

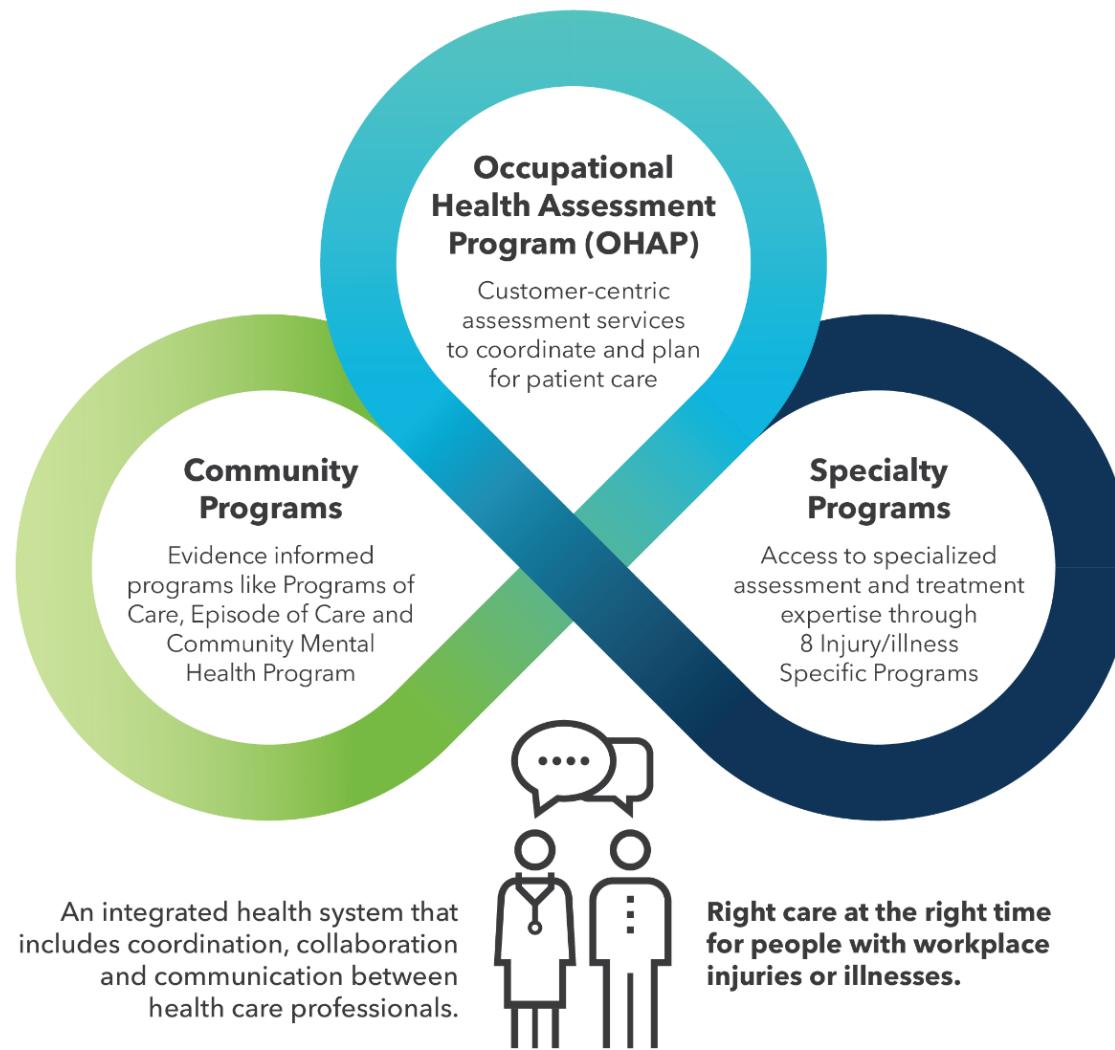
The new musculoskeletal program of care

April 2023

Objectives

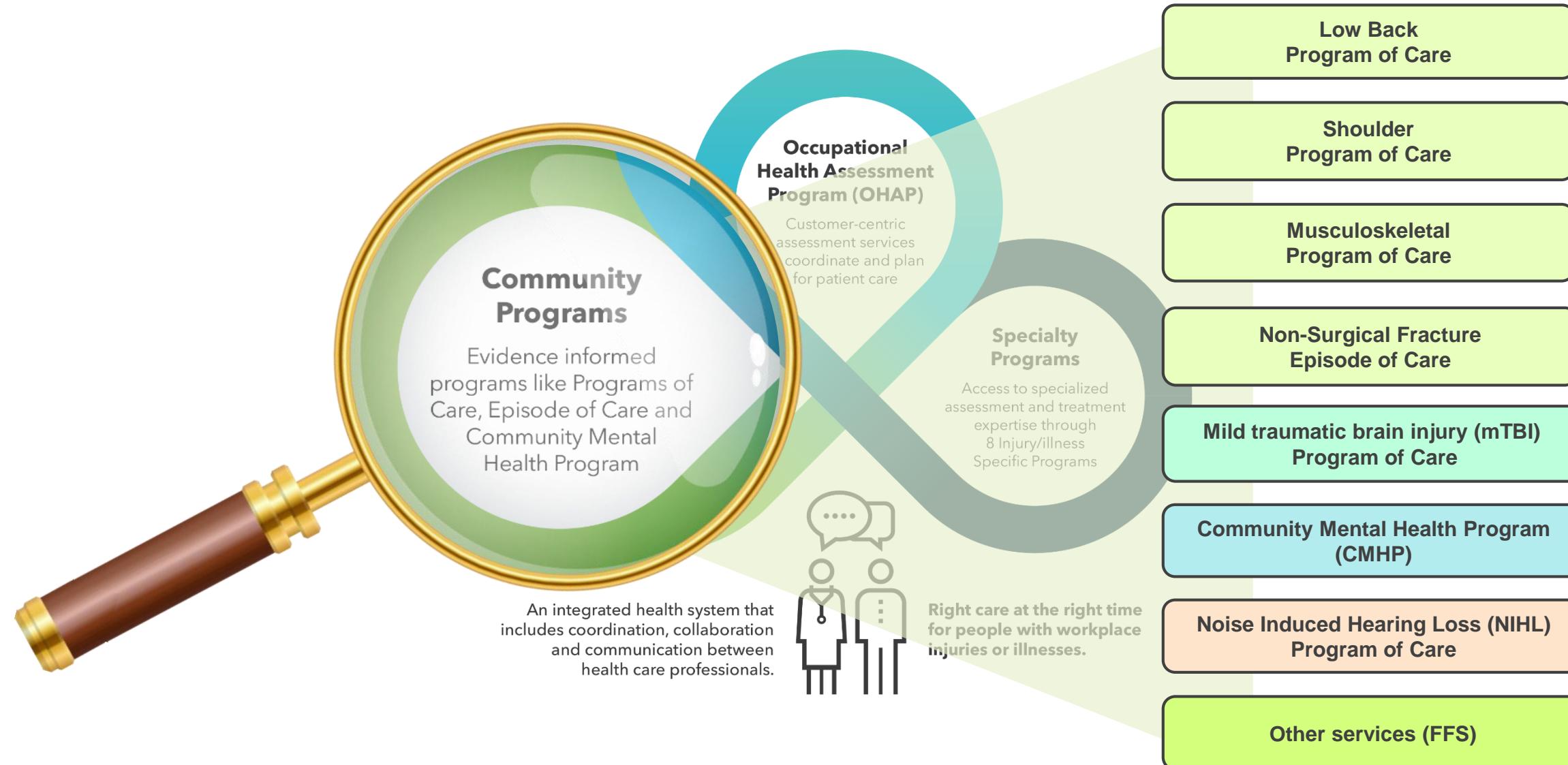
1. Describe the WSIB health care continuum and what the musculoskeletal program of care is.
2. Explain the key elements of the new musculoskeletal program of care, including admission, structure and delivery of the program.
3. Describe the musculoskeletal program of care reporting and communication requirements.
4. Describe the registration process and implementation timelines.

The WSIB's health care continuum



- Non-linear - entry at any point in the continuum based on injury
- Spectrum of services can treat simple injuries or more severe ones that require interdisciplinary, specialist assessment and treatment in hospital setting
- Programs of care are evidence-based programs that are the mandatory first line of care for injured people participating in community treatment who fulfill admission criteria
- Community health care providers are first line partners in the early identification of complex cases or developing barriers to recovery
- When additional assessment or intervention is required, the WSIB can help to facilitate access including expedited access to physician specialists and surgery

Community programs and services: Current state



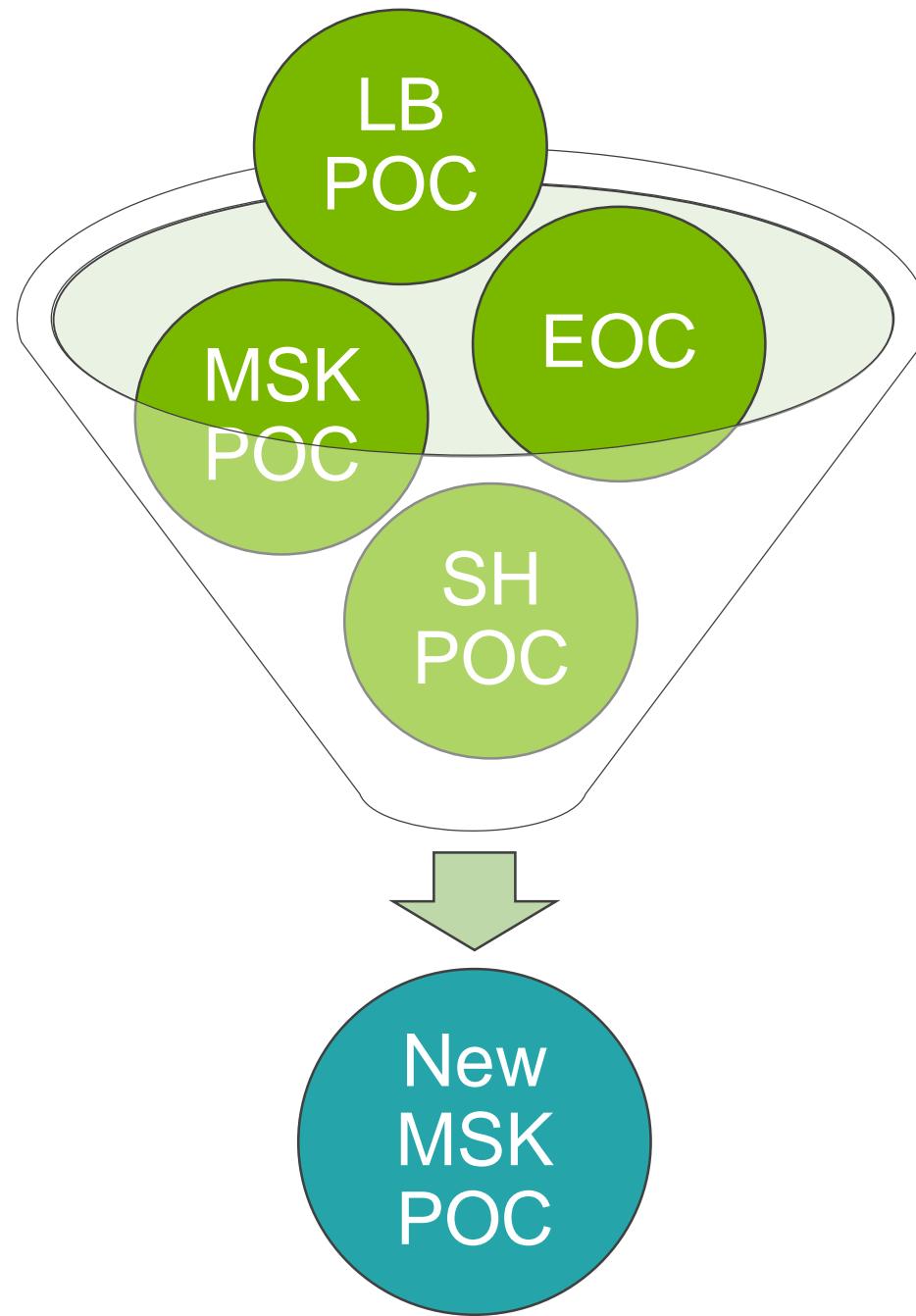
Need for a refresh: current-state barriers

-  Delayed access to initial healthcare
-  Four physical injury programs of care with differing criteria and components
-  Additional care after program completion is not within the program
-  Fees are outdated
-  Reporting lacks information to support recovery and return to work

Overview

- In 2021, the WSIB procured a health care consultant to review our community-based programs and services, and engaged community providers for feedback
- Recommendations were made to support program re-design to reduce administration, drive accountability and improve outcomes
- We engaged with the associations whose members primarily deliver programs of care and we formed a working group of community providers to collaborate on developing the new program

The new musculoskeletal program of care



Combines the **Low Back, Shoulder, Musculoskeletal (MSK) Programs of Care** and the **Non-surgical Fracture Episode of Care** into one comprehensive and harmonized program

- Mandatory first line of care for all suitable MSK injuries
- Eight week program divided into two four-week blocks of care
- Block one is pre-approved for single areas of injury
- Where treatment of multiple areas of injury is clinically indicated and allowed by the WSIB, treatment is delivered within the one program
- One set of report templates, regardless of which musculoskeletal injury treated, is used to report on both single or multiple injuries
- Where approved, treatment beyond eight weeks occurs within a four week supplementary block

Admission criteria

1

Timeframe

2

**Suitable
injuries**

3

Claim status

Admission criteria (1 of 3)

1

Timeframe

For people who are within eight weeks from their date of injury

- Goal is for people to access care as soon as possible after their injury
- If it's been more than eight weeks since their date of injury, the health care provider must call our Clinical Expert line to confirm appropriateness of the musculoskeletal program of care
 - If this level of treatment is appropriate, the musculoskeletal program of care is the mandatory method of delivery

Admission criteria (2 of 3)

2 Suitable injuries

For injured people who have sustained an injury to:

- a muscle, tendon, ligament, fascia, intra-articular structure or any combination of these structures, causing mild to moderate damage (Grade I or Grade II)
 - These may include: sprain/strains, contusions, tendonitis, bursitis, impingement syndromes, partial ligament or tendon tears treated non-operatively
- a bone resulting in fractures that did not require surgical intervention, and
 - no longer have a fracture that is casted or immobilized or
 - have a fracture that is immobilized with a removable device (such as a splint, walking boot, etc.)
- The person must not have another injury that precludes them from participating
- They must have no clinical evidence of red flags
- They must not be hospitalized
- They may be at work or off work

If an injured person's clinical presentation differs from the above, the health care provider must call our Clinical Expert line to discuss the appropriateness of the musculoskeletal program of care.

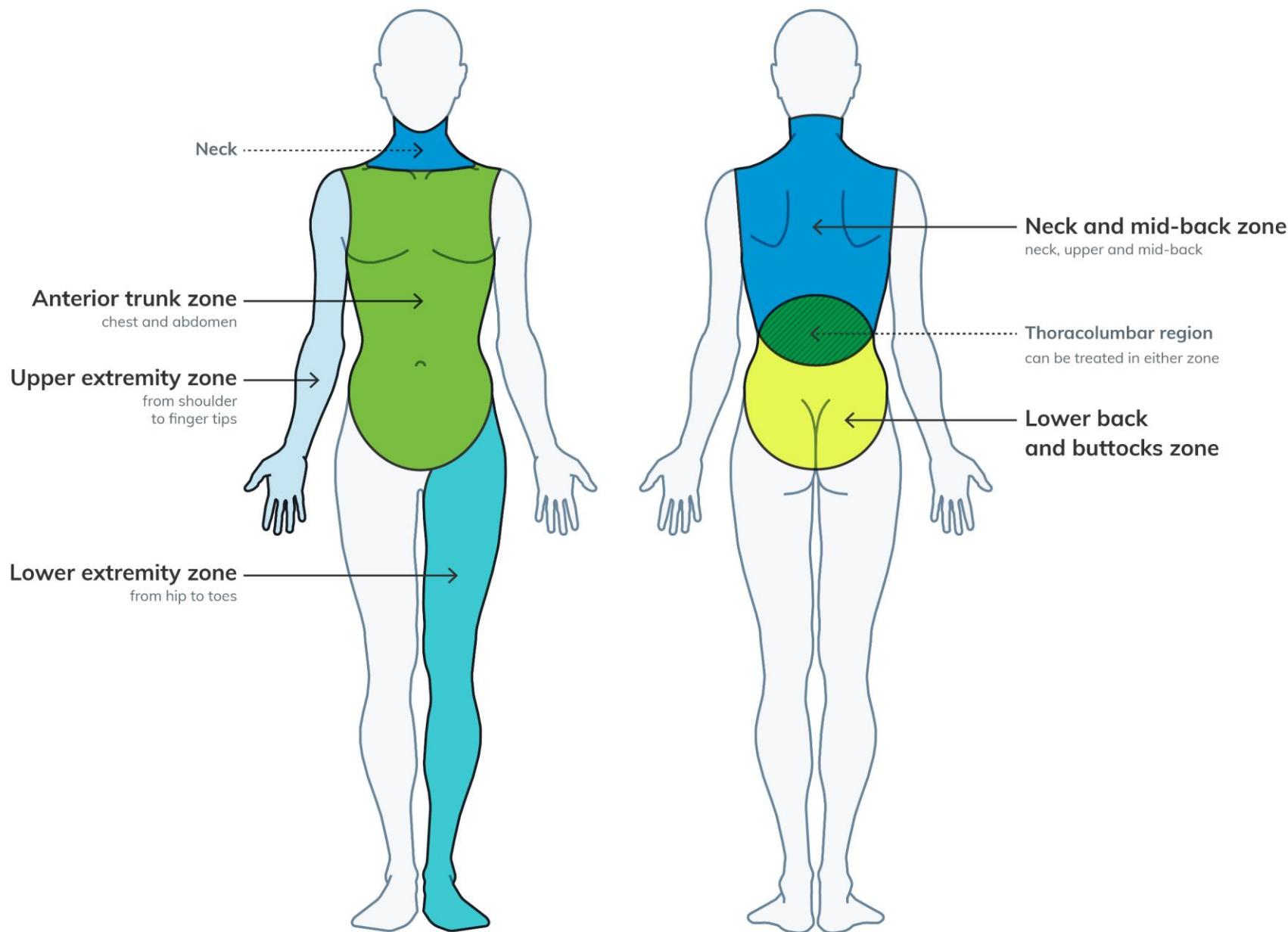
Admission criteria (3 of 3)

3

Claim status

- Where there is a single area of injury, block one of the musculoskeletal program of care can be completed regardless of claim status (pending or allowed) to enable early access to care – no call is required to confirm approval
 - Approval is **required** prior to block two
- Where there are multiple areas of injuries identified, a call to our Clinical Expert line is **required** for approval to treat multiple areas of injury
 - This allows an opportunity to flag and review more complex injuries that may be better suited to other programs on the WSIB health care continuum
 - The provider can still initiate assessment and treatment within the single injury stream for block one

Single vs. multiple areas of injury: Introducing musculoskeletal program of care zones



Single zone of injury

A single area of injury is defined as any and all injuries to **1 of the 5** following anatomical zones:

- All musculoskeletal injuries to 1 upper extremity
- All musculoskeletal injuries to 1 lower extremity
- All musculoskeletal injuries to the anterior trunk (chest, abdomen)
- All musculoskeletal injuries to the neck, upper and mid back
- All musculoskeletal Injuries to lower back and buttocks

Multiple zones of injury

Multiple areas of injury are defined as injuries in more than 1 anatomical zone (i.e., two or more single areas of injury as defined above).

Overlap between upper/mid-back and lower back zones is considered to allow for thoracolumbar injuries which can then be treated in one of these zones (not both).

Injuries to the pectoral or pelvic girdles can be ascribed to either the upper extremity or lower extremity zone in our diagram, respectively.

Single vs. multiple injuries: introducing musculoskeletal program of care zones

Treatment limited to monitoring and/or advice provided for a minor injury(ies), in addition to the primary area of injury, will not be considered as a separate area of injury.

Where the mild traumatic brain injury (mTBI) program of care is delivered, treatment of the neck is included in the mTBI program of care and will not be considered as a single injury within the musculoskeletal program of care.

Key changes to current state

- Single injuries were made broader in scope to encompass all injuries within one limb, or “one zone”, as defined in the diagram
- Bilateral injuries are now considered as multiple injuries
- Injury to the neck/upper back and low back are now considered as injury to two zones, which is in line with the recognition of the neck as a defined area of the spine in the mTBI program of care
- Where providers have received approval to treat multiple zones of injury, an increased fee is paid for the delivery of the program; multiple programs are not delivered

Program structure

The new musculoskeletal program of care is an eight-week assessment and treatment program consisting of **two blocks** of care.

Entry **MSK** **POC**



Block **ONE**



Block **TWO**



Outcome measures

- One tool to assist in understanding progression of recovery
- Providers expected to complete **at least one** outcome measure from functional outcome measure list (they may opt to complete more than one, if multiple zones injured e.g. neck and low back)
- Same outcome measure(s) to be repeated throughout program where required.

Functional outcome measures	
Neck	<ul style="list-style-type: none">• Neck Disability Index (NDI)
Low back	<ul style="list-style-type: none">• Oswestry Low Back Pain Disability Questionnaire (ODI)
Upper limb	<ul style="list-style-type: none">• QuickDASH
Lower limb	<ul style="list-style-type: none">• Lower Extremity Functional Scale (LEFS)
Generic musculoskeletal	<ul style="list-style-type: none">• World Health Organization Disability Assessment Schedule (WHODAS) 2.0 – 12 item version

Evidence-based Interventions



Recovery and return to work

Supplementary block



- When further treatment is required in specific cases, this treatment will be delivered within a **four-week supplementary block**
- Approval for the first supplementary block of care is required via call to our Clinical Expert line; approval for a subsequent supplementary block must be given by a Nurse Consultant
- This block of care will have bundled fees within the program and a templated report
- A supplementary block would be used in cases where:
 - Identified need for additional treatment (e.g., injured person not fully recovered and performing modified duties with full recovery and return-to-work anticipated)
 - Continued care in the musculoskeletal program of care recommended after other assessment (e.g., OHAP, Specialty Program)

Reporting requirements

Initial assessment report

- Documentation of history of injury (HOI)/mechanism of injury (MOI)
- Identification of current symptoms, medical history, treatment interventions to date
- Report of physical examination findings (i.e., musculoskeletal, neurological, orthopedic, etc.)
- Administration of outcome measures
- Diagnosis
- Identification of barriers to recovery
- Description of worker functional abilities
- Identification of treatment interventions to be delivered

Submitted **2 business days** after
completion of the initial
assessment

• **Mid-point report**

- Description of recovery to-date
- Description of worker updated functional abilities

Submitted 2 business days after last treatment session in block one

Care and outcomes summary report

- Description of recovery to-date
- Repeat physical examination testing
- Administration of outcome measures
- Description of worker updated functional abilities
- Discharge or description of next steps for recovery

Submitted **2 business days**
after last treatment session in
block two

Supplementary report*

- Description of recovery to-date
- Repeat physical examination testing
- Administration of outcome measures
- Description of worker updated functional abilities
- Discharge or description of next steps for recovery

*where Supplementary block approved

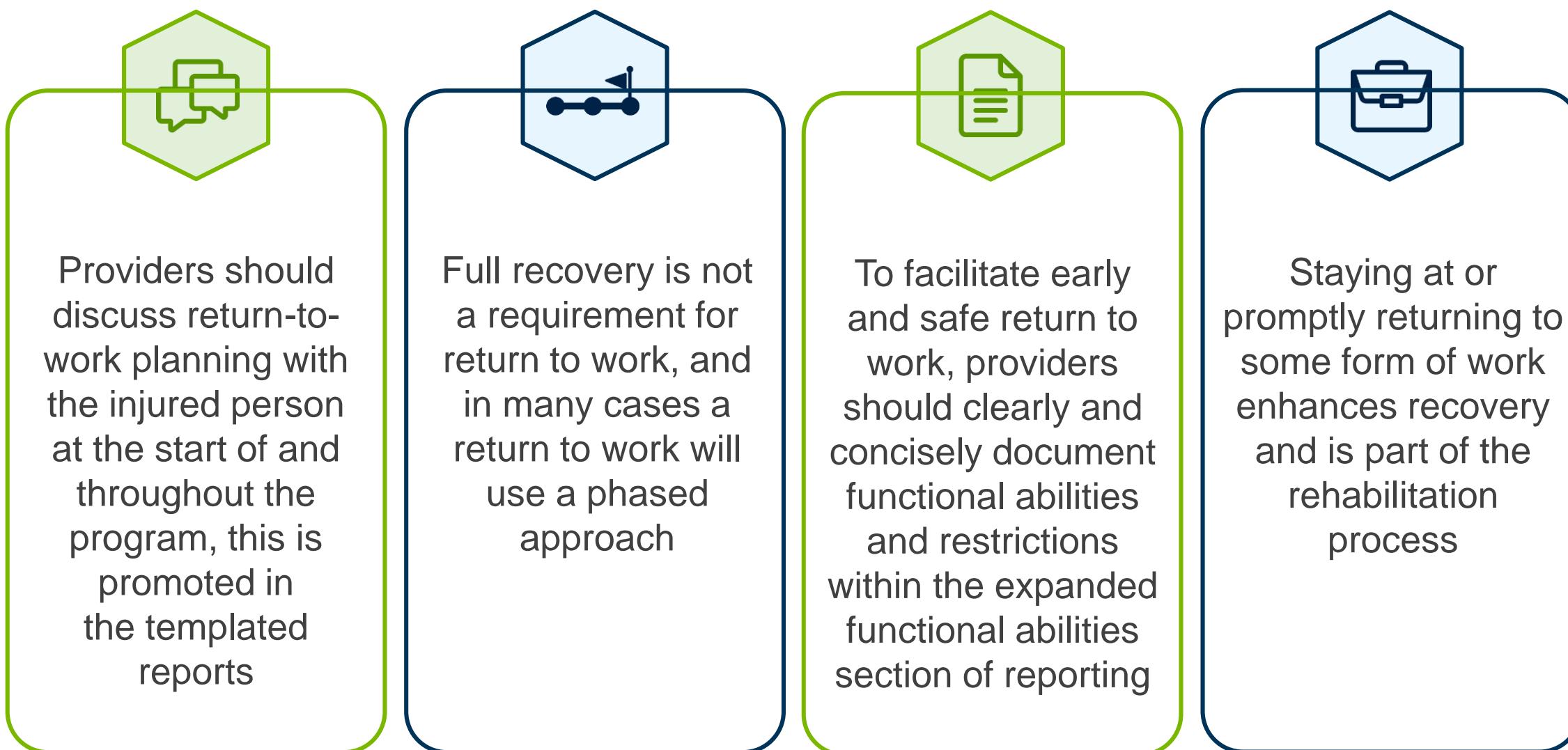
18 The New Musculoskeletal Program of Care

Key changes in reporting



1. One set of forms to report on single or multiple injuries that can be used for any suitable musculoskeletal injury
2. Inclusion of a mid-point report following block one of treatment
3. Expansion of functional abilities reporting across all reports and format aligned with functional abilities reporting with the Functional Abilities Form (FAF)
 - Tear away option of functional abilities pages for injured person take away
4. Addition of a supplementary block report, used where approval for additional four-week treatment beyond eight-week program given
5. Providers are paid for completion of each report when submitted within the timeframe
6. All forms submitted through our online services at wsib.ca/submit
7. Electronic billing for forms

How is return to work incorporated into the musculoskeletal program of care?



Communication requirements

When to call	WSIB Clinical Expert (CE)	WSIB Nurse Consultant (NC)	WSIB Case Manager (CM)	Customer Service Rep (CSR)
At admission if date of injury is beyond eight weeks, outside of suitable injuries or treatment for multiple zones is required	x			
To confirm entitlement at block two, if still unknown	x	x	x	x
At completion of block one if there is no progression of functional abilities or more than two barriers to recovery have been identified	x			
Injured person requires additional treatment and provider requesting a supplementary block following delivery of block two	x			
Ongoing treatment is being requested after the first supplementary block of care		x		
At any time, concerns with injured person recovery, lack of progress and need for specialized interventions	x	x	x	
For more information related to return to work or employer accommodations to help with your treatment planning		x	x	

Additional communication with other health care providers:

- Communication with other providers is required where these providers made recommendations for ongoing treatment or to help inform their assessment

Fee schedule

Musculoskeletal program of care – Single zone		Musculoskeletal program of care – Multiple zones	
Block one		Block one	
Initial Assessment Report - \$50		Initial Assessment Report - \$50	
Services included:	<ul style="list-style-type: none"> Initial Assessment 4 weeks of treatment 	Services included:	<ul style="list-style-type: none"> Initial Assessment 4 weeks of treatment
Minimum visits	5	Minimum visits	5
Fees	\$560	Fees	\$840
Mid-point report	\$30	Mid-point report	\$30
Block two		Block two	
Services included:	<ul style="list-style-type: none"> 4 weeks of treatment 	Services included:	<ul style="list-style-type: none"> 4 weeks of treatment
Minimum visits	4	Minimum visits	4
Fees	\$350	Fees	\$525
Care and Outcomes Summary Report	\$50	Care and Outcomes Summary Report	\$50

Supplementary block		Supplementary block	
Services included:	<ul style="list-style-type: none"> 4 weeks of treatment 	Services included:	<ul style="list-style-type: none"> 4 weeks of treatment
Minimum visits	3	Minimum visits	43
Fees	\$245	Fees	\$370
Supplementary Report	\$50	Supplementary Report	\$50

Musculoskeletal program of care **TOTAL:**

8-week program single zone:
\$1040

8-week program multiple zones:
\$1495

Delivery of the musculoskeletal program of care

- All regulated health care professionals, whose scope of practice, knowledge and skill includes the assessment, treatment and rehabilitation of musculoskeletal injuries
 - This includes the ability to deliver all of the recommended interventions
- The program may be delivered by a sole practitioner or by an interdisciplinary team
- Given the requirement for diagnosis by a WSIB primary provider (Chiropractor, Physiotherapist, Physician, Nurse Practitioner), regulated health care professionals who are not members of those professions may still deliver the musculoskeletal program of care provided it is within their scope of practice and they have received a referral from one of the WSIB primary providers

Registration



- Providers interested in delivering the new musculoskeletal program of care must register with us on our website
- Providers who are already registered to deliver a program of care must re-register to provide the musculoskeletal program of care
- Providers will be registered as individuals, not as clinics, therefore every regulated health care professional wanting to deliver this program must be registered, even if delivering the program as part of an interdisciplinary team
- Registration requires:
 - Reviewing all program material available on the WSIB website
 - Registering for an electronic billing number through TELUS Health, where provider does not have one already
 - Completing the online musculoskeletal program of care registration form
- Once registered, provider information is added to the new musculoskeletal program of care provider directory available on our website
- The directory is accessed by both injured people and our case management teams in order to find providers delivering this program
- As a registered provider, you are required to contact us should your registration information change



Implementation and transition period



- Injured people who are receiving treatment in the previous programs of care (low back, shoulder, old musculoskeletal) or episode of care prior to April 3, 2023 should remain in that program until completion
- Injured people who begin treatment in an existing program of care between April 3 and May 1 must continue in that program until completion
 - Providers must **not switch** injured people to the new musculoskeletal program of care or re-start an injured person in the new musculoskeletal program of care
 - Providers must be registered before delivering care in the musculoskeletal program of care, even during the transition period

Submitting on our website – transition

- During the transition period, reports for both the new musculoskeletal program of care and the existing programs of care will be available to submit on our website

The new musculoskeletal program of care reports are labelled 'new' to differentiate when you are choosing the document for submission

Tell us about your document

10635A - MSK POC initial assessment report - 3 23 - English - DRAFT3 Testing (SECURED).pdf 710 KB [Remove](#)

Submission progress: 100%

Is this a WSIB form? Yes No

What document is this?

Mus|

- Musculoskeletal program of care: care and outcomes summary (2339A)
- Musculoskeletal program of care: Initial assessment report (2345A)
- New Musculoskeletal (MSK) program of care: Care and outcomes summary (10637A)
- New Musculoskeletal (MSK) program of care: Initial assessment report (10635A)
- New Musculoskeletal (MSK) program of care: Mid-point report (10636A)
- New Musculoskeletal (MSK) program of care: Supplementary report (10638A)

Website resources

- The following resources for the musculoskeletal program of care will be on our website at wsib.ca/en/musculoskeletal-program-care-msk-poc:



Contact

For any questions regarding the new musculoskeletal program of care, please email us at Healthservices@wsib.on.ca

Thank you!