# Statutory Review WorkplaceNL

REGIONAL HEALTH AUTHORITIES

APRIL 6, 2021

## Overall Recommendation

- Legislative changes to the Workers Compensation Act within our Province should be considered to ensure accountability is achieved though best practice
  - In depth review of current legislation should be undertaken and compared to other jurisdictions with Canada
  - Disability management best practices should be instilled in the guiding principles
  - The goal needs to be a cost-effective system with shorter durations of lost time for injured workers

### General Overview

- NL injury **frequency rates** are comparable to other provinces
- NL lost time injury **durations** are the highest in Canada



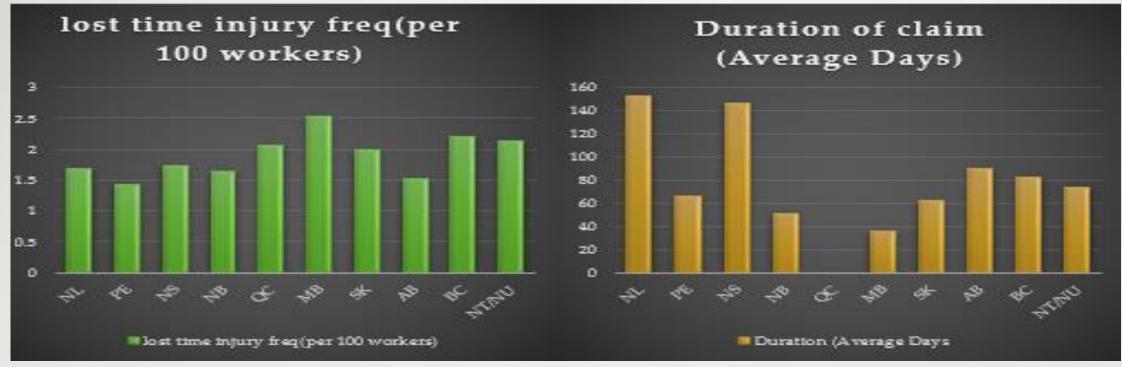
Canadian Workers' Compensation System – 2019 Year at a Glance

#### Claim Measures

Claim Measures	NL	PE	NS	NB	QC	MB	SK	AB	ВС	NT/NU
Lost Time Injury Frequency (per 100 workers)	1.68	1.43	1.72	1.63	2.06	2.52	1.98	1.52	2.20	2.13
Lost Time Claims	3,700	1,092	5,844	5,314	82,821	12,871	8,754	29,142	55,232	919
Fatalities	26	0	21	18	190	19	36	165	141	4
Workforce Covered (%)	97.42	97.61	72.90	91.45	92.70	78.19	76.10	81.64	98.02	96.86
Duration (Average - Days)	152.24	65.55	146.65	51.57	N/A	32.57	62.28	89.66	82.80	73.85

Taken From: Association of Workers' Compensation Boards of Canada Website

#### General Overview Cont'd



Adapted From: Association of Workers' Compensation Boards of Canada Website

# General Overview Cont'd

- Evidence supports that the longer a person is away from the workforce the less likely they will return to work
- This results in disadvantages for all stakeholders
  - Employers: increased assessment rates from WPNL, risk of loss of PRIME rebates, increase in replacement costs, loss of productivity, increase in work demands for other staff, etc.
  - Employees: decreased income potential, psycho-social impacts, negative personal impacts, etc.
- Integrated Disability Management approach based on evidence-based best practices is key to making overall improvements to the WPNL system
  - It is also important the employer has increased autonomy to have a greater impact on claims

# Background

- The RHAs welcomed the opportunity to contribute to the Statutory Review of the Workers Compensation system within our Province
  - Such reviews are key to any improvement process
- The 4 RHAs make up a large portion of the workforce of NL and have workers in many communities. Our collective *experience* with WPNL should be considered an essential as a key stakeholder
- An Experienced Team of Disability Managers from each of the four RHAs have met to discuss what we feel are the gaps and areas for improvement within the parameters of the Statutory Review
- An unanimous opinion has been highlighted in a single submission from the RHAs

# RHA Statistics - 2020

RHA	Average No. of employees not at work each day due to WPNL	Claims Cost	Duration - Weeks
Eastern Health	375-450	\$18M \$6.78M - Prime	17.7
Central Health	90-100	\$5.1M \$2.6M - Prime	19.8
Western Health	75-100	\$4.0M \$2.1 M - Prime	15.7
Labrador-Grenfell Health	15-25	\$1.08M \$412,000 - Prime	6.9

Concerns	Solutions/Recommendations		
Medical management lacks accountability	Use disability guidelines (e.g., Presley REED or MDA Guidelines and DSM Criteria)  • This should be referenced in legislation  Improved access & utilization to service for IMEs, multi-disciplinary third-party assessment, access to rehabilitee services, specialists' appointments, diagnostics, etc.		
Lack of emphasis on evidence-based disability management guidelines for duration of injuries rehabilitation treatment plans			
Forms, such as MD reports, are often incomplete or contain insufficient information	Option to deny payment of the health care provider report should exist. WPNL should be consistently denying payment when no function is provided. Strongly encourage use of electronic document		

Concerns	Solutions/Recommendations
The adjudication process and other decision-related processes are not always completed in a timely manner	Turn around time on decisions should be legislated (e.g., adjudication, EEL, LMR, non-compliance, etc.)
Delays in medical assessment/interventions contribute to overall delays in claims and associated costs to the employer  • These are often outside of an employers' control due to geography and service availability	When employee is off waiting for specialist appt. (this can be up to 1- 2 years), there should be an end date as to when employer is held responsible for payment. RHAs cannot influence this, so perhaps employee is paid from a separate pool of funds that is non-PRIME related.

Concerns	Solutions/Recommendations
Minimal rehabilitative progress achieved is not always appropriately addressed and/or addressed in manners that are not cost effective  • E.g., an employee has a work-related back injury however recovery time lengthened because they have underlying anxiety, WPNL will often refer for "Personal Goal Attainment" type rehab that extends the length of the claim and employer costs.	When injuries extended beyond accepted durations, based medical best practice guidelines, there needs to be greater efforts to determine the root cause

Concerns	Solutions/Recommendations
<ul> <li>It is felt that employer evidence is not given fair weight (i.e., adjudication process, claim objections, additional information, etc.)</li> <li>Our experience has also been that <i>most</i> claims are accepted</li> </ul>	Improve the investigation process.
Duration of claims	<ul> <li>Direct access to early assessment for functional information</li> <li>Access to on-line reports for Employers via Connect (e.g., PR, MD, CBOR, etc.)</li> <li>Improved communication with Employer (and all stakeholders)</li> </ul>



Thank You.