



Workplace Safety and Insurance Board (WSIB)

Value for Money Review Report – Serious Injury Program (SIP)

May 15, 2020

Final report with management responses

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1. Executive summary

WSIB Value for money review – Serious Injury Program

1. Executive summary

VFM review overview

The Workplace Safety and Insurance Board (WSIB) engaged Deloitte LLP (Deloitte) to conduct a Value For Money (VFM) review of the Serious Injury Program (SIP). The scope of the review focused on the cost, efficiency, and effectiveness of services delivered to support seriously injured workers. Specifically, the scope of the review included the following areas:

- Strategy, objectives, and organizational structure;
- People (e.g., roles, responsibilities, communication, allocation, training, and development);
- Program policies, processes, and procedures;
- Information systems;
- Program related issues, challenges, and risks;
- Definition and eligibility criteria;
- External service providers;
- Performance metrics; and
- Inter-jurisdictional comparison.

For the areas in scope noted above, Deloitte developed customized review criteria and attributes which were validated and confirmed by WSIB. Additional information can be found in Appendix A, Mapping of themes and recommendations to review criteria.

As part of this VFM review, Deloitte conducted a review of primary documentation and secondary information obtained through interviews and an inter-jurisdictional comparison. Highlights of the key activities undertaken during the VFM review are summarized below:

- Reviewed over 75 documents;
- Conducted 16 interviews with internal stakeholders and 8 interviews with external vendor representatives; and
- Performed three inter-jurisdictional comparisons including the Ohio Bureau of Worker’s Compensation (BWC), The Swiss National Insurance Fund (SUVA), Insurance & Care New South Wales, Australia (icare), and a high-level summary of six Canadian jurisdictions including WorkSafe British Columbia, WorkSafe New Brunswick, Worker’s Compensation Board Alberta, Commission des normes, de l’équité, de la santé et de la sécurité du travail Québec, Workplace Newfoundland and Labrador, and Worker’s Safety and Compensation Board Northwest Territories and Nunavut. Note that the Canadian jurisdictions were limited to the information provided by them to the SIP.

Additional information on Deloitte’s scope and approach is summarized in Section 2.0 Scope and approach.

WSIB Value for money review – Serious Injury Program

1. Executive summary (cont'd)

Background

The Serious Injury Program (SIP) provides support to people who have sustained serious, work-related injuries by providing specialized treatment, equipment, and services to maximize their recovery and quality of life. The high profile nature of severely injured workers can have reputational implications for the WSIB if their cases are not managed in an appropriate, fair, and equitable manner by SIP. SIP resides within the WSIB Complex Claims Division of the Operations Cluster. It is expected to align with the enterprise-wide strategic plan as well as the Operations Cluster's long-term vision.

SIP accepts approximately 250 new cases each year, accounting for less than 0.4% of the WSIB's total 64,855 allowed lost time case in 2018. Each SIP case remains in the program for the life of the claim. As of December 31, 2018, SIP had a caseload of approximately 4,800 allowed claims accounting for \$213 million in annual benefit and service payments to injured workers, compared to total WSIB benefit payments of \$2,830 million.

SIP supports injured workers through four distinct work streams:

- **Catastrophic cases (new cases):** Focused on managing claims for severely impaired workers who have sustained catastrophic injuries resulting in for example: paraplegia, quadriplegia, hemiplegia, major amputations (disarticulation, multiple limbs), industrial blindness, extensive burns, moderate, and severe brain injury.
- **Acute cases:** Focused on allowed claims for workers who have sustained a significant injury, but not to the degree that meets the criteria of "severe impairment." Injuries typically have a temporary impact on basic Activities of Daily Living (ADLs) and claims are temporarily managed within SIP for up to nine months post-injury. The Acute work stream does not provide the same benefits to injured workers as the other work streams, as injured workers do not meet the 60% Non-Economic Loss (NEL)* criteria.
- **Long-Term cases:** Focused on cases that are transferred from the Catastrophic team two years post-accident or when the injured worker reaches Maximum Medical Recovery (MMR), whichever comes first. Cases are also transferred from Case Management when an injured worker reaches a minimum of 60% NEL.
- **SIP Pre-1990 cases:** Focused on workers with a 100% Permanent Disability (PD) who are transferred to the SIP Pre-1990 team from the Pre-1990 program. These cases require ongoing case management (e.g., decision-making on additional areas of injury, secondary entitlement, and psychological entitlement).

To date, SIP staff have managed claims to ensure injured workers receive the benefits and services they require. However, relevant leading practices identified from other jurisdictions that were reviewed and the evolving needs of injured workers and employers amplify opportunities for program improvement.

*The 60% NEL is based on *The American Medical Association's (AMA) Guide to the Evaluation of Permanent Impairment, 3rd Edition, 1990.*

In March 2019, the SIP was the subject of a recent WSIB Internal Audit Report, *Case Management – Serious Injury Program* which concluded that the program 'Requires Improvement.'

SIP has not been the focus of additional audits, but the programs and services provided by SIP have been included in other WSIB audits. Audits most relevant to SIP include:

- Medical Consultant Ad Hoc Report (October 2017);
- Case Segmentation Report (March 2018);
- 8-12 Week Multi-Disciplinary Review related to 8 and 12 week case conferences with Return-To-Work (RTW) (May 2018);
- 72 Month Lock-In Report (September 2018);
- RTW Outcome Code Accuracy Review (January 2019); and
- Initial Entitlement Report(s) (February 2019).

SIP Value for money review – Ratings

1. Executive summary (cont'd)





VFM review conclusion:

Based on the results of the VFM review, the SIP has demonstrated value for money. The SIP staff have managed claims to ensure seriously injured workers receive the benefits and services they require within the workplace health and safety system as established under the *Workplace Safety and Insurance Act, 1997 (WSIA)*.

Relevant leading practices identified from other jurisdictions that were identified and the evolving needs of seriously injured workers and employers amplify opportunities for program improvement. The VFM review has identified 23 summary recommendations across nine themes, which if implemented, will improve the SIP's performance against the review criteria and attributes assessed to deliver greater value for money and outcomes for WSIB. Refer to Section 5.0 Observations and recommendations for further details. Note that recommendations contained within this report may require additional investments to achieve improvements in value and outcomes.



Review ratings

The following table describes the rating categories and related definitions that have been assigned to each theme identified as a result of the Value for Money (VFM) review.

| Rating | Rating categories | Rating category definition | Ratings by theme |
|---|------------------------------------|--|--|
|  | No or little improvement required. | No or little improvements are needed in the specific area. | N/A |
|  | Some improvements required. | Limited management attention is warranted to assist in the overall efficiency and/or effectiveness within the specific area. | 5.5 Policies, processes, and procedures 5.7 Technology 5.8 People |
|  | Significant improvements required. | Ongoing management attention is needed to strengthen the overall efficiency and/or effectiveness within the specific area. | 5.1 Strategy and objectives 5.3 Financial management 5.9 External service provider network |
|  | Critical | Immediate management attention is needed to make significant changes to strengthen the overall efficiency and/or effectiveness within the specific area. | 5.2 Definition and eligibility criteria 5.4 Performance measures 5.6 Data analytics |



SIP Value for money review – Summary by theme

The table below identifies summary observations, leading practices, and summary recommendations by theme, informed by a review of available data, documentation, and consultations.

| Theme | Rating | |
|--|---|---|
| 5.1 Strategy and objectives |  | <p>Summary observations</p> <ul style="list-style-type: none"> Although SIP vectors more strongly towards recovery and quality of life, it is aligned with the Operations Cluster's overall mandate of return-to-work (RTW) and recovery. While WSIB and the Ministry of Labour (MoL) share strategic priorities to make Ontario a safer place to work, there is no formalized approach for strategic information sharing between them to identify trends and address related opportunities to enhance their abilities to achieve this priority. |
| | | <p>Leading practices</p> <ul style="list-style-type: none"> Alignment of corporate and program-specific objectives to include quality of life and personal well-being. Collaboration with employers and other sector partners on proactive prevention initiatives to improve safety in the workplace. |
| | | <p>Summary recommendations</p> <ul style="list-style-type: none"> Explore opportunities to further develop recovery and quality of life objectives for SIP that align with broader WSIB objectives. Given the Core Services Modernization (CSM), review the need for the continued existence of a standalone SIP and explore alternative service delivery models. Formalize mechanisms (e.g., joint portal) for proactive information sharing and collaborative initiatives with the Ministry of Labour (MoL), employers, and other partners (e.g., health and safety associations) on injury related trends and associated prevention strategies to reduce serious injuries in the Province. |
| 5.2 Definition and eligibility criteria |  | <p>Summary observations</p> <ul style="list-style-type: none"> The SIP's definition for severe impairment is specific while its current eligibility criteria are broader. SIP services are delivered to a broader pool of injured workers who do not fully align to the definition of severe impairment (e.g., those with composite scores and accumulated NELs). Due to recommendations from the 2008 Fair Practices Commission review, SIP was expanded in 2008 to include the Acute work stream, which differs from other SIP work streams. Also, refer to observations under theme 5.5 Policies, processes, and procedures as changes to the definition and eligibility criteria will trigger a review of specific policies, processes and procedures. |
| | | <p>Leading practices</p> <ul style="list-style-type: none"> Criteria for severe impairment are clearly defined based on medical (e.g., diagnosis) and functional definitions (e.g., ability to participate in day-to-day activities) and tools. Eligibility for program entry does not typically include aggregated scores or multiple conditions. Consistent reassessment processes are in place to address changes in workers' needs relative to services and benefits received over the life of the claim. |
| | | <p>Summary recommendations</p> <ul style="list-style-type: none"> In consultation with key stakeholders (e.g., workers, employers, and WSIB staff), review and refresh SIP eligibility criteria to ensure closer alignment with stated definitions and current assessment tools, and improve access and strengthen alignment between the needs of injured workers and services delivered to them. Develop a formal process to regularly review and, if required, refresh eligibility criteria. Also, refer to summary recommendations under theme 5.5 Policies, processes, and procedures as changes to the definition and eligibility criteria will trigger a review of specific policies, processes and procedures. To inform the review and refresh of SIP eligibility criteria, consider segmentation of historical claims (e.g., by type of injury/medical diagnoses, functional impairment, worker characteristics/risk factors, or single injury versus aggregate injuries) to better understand how services are being used and by whom. With the review and refresh of policies, processes and procedures, consider claim segmentation to align and tailor services and benefits with the needs of seriously injured workers. Refer to theme 5.5 Policies, processes, and procedures for additional detail. Develop a formal process to periodically reassess needs relative to services and benefits received over the life of the injured worker. Re-examine SIP's four work streams (e.g., Acute, Catastrophic, Long-Term, and SIP Pre-1990) to ensure alignment with refreshed eligibility criteria and consistency with the broader portfolio of WSIB services/programs. |

Core

SIP Value for money review – Summary by theme (cont'd)

| Theme | Rating | |
|---------------------------------|--|--|
| 5.3 Financial management |  | <p>Summary observations</p> <ul style="list-style-type: none"> • There is variable visibility into total program spend, resulting in a missed opportunity to accurately forecast and budget for SIP. • There are a number of contributing factors, including a lack of centralized reporting in SIP, aggregation of program operating costs with the Mental Stress Injuries Program, and Cluster-level budgeting and forecasting using historical information, rather than predictive modeling. • The financial approval authority limits for all benefit types have not been updated in many years. This has resulted in an increase in escalations to various management levels for payment approval. The approval limits have not had regard for the impact of inflation over many years. |
| | | <p>Leading practices</p> <ul style="list-style-type: none"> • Standardized and centralized financial and non-financial data to inform management reporting. • A comprehensive view of financial program management for improved outcome measurement and data analytics. • Proactive forecasting of financial spend, including operational and benefit expenditure (e.g., financial, drug, healthcare expenditure, and contract management), is used to improve the accuracy of budgeting for improved resource allocation and use. • Senior management are committed to forecasted performance targets and monitor real-time performance and variance from expected performance. • All reporting activities are aligned with business goals and objectives, integrating financial, operational, and all other key performance data. • Financial performance monitoring, evaluation, and communication are performed consistently at the program, division, and corporate levels. • Key insights and explanations of results are communicated in a timely and comprehensive manner to enable decision-makers at any organizational level to address any unanticipated occurrences, results, or opportunities in a timely manner. |
| | | <p>Summary recommendations</p> <ul style="list-style-type: none"> • Develop a consolidated view of all financial spend within SIP including healthcare and drug costs, operating costs, and external service providers. • Re-examine financial management practices and tools and develop capabilities to enhance the use of predictive analytics to enable ongoing proactive financial management. • Update the financial approval authority limits for all benefit types to reflect changes in inflation rates to reduce inefficiencies resulting from seeking additional approvals. |
| 5.4 Performance measures |  | <p>Summary observations</p> <ul style="list-style-type: none"> • SIP measures its impact through process metrics. • While there are corporate-level outcomes measures, the absence of program-specific measures makes it challenging to gauge the quality and impact of services and benefits delivered by SIP, and to determine whether services are meeting the injured workers' needs (e.g., through worker satisfaction surveys or personal well-being domains such as health, safety, housing, income, employment, social connection, civic participation). Also, refer to observations under theme 5.6 Data analytics. |
| | | <p>Leading practices</p> <ul style="list-style-type: none"> • Quality of life measures are in place to address the impact and quality of services delivery to injured workers (e.g., whether injured workers' needs are met). • Feedback on the service delivery model is obtained from injured workers and their families (e.g., through client satisfaction surveys) to ensure ongoing program improvements. |
| | | <p>Summary recommendations</p> <ul style="list-style-type: none"> • Develop SIP-specific outcome measures that align with broader corporate measures, Operations Cluster measures, and refreshed SIP program objectives. SIP-specific outcome measures should emphasize recovery and quality of life to improve SIP's ability to assess program performance and to drive recovery outcomes. Develop processes to support the collection, aggregation and reporting on these measures on a regular basis. Also, refer to summary recommendations under theme 5.6 Data analytics. • Reintroduce client satisfaction surveys to measure communication, service quality, and quality of life of injured workers to identify and address any issues. As needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) as part of consultation. |

Key elements to support core

SIP Value for money review – Summary by theme (cont'd)

| Theme | Rating | |
|--|---|---|
| 5.5 Policies, processes, and procedures |  | <p>Summary observations</p> <ul style="list-style-type: none"> • There is a healthy tension between having detailed policies and having the flexibility to apply policies to meet the individual needs of injured workers. Flexibility within SIP policies enables decision-making by staff to service the needs of injured workers. • Though SIP staff have access to some practice guidelines (e.g., Independent Living Assessment Guidelines) through online resources, there is an inconsistent level of guidance which can lead to variation in interpretation and application of policies. • Specific policies (e.g., Home and Vehicle Modification, and Personal Care Allowance (PCA)) have not been reviewed to determine if threshold criteria and benefits continue to match the needs of injured workers, and have not been updated to reflect changes in the needs of injured workers and/or workers' needs (e.g., reassessments of workers' needs at appropriate times). Also, refer to observations under theme 5.2 Definition and eligibility criteria. |
| | | <p>Leading practices</p> <ul style="list-style-type: none"> • Policies are used to guide decision-making processes to ensure consistency and equity of services and benefits delivered to injured workers. • Practice guidelines are in place to support consistent application and interpretation of policies. |
| | | <p>Summary recommendations</p> <ul style="list-style-type: none"> • Review and refresh benefits related eligibility criteria and services provided for the suite of benefits policies (e.g., PCA, Home and Vehicle Modifications) to ensure that they meet the needs of workers across the spectrum of service delivery, including for seriously injured workers. As needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) as part of consultation. • Proactively reassess injured workers at specific intervals to ensure that their needs are being met relative to the services and benefits delivered to them. • Review and enhance practice guidelines to strengthen consistency in decision-making, accountability, and delivery of services. As needed, engage key stakeholders (e.g., WSIB staff) as part of consultation. |
| 5.6 Data analytics |  | <p>Summary observations</p> <ul style="list-style-type: none"> • There is an abundance of data and reporting available through the Accounts and Claims Enterprise System (ACES) and there are initiatives to address data quality and governance. It is, however, challenging to extract SIP-specific data with accuracy and quality, and to create a consolidated dashboard of the data with related insights to inform decision-making related to services and benefits for injured workers. Also, refer to observations under theme 5.4 Performance measures. |
| | | <p>Leading practices</p> <ul style="list-style-type: none"> • Robust data governance and data quality processes. • Operating model that enables improved clarity, structure, and consistency in data and analytics to support service delivery. • Organizational investment in foundational capabilities (e.g., people, process, data, and technologies) to develop and implement a data analytics strategy to become an insight-driven organization. • Ecosystem approach to data collection and access, including interoperable platforms to connect data from injured workers, employers, healthcare providers, and legislative bodies, as well as industry-specific benchmarks and guidelines for evidence-based decision-making. • The appropriate technology infrastructure, including hardware, software, networks, data centres, and equipment, to enable the necessary flexibility, agility, and scalability needed to take advantage of the rapid evolution of new technologies. |
| | | <p>Summary recommendations</p> <ul style="list-style-type: none"> • Collaborate with the Corporate Business Information & Analytics Strategy (CBIA) Division to develop a robust strategy to collect quality data based on revised performance measures (refer to summary recommendations under theme 5.4 Performance measures) and improve access to reporting and trend analysis to inform decision-making and quality assurance. • Collaborate with CBIA to improve capabilities related to predictive modelling to support proactive planning. |


Key elements to support core

SIP Value for money review – Summary by theme (cont'd)

| Theme | Rating | |
|-----------------------|--|--|
| 5.7 Technology |  | <p>Summary observations</p> <ul style="list-style-type: none"> Initial case conferences are conducted in-person for catastrophically injured workers, where possible, due to the high touch nature of severely injured workers, but this is not consistently performed, particularly outside of the Greater Toronto Area (GTA). There is no regular use of digitally enabled technologies to further enhance ongoing communications with injured workers. While there are efforts underway to increase the use of technology for data exchange (e.g., launch of the upload tool) and two-way communications mechanisms with external service providers, manual processes (e.g., fax) continue to be used, resulting in missed opportunities to expedite service delivery to injured workers. |
| | | <p>Leading practices</p> <ul style="list-style-type: none"> Communication between injured workers, caregivers and families, external service providers, and the organization are digitally enabled to improve communication, outcomes, and the experience for injured workers. Use of emerging technology (e.g., virtual tours) for the delivery of care and services for injured workers and caregivers. Enhanced use of automation of work processes where appropriate (e.g., review of external provider documentation and communications) in order to increase the efficiency and productivity of staff and minimize rework needed. A common interface for workers/employers/external services providers to access claim related information. |
| | | <p>Summary recommendations</p> <ul style="list-style-type: none"> Accelerate the use of technology (e.g., video conferencing and common interface for workers/employers/external service providers) to support service delivery and to facilitate timely communication, information sharing, and decision-making with injured workers and their families, employers, and external service providers to expedite service delivery to injured workers. As needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) as part of consultation. |
| 5.8 People |  | <p>Summary observations</p> <ul style="list-style-type: none"> SIP has a strong collaborative environment where multi-disciplinary teams are working well, and its internal culture focuses on meeting the needs of injured workers. The multi-disciplinary team is not, however, fully optimized (e.g., not operating to their full scope, performing administrative tasks) with limited access to specialized skills (e.g., healthcare navigation, crisis intervention, mental health) required to meet the evolving needs of injured workers. There is structured training at a corporate-level with variation in individual training at the program-level. There is no integrated training program, cross-work stream training, or an ongoing formal Community of Practice (CoP) to share industry trends and leading practices. |
| | | <p>Leading practices</p> <ul style="list-style-type: none"> Optimization of staff based on their expertise to ensure staff are working to their 'full scope of practice,' including the delegation of administrative tasks and responsibilities to more appropriate roles for increased efficiency. Reduction in duplication of effort across staff (e.g., distinct roles and responsibilities) and the use of technology, where possible, to reduce effort and time spent on administrative and routine tasks. Appropriately skilled and trained staff with ongoing training and development opportunities and CoPs to ensure all staff are up to date with leading industry practices. |
| | | <p>Summary recommendations</p> <ul style="list-style-type: none"> Review the responsibilities of each role within the multi-disciplinary team to optimize scope of practice, to improve efficiency, and address gaps in specialized services to optimize services provided to workers. As needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) as part of consultation. Pending the review of roles and responsibilities, as well as implementation of measures for the oversight, training, and evaluation of external service providers, explore opportunities to review and refresh composition of the multi-disciplinary case management team. As needed, engage key stakeholders (e.g., WSIB staff) as part of consultation. Refer to recommendations in theme 5.9 External service provider network for further detail. Develop a cross-work stream blended learning approach (e.g., formal learning, informal learning, and on-the-job learning) which includes SIP training, corporate skills development, and ongoing professional development opportunities (e.g., forums and a CoP for case management teams to stay up to date with current industry trends). |

Key elements to support core

SIP Value for money review – Summary by theme (cont'd)

| Theme | Rating | |
|--|---|--|
| 5.9 External service provider network |  | <p>Summary observations</p> <ul style="list-style-type: none"> • There are varied levels of limited oversight of external service providers to injured workers at the claims-level (e.g., external Occupational Therapist (OT) assessments and home modifications), resulting in missed opportunities to determine if they are meeting WSIB’s contractual requirements. • External service providers receive onboarding training on WSIB’s policies, processes, and procedures. However, there is inconsistent availability of ongoing training on up-to-date communication and processes, which can result in insufficient alignment between injured workers’ needs and the services that are received. • Historically, across the Operations Cluster, the RTW, Complex Claims, and Health Services Divisions have collectively managed contracts specific to their areas. As of April 2019, WSIB’s Chief Operating Officer announced that Operations Provider contracts will be centralized under the Health Services Division. |
| | | <p>Leading practices</p> <ul style="list-style-type: none"> • Consolidation of contract management to a dedicated business unit that can achieve economies of scale while leveraging specialized contract management staff. • Ensure contracts with external service providers clearly define service delivery expectations including adherence to corporate policies, processes, and procedures. • Initial and ongoing training for external service providers on corporate policies, processes, and procedures for improved service delivery. • Formal monitoring and evaluation mechanisms (e.g., right to audit) of external service providers to review performance against defined contractual obligations, as well as to ensure the needs of end users (injured workers) are being met. |
| | | <p>Summary recommendations</p> <ul style="list-style-type: none"> • Collaborate with the Health Services Division to enable them to develop processes to assess the ability of external service providers to provide the services necessary for serious injured workers and to provide oversight, training, and evaluation of external service providers to improve service delivery for workers. |

Key elements to support core

2. Scope and approach

WSIB Value for money review – Serious Injury Program

2. Scope and approach

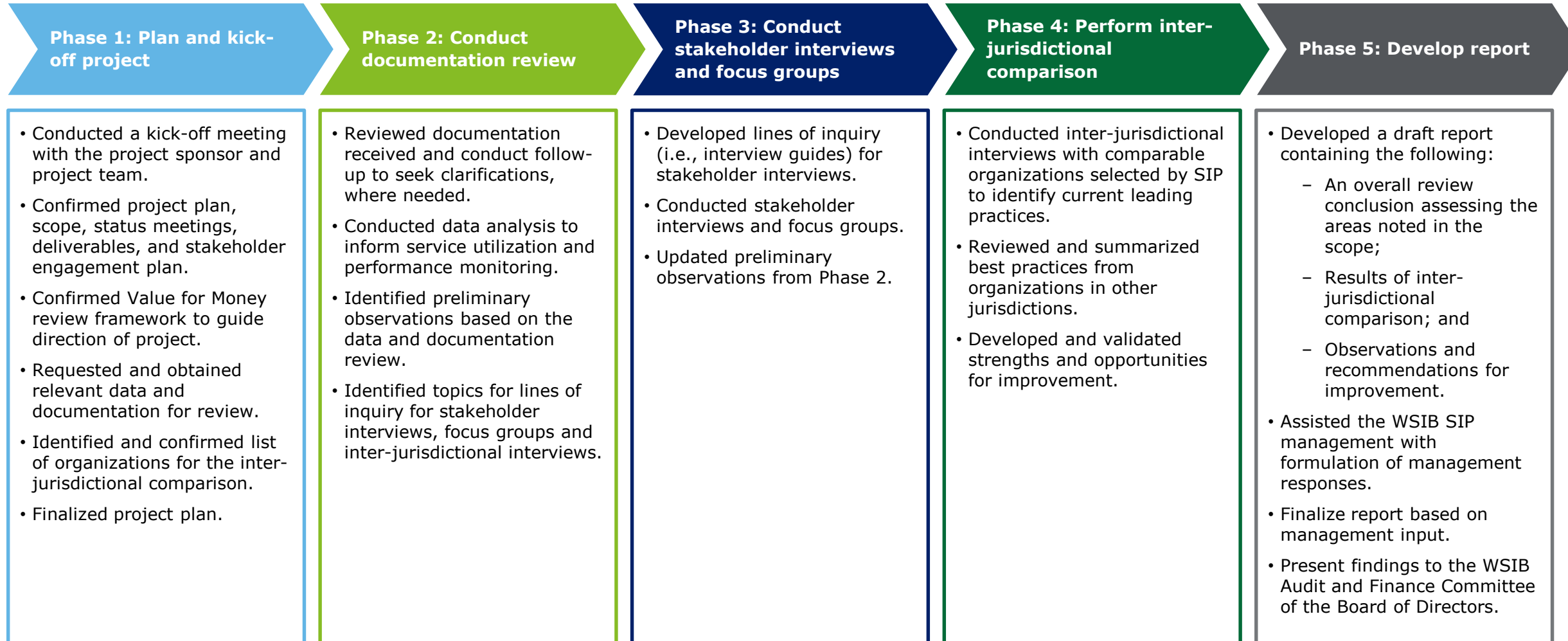
Scope

Objective: Deloitte was engaged to perform a VFM review on WSIB’s SIP to ensure that the program provides an optimal balance of benefits and services to injured workers while enabling program compliance, economy, efficiency, and effectiveness.

| Criteria | Description |
|--------------------------------------|--|
| Program governance | <p>To ensure the SIP has been designed and implemented with the following considerations:</p> <ul style="list-style-type: none">• Program objectives and goals are established which are distinct from other programs within WSIB and align with the WSIA;• Policies and procedures including acceptance criteria/threshold for entering into the program are well defined, align with program objectives, and WSIA; and• The organizational structure of the program is adequate to support service delivery, including matching resources and skillsets to program needs. |
| Benefit and service offerings | <p>To ensure benefit and service offerings provide sufficient coverage in compliance with WSIA while considering that:</p> <ul style="list-style-type: none">• Processes are implemented to meet service delivery standards and program objectives;• Benefit and service offerings effectively address the needs of seriously injured workers; and• Expenses are appropriately budgeted, reviewed, and analyzed to ensure cost efficiency. |
| Program outcomes | <p>To ensure the performance of the program is monitored and regularly evaluated with the following considerations:</p> <ul style="list-style-type: none">• Current practices are adequate to achieve appropriate, timely, and consistent decisions in a financially responsible manner;• Program evaluation facilitates improvement in the level, costs, and quality of service provided, which includes reviewing relevant and accurate data to inform program and policy decisions;• Identify related risks (including emerging risks), issues, gaps and challenges, and provide recommendations on opportunities to strengthen the program; and• Perform value-added benchmarking by comparing the SIP to other similar programs (e.g., within worker compensation boards and insurance providers). |

WSIB Value for money review – Serious Injury Program

2. Scope and approach (cont'd)

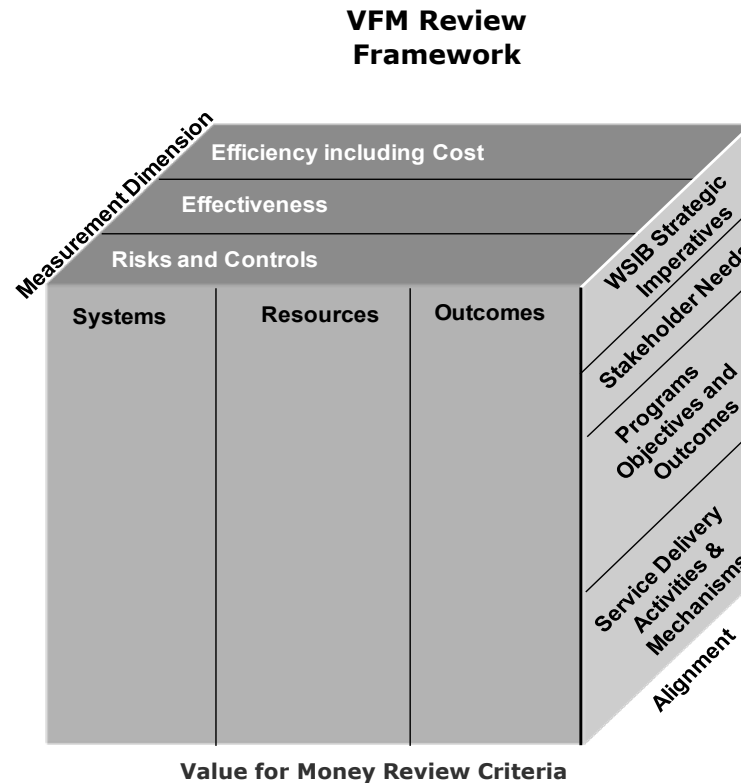
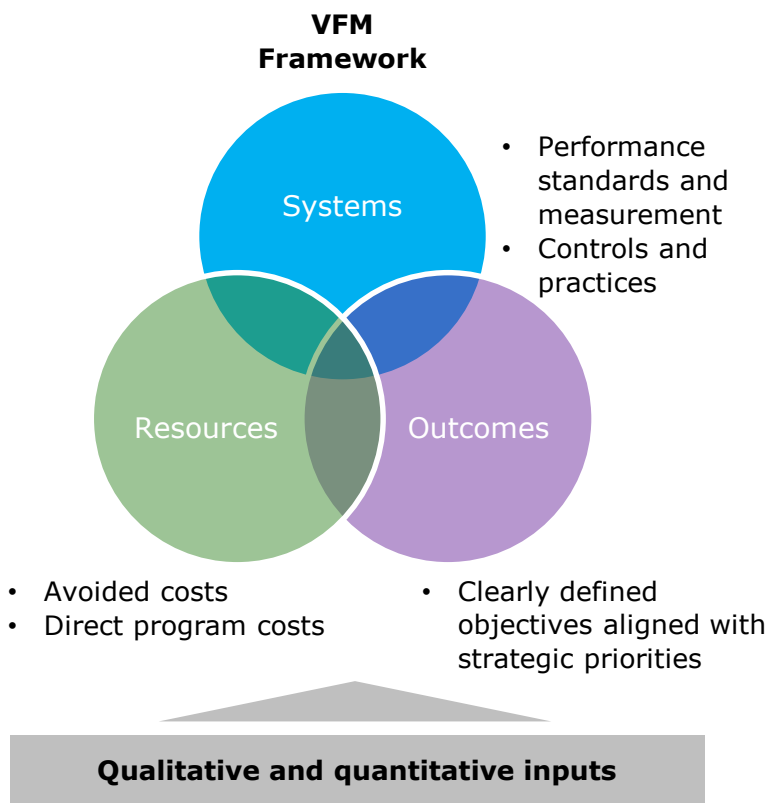


WSIB Value for money review – Serious Injury Program

2. Scope and approach (cont'd)

Observations identified in this document are aligned to the Value for Money (VFM) framework components and review criteria which were validated and confirmed by the WSIB SIP team.

VFM review objective: To ensure that the program provides an optimal balance of benefits and services to injured workers while enabling program compliance, economy, efficiency, and effectiveness.



The slides in Section 5.0: Observations and recommendations provide observations and recommendations identified through the VFM review, inclusive of the following inputs:

- Review of data/documents;
- Internal and external stakeholder consultations; and
- Jurisdictional scan findings.

3. Review criteria and attributes

WSIB Value for money review – Serious Injury Program

3. Review criteria and attributes

Review criteria and attributes

The table below defines the review criteria and the criteria attributes which were validated and confirmed by WSIB.





| Review criteria | Statutory definition | Key review criteria attributes |
|------------------|--|--|
| Systems | The adequacy of management systems (including performance standards and measurement), controls and practices, including those intended to control and safeguard assets, and to ensure due regard to cost, efficiency, and effectiveness. | <ul style="list-style-type: none"> Organizational structure for SIP supports program objectives and service delivery. Program related roles, responsibilities, accountabilities, and performance expectations are defined, understood, and consistently executed. Program related risks and issues are identified, effectively communicated, and addressed in a timely fashion in accordance with established escalation and resolution policies, procedures, and processes. Policies, procedures, and processes are documented; aligned with program objectives, service delivery standards (internal and external, where applicable) and WSIA; enable consistency in decision-making (e.g., acceptable criteria/thresholds); and are effectively communicated and utilized. Information is accessible and timely (e.g., via technology systems and reports) to support decision-making (e.g., case management) and service provision (e.g., for specialized treatment, equipment, and other services). |
| Resources | The extent to which resources have been managed in conducting relevant activities with due regard to cost, efficiency, and effectiveness. | <ul style="list-style-type: none"> Resources (e.g., Nurse Consultant (NC), Case Manager (CM), Occupational Therapist (OT), and Home Modification Consultant (HMC)) with the appropriate skillset, complement, and management are available to meet program objectives. Expenses management processes are in place and executed to support appropriate forecasting and expenditure trends, reporting, review, and analysis. Expense management processes align with program objectives and enable cost efficiency (e.g., expenses by work stream and vendor contract management, where appropriate). Communication processes are in place and executed within SIP and between SIP, its external vendors, and its injured workers in an effective and timely manner. Adequate training and development processes are in place and executed to enable effective and ongoing performance management processes, succession planning, and knowledge retention of SIP resources. |
| Outcomes | The extent to which programs, operations or activities of an entity have been effective. | <ul style="list-style-type: none"> Program objectives and expected outcome(s) are clearly defined and align with WSIA and the Operations Cluster's strategic objectives and there are measures in place that demonstrate satisfactory progress towards program objectives. Where known and applicable, services provided align with known leading practices to deliver on program objectives (e.g., through comparison with other jurisdictions). Entitlement decisions are consistent, fair, cost-effective, timely, and align with program objectives to achieve expected outcomes for the program and injured workers. Evaluation processes are in place to facilitate improvement in the level, costs, and quality of service provided, which includes reviewing relevant and accurate data to inform program and policy decisions. |

WSIB Value for money review – Serious Injury Program

3. Review criteria and attributes (cont'd)

VFM review rating categories

The following table describes the rating categories and related definitions that have been assigned to each observation identified as a result of the VFM review.

| Rating | Rating categories | Rating category definition |
|---|-----------------------------------|--|
|  | No improvement required | <ul style="list-style-type: none">No improvements are needed in the specific area. |
|  | Some improvements required | <ul style="list-style-type: none">Limited management attention is warranted to assist in the overall efficiency and/or effectiveness within the specific area. |
|  | Significant improvements required | <ul style="list-style-type: none">Ongoing management attention is needed to strengthen the overall efficiency and/or effectiveness within the specific area. |
|  | Critical | <ul style="list-style-type: none">Immediate management attention is needed to make significant changes to strengthen the overall efficiency and/or effectiveness within the specific area. |

4. Value for money review conclusion

WSIB Value for money review – Serious Injury Program

4. Value for money review conclusion

VFM review conclusion:

Based on the results of the VFM review, the SIP has demonstrated value for money. The SIP staff have managed claims to ensure seriously injured workers receive the benefits and services they require within the workplace health and safety system as established under the *Workplace Safety and Insurance Act, 1997 (WSIA)*.

Relevant leading practices identified from other jurisdictions that were identified and the evolving needs of seriously injured workers and employers amplify opportunities for program improvement. The VFM review has identified 23 summary recommendations across nine themes, which if implemented, will improve the SIP's performance against the review criteria and attributes assessed to deliver greater value for money and outcomes for WSIB. Refer to Section 5.0 Observations and recommendations for further details. Note that recommendations contained within this report may require additional investments to achieve improvements in value and outcomes.

5. Observations and recommendations

WSIB Value for money review – Serious Injury Program

5. Observations and recommendations

The observations and recommendations are focused on the following nine key themes.

The following pages outline the 31 detailed recommendations that support the 23 summary recommendations in the Executive Summary.

5.1 Strategy and objectives

5.2 Definition and eligibility criteria

5.3 Financial management

5.4 Performance measures

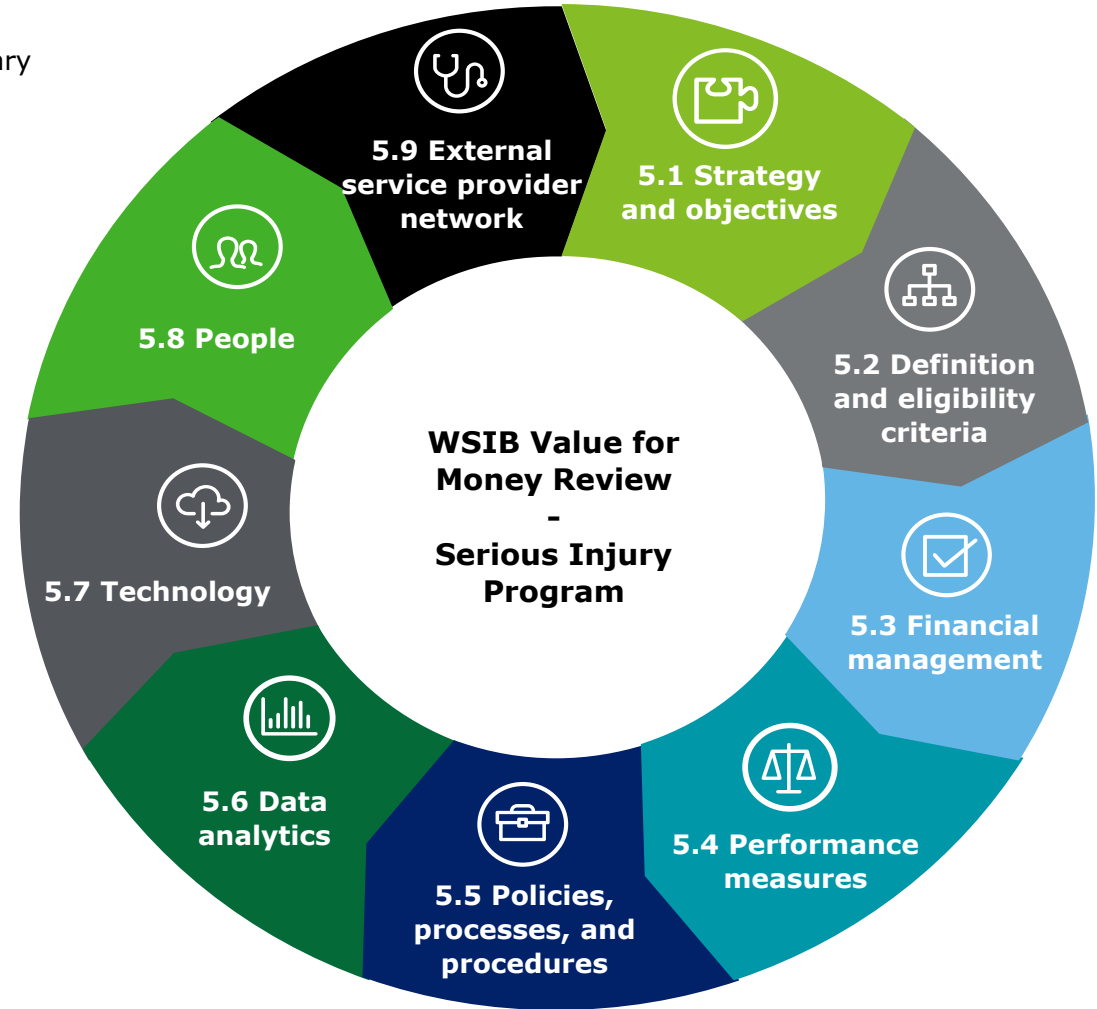
5.5 Policies, processes, and procedures

5.6 Data analytics

5.7 Technology

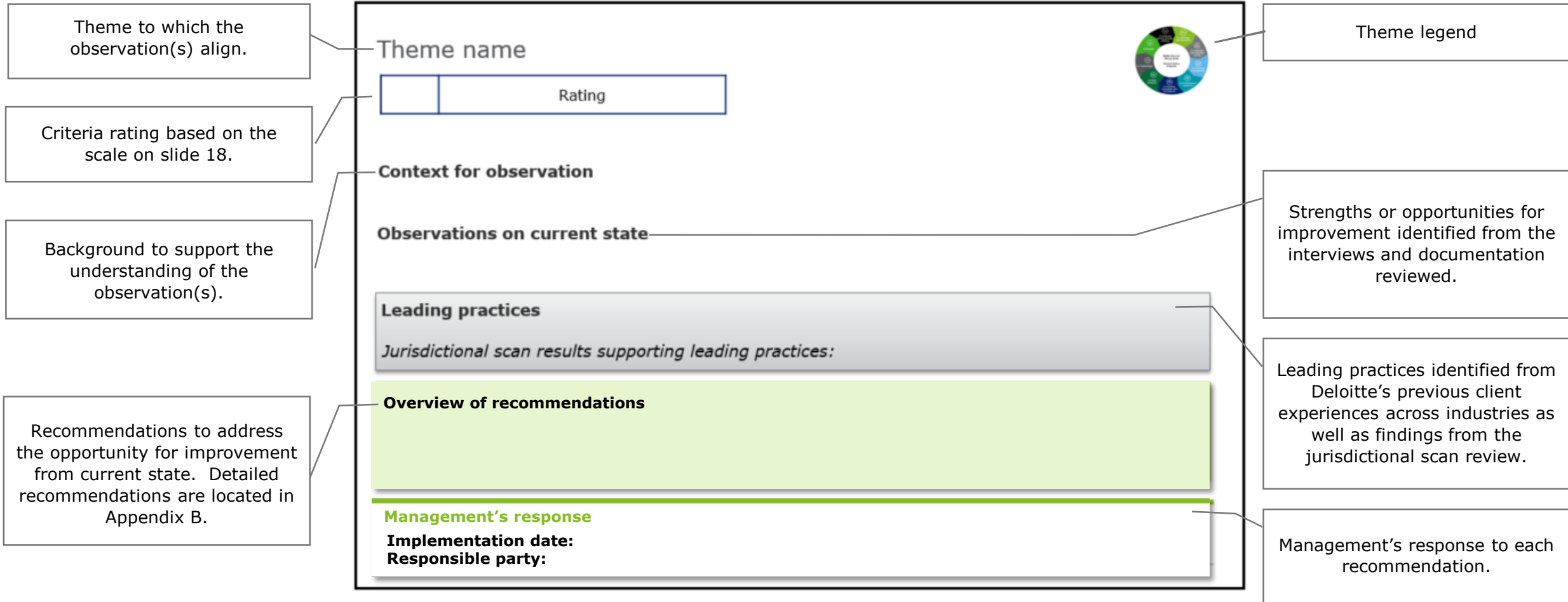
5.8 People

5.9 External service provider network



WSIB Value for money review – Serious Injury Program

5. Observations and recommendations (cont'd)



5.1 Strategy and objectives



Significant improvements required

Context for observations:

The SIP sits within the Complex Claims Division within WSIB's Operations Cluster and reports through the Vice-President (VP), Complex Claims to the Chief Operating Officer (COO). SIP was recognized as a standalone program by WSIB given the complexity and severity of claims, with comprehensive and personalized service as the focus of case management and service delivery. Although SIP is a standalone program, the Operations Cluster is responsible for defining the strategic plan and annual operating plan, to which SIP must align. The Operations Cluster's strategic objectives include a focus on providing a customer-centric experience, making the right decisions (e.g., timely and fair), offering quality services, developing and investing in an expert workforce and strengthening networks, and strategic partnerships.

SIP's stated objective is to provide specialized treatment, equipment, and services to maximize recovery and quality of life for people who have sustained serious, work-related injuries. SIP related goals and expectations are focused on improving the quality of life of injured workers and increasing their ability for RTW. The Operations Cluster focus on RTW reflects a small proportion of the SIP population, where only 4-5% of SIP's injured worker population are able to RTW.

Within the *Workplace Safety Insurance Act, 1997* (WSIA), there is no direct reference to "serious injury" and no definition of the term "severely impaired". Instead, WSIA sets out the definition of "healthcare," which includes professional services provided by a healthcare practitioner, services provided by or at hospitals and health facilities, drugs, the services of an attendant, home and vehicle modifications, assistive devices and prostheses, extraordinary transportation costs to obtain healthcare, as well as "such measures to improve the quality of life of severely impaired workers as, in WSIB's opinion, are appropriate." (Section 32 (h)). WSIA indicates that a "worker who sustains an injury is entitled to such healthcare as may be necessary, appropriate, and sufficient as a result of the injury" (Section 33), and WSIB is responsible for all determinations and decisions related to the necessity, appropriateness, and sufficiency of healthcare for injured workers.

Observations on current state:

- SIP's objective aligns with the Operations Cluster's objective on RTW and recovery. While SIP places greater emphasis on recovery and quality of life, the Operations Cluster places greater emphasis on RTW.
 - SIP has a RTW and recovery goal; however, it is acknowledged that the program strives to do as much as possible to accommodate the injured workers' quality of life.
- SIP's objective and goals align with the WSIA and allow SIP to have flexible interpretation of the necessity, appropriateness, and sufficiency of healthcare entitlement.
- The organization and governance structure and reporting relationships within the SIP are clearly understood by staff.
- SIP has a strong internal culture that is focused on improving the quality of life of injured workers.
 - Staff at all levels in SIP convey a shared, general understanding of SIP's objective and are committed to improving the quality of life of injured workers.

5.1 Strategy and objectives (cont'd)



Context for observations:

The Ministry of Labour (MoL) has a five year prevention strategy in place to reduce the serious injury rate in Ontario, where occupational injury and illness rates have been declining. WSIB's 2019-2021 Strategic Plan priorities include reducing the serious injury rate in Ontario. Although WSIB does not have a corporate prevention strategy, the organization does have a Health and Safety Excellence Program, published in June 2019, with the goal to make Ontario safer.

Observations on current state (cont'd):

- While the MoL and WSIB both have strategic priorities to make Ontario safer, the two organizations do not engage in regular collaboration or have joint initiatives in place toward achieving this shared priority to identify trends and related opportunities.
 - The MoL expressed interest in WSIB playing a greater role in Ontario's prevention strategies to further reduce workplace injuries, as WSIB is impacted by the occurrence of workplace injuries.
 - WSIB sees opportunities to further collaborate with the MoL on prevention strategies to meet their objectives.

5.1 Strategy and objectives (cont'd)



Leading practices:

- Alignment of corporate and program-specific objectives to include quality of life and personal well-being.
- Collaboration with employers and other sector partners on proactive prevention initiatives to improve safety in the workplace.

Jurisdictional scan results supporting leading practices:

- **icare's (Australia)** corporate objectives include supporting workers in their long-term care needs to improve their quality of life, including helping people with RTW.
 - icare has developed a quality of life metric to assess an injured workers progression over the lifespan of their claim. Refer to theme 5.4 Performance measures for additional details.
- **Veteran Affairs Canada (VAC)** includes an assessment of quality of life (areas considered include independent living, recreational and community activities, and/or personal relationship) in their benefits assessment of an injured veteran.
 - VAC has a tiered approach to evaluating quality of life on the following spectrum:
 - **Level 1** - At this level, quality of life is considered mildly affected by the entitled condition or bracketed entitled conditions. "Mildly affected" is defined as a slight degree of change in usual and accustomed quality of functioning which is due to the entitled condition or bracketed entitled conditions.
 - **Level 2** - At this level, quality of life is considered to be moderately affected by the entitled condition or bracketed entitled conditions. "Moderately affected" is defined as a medium degree of change in usual and accustomed quality of life functioning which is due to the entitled condition or bracketed entitled condition.
 - **Level 3** - At this level, quality of life is considered to be extremely affected by the entitled conditions. "Extremely affected" is defined as a significant degree of change in usual and accustomed quality of life functioning which is due to the entitled condition and or bracketed entitled conditions.
 - Full definitions of the three levels are publically available on VAC's Quality of Life Level Determination Table (Source: <https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/compensation-illness-injury/disability-benefits/benefits-determined/table-of-disabilities/ch-02-2006>)
 - Quality of life is used as an assessment tool to determine the eligibility of injured workers for services and benefits. Refer to theme 5.2 Definition and eligibility criteria for additional details.
- **The Swiss National Insurance Fund (SUVA)** introduced incentives for employers who are proactively addressing prevention issues to reduce workplace injury rates.
 - SUVA's "RiskPricing" program creates targeted incentives to increase prevention for employers with the benefit of saving on premiums. Organizations that engage in risk-adverse practices will have lower insurance premiums.
 - SUVA has prevention specialists as a corporate-level resource to promote a behaviour-focused approach to prevention. Prevention specialists educate employers and their work force on safe practices, both on the job and in their leisure time, and potential industry risks.

5.1 Strategy and objectives (cont'd)



Jurisdictional scan results supporting leading practices:

- Of the jurisdictions reviewed, there is variability with respect to the presence of a dedicated program for seriously injured workers.
 - Jurisdictions that do have a dedicated program include: icare, Ohio BWC, WorkSafe BC, Worker's Compensation Board Alberta, Workplace Newfoundland and Labrador; those jurisdictions that do not have a dedicated program include SUVA, WorkSafe New Brunswick, Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) Québec, and WCB Nunavut.

Overview of recommendations per observation:

1. Explore opportunities to develop a SIP-specific measure that incorporates quality of life and aligns with corporate-level measures of RTW and recovery.
2. Consider advancing program objectives through the introduction of guiding principles (e.g., client-centricity, psychosocial interventions, and network approach).
3. Given the Core Services Modernization (CSM), review the need for the continued existence of a standalone SIP and explore alternative service delivery models.
4. Expand opportunities for SIP, and WSIB more broadly, to proactively collaborate with the MoL to address common challenges of prevention of serious injuries in the Province through formalized mechanisms of information sharing (e.g., a joint portal) and collaborative initiatives.

Management's response

WSIB agrees with the recommendation.

The WSIB will develop a strategy to support seriously injured workers and share with internal partners. The objectives of the new strategy will align to:

- The WSIA
- Enterprise-level strategic plan
- Return-to-Work and Recovery Services Strategy

As a multi-year transformation takes place across the organization, we will evolve our program, technology and people to align with the transformation, while continuing to ensure Ontario's workplace safety and insurance system is there for people who need it. A service model and an evaluation framework with supporting measures will be created to support the strategy. (5.1-1, 2, and 3). Refer to management responses to theme 5.4 Performance Measures. (5.1-1)

WSIB will explore opportunities to proactively collaborate with the MoL. (5.1-4)

Implementation date: Q4 2020

Primary responsible party: Vice President (VP) Complex Claims

Secondary responsible parties: VP Health Services, VP Human Resources, VP Strategy & Enterprise Portfolio Management Office (EPMO), and Executive Director (ED) of Program Quality

5.2 Definition and eligibility criteria



Context for observations:

SIP criteria

The criteria for referral to the SIP are a person who has:

- A new catastrophic work-related injury with an anticipated NEL benefit of 60% or greater;
- A new significant work-related injury that meets the criteria for Acute case;
- A 60% NEL under one or more claims;
- A 60% NEL equivalent after a composite rating which combines NEL and PD awards; or
- An accident prior to January 1, 1990, and the Permanent Disability (PD) benefits total 100%.

The NEL criteria is reported to be based on the American Medical Association's (AMA) Guide to the Evaluation of Permanent Impairment, 3rd Edition, 1990.

In 2010, a WSIB Value for Money Audit (VFMA) review on the WSIB Adjudication and Claims Administration Program included an assessment of the NEL policy. Key findings noted in the 2010 review included:

- At the time of the VFMA, the 3rd edition of the AMA was 15+ years old and medically out of date;
- The guide was found to not be user-friendly or easily understood by non-medical professionals; and
- The guide was not specific to occupational injuries.

In addition, SIP has clearly defined which diagnoses meet the thresholds for severe impairment (e.g., paraplegia, quadriplegia, major amputations, and extensive burns).

Acute work stream

In July 2008, the WSIB Program Development Division proposed an expansion to the work of SIP to include the temporary management (no longer than nine months) of significant injuries that typically do not meet the definition of severe impairment and therefore do not meet the programs' entry requirements. At the time the report was developed, the Fair Practices Commission had raised concerns to the WSIB that the unique challenges and special needs of workers with significant injuries that did not meet the SIP entry criteria were not being well managed through regular service delivery. The report highlighted the opportunity to leverage the knowledge and expertise in SIP to temporarily manage additional significant injuries (e.g., bilateral fractures of the leg, bilateral hand burns, bilateral hand crushes, below elbow amputations or complete amputation of thumb or complete amputations of four fingers on one hand, acquired brain injuries for workers 60 years and older and traumatic mental stress and a physical injury with a Permanent Impairment (PI) anticipated).

This proposal led to the development of the Acute work stream and anticipated benefits included improved efficiency in claims management, improved recovery and RTW outcomes, reduced claim persistency, and greater cost effectiveness of healthcare expenditures.

5.2 Definition and eligibility criteria (cont'd)



Observations on current state:

- SIP's eligibility criteria are broader than the diagnoses identified to meet the thresholds for 'severe impairment', resulting in SIP serving injured workers who may not be severely impaired and those workers who need specialized care and services.
 - As per the proposed program expansion in 2008, the Acute work stream serves injured workers who do not get classified as having severe impairment based on the eligibility criteria.
 - Diagnoses listed (e.g., bilateral hand burns and bilateral hand fractures) to enable workers to qualify for the Acute work stream are inconsistent with the SIP definition of severe impairment (e.g., paraplegia, quadriplegia, major amputations, and extensive burns).
 - In the Acute work stream, injured workers are not required to meet the 60% NEL criterion and will be referred to case management and potentially RTW services as they reach independence in basic ADLs.
 - There has been no formal evaluation of the program expansion to assess whether the anticipated benefits to injured workers have been realized.
 - Composite ratings which combine NEL and PD awards and cumulative NELs for multiple injuries that aggregate to 60% reflect a range of diagnoses from severe (e.g., severe brain injury) to mild to moderate (e.g., sprains and strains). Mild to moderate injuries in aggregate may not constitute severe impairment.
- Injured workers are stratified broadly by work stream, based on the acuity and timing of the injury. Once injured workers have been determined as being eligible for SIP, they all have access to the same basket of services (e.g., Independent Living Allowance (ILA)).
 - The Acute work stream does not have access to these services and benefits, though internal stakeholders report that this population of injured workers benefits from the specialized knowledge and expertise of the SIP staff.
- Current eligibility criteria does not include proactive risk stratification based on the nature of injury or other client factors (e.g., socioeconomic factors, general health factors, and caregiver availability). Despite this, staff report that they regularly include these considerations in their case by case benefit determinations.
- Once approved for SIP benefits, there are various triggers for reassessment of services and (a) at the request of the injured worker; (b) when there has been a significant change in the medical status of the injured worker; (c) when there is a material change in the workers' needs (i.e., home modification assessment has been completed); (d) at the discretion of SIP staff. The lack of proactive reassessment of injured workers results in the risk of missed opportunities to reduce avoidable costs and ensure continued alignment of services and benefits with the injured workers' needs and SIP's objectives.
 - There is no process for a proactive cyclical reassessment of workers' functional needs relative to benefits received over the life of the injured worker beyond the triggers described above (e.g., a mandatory yearly reassessment).

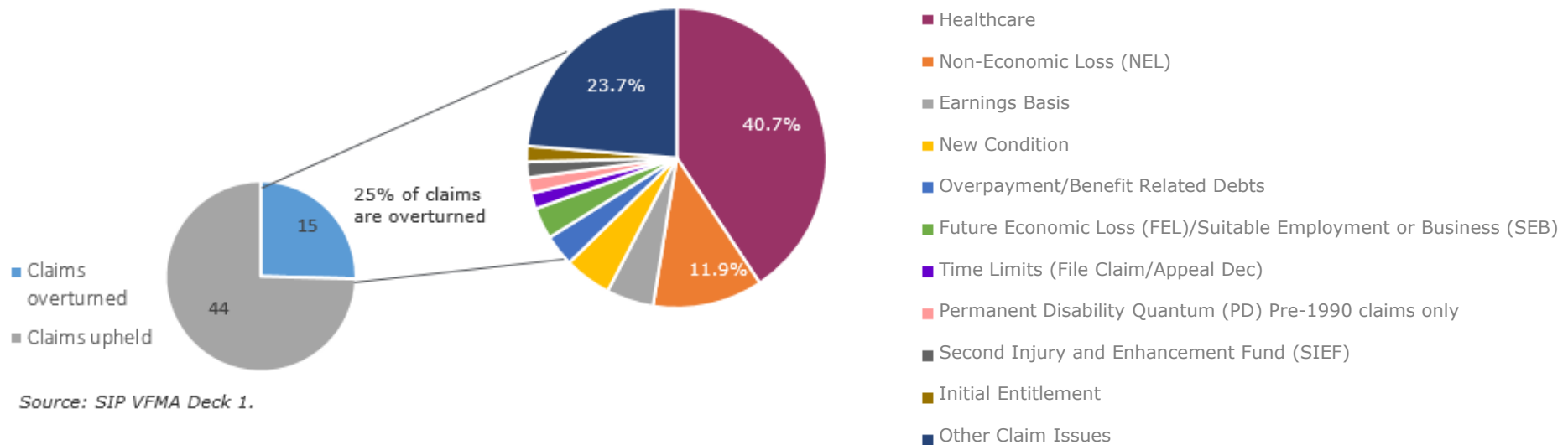
5.2 Definition and eligibility criteria (cont'd)



Observations on current state:

- As per available evaluation metrics, SIP decisions on eligibility and case management are determined to be consistent with existing policies (e.g., Home and Vehicle Modification, and Personal Care Allowance), as there are low rates of appeals that are overturned (e.g., healthcare, NEL decisions, and overpayments).
 - Only approximately 1.2% of SIP total claims, 59 appeals claims out of 4,804 total claims in 2018, were escalated to the appeals level, suggesting SIP decisions are consistent with or exceeding injured worker expectations.
 - While it is not common for SIP decisions to be disputed, if they are escalated to appeals, SIP decisions are typically supported. Of the claims escalated to appeals, approximately 25% of claims are overturned, i.e., 15 overturned claims out of 59 appeals claims, and of those, 11.9% are related to NEL eligibility (Figure 1).

Figure 1: Total appeal claims overturned versus upheld and breakdown of total percentage of appeals by category



5.2 Definition and eligibility criteria (cont'd)



Leading practices:

- Criteria for severe impairment are clearly defined based on medical (e.g., diagnosis) and functional definitions (e.g., ability to participate in day-to-day activities) and tools.
- Eligibility for program entry does not typically include aggregated scores or multiple conditions.
- Consistent reassessment processes are in place to address changes in workers' needs relative to services and benefits received over the life of the claim.

Jurisdictional scan results supporting leading practices:

- Within Canada, there is variability in the eligibility criteria applied to define a seriously injured worker.
 - **WorkSafe BC** considers seriously injured workers to be those whose workplace injury has resulted in a 75% or greater Permanent Functionality Impairment (PFI).
 - **WorkSafeNB** considers seriously injured workers to be those whose workplace injury has resulted in a 60% or greater Permanent Physical Impairment (PPI).
 - **WCB Alberta** and **WorkplaceNL** have defined criteria for seriously injured workers depending on the injury type (e.g., brain injuries, severe burns, and spinal cord injuries).
 - **VAC's** eligibility for their Critical Injury Benefit is based on their definition of traumatic injury:
 - The physical damage that occurs when a human body is subjected to intolerable levels of physical energy (e.g., bone fractures and soft tissue lacerations, damage to internal organs, thermal burns, and head injury); or
 - Disordered emotions or behaviour that occur when a human being is subjected to intolerable levels of stress (e.g., psychosis).
 - **VAC** emphasizes the element of timeliness in their definition of serious injury.
 - Critical Injury Benefits are payable to a veteran who has established a sustained traumatic injury that immediately caused a severe impairment and interference in their quality of life.
 - For the purposes of the Critical Injury Benefit, "immediately" means that medical evidence demonstrates that the severe impairment and severe interference in quality of life, while not necessarily permanent, was ongoing from the time of the sudden and single incident.

5.2 Definition and eligibility criteria (cont'd)



Jurisdictional scan results supporting leading practices (cont'd):

- Among international comparators, both the **Ohio BWC** and **icare** use the AMA Guide to the Evaluation of Permanent Impairment, 5th Edition, 2000, to define seriously injured workers.
 - **icare** uses different tools to assess the need for benefits and services.
 - Eligibility for insurance and subsequent benefit payments is dependent on the Whole Personal Impairment (WPI) assessment, which is performed by trained physicians and based on the AMA Guidelines (5th edition, 2000).
 - Eligibility and assessment criteria for icare's Workers Care Program, which provides health services and benefits, is based on the Functional Independence Measure (FIM) to assess the disability level of an injured worker. The FIM assessment is a standardized assessment which icare uses to determine the services and benefits required to address the needs of the injured worker.
 - Similarly, **Ohio BWC's** eligibility criteria for its Catastrophic Program is based on medical criteria as per AMA's Guidelines (5th edition, 2000). Eligible medical diagnoses include:
 - Spinal cord injury;
 - Traumatic brain injuries;
 - Amputations of major extremities;
 - Multiple trauma victims (e.g., crush injuries, internal organ damage, and severe burns); and
 - Permanent blindness.
- **Ohio BWC** and **icare** do not accept injured workers who have aggregation of multiple conditions.
 - Ohio BWC will provide treatment for injured workers that have multiple co-morbidities. However, multiple co-morbidities are not considered during the eligibility assessment into the Worker's Care Program (e.g., there is no score aggregation).
- In contrast, **VAC** uses quality of life as a criteria for their Disability Assessment to determine veterans' needs and the appropriate services and benefits they require. VAC has a tiered system where there are three levels of ratings for quality of life and once the appropriate level is determined, and the Medical Impairment rating is identified, the final calculation of the quality of life rating is determined. Refer to theme 5.1 Strategy and objectives for further details.

5.2 Definition and eligibility criteria (cont'd)



Jurisdictional scan results supporting leading practices (cont'd):

- Once workers are accepted into a dedicated program for severe impairment/serious injury, there are defined reassessment timelines and processes to address the changing needs of injured workers.
 - In **icare**, there is a two-year interim period where a medical reassessment is performed at the end of the two years. Once workers are accepted into the scheme, they receive benefits for life with ongoing reassessments of their medical and functional needs every two years.
 - In **Ohio BWC**, injured workers are reassessed annually to address any changes to workers' medical needs, and changes are subsequently reflected in the services and benefits provided.

Overview of recommendations per observation:

1. In consultation with key stakeholders (e.g., workers, employers, and WSIB staff), review and refresh eligibility criteria to better align with the objectives of the SIP including revisiting the criteria and definitions for the SIP.
2. Refine current segmentation of claims to better tailor services and benefits to the assessed needs of seriously injured workers. Develop a formal process to periodically reassess needs relative to services and benefits received over the life of the injured worker. Refer to theme 5.5 Policies, processes and procedures for additional details.
3. Ensure ongoing Quality Assurance checks are in place to monitor consistency in decision-making around program eligibility. Quality assurance checks to be performed on a representative sample of claims on a periodic basis.
4. Re-examine SIP's work streams (e.g., Acute, Catastrophic, Long-Term, and Pre-1990) to ensure alignment with refreshed eligibility criteria and consistency with the broader portfolio of WSIB services/programs.

5.2 Definition and eligibility criteria (cont'd)



Management's response

The WSIB agrees with the recommendation.

The Operations cluster will:

- Undertake to review and update the eligibility criteria to service seriously injured workers. (5.2-1 and 5.2-5)
- Explore opportunities for segmentation to support triaging claims to ensure benefits and services align with the needs of seriously injured workers. (5.2-2)
- Implement a formalized regular review process to reassess needs relative to services and benefits received over the life of the injured worker. Refer to management responses to theme 5.5 Policies, processes, and procedures. (5.2-3)
- Continue to include periodic Quality Assurance activities in annual QA planning and recalibration process in accordance with the Quality Assurance and Advisory Branch's Planning Methodology (a component of the Quality Assurance Framework). To ensure a comprehensive and consolidated approach to quality and continuous improvement, management oversight/monitoring of claims with appropriate staff coaching and mentoring will be completed. (5.2-4)

Implementation date: Q4 2020

Primary responsible party: VP Complex Claims

Secondary responsible party: ED Program Quality and VP Policy & Consultation Services

5.3 Financial management



Significant improvements required

Context for observations:

Total program spend consists of the program's operating budget, total expenditure related to injured worker benefits (e.g., drug and healthcare costs) and the cost of contracts for external service providers, as referred to in section 5.9 External Service Provider Network.

In addition to healthcare and drug costs, there are a number of additional benefits paid to injured workers, as a reimbursement for expenses incurred (e.g., guide and support dog and book-keeping fees). These benefit reimbursement rates are not set out in WSIA and as a result are reviewed annually by the Operational Policy Branch. The proposed "Table of Rates, policy 18-01-05" are presented to senior management and are approved by the President and Chief Executive Officer (CEO). Once the rates are finalized each year, the projected costs of benefits and services are provided to WSIB's Financial Planning and Operations to ensure they are accounted for in the program's global budget and are also publicly available.

Historical shifts in programs have impacted current visibility into SIP-specific data. In 2009, the SIP teams and the Traumatic Mental Stress (TMS) team became the SIP. In 2011, the SIP and TMS together formed Serious Injury Services where comprehensive and personalized service was the focus of the case management. During these periods, claims in both SIP and TMS were captured under the same code resulting in combining the data for SIP and TMS, with limited to no ability to separate data and analytics between programs.

- In January 2018, TMS became the Mental Stress Injuries Program (MSIP) and SIP became a stand-alone program. Some data is now being produced independent of MSIP, but in some instances data and analytics continue to be combined between the two programs.

5.3 Financial management (cont'd)



Observations on current state:

- There is variability in SIP's visibility into total program spend.
 - SIP does not have centralized reporting of total program spend which limits visibility into total program costs.
 - Expense management for total expenditure on injured worker benefits, including both drug and healthcare costs, for the SIP occurs at the Operations Cluster level.
 - Expense management for operational costs occurs at the program level.
 - Aggregation of spend data with the MSIP in the Operations Cluster reduces visibility over program operating costs and limits effectiveness of SIP-specific expense management.
 - Assumptions related to resource allocation are required given the manual extraction of program operating costs for SIP (e.g., it assumed that 90% of listed expenditure for Salaries and Benefits is related to SIP). Values in Figure 3 on the subsequent slide were estimated by applying assumptions provided by WSIB to aggregated data.
- Budgeting and forecasting for the SIP is based on historical information from the previous year, resulting in limited ability to effectively manage expenses over time.
 - SIP budgeting does not include predictive analytics or discrete analysis of spend type over time.
 - Analysis of healthcare and drug cost is available at the program level, but not at the work stream or claim level.

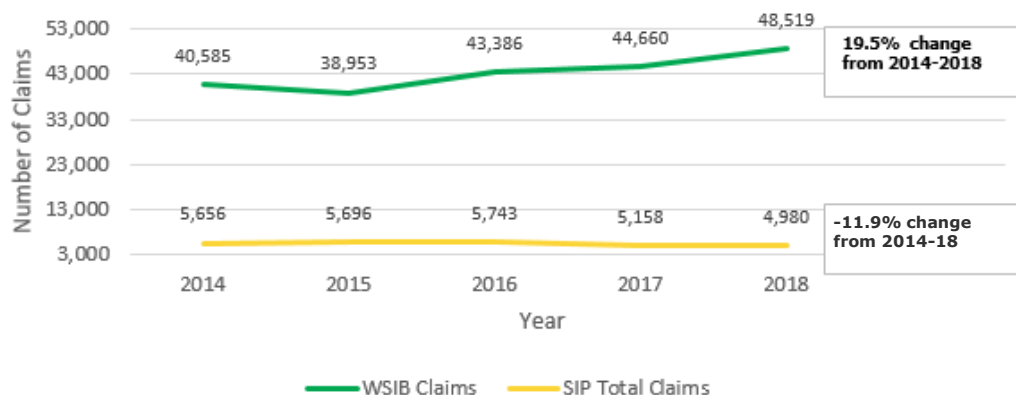
5.3 Financial management (cont'd)



Observations on current state:

- **Operating costs:** SIP's operating costs have decreased between 2017 and 2018. This change overlaps with several staffing changes including the elimination of the Assistant Director position in 2017, and in 2018, the conversion of a social worker position to an OT role, as well as the increase of one FTE OT.
- **Claims costs:** Despite a decrease in the number of unique claims within SIP (Figure 2), total SIP spend increased by approximately 5.4% between 2017-2018 (Figure 3), driven by increases in drug and healthcare costs.
 - The increase in spend is above the reported inflation rate of 2.2%¹ for the same period, indicative of other factors that would have led to increased costs.
 - The 11.9% decrease in the number of unique SIP claims during 2014-2018 is consistent with an industry report of a decrease in the rate of workplace injuries within Ontario. This is contradictory to an observed increase in the number of allowed claims entering WSIB, representing a 19.5% increase during 2014-2018 (Figure 2).

Figure 2: Change in number of WSIB and SIP claims from 2014-2018



Source: Supplementary data for SIP VFMA; By the Numbers: 2018 WSIB Statistical Report

Figure 3: Breakdown of total program spend (operating costs, claims costs and contract costs)

| | 2017 | 2018 | Year over year (YoY) % change |
|--|----------------------|----------------------|-------------------------------|
| Total spend on drug and healthcare costs | \$118,693,349 | \$126,815,070 | 6.8% |
| Contract costs per year ² | \$14,675,000 | \$14,675,000 | 0.0% |
| Operating budget | \$6,259,605 | \$5,658,449 | -9.6% |
| Total program spend | \$139,627,954 | \$147,148,519 | 5.4% |

Source: Supplementary data for SIP VFMA; Excel documents titled 68505 and 68500 (Operating costs); Serious Injury Services Contract Summary

Note 1: Inflation rate according to the Bank of Canada was 2.22% from 2017-2018 and 6.04% from 2014-2018

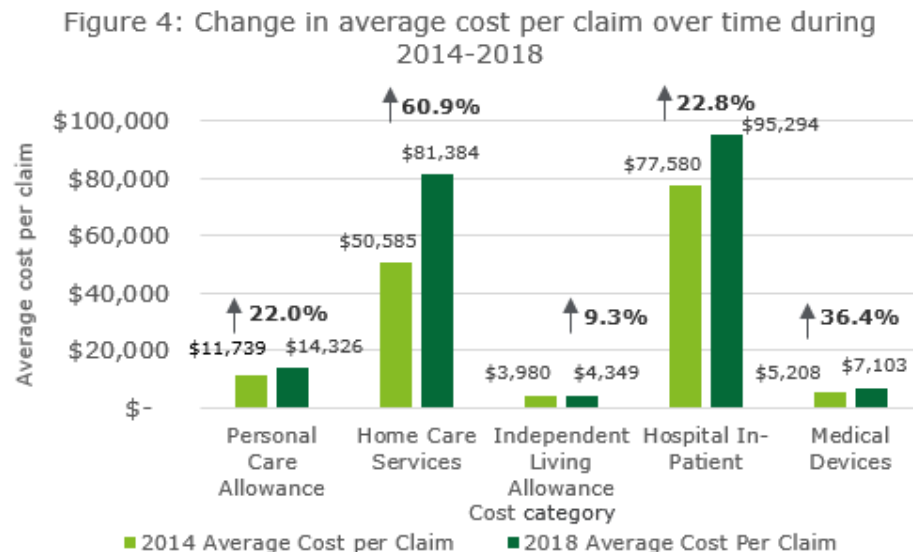
Note 2: Contract costs per year were calculated based on contract durations that were estimated by WSIB

5.3 Financial management (cont'd)

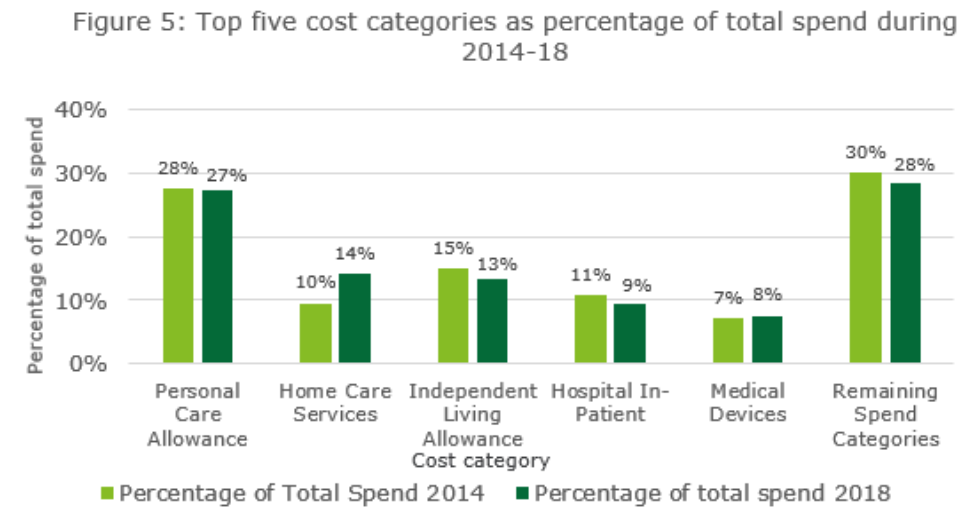


Observations on current state:

- **Claims costs:** Although average cost per claim is increasing (Figure 4), existing processes and forecasts do not provide visibility into actual drivers of these increases due to limited availability of data in SIP to analyze and enable predictive modeling for the future.
 - Anecdotal reports indicate increases may be driven by a number of factors, which may include increased use of benefits and services with an aging population, increased lifespan within SIP, retroactive payments, increases in reassessment and benefits prior to retirement age, and changing practices in service delivery (e.g., more advanced and expensive wheelchairs).
 - There is little capability to segment workers receiving the highest cost services and benefits.
 - The top five categories accounting for 70% of SIP's drug and healthcare costs are primarily benefits and services offered to all injured workers in SIP (Figure 5).
 - Analysis by injury type suggests that workers with non-catastrophic injuries are contributing to increasing costs. For example, intracranial injuries were among the injury types with the largest increases in total Medical Devices costs during 2014-2018.



Source: Supplementary data for SIP VFMA.



Source: Supplementary data for SIP VFMA.

5.3 Financial management (cont'd)



Observations on current state:

- Financial approval authority limits for all benefit types have not been updated in many years. This has resulted in an increase in escalations to various management levels for payment approval. The approval limits have not had regard for the impact of inflation over many years.
 - Select rates covered under the Healthcare Business Rules have not been updated. While WSIB regularly updates the “Table of Rates, policy 18-01-05” (e.g., clothing allowance, non-professional escort fee, guide and support living allowance, meal allowance, PCA, bookkeeping fee, and transportation allowance), other rates covered under the Healthcare Business Rules (e.g., wheelchair and scooter) have not been updated to account for changes in inflation. This can lead to variability in decision-making, and delays in disbursement of benefits as the case management team reports having to frequently escalate entitlement approval decisions to management.
 - Healthcare approval authority limits are not regularly updated and therefore, for claims that have been escalated, members of the case management team anecdotally report instances of variability in expense approvals across work streams and managers for comparable cases.
 - For example, approvals for benefits for injured workers enabling them to continue their hobbies are reported to vary based on management’s interpretation of SIP policies and determination of what is considered appropriate for the injured worker. Though each claim is reviewed and approved on a case-by-case basis based on need, there is reported variance in comparable cases and there is no formal process to review the consistency of decision-making across cases.

5.3 Financial management (cont'd)



Leading practices:

- Standardized and centralized financial and non-financial data to inform management reporting.
- A comprehensive view of financial program management for improved outcome measurement and data analytics.
- Proactive forecasting of financial spend, including operational and benefit expenditure (e.g., financial, drug, healthcare expenditure, and contract management), is used to improve the accuracy of budgeting for improved resource allocation and use.
- Senior management are committed to forecasted performance targets and monitor real-time performance and variance from expected performance.
- All reporting activities are aligned with business goals and objectives, integrating financial, operational, and all other key performance data.
- Financial performance monitoring, evaluation, and communication are performed consistently at the program, division, and corporate levels.
- Key insights and explanations of results are communicated in a timely and comprehensive manner to enable decision-makers at any organizational level to address any unanticipated occurrences, results, or opportunities in a timely manner.

Overview of recommendations per observation:

1. Develop a plan to improve accessibility and visibility into an integrated view of SIP financial data for ongoing proactive financial management.
2. Update the financial approval authority limits for all benefit types to reflect changes in inflation rates to reduce inefficiencies resulting from seeking additional approvals.

5.3 Financial management (cont'd)



Management's response

The WSIB agrees with the recommendation.

The WSIB will:

- Develop a formal channel for SIP to have access to data on a regular basis. (5.3-1, a, b, and c)
- Identify financial data that will facilitate review of trends, costs, and expenditures by category to support forecasting and resource allocation. (5.3-1, a, b, and c)
- Assess and revise financial limits associated with loss of earnings and health care benefits. (5.3-2)
- Assess and revise health care rates for equipment to reflect inflation and changes in practice with respect to service delivery. (5.3-2)

Implementation date: Q3-Q4 2020

Primary responsible party: VP Complex Claims

Secondary responsible parties: VP Corporate Business Information & Analytics Strategy (CBIA), VP Health Services, and VP Financial Planning and Operations

5.4 Performance measures



Context for observations:

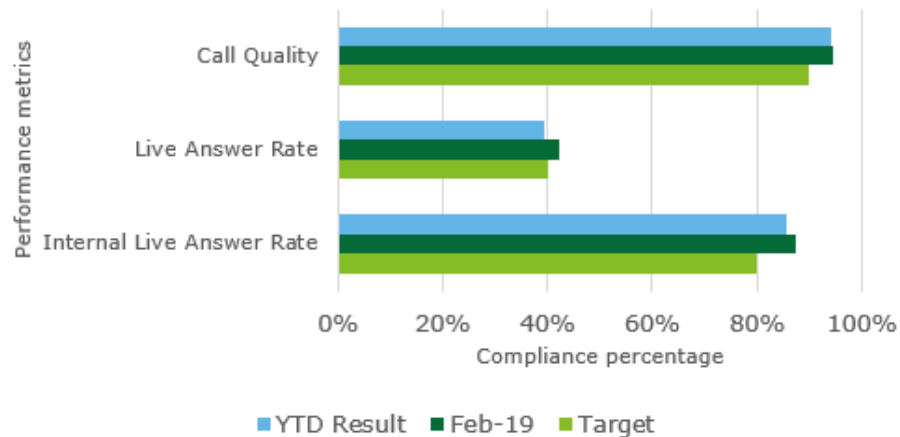
Program: SIP does not have measurable program-level objectives. The program's performance is expected to be measured against corporate-level strategic objectives (e.g., percentage of resolved appeals) and performance objectives by staff role (e.g., rate of total appeals and appeals overturn rate).

Staff: All staff engage in performance management each year. SIP managers clearly define expectations with each staff member, regularly assess performance, and at the end of the year, provide a performance rating. SIP managers are required to support staff development and performance by ensuring 100% of staff have an updated development and coaching plan. Staff performance metrics are expected to be aligned with corporate-level strategic objectives.

Observations on current state:

- SIP has defined output and process metrics, and recent performance scorecards indicate SIP is trending close to or above corporate targets in general performance domains related to output and process metrics (e.g., call quality and live answer rate) as shown in Figure 6 below.
 - For time periods reviewed, SIP is exceeding performance targets for live answer rate targets.

Figure 6: SIP live answer rate performance compared to corporate targets



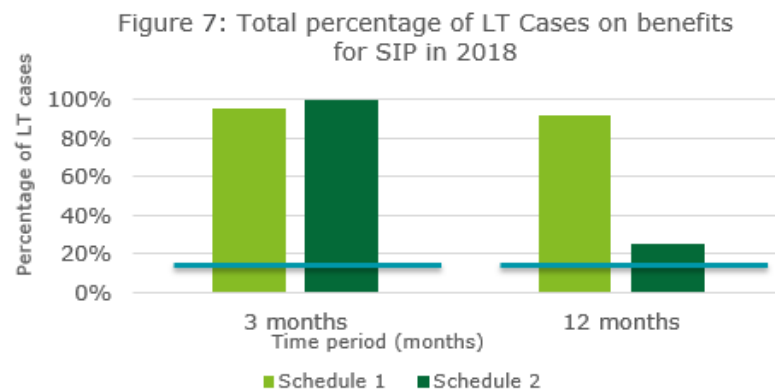
Source: April 2018 Monthly Scorecard (MCS).

5.4 Performance measures (cont'd)



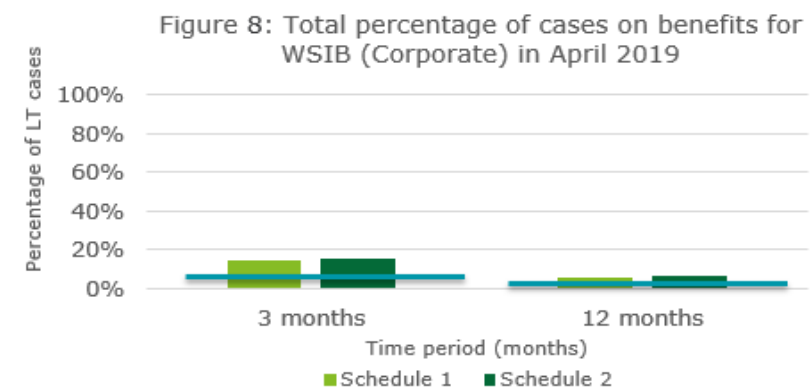
Observations on current state:

- SIP's performance is measured using corporate strategic objectives that are focused on RTW and are not as applicable to the population of injured workers that SIP serves. The absence of program-specific metrics on recovery, quality of life, and client satisfaction metrics makes it challenging to determine the quality and impact of services and benefits delivered to injured workers.
 - SIP reported significantly higher rates for percentage of cases on long-term benefits for both Schedule 1 employers and Schedule 2 employer benefits over time (Figure 7). Reported rates are substantially higher than corporate targets indicating that SIP is not meeting corporate targets for RTW as the focus for SIP workers tends to be on recovery (Figure 8).
 - Quality of life is not currently measured at the program or corporate levels, limiting the ability to fully assess performance relative to SIP's stated objective.
 - SIP client satisfaction has not been measured since 2005.
 - Historically, SIP had performed Client Satisfaction Surveys (known study dates include 1994, 2000, and 2005) that measured communication, service quality, quality of life, and socio-demographic profile.
 - Quality of life measures included data on the most important problem faced by injured workers, prevalence of injured workers who experience pain on a day to day basis, impact of injury on social/leisure activities, financial situation, and relationships (e.g., additional stress with family and friends).



Source: April 2018 Monthly Scorecard (MCS).

— Defined corporate targets



Source: April 2018 Monthly Scorecard (MCS).

5.4 Performance measures (cont'd)



Leading practices:

- Quality of life measures are in place to address the impact and quality of services delivery to injured workers (e.g., whether injured workers' needs are met).
- Feedback on the service delivery model is obtained from injured workers and their families (e.g., through client satisfaction surveys) to ensure ongoing program improvements.

Jurisdictional scan results supporting leading practices:

- The World Health Organization's Quality of Life (WHOQoL) assessment is a standardized assessment which **icare** uses as a measurement for an injured workers' quality of life.
 - WHOQoL assesses an individual's quality of life across six domains (e.g., physical health, psychological, level of independence, social relations, environment, and spirituality/religion/personal beliefs).
 - The WHOQoL has been used by icare for the last two years as a metric and is benchmarked against a population index.
 - The WHOQoL is used in conjunction with icare's MyPlan tool. The MyPlan tool is used by the case management team to create a personalized plan for services and interventions, as well as the injured worker's goals. Goals are person-centered and should be related to recovery from the initial injury.
- **SUVA** actively seeks feedback from injured workers and their families through a structured survey, which is reviewed to monitor SUVA's performance over time. The survey asks injured workers and their families to rate their satisfaction on the following themes:
 - Information and education provided on their claim;
 - The case management team (or individual) who managed their claim;
 - Assistance throughout the process of RTW and satisfaction with their change in profession (if applicable); and,
 - Medical assistance and treatment within SUVA's internal rehabilitation clinics.

5.4 Performance measures (cont'd)



Overview of recommendations per observation:

1. Develop a program-level measure that aligns with broader corporate and Operations Cluster measures, while addressing recovery and quality of life of injured workers.
2. Reintroduce client satisfaction surveys to ensure the needs of injured workers are met by the services and benefits provided by SIP. As needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) as part of consultation.

Management's response

The WSIB agrees with the recommendation

The WSIB will:

- Review performance measures to support seriously injured workers in relation to the renewed strategic direction of the SIP. Refer to management responses to theme 5.1 Strategy and objectives. (5.4-1, a, b, and c)
- Develop customer satisfaction surveys to support the program objectives and develop a process to regularly monitor, analyze, and integrate client feedback. (5.4-2)

Implementation date: Q4 2020

Primary responsible party: VP Complex Claims

Secondary responsible parties: ED Program Quality, ED Customer Care, and VP CBIA

5.5 Policies, processes, and procedures



Some improvements required

Context for observations:

Operational policies are available for all decision-makers within WSIB, including SIP staff. Through online resources, SIP staff have access to policies and select practice guidelines.

The ILA, PCA, Home Modifications, and Vehicle Modifications policies are most used by SIP. Eligibility for these benefits is predicated on SIP's broader eligibility criteria. Once the criteria for the SIP are met, all workers are eligible to the same catalog of services (Exception: Acute work stream has slightly different criteria and services and benefits as discussed in section 5.2 Definition and eligibility criteria).

As discussed in section 5.2 Definition and eligibility criteria, there is no formal review process for a proactive cyclical reassessment of injured workers' eligibility for services and benefits (e.g., PCA) after initial entitlement decisions. Reassessment occurs when there are medical or material changes in the injured workers' status that require additional assessment or at the discretion of WSIB, though these are generally initiated by the injured worker.

Observations on current state:

- Current policies provide flexibility for members of the multi-disciplinary team (e.g., NC, OT, and CM) to operate to full scope.
 - Policies allow room for interpretation by SIP professionals, including regulated health professionals, providing opportunities for decisions to be driven by professional judgments and training.
- Due to insufficient supporting practice guidelines, there can be variation in interpretation and application of policies, resulting in risks of inequity of access.
 - Multi-disciplinary teams report anecdotal examples of perceived differences between managers across work streams as they provide guidance for approval requests.
 - For example, staff report variability in the approval of home modifications related to interpretation of material changes in the injured worker's condition. The related policy indicates that an injured worker is entitled to a reassessment of initial home modification needs upon relocation, but there is reported variability in the interpretation of this stipulation (e.g., younger injured workers who require reassessment as they age or secondary homes).
 - Multi-disciplinary teams report that they informally collaborate to share experiences and leverage policies to address complicated claims in order to meet the needs of the injured worker.
 - Stakeholders regularly rely on seasoned staff within SIP (e.g., those with longer tenure and those in leadership roles) for guidance in interpreting policies and framing requests to seek approvals for the benefit of the injured worker.
 - As discussed in section 5.8 People, there are inconsistencies in training opportunities and tools, which presents challenges to consistent knowledge transfer and retention, as well as practice expectations.

5.5 Policies, processes, and procedures (cont'd)



Observations on current state:

- While the costs of services and the needs of injured workers serviced by SIP have changed over time, policies (e.g., ILA, PCA, Home and Vehicle Modification) have not been updated, creating inefficiencies, potential delays in approvals, and potential misalignment between policies and the needs of injured workers.
 - Outdated spending limits in place for injured workers (e.g., not updated for inflation) are reported to contribute towards increased claims classified as “over limit,” requiring a series of additional steps for approvals.
 - For example, the case management team will receive a wheelchair repair invoice of \$500 though the approval of Healthcare Financial Limits is \$60 (approval limit was last updated September 2007). The invoice is subsequently put in the exception queue for review by the Nurse Consultant (NC) which creates additional and unnecessary work.
 - The ILA, PCA, Home and Vehicle Modification policies were last updated between 6 and 15 years ago (October 2004, August 2007, February 2013, and October 2004 respectively).
 - There has been no review of existing policies (e.g., ILA, PCA, and Home and Vehicle Modification) to determine if threshold criteria and benefits provided continue to match the needs of injured workers.
 - For example, the Home Modification policy permits authorization of one home modification. However, there are a number of workers injured at a young age who may relocate to more than one house throughout their life and would consequently require a second home modification that is not supported by the policy.
 - SIP management is in discussion with Professional Practice Leaders (PPLs) to update the Independent Living Assessment documentation. Front-line staff have expressed a desire to be involved in this process.
- Quality reviews performed by SIP managers are not optimized to assess alignment with policy expectations that reflect fair and equitable allocation of benefits and services across claims. There are limitations to the Manager Review Tool to assess quality measures. The reviews are performed manually, limiting efficiency.
 - SIP managers perform quality reviews at regularly scheduled time intervals through the Manager Review Tool based on work stream and the type of review (e.g., post transfer, pending, post allocation, and post-accident date). The Manager Review Tool does not include quality measures such as adherence to policy, though this is currently under review.
 - The Manager Review Tool is reported to be primarily focused on completion of expected processes within certain timelines and does not require determining whether decisions align with relevant policies, or whether they are fair and equitable.
 - The SIP Director and managers may review specific injured worker files on an ad-hoc basis or if prompted by the multi-disciplinary teams. Since the review process is manual (e.g., managers must go into each claim individually), its efficiency is limited.
 - Quality assurance services are available within the Operations Cluster through Quality Assurance & Advisory Branch and elements of SIP services may have been included within historical audits. However, quality assurance services are not utilized to perform a cyclical review of SIP-specific processes and decisions. We understand that a quality assurance review for SIP is recommended for inclusion in the Quality Assurance 2020 Plan.

5.5 Policies, processes, and procedures (cont'd)



Leading practices:

- Policies are used to guide decision-making processes to ensure consistency and equity of services and benefits delivered to injured workers.
- Practice guidelines are in place to support consistent application and interpretation of policies.

Overview of recommendations per observation:

1. Collaborate with the WSIB Operational Policy Branch to enable the review and refresh of policies to improve current challenges and further support decision-making and services.
2. Develop a formal process to periodically reassess needs relative to services and benefits received over the life of the injured worker. Refer to theme 5.2 Definition and eligibility criteria for further details.
3. Review and enhance practice guidelines to improve the case management process, consistency in decision-making, and reduce the risk of inequity of access to services and benefits for injured workers. As needed, engage key stakeholders (e.g., WSIB staff) as part of consultation.

5.5 Policies, processes, and procedures (cont'd)



Management's response

The WSIB agrees with the recommendation.

The WSIB will:

- Review relevant policies to determine if a refresh is required. (5.5-1, a, b, and c)
- Add a policy review date to policies once they have been substantively revised, as part of the existing Operational Policy Branch evaluation and renewal approach. (5.5-1, a, b, and c)

Implementation date: Q3 2020

Primary responsible party: VP Complex Claims

Secondary responsible party: VP Policy and Consultation Services

The periodic reassessment of benefits and services is addressed in management responses to theme 5.2 Definition and eligibility criteria. (5.5-2)

The WSIB will

- Develop a formalized case conference process including managing cases requiring clinical expertise. (5.5-3)
- Continue to enhance, revise and/or create new guidelines to support consistent SIP decision-making. (5.5-3)

Implementation date: Q3 2020

Primary responsible party: VP Complex Claims

Secondary responsible parties: VP Health Services and ED Program Quality

5.6 Data analytics



Context for current state:

A case management system, the Accounts and Claims Enterprise System (ACES), was adopted by WSIB in 2016. ACES delivers an integrated solution for administering accounts and managing claims. An ACES upgrade is being planned by WSIB and there are ongoing initiatives underway to support greater centralization and digitization of paper-based claims data and reporting.

A number of legacy SIP systems and reports were decommissioned and consolidated after the ACES implementation in October 2016, including manual (e.g., Case Assist Tool (CAT)) case management tools previously used by case managers.

Observations on current state:

- While there is an abundance of data in ACES, it is challenging to extract SIP-specific data, contributing to challenges with data accuracy and quality, and there is not currently a consolidated dashboard of the data with related insights to inform decision-making related to services and benefits for injured workers. There is continued reliance on certain legacy tools (e.g., RTW SharePoint, Complex Claims Divisional scorecard, and Complex Claim duration reports). Multiple reported factors contribute towards this challenge:
 - **Consistency of data definitions:** There is inconsistency in the definition of “SIP” data within the overall dataset (e.g., current reporting tools have limited ability to accurately delineate SIP-specific financial spend from prior claims data; inaccuracies in data sets require the use of proxies to define the SIP dataset; and current SIP dataset is aggregated with MSIP).
 - **Limited access to data:** After the decommissioning of legacy SIP reports, it is reported that certain relevant data remains challenging to access (e.g., claim inventory, decision timeliness, and PCA/ILA payment).
 - **Inefficient access to data:** For the purpose of the VFM review, data was obtained from the Corporate Business Information & Analytics Strategy (CBIA) Division. This level of data, however, required extensive collaboration and manual extraction/cleansing to identify relevant program information that is not regularly tracked by program management (e.g., caseload summaries, caseload breakdowns by injury and industry, cost drivers (total and average) by claims category, appeals by decision outcome, and rates of allowed claims that were previously denied).
 - **Limited integration:** Limited interfaces with data from multiple sources (e.g., ACES) results in the multi-disciplinary team having to access data from multiple locations to perform their key roles and responsibilities (e.g., manual transfer of information into ACES to determine the composite score (both permanent impairment and NEL) of an injured worker; staff use of personal workarounds to track their own metrics (e.g., personal spreadsheets in Excel and Word)).

5.6 Data analytics (cont'd)



Observations on current state:

- With the introduction of ACES, there has been increased availability and enhanced data reporting. Reliance on paper-based case files, however, continues delaying decision-making related to services and benefits for injured workers.
 - During the transition period, multi-disciplinary teams need to access both paper-based and electronic case files. Multi-disciplinary teams have reported that it can take several days for teams to receive and review paper-based files, which can delay decision-making. This issue is most pertinent to the Pre-1990 work stream.
- While there is regular quality and process-level tracking of performance (e.g., throughput reports that report the timeliness of decision-making and the rate of decision escalation by work stream), there are limited tools to efficiently extract SIP-specific data insights to inform decision-making. Multiple factors contribute towards this challenge:
 - **Retrospective and reactive:** Available tools and reports tend to be primarily retrospective and/or reactive rather than proactive and/or predictive.
 - For example, quality tracking does not identify potential red flags for feedback and future challenges in alignment with policy or in quality of decision-making and there are no automatic alerts when high risk factors are triggered in the assessment process of injured workers for future follow up.
 - **Gaps in insights:** Current tools highlight processes and outputs more than outcomes-related insights. Insights do not address cost-effectiveness or quality of services and benefits delivered to SIP's injured workers. Insights do not identify potential red flags for feedback and/or insights to drive proactive monitoring of risks.
 - **Manual searches:** There is limited ability to draw insight from analyses of aggregate, claims-level trends.
 - For example, certain data points require manual searches within each claim in ACES, which impacts both efficiency and timelines.
 - For example, searching for specific terms within a claim, access to previous claim history, and access to status of all active claims through ACES without going into each claim individually.

5.6 Data analytics (cont'd)



Leading practices:

- Robust data governance and data quality processes.
- Operating model that enables improved clarity, structure, and consistency in data and analytics to support service delivery.
- Organizational investment in foundational capabilities (e.g., people, process, data, and technologies) to develop and implement a data analytics strategy to become an insight-driven organization.
- Ecosystem approach to data collection and access, including interoperable platforms to connect data from injured workers, employers, healthcare providers, and legislative bodies, as well as industry-specific benchmarks and guidelines for evidence-based decision-making.
- The appropriate technology infrastructure, including hardware, software, networks, data centres, and equipment, to enable the necessary flexibility, agility, and scalability needed to take advantage of the rapid evolution of new technologies.

Jurisdictional scan results supporting leading practices:

- In August 2017, **icare** entered into an enterprise-wide license with Official Disability Guidelines¹ (ODG) for the use of their guidelines and automation inside their claims management software platform.
 - ODG is used for implementation and automation of evidence-based decision support for return-to-work, medical treatment, and risk assessment for Nominal Insurer workers' compensation claims in the state.

Note 1: ODG provides clinical guidelines and analytical tools designed to improve and benchmark return-to-work performance, facilitate quality care while limiting inappropriate utilization, assess claim risk for interventional triage, and set reserves (money set aside by insurance companies to pay policyholders who have filed or are expected to file legitimate claims on their policies) based on industry data. Evidence-based guidelines from ODG span the continuum of workers' compensation and group life/disability cases, supporting clinical decisions, RTW, and care planning, and facilitating better communications between providers and payors.

5.6 Data analytics (cont'd)



Overview of recommendations per observation:

1. Collaborate with CBIA to develop a robust strategy to collect quality data based on revised performance and improve access to data for trend analysis, predictive modelling, and reporting.
2. Ensure corporate data governance addresses SIP-specific needs, including improvement in data quality and integrity for successful implementation.

Management's response

The WSIB agrees with the recommendation.

The WSIB will:

- Develop standardized business requirement documents (BRDs) for SIP measures including identifying authoritative data sources, data owners, calculation methodology, and data lineage, as well as risks and limitations. (5.6-1, ii, v, and vi)
- Build a Serious Injury BI Product accessible to Operations Management through the Microsoft Power BI Service. This product will incorporate enterprise and SIP specific measures as well as a quality assurance component to be aligned with development of program level strategy. (5.6-1, vii, viii, ix, and x)
- Standardize the use of data within Guidewire to identify SIP claims across the life of a claim and discourage the use business managed applications and depreciated legacy data elements. This will include identifying sub-populations within SIP. (5.6-1, i and iv)
- Will extend the coding quality controls to introduce controls and audits specific to SIP to improve the consistency, accuracy and relevance of SIP coding data. (5.6-1, iii)
- The Enterprise Data Strategy will be inclusive of all data and information, and encompass data governance. The Enterprise Data and Information Policy will be introduced and supporting policy standards will be implemented for data management. (5.6-2)

Implementation date: Q3 2020 – Q3 2021

Primary responsible party: VP Complex Claims

Secondary responsible parties: VP CBIA, ED Program Quality, and ED of Business Improvement & Procedures

5.7 Technology



Some improvements required

Context for observations:

SIP recognizes that injured workers in SIP require a more 'high touch' experience than other injured workers. As part of successful case management, multi-disciplinary teams conduct initial in-person case conferences with injured workers and their families in order to enhance ongoing case management. After the initial case conference, communication with injured workers and families occurs primarily via telephone.

The multi-disciplinary team regularly communicates with external vendors regarding ongoing case management. Communications include the exchange of relevant data and information, as well as case conferences to discuss challenges or key tasks/milestones.

Observations on current state:

- SIP services and its ongoing communications are not regularly digitally enabled beyond initial case conferences. This applies to local injured workers and injured workers in remote geographic locations, and applies across communications from SIP and its external service providers to injured workers.
 - In-person case conferences do not regularly occur in remote geographic locations when extensive travel is required and there is no outcome reporting specific to injured workers living in remote locations.
 - If an injured worker requires specialized consultation or assessment by health service providers, SIP arranges travel and accommodation for injured workers to access services.
 - There is no use of telehealth and digitally enabled technologies for communication between injured workers and external service providers.
 - In the absence of alternate modes, the SIP heavily utilizes phone channels or postal mail to provide claim updates and other information to injured workers.
- Work processes between the SIP and external vendors are not fully digitally enabled.
 - There is no digital tool or interface to facilitate the exchange of data between the SIP and external vendors. Fax and postal mail are being used with external vendors which can cause delays due to manual transfer of information from these sources to systems.
 - External vendors are unable to electronically submit or receive files that contain injured workers' confidential information.
 - WSIB has implemented a document upload tool and SIP is building on this initiative with its Home Modification external service providers.
 - WSIB has introduced the use of secured email for communication and SIP is planning to expand the use of secured email to its external service providers.
 - External vendors and SIP case management staff communicate primarily via phone, email, or occasionally in person.
 - Information request channels (e.g., fax, phone, and postal mail) increase the risk of delays to gather information and deliver services.

5.7 Technology (cont'd)



Leading practices:

- Communication between injured workers, caregivers and families, external service providers, and the organization are digitally enabled to improve communication, outcomes, and the experience for injured workers.
- Use of emerging technology (e.g., virtual tours) for the delivery of care and services for injured workers and caregivers.
- Enhanced use of automation of work processes where appropriate (e.g., review of external provider documentation and communications) in order to increase the efficiency and productivity of staff and minimize rework needed.
- A common interface for workers/employers/external services providers to access claim related information.

Jurisdictional scan results supporting leading practices:

- In 2018, **icare** recently implemented an omnichannel workers' compensation claims centre to help improve workers' care and RTW outcomes through faster service and customer support across preferred channels of engagement.
- At **icare**, the Empowered Living Program leverages emerging technologies and practices to provide cutting-edge care and support. In the 2017-2018 fiscal year, icare successfully trialed:
 - Home modification virtual tours which are used to help workers visualize and make decisions about proposed home modifications.

5.7 Technology (cont'd)



Overview of recommendations per observation:

1. Explore alternative technology options to drive efficiencies in day-to-day tasks and responsibilities and as needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) as part of consultation.
2. Continue to establish appropriate guidelines and review processes to ensure external service providers are implementing technology enabled care for injured workers. Refer to recommendations under theme 5.9 External service providers for additional details.

Management's response

The WSIB agrees with the recommendation.

The WSIB will:

- Continue to advance the use of technology as a key enabler.
- Explore new and existing technology options in the market place and report on best practices (e.g. video-conferencing and Microsoft Teams). (5.7-1, a, b, and c)
- Explore existing internal technology and how it can be used to support process improvements. (5.7-1, a, b, and c)
- Explore opportunities to add and/or enhance digital efficiencies, including self-serve technologies, through Core Services Modernization (CSM). (5.7-1, a, b, and c)
- Prioritize technology enhancements in alignment with the corporate scorecard and desired outcomes. (5.7-1, a, b, and c)

Implementation date: Alignment to CSM Release Plan

Primary responsible party: VP Complex Claims

Secondary responsible parties: VP Customer Experience & Service Excellence and Director Operations Technology Branch

Guidelines for implementing technology enabled care for injured workers with external service providers is addressed in management responses to theme 5.9 External service provider network. (5.7-2)

5.8 People



| | |
|---|----------------------------|
|  | Some improvements required |
|---|----------------------------|

Context for observations:

Managers within SIP are responsible for teams across the five work streams: Catastrophic, Long-Term, Acute, and Pre-1990 cases, as well as the Home Modification Program. For all work streams except the Acute work stream, each injured worker in SIP is supported by a multi-disciplinary team that includes a Team Manager, CM, NC, and OT. All members of the team work collaboratively to support the injured worker. Within the team:

- CMs are the case owner. Although they are provided with the necessary training to have a baseline understanding of clinical processes, they are not health professionals. CMs are responsible for entitlement decisions, but do not have the specialized clinical knowledge to make health and functional related entitlement decisions, which they delegate to the NC, OT, and external medical consultants, as appropriate. CMs will rule on the level of impairment for an injured worker.
- NCs apply nursing knowledge, skill, and judgment when providing clinical advice, opinion, or guidance, and interpret medical/clinical findings as needed.
- OTs are responsible for providing recommendations, conducting, coordinating, and implementing PCA, home and vehicle modifications, assistive devices, and therapeutic interventions, as well as addressing quality of life issues.
- HMCs are not part of the multi-disciplinary teams and are consulted as required based on the worker's needs.

The Acute work stream is the only team that does not use OTs. Key entitlement decisions in this stream do not include PCAs and ILAs, for which OTs are primarily responsible.

Observations on current state:

- Internal and external stakeholders regularly identify the collaborative nature of the multi-disciplinary team structure as a key strength of the SIP.
- While roles and responsibilities of team members are clearly defined across and within work streams, in practice, their skillsets are not optimized.
 - Staff frequently report elements of their day-to-day tasks that could be delegated to others, freeing up capacity for other relevant tasks.
 - For example, NCs are responsible for the authorization of travel expenses and accommodation which can include a review of claim files and expenses of periods over five years or more. There is no time limit for the submission of expenses.
 - External vendors report that all members of the multi-disciplinary team are knowledgeable about the claims within their caseload, and that the specialized clinical knowledge of OTs and NCs promotes efficient decision-making and ensures workers receive the appropriate services based on their needs.

5.8 People (cont'd)



Observations on current state (cont'd):

- CMs, NCs, and OTs report that clinical roles and responsibilities are appropriately delegated. There is, however, a tendency for all staff to take on responsibilities of other roles, especially with respect to administrative tasks and answering queries from injured workers, their families, and external service providers.
 - Anecdotally, this practice occurs more frequently when staff are providing coverage for vacancies, as staff report it is more efficient to perform tasks themselves rather than to delegate to a more appropriate individual. Staff are expected to only take on responsibilities that they can competently perform.
- Though the multi-disciplinary model presents many strengths, there is an opportunity to increase use of specialized skillsets (e.g., healthcare navigation, crisis intervention, and mental health) to provide additional needed support to injured workers.
 - All team members, particularly CMs, spend time in supporting injured workers in understanding how to navigate the WSIB system and to provide general information.
 - In practice, as all members of the multi-disciplinary team undertake this navigation responsibility, this activity can be duplicative and time consuming for team members who need to perform other role-specific responsibilities.
 - Managers and multi-disciplinary teams across all work streams report that it would be beneficial for greater psychosocial supports (e.g., Crisis Intervention Counsellors (CICs)) for the injured workers.
 - CMs within SIP report that they have strong rapport with injured workers and their families, and are often providing psychosocial support to them. They do not, however, have training in providing crisis management and counselling services to injured workers.
 - CICs have been well received by the families and employers of deceased workers in the Occupational Disease and Survivor Benefits Program and CICs report that they believe the injured worker population served by SIP would benefit from specialized psychosocial support and crisis intervention.
 - Multi-disciplinary teams have expressed interest in having earlier and more comprehensive access to RTW Specialists trained to support the SIP for select injured workers.
 - RTW Specialists are often brought in later in the life of a claim, which can present challenges as they must quickly become knowledgeable on a medically complex claim, as well as on SIP's policies and procedures. There are opportunities to leverage their expertise earlier in the lifecycle of the claim, where appropriate.
 - SIP management is currently exploring the potential for the dedicated RTW specialists, as well as CICs, to address these gaps.
 - SIP is piloting engagement of RTW Specialists early in the life of a catastrophic claim.

5.8 People (cont'd)



Context for observations:

Training and development for new hires to SIP is based on standardized corporate training, with the notable exception that there is no standardized corporate training for OTs, as this role is specific to SIP. Additional in-house training and coaching is provided by managers on SIP related policies and practices, and peer mentors are assigned to new staff members. In-house training consists of SIP related policies and procedures related to their specific role.

With the exception of OTs, SIP staff (e.g., CMs, NCs, and HMCs) have been hired from within WSIB with prerequisite foundational knowledge, skills, and corporate training for their respective roles.

Staff participate in refresher training on a quarterly-basis and in-house information sessions are available to support continuous improvement. On an ad-hoc basis, external vendors and partners provide SIP staff with training and education on leading industry practices.

Observations on current state:

- While initial corporate training is structured and standardized, training and development opportunities for SIP specific practices are not standardized, and there is no cross-work stream training, causing discrepancies in staff's understanding of roles and responsibilities within SIP.
 - Multi-disciplinary teams have expressed that their training varies depending on their respective peer mentor and manager.
 - CMs, NCs, and OTs frequently provide coverage across work streams on which they have not been cross-trained (e.g., Long-term case team is providing coverage for Catastrophic case team). Multi-disciplinary teams report that when they are required to provide coverage for other work streams, they must familiarize themselves with work stream-specific practices, impacting on their ability to pro-actively manage their own claims and caseload, and which can result in delays in claim management.
 - There are no formal processes to support managers to stay self-informed on leading practices and therefore knowledge can vary across managers.
 - Managers will informally share information with other managers of the same work stream based on their individual research related to a specific claim.
- While corporate sponsored ongoing training and development opportunities are available to staff within SIP (e.g., WSIB Tuition Assistance Program), these opportunities are not easily accessible to staff in the absence of an integrated training program and there are no ongoing formal CoPs, leading to discrepancies in knowledge retention among staff.
 - Professional Practice Leads (PPLs) report that they regularly notify SIP management of external professional development opportunities for NCs and OTs. NCs and OTs, however, perceive that these, and other external opportunities, are challenging to access as they do not have dedicated education days and must take vacation days to attend sessions.
 - There is limited collaboration between the PPLs and SIP with opportunity for increased interaction (e.g., information sharing, case conferences).
 - There are quarterly forums available for NCs; however, there are no CoPs for NCs or OTs for information sharing of general case management or industry trends.

5.8 People (cont'd)



Leading practices:

- Optimization of staff based on their expertise to ensure staff are working to their 'full scope of practice,' including the delegation of administrative tasks and responsibilities to more appropriate roles for increased efficiency.
- Reduction in duplication of effort across staff (e.g., distinct roles and responsibilities) and incorporation of technology, where appropriate, to reduce effort and time spent on administrative and routine tasks.
- Appropriately skilled and trained staff with ongoing training and development opportunities CoPs to enable all staff to be up to date with leading industry practices.

Jurisdictional scan results supporting leading practices:

- Most of WSIB's Canadian peers included within the jurisdictional scan use variations of a shared services model (e.g., a pool of corporate resources and services accessible to all programs and workers based on need) for the support of seriously injured workers.
 - **WorkSafeBC** leverages a multi-disciplinary team model with the following roles:
 - **Case Manager (CM)** - First point of contact for all matters related to a claim. The CM determines a worker's benefits and does ongoing case management.
 - **Special Needs Officers** - Review a worker's needs for special allowances, equipment, appliances, and prosthetics.
 - **Team Assistants** - Answer calls and help arrange service delivery.
 - **Registered Nurse (RN)** - Depending on need, may be assigned to work with the Case Manager for clinical related needs.
 - **WorkSafeNB** does not use multi-disciplinary teams, but instead has a shared service model where CMs can access corporate resources, including occupational therapists, vocational counselors, and medical consultants as needed.
 - At **WCB Alberta**, initial entitlement is determined by customer service teams consisting of two to four adjudicators and case management. WCB Alberta uses a shared services model where claims are managed by CMs, case assistants, and a supervisor.

5.8 People (cont'd)



Jurisdictional scan results supporting leading practices (cont'd):

- In international jurisdictions, case management within the worker's compensation board is performed by Registered Nurses or Allied Health Professionals.
 - At **icare**, care coordinators that perform case management in the Worker's Care Program are all Allied Health professionals (e.g., OTs, PTs, and Speech Language Pathologists (SLPs)) and act as the liaison within the organization and with external service providers.
 - Hiring criteria include a requirement for knowledge of severe injury and disability.
 - At **Ohio's BWC**, case management within the Catastrophic Program is performed by RNs who are responsible for claims management, financial compensation, legal considerations, and for oversight of the work performed by Managed Care Organizations (MCO). For the initial claim review, RNs from the Catastrophic Program and from the MCO perform a case conference together to identify the needs of the injured worker and begin discharge planning. Each MCO has a Medical Director who is consulted, as needed, regarding care issues.
 - Examples of staff hiring qualifications are outlined below:
 - BWC Catastrophic Program RNs must be certified in case management and have a minimum of six months to a year of worker's compensation experience.
 - MCO RNs have a minimum of two years of experience in critical care nursing.
- Case management staff receive integrated corporate and program/function specific training.
 - There is no dedicated training for the Case Management Team at **SUVA**. Examples of training opportunities for the individual CM are listed below:
 - At **SUVA**, there is a wide range of internal training and development opportunities, some of which involve external partners and providers. Specific training and further education are offered for claims management.
 - Externally, there are special courses for claims management, case manager training, and further training on specific topics (e.g., consulting and coaching).
 - At **icare**, case managers are required to complete eLearning modules to ensure a worker-centric approach through an online learning management system. Case managers receive in-person training to understand icare specific practices and claims management.

5.8 People (cont'd)



Jurisdictional scan results supporting leading practices (cont'd):

- Training in mental health and crisis counselling is a growing field of training and development in RTW and recovery.
 - At **WorkplaceNL**, all case managers receive training in suicide intervention (e.g., Applied Suicide Intervention Skills Training (ASIST)), mental health training (e.g., Mental Health First Aid, the Working Mind, and Changing Minds), and workplace violence prevention. Additionally, WorkplaceNL has multiple wellness initiatives, such as mental health sessions for all staff.
 - **WCB Nunavut** offers Mental Health First Aid and is currently considering Suicide Intervention Training for staff.
- Worker compensation boards take on a leadership role in the ongoing professional development of their staff and external service providers.
 - At **icare**, there are ongoing opportunities for staff professional development through “Lifetime Learning” which combines online resources and workshops for staff.
 - Examples of past workshops include: FIM refresher training, case management for the Workers Care Program, and goal setting training for rehabilitation.
 - There are additional formal supports for staff to leverage internally, including the Practice Area Advisory role which case management teams can draw on for support related to professional practice, as well as the Innovation and Excellence Team, which can provide support for injured workers who require specialty needs.
 - **Ohio’s BWC** staff have access to a range of learning opportunities, including webinars and live presentations on catastrophic injury case management.
 - As an organization, the **Ohio’s BWC** also hosts an annual two day multi-disciplinary education symposium, the Ohio BWC Medical & Health Symposium, which is free of charge to all providers in Ohio.
 - Attendees of the Ohio BWC Medical & Health Symposium are eligible to receive up to 12 continuing education credit for these professions:
 - Certified Case Manager;
 - Certified Disability Management Specialist;
 - Continuing Legal Education;
 - Continuing Medication Education;
 - Certified Rehabilitation Counselor;
 - Chiropractor;
 - Occupational Therapist;
 - Physiotherapist;
 - Psychology; and
 - Registered Nurse.

5.8 People (cont'd)



Overview of recommendations per observation:

1. Explore opportunities to delegate appropriate tasks (e.g., less specialized tasks that do not require specialized clinical knowledge) to more appropriate roles to allow greater focus for the case management team on driving positive injured worker outcomes. As needed, engage key stakeholders (e.g., WSIB staff) as part of consultation.
2. Explore opportunities and technology (e.g., Robotics Process Automation) to automate routine and repetitive tasks, where appropriate. Refer to detailed recommendations in theme 5.7 Technology for further details.
3. Pending the review of roles and responsibilities, as well as implementation of measures for the oversight, training, and evaluation of external service providers, explore opportunities to review and refresh the composition of the multi-disciplinary case management team. As needed, engage key stakeholders (e.g., WSIB staff) as part of consultation. Refer to recommendations in theme 5.9 External service provider network for further detail.
4. Consider further integration of specific skills and capabilities based on trends related to the needs of injured workers (e.g., crisis intervention, patient navigation, and mental health). As needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) in consultation.
5. Proactively hire based on workforce needs with a focus on specialized skillsets for succession planning.
6. Upon reviewing roles and responsibilities for SIP and ensuring the appropriate mix and skillset of staff, develop a cross work stream blended learning approach which includes SIP training, corporate skills development, and ongoing professional development opportunities.
7. Provide ongoing learning opportunities through forums and CoPs for case management teams to stay up to date with current industry knowledge and entitlement decisions.

5.8 People (cont'd)



Management's response

The WSIB agrees with the recommendation.

The WSIB will:

- Establish a process to review and identify current gaps and anticipate future needs for roles and skills required to support the benefits and services delivered in the SIP. (5.8-1, 5.8-3, 5.8-4, and 5.8-5)
- Re-examine the roles and responsibilities to improve recovery, RTW and Quality of Life outcomes to support the new service model. (5.8-1, 5.8-3, 5.8-4, and 5.8-5)
- Continue to identify administrative tasks with the goal of reducing burden (e.g., through automation). Refer to management responses to theme 5.7 Technology. (5.8-2)
- Assess, design and develop a continuous learning solution, including partnerships to support professional development to address the capability gaps within the Serious Injury Program. (5.8-6 and 5.8-7)

Implementation date: Q2 2020 – Q4 2021

Primary responsible party: VP Complex Claims

Secondary responsible parties: VP Human Resources and VP Customer Experience & Service Excellence

5.9 External service provider network



Significant improvements required

Context for current state:

SIP has contracts in place with external vendors for Home Modification services, Vehicle Modification services, Elevating & Lifting Device services, Independent Living Assessment services, and Driver Rehabilitation services. There are currently no contracts for the management of Home Care services. There are Service Level Agreements (SLAs) in place with each external vendor outlining service level requirements and the appropriate performance measurements. There is no direct alignment between SLA performance measurements and WSIB's corporate objectives. External service provider costs for the SIP are noted in the table in Figure 9 below.

Figure 9: External service provider costs

| Service provider type | Number of service providers | Total contract cost | Possible contract year term | Average yearly contract cost |
|--|-----------------------------|---------------------|-----------------------------|------------------------------|
| Home Modification Services | 1 | \$56,000,000 | 5 | \$11,200,000 |
| Vehicle Modification Services | 1 | \$6,875,000 | 5 | \$1,375,000 |
| Elevating & Lifting Device Services | 1 | \$5,600,000 | 7 | \$800,000 |
| Independent Living Assessment Services | 3 | \$5,000,000 | 5 | \$1,000,000 |
| Driver Rehabilitation Services | 3 | \$1,500,000 | 5 | \$300,000 |
| Total | 11 | \$74,975,000 | n/a | \$14,675,000 |

Historically, across the Operations Cluster, the RTW, Complex Claims, and Health Services Divisions have collectively managed contracts specific to their areas. As of April 2019, WSIB's Chief Operating Officer announced that Operations Provider contracts will be centralized under the Health Services Division.

Source: Serious Injury Services Contract Summary

Note 1: Contract costs per year were calculated based on contract durations that were estimated by WSIB.

5.9 External service provider network (cont'd)



Observations on current state:

- There is inconsistent monitoring and evaluation of service delivery and outcomes expected of external providers.
 - While SLAs are in place, WSIB is not proactively monitoring delivery of service expectations from vendors.
 - For example, it is reported that SIP will be notified of delays in the delivery of equipment and supplies by injured workers. There is no formal reporting process that requires external service providers to provide updates on the progress or fulfillment of their contractual obligations.
 - External vendors must submit recommendations for approval by SIP, if above the pre-approval threshold; however, within WSIB there is no formal process to assess whether the vendor's recommendations are aligned with leading industry practices.
 - Multi-disciplinary teams and HMCs within SIP are involved in reviewing recommendations of other professionals, but do not have sufficient training on leading industry practices, sufficient information, and/or capacity to provide the degree of monitoring needed. SIP staff rely on external service providers to ensure the recommendations they provide are aligned to leading industry practices.
 - For example, HMCs report that additional training on municipal zoning policies and construction leading practices would help them assess the appropriateness of home modification and construction recommendations.
- Although the average service provider contract length is 5.8 years (range from 5-7 years), contracts and their conditions are not updated throughout the life of the contract or evaluated for quality of the services provided.
 - Individual contract costs and conditions, including expectations and processes, are not reviewed or updated to reflect changing service delivery standards and costs.
 - For example, external vendors report that the SIP's approval thresholds (e.g., wheelchair and scooter products) are not reviewed and updated to account for inflation and changes in service delivery practice. As a result of requiring additional pre-approvals for amounts over the threshold, there can be delays in service delivery for injured workers.
 - External vendors consistently report that there are opportunities to update agreed upon templates and guidelines within the pre-defined contracts to reflect updates in practice and advances in technology (e.g., substituting references to 'fax' with 'electronic submissions').
 - Within WSIB, there is no formal process to review and assess the quality of services provided by external service providers for quality improvement and to ensure the needs of injured workers are being met.

5.9 External service provider network (cont'd)



Observations on current state (cont'd):

- External service providers, specifically external OTs, home modification vendors, and construction vendors, receive insufficient initial and ongoing training on WSIB's policies, processes, and procedures, which can potentially result in duplicative work and/or a misalignment between an injured worker's need and the services they receive.
 - Both SIP staff and external vendors acknowledge the gap in ongoing training on WSIB's policies and procedures for new and existing vendor staff.
 - For example, though it is not in their role description, in practice, internal OTs frequently seek clarification on the assessments performed by external OTs to ensure the alignment of assessments with WSIB policies and to support subsequent decision-making for ILAs and PCAs.

5.9 External service provider network (cont'd)



Leading practices:

- Consolidation of contract management to a dedicated business unit that can achieve economies of scale while leveraging specialized contract management staff.
- Ensure contracts with external service providers clearly define service delivery expectations including adherence to corporate policies, processes and procedures.
- Initial and ongoing training for external service providers on corporate policies, processes, and procedures for improved service delivery.
- Formal monitoring and evaluation mechanisms (e.g., right to audit) of external service providers to review performance against defined contractual obligations, as well as to ensure the needs of end users (i.e., injured workers) are being met.

Jurisdictional scan results supporting leading practices:

- Worker compensation boards establish defined standards for external service providers and perform regular oversight and training to ensure standards are met.
 - **icare** manages and coordinates healthcare and services which are outsourced to third party providers. External service providers must meet specific standards and conditions defined by icare and form a panel. Panel providers are held accountable to professional standards and competencies of their respective regulatory colleges, are provided training by icare, and must abide by the policies and procedures set out by icare.
 - At **Ohio's BWC**, the relationship and contracts with MCOs is managed by the Managed Care Business Unit. Contract terms are re-visited and refreshed every three years, though the contract negotiation process generally spans one year.
 - Ohio BWC is responsible for working with the MCOs to develop policies and procedures that are standardized across the 12 contracted MCOs. A current initiative underway between MCOs and the BWC is to develop guidelines and criteria for the time period MCOs are required to actively manage injured workers.

5.9 External service provider network (cont'd)



Jurisdictional scan results supporting leading practices (cont'd):

- External service providers are evaluated on measurable performance indicators that assess both the quality and timeliness of their programs and services.
- **Ohio BWC** created the MCO Report Card to make it easy to evaluate every MCO's performance. It measures key elements that lead to medical management quality, safe return-to-work strategies, and service timeliness. Indicators include:
 - **Days absent** - Measures the outcome of an MCO's return-to-work services.
 - **Recent medical costs** - When MCOs assess medical service requests and conduct utilization reviews (e.g., to determine if a treatment is medically necessary) during a claim, the BWC measures their effectiveness and efficiency at managing those costs.
 - **First Report of Injury (FROI) notification** - This measures how long it takes the BWC to receive the FROI. It starts from the date of injury to when the claim is filed with BWC. The sooner a claim is filed, the sooner an injured worker can receive medical treatment and benefits, and a quick and safe RTW.
 - **FROI turnaround** - FROI turnaround measures an MCO's efficiency in submitting claims to BWC.
 - **Provider bill timing** - When provider medical bills are paid efficiently and on time, injured workers have more positive outcomes and quality providers are encouraged to participate in the workers' compensation system.
 - **Provider bill accuracy** - Accurate medical billing reduces negative effects on injured workers, encourages quality providers to engage in the workers' compensation system, and ensures payment is made only for those services that have been authorized.
 - **MCO penalties** - In some circumstances, BWC may impose a penalty against an MCO based on the MCO's failure to meet performance expectations or violations of contractual terms. BWC can impose three primary penalties:
 - Capacity - BWC prohibits the MCO from soliciting or accepting new employers until such time as the MCO's performance meets contractual requirements.
 - Set-off - A financial penalty imposed based on the MCO's failure to meet performance expectations over a period or for violations of the MCO's contractual terms.
 - Withhold - A deduction from an MCO's payment to force the MCO to comply with a contractual term. The deduction may be returned once the MCO complies.
 - **Employer satisfaction survey** - BWC surveyed employers that had at least one lost-time claim and asked they rate their assigned MCO on a scale of 0 to 5 (e.g., with 5 being the best) in areas such as timeliness in responding to inquiries, helpfulness in reporting claims and submitting medical bills to BWC, offering return to-work services, and professionalism in handling claims.

5.9 External service provider network (cont'd)



Overview of recommendations per observation:

1. Continue to work with the Health Services Division as external vendor management is transitioned from SIP.
2. Re-examine external vendor contracts to assess the appropriateness of services provided with the needs of injured workers.
3. Re-examine external vendor contracts and their conditions to reflect changes in service delivery standards, costs, and technological advancements (e.g., approval thresholds, guidelines, and review processes).
4. Refresh the training and educational curriculum for SIP's external service provider network (e.g., external OTs, home modification vendors, and construction vendors) to ensure any changes to standards, policies, processes, and procedures are reflected and to include regular refreshers throughout the life of the contract.
5. Explore opportunities for proactive monitoring and follow-up with external vendors to ensure the delivery of services and needs of injured workers are met.

Management's response

The WSIB agrees with the recommendation.

The WSIB will:

- Continue to work on the centralization of the management of external contracted health care service providers in the Health Services Division. (5.9-1)
- Assess and identify services that are appropriate for improvements in optimizing efficiencies and effectiveness and ensure that all contracts include service level agreements (SLAs) (e.g. timeframes and flexibility for technological changes that arise). (5.9-2 and 5.9-3)
- Will build quality improvement and training into future contracts. (5.9-4)
- Will develop a process for SLA reporting at appropriate intervals. (5.9-5)

Implementation date: Q3 2020 – Q4 2021

Primary responsible party: VP Complex Claims

Secondary responsible party: VP Health Services

6. Appendices

Appendix A

Mapping of themes and recommendations to review criteria attributes

WSIB Value for money review – Serious Injury Program

Appendix A - Mapping of themes and recommendations to review criteria attributes

Review criteria and attributes

VFM review conclusion guiding principle

The scope of the review focused on the cost, efficiency, and effectiveness of the SIP, and the specialized roles within the program. The table below defines the review criteria and the criteria attributes which were validated and confirmed by WSIB. Refer to the following pages for a mapping of themes and recommendations to key review criteria attributes.

| Review criteria | Statutory definition | Key review criteria attributes |
|------------------|--|--|
| Systems | The adequacy of management systems (including performance standards and measurement), controls and practices, including those intended to control and safeguard assets, and to ensure due regard to cost, efficiency, and effectiveness. | <ul style="list-style-type: none"> Organizational structure for SIP supports program objectives and service delivery. Program related roles, responsibilities, accountabilities, and performance expectations are defined, understood, and consistently executed. Program related risks and issues are identified, effectively communicated, and addressed in a timely fashion in accordance with established escalation and resolution policies, procedures, and processes. Policies, procedures, and processes are documented; aligned with program objectives, service delivery standards (internal and external, where applicable) and WSIA; enable consistency in decision-making (e.g., acceptable criteria/thresholds); and are effectively communicated and utilized. Information is accessible and timely (e.g., via technology systems and reports) to support decision-making (e.g., case management) and service provision (e.g., for specialized treatment, equipment, and other services). |
| Resources | The extent to which resources have been managed in conducting relevant activities with due regard to cost, efficiency, and effectiveness. | <ul style="list-style-type: none"> Resources (e.g., NC, CM, OT, and HMC) with the appropriate skillset, complement, and management are available to meet program objectives. Expenses management processes are in place and executed to support appropriate forecasting and expenditure trends, reporting, review, and analysis. Expense management processes align with program objectives and enable cost efficiency (e.g., expenses by work stream and vendor contract management, where appropriate). Communication processes are in place and executed within SIP and between SIP, its external vendors, and its injured workers in an effective and timely manner. Adequate training and development processes are in place and executed to enable effective and ongoing performance management processes, succession planning, and knowledge retention of SIP resources. |
| Outcomes | The extent to which programs, operations or activities of an entity have been effective. | <ul style="list-style-type: none"> Program objectives and expected outcome(s) are clearly defined and align with WSIA and the Operations Cluster’s strategic objectives and there are measures in place that demonstrate satisfactory progress towards program objectives. Where known and applicable, services provided align with known leading practices to deliver on program objectives (e.g., through comparison with other jurisdictions). Entitlement decisions are consistent, fair, cost-effective, timely, and align with program objectives to achieve expected outcomes for the program and injured workers. Evaluation processes are in place to facilitate improvement in the level, costs, and quality of service provided, which includes reviewing relevant and accurate data to inform program and policy decisions. |

WSIB Value for money review – Serious Injury Program

Appendix A – Mapping of observations to review criteria attributes

| Review criteria | Key review criteria attributes | Theme and recommendation |
|--|---|--|
| Systems The adequacy of management systems (including performance standards and measurement), controls and practices, including those intended to control and safeguard assets, and to ensure due regard to cost, efficiency, and effectiveness. | Organizational structure for SIP supports program objectives and service delivery. Program related roles, responsibilities, accountabilities, and performance expectations are defined, understood, and consistently executed | 5.1 Strategy and objectives <ul style="list-style-type: none"> Explore opportunities to further develop recovery and quality of life objectives for SIP that align with broader WSIB objectives. Given the Core Services Modernization (CSM), review the need for the continued existence of a standalone SIP and explore alternative service delivery models. 5.8 People <ul style="list-style-type: none"> Review the responsibilities of each role within the multi-disciplinary team to optimize scope of practice, to improve efficiency, and address gaps in specialized services to optimize services provided to workers. |
| | Program related risks and issues are identified, effectively communicated, and addressed in a timely fashion in accordance with established escalation and resolution policies, procedures, and processes | 5.5 Policies, processes and procedures <ul style="list-style-type: none"> Review and refresh benefits related eligibility criteria and services provided for the suite of benefits policies (e.g., PCA, Home and Vehicle Modifications) to ensure that they meet the needs of workers across the spectrum of service delivery, including for seriously injured workers. Proactively reassess injured workers at specific intervals to ensure that their needs are being met relative to the services and benefits delivered to them. Review and enhance practice guidelines to strengthen consistency in decision-making, accountability, and delivery of services. |

WSIB Value for money review – Serious Injury Program

Appendix A – Mapping of observations to review criteria attributes (cont'd)

| Review criteria | Key review criteria attributes | Theme and recommendation |
|--|--|---|
| <p>Systems (cont'd)</p> <p>The adequacy of management systems (including performance standards and measurement), controls and practices, including those intended to control and safeguard assets, and to ensure due regard to cost, efficiency, and effectiveness.</p> | <p>Policies, procedures, and processes are documented; aligned with program objectives, service delivery standards (internal and external, where applicable) and WSIA; enable consistency in decision-making (e.g., acceptable criteria/thresholds); and are effectively communicated and utilized</p> | <p>5.2 Definition and eligibility criteria</p> <ul style="list-style-type: none"> • In consultation with key stakeholders (e.g., workers, employers, and WSIB staff), review and refresh SIP eligibility criteria to ensure closer alignment with stated definitions and current assessment tools, and improve access and strengthen alignment between the needs of injured workers and services delivered to them. Develop a formal process to regularly review and, if required, refresh eligibility criteria. • With the review and refresh of policies, processes and procedures, consider claim segmentation to align and tailor services and benefits with the needs of seriously injured workers. Refer to theme 5.5 Policies, processes, and procedures for additional detail. • Develop a formal process to periodically reassess needs relative to services and benefits received over the life of the injured worker. • Re-examine SIP's four work streams (e.g., Acute, Catastrophic, Long-Term, and SIP Pre-1990) to ensure alignment with refreshed eligibility criteria and consistency with the broader portfolio of WSIB services/programs. <p>5.5 Policies, processes and procedures</p> <ul style="list-style-type: none"> • Review and refresh benefits related eligibility criteria and services provided for the suite of benefits policies (e.g., PCA, Home and Vehicle Modifications) to ensure that they meet the needs of workers across the spectrum of service delivery, including for seriously injured workers. As needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) as part of consultation. • Proactively reassess injured workers at specific intervals to ensure that their needs are being met relative to the services and benefits delivered to them. • Review and enhance practice guidelines to strengthen consistency in decision-making, accountability, and delivery of services. |
| | <p>Information is accessible and timely (e.g., via technology systems, reports) to support decision-making (e.g., case management) and service provision (e.g., for specialized treatment, equipment, other services)</p> | <p>5.6 Data analytics</p> <ul style="list-style-type: none"> • Collaborate with the Corporate Business Information & Analytics Strategy (CBIA) Division to develop a robust strategy to collect quality data based on revised performance measures and improve access to reporting and trend analysis to inform decision-making and quality assurance • Collaborate with CBIA to improve capabilities related to predictive modelling to support proactive planning. <p>5.7 Technology</p> <ul style="list-style-type: none"> • Accelerate the use of technology (e.g., video conferencing and common interface for workers/employers/external service providers) to support service delivery and to facilitate timely communication, information sharing, and decision-making with injured workers and their families, employers, and external service providers to expedite service delivery to injured workers. |

WSIB Value for money review – Serious Injury Program

Appendix A – Mapping of observations to review criteria attributes (cont'd)

| Review criteria | Key review criteria attributes | Theme and recommendation |
|--|--|---|
| Resources The extent to which resources have been managed in conducting relevant activities with due regard to cost, efficiency and effectiveness. | Resources (e.g., nurse consultants, case managers, occupational therapists, home modification consultants) with the appropriate skillset, complement, and management are available to meet program objectives | 5.8 People <ul style="list-style-type: none"> Pending the review of roles and responsibilities, as well as implementation of measures for the oversight, training, and evaluation of external service providers, explore opportunities to review and refresh composition of the multi-disciplinary case management team. |
| | Expenses management processes are in place and executed to support appropriate forecasting and expenditure trends, reporting, review, and analysis. Expense management processes align with program objectives and enable cost efficiency (e.g., expenses by work stream; vendor contract management, where appropriate) | 5.3 Financial management <ul style="list-style-type: none"> Develop a consolidated view of all financial spend within SIP including healthcare and drug costs, operating costs, and external service providers. Re-examine financial management practices and tools and develop capabilities to enhance the use of predictive analytics to enable ongoing proactive financial management. Update the financial approval authority limits for all benefit types to reflect changes in inflation rates to reduce inefficiencies resulting from seeking additional approvals. |
| | Communication processes are in place and executed within SIP and between SIP, its external vendors, and its workers in an effective and timely manner | 5.7 Technology <ul style="list-style-type: none"> Accelerate the use of technology (e.g., video conferencing and common interface for workers/employers/external service providers) to support service delivery and to facilitate timely communication, information sharing, and decision-making with injured workers and their families, employers, and external service providers to expedite service delivery to injured workers. |
| | Adequate training and development processes are in place and executed to enable effective and ongoing performance management processes, succession planning, and knowledge retention of SIP resources | 5.8 People <ul style="list-style-type: none"> Develop a cross-work stream blended learning approach (e.g., formal learning, informal learning, and on-the-job learning) which includes SIP training, corporate skills development, and ongoing professional development opportunities (e.g., forums and a CoP for case management teams to stay up to date with current industry trends). |

WSIB Value for money review – Serious Injury Program

Appendix A – Mapping of observations to review criteria attributes (cont'd)

| Review criteria | Key review criteria attributes | Theme and recommendation |
|--|---|--|
| <p>Outcomes</p> <p>The extent to which programs, operations or activities of an entity have been effective.</p> | <p>Program objectives and expected outcome(s) are clearly defined and align with WSIA and the Operations Cluster’s strategic objectives and there are measures in place that demonstrate satisfactory progress towards program objectives</p> | <p>5.1 Strategy and objectives</p> <ul style="list-style-type: none"> • Explore opportunities to further develop recovery and quality of life objectives for SIP that align with broader WSIB objectives. • Given the Core Services Modernization (CSM), review the need for the continued existence of a standalone SIP and explore alternative service delivery models. • Formalize mechanisms (e.g., joint portal) for proactive information sharing and collaborative initiatives with the Ministry of Labour (MoL), employers, and other partners (e.g., health and safety associations) on injury related trends and associated prevention strategies to reduce serious injuries in the Province. <p>5.4 Performance measures</p> <ul style="list-style-type: none"> • Develop SIP-specific outcome measures that align with broader corporate measures, Operations Cluster measures, and refreshed SIP program objectives. SIP-specific outcome measures should emphasize recovery and quality of life to improve SIP’s ability to assess program performance and to drive recovery outcomes. Develop processes to support the collection, aggregation and reporting on these measures on a regular basis. • Reintroduce client satisfaction surveys to measure communication, service quality, and quality of life of injured workers to identify and address any issues. |
| | <p>Where known and applicable, services provided align with known leading practices to deliver on program objectives (e.g., through comparison with other jurisdictions)</p> | <p>Refer to all themes and related recommendations</p> |

WSIB Value for money review – Serious Injury Program

Appendix A – Mapping of observations to review criteria attributes (cont'd)

| Review criteria | Key review criteria attributes | Theme and recommendation |
|---|--|---|
| <p>Outcomes (cont'd)</p> <p>The extent to which programs, operations or activities of an entity have been effective.</p> | <p>Entitlement decisions are consistent, fair, cost-effective, timely, and align with program objectives to achieve expected outcomes for the program and workers</p> | <p>5.2 Definition and eligibility criteria</p> <ul style="list-style-type: none"> Review and refresh SIP eligibility criteria to ensure closer alignment with stated definitions and current assessment tools, and improve access and strengthen alignment between the needs of injured workers and services delivered to them. Develop a formal process to regularly review and, if required, refresh eligibility criteria. As needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) as part of consultation. With the review and refresh of policies, processes and procedures, consider claim segmentation to align and tailor services and benefits with the needs of seriously injured workers. Develop a formal process to periodically reassess needs relative to services and benefits received over the life of the injured worker. <p>5.5 Policies, processes and procedures</p> <ul style="list-style-type: none"> Review and refresh benefits related eligibility criteria and services provided for the suite of benefits policies (e.g., PCA, Home and Vehicle Modifications) to ensure that they meet the needs of workers across the spectrum of service delivery, including for seriously injured workers. Review and enhance practice guidelines to strengthen consistency in decision-making, accountability, and delivery of services. As needed, engage key stakeholders (e.g., WSIB staff) as part of consultation. |
| | <p>Evaluation processes are in place to facilitate improvement in the level, costs and quality of service provided, which includes reviewing relevant and accurate data to inform program and policy decisions</p> | <p>5.3 Financial management</p> <ul style="list-style-type: none"> Develop a consolidated view of all financial spend within SIP including healthcare and drug costs, operating costs, and external service providers. Re-examine financial management practices and tools and develop capabilities to enhance the use of predictive analytics to enable ongoing proactive financial management. Update the financial approval authority limits for all benefit types to reflect changes in inflation rates to reduce inefficiencies resulting from seeking additional approvals. <p>5.4 Performance measures</p> <ul style="list-style-type: none"> Develop SIP-specific outcome measures that align with broader corporate measures, Operations Cluster measures, and refreshed SIP program objectives. SIP-specific outcome measures should emphasize recovery and quality of life to improve SIP's ability to assess program performance and to drive recovery outcomes. Develop processes to support the collection, aggregation and reporting on these measures on a regular basis. Reintroduce client satisfaction surveys to measure communication, service quality, and quality of life of injured workers to identify and address any issues. As needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) as part of consultation. |

Appendix B

Detailed Recommendations

WSIB Value for money review – Serious Injury Program

Appendix B – Detailed recommendations

5.1 Strategy and objectives

1. Explore opportunities to develop a SIP-specific measure that incorporates quality of life and aligns with corporate-level measures of RTW and recovery.
 - a. Refer to theme 5.4 Performance measures for additional details.
2. Consider advancing program objectives through the introduction of guiding principles. Some examples for consideration include:
 - i. **Client-centricity:** Seek to understand workers' needs and goals, and measure performance based on end-to-end worker needs; from decision-making to equipment supply turnaround times.
 - ii. **Psychosocial interventions:** Ensure workers' psychosocial needs are not forgotten across the workers' journey and are included in care planning.
 - iii. **Network approach:** Facilitate connections of ecosystems (e.g., WSIB, injured workers and their families, external service providers, and hospitals).
3. Given the Core Services Modernization (CSM), review the need for the continued existence of a standalone SIP and explore alternative service delivery models.
 - a. Consider alternative service delivery models such as the integration of SIP claims and administration processes with other similar existing work streams for injured workers while continuing to provide the specialized care needed for seriously injured workers.
4. Expand opportunities for SIP, and WSIB more broadly, to proactively collaborate with the MoL to address common challenges of prevention of serious injuries in the Province through formalized mechanisms of information sharing (e.g., a joint portal) and collaborative initiatives.

WSIB Value for money review – Serious Injury Program

Appendix B – Detailed recommendations (cont'd)

5.2 Definition and eligibility criteria

1. In consultation with key stakeholders (e.g., workers, employers, and WSIB staff), review and refresh eligibility criteria to better align with the objectives of the SIP including revisiting the criteria and definitions for the SIP. Factors to consider in refreshing eligibility criteria could include:
 - i. Timeliness of critical injury in relation to the effect of the injury on the injured worker (e.g., singular critical injury event and immediate effect on worker versus an effect on the worker that evolved over time);
 - ii. Eligible medical diagnoses;
 - iii. Degree of Permanent Impairment and considerations for quality of life and/or Personal Wellness Index, caregiver support, and socioeconomic status; and
 - iv. Level of causation (e.g., direct causation versus secondary symptoms related to injury).
2. Refine current segmentation of claims to better tailor services and benefits to the assessed needs of seriously injured workers.
 - a. Analyze historical claims to better understand how services are being used and by whom. Some examples of segmentation could include by:
 - i. Type of injury/medical diagnoses (e.g., hemiplegia, fracture, and acquired brain injury); or
 - ii. Worker characteristics/risk factors (e.g., English as a Second Language); or
 - iii. NEL ratings (e.g., <60%, 60-70%, 70-80%); or
 - iv. Single injury versus aggregate injuries.
 - b. Perform comprehensive analysis of historical financial spend by claim type to gain insight into how benefits and services are being used and by whom.
 - c. Based on historical trends and industry leading practices, develop a tiered system for the allocation of benefits and services.
 - i. For example, injured workers with the most severe injuries and/or highest level of functional impairment receive the most comprehensive benefits and services to meet their needs. Those injured workers who have less impairment and/or a lower level of functional impairment receive only those benefits and services needed instead of the full complement of services offered by the SIP.
 - d. Explore opportunities to apply an urgency rating to recognize the complexity of a case and inform prioritization.

WSIB Value for money review – Serious Injury Program

Appendix B – Detailed recommendations (cont'd)

5.2 Definition and eligibility criteria (cont'd)

3. Ensure ongoing Quality Assurance checks are in place to monitor consistency in decision-making around program eligibility. Quality assurance checks to be performed on a representative sample of claims on a periodic basis.
4. Re-examine SIP's work streams (e.g., Acute, Catastrophic, Long-Term, and Pre-1990) to ensure alignment with refreshed eligibility criteria and consistency with the broader portfolio of WSIB services/programs.

WSIB Value for money review – Serious Injury Program

Appendix B – Detailed recommendations (cont'd)

5.3 Financial Management

1. Develop a plan to improve accessibility and visibility into an integrated view of SIP financial data for ongoing proactive financial management.
 - a. Re-examine coding practices to de-aggregate SIP and MSIP spend data for improved visibility over SIP-specific operating costs; centralize reporting of total SIP spend (e.g., operating costs, drug and healthcare spend, and external vendor costs);
 - b. Ensure visibility on expenditure trends by spend category, by work stream, and by claim segmentation (e.g., to align with future claim segmentation for eligibility criteria as noted in section 5.2 Definition and eligibility criteria); and,
 - c. Align on internal and/or industry-based comparators against which the SIP will monitor its expenditure trends both with respect to operational spend and benefit expenditure spend to support improved proactive forecasting and resource allocation.
2. Update the financial approval authority limits for all benefit types to reflect changes in inflation rates to reduce inefficiencies resulting from seeking additional approvals.

WSIB Value for money review – Serious Injury Program

Appendix B – Detailed recommendations (cont'd)

5.4 Performance Measures

1. Develop a program-level measure that aligns with broader corporate and Operations Cluster measures, while addressing recovery and quality of life of injured workers.
 - a. Consider program-level reporting of WHOQoL criteria (e.g., standard of living, health, life achievements, personal relationships, personal safety, community-connectedness, future security, and spirituality-religion);
 - i. This recommendation would impact on worker-specific goal setting and reporting (e.g., personalized plan for injured workers based on their specific goals for recovery and quality of life, goals for recovery, and quality of life aligned with WHOQoL criteria noted above);
 - b. Align on internal and/or industry-based comparators against which the SIP will monitor its performance monitoring to support improved performance and outcomes; and,
 - c. Ensure new measures are captured in data collection. Refer to theme 5.6 Data analytics for additional details.
2. Reintroduce client satisfaction surveys to ensure the needs of injured workers are met by the services and benefits provided by SIP. As needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) as part of consultation.
 - a. Redesign a client satisfaction survey to measure components of injured workers' experience (e.g., quality and impact of services, information sharing with case management team, timeliness of decision-making, and overall satisfaction);
 - b. Regularly analyze and monitor client survey results, including perspectives of the injured workers as well as family members and/or caregivers; and,
 - c. Develop consistent mechanisms to integrate feedback from surveys into ongoing initiatives to improve SIP performance.

WSIB Value for money review – Serious Injury Program

Appendix B – Detailed recommendations (cont'd)

5.5 Policies, processes, and procedures

1. Collaborate with the WSIB Operational Policy Branch to enable the review and refresh of policies to improve current challenges and further support decision-making and services. Activities may include:
 - a. Refreshing policies (e.g., PCA, Home and Vehicle Modifications), including policy criteria and services provided, to reflect changes in service delivery (e.g., workers injured at a young age who may relocate and require a second home modification). As needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) as part of consultation; and
 - b. Establishing policy review schedules.
2. Develop a formal process to periodically reassess needs relative to services and benefits received over the life of the injured worker. Refer to theme 5.2 Definition and eligibility criteria for further details.
3. Review and enhance practice guidelines to improve the case management process, consistency in decision-making, and reduce the risk of inequity of access to services and benefits for injured workers. As needed, engage key stakeholders (e.g., WSIB staff) as part of consultation.
 - a. Collaborate with the multi-disciplinary team and PPLs to establish a consistent level of documentation to inform day-to-day job decisions and provide clarity in the review of challenging cases and application of policies; and,
 - b. Engage with WSIB Quality Assurance services through the Quality Assurance & Advisory Branch to support ongoing consistency of decisions in alignment with policies and expectations for fair and equitable allocation of services and benefits across claims.

WSIB Value for money review – Serious Injury Program

Appendix B – Detailed recommendations (cont'd)

5.6 Data Analytics

1. Collaborate with CBIA to develop a robust strategy to collect quality data based on revised performance and improve access to data for trend analysis, predictive modelling, and reporting. Key considerations relevant to SIP include:
 - i. Streamline current manual processes through process improvement and centralize data sources through a common data repository;
 - ii. Ensure interoperability of all data sources and tools used to inform SIP decisions;
 - iii. Establish accurate and consistent coding of SIP-specific data sets and sources to improve the accessibility of data for subsequent decision-making;
 - iv. Improve capabilities to segment claims to identify and plan around sub-populations within SIP;
 - v. Collect data including program specific metrics as defined in theme 5.4 Performance measurement;
 - vi. Collect data including robust measures on cost-effectiveness and quality of services and benefits delivered to SIP's injured workers;
 - vii. Develop capabilities for proactive data management (e.g., predictive modelling) to support proactive planning;
 - viii. Develop a comprehensive SIP dashboard to enable real-time and proactive, insights-driven reporting and decision-making across management levels;
 - ix. Include research, analyses, and industry benchmarking relevant to serious injury/severe impairment within the centralized repository to support evidence-informed decisions; and
 - x. Ensure data reporting tools, including SIP dashboard, inform decision-making and facilitate timely and comprehensive quality assurance checks;
2. Ensure corporate data governance addresses SIP-specific needs, including improvement in data quality and integrity for successful implementation.

WSIB Value for money review – Serious Injury Program

Appendix B – Detailed recommendations (cont'd)

5.7 Technology

1. Explore alternative technology options to drive efficiencies in day-to-day tasks and responsibilities and as needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) as part of consultation. For example:
 - a. Consider integrating video-conferencing technologies (e.g., partnership with the Ontario Telemedicine Network (OTN) and other remote tele/video-conference options) for follow-up meetings with injured workers and families to limit the amount of time spent by multi-disciplinary teams traveling, while maintaining close contact with injured workers, particularly those in remote areas.
 - b. Explore strategies to reduce manual processes and optimize staff scope of skillsets through technology capabilities, such as Robotic Process Automation (RPA) to automate routine and repetitive tasks, where appropriate.
 - c. Leverage and enhance existing initiatives and communication tools to support a more integrated, user-friendly, digital experience for SIP stakeholders (e.g., to share information on the status of a worker's claim, share documents and information, request information), including: employers, workers, external service providers, and internal staff (e.g., CMs, RTWs, WTSs, and NCs).
2. Continue to establish appropriate guidelines and review processes to ensure external service providers are implementing technology enabled care for injured workers. Refer to recommendations under theme 5.9 External service providers for additional details.

WSIB Value for money review – Serious Injury Program

Appendix B – Detailed recommendations (cont'd)

5.8 People

1. Explore opportunities to delegate appropriate tasks (e.g., less specialized tasks that do not require specialized clinical knowledge) to more appropriate roles to allow greater focus for the case management team on driving positive injured worker outcomes. As needed, engage key stakeholders (e.g., WSIB staff) as part of consultation.
 - a. In alignment with broader health industry trends to promote delegation of authority with oversight, consider predictable functions (e.g., medication review and functional assessment) that align with the scope of practice for a NC and OT to optimize existing specialized clinical resources. By delegating administrative tasks to other job functions, NCs and OTs can prioritize tasks directly related to their scope of practice.
 - b. Once the Service Division articulates future role changes and expectations, based on the previous recommendations, explore the categories of responsibilities that align with these functions to determine other roles to better complement the team.
 - c. WSIB should determine whether capacity exists internally to undertake the anticipated future additional responsibilities. If it is determined that internal capacity does not exist, WSIB should conduct a cost benefit analysis to determine if external hires should be explored.
2. Explore opportunities and technology (e.g., Robotics Process Automation) to automate routine and repetitive tasks, where appropriate. Refer to detailed recommendations in theme 5.7 Technology for further details.
3. Pending the review of roles and responsibilities, as well as implementation of measures for the oversight, training, and evaluation of external service providers, explore opportunities to review and refresh the composition of the multi-disciplinary case management team. As needed, engage key stakeholders (e.g., WSIB staff) as part of consultation. Refer to recommendations in theme 5.9 External service provider network for further detail.
 - a. Considerations during review and refresh should include exploring additional opportunities for outsourcing to external service providers.
4. Consider further integration of specific skills and capabilities based on trends related to the needs of injured workers (e.g., crisis intervention, patient navigation, and mental health). As needed, engage key stakeholders (e.g., injured workers, employers, and WSIB staff) in consultation.
 - a. Assess current staff roles and responsibilities to determine missing skillsets that would be of benefit to injured workers and their families.
 - i. Determine best approach to close skills gaps (e.g., through collaboration with specialty service roles throughout WSIB, through external service providers, or through new roles).
5. Proactively hire based on workforce needs with a focus on specialized skillsets for succession planning.
 - a. Continuously monitor marketplace trends to inform WSIB's recruitment strategy and hiring process. Before the launch of the recruiting process, update the job posting to account for workforce needs and trends.

WSIB Value for money review – Serious Injury Program

Appendix B – Detailed recommendations (cont'd)

5.8 People (cont'd):

6. Upon reviewing roles and responsibilities for SIP and ensuring the appropriate mix and skillset of staff, develop a cross work stream blended learning approach which includes SIP training, corporate skills development, and ongoing professional development opportunities.
 - a. As part of the blended learning approach, determine which topics should be covered for SIP based on the nature of the population served. Consider soliciting feedback from staff members and workplace trends to inform the training curriculum for any given year.
 - i. Ensure that the blended learning approach addresses the various roles involved in the life of a case, that staff are informed on all trainings that are being offered, and that attendance of the training sessions are by the appropriate audiences.
 - b. Develop an evaluation process for the orientation program to measure effectiveness and define opportunities for further improvement of training.
 - c. On an annual basis, update formal, informal, and on-the-job training by incorporating feedback from staff as well as recent workplace trends.
7. Provide ongoing learning opportunities through forums and CoPs for case management teams to stay up to date with current industry knowledge and entitlement decisions.
 - a. Develop a training calendar with seminars, sessions, and forums embedded into the schedule in order to provide staff members with sufficient time to make arrangements in order to attend professional development sessions;
 - b. Solicit feedback and collaboration with the Health Services Professional Practice Leads on the content and delivery methods of the integrated training plan;
 - c. Consider using technological means to deliver training sessions on an ongoing basis (e.g., record training sessions or incorporate e-learning modules) for individuals who are unable to attend or who wish to re-visit the material at a later time;
 - d. Continue to survey staff on training topics to refresh their skills and knowledge on a regular basis in order to inform the trainings that are being offered; and
 - e. Monitor workforce trends and topics of interest to staff in order to update training materials to ensure they remain topical.

WSIB Value for money review – Serious Injury Program

Appendix B – Detailed recommendations (cont'd)

5.9 External service provider network

1. Continue to work with the Health Services Division as external vendor management is transitioned from SIP.
 - a. Support the Health Services Division and share findings of the VFM Review to ensure appropriate oversight of external vendors.
2. Re-examine external vendor contracts to assess the appropriateness of services provided with the needs of injured workers.
 - a. Review trends related to healthcare and drug expenditure to evaluate whether there are opportunities to expand external service provider network (e.g., home care services).
3. Re-examine external vendor contracts and their conditions to reflect changes in service delivery standards, costs, and technological advancements.
 - a. Review external vendor approval thresholds annually to account for inflation and changes in service delivery (e.g., models of care, leading practices, and technology).
 - b. Continue to establish appropriate guidelines and review processes to ensure external service providers are optimizing use of technology enabled care for workers. Refer to recommendations under theme 5.7 Technology for additional details.
4. Refresh the training and educational curriculum for SIP's external service provider network (e.g., external OTs, home modification vendors, and construction vendors) to ensure any changes to standards, policies, processes, and procedures are reflected and to include regular refreshers throughout the life of the contract.
 - a. Engage with multi-disciplinary teams and HMCs to determine current pain points with external service providers, areas of duplication of work by internal staff, and barriers in communication with external vendors;
 - b. As needed, refresh training materials and guidelines on SIP standards (e.g., quality and timeliness of services) for external service providers;
 - c. Develop refresher training materials for all external service providers to be regularly implemented throughout the life of a contract; and
 - d. Provide education to external healthcare providers to inform them of their role and gain support in the integrated case management approach to build on, leverage, and engage specialty clinics and vendors.
 - i. For example, provide external OTs with the appropriate templates to conduct injured workers assessments (e.g., PCA, ILA).

WSIB Value for money review – Serious Injury Program

Appendix B – Detailed recommendations (cont'd)

5.9 External service provider network (cont'd)

5. Explore opportunities for proactive monitoring and follow-up with external vendors to ensure the delivery of services and needs of injured workers are met.
 - a. Establish a process to perform performance and compliance reviews of external service providers in relation to contractual terms and conditions.
 - b. The selection of external service providers for such reviews can be based on criteria such as the value of services and/or goods delivered by the provider, the volume of transactions with the provider and the dependency on the provider to meet critical business needs.
 - c. The review process can include a periodic audit of external service providers to assess their ability to provide services and/or goods to meet the needs of injured workers. Measures to consider include:
 - i. The effectiveness and efficiency of external service providers at managing costs;
 - ii. The timeliness and quality of services provided to injured workers; and,
 - iii. The performance of key external service providers as reported by injured workers, their caregivers, and WSIB staff.
 - d. External service provider reviews can be conducted upon completion of the work, or at a pre-determined points where work is ongoing, to ensure that all work carried out meets the requirements of WSIB and injured workers and to determine suitability of the vendor to perform work in the future.
 - e. The results of external service provider reviews can enable more formalized performance discussions with the providers and resolution of any performance issues in a timely manner.

Appendix C

Interviewees

WSIB Value for money review – Serious Injury Program

Appendix C – Interviewees

Staff and management including subject matter resources from the following business areas within WSIB were interviewed for the VFM review.

| Internal stakeholder interviewees | Position, Department |
|---|------------------------------------|
| Brian Jarvis | Chief Operating Officer |
| Scott Bujeya | Vice President, Health Services |
| Angela Powell | Vice President, Policy |
| Armando Fatigati | Vice President, Complex Claims |
| Cheryl Norman | Executive Director, Complex Claims |
| Jan Pullins-McMaster | Director, Serious Injury Program |
| Anna Defina Michelle Munkoh | Manager, Serious Injury Program |
| Sophie Des Champs | Manager, Serious Injury Program |
| Francesco Lucchetta Luisa Del Bel Belluz | Manager, Serious Injury Program |
| Janet Gleason Julia Slather | Professional Practice Leads |
| Gillian Snowling Rose Conforti | Return-to-Work (RTW) Program |

| Internal stakeholder interviewees | Position, Department |
|--|--|
| Daniela Mucci Sharon Gordon Maria Endita Ann Tiniacoudis Samantha Vinson | Case Management Team, Catastrophic Work Stream |
| Jenne Araujo | Case Manager, Acute Work Stream |
| Jackie Kitchen Dawn Myatt Trinh Dang Christine Covey | Case Management Team, Long-term Work Stream |
| Kelly Nguyen Erin Phillipps Anabela Laranjeiro | Case Management Team, Pre-1990 Work Stream |
| Pamela Vanderwoude Mark Budenz | Home Modification Consultants |
| Mary Anne Chapman Kasia Siarkiewicz | Crisis Intervention Counsellors |

WSIB Value for money review – Serious Injury Program

Appendix C – Interviewees

Staff and management including subject matter resources from outside WSIB were interviewed for the VFM review. Stakeholders were elected by WSIB and represent a subset of external service providers that work with WSIB to provide programs and services.

| External stakeholder interviewees | Position, Organization |
|-----------------------------------|---|
| Ron Kelusky | Chief Prevention Officer, Ministry of Labour |
| Annie Quratulain | Program Support, Cira Health |
| Martin Klimowicz | Program Manager, Aecon |
| William Wong | Manager, Shoppers Home Health Care |
| Kate Brock | President, Goldline Mobility |
| Shirley Rolin | Certified Driver Rehabilitation Specialist, CBI Health Group |
| Brigitte Clayton | National Client Relations Manager, Motion Specialties |
| Shirley Price | Clinic Manager, West Park Health Care Amputee & Prosthetics Specialty Program |
| Matthew Lam | Clinical Coordinator, West Park Health Care Amputee & Prosthetics Specialty Program |
| Cathy Irwin | Senior Manager, Toronto Rehabilitation Institute, University Health Network |
| Josie Tome | Manager, Toronto Rehabilitation Institute, University Health Network |

Appendix D

Jurisdictional scan review

WSIB Value for money review – Serious Injury Program

Appendix D – Jurisdictional scan review

Purpose and approach

Intended purpose and use of this section

This section provides information on current and leading practices related to the scope of the VFM review which were identified from an inter-jurisdictional comparison of serious injury programs and services of the following four organizations:

- Canadian comparators (including WorkSafe British Columbia, WorkSafe New Brunswick, Worker’s Compensation Board Alberta, Commission des normes, de l’équité, de la santé et de la sécurité du travail (CNESST) Québec, Workplace Newfoundland and Labrador; and Workers’ Safety and Compensation Board Northwest Territories and Nunavut) and Veterans Affairs Canada;
- Insurance & Care New South Wales, Australia (icare);
- Ohio’s Bureau of Worker’s Compensation (Ohio BWC), United States; and
- The Swiss National Insurance Fund (SUVA), Switzerland.

The Canadian jurisdictions were limited to the information provided through a SIP-specific request for information. The remaining jurisdictions (icare, Ohio BWC, and SUVA) were chosen by WSIB following a preliminary review of six comparable jurisdictions based on three criteria, as indicated by WSIB. Criteria included: (1) similar scale to WSIB; (2) innovative treatment and/or care models for workers with serious injury; and (3) jurisdictions with similar program structure to WSIB.

Lines of inquiry and chosen organizations were agreed to with the VFM Review Working Group. The information in this section served as an input into the formulation of recommendations for the observations.

Our approach

The approach for the inter-jurisdictional comparison involved a review of material from interviews performed by the WSIB (for Canadian comparators), a combination of documentation review and interviews with one to three representatives from each of the remaining three organizations. The areas of focus were as follows:

- The organization’s background;
- The organization’s service delivery model for serious injury;
- Threshold criteria and eligibility for serious injury;
- Case management model and team structure for serious injury;
- Performance measures for programs and services related to serious injury;
- Practices for training, onboarding and professional development; and
- External service provider and contract management practices.

WSIB Value for money review – Serious Injury Program

Appendix D – Jurisdictional scan review (cont'd)

Limitations of the review

Information collected from the inter-jurisdictional comparison is limited to publicly available information and information provided to Deloitte during the interviews conducted. Information provided by the representative from each of the organizations is based on the knowledge and willingness of the interviews and valid at the time of the inter-jurisdictional comparison. Note that the Canadian jurisdictions were limited to the information provided through a SIP-specific request for information.

The organizations that participated in the inter-jurisdictional comparison have various mandates that may vary from WSIB's mandate.

Canadian Comparators and Veterans Affairs Canada

Canadian comparators

Context for observations:

The SIP reached out to peer Worker’s Compensation Boards (WCBs) across Canada to solicit information in their practices regarding seriously injured workers, including:

- WorkSafe British Columbia (WorkSafe BC);
- WorkSafe New Brunswick (WorkSafeNB);
- Worker’s Compensation Board Alberta (WCB Alberta);
- Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) Québec;
- Workplace Newfoundland and Labrador (WorkplaceNL); and
- Workers’ Safety and Compensation Board Northwest Territories and Nunavut (WCB Nunavut).

A summary of findings can be found below and more detailed information is available on subsequent slides.

| Service delivery model for serious injury | Threshold criteria and eligibility | Case management model and team structure | Training, onboarding and professional development |
|--|---|---|---|
| <ul style="list-style-type: none"> • Not all WCBs have a dedicated program for seriously injured workers. • Those WCBs that manage smaller total claims volumes are more likely to manage seriously injured workers with all other claims. These WCBs are also less likely to have defined criteria for serious injury and instead, assess these claims on a case by case basis. | <ul style="list-style-type: none"> • WCBs that do have a dedicated program for seriously injured workers (WorkSafe BC, WorkSafeNB) use Permanent Physical Impairment (PPI) as threshold criteria. • There is no standardized percentage for this criteria among these WCBs. • The WCB Alberta has defined criteria by injury type (e.g., brain, burns, spinal cord, etc.). | <ul style="list-style-type: none"> • Most of WSIB’s Canadian peers included within the jurisdictional scan use variations of a shared services model (e.g., a pool of corporate resources and services accessible to all programs and workers based on need) for the support of seriously injured workers. | <ul style="list-style-type: none"> • There are ongoing initiatives to provide case management teams with mental health training to address the needs of injured workers. |

Canadian comparators (cont'd)

| Comparator | Service delivery model for serious injury | Threshold criteria and eligibility | Case management model and team structure | Training, onboarding and professional development |
|----------------------------------|--|--|---|--|
| WorkSafe British Columbia | <ul style="list-style-type: none"> WorkSafe BC has the Special Care Service Program which handles seriously injured workers. | <ul style="list-style-type: none"> WorkSafe BC considers seriously injured workers to be those whose workplace injury has resulted in a 75% or greater Permanent Functionality Impairment (PFI). However, there are exceptions to this as there are complex injuries that require extra assistance as they are combined with non-compensable prior existing features resulting in a combined functional impairment rating up to 75%. | <ul style="list-style-type: none"> WorkSafeBC leverages a multi-disciplinary team model with the following roles: <ul style="list-style-type: none"> Case Manager (CM) - First point of contact for all matters related to a claim. The CM determines a worker's benefits and does ongoing case management. Special Needs Officers - Review a worker's needs for special allowances, equipment, appliances, and prosthetics. Team Assistants - Answer calls and help arrange service delivery. Registered Nurse (RN) - Depending on need, may be assigned to work with the CM for clinical related needs. | <ul style="list-style-type: none"> Not available. |
| WorkSafe New Brunswick | <ul style="list-style-type: none"> WorkSafeNB does not have a dedicated program or area that handles serious injured workers. | <ul style="list-style-type: none"> WorkSafeNB considers seriously injured workers to be those whose workplace injury has resulted in a 60% or greater PPI. | <ul style="list-style-type: none"> WorkSafeNB does not utilize multi-disciplinary teams but instead has a shared service model where CMs can access occupational therapists, vocational counselors and medical consultants. | <ul style="list-style-type: none"> Not available. |

Canadian comparators (cont'd)

| Comparator | Service delivery model for serious injury | Threshold criteria and eligibility | Case management model and team structure | Training, onboarding and professional development |
|---|---|--|--|--|
| Worker's Compensation Board Alberta | <ul style="list-style-type: none"> The Special Needs Unit handles claims for severe physical and psychological injuries. | <ul style="list-style-type: none"> WCB Alberta has defined criteria depending on the injury type (e.g., brain, burns, spinal cord etc.) A worker is considered severely injured when: <ol style="list-style-type: none"> Because of the compensable injury, the worker has severe and prolonged functional limitations; and Because of those functional limitations, needs temporary or permanent assistance with communication, mobility, or self-care. | <ul style="list-style-type: none"> Initial entitlement is determined by customer service teams of two to four adjudicators. Case management follows a shared services model where claims are managed by CMs, case assistants and a supervisor. The case management team collaborates with existing stakeholders to build a care plan for an injured worker. | <ul style="list-style-type: none"> Not available. |
| Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) Quebec | <ul style="list-style-type: none"> CNESST does not have a dedicated program or area that handles serious injured workers. All regional branches of CNESST have teams assigned to the files of workers who have experienced employment injuries that are considered "serious cases". | <ul style="list-style-type: none"> CNESST has two criteria that define a "serious case": <ol style="list-style-type: none"> Risk of inability to return to pre-injury employment or long psychosocial rehabilitation process; and Certainty of significant sequelae affecting different spheres (physical, social, and professional). | <ul style="list-style-type: none"> Workers' files are managed by a team composed of a claims adjudicator and a rehabilitation counsellor. For serious injuries, the rehabilitation counsellor will shift focus from RTW towards independence. | <ul style="list-style-type: none"> Not available. |

Canadian comparators (cont'd)

| Comparator | Service delivery model for serious injury | Threshold criteria and eligibility | Case management model and team structure | Training, onboarding and professional development |
|---|---|--|---|---|
| Workplace Newfoundland and Labrador | <ul style="list-style-type: none"> WorkplaceNL has the Extended Services Unit (ESU) which handles serious injury claims. | <ul style="list-style-type: none"> WorkplaceNL defines serious injuries as diagnoses of: <ol style="list-style-type: none"> Quadriplegia; Paraplegia; Serious head injuries; or Multiple amputees. They review each case individually to determine whether the circumstances of the claim would fit in the ESU. | <ul style="list-style-type: none"> WorkplaceNL's Health Care Services department has consultants in Occupational Therapy, Physiotherapy, Chiropractic Therapy, Audiology and Occupational Medicine. Case managers in the EMU will utilize multi-disciplinary teams, as necessary. | <ul style="list-style-type: none"> All case managers receive training in suicide intervention, mental health training (e.g., Mental Health First Aid, the Working Mind, Changing Minds, etc.) and workplace violence prevention. Additionally, WorkplaceNL has many wellness initiatives including mental health sessions for all staff. |
| Workers' Safety and Compensation Board Northwest Territories and Nunavut (WCB Nunavut) | <ul style="list-style-type: none"> WCB Nunavut does not have a dedicated program or area that handles serious injured workers as they do not have the volume of claims to necessitate dedicated staff to serious injury. | <ul style="list-style-type: none"> WCB Nunavut does not have specific criteria to define a seriously injured worker. Claims lasting longer than six weeks are assigned to case management as a more complicated case; however, they do not delineate cases further. | <ul style="list-style-type: none"> For complex cases, they contract with external multi-disciplinary service providers. | <ul style="list-style-type: none"> WCB Nunavut offers Mental Health First Aid and are currently looking into Suicide Intervention Training for staff. |

Veterans Affairs Canada

Background

Veterans Affairs Canada (VAC) provides target services and benefits to current or former members of the Canadian Armed Forces (CAF) or Royal Canadian Mounted Police (RCMP), and their family, towards improving well-being. The spectrum of services provided includes health programs and services, financial programs and services, education and jobs, housing and home life, families and caregivers, and remembrance.

VAC provides disability benefits for a diagnosed medical condition (or disability) that is related to the individuals' service in the CAF. Disability applications are reviewed by an adjudicator. If the adjudicator determines that there is clear medical evidence of a chronic or permanent disability, they must then determine:

1. Entitlement – Is the disability directly or partially-related to service?
2. Assessment – What is the severity or extent of the disability and its impact on your quality of life?

To ensure that all decisions are fair and consistent, adjudicators always use the following tools to review entitlement and assessment:

- **Entitlement Eligibility Guidelines** - These policy statements are based on evidence from peer-reviewed medical research and literature both in Canada and abroad. They help to ensure the consistency, equity, and quality of decisions made regarding the relationship between your service and your disability. Further detail is publicly available (Source: <https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/compensation-illness-injury/disability-benefits/benefits-determined/entitlement-eligibility-guidelines>)
- **Table of Disabilities** - The table is used by an adjudicator to assess the extent of a disability for the purposes of determining disability benefits. Specifically, to assess the level of an impairment and the impact that impairment has on quality of life. The Table of Disabilities (TOD) is a legislated/statutory instrument used to assess the extent of a disability for the purposes of determining disability benefits. The TOD considers the relative importance of a certain body part/system to assess the level of impairment and the impact that impairment has on the individual's quality of life.
- **Medical questionnaires** - The purpose of a questionnaire is to support a diagnosis and supplement the information found in the Table of Disabilities. Questionnaires are completed by healthcare providers and include questionnaires specific to conditions (e.g., ankle conditions, cervical spine conditions, gastrointestinal conditions, etc.) as well as questionnaires for Activities of Daily Living, Psychiatric/Psychological Condition(s), and Quality of Life (QOL) Questionnaire (refer to slide 102 for more detail on QOL).

Veterans Affairs Canada (cont'd)

Service Delivery Model for Serious Injury

Veteran Affairs Canada provides a **Critical Injury Benefit** to CAF members and veterans who have experienced a severe injury or acute illness while serving in the Canadian Armed Forces on or after April 1, 2006, and whose illness or injury caused a severe impairment that interfered with the member's Quality of Life (QOL). The Critical Injury Benefit is a lump-sum payment that recognizes the immediate impact of the most severe and traumatic service-related injuries or diseases. There is no time limit for application to the Critical Injury Benefit.

Additional Financial Compensation for illness include those listed below. For each allowance/benefit, workers are graded and receive the compensation most appropriate to their needs.

- **Disability benefits** – Compensation to recognize that an injury or illness is a result of service. If a member qualifies for this benefit, they will receive either:
 - Pain and suffering compensation: A life-time monthly benefit or lump sum benefit; the VAC member is able to chose which of these two options they prefer; or
 - Disability pension: A life-time monthly benefit; with dependents (e.g., spouse, common-law partner and/or children), the monthly amount will be increased.
- **Caregiver recognition benefit** – A monthly payment for an informal caregiver, such as a family member or friend, who provides the CAF member with daily personal care support.
- **Clothing allowance** – Monthly payments, if the member needs new or special clothing due to health issue(s).
- **Exceptional incapacity allowance** – Additional monthly payment for a disability pensioner if illness or injury impacts quality of life. The allowance amount will be based on a grade that reflects the nature of the member's disability. Veterans who receive this allowance usually experience one or more of the following to an exceptional degree or scope:
 - Dependence;
 - Continuing pain and discomfort;
 - Loss of enjoyment of life; and
 - Shortened lifespan.
- **Additional pain and suffering compensation** – Monthly payments in recognition of any severe and permanent disability, related to military service, which creates a barrier to life after service. This benefit is applicable to individuals who have sustained a service-related injury or illness that is permanent and severe and creates a barrier to successful re-establishment in civilian life.
- **Attendance allowance** – Monthly payments for a disability pensioner whose health needs require daily personal care support.
- **Medical costs** – For service and expenses related to health needs.

Veterans Affairs Canada (cont'd)

Threshold criteria and eligibility

The Critical Injury Benefit is payable to a member or veteran who establishes that they sustained one or more severe and traumatic injuries, or developed an acute disease, and that the injury or disease:

- Was a service-related injury or disease;
- Was the result of a sudden and single incident that occurred after March 31, 2006; and
- Immediately caused a severe impairment and severe interference in their QOL.

To be considered a severe impairment, at least one of the following must have occurred immediately after the incident:

- An amputation at or above the wrist or ankle; or
- The CAF member/veteran was admitted to intensive care, acute care or received complex treatment for five days or longer.

Permanent or temporary conditions that lasted 12 consecutive weeks or more:

- Blindness in both eyes;
- Paralysis of one or more limbs;
- Loss of control of kidneys, bladder or bowel;
- For 16 weeks or more you required assistance for three or more of the following activities:
 - Eating;
 - Bathing;
 - Dressing;
 - Using the bathroom; or
 - Mobility (walking or getting in or out of bed or chair).

Note: Definitions for terms used above are publically available (Source: <https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/compensation-illness-injury/critical-injury-benefit>) and defined on the subsequent slide.

Source: <https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/compensation-illness-injury/critical-injury-benefit>

Veterans Affairs Canada (cont'd)

Definitions

Traumatic Injury means:

- a. The physical damage that occurs when a human body is subjected to intolerable levels of physical energy (e.g., bone fractures and soft tissue lacerations, damage to internal organs, thermal burns, head injury); or
- b. Disordered emotions or behavior that occurs when a human being is subjected to intolerable levels of stress (e.g., psychosis);
- c. The factors to be considered in assessing "severity" are set out in Section 11 of the VAC's policy.

Acute Disease: An "acute disease" means the early stage of a disorder of human structure or function that is primarily caused by something other than traumatic injury (e.g., infection, toxic exposure).

Sudden and single incident: A "sudden and single incident" is a one-time event – including motor vehicle accidents, falls, explosions, gunshot wounds, electrocution, and exposure to chemical agents – in which the member is abruptly exposed to external factors.

Immediately: "Immediately" means, for the purposes of the Critical Injury Benefit, that medical evidence demonstrates that the severe impairment and severe interference in quality of life, while not necessarily permanent, was ongoing from the time of the sudden and single incident.

Severe Impairment and Severe Interference in Quality of Life:

- a. Sustained an amputation at or above the wrist or ankle;
- b. Sustained legal blindness in both eyes — meaning best corrected visual acuity is less than or equal to 6/60 or they have less than 20 degrees of visual field remaining — for a minimum of 84 consecutive days;
- c. Sustained quadriplegia, paraplegia, hemiplegia or complete paralysis of a limb for a minimum of 84 consecutive days;
- d. Sustained total loss of urinary or bowel function for a minimum of 84 consecutive days;
- e. Required the assistance of at least one person to perform at least 3 activities of daily living for a minimum of 112 consecutive days;
- f. Was admitted to an intensive care unit for a minimum of 5 consecutive days;
- g. Was admitted to a hospital for acute or rehabilitative inpatient care for a minimum of 84 consecutive days; or
- h. Was admitted to a hospital for acute or rehabilitative inpatient care for less than 84 consecutive days during which the member or Veteran received complex treatments.

Complex treatments: May include but are not limited to: multiple surgeries, multiple invasive or painful procedures (e.g., treatment of severe burns), prolonged parenteral nutrition, or mechanical ventilation of the lungs.

Activities of daily living: For the purposes of determining whether a member or Veteran requires the assistance of at least one person to perform at least three activities of daily living.

Veterans Affairs Canada (cont'd)

Quality of Life

At VAC, QOL is not used as a performance measure, but instead is used as criteria for rating assessments. Activities of Independent Living, Recreational and Community Activities, and Personal Relationships are all components considered in a QOL rating. One QOL rating is arrived at for each entitled condition or bracketed entitled conditions. The effects of an entitled condition may limit or prevent the fulfilment of a role in the above-noted QOL components that would be normal for a member of the same age without a disability.

It must be emphasized that, when and where possible, the usual or accustomed activities that the member was engaged in prior to the disability or worsening of the disability should be the major consideration in determining the QOL effects from the entitled condition or the bracketed entitled conditions. In addition, the inability to perform or to modify usual QOL activities must be directly due to the entitled condition and not other variables or characteristics such as non-entitled condition(s), lack of skill, motivation, choice, availability or access to recreational activities, employment, etc. Judgement is to be used by the decision-maker as to the extent that the entitled condition contributed to the QOL effects versus other factors such as non-entitled condition(s), etc.

To determine the appropriate QOL level, three levels of ratings are used. Once the appropriate QOL level is determined, and the Medical Impairment rating of the entitled condition or bracketed entitled conditions is identified, the final calculation of the QOL rating is determined.

In cases of partial entitlement, the Medical Impairment rating and the QOL rating are added and the level of entitlement is applied to determine the Disability Assessment.

VAC uses three levels of ratings for QOL.

- **Level 1** - At this level the Member/Veteran/Client's QOL is considered mildly affected by the entitled condition or bracketed entitled conditions. "Mildly Affected" is defined as a slight degree of change in usual and accustomed QOL functioning which is due to the entitled condition or bracketed entitled conditions.
- **Level 2** - At this level, the Member/Veteran/Client's QOL is considered to be moderately affected by the entitled condition or bracketed entitled conditions. "Moderately Affected" is defined as a medium degree of change in usual and accustomed QOL functioning which is due to the entitled condition or bracketed entitled condition.
- **Level 3** - At this level, the Member/Veteran/Client's quality of life is considered to be extremely affected by the entitled conditions. "Extremely Affected" is defined as a significant degree of change in usual and accustomed QOL functioning which is due to the entitled condition and or bracketed entitled conditions.

Canadian comparators and Veterans Affairs Canada

Documentation reviewed

| Document name | Date |
|---|--------------------|
| Excel titled "AWCBC"; composite of interviews with Canadian comparators performed by WSIB | May 2019 |
| Entitlement Eligibility Guidelines, Health programs and services, Veterans Affairs Canada | February 2019 |
| Critical Injury Benefit, Veterans Affairs Canada | February 2019 |
| Compensation for Illness or Injury, Veterans Affairs Canada | March 2019 |
| 2006 Table of Disabilities; Chapter 02 Quality of Life | Updated April 2019 |

icare

icare

Background

Insurance & Care NSW (icare), operates under the State Insurance and Care Governance Act 2015 by bringing together the New South Wales (NSW) Government's insurance and care schemes into one organization to leverage capabilities and economies of scale. icare's Insurance for New South Wales (INSW) is the largest public sector managed fund scheme in Australia, with \$9.4 billion in assets and 193 contributing members and provides workers compensation insurance to more than 326,000 public and private sector employers in NSW and their 3.6 million employees. icare operates six insurance schemes as defined below:

- icare Workers Insurance provides workers compensation insurance to more than 326,000 employers in NSW and their 3.2 million employees.
- icare Lifetime Care provides treatment and care to more than 1,300 people who have been severely injured on NSW roads.
- icare Dust Diseases Care compensates and supports workers who have developed a dust disease from occupational exposure in NSW.
- icare Home Building Compensation Fund helps homeowners to rectify incomplete or defective works done by a builder or tradesperson.
- icare Insurance for NSW provides workers compensation insurance to 193 public sector agencies and their 329,000 workers and 82,000 volunteers across NSW.

Service Delivery Model for Serious Injury

Workers who sustain a serious injury at work are managed through icare's Workers Care Program which is a subset of the Lifetime Care and Support Scheme for people severely injured in a motor accident in NSW. The Lifetime Care and Support Scheme receive approximately 20 new claims a year related to serious injury in the workplace and have a total caseload of approximately 330 cases. For contrast, the Scheme receives approximately 180 new claims a year related to motor vehicle accidents, for a total of approximately 1,400 claims in the scheme.

The injured worker will have treatment and care needs met under the NSW workers compensation legislation through the Workers Care Program. The injured worker's employer's workers compensation insurance agent manages weekly payment and all other types of compensation. Services provided by the Worker's Care Program may include:

- Medical treatment (such as hospital stays and doctor's appointments);
- Rehabilitation (such as physiotherapy, occupational therapy and speech therapy);
- Aids and equipment (such as wheelchairs);
- Home and vehicle modifications (such as ramps and bathroom rails);
- Attendant care services (including personal care, domestic assistance and registered nursing); and/or
- Workplace rehabilitation (including RTW programs and modifications).

The services must be for "reasonably necessary" treatment and care to meet needs related to the workplace injury.

icare (cont'd)

Service Delivery Model for Serious Injury (cont'd)

Within the Worker's Care Program, claims are segmented into three distinct care phases:

- Phase 1 – Management of active and resource intensive rehabilitation goals in the time period immediately post date of injury;
- Phase 2 – Management of the transition from the rehabilitation phase to re-integration into the community; and
- Phase 3 – Management of the injured worker when they are stable, with a focus on well-being.

icare has adopted a regional care model where a rehab case manager supports injured workers in Phase 1 and a living community manager supports injured workers in Phase 2, due to the differences in workers' needs during these phases. Managers support the coordination of care and service delivery for injured workers based on their needs and rehabilitation goals.

Once an injured worker is accepted into the scheme, there is an interim period of two years, with a medical reassessment at the end of the two years. Once workers are accepted into the scheme for life, there are ongoing reassessments of their medical and functional needs every two years. Case managers will coordinate the appropriate services for workers on an ongoing basis. In some cases, injured workers are given financial benefits to self-manage their care needs as it promotes independence and confidence (see section Innovations in service delivery). However, there are regular quality assurance check-ins to ensure that benefits are being spent appropriately and the injured workers' needs are met.

Threshold and eligibility criteria

Eligibility criteria for the Workers Care Program is the same as the injury criteria for the Lifetime Care and Support Scheme. Severe injuries can include:

- Spinal cord injury;
- Brain injury;
- Amputations;
- Burns; and
- Permanent blindness.

Eligibility and assessment criteria for the workers compensation insurance and subsequent benefits payment is dependent on an injured worker's score on Whole Person Impairment (WPI). The WPI assessment is based on the AMA Guide to the Evaluation of Permanent Impairment. Assessment of injured worker's is done using the 5th Edition, 2000, though an assessment of individuals who have had a motor vehicle accident is done using the 4th Edition. Though an injured worker may have multiple co-morbidities and receive treatment for these co-morbidities, they are not considered during eligibility assessment (e.g., there is no score aggregation).

In contrast, eligibility and assessment criteria for the Worker's Care Program is based on the Functional Independence Measure (FIM), an 18-item measure of physical, psychological and social function. The tool is used to assess a patient's level of disability as well as change in patient status in response to rehabilitation or medical intervention. Once accepted into the Workers Care Program, case managers will coordinate the treatment and care needs of the injured worker.

icare (cont'd)

Case management model and team structure

Care coordinators perform case management in the Worker's Care Program are all Allied Health professionals (e.g., OTs, PTs and Speech Language Pathologists (SLPs)). Recruiting criteria include a knowledge of severe injury and disability. Care coordinators act as the liaison with the scheme and external service providers.

Performance Measurement

icare will measure quality of life of the injured worker through The World Health Organizations Quality of Life (WHOQoL) metric which assesses individuals across six domains of quality of life:

- Physical health;
- Psychological;
- Level of Independence;
- Social Relations;
- Environment; and
- Spirituality/Religion/Personal beliefs.

The WHOQoL has been used by icare for the last two years as a self-assessment and is not used as an individual performance metric, but is benchmarked against a population index. The WHOQoL is used in conjunction with icare's MyPlan tool. The MyPlan tool is used by the case management team to create a personalized plan for services and interventions, as well as the injured worker's goals. Goals are person-centered and should be related to recovery from the initial injury.

Training, onboarding and professional development

Case managers are required to complete eLearning modules to ensure a worker-centric approach through an online learning management system. Case managers receive in-person training to determine icare specific practices and claims management procedures.

There are ongoing opportunities for staff professional development through "Lifetime Learning" which combines online resources and workshops for staff. Examples of past workshops include FIM refresher training, case management for the Workers Care Program, and goal setting training for rehabilitation.

There are additional formal supports for staff to leverage internally, the Practice Area Advisory role which case management teams can draw on for support related to professional practice, as well as the Innovation and Excellence Team which can provide support for injured workers who require specialty needs.

Source: <https://www.icare.nsw.gov.au/injured-or-ill-people/motor-accident-injuries/families-and-carers/>

icare (cont'd)

External service provider and contract management

Icare manages and coordinates healthcare and services which are outsourced to third party providers. External service providers must meet specific standards and conditions defined by icare and form a panel. Panel providers are held accountable to competencies, are provided training by icare, and must abide by the policies and procedures set out by icare.

Innovations in service delivery

icare has recently introduced the following innovative practices:

- In August 2017, icare entered into an enterprise-wide license with Official Disability Guidelines (ODG) for use of the Web version and automation inside their claim's management software platform, following a successful 16-month pilot.
 - ODG provides clinical guidelines and analytical tools designed to improve and benchmark return-to-work performance, facilitate quality care while limiting inappropriate utilization, assess claim risk for interventional triage, and set reserves based on industry data. Evidence-based guidelines from ODG span the continuum of workers' compensation and group life/disability cases, supporting clinical decisions, RTW and care planning, and facilitating better communications between providers and payors.
 - ODG will be used for implementation and automation of evidence-based decision support for return-to-work, medical treatment, and risk assessment for Nominal Insurer workers' compensation claims in the state.
- In May 2018, icare successfully deployed Guidewire PolicyCenter and BillingCenter to reinvent how workers' insurance and care is delivered through person-centred service.
 - The organization recently began implementing an omnichannel workers' compensation claims centre to help improve workers' care and RTW outcomes through faster service and customer support across preferred channels of engagement. The implementation is the first phase of icare's migration to Guidewire InsuranceSuite™ Cloud, with Guidewire responsible for software, implementation, and post-production services – including Guidewire system security, software upgrades, support and maintenance, availability, performance monitoring, and management of third-party software.
 - By migrating InsuranceSuite to a cloud environment, icare will be better equipped to provide "anytime, anywhere" digital access and increased scalability for its customers.

icare (cont'd)

Innovations in service delivery (cont'd)

icare has recently introduced the following innovative practices:

- The Empowered Living Program leverages emerging technologies and practices to provide cutting-edge care and support. The program identified barriers to independence that can be reduced or overcome through technology. In the 2017-2018, fiscal year, icare successfully trialed:
 - Home modification virtual tours which are used to help workers visualize and make decisions about proposed home modifications.
 - Home automation (including voice activation) were introduced to assist with sound and lighting in the homes of quadriplegic workers.
- Currently, approximately 40 individuals in the scheme are part of a self-managed care program. The program includes a pre-program risk assessment to ensure the individual is capable of managing their care and finances. Additionally, there are policies and procedures in place regarding the types of services and programs that are allowed. Case managers perform frequent checks to ensure adherence to policies and procedures, though currently this process is manual and time intensive.

icare (cont'd)

Documentation reviewed

| Document name | Date |
|--|--------------|
| 2017-18 icare annual report | June 2018 |
| The World Health Organization Quality of Life (WHOQoL) User Manual | 2012 |
| Interview with Deborah Hoffman, General Manager, Care Services, icare | July 2019 |
| Interview Suzanne Lulham, General Manager, Care, Innovation & Excellence Care and Community, icare | July 2019 |
| Guidewire Press Release, icare Deploys Guidewire InsurancePlatform to Provide High-Quality Customer Experience | May 15, 2018 |

Ohio's Bureau of Worker's Compensation

Ohio's Bureau of Worker's Compensation

Background

The Ohio Bureau of Worker's Compensation (BWC) provides insurance to about two-thirds of Ohio's work force though the BWC is not responsible for managing healthcare activities and decisions.

State-fund employers pay an insurance premium to BWC. BWC then pays compensation benefits directly to the injured worker. A Managed Care Organization (MCO) manages the healthcare activities/decisions and helps the injured worker with RTW. MCOs help an employer file and manage claims, ensure injured workers receive quality medical care, and facilitate quick and safe RTW.

Service delivery model for serious injury

Each year, the BWC receives approximately 100,000 new injury claims. Of those, approximately 85 are catastrophic injury claims that are supported by the Catastrophic Program. A typical active case load for the Catastrophic Program is between 2000-3000 claims. Each Registered Nurse (RN) Case Manager will typically have a caseload of approximately 30 claims.

Case management within the Catastrophic Program is performed by RNs who are responsible for claims management, financial compensation, legal considerations and for oversight of the work performed by MCOs. RNs from the Catastrophic Program and from the MCO perform a case conference together for the initial claim review to identify the needs of the injured worker and begin discharge planning.

MCOs are responsible for medical management and treatment authorization. Key roles and responsibilities of MCOs include medical management including treatment authorization, assisting injured workers find the right service providers for their needs, utilization and bill reviews, relations and education for external service providers. Each MCO has a Medical Director who is consulted as needed regarding care issues.

MCOs are contractually obligated to provide onsite case management (e.g., field visits) in a variety of settings including the hospital, the injured worker's home, and physician and therapy appointments.

Additional supports and services provided include:

- Injured workers within the Catastrophic Program also receive adjustment and disability counselling to support their psychosocial needs. Home and vehicle modifications are covered and performed by external vendors who are certified by BWC through the Credentialing Department.
- BCW has a Vocational Unit which includes OTs and PTs who will be consulted for assessments for employment evaluation. Consultations occur as needed through a shared services model.
- Telemedicine and telehealth is covered under the BWC.

Ohio's Bureau of Worker's Compensation (cont'd)

Service delivery model for serious injury (cont'd)

Generally, injured workers in the Catastrophic Program receive intensive RN case management for two years from the date of their injury, at which time injured workers will usually have reached their maximum medical recovery and are appropriate for transfer to less intensive, ongoing case management. Those individuals who sustained a spinal cord or brain injury will be kept for within the Catastrophic Program for the life of their claim. Some injured workers who sustained burns (severity dependent) are retained in the program, and those injured workers who sustained an amputation are transferred to less intensive case management within the MCO.

Each injured worker will receive an annual medical assessment and quarterly medication reviews. Services and benefits are re-evaluated and changed based on the injured worker's need.

Threshold and eligibility criteria

BCW serves seriously injured workers in their Catastrophic Program and to qualify, workers must meet medical criteria as per the AMA Guide to the Evaluation of Permanent Impairment, 5th Edition, 2000. Medical diagnoses include:

- Spinal cord injuries;
- Traumatic Brain Injuries;
- Amputations of major extremities;
- Multiple trauma victims (crush injuries, internal organ damage, severe burns); and
- The program will review and accept some cases of occupational disease (e.g., cancer).

As criteria for entry is defined by the distinct injuries outlined above, the Catastrophic Program does not accept workers who have an aggregation of conditions. The MCO receives the initial medical information and a MCO RN and a Catastrophic RN within BWC will within the Catastrophic Program will perform a chart review to determine eligibility. Review for eligibility does not include an assessment of functional impairment. Other complex claims are included with Lost Time claims (lost work days of eight days or greater).

Case management model and team structure

Case management at BWC and at each MCO is performed by RNs. Staff hiring qualifications are outlined below:

- BWC Catastrophic Program RNs must be certified in case management and have a minimum of six months to a year of worker's compensation experience; and
- MCO RNs have a minimum of two years of experience in critical care nursing.

Ohio's Bureau of Worker's Compensation (cont'd)

MCO performance measurement

The Ohio BWC created the MCO Report Card to make it easy to evaluate every MCO's performance. It measures key elements that lead to medical management quality, safe return-to-work strategies and service timeliness. Measures include:

- **Days absent** - A score based on total days of work missed – measures the outcome of an MCO's return-to-work services. It compares the MCO's success of returning injured workers to the job against a statewide average score.
- **Recent medical costs** - When MCOs assess medical service requests and conduct utilization reviews (to determine if a treatment is medically necessary) during a claim, the BWC measures their effectiveness and efficiency at managing those costs. In determining a score, BWC evaluates the total medical costs (after RTW) for an MCO's managed claims. The score is then compared to the statewide benchmark and those MCOs that surpass the state benchmark are higher performers.
- **First Report of Injury (FROI) notification** – This measures how long it takes the BWC to receive the FROI. It starts from the date of injury to when the claim is filed with BWC. The sooner a claim is filed, the sooner an injured worker can receive medical treatment and benefits, and a quick and safe RTW. The goal for the state is 12 days.
- **FROI turnaround** - FROI turnaround measures an MCO's efficiency in submitting claims to BWC. MCOs must gather and validate the required information before submitting the claim to BWC. FROI turnaround is the average of the number of days between the date the MCO receives the FROI notice and the date they file the claim with BWC. The goal for the state is 2.5 days.
- **Provider bill timing** - When provider medical bills are paid efficiently and on time, injured workers have more positive outcomes and quality providers are encouraged to participate in the workers' compensation system. Bill timing measures the average number of days from when the MCO receives the bill or the bill becomes payable to the date the MCO submits the bill to BWC for processing. The goal for the state is eight days.
- **Provider bill accuracy** - Accurate medical billing reduces negative effects on injured workers, encourages quality providers to engage in the workers' compensation system and ensures payment is made only for those services that have been authorized. Provider bill accuracy measures the bills the MCO submitted that contained one of many specified errors divided by the total number of bills submitted during the measurement period. The goal for the state is 98% error-free bills.
- **MCO penalties** - In some circumstances, BWC may impose a penalty against an MCO based on the MCO's failure to meet performance expectations or violations of contractual terms. BWC can impose three primary penalties:
 - Capacity – BWC prohibits the MCO from soliciting or accepting new employers until such time as the MCO's performance meets contractual requirements.
 - Set-off – A financial penalty BWC imposes based on the MCO's failure to meet performance expectations over a period or for violations of contractual terms.
 - Withhold – A deduction from an MCO's payment to force the MCO to comply with a contractual term. The deduction may be returned once the MCO complies.
- **Employer satisfaction survey** - BWC surveyed employers that had at least one lost-time claim and asked they rate their assigned MCO on a scale of 0 to 5 (with 5 being the best) in areas such as timeliness in responding to inquiries, helpfulness in reporting claims and submitting medical bills to BWC, offering return to-work services and professionalism in handling claims.

Ohio's Bureau of Worker's Compensation (cont'd)

Training, onboarding and professional development

BWC staff have access to a range of learning opportunities including webinars and live presentations on catastrophic injury case management. As an organization, the BWC also hosts an annual two day multi-disciplinary education symposium, the BWC Medical & Health Symposium, that is free of charge to all providers in Ohio.

In 2019, the symposium featured leading state, national and international experts in the fields of:

- Addiction;
- Behavioral health;
- Chiropractic medicine;
- Concussions;
- Medical marijuana;
- Pharmacology;
- Physical medicine and rehabilitation; and
- BWC's medical initiatives for injured workers and providers.

Attendees of the Ohio BWC Medical & Health Symposium are eligible to receive up to 12 continuing education credit for these professions:

- Certified Case Manager;
- Certified Disability Management Specialist;
- Continuing Legal Education;
- Continuing Medication Education;
- Certified Rehabilitation Counselor;
- Chiropractor;
- Occupational Therapist;
- Physiotherapist;
- Psychology; and
- Registered Nurse.

External service provider and contract management

The relationship and contracts with MCOs is managed by the Managed Care Business Unit. Contract terms are re-visited and renewed every three years, though the contract negotiation process generally spans one year.

A current initiative underway between MCOs and the BWC is to develop guidelines and criteria for the time period MCOs are required to actively manage injured workers. Though not yet confirmed, this time period will likely be between 18-24 months post date of injury to coincide with the time period most workers reach medical stability.

BWC is responsible for working with the MCOs to develop policies and procedures that are standardized across the 12 contracted MCOs.

Ohio's Bureau of Worker's Compensation (cont'd)

Documentation reviewed

| Document name | Date |
|---|-----------|
| 2019 MCO Report Care | 2019 |
| Interview with Mary Charney, Director of Nursing, Medical and Health Division, Ohio BWC | July 2019 |

The Swiss National Insurance Fund

The Swiss National Insurance Fund

Background

The Swiss National Insurance Fund (SUVA) plays a key role in Switzerland's social security system. As a self-supporting company under public law, SUVA provides insurance to roughly half of Switzerland's population against work place accidents and occupational disease. As a social insurance, SUVA is subject to the principle of equal treatment. The Federal Act on General Aspects of Social Security Law (GSSLA), the Federal Act on Accident Insurance (AIA) and the Accident Insurance Ordinance (AIO) defines the appropriate benefits for injured workers.

Each year approximately 470,000 accidents are reported to SUVA, of which 1% (3,700 to 4,000 cases) are handled by the Case Management segment. The Case Management segment will manage cases with Reintegration Problems (RP) and are unlikely to RTW as a result of the insured event. These individuals will receive a disability pension.

Service Delivery Model for Serious Injury

There is no dedicated program for the management of workers with serious injury.

Threshold and eligibility criteria

The Case Management segment will distinguish between groups of workers based on whether they can RTW and the number of days missed from work. If a worker's injury causes them to miss more than eight weeks of work, they are classified as having RP. There are no set criteria that determines whether a worker will have RP and injuries are assessed on a case by case basis. The most severely impaired individuals account for approximately 2% of the Case Management segment claims.

To support them during recovery, individuals will receive a disability pension. A revision of the disability pension requires a significant change in health status. It can also be revised if the earning effects of the disability pension change have undergone significant changes in the same state of health.

Case management model and team structure

The Case Management segment consists of a specialized Case Manager to initialize the treatment and determine the appropriate benefits necessary for the injured worker. Case Managers are not required to have a clinical background. However, they are required to have experience in insurance due to the complicated nature of Switzerland's insurance system. Case Managers are required to have continuing education and extensive work experience as they must navigate the system to ensure the best care for injured workers and any medical concerns are addressed to a Medical Advisor. SUVA provides ongoing education opportunities and soft skills training to provide ongoing professional development.

SUVA employs a Medical Advisor who is responsible for ensuring that providers are providing the necessary treatment for the injured worker. They collaborates with the Case Manager to address the injured workers treatment plans. Through employing medical advisors, SUVA has been effective in assessing the severity of a case and whether an injured worker will be able to RTW.

The Swiss National Insurance Fund (cont'd)

Performance Measurement

The Swiss National Insurance Fund (SUVA) actively seeks feedback from injured workers and their families through a structured survey, which is evaluated to monitor SUVA's performance. The survey asks injured workers and their families to rate their satisfaction on the following themes:

- Information and education provided on their claim;
- The case management team (or individual) who managed their claim;
- Assistance throughout the process of RTW and satisfaction with their change in profession (if applicable);
- Medical assistance and treatment; and,
- Rehabilitation clinics.

The worker satisfaction survey is encouraged for workers and their families in order to actively monitor SUVA's service delivery.

Training, onboarding and professional development

There is no dedicated training for the Case Management Team. The training for the individual Case Manager is listed below:

- At SUVA, there is a wide range of internal training and development opportunities, some of which involve external partners and providers. Specific training and further education are offered for claims management.
- Externally, there are special courses for claims management, case manager training (CAS Integrated Care and Case Management) and further training on specific topics (e.g., consulting, coaching, etc.).

The Swiss National Insurance Fund (cont'd)

External service provider and contract management

SUVA does not engage or contract external service providers for the delivery of health services and programs; instead SUVA operates its own rehabilitation clinics. Clinics in Bellikon and Sion help assess, treat and reintegrate those who have suffered accidents.

Each clinic includes an Assessment Centre whose main objective is to establish within 6 to 12 weeks following the trauma what the resulting damage is and what medical care will be efficient in leading to recovery. The approach is one of biopsychosocial, this means that it is not limited to identifying the damage and proposing the treatments needed, but also considers how difficult personal factors (e.g., motivation, personality) or contextual aspects (e.g., socio-professional) can interfere with successful re-integration of the individual within his professional circle. Clinics use a multidisciplinary and interdisciplinary approach and include an evaluation of functional ability in the home, a neuropsychological assessment and a functional capacity evaluation (e.g., functional evaluation involves use of a total of 29 standardized functional tests).

These centres not only treat the physical and psychological consequences of the accident (including neurological rehab, orthopedic and hand rehab, sports medicine and rehab, psychiatric and psychological services, care and therapy) but also consider the social and professional aspects of rehabilitation (including work rehab). Clinics provide both inpatient and outpatient rehabilitation and are optimally equipped to support accident victims in their return to working life which includes central services such as pharmacy, diagnostics, and radiological examinations including MRI and CT.

Innovations in service delivery

SUVA's strategic priorities emphasize three pillars: prevention, insurance and rehabilitation. Its prevention program focuses on promoting a safety culture within the organization and among employers, raising risk awareness and encouraging responsibility. Examples of initiatives include:

- **Prevention Specialists and Employer Training:** SUVA has introduced prevention specialists as a corporate-level resource to promote a behavior-focused approach to prevention. Prevention specialists educate employers and their work force on safe practices both on the job and in their leisure-time, and potential industry risks.
- **Employer Incentives:** SUVA's "RiskPricing" program creates targeted incentives to increase prevention for employers with the benefit of saving on premiums. Organizations that engage in risk-adverse practices will have lower insurance costs.
- **Augmented and Virtual Reality:** SUVA has leveraged augmented and virtual reality in their "SUVA City 2.0" initiative, to anticipate hazards on the road. Their goal is to reduce Switzerland's current annual total of 18,000 road accidents.
- **Prevention Modules:** SUVA provides modules to employers for prevention activities relating to leisure-time safety and occupational health. SUVA has spoken to over 120,000 employees about evidence-based prevention modules for information sharing.

The Swiss National Insurance Fund (cont'd)

Documentation reviewed

| Document name | Date |
|---|-----------|
| 2018 Annual Report | 2018 |
| Accident Satisfaction Survey | N/A |
| Interview with Hans-Joachim Gerber, Head of Corporate Development, SUVA | July 2019 |
| Interview with Peter Diermann, Case Management, SUVA | July 2019 |

Appendix E

Documentation reviewed

WSIB Value for money review – Serious Injury Program

Appendix E – Documentation reviewed

The following documentation provided by WSIB was reviewed for the purposes of this review:

| Document name | Date |
|--|---|
| 1. Occupational Health and Safety Act, Regulation 834 Critical Injury – Defined | 1990 |
| 2. Workplace Safety and Insurance Act (WSIA) | 1997 |
| 3. C68500 (Serious Injury Operating Budget) | 2016, 2017, 2018 |
| 4. C68505 (Serious Injury Services Management Operating Budget) | 2016, 2017, 2018 |
| 5. SIS CSAL Reports | Reports ending in weeks: Jun 16, 2019; May 26/June 2, 2019; May 19, 2019; Jan 6. 2019/Dec 31, 2018; Dec 16, 2018; Dec 9, 2018 |
| 6. Supplemental Data for SIP VFMA | 2014 - 2018 |
| 7. 4070 – SIP VFMA Deck 1 v8 | 2018 |
| 8. 4249 SIP FFMA Deck 2 v5 | 2013 - 2018 |
| 9. Complex Claims Divisional Roadmap 2019 | January 2019 |
| 10. Monthly Corporate Scorecard | April 2019 |
| 11. WSIB Adjudication & Claims Administration (ACA) Program Value for Money Audit Report | 2010 |
| 12. WSIB Adjudication & Claims Administration (ACA) Program Value for Money Audit Report – Executive Summary | 2010 |

WSIB Value for money review – Serious Injury Program

Appendix E – Documentation reviewed

The following documentation provided by WSIB was reviewed for the purposes of this review:

| Document name | Date |
|---|--------------------|
| 13. Return-to-Work and Recovery Services Strategy | 2019 - 2021 |
| 14. SIP Client Satisfaction Study | 2005 |
| 15. Schedule C- Service Levels and Reports: Excerpt Vehicle Modifications | No date referenced |
| 16. 2018 Enterprise Risk Management Strategy | December 2018 |
| 17. WSIB Oversight Policy: Corporate Risk Management Policy | December 2018 |
| 18. HSEP Overview | June 2019 |
| 19. Operations Logic Model | July 2018 |
| 20. IA Materials for SIP VFMA | June 2019 |
| 21. Key Measures Alignment Operations Cluster | No date referenced |
| 22. SLA for Vehicle Modifications | No date referenced |
| 23. Corporate Risk Management Policy | 2018 |
| 24. STCM Portal | May 2019 |
| 25. EA Learning Portal & CM Learning Portal | May 2019 |
| 26. CM Decision-Making and Case Review | September 2017 |

WSIB Value for money review – Serious Injury Program

Appendix E – Documentation reviewed

The following documentation provided by WSIB was reviewed for the purposes of this review:

| Document name | Date |
|--|--------------------|
| 27. Administrative Law-Merits and Justice – Benefits of Doubt | June 2017 |
| 28. 5 Point Check Activity Instructions | February 2015 |
| 29. SIP Audit Report | March 2019 |
| 30. Professional Practice Spring/Summer | 2019 |
| 31. Role of the Nurse Consultant (NC) | 2019 |
| 32. Ongoing Training for SIP staff | No date referenced |
| 33. 2018-19 New SIP Initiatives | No date referenced |
| 34. Performance Management Guide | December 2018 |
| 35. WSIB Drug Benefit Program – SIP Formulary | February 2017 |
| 36. Prior Authorization (PA) Process for Narcotics | January 2018 |
| 37. Prior Authorization (PA) Process for Specialty Medications | January 2018 |
| 38. Preferred Providers Contact List | April 2019 |
| 39. History of Workplace Safety & Insurance Act | 2015 |

WSIB Value for money review – Serious Injury Program

Appendix E – Documentation reviewed

The following documentation provided by WSIB was reviewed for the purposes of this review:

| Document name | Date |
|--|---|
| 40. Complex Claims Divisional Organizational Chart | April 2019 |
| 41. SIP Organizational Chart | April 2019 |
| 42. SIP Overview | April 2019 |
| 43. SIP Workflow | April 2019 |
| 44. Recovery and Return to Work (RTW) Goals and Expectations | April 2019 |
| 45. Overview of Roles in SIP | April 2019 |
| 46. Role of the Occupational Therapist | August 2018 |
| 47. SIP Job Descriptions (Nurse Consultant, Occupational Therapist, Home Modification Consultant, Business Assistant, Director of Operations, Manager of Operations) | June 2018, June 2017, May 2016, November 2014, November 2014, November 2014 |
| 48. SIP Criteria Document | 2018 |
| 49. SIP Catastrophic Injury Notification Process | May 2018 |
| 50. Referral Criteria to the Serious Injury Program | April 2019 |
| 51. Case Manager Memo Templates | March 2019 |

WSIB Value for money review – Serious Injury Program

Appendix E – Documentation reviewed

The following documentation provided by WSIB was reviewed for the purposes of this review:

| Document name | Date |
|---|---------------|
| 52. SIP Manager Quality Reviews | November 2018 |
| 53. History Formulary 027WS | April 2019 |
| 54. SIP Background | April 2019 |
| 55. Specific SIP Policy Considerations | April 2019 |
| 56. ILA Policy Guidance | March 2018 |
| 57. ILA and PCA Guidance | April 2018 |
| 58. Personal Care Allowance Policy | August 2007 |
| 59. Independent Living Assessment Policy | October 2004 |
| 60. Home Modification Policy | February 2013 |
| 61. Vehicle Modifications Policy | October 2004 |
| 62. Performance Objectives 2019 | April 2019 |
| 63. Guidelines and Process Documents for Independent Living Assessments | 2009/2010 |
| 64. Home Modification Services General Information | 2017 |

WSIB Value for money review – Serious Injury Program

Appendix E – Documentation reviewed

The following documentation provided by WSIB was reviewed for the purposes of this review:

| Document name | Date |
|--|----------------|
| 65. Home Modifications Services Presentation | 2013 |
| 66. Driver Rehabilitation Assessment & Services | July 2018 |
| 67. Vehicle Modification Services | July 2018 |
| 68. Vehicle Modification Services Presentation | June 2017 |
| 69. Quality of Life, Best Approaches Document | September 2010 |
| 70. Considerations for Referral to Work Transition for SIP Cases | 2015 |
| 71. How to Refer to Work Transition | 2015 |
| 72. Health Care Best Practices Approaches | 2016 |
| 73. Bookkeeping Fact Sheet for OTs | 2009 |
| 74. Computer Reference Materials for OTs | July 2016 |
| 75. In House Training Overview Page | April 2019 |
| 76. OT Program | May 2018 |
| 77. PCA Learning Materials | March 2019 |

Information about Deloitte's services

Information about Deloitte's services

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