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# Partners in Care: Bolstering Patient Care and Return to Work Through a WorkSafeBC/Physician Collaboration

## RESOURCES

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🕒 1.5 MOC Section 1, Mainpro+

🕒 Tuesday, February 15, 2022

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# Partners in care

## Bolstering patient care and return to work through a WorkSafeBC and practitioner collaboration

An interactive presentation by WorkSafeBC's medical services and case management services team to discuss a collaborative initiative with B.C.'s physicians and other health care practitioners aiming to improve return-to-work outcomes for their patients.

**Speakers:** Dr. Peter Rothfels, Dr. Janice Mason, Lionel Earle, and Tamara Erickson

Time	Description
6:00–6:10 pm	Welcome and introductions
6:10–7:00 pm	<ul style="list-style-type: none"><li>• Worklessness: A medical emergency</li><li>• Snapshot of B.C.'s injured workers</li><li>• Incorporating return to work into a patient's recovery plan</li><li>• Partners in Care</li><li>• Our invitation to you</li></ul>
7:00–7:25 pm	Questions
7:25–7:30 pm	Closing remarks

### Learning objectives

This session is designed to help you:

- Expand your overall understanding of B.C.'s injured worker population and the negative effects of prolonged worklessness on their health and well-being.
- Increase your awareness of the resources and expertise WorkSafeBC's medical advisors can offer to support a patient's timely treatment, recovery, rehabilitation, and medically safe return to work.
- Learn the importance of incorporating safe, durable, and timely return to work as part of treatment plans.

## Your presenters

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### Dr. Peter Rothfels

Dr. Peter Rothfels graduated from the University of Alberta with a B.Ed. with Distinction in 1976, and as an M.D. in 1981. After spending six years practicing emergency medicine in the U.S., he returned to Canada and worked as a physician for 13 years in rural Nova Scotia. In 2000, he moved to Victoria, B.C., where he worked as a locum physician for two years. He then joined WorkSafeBC as a medical advisor, becoming a senior medical advisor in 2006, and then chief medical officer and director of medical services in 2008. A strong proponent of collaboration, he partners with internal and external stakeholders to devise innovative and broad evidence-based strategies to support the needs of B.C.'s injured workers and the medical community. He has extensive expertise in chronic pain and addiction medicine. On both the national and provincial stage, he is a sought-after speaker on the interplay between chronic pain, opioids, and addictions.

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### Dr. Janice Mason

Dr. Janice Mason is a general practitioner who holds a diploma in sport and exercise medicine from the Canadian Academy of Sport and Exercise Medicine, as well as a graduate certificate in health systems leadership from Royal Roads University. She joined WorkSafeBC in 2008, where she worked first as a medical advisor and then as a manager of Medical Services. She has been the project lead for Partners in Care (also known as the Early Medical Advisor Involvement initiative) since it was first implemented in mid 2020 — leading a large team of medical advisors in the name of greater collaboration with B.C.'s physicians, heightened and consistent support for injured workers, and better return-to-work outcomes. In her spare time, she pursues her love for water-based activities — in particular, swimming in our local pristine waters and paddling or rowing along B.C.'s West Coast up to Alaska.

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### Lionel Earle

Lionel Earle is a senior manager in WorkSafeBC's Claims and Rehabilitation Services. He has dedicated his life's work to administering intervention programs for disabled and elderly workers, people in crisis, displaced fishermen, exceptional children and adults, and young offenders. Before joining WorkSafeBC in 1998, he worked as a counsellor in the correctional system, and then in case management and vocational rehabilitation at Newfoundland's workers' compensation board in his native province. He has gained a keen understanding of the role biosocial factors play in a person's recovery and return to life and work. Maintaining an injured worker's connection to the workplace and working in partnership with the medical community underpins his vision for successful return to work. He is a board member at the Langley Care Society and the Langley Lodge — a long-term care facility for seniors.

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## Tamara Erickson

Tamara Erickson began her WorkSafeBC career 18 years ago, initially as a nurse advisor and then as a senior nurse advisor — a role that enabled her to impart training and expertise in various fields of practice to her peers. She has taught everything from how to develop sound return-to-work and recovery plans and proactively assist with a worker's medical recovery and treatment to how to conduct medical investigations alongside medical advisors and identify an injured worker's ability to return to employment. Her comprehensive background also includes working as a case manager and, in her most recent role, client services manager in B.C.'s Interior. Prior to joining WorkSafeBC, she worked as a registered nurse for 25-plus years, primarily in emergency and critical care nursing. She is passionate about helping people who have been injured return to life and gainful employment and eliminating needless disability.

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## Partners in Care

Bolstering patient care and return to work through a WorkSafeBC/medical practitioner collaboration

February 15, 2022 | 6 – 7:30 pm PST | Q&A: Slido.com #patientcare

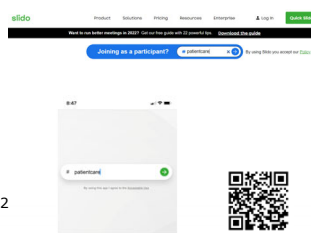
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### How to use Slido

- Open the email reminder you received today, or
- Go to [slido.com](https://www.slido.com)
- Enter **#patientcare** in the appropriate field
- Upvote with 👍

**Technical difficulties?**

- Please call Allison at 604.441.4642



### Learning objectives

This session is designed to help you:

- Expand your overall understanding of B.C.'s injured worker population and the negative effects of prolonged *worklessness* on their health and well-being.
- Increase your awareness of the resources and expertise WorkSafeBC's medical advisors can offer to support a patient's timely treatment, recovery, rehabilitation, and medically safe return to work.
- Learn the importance of incorporating safe, durable, and timely return to work as part of treatment plans.

### About your presenters

**Dr. Peter Rothfels**

“ We want to support your advocacy role for the best outcome for your patients who sustain a workplace injury or disease.

**Dr. Janice Mason**

“ The body's amazing ability to heal is supported through active rehabilitation, including recovery at work.


**Lionel Earle**

“ Prolonged detachment from work is a life emergency that can lead to chronic emotional and physical disability.

**Tamara Erickson**

“ Work is therapy. You can recover while at work, but it takes a collaborative team effort to successfully accomplish this.

### Tell us where you're from



Region
Northeast
North Coast & Nechako
Cariboo
Thompson Okanagan
Kootenays
Vancouver Island/Coast
Lower Mainland/Southwest

### Our agenda

- Welcome and introductions
- Worklessness*: A medical emergency
- Snapshot of B.C.'s injured workers
- Incorporating return to work into a patient's recovery plan
- Partners in Care
- Our invitation to you
- Questions?

### Tell us what you think

Which statement best reflects your own views?

- A. A patient should stay away from work until they've fully recovered from their injury
- B. A patient can recover from their injury at work, when it's safe to do so
- C. Patients shouldn't go back to work until they're pain-free
- D. I'm not sure what the best approach is when helping a patient return to work



### Work is good medicine



“When someone has been away from work for 4 weeks it's a **medical emergency**.”

— Dr. Gary Franklin, medical director of the Washington State Department of Labor & Industries

**Worklessness: A medical emergency**

### Worklessness and unemployment

Worklessness is associated with the following:

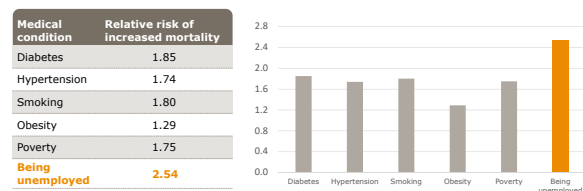
#### Biological

- Mortality
- Suicide
- Obesity
- Cardiovascular morbidity
- Depression

#### Psychosocial

- Substance use
- Accidents
- Poverty
- Alienation
- Negative impacts on social capital
- Inter-generational issues

### Worklessness and mortality risk



Source: Margaretha Voss, PhD, MPH, Lotta Nylen, MPH, Birgitta Floderus, PhD, Finn Diderichsen, MD, PhD, and Paul D. Terry, PhD, *Unemployment and Early Cause-Specific Mortality: A Study Based on the Swedish Twin Registry*, Am J Public Health. 2004 December; 94(12): 2155-2161. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448606>

### Worklessness and self-worth

Worklessness reduces:

- Self-respect
- Personal, social, and work-related skills
- Financial status

Worklessness increases:

- Stress and tension between family members

### Worklessness and treatment providers

- People who are unemployed: have higher medical consultations, medication consumption, and hospital admission rates
- WorkSafeBC patients: require more time for physicians and have more pain and complaints

### A snapshot of B.C.'s injured workers

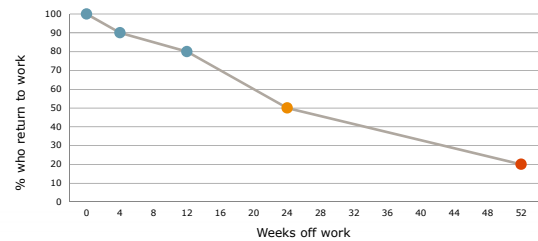
### Tell us what you think

In B.C., what percentage of workers return to employment after being away from work for six months because of an injury?

- A. 80%
- B. 50%
- C. 20%

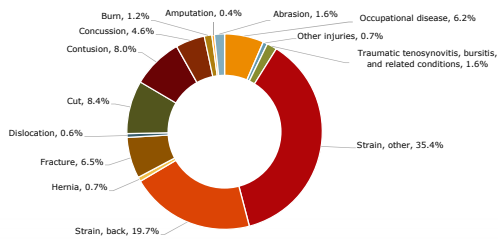


### Only 50% of workers return to work after being away for 26 weeks



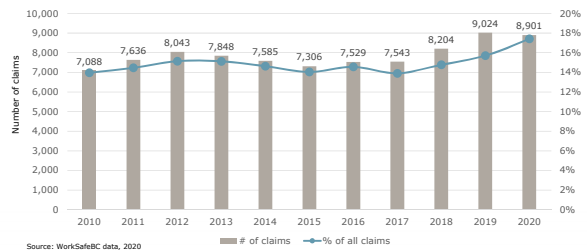
Source: Dr. Taryl Felhaber, The risks of worklessness, 2017, [thischangedmypractice.com/the-risks-of-worklessness/](http://thischangedmypractice.com/the-risks-of-worklessness/)

### A snapshot of claims in 2020



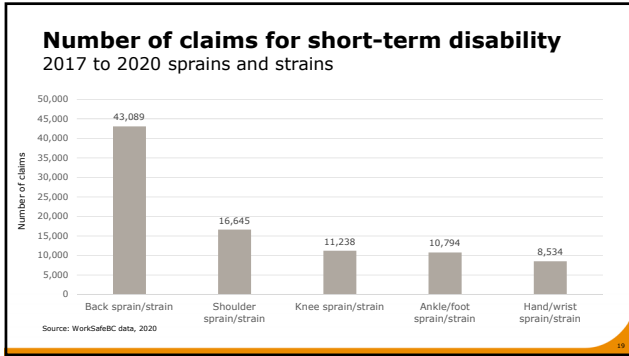
Source: WorkSafeBC data, 2020

### Sprains and strains: Recovery period of 10 weeks or more



Source: WorkSafeBC data, 2020






### Tell us what you think

How long would you be away from work if you had a shoulder strain?


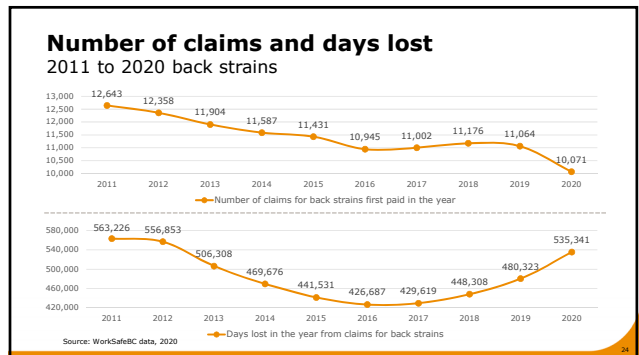
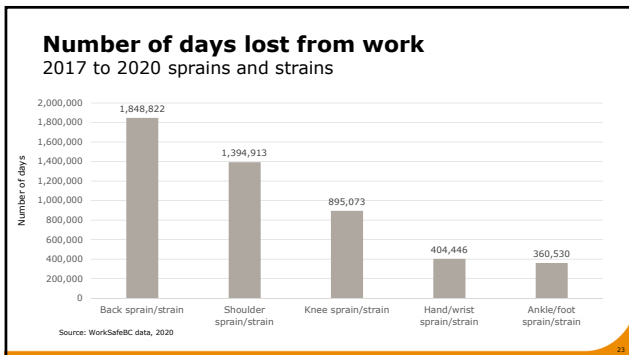
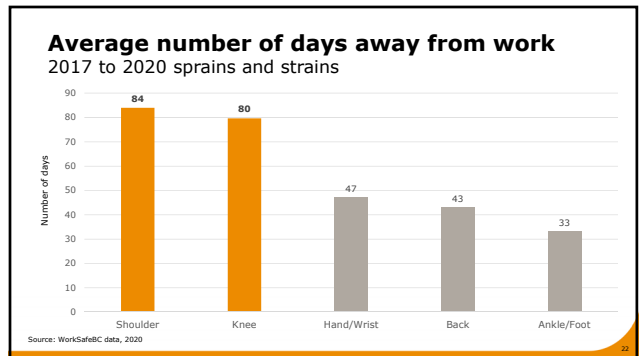
- A. 14 days or less (2 weeks or less)
- B. 15 – 29 days (2 to 4 weeks)
- C. 30 – 59 days (4 to 8 weeks)
- D. 60 days or more (more than 8 weeks)

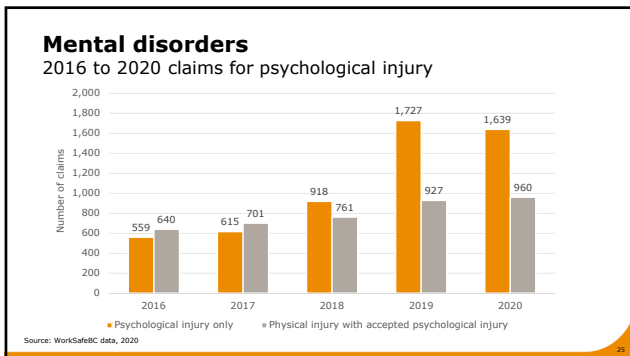


### Tell us what you think

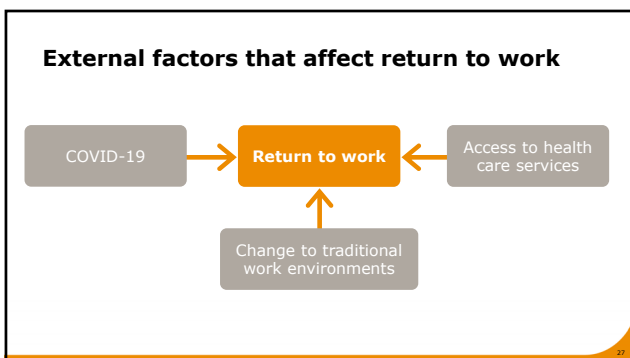
On average, how long do you think workers are away from work for a shoulder strain?

- A. 14 days or less (2 weeks or less)
- B. 15 – 29 days (2 to 4 weeks)
- C. 30 – 59 days (4 to 8 weeks)
- D. 60 days or more (more than 8 weeks)

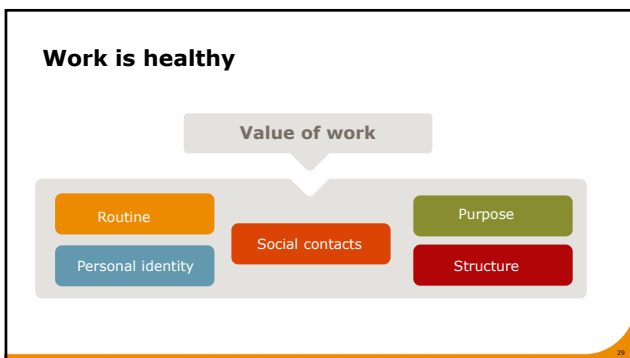





- ### In summary
- Being away from work for long periods is unhealthy
  - Average time away from work for common strains and sprains:
    - ✓ Shoulder: 84 days
    - ✓ Knee: 80 days
    - ✓ Hand and wrist: 47 days
  - Mental health claims that include a physical injury are on the rise



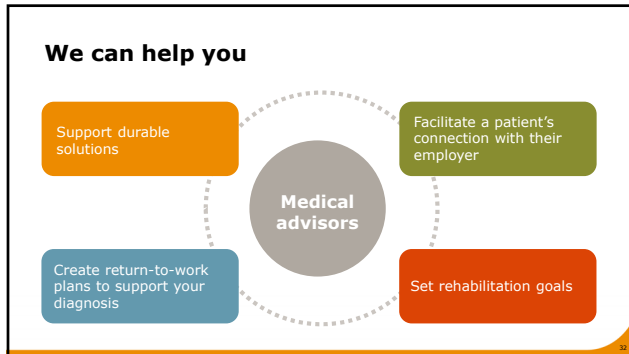
**Incorporating return to work into a patient's recovery plan**



### The CMA supports return to work

“ The Canadian Medical Association recognizes the importance of a patient returning to all possible functional activities as soon as possible after an injury or illness.


The treating physician's role is to diagnose and treat the illness or injury, to advise and support the patient, to provide and communicate appropriate information to the patient and the employer, and to work closely with other involved health care professionals to facilitate the patient's safe and timely return to the most productive employment possible.



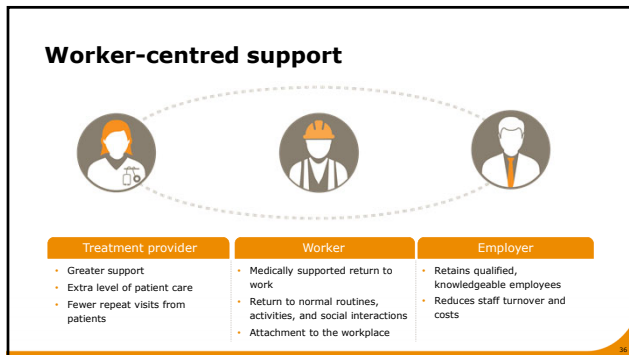
- ### Opportunities for you
- Discuss expectations on recovery timelines and return to work on day 1
  - Ask your patient about what they do at work
  - Tell your patient about the value of returning to work and modified duties

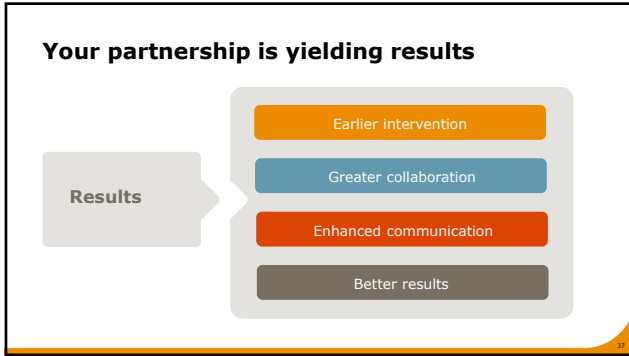
### Tell us what you think

How else can WorkSafeBC help you support injured workers in their recovery, rehabilitation, and return to work?



- ### Our team of medical advisors
- Experienced as community physicians
  - Maintain clinical practices
  - Accredited in sports or occupational medicine
  - Trained in mental health
  - Enlist the help of specialists





### You're making a difference

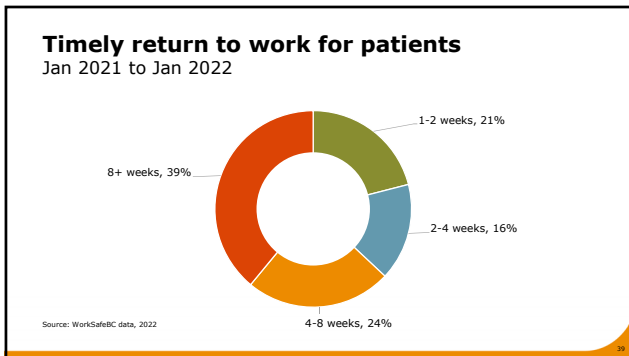
**Summary of outreach efforts: Jan 2021 to Jan 2022**

- 4,035 eligible claims
- 1,443 calls (or 36% of eligible claims) led to contact between a medical advisor and an attending physician/health care provider

**Results from your collaboration**

- 582 workers returned to work
- 40% of your contacts with us may have influenced these workers return to employment

Source: WorkSafeBC data, 2022



### What treatment providers are saying

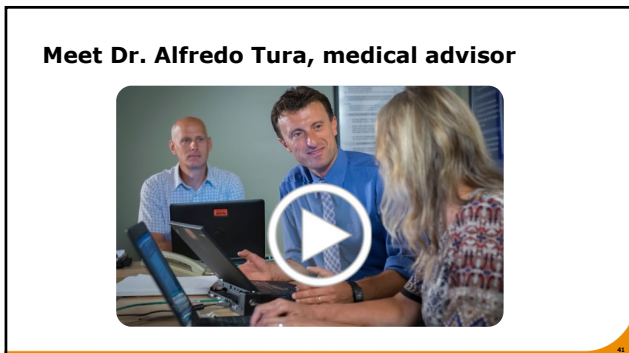
“ I appreciated getting paid for the time spent on the phone call ”

“ I appreciated the early involvement and support to discuss a proactive plan ”

“ It's nice to have a voice to talk with now, and a peer to consult with in the future ”

“ It was time well spent ”

“ Didn't know about all these resources that WorkSafeBC offered to our patients (e.g., rehabilitation, concussion, tinnitus, ASTD) ”



**Our invitation to you**

## We're here to help

- Contact us if you need help
- If we contact you, please take our call
  - Calls take 5 to 10 minutes
  - You can bill us for the call
- Contact us through the toll-free provincial RACE line, 1.877.696.2131

## Questions?

Slido.com #patientcare  
Upvote with 

Thank you. Please keep in touch.

For information about our other webinars, contact [medicalservicesevents@worksafebc.com](mailto:medicalservicesevents@worksafebc.com)



# We're here to help

We want to make sure you have all the information you need to work with us as a health care service provider. The phone numbers you'll use most often are listed below.

## Procurement Services

**604.276.3344 | Toll free: 1.844.276.3344**  
[purchasing@worksafebc.com](mailto:purchasing@worksafebc.com)

- Becoming a WorkSafeBC service provider

## Health Care Programs

**604.232.7787 | Toll free: 1.866.244.6404**  
[HCSINQU@worksafebc.com](mailto:HCSINQU@worksafebc.com)

- Your contract and fee schedule
- Contracted clinical services

## Payment Services

**604.276.3085 | Toll free: 1.888.422.2228**  
(Monday to Friday, 8 a.m.–4 p.m.)

- A specific invoice or billing rejection
- Invoice correction letters
- General information about our billing process

## RACE Line

**Toll free: 1.877.696.2131**  
(Monday to Friday, 8 a.m.–5 p.m.)

- Physicians and Nurse Practitioners can access timely guidance and advice regarding assessment, management and treatment of patients from a range of specialists

## Claims Call Centre

**604.231.8888 | Toll free: 1.888.967.5377** (Monday to Friday, 8 a.m.–6 p.m.)

For basic information about a claim:

### Claims Call Centre

- Claim status
- Basic claim information
- How to contact the claim owner (the WorkSafeBC staff member who is responsible for the injured worker's claim)

For questions about a specific claim:

### Claim Owner

- Treatment approval
- Discussing an injured worker's condition and progress
- Discussing return-to-work plans and recommendations
- If you don't have the claim owner's contact information, please call our Claims Call Centre

## Common questions

See below for a list of commonly asked questions and the department to contact for help.

Question or topic	Contact
How do I become a contracted service provider?	Procurement Services
I'm new to WorkSafeBC's billing process — how does it work?	Payment Services
I need assistance with an invoice.	Payment Services
I need help with a specific clinical question.	Health Care Programs
I have a question about the status of my patient's claim.	Claims Call Centre
I have a question about my contract.	Health Care Programs

## 2022 WorkSafeBC billing fee codes

Billing fee codes (effective Apr 1, 2021)	Phone call billing code for:
19930	Physician in B.C.
1100490	Physician outside B.C.
1102365	Nurse practitioner
19204	Physiotherapist providing standard or post-surgical treatment block
19177	Physiotherapist providing home, neurological, or vestibular treatment
19132	Chiropractor
1100479	Naturopathic doctor
1252096	Acupuncturist