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# The role of health-care providers in the workers' compensation system and return-to-work process: Executive summary



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## **Executive Summary**

International research has generated strong evidence that health-care providers have a key role in the return-to-work (RTW) process. However, pressure on consultation time, administrative challenges and limited knowledge about a patient's workplace can thwart meaningful engagement. This multi-jurisdictional, two-year study focused on health-care providers' experiences within the workers' compensation system and their role in the RTW process.

The study sought to answer three broad questions:

- 1) What is the role of health-care providers in the workers' compensation system and in the RTW process?
- 2) What challenges do health-care professionals face?
- 3) What can help engage health-care professionals in the workers' compensation and RTW process?

## **Methods**

The study consisted of three parts:

- 1) a document analysis of materials (e.g. policies, resources, guides) aimed at health-care providers about their role in RTW and in the compensation process, as well as interviews with key informants involved in the development of these materials;
- 2) interviews with 97 health-care providers in British Columbia, Manitoba, Ontario and Newfoundland and Labrador, examining their experiences with the workers' compensation system and return to work of patients receiving workers' compensation; and
- 3) interviews with 34 case managers about how they interact with, and view the role of, health-care providers in the RTW process.

Our analysis sought to understand how health-care providers interact with workers' compensation boards, manage the treatment of workers' compensation patients and navigate the RTW process.

## **Findings**

We found most health-care providers did not encounter significant problems with the workers' compensation system or the RTW process when they treated patients who had visible, acute physical injuries that were supported by clear "objective" evidence. We found health-care providers faced challenges when they encountered patients with multiple injuries, gradual-onset or complex illnesses, chronic pain and mental health conditions.

In these circumstances, many health-care providers experienced the workers' compensation system as opaque and confusing, with little clarity about their role in it. When health-care providers dealt with injuries that were complex, their views and the views of case managers were sometimes misaligned with respect to the timing and appropriateness of RTW. Forms and recovery guidelines were viewed as ill-suited to these conditions, and communication difficulties between case managers and health-care providers made it difficult to convey important information needed for decision-making and effective RTW planning. In the absence of regular and effective communication, internal medical consultants were used to help case managers with medical decision-making. For treating health-care providers, however, this practice contributed to their further alienation from the workers' compensation system.

Administrative hurdles, disagreements about medical decisions and lack of role clarity impeded the meaningful engagement of health-care providers in RTW. In turn, this resulted in challenges for injured workers, as well as inefficiencies in the workers' compensation system.

## **Conclusion**

This study raises questions about the appropriate role of health-care providers in the return-to-work process. We offer suggestions about practices and policies that can clarify the role of health-care providers and make workers' compensation systems easier to navigate for all stakeholders.