

Program of Care for

Acute Low Back Injuries

One-Year Evaluation Report

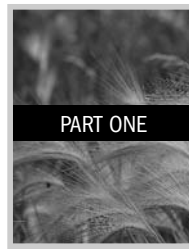
June 2004





Table of Contents

- I. Introduction
- II. Description of Program Operation and Analysis by Maitland Consulting Inc.
- III. Provider Satisfaction by Mediated Solutions Inc.
- IV. Patient, Employer and WSIB Staff Satisfaction
- V. Conclusions



Introduction

The Workplace Safety and Insurance Board's (WSIB) strategic goal for its health care program is as follows:

The WSIB will support the provision of quality health care at the right time for injured and ill workers to restore them to the maximum function possible.

One of the ways that the WSIB has used to achieve this goal is the introduction of evidence-based care programs developed in collaboration with health professionals, workers, employers and WSIB staff.

A Program of Care (POC) is a way to incorporate scientific evidence about the health care interventions that have been shown to be effective into treatment plans for injured workers. It does not include the important activities related to prevention and return to work/labour market re-entry, which are addressed by other WSIB initiatives. Instead a Program of Care is focused on the best health interventions after an injury has occurred to restore workers to maximum function.

The Program of Care for Acute Low Back Injuries was the first to be introduced by the WSIB. It was implemented province-wide in November 2002. The Program of Care for Acute Low Back Injuries (ALBI) is an evidence-based, outcome-driven, health care delivery program that promotes early intervention, to educate and re-assure workers about their injury and the treatments shown to be effective for acute, uncomplicated low back injuries.

The following report summarizes the evaluation of the ALBI Program of Care based on workers treated through the Program of Care from January 2003 to December 2003. The evaluation was designed to incorporate a balanced approach to outcomes. The scope of this evaluation was determined through discussions with health professionals, workers and employers prior to implementation. The dimensions for the evaluation that were selected included worker recovery in terms of pain and function, economic impact and satisfaction from the perspective of the workplace parties (workers and employers), health professionals and WSIB staff.



Description of Program Operation and Analysis by Maitland Consulting Inc.

Maitland Consulting (Dr. Allan W. Gregory, Professor, Department of Economics, Queen's University and Dr. Wendy Pentland, Professor, School of Rehabilitation Therapy, Queen's University) provided the WSIB with a descriptive analysis of the ALBI POC, analysis of changes in pain and function outcome measures for ALBI POC patients, and the financial impact of the ALBI POC on WSIB costs.

This evaluation of the ALBI POC is not a clinical trial. The evaluation is based on one year only of ALBI operation. The tables reflect the observation of data, which gives a snapshot of the ALBI POC in 2003.

Despite the observed differences in outcomes between professions, the reasons for the differences cannot be determined from the data available.



Table 1

ALBI POC Patients by Region*

Region	Chiropractic	Physiotherapy
Central Ontario	432	569
GTA	552	429
Hamilton	295	305
Incomplete Data	2	0
London	204	190
Ottawa	130	240
Out-of-Province	20	28
Sudbury	37	108
Thunder Bay	197	45
Windsor	170	103
Total	2039	2017

* Projected 2003 volume is approx. 6,500 patients



Table 2
ALBI POC Patients by Sector

Sector	Chiropractic	Physiotherapy
Agriculture	21	23
Automotive	140	155
Chemical/Process	40	43
Construction	128	120
Education	10	8
Electrical	29	10
Food	93	80
Forestry	29	10
Health	217	234
Manufacturing	332	350
Mining	5	25
Municipal	29	18
Pulp & Paper	13	10
Schedule 2	327	259
Services	419	425
Steel	52	44
Transportation	155	203
Total	2039	2017



Table 3

Time to First Treatment from Accident Date:

ALBI POC and Fee for Services (FFS)

Health Care Provider	Median ALBI POC*	Median FFS
Chiropractors	3 days	4 days
Physiotherapists	13 days	16 days

* Calculation of the time to first treatment in the ALBI POC is unreliable. The acute phase of the ALBI POC is a 4-week block and provider reporting of the date of the first treatment within that period is inconsistent.



Table 4
Patients Continuing in Care

Health Care Provider	% Retention							
	First 4 Weeks		5-6 Weeks		12 Weeks		Continuing	
	ALBI	FFS	ALBI	FFS	ALBI	FFS	ALBI	FFS
Chiropractors	1,961	4,612	55%	66%	30%	37%	11%	20%
Physiotherapists	1,905	7,420	58%	58%	28%	30%	22%	18%

(Shows the percentage of patients continuing in care 6 weeks, 12 weeks and beyond, in ALBI POC and fee for service.)

FFS=Fee for Service



Table 5
Employer Contact in ALBI POC

Employee Contacted Employer		Provider Contacted Employer	
Chiro	Physio	Chiro	Physio
94%	89%	57%	49%

(Employer Contact=Contact of any kind, one or more times with the worker's employer)



Table 6

**Range of Pain:
Admission vs. Discharge**

Health Care Provider	Range of Pain (% of Patients)					
	Low Back Pain Radiating No Farther Than Gluteal Fold		Low Back Pain Radiating No Farther Than The Knee		Low Back Pain Radiating Beyond The Knee	
	Initial	Discharge	Initial	Discharge	Initial	Discharge
Chiropractors	46%	22%	19%	3%	9%	2%
Physiotherapists	45%	33%	20%	6%	14%	5%



Table 7

Outcome Measures:

Numeric Pain Rating (0-10)

Health Care Provider	Numeric Pain Rating		
	Initial (mean)	Patient at Discharge (mean)	Difference
Chiropractors	7.06	3.16	3.9
Physiotherapists	6.45	3.50	2.9

(Clinical significance - reduction of 2 points)



Table 8

Outcome Measures:

Roland-Morris Disability Questionnaire Score (0-24)

Health Care Provider	Roland-Morris Score		
	Initial (mean)	Patient at Discharge (mean)	Difference
Chiropractors	13.88	5.82	8.1
Physiotherapists	14.15	7.65	6.5

(Clinical significance - reduction of 5 points)



Table 9

Days Lost: Actual vs. Expected

Health Care Provider	Actual Work Days Lost (median)	Provider Expected Work Days Lost (median)
Chiropractors	9 days	12 days
Physiotherapists	20 days	22 days

n=1,902



Table 10
Physical Recovery

Health Care Provider	Provider Reports Patient has Physically Recovered to Pre-Injury State
Chiropractors	88%
Physiotherapists	75%

Financial Outcomes for ALBI POC

- Reduced lost time for patients in ALBI POC compared to those in fee for service, resulting in lower loss of earnings costs (LOE) in ALBI POC
- The provider billing structure in ALBI POC leads to reduced transactions and processing costs compared to fee for service
- Higher payments to health care providers in ALBI POC than fee for service

• Overall: ALBI POC has reduced the overall costs for the WSIB and raised service payments to providers



Provider Satisfaction

Anne E. Grant (LL.B., LL.M. (ADR), C.Med.) of Mediated Solutions Inc. conducted focus group sessions with Chiropractors and Physiotherapists in London and Toronto who delivered the POC to determine their satisfaction with the ALBI POC. Sessions included questionnaire completion.



Satisfaction

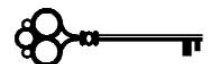
Health Care Provider Findings

There is satisfaction with:

- Evidence-based care and the content of the POC
- POC fee
- Electronic billing — ease of use and faster payment

Opportunities for improvement:

- Eligibility criteria expansion
- Streamlining all POC forms for greater administrative ease
- Approach to contacting employers to increase communication



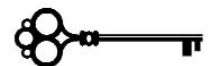


Satisfaction

Health Care Provider Findings (Cont'd)

Provider would recommend the Program of Care to colleagues because:

- Straightforward and easy to follow
- Consistent with evidence-based practice while respecting clinician judgement
- Fees and billing process are fair and timely





Patient, Employer and WSIB Satisfaction

WSIB conducted telephone satisfaction surveys of workers treated in the ALBI POC, and their employers. WSIB staff were surveyed to ascertain their satisfaction with ALBI POC in terms of case management and overall impact.



Patients & Employers

Patients:

- Satisfied with the quality of care
- Satisfied with the information provided by the health care provider about the treatment
- Satisfied with return to work

Employers:

- Satisfied with return to work — pre-injury job and responsibilities
- Somewhat satisfied with time for employee to complete treatment
- Dissatisfied with contact and information from health care providers



Satisfaction

WSIB

- Outcome measures of pain and function in ALBI POC enhance staff understanding of the patient's progress
- ALBI POC forms provide useful information when fully completed but forms are not always submitted as required
- ALBI POC supports communication between the health care provider and WSIB staff
- The low percentage of providers who contact employers must be increased
- Forms specific to ALBI POC need more return to work information



Conclusions

The results of this one-year review of the operation of the ALBI Program of Care confirm the benefits of this approach to evidence-based care and the importance of moving forward with Programs of Care for other workplace injuries.

The specific results show that:

- The ALBI POC has been successfully implemented province-wide and is an effective and efficient approach to the treatment of workers with acute low back injuries, both in terms of clinical improvement and reduced time from work.
- More than 75% of workers had returned to their pre-injury state at discharge from the ALBI POC.
- ALBI POC patients demonstrated a clinically significant improvement in pain and function at the time of discharge.
- While the cost of treatment for the WSIB is higher for ALBI POC patients, the loss of earnings benefits are lower (faster return to work) and provider billing transaction fees are lower for ALBI POC patients than through fee for service.

- Overall, workers, employers, health professionals and WSIB staff reported satisfaction with the ALBI Program of Care.

In summary, after one year of operation, results show good outcomes for workers, higher payments for health professionals, and reduced costs for the WSIB. Opportunities for improvement, for example, simplification of reporting, were identified during the evaluation and a team of health professionals, worker and employer representatives and WSIB staff will work to further enhance the ALBI POC as it continues.