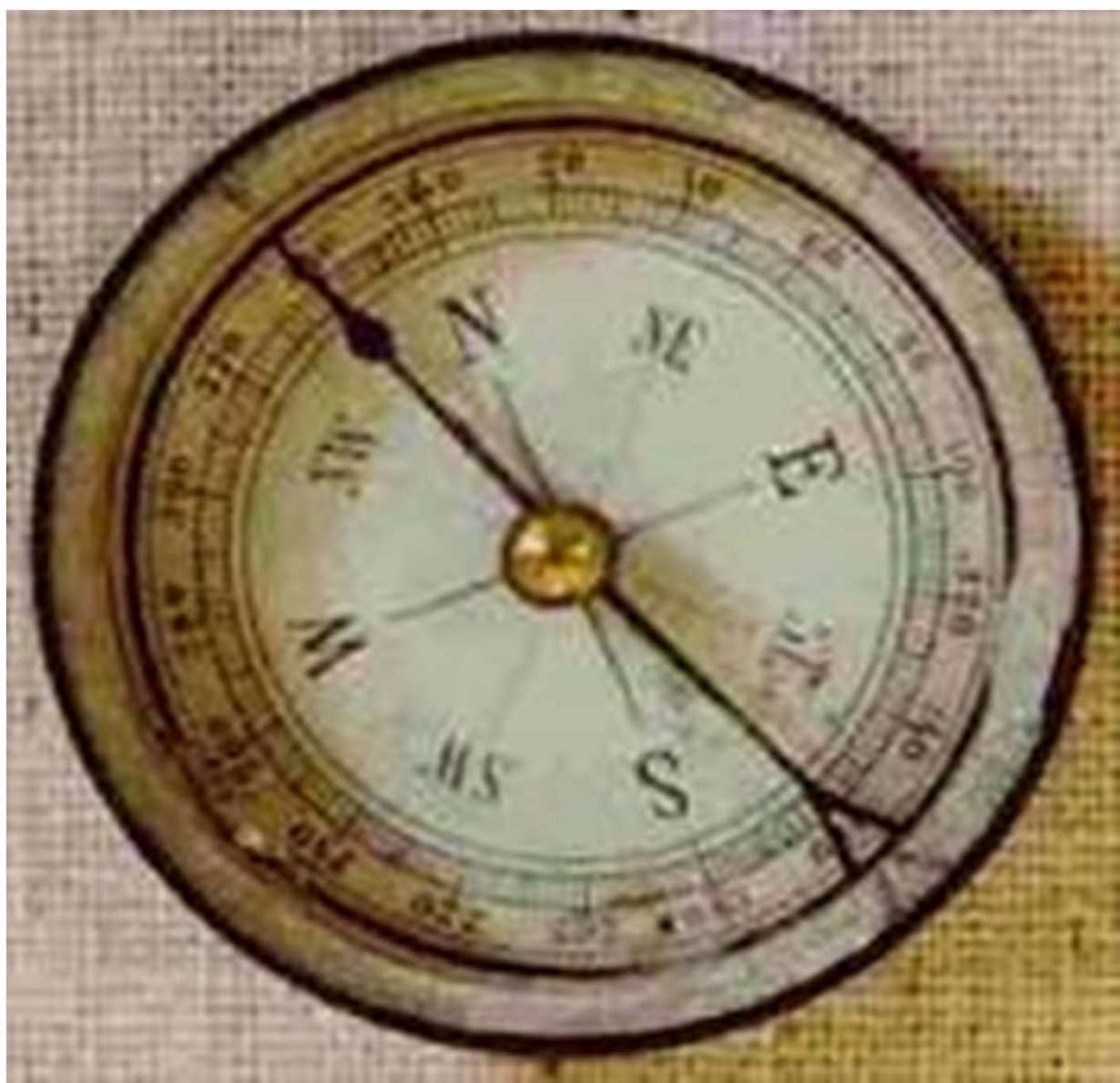


“It’s what you know AND who you know: Leveraging relationships to vastly improve RTW outcomes”



Dr. Jamie Cox MD CMO WCBNS



SAW/RTW process requires:

- a sense of urgency;
- attention and priority;
- research;
- experimentation with new methods and interventions;
- infrastructure development;
- policy revision;
- methodological improvement and dissemination;
- education and training;
- incentive alignment; and
- funding.



AMERICAN COLLEGE OF
OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE

Cultural Challenge

Physiotherapy

Worker

Employer

Other Health Care Providers

Primary Care

WCB

Appeal System

Safe &
Timely
RTW



WCBNS Facts

- Soft Tissue/Sprain-Strain Injuries are the number 1 injury type in the province
- This injury type is the number 1 “cause” of chronic pain
- This injury type is the number 1 “cause” of extended earning replacement benefits

- This injury type is the number 1 “cause” of narcotic (opiate)use
- This injury type is the number 1 cause of Lyrica, Gabapentin use **NOT** true peripheral nerve injury

- This injury type is the number 1 cause of temporary earning replacement benefits
- This injury type is the number 1 cause of complex claims **NOT** traumatic injuries
- This injury type should typically heal within 2 weeks maximum

Primary Care Physicians

- One of our greater challenges
- Iatrogenic Disability
- Pharmaceutical mismangement
- Limited return to work experience



BUT :

Primary Care Physicians



Physician Impact on Outcomes

	Number of GPs	Time Loss Claims	Health Care Costs	Short Term Costs	Total New EERB Awards	New EERBs (Sprains & Strains)
Outliers	102	2176	\$12.5 M	\$20 M	231	126
Total	1200	9046	\$45 M	\$55 M	603	318
% of Total	8.5%	24%	28%	36%	38%	40%

Primary Care Physicians



Physician Initiative

Doctors NS Contract

- **Effective December 1, 2006, new agreement with all physicians in NS**
 - Working with physicians to improve health outcomes for injured workers
 - Endorsing best practices in occupational medicine to physicians
 - Establish and manage physician accountabilities in the system
- **Two components:**
 - New contract with physicians
 - Enhanced Physician Service (EPS)

Doctors NS Contract

Collaborative Effort

- Negotiated with Doctors NS
- Provincial “roll-out” (site visits, print, internet)
- The primary focus of the contract is enhanced service
- Increased fees to align with contractual obligations
- Allow physicians “grace” period while adjusting to new expectations - used as an opportunity to educate physicians

Doctors NS Contract

Physician Compliance

- Contractual **Accountability** for the quality of primary care physician service— timeliness and quality
- Identify “High Impact Physicians”



Dalhousie University Medical School

- Discovery Phase with new Dean of Medicine 2009
- Agreement on need of Occupational Medicine integration into core curriculum
- Pursuit of ``Occ-Med`` fundraising and chair to begin 2010



Orthopedic Initiatives

- Wait times exceeded 24 months for day surgeries
- Successful integration of expedited orthopedic services at 4 regional Department of Health Regional (DoH) Hospitals
- New relationships with strategic core of orthopedic surgeons

Physiotherapy Initiative

- Service based contract focused on RTW
- Direct Access
- Use of Orebro (pain and activity questionnaire) and MDA (Medical Disability Advisor)
- Functional Evaluation based on actual job demands
- Costs per claims have decreased while improved RTW outcomes

Emerging Technology

- Neuro-autonomic Pain Profile (NP3) launched May, 2010
- Objective evaluation of pain complaints using medical science
- Partnership with QEll Health Science Center, Dalhousie University Medical School and Johns Hopkins Medical School, Mayo Clinic
- Endorsement of Best Practice

NP3 Results to Date

- 140 assessments complete with 75% change in clinical pathways and administrative decision making
- Sensory Physical vs Psychobiological vs Socio Dynamic
- Examples

Our Challenge

For all of us, inclusive of physicians, workers and employers there need be a collective cultural acceptance or paradigm shift to a common understanding.

Research and best practice exists and continues to advance yet some continue with mistakes of the past.

**Thank You from Workers'
Compensation Board of Nova Scotia !**

