What are physicians told about their role in return to work and the workers' compensation system?

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November 1st 2016

Study overview

Resource scan conducted as part of a two year study examining the role of healthcare providers (HCPs) in workers' compensation systems and in RTW after injury

The study sought to address three broad questions:

1. What is the role of HCPs in the workers' compensation system and in the RTW process?
2. What challenges do HCPs face?
3. What can help engage HCPs in the workers' compensation (WC) and RTW process?

Study methodology

The study consisted of three parts:

1. A document analysis of materials aimed at HCPs about their role in RTW and in the compensation process
2. Interviews with HCPs examining their experiences with the WC system and RTW of compensation patients
3. Interviews with case managers (CMs) about how they interact with HCPs and view their role in RTW (Manitoba and BC)

Why examine materials created for physicians?

- Before we started interviews we wanted to know what sort of information, resources and programs were available for HCPs
- What sort of messages were embedded in these materials?
- Scope of their role
- Language used (e.g. Limitations vs capabilities)
- Gaps and contradictions
- Where could materials be found? Who was developing them?

Methods

- Searched for resources in each Canadian province and territory
- Focus was on physicians - typically the primary treating clinician
- A list of organizations likely to produce materials on the topics of interest was generated
  - WCBs; provincial or federal gov't ministries/agencies; medical regulatory bodies; post-secondary institutions providing medical training; union, worker and community organizations, etc
- A snowball technique used to search for other orgs
- List of key words generated to identify other materials through web search
- Each identified resource was saved, reviewed and catalogued electronically

Methods

- Resources were categorized according to:
- **jurisdiction**,
- **source** (WCB, oversight body, etc);
- **intended audience** (general practitioners, specialists, other);
- **topic/content of resource** (roles/responsibilities, clinical guidelines, medical assessment, etc);
- **"type**" of material (policy statement, fact sheet, guides, workshop, etc).
- **Forms** (injury report forms, functional assessment forms)

Included:

- *Compensable* injury (not sports injury, chronic illness)
- Physicians as the audience (not general materials)
- Resources found in "HCP section" of WCB websites
- Materials developed by provincial physician associations
- Resources captured between May –September 2014

Caveats! Caveats! Caveats!

- Grey literature – a constantly shifting landscape
  - materials constantly added, changed, modified, removed
- Missed materials – found references to workshops or programs but not able to locate further information; no access to content
- What we don't know...
  - How often materials/resources are accessed
  - Whether physicians access 'general' or multi-audience resources
  - How well the resources 'work' – no evaluations found!
- Overview of the body of resources developed for physicians – exceptions are noted (here and more completely in the report)

Findings – breakdown of resources

187 resources identified

Forms (33%), including injury reporting forms and medical certification forms

Fact sheets (24%)

Guides (>2 pgs; 15%).

Other types of resources included policy statements, workshops, courses

British Columbia (BC), Alberta (AB), Ontario (ON) and Quebec (QC) offered greater number/variety of resources

Main sources: WCBs; post-secondary institutions (e.g. courses in occupational medicine); medical associations (e.g. College of Physicians and Surgeons, CMA)

Few resources provided by community organizations or government (Ministries of Labour or Employment, etc).

Findings – breakdown of resources

The types of materials identified were clustered in four key areas:

- Policies and position statements on the role of physicians in workers' compensation systems and in disability management (19 statements).
- Materials on specific work-related injuries and diseases and how to treat or recognize these [e.g. occupational asthma, occupational cancers]
- Physician forms (first reports, functional assessments, etc.) including the accompanying instructions/guidelines
- Resources on the medical management of specific conditions, including Disability Duration Guidelines; Opioid guidelines; Critical Path Matrices (format of these included fact sheets and longer guides)

Findings – at deeper analysis of the resources

- Resources, materials, guides embody discourses about what is expected of physicians
  - How physicians are instructed to behave as part of workers' compensation systems?
  - What are the dominant narratives about key processes such as RTW?
- Analysis focused on key messages and discourses in the materials indentified
- A consideration of gaps, contradictions and "silences" in the materials
- Analysis informed by examination of the key issues in the critical, qualitative RTW literature - do materials prepare physicians to address issues identified in this research and to treat patients within the context of WC
- Results focus on the body of resources (there are exceptions!)

RTW is good medicine

- General messages about the benefits of work
- Work is described as being good for the patient's health
- Early RTW and recovery from injury while at work, even if the patient is still experiencing pain, is recommended.
- RTW is described as "good medicine"

"Absence from the workplace is detrimental to the physical, mental and social well-being of your patients. Timely return to work is therapeutic."

"Return to work is often safe and beneficial for the patient in their own job or an alternative modified job even before full recovery"

*Workplace Safety and Insurance Board. Health care practitioners & the WSIA.; 2014 [Last time accessed on 2014 Jun 4]. http://www.wsib.on.ca/en/community/WSIB/230/ArticleDetail/24338?vgnextoid=101671804c723310VgnVCM100000469c710aRCRD

Physician Education Project in Workplace Health. Injury/illness and return to work/function. A practical guide for physicians. Toronto: Workplace Safety and Insurance Board (WSIB); 2000.

A key role(s) of physicians

According to the resources, key roles of physicians in the WC system include:

- Treatment of injury
- Providing WC board information about worker limitations/capabilities
- Being supportive of RTW

However…

- Few clear descriptions of what falls within/outside of role
- Contradictions in messages about role in some jurisdictions
- Non specific language that is open to interpretation: “prompt reporting”, “early RTW”
- Mechanisms of role are vague and not clearly laid out
  - e.g. Contact with employer - Who? When? How often? What info?

Focus on *returning* to work not *staying* at work

- While physician's support of RTW is encouraged, much less is said about the on-going process of *staying* at work
  - materials rarely provide guidance on what the HCP should do in circumstances when the RTW does not go smoothly
  - e.g. How should RTW be managed when social relations at work are poor? What should be done when appropriate accommodated work is not provided?

"*Physicians should always assume that employers can and will accommodate, even if workers think otherwise*"

[Saskatchewan Workers' Compensation Board. A support package for physicians treating injured workers. Regina SK: Saskatchewan Workers' Compensation Board; 2010.]

Few resources for circumstances where RTW may be difficult

- In general, absence of materials that focused on problems the physician may encounter when treating IWs and dealing with the compensation system
  - "Invisible" or complex conditions (e.g. chronic pain or episodic disability); denial of claims; conflicting medical opinions
- Some resources* recommend working with a company occupational health service or health care department – suggests focus on larger workplaces
- Lack of guidance about how to support workers small workplaces, non-standard or temporary jobs
- No information targeted toward physicians in walk-in clinics/ERs – may have special challenges with RTW

*Physician Education Project in Workplace Health. Injury/illness and return to work/function. A practical guide for physicians. Toronto: Workplace Safety and Insurance Board (WSIB); 2000.

Worker's Compensation Board of Alberta. On-site health centre report. Health care provider fact sheet. Edmonton, AB: Worker's Compensation Board of Alberta; 2011.

Mental health

- Focus of resources is predominantly on physical injuries
- Identified only a few resources aimed at physicians about facilitating RTW when patients had a mental health condition*
  - Mental health – often treated as “red flag”, that is a barrier to RTW
- Did not find resources that discussed RTW planning for those with work-related mental health conditions or strategies for collaborating with other HCPs in the mental health field (e.g. psychologists).
- Did not find information about lodging a work-related mental health claim, even in jurisdictions such as BC that have recently permitted such claims.

*Centre for Applied Research in Mental Health and Addiction, BC Mental Health & Addiction Services. Managing workplace mental health & occupational disability: guidelines for physicians. Vancouver, BC: Centre for Applied Research in Mental Health and Addiction (CARMHA); BC Mental Health & Addiction Services (BCMHAS); 2009.
McGill University. Continuing health professional education. Montreal, QC: McGill University; 2014
http://cme.med.mcgill.ca/php/conf.php?search=category&catid=81
IRSST. Guide to an integrated practices program for supporting a return to work and promoting job retention. Facilitating an employee's return to work following an absence for a mental health problem. RG-813. Montreal, QC: IRSST - Communications and Knowledge Transfer Division; 2014.

Privacy and confidentiality

- HCPs can expect to share information with WC decision makers and employers during the RTW process
- Discussions of privacy, when present, tended to simply instruct physicians to get their patients' consent prior to sharing information

  *"[patients should] sign a release of information form, allowing you to share information with the worker's employer" [...] "if the worker refuses to sign this [information] release, contact the WCB case worker immediately"**
- What sort of information can/should be communicated to third parties?
- Can patients expect certain details to remain private?
- The Canadian Medical Association (2013) policy statement *"The treating physician's role in helping patients return to work after an illness or injury"* - physicians encouraged to familiarize themselves with legislation in their own jurisdiction. Yet discussions of ethics and privacy almost completely absent from the provincial materials reviewed.

*Worker's Compensation Board of Nova Scotia. Direct access to tier one services - a tiered service provider's guide to forms and reporting. Halifax, NS: Worker's Compensation Board of Nova Scotia; 2013.

Overviews of WC structure and function

Resources directed at physicians rarely included a comprehensive overview of WC system

- How the system operates
- Process map
- Information about different players in the system (e.g. Internal medical consultants)
- How medical information is used and who makes decisions
- What is and is not a compensable injury or what benefits/services may be available for injured workers.
- Often some of this information is found on WC websites but not in the HCP ‘section’

Resources and access to assistance

- Resources tend to be concise – how easy would it be for physicians to access additional information and support if needed?
- Most resources* issued by WC boards only have a general inquiry number or website address which would not lead to information directly relevant to physicians.
- Most resources do not have information about how to reach a claim manager or how to get further information about a patient's claim, about the WC system or around RTW
- Common to have telephone lines specifically dealing with billing and payment inquiries but not process or claims issues
- In such circumstances, finding support or additional information necessitates additional time and effort on the part of a physician or his/her staff - may serve as a barrier for physicians accessing this information

*With some exceptions: Saskatchewan Workers' Compensation Board. A support package for physicians treating injured workers. Regina SK: Saskatchewan Workers' Compensation Board; 2010.

Workplace Safety and Insurance Board. Health care practitioners access line, phone line for HCP. Workplace Safety and Insurance Board; 2014 [Last time accessed on 2014 Jun 4]: http://www.wsib.on.ca/en/community/WSIB/230/ArticleDetail/24338?vgnextoid=36fc48db92e0c210VgnVCM100000469c710aRCRD

Take home messages and areas for improvement

- Review of materials aimed at physicians found that while many resources exist, they do not always provide clear or specific information about the physician role in RTW and in the compensation system.
- Conflicting information about whether a physician should determine work readiness, assess suitability of available jobs or only assess function and provide treatment may make it difficult for physicians to understand the scope of their role
- Lack system knowledge and information about role = disengagement from the process?
- Clarity, discussion and consistency is needed regarding role of HCPs
  - What *should* and *can* physicians' role be?
  - When clarity is lacking at a system level, this will be reflected in materials produced for physicians.
- HCP-specific information about the WC system
  - Medical schools, HCP section of website, courses for CME credit, apps

Take home messages and areas for improvement

- Physicians may have different capacities for involvement in the RTW process
  - Physician with specialty in Occ Med vs General Practitioner
- “Straightforward” injuries likely easier to manage than complex injuries and prolonged claims
- Programs that allow for physicians to “opt out” of RTW planning or to receive assistance with assessment and RTW management may help those who are having difficulties (e.g. programs in BC)
- May be useful for physicians seeing IWs in ER or walk in clinics

Take home messages and areas for improvement

- One gap in the materials reviewed relates to guidance about what to do in complex or difficult situations
  - Limited information about how to manage mental health claims and how to deal with challenging RTW situations
- If physicians are to participate in the RTW process – need access to tools to deal with challenging RTW situations
- IWs, particularly those with complex condition, may experience issues such as chronic pain, depression and anxiety - these issues poorly addressed in the materials we reviewed
- Such conditions give rise to important issues for physicians – How should chronic pain be managed in the context of RTW? How can physicians support the RTW of patients with mental health conditions? How should a HCP assess capacity and limitations in these situations? What is appropriate, accommodated work?
- Area where further guidance is needed

Take home messages and areas for improvement

- Messages sent to physicians about the benefits of early RTW are presented in unequivocal terms: RTW work is good medicine. It is good for health. Recovery at work should be encouraged.
- While there are clear links between unemployment and poor health
  - Not all workplaces are safe or healthy
  - Not every IW can or should recover at work
- The possibility that some IWs may need time to recover, may find working in pain or on medication difficult (or dangerous) or that sometimes “accommodated work” is not safe or appropriate is largely unacknowledged in many resources
- The glossing over of these issues is a disservice to both physicians and IWs

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The Institute for Work & Health acknowledges the financial support of the Workers Compensation Board of Manitoba through the Research and Workplace Innovation Program in the preparation of this Project. However, the content of the report and/or resource(s) is the sole responsibility of the Institute for Work & Health and the views expressed in it are those of the authors.

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