SBCI UPDATE

March 2009 *NEWSLETTER*

MESSAGE FROM THE CHAIR

The SBCI Annual General Meeting took place on April 17, at which time, my term of office as Chair finished. Since I have completed four years as a Director of SBCI, I am also stepping down from that role so that someone else can have the opportunity.

I have thoroughly enjoyed my time on SBCI's Board and am pleased to have been able to contribute to its continued development. Its aims are always to provide benefit to Ontario school boards.

One of SBCI's major initiatives during my period as a Director has been the development of an Attendance Support service to school boards. This is a subject in which I have been particularly involved, having been joint Chair of the Ministry's E&E Committee on Attendance Support over the past couple of years.

Probably SBCI was ahead of its time when it first established this service on a pilot basis in 2002. However, recently, an increasing number of boards have turned to SBCI for advice and guidance on Attendance Support. Under Lynn Porplycia's leadership, SBCI's Attendance Support services have flourished and we now work with 20 Ontario school boards. My school board, Brant Haldimand Norfolk Catholic DSB is one of the 20.

The Ministry has the costs of absences as one of the key topics of its Operational Reviews – financial costs, social costs and the costs of lower student achievement. Thus, all boards can expect to be encouraged by the Ministry to improve their attendance results.

The Co-operative provides Ontario school boards with an excellent, cost effective service in Attendance Support advice and, by definition, it is purely focused on school board attendance matters.

My sincere thanks to my other Board members and to Brian Brown and the SBCI staff for their support over the past year.

Wally Easton
Chairperson

IN THIS ISSUE

WSIB CONTINUES TO ROLL OUT THE NEW SERVICE DELIVERY MODEL (NSDM)

The WSIB started with the Ottawa office and has continued to expand the NSDM in Toronto, Hamilton, London and Windsor. Later in the year the program will include all WSIB Regional Offices. Changes are being made to the model on the fly as the WSIB attempts to balance case loads and achieve the goal of reducing claims persistency.

The NSDM aims to speed up the decision making and return to work process by

having WSIB staff call workers and employers to obtain information and encourage return to work. This is a change of mindset for many WSIB staff who were more used to making decisions based on reports that came across their desk rather than actively contacting the workplace parties for information or to discuss ways to resolve barriers to return to work.

How are claims processed in the NSDM? The WSIB uses a Central Claims Processing department to receive Form 6s, 7s and 8s. Registration clerks will assign claim numbers and let employers know that if they have received a Form 8 (1st Medical Report) but no Form 7 and ask if the employer is aware of the accident.

Primary Adjudicators will make the majority of entitlement decisions in the straightforward cases based on a five-point check system. They will look to see is there a worker, an employer, and proof of accident, personal injury and compatibility. Most claims are for health care and the majority are dealt with by Primary Adjudicators.

Eligibility Adjudicators are responsible for making initial entitlement decisions in more complex cases. The WSIB wants eligibility staff to make most initial entitlement decisions within 5 to 7 days. This is not a lot of time in complex cases and some school boards have concerns that too many decisions are being approved without adequate investigation. If you have concerns about a claim we recommend that you set out the facts in detail on the 4th page of the Form 7 in a matter-of-fact way. If you do not provide the WSIB with details as to why you question a claim then the WSIB is more likely to approve the claim and provide a standard form

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acceptance letter. The WSIB has promised repeatedly that they will provide a detailed decision letter addressing employer concerns if the employer provides them with detailed reasons as to why they question the claim.

Many Eligibility Adjudicators will be new and inexperienced staff as the more experienced staff will tend to apply for positions as Case Managers. As a result some errors in judgement and adjudication will occur in the eligibility area. If you receive a decision that you strongly disagree with it is suggested that you discuss it with your SBCI Claims Manager and together craft a detailed and polite request for reconsideration setting out the basis for the reconsideration request. It may also be appropriate to raise systemic issues with the Manager of the area and request their assistance in resolving ongoing issues.

It is the intention of the WSIB to transfer all active cases to the Short-Term Case Managers not later than 30 days after a claim has been registered. You can request that a Short-Term Case Manager be assigned right away if you have some return to work issues at the start of a claim. If that happens, an Eligibility Adjudicator may still be making a decision on entitlement while a Short-Term Case Manager attempts to assist resolve RTW issues. It is intended that a Short-Term Case Manager will remain assigned to a claim for a maximum of 6 months. It is hoped that most cases will be resolved with the employee back to regular work on a full time basis within that time frame. If a claim is not resolved then it will be referred to a Long-Term Case Manager to address RTW or make a referral for Labour Market Re-entry (LMR).

The original version of the NSDM had Short-Term and Long-Term Case Managers working together in one team and cases following with that team. That looks likely to change as some Long-Term Case Managers are drowning in volume while others do not have enough to do. Consequently while school boards should find all of the claims going to one team of Short-Term Case Managers, if the claim is not resolved in the first 6 months it may be assigned to a group other than the Government Service Sector to deal with issues.

In the NSDM, Nurse Case Managers have a new title, Nurse Consultants and they also have a new responsibility - ruling on entitlement to certain health care benefits. They will decide if someone should be approved for physiotherapy, for example, or if approval should be given for payment for certain medications. Previously, Claims Adjudicators made these decisions with input from the Nurses. Now the Nurses are making the decisions and communicating those directly to the workers.

The WSIB Medical Consultants are less likely to be asked to provide advice on medical compatibility or to assist in entitlement decisions than in the past. It will still happen in some cases but certainly not in every case. Instead, it is intended that Medical Consultants will spend more of their time speaking to injured workers' doctors to clarify restrictions and assist in removing barriers to RTW. We have heard this before and it remains to be seen if WSIB Medical Consultants will actively assist in the RTW process or whether they will simply accept statements from treating physicians that the employee is totally disabled or that return to work needs to wait for test results or something else.

It is too early to tell whether the NSDM will deliver reduced claims persistency and lower WSIB costs. The WSIB will be looking for any signs of success but in a recession it is more likely that many people will stay on claim for longer periods of time. It remains more important than ever that school boards continue to take the lead role in facilitating and documenting return to work plans. The WSIB staff are still learning their new roles with varying degrees of success but SBCI Claims Managers are here to help you and ask that you keep us informed of what is working and what is not working so that we may intervene on your behalf with the WSIB, as necessary. If you have questions concerning the NSDM please speak to your SBCI Claims Manager.

THE REASONING BEHIND THE WSIB'S NEW SERVICE DELIVERY MODEL (NSDM)

At the WSIB, it was felt that in every claim, there are opportunities, barriers and red flags. The focus of the NSDM is on early and safe return to work with the accident employer. The NSDM is going to require operations staff to change their approach to case management. The expectation is for the staff to make more phone calls with workers and employers to engage in return to work discussions as soon as possible.

Return to work is a process that begins at the time an accident is reported. In this process, the Case Manager will review new cases and determine what activities are required to achieve a successful return to work. The Case Manager will triage the claims into one of three categories:

Category A – straightforward - these are normally straightforward cases where there are no activities required to influence return to work and there are no interventions required. There is usually a return to work date already on file.

Category B – monitoring – the Case Manager may need to positively influence return to work and recovery and there may be a possibility of a prolonged disability.

Category C – requires intervention – the Case Manager needs to positively influence return to work and recovery and there is the possibility of a prolonged disability. It is in this category that barriers are usually identified.

In the initial review, by identifying the opportunities, barriers and red flags, the Case Manager identifies the category and the specific activities/interventions required to attain a successful return to work. The Case Manager needs to estimate an interim and final return to work date based on this information. Then, the activities required to meet this goal are identified.

Some examples of "opportunities" are: a younger worker, no prior claim history, the employer has a good return to work programme, a diagnosis of "sprain/strain", the health care practitioner has identified functional abilities or indicated a return to pre-injury work.

Some examples of "barriers and red flags" are: the injured worker has multiple conditions and issues, prior claims, a negative attitude, lack of motivation, numerous complaints of pain, fear of re-injury, lack of communication with the

employer, workplace conflict, lack of understanding of the return to work programme by the front-line supervisor, lack of co-operation with providing functional abilities and medical information by the health care practitioner.

Once the opportunities and barriers are identified, a plan is created that supports return to work and recovery.

For example, a custodian fractures his left ankle. His job involves a lot of walking and he cannot weight-bear for 4 weeks and cannot return to his regular job for at least 8 weeks. He is 28 years old and has never had any prior claims. He has a good relationship with his employer and the Case Manager knows there is modified work available with the accident employer.

The final return to work date would be 8 weeks post-accident with an interim return to work date of 1 week from the date of accident. The Case Manager would normally contact the injured worker and talk to them about the return to work goals. The next goal would be to contact the employer and discuss suitable modified work availability for this injured worker.

Let's take the same case scenario with some different information. The worker has had several prior claims with significant periods of lost time. The employer does not want this worker back because of all of the disruption that is caused when he returns to work. The doctor does not want the injured worker to return to any type of work for at least 3 months.

The barriers are clear. Now, the Case Manager must determine what activities are required to positively influence return to work and recovery. In this case, it may be necessary first to contact the employer and remind them of their obligations in the return to work process. It would be worthwhile to identify a modified job and to be prepared with this information when contacting the injured worker.

When this job is offered, the injured worker may identify further barriers and the Case Manager may need the intervention of the Return to Work Specialist. As barriers are identified, an appropriate intervention to address the barrier is identified.

Just because an injured worker may have returned to work, that does not necessarily mean that the case is closed. Many times, injured workers are back at regular hours but because of ongoing symptoms, may be doing modified work. There is a need to positively influence the recovery part of the claim and the Nurse Consultant may need to be involved to arrange physiotherapy or a referral to a Regional Evaluation Centre. We do not want these cases to end up with a permanent impairment.

Your SBCI Claims Manager is here to help you identify return to work opportunities, eliminate barriers to return to work and address red flags. You and your employees are not alone on the road to recovery. We are here to help. If you have more questions on the technical background to the NSDM, please contact Darlene@sbci.org.

THE WSIB'S DRAFT EARLY AND SAFE RETURN TO WORK POLICIES

In our most recent discussions with WSIB staff, we have learned that the new Early and Safe Return to Work policies are delayed being implemented. The primary reason is that the new policies were to be introduced immediately following the implementation of the New Service Delivery Model (NSDM). The full implementation of NSDM is delayed owing to unexpected problems in a variety of areas, not the least of which includes significant negative employer feedback. As the new policies and the NSDM are very much intertwined, until the new model is fully implemented and the bugs worked out, the new policies cannot be implemented.

It is anticipated that the earliest the new policies can be implemented is the fall of 2009.

In the interim, SBCI has developed a training programme for the purpose of conducting training for all of our member school boards. Training will take place in person in a regional setting, or through web conferencing.

ACCIDENT/ INCIDENT INVESTIGATION

We've all heard that if we do not learn nothing from history, we're doomed to repeat it. Such is the case with accidents/incidents in the workplace and elsewhere. The Occupational Health & Safety Act mandates that all workplace incidents causing injury to a worker must be reported and investigated with recommendations to prevent them from happening again. The reason being that an incident is an opportunity to learn what went wrong and what steps can be taken to prevent a reoccurrence. An investigation is not is an attempt to assign blame. Any suggestion of this will result in the reduction of the investigation effectiveness.

Many workplaces have multiple categories of injuries of a similar nature such as slips, trips & falls, overexertion and struck or contact by. Every incident is an opportunity for prevention of a reoccurrence. An incident investigation gets to the root cause of an incident which, when analyzed, becomes the basis for a recommendation to prevent it from happening again.

Some confuse the duty to report an injury with an incident investigation. Merely reporting an injury to the Workplace Safety & Insurance Board is not enough. There must be an investigation complete with actionable recommendations to prevent reoccurrence. Confusion arises because the Form 7 resembles an investigation report but that's as far as it goes.

An incident investigation comprises of information gathering such as how the injury occurred, what happened and witness reports. Root cause analysis looks at such things as immediate causes and other contributing causes such as substandard conditions and basic causes such as not wearing personal protective equipment. The injured worker is quite often the best resource when conducting an investigation. Asking them how the incident could have been prevented quite often provides significant insight into what can be done to prevent a reoccurrence.

The role of the Joint Health & Safety Committee is critical at this point to assist

in the final step of outlining an action plan for implementation of the recommendations. The sooner an investigation is conducted the more actionable and sustainable the recommendations will be.

Effective incident investigations coupled with strong root cause analysis and recommendations will go a long way to prevent history from repeating itself.

Your SBCI Health & Safety Specialists are here to assist in training for incident investigation and root cause analysis. Please contact George@sbci.org.

MINISTÈRE DU TRAVAIL ET LA VOILENCE AU TRAVAIL

À la suite de visites d'inspecteur du ministère du Travail dans les conseils scolaires de l'Ontario, SBCI voudrait rappeler à ces derniers que la violence dans le secteur de l'éducation continue à faire l'objet de transgressions par les conseils scolaires auprès du ministère.

Avec la participation de conseils scolaires membres, SBCI a développé et distribué à tous ses membres en mai 2008, un Guide de prévention de la violence au travail.

Ce Guide contient une série d'outils pour le développement d'un programme de prévention et un CD-Rom pour permettre aux conseils scolaires d'adapter ces outils à leur philosophie et leurs besoins.

Pour ceux qui ne l'ont pas déjà fait, SBCI invite les conseils scolaires à prendre connaissance du Guide et à établir des mesures de prévention avant que la visite d'un inspecteur du ministère du Travail ne se traduise par un ordre de se conformer.

Pour les conseils scolaires membres qui le désirent, SBCI offre les services de son équipe de conseillers en santé et sécurité au travail pour les aider à établir un tel programme.

MINISTRY OF LABOUR AND WORKPLACE VIOLENCE (English Version)

Following visits of Ministry of Labour inspectors to Ontario school boards, SBCI would like to remind the latter that violence in the education sector continues to be the subject of contraventions within the school boards, according to the Ministry.

With the participation of member school boards, SBCI developed and distributed to all its members, in May 2008, a Workplace Violence Prevention Guide.

This guide contains a series of tools for prevention programme development, as well as a CD-ROM to help the school boards adapt these tools to their philosophy and needs.

For those who have not already done so, SBCI invites school boards to read the Guide and to establish preventive measures before a Ministry of Labour inspector's visit becomes an order to comply.

Member school boards have the option of using the SBCI team of Health and Safety Professionals to help them to establish such a programme.

ATTENDANCE SUPPORT: MENTAL HEALTH IN THE WORKPLACE

There is strong evidence that the early identification of employees with disabilities, followed by proactive case management and transitional work opportunities results in shorter absence durations. In addition to providing advice and guidance to school boards on the planning, development, implementation and evaluation of Attendance Support Programmes, SBCI's Attendance Support Team provides assistance with comprehensive case management services.

It is apparent in SBCI's work with school boards that mental health and, similarly, addiction conditions continue to represent a high percentage of case loads for disability case managers. Mental health conditions do not discriminate, as they are widely distributed across people of all ages, gender, and socioeconomic class. In Canada, mental health claims are the fastest growing category of disability costs overtaking cardiovascular disease. Mental health claims account for an estimated 30-40% of the disability claims recorded by Canada's major insurers and employers. At any one time 1 in 20 employees can experience depression.

It has been shown that individuals with chronic physical illness, such as back or cardiac conditions, are two times as likely to develop an anxiety or depressive disorder. Furthermore, co-morbid mental health and physical conditions are greater in number than either alone.

These statistics support why mental illness and addiction are ranked first and second as leading causes of disability in North America.

Mood disorders are associated with the greatest disability, including absenteeism (lost work days) and presenteeism (reduced productivity while at work). When chronic physical conditions overlay psychiatric illness further complications and costs arise. This has led to mental health disability claims rising, which now represent 4 – 12% of payroll costs.

School boards in today's environment will need to develop a mental health strategy to address mental health issues in the workplace. Unlike physical conditions, mental health claims not only are more numerous, but frequently are more complicated. In fact, the universal rise in mental health claims may be largely due to increased mental health diagnosis rather than an epidemic of mental illness. Not only are there a variety of underlying reasons for somebody going off on mental health leave, but also recent legislative changes regarding Human Rights and duty to accommodate have produced a challenging environment.

Therefore, senior management, as part of the mental health strategy, need to cultivate a more collaborative environment, involving the participation of as wide a range of stakeholders as possible. This cultural movement towards overall organizational health and wellness is critical in today's school board environment. One of SBCI's key elements of a healthy workplace strategy is the psychosocial school board environment. This is the link between the school board environment or culture and the personal/mental well-being of employees.

The school board environment and culture has a proven effect on employees' well-being. In a healthy school board

environment, there are benefits for the employee and the board when practices and policies support the well-being of employees. In order to have a positive and supportive effect on employees' well-being, there are several considerations: leadership styles, management practices, the way work is organized, social support, and respect for the individual. A healthy workplace environment helps to reduce absenteeism, healthcare costs, and accidents and increases productivity and employee satisfaction.

Supervisors will require training on how to deal with employee behaviour when it is unclear whether it is a performance issue or a medical/psychiatric condition requiring attention. Managers also need assistance with worker groups who have had a co-worker go on a mental health leave or about to return imminently.

Although the business case is clear with respect to the need to find effective strategies to deal with mental health issues in the workplace, the required cultural changes, organizationally, will likely constitute a transformation from current practice. The past decade has been focused on advocacy to reduce stigma and increase awareness of mental health in the workplace. Now the need seems to be for practical strategies to develop infrastructures within organizations as well as skill training for managers in order to obtain cost-effective results.

An Attendance Support Programme should be part of a board-wide strategy or, at a minimum, a part of an HR strategy. SBCI can provide your school board with such a strategy to manage employees with workplace stress and mental health disabilities, as well as provide individualized training programmes.

Additional information about mental health in the workplace can be found at:

* Mental Health Commission Website (www.mentalhealthcommission.ca)
* Canadian Psychiatric Research Foundation (CPRF) "When Something's Wrong-Strategies for the Workplace" handbook (www.cprf.ca)

For further information regarding SBCI's Attendance Support Services, please contact Lynn Porplycia at lynn@sbci.org or 1.800.361.3516, ext. 237.

ONTARIO MEDICAL ASSOCIATION (OMA) POSITION PAPER ON THE ROLE OF PRIMARY CARE PHYSICIAN IN TIMELY RETURN TO WORK (TRTW)

In December 2008 the OMA released a new position paper on the role of the Primary Care Physician in TRTW. This position paper replaces one originally released in 1994. A copy of the OMA position paper was recently provided to our member school board WSIB Co-ordinators. This article will examine the role the OMA envisions for Ontario physicians in TRTW process.

In 1994 the OMA provided a position paper on the role of the physician in the return to work process following an injury. In essence, this position paper identified that the role of the physician was to provide the insurer (i.e. WSIB, third party insurance providers, etc.) with functional abilities information that would facilitate their patient's return to safe and suitable work. Physicians were directed not to comment on the patient's ability to return to work as this was considered to be the responsibility of the insurance carrier.

Since 1994 the OMA has recognized that employers have developed comprehensive return to work programs to help improve patient recovery, productivity and to reduce employee absenteeism and its associated costs. Because of the growing demands being placed on physicians as a result of the employer's increased involvement in RTW, as well as the increasing demands coming from third party insurers, The OMA has updated its position on the role of the primary care physician with a view of providing continued high quality care to their patients while also meeting the demands coming from external stakeholders in the return to work process. The position paper also provides the OMA's proposed model for a successful RTW.

The December 2008 paper defines the role of the primary care physician in the TRTW process as follows:

1. Provide medical treatment in order to achieve optimum functionality and discuss with the patient anticipated recovery and healing times early in the course of treatment;
2. Support and encourage the patient to participate in a Timely Return to Work program;
3. Provide medical report(s) as per CPSO requirements;
4. Accept overall responsibility for the patient's medical care;
5. Request and help co-ordinate appropriate auxiliary treatment and rehabilitation services; and
6. Protect the patient's medical confidentiality.

These defined roles have been developed in response to several concerns expressed by physicians in relation to the demands placed on them in the current climate related RTW. Some of these concerns include requests for health information related to the illness/injury to establish a patient's eligibility to insurance benefits while at the same time not being provided with information related to the duties that the patient performs; the perception that there is a lack of support from employers in the RTW process as well as the perception from employers and insurers that physicians too often support a patient's claimed inability to RTW, thus certifying disability; and the practice of using "blanket consents" by employers and insurers for the release of the patient's clinical information.

The OMA has provided some recommendations designed to relieve the concerns noted above. These recommendations are summarized on page 2 of the paper. Among the key recommendations are:

- A request that third party requests for medical information be separated into two streams – requests specifically related to entitlement to benefits and separate requests for services related to facilitating a RTW;
- Separate patient consents for each specific request for medical information and that these consents will be considered time-limited;
- Patients should not be required to assume the costs of services related to the certification of their disability nor their participation in a TRTW program.

Page 7 of the paper provides details on what the OMA suggests a return to work program should embody. The 8 specific points detailed in the paper are consistent with the best practices model that SBCI advocates in our Return to Work Guidebook and the early and safe return to work practices that our member school boards have been utilizing for several years.

While the main focus of the new position paper deals with how physicians should approach TRTW, it must be noted that the practices and recommendations identified and suggested by the OMA are directed primarily at dealing with third party private insurance insurers, specifically Long Term Disability (LTD) and other disability insurers like CPP Disability and auto insurance carriers, etc.

With regards to work-related injuries and WSIB claims, the OMA acknowledges that physicians must follow the clinical assessment and treatment guidelines expressed in the Workplace Safety and Insurance Act (WSIA). Appendix 3 of the paper notes that Section 37.1 of the WSIA provides the WSIB with broad authority to demand the delivery of medical information, both for the purposes of determining eligibility for Workplace Safety and Insurance benefits as well as for the ongoing monitoring of the claim, proof that treatment is provided wholly for the work-related accident, and for facilitating the patient's return to work.

While the paper distinguishes the physician's role between non work-related disability insurers and the WSIB, it should be anticipated that many of the practices and recommendations detailed in this paper will be utilized by physicians regardless of who the insurance carrier is that is compensating the patient for their disability.

If you have any questions related to the OMA position paper please contact your SBCI Claims Manager.

PARKLANE UPDATE

On a recent visit to Parklane Systems offices I (Lisa Chaplin) had a sneak preview on the development of new screens being updated in the various Parklane modules. The new screens will be more efficient and easier to navigate from a user's perspective. Parklane does not yet have a date of release for their new look. Once they are closer to completion an announcement will be made to all clients. SBCI will also keep you updated in future newsletters.

Customer Support

Parklane Customer Support has two new staff to assist you with your inquiries. Claudette Everitt (Bilingual) and Sara MacCarthy can be reached via email at support@parklanesys.com or by calling 519-657-3386.

Managing Staff

Users can now identify the Disability Manager managing a specific claim. Management reports can then be printed for only the caseload assigned to the Disability Manager. This feature is advantageous to organizations where there is more than one DM managing WSIB cases. For more information contact Parklane Customer Support or Lisa Chaplin @SBCI.

CALENDAR OF EVENTS

Board of Directors Meeting:

May 15, 2009

SBCI SERVICES

TOTAL EMPLOYEE ATTENDANCE MANAGEMENT & SUPPORT (TEAMS)

– Attendance Support –
– WSIB Claims Management –
– Health and Safety –
– Wellness –

ACTUARIAL

– PSAB –
– Sick Leave Utilization –

SBCI STAFF

Brian Brown, Chief Executive Officer
Mary Luck, Senior Claims Manager
Darlene Iwaszko, Claims Manager
Christopher James, Claims Manager & Lawyer
Kelly Melanson, Claims Manager
Robert Orrico, Claims Manager
Louise Bellamy, Financial/Office Co-ordinator
Lisa Chaplin, Claims Analyst
Melissa Hewit, Parklane Assistant
Monica Wroblewska, Executive Assistant
Audrey O'Connor, Data Entry Clerk
Neera Ramkorun, Data Entry Clerk
Rolly Montpellier, Marketing Consultant
George Ward, Senior H & S Specialist
France Germain, H & S Specialist
Lynn Porplycia, Attendance Support Practice Leader
Byron Franson, Attendance Support Co-ordinator
Cheryl Luke, Attendance Support Co-ordinator
Wendy Achoy, Chief Actuary
Joseph Chan, Actuarial Analyst
Brad Bowen, Actuarial Analyst
Maggie Zhou, Actuarial Analyst

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