Business Information and Analytics

- ▶ From 9% of lost time cases having permanent impairment in 2008, to 5% in 2014



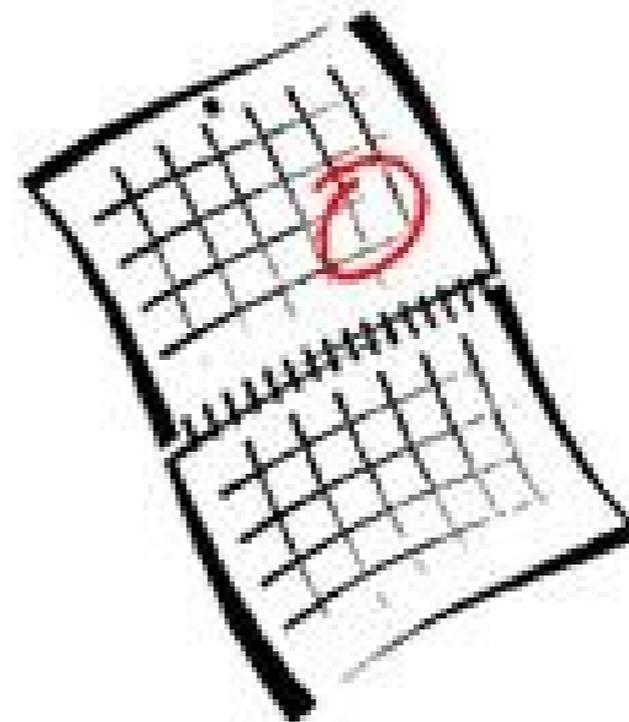
# Outcomes - Financial

- ▶ From \$1162 million paid for Loss of Earnings in 2008, to \$949 million in 2014
- ▶ From \$3365 million total benefits paid in 2008, to \$2660 million in 2014



# Outcomes - initial eligibility decision time

- ▶ 93% within 10 days from claim registration (2014)



# 2014 Outcomes - work reintegration

- ▶ 87.5% off loss of earnings benefits 1 month after RTW Specialist closure
- ▶ 58.9% of work transition plans result in return to injury employer
- ▶ 80.5% of work transition plans result in employment



# Outcomes - satisfaction

Satisfaction Measure	Workers	Employers
Overall very or somewhat satisfied with claims services(Q4, 2014)	77%	89%
Overall satisfaction with RTW Specialist services (2014)	79%	90%
Overall satisfaction with Work Transition Specialist services (2014)	83%	87%

# Final thoughts

- ▶ Engaging researchers early and often creates alignment
- ▶ Curiosity is healthy and rewarding
- ▶ Relationships of mutual respect and trust are productive
- ▶ Evidence based practice, tempered by user insight and context, generates outstanding results

Congratulations to the researchers and WSIB staff who made this tremendous change possible!

Thank you!

Questions?