



March 10, 2014

Donna Bain
Vice President, Health Services Division
Workplace Safety & Insurance Board
200 Front Street
Toronto, Ontario

Dear Donna,

Thank you for the opportunity for the Ontario Society of Occupational Therapists (OSOT) to provide comment on the proposed fee schedule for the new MSK Program of Care. We have reviewed the following proposal:

- a) **POC Fee** = \$480 with a minimum of 6 visits and an eight week maximum POC duration
 - **Plus:** \$120 where worker is discharged able to return to all regular duties and regular hours
 - **Minus:** \$120 where POC provider does not contact WSIB by end of week 6 of the POC to advise that worker will not be able to return to all regular duties and hours at program completion
- b) **Care and Outcomes Summary (the discharge form) Fee:** \$40.

OSOT is prepared to support the proposed fees. However, our review and consideration has addressed a number of issues that we feel important to share.

Potential to incent Interprofessional Care

OSOT's Board of Directors has reviewed the proposed fee schedule with the knowledge that realistically, occupational therapists will not likely be primary providers of the proposed Program of Care; billings will likely come from physiotherapy and chiropractic clinics. To this end, we have reviewed the fees proposed to assess the potential to incent interprofessional care where appropriate. We feel strongly that occupational therapists have much to bring to the treatment and preparation for return to work of workers with MSK injuries that would fall into this POC, particularly for those who present the yellow flags identified in the POC.

While the overall fee for a successful RTW does not provide significant room for shared treatment for a worker, the differential offered to outcomes that result in a worker's return to regular duties may incent the primary professional to engage another professional (e.g. a

massage therapist or occupational therapist) who brings complementary skills and focus to a client's barriers to return to work when these skills fall outside the initiating professional's core skillset. Occupational therapists would welcome the opportunity to work alongside their colleagues in clinic based environments to promote successful rehabilitation and return to work.

Potential/Perceived Conflict of Interest

Concerns have been raised that the differential in fee offered to an outcome of return to regular duties may create an inherent conflict of interest for the treating professional. The Society is of the opinion that conflicts of interest occur in practice contexts every day and that it is a reasonable responsibility of a regulated health professional to proactively identify such conflicts and to take steps to ensure that the potential impacts of conflict that may affect client care are avoided. The College of Occupational Therapists of Ontario has both a *Code of Ethics* and *Standards for the Prevention and Management of Conflict of Interest, 2012* which guide occupational therapists. We presume other professions have similar regulatory guidance. We do not see the fact that the fee schedule may present a potential for conflict of interest to be a barrier to acceptance. Increasingly we observe other funding models basing payment upon desired outcomes. We believe professionals have the skills to address and avoid the impacts of potential conflict of interest.

It has been suggested that the differential in fee offered for return to regular duties may be of concern to workers who themselves feel that their treating professional may unduly press them to return to work or report them to be ready to return to regular duties when they are not ready. OSOT is not aware of how much workers know about the program of care fees. We position that the program of care is designed to return a worker to work and his/her regular duties. It would seem most appropriate that such goals be clearly articulated at the onset of the POC, indeed as part of the process of gaining informed worker consent for proceeding with assessment and treatment. In such a context, the worker is prepared/supported to understand that return to work is an expected outcome of the program of care. That said, a worker who feels inappropriately pressured to return to work may take issue with what they perceive to be an incentive for professionals to "hurry" their clients back to work. It has been suggested that a reduction in the differential may mitigate this perception. OSOT could support such a recommended change in the POC fee schedule.

Penalty for lack of communication to WSIB

Our board members identified some concern about the penalty for lack of communication with the WSIB by week 6 if a worker was not going to be able to return to work at the end of the POC. Concerns about potential difficulties in connecting with WSIB case coordinators, etc. were expressed. This notwithstanding, the commitment of a professional to comply with the progress reporting policies of a funder is understood. Further, we understand there is precedence in other programs of care for this fee differential. OSOT is prepared to support this component of the fee schedule, understanding that, in good faith, obstacles relating to

reasonable efforts to make contact will be dealt with on an individual basis so as not to unreasonably penalize a treating professional.

In summary, further to consultation with stakeholder organizations to assure that the core fees proposed support quality clinic treatment as well as our own internal discussions, the Society is prepared to support in principle the proposed POC fees. With a goal to remove any potential barriers to a worker's comfort that the program of care will be individualized to meet their needs and promote their successful return to work, we would support any reconsideration and re-adjustment of the amount of differential proposed for program outcomes.

Please do not hesitate to contact me should you have any questions or wish to discuss any aspect of this response. I can be reached at 416-322-3011 ext 224 or cbrenchley@osot.on.ca.

Sincerely,

A handwritten signature in black ink that reads "Christie Brenchley". The signature is written in a cursive, flowing style.

Christie Brenchley
Executive Director

cc. Frank Gielen, Director, Health Care Development, WSIB