



Workplace Safety and Insurance Board Value for Money Audit of the Drug Benefit Program

November 9, 2021

KPMG LLP

Final Report

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Contacts

The contacts at KPMG in connection with this report are:

Nick Rolfe, Partner
T: (416) 777-3543
E: nicholasrolfe@kpmg.ca

Rob Hacking, Senior Manager
T: (647) 777-5247
E: robhacking@kpmg.ca

Peter Heimler, VFM and WSIB specialist
T: (416) 476-2522
E: peterheimler@kpmg.ca

Anne Legresley, Healthcare Specialist
T: (416) 777-3804
E: maclegresley@kpmg.ca

Isabella Cai, Senior Consultant
T: (416) 476-2701
E: isabellacai@kpmg.ca

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Status of Report

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Distribution

- Julie Thurlow, Executive Director, Health Services
- Manjeet Pannu, Manager Digital Health Services
- Christine Kruse, Chief Nursing Officer
- Marvin Wierbicki, Project Management Consultant
- Steering Committee



Executive Summary

Executive Summary: Background and Overview

Background

KPMG conducted a Value for Money Audit (VFMA) of the Drug Benefit Program for the Workplace Safety and Insurance Board (WSIB).

The objective of the VFMA was to ensure that the WSIB is providing efficient and effective administration of the drug program, while enabling program compliance, economy, efficiency and effectiveness. The VFMA identified related risks, issues, gaps and challenges, and provide recommendations on opportunities to strengthen the program, while aligning with WSIB's strategic goals.

The scope of the audit covered the following five areas:

1. Legislative & Policy Framework
2. Program Governance
3. Service Delivery & Case Management
4. Strategic Procurement & Partnerships
5. Billing & Payment

The audit also included a review of Drug Benefit Programs in other workers' compensation jurisdictions across Canada and internationally.

Program overview

Section 33 of the Workplace Safety and Insurance Act, 1997, supported by WSIB policy, provides that a worker who sustains a workplace injury is entitled to such health care as may be necessary, appropriate, and sufficient. This includes the Drug Benefit Program, which can help improve an injured worker's medical recovery, successful return to work and, in some cases, their quality of life.

At the time the claim is adjudicated and allowed as being work related, the WSIB's Drug and Adjudication Formulary Management Provider (TELUS Health) adjudication engine is activated for that claim and the claim is assigned drug benefits through the initial formulary. The initial formulary contains a list of drugs that the treating physician is likely to prescribe after an injury, such as antibiotics and pain medications. Injured workers still on benefits 90 days after their claim is established have their formulary reviewed, and they may be placed in a different formulary that better corresponds to their ongoing medication needs.

Any drug exceptions are reviewed on a case by case basis by a WSIB Nurse Consultant, with support of one of the WSIB's Pharmacists where required and with the injured worker's primary care provider. If the claim takes time to process, the injured worker is reimbursed for any approved out-of-pocket costs when manual receipts are submitted to the WSIB and the expenditure is entered in the same drug adjudication system.

WSIB was one of the first Worker's Compensation Boards in North America to implement formularies and electronic adjudication based on formularies with the oversight of a Drug Advisory Committee. As of September 30, 2020, total healthcare costs amount to \$449 million, with drug benefit billings amounting to \$35 million.

Executive Summary: Value for Money Audit Opinion

Value for Money Audit Opinion

Through our review of the WSIB's Drug Benefit Program, we have concluded that the program demonstrates value for money with an overall "moderate" rating. Our rating scales can be found in Appendix A.

Our audit identified areas where the administration of the Program has been undertaken efficiently and effectively and value for money of the program was achieved. This includes WSIB's narcotic approach which yielded positive results of opioid control, and the adoption of a cannabis policy, which was considered leading practice when undertaking our jurisdictional scan. Medication within WSIB's formularies are auto-adjudicated, and a process has been developed for reviewing exception medications. Beneficial partnerships such as Occupational Health Assessment Program's (OHAP) medication stream have also been established for clinical expertise. A listing of core strengths identified during the audit which demonstrate value for money of the Program can be found on page 6.

However, further efficiency and effectiveness of the Drug Benefit Program can be achieved. Communication improvements can be made between WSIB and the external health care community. Roles and responsibilities between the different parties (Pharmacists, Nurse Consultants, Case Managers, and Return to Work specialists) should be reviewed and clarified to allow for a more integrated decision-making model for pharmacological decisions and outcome monitoring. The focus should be to eliminate inefficiencies associated with a lack of role clarity and cumbersome communication, which ultimately places the burden on the injured worker. The position and activities undertaken by the Nurse Consultant within the Drug Benefit Program should also be examined in regards to value-added vs. administrative/compliance tasks. The WSIB should improve accountability and tracking of Nurse Consultant activity and productivity to ensure maximum value for money is obtained through the Nurse Consultant role.

Partnerships should also be leveraged where there exists gaps in knowledge (i.e. mental health and oncology). Formulary reviews and approvals by the Drug Advisory Committee is untimely, thus the WSIB should take full advantage of the economies of scale that could be realized through the use of existing external drug advisory groups. The Drug Advisory Committee could be transformed into a quality and innovation committee to provide insights on current pharmacological management leading practices.

The impact of the pandemic has accelerated digital transformation. Traditional forms of communication including letters and fax used by the WSIB should be reviewed and digitized for timely notification to relevant parties. Manual updates between the case and claims management system should also be eliminated to improve efficiency and achieve better value for money.

Additional opportunities for improvement have been categorized under the five audit areas as shown on page 7.

Executive Summary: Program Strengths

Program Strengths

The WSIB's Drug Benefit Program has a number of core strengths including:

1. Comprehensive drug coverage for injured workers to manage the effects of workplace injuries such as pain management, special occupational disease and serious injury drug therapies including cancer treatment and mental health medication.
2. Drug formulary development and monitoring by in-house experienced pharmacists.
3. Access to leading medical and pharmaceutical expertise to inform policy development and formulary management.
4. A drug exception review and approval process to ensure injured workers have timely access to medication that may not be included in the formularies.
5. An outsourced pharmacy management model through TELUS Health which is a leading Canadian health care service provider. This arrangement has helped WSIB manage the risk of re-developing and administering its own in-house pharma management system.
6. A generally responsive customer service model working directly through TELUS Health and local retail pharmacies to provide injured workers with the medication that they require in a timely manner.
7. Close monitoring of and reduced long-term prescribing of opioids for pain management through the WSIB's narcotic approach.
8. A progressive cannabis policy based on current research and leading practice. Other WCBs are using WSIB's cannabis framework to develop their policies.
9. Ongoing monitoring of drug costs and dispensing trends.

Executive Summary: Recommendations

The following recommendations have been developed for the WSIB to enhance the Drug Benefit Program.

1. Legislative & Policy framework

- **1.1 Opioid policy & monitoring** – WSIB and external healthcare professionals to apply consistent and collaborative opioid monitoring in alignment with WSIB’s narcotic approach.
- **1.2 Medication funding decision making** – Improve communication with external health care community around how medication funding decisions are made, drug policy updates and formulary developments.

2. Program Governance

- **2.1 Role clarity for integrated decision making** – Minimize administrative tasks of WSIB pharmacists to allow time for providing clinical expertise and recommending formulary changes. Define roles and responsibilities between internal (pharmacists, NCs, Case Managers) and external stakeholders for management of injured worker’s medical and pharmacological decisions and outcomes.
- **2.2 Drug Advisory Committee (DAC)** – Achieve synergies by partnering with other organizations who perform drug reviews. Role of the DAC could be transformed into a quality and innovation committee to provide insights on current pharmacological management leading practices.

3. Service Delivery & Case Management

- **3.1 Renewals** – Develop approach for timely review and notification of drugs upcoming for expiry (i.e. digitalize communications)
- **3.2 Innovative customer service** – Consider alternative methods of accessing drugs for remote communities (i.e. directly purchase through wholesaler, online ordering, home/office delivery).
- **3.3 Nurse Consultant (NC role)** – Review NC’s role within the Drug Benefit Program to identify administrative and process/compliance tasks which do not add value. Monitor NC productivity and track and report regularly on trends.
- **3.4 Transfer among Case Managers** – Ensure medication renewal during the transition periods occurs efficiently (i.e. from Case Management, to Complex Physical Injury & Permanent Benefits).
- **3.5 Fair Practices Commission (FPC) complaints data** – Collaborate with the FPC to review the complaints data and identify trends and patterns (i.e. complaints based on location).

4. Strategic Procurement & Partnerships

- **4.1 Partnerships** – Leverage partnerships to avoid duplication of efforts and acquire value-adding expertise (i.e. external drug advisory committees for formulary management, external clinical specialists)
- **4.2 Specialty pharmaceutical knowledge gaps** – Develop formal partnerships with cancer and mental health experts to aid with medication funding decisions.

5. Billing & Payment

- **5.1 System integration** – Explore ACES and Tandem integration to avoid duplicate efforts and eliminate risk of manual input errors.
- **5.2 Live injured worker and pharmaceutical support** – Implement after-hours support (i.e. emergency billing number for pharmacies).
- **5.3 Contract oversight** – Centralize contract management, monitor SLAs and review System and Organization Control reports).



Scope & Approach

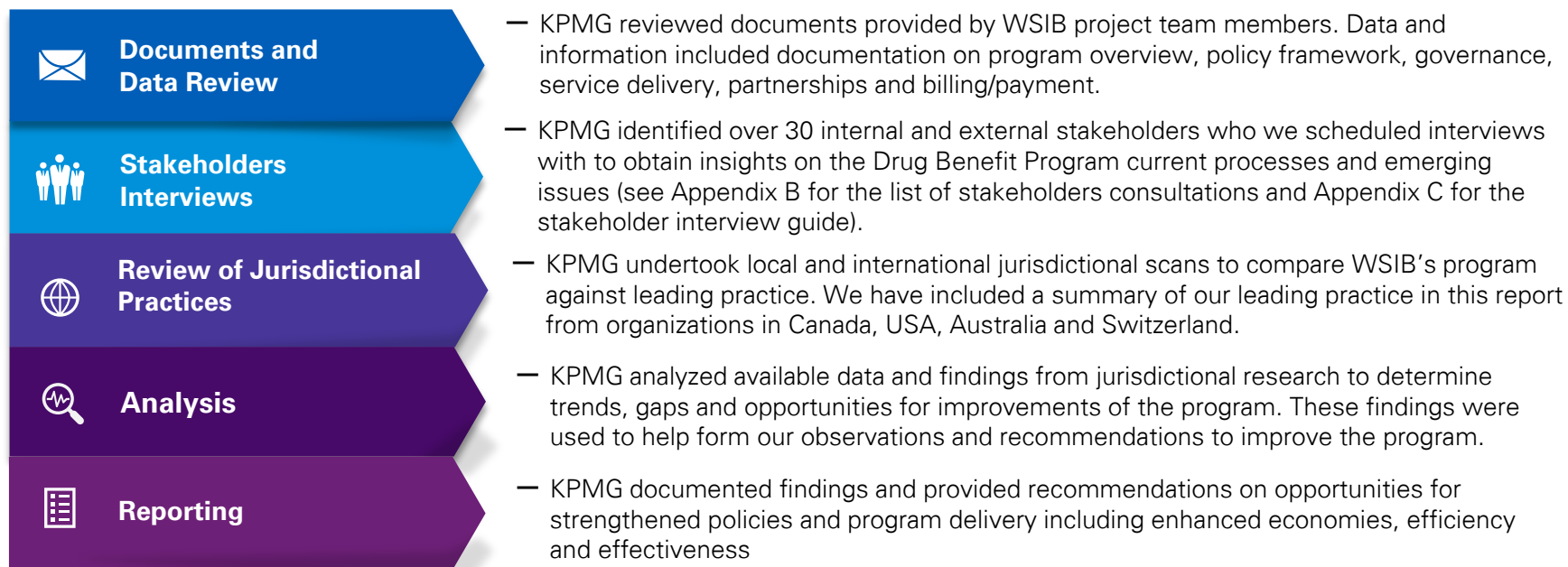
Scope

Scope	The scope of the VFMA was to ensure that the WSIB is providing efficient and effective administration of the drug program, while enabling program compliance, economy, efficiency and effectiveness in the following areas:
Areas of focus	<ol style="list-style-type: none">1. Legislative & Policy framework2. Program Governance3. Service Delivery & Case Management4. Strategic Procurement & Partnerships5. Billing & Payment
Specific topics for consideration	<ul style="list-style-type: none">• Program objectives and goals are established which are distinct from other programs within the WSIB and align with the WSIA• Performance of the program is monitored and regularly evaluated• Policies, procedures and guidelines including defining what drugs will be funded are done in a transparent and appropriate approach while ensuring customer service excellence• Processes are implemented to meet service delivery standards and program objectives efficiently• Benefit and service offerings effectively address the needs of injured and ill persons without unanticipated barriers or burden for injured or ill persons or their treating health care providers• Current practices achieve appropriate, timely and consistent decisions in a financially responsible manner• Procurement activities, contracted providers and partners facilitate efficient and effective delivery of services to the drug program• Billing for medications is streamlined, efficient and reflective of best practice that promotes timely service to injured or ill person's
Jurisdictional scan	The audit also included a review of the Drug Benefit Programs in other workers' compensation jurisdictions.

Approach

The following approach was taken to evaluate the current state of the Program and to develop recommendations on the future state of the Program for the WSIB.

To support the VFM audit, KPMG developed a Project Management Plan and worked with the WSIB to confirm milestones and key dates. At this stage, a Steering Committee, comprised of persons from the WSIB, was put in place to provide insight, oversight and foresight into the project. The VFM audit was comprised of five phases:



Further details of KPMG's Value for Money Methodology & Approach can be found in Appendix A.

Disclaimer

This report has been prepared solely to assist WSIB. Our report is not intended for general use, circulation or publication outside of WSIB, unless otherwise agreed. For the avoidance of doubt, our report may not be disclosed, copied, quoted or referenced to, in whole or in part, without our prior written consent in each specific instance. Such consent not to be unreasonably withheld, if given, may be on conditions, including without limitation an indemnity against any claims by third parties arising from release of any part of our reports. We will not assume any responsibility or liability for any costs or damages, losses, liabilities, or expenses incurred by anyone else as a result of circulation, publication, reproduction, use of or reliance upon our report.



Observations & Recommendations

Categorization and rating of observations and recommendations

Based on the discussions with internal and external stakeholders as well as other activities carried out in the course of the project as detailed in Appendix B, we have categorized our observations into the five areas of scope for the VFMA as depicted below:



Each observation and recommendation has been ranked on a three point rating scale, as shown below:

High	Medium	Low
Issues arising referring to important matters that are fundamental and material to value for money. The matters observed might cause a program objective not to be met, or leave a risk unmitigated and need to be addressed as a matter of urgency	Issues arising referring mainly to issues that have an important effect on the program's performance but do not require immediate action. A program objective may still be met in full or in part, but the weakness represents a deficiency in the economy, efficiency or effectiveness of the program.	Issues arranging that would, if corrected, improve performance in general but are not vital to the overall value for money of the program. These recommendations are of leading practice as opposed to weaknesses that prevent systems objectives being met.

Observations & Recommendations

1.1 – Opioid policy and monitoring (Medium Priority)

The WSIB has in place a narcotic approach since 2010 which was initially developed based on best practices and scientific literature, with the focus on return to work and recovery. The latest revision of the narcotic approach was approved by the Drug Advisory Committee in April 2020. WSIB has seen a marked reduction in the number of narcotics prescribed to injured workers, and the organization should be commended for their proactive approach.

There is a process in place for Nurse Consultants to follow when considering funding entitlement and impact on the injured worker's recovery while taking narcotics within the first 12 weeks. However, there is no longer term process to monitor the impact of narcotic use on an injured worker's recovery.

Opioid monitoring practices across Nurse Consultant team is inconsistent. The Nurse Consultants are also not consistently engaging in communication with the external health care community in terms of WSIB's narcotic approach.

Recommendation

The WSIB should continue to leverage expertise and partnerships to update their narcotic approach as best practices and scientific literature evolves.

For opioid monitoring, the role of the Nurse Consultant should be consistent in terms of pain and functional monitoring at the required 4 and 8 week assessment periods. This should be done in a consistent and a collaborative manner and should include input from the Case Manager, medical practitioner, pharmacist and the injured worker as required.

With respect to longer term monitoring of opioid use for chronic pain management, the role of the Nurse Consultant should be clearly defined to ensure that care is consistent, reflects leading practice as well as required reporting processes, and built on a collaborative interprofessional model. While we acknowledge that the Nurse Consultant is not the prescriber of these pharmacological agents, there is an opportunity for the WSIB to further enhance the facilitation role of the Nurse Consultants to engage more proactively with the prescribing physician and other healthcare professionals.

Please refer to Recommendation 3.3 for further observations and recommendations around the Nurse Consultant role within the drug benefit program.

Observations & Recommendations

1.1 – Opioid policy and monitoring (cont.)

Management Response

The WSIB agrees with the observation and is pleased that the evidence based proactive approach has resulted in positive outcomes. WSIB remains committed to ensuring that it continues to be updated as the literature evolves.

Refer to Management Response 3.3 regarding Nurse Consultant role as it relates to monitoring of recovery and exception medication decision making, including opioids.

Implementation Date: On-going

Primary Responsible Party: Executive Director, Health Services; Chief Medical Officer

Observations & Recommendations

1.2 – Medication funding decision making (Medium Priority)

There is inconsistent understanding within the external healthcare community (specifically primary care physicians who are responsible to manage the medical care provided to injured workers) about the WSIB’s drug policy developments, formulary changes and benefit coverage. Formulary changes by the WSIB are published online. However, through our discussions with physicians, it was noted that regular communications to physicians regarding drug policies and formulary changes has not been maintained by the WSIB in a consistent manner. At the individual level, there is no consistency in terms of communication back to healthcare practitioners for the rationale for funding decisions.

From our jurisdictional scan, we noted organizations who have appointed “Physician Leads” in key clinical specialties (musculoskeletal, mental health etc.). These physician leaders are mandated to work with the Board to develop mechanisms for regular communication for the broader physician community. While sharing advances in practice through the use of web sites is one strategy, it requires individual physicians to “pull” the information. Many physicians claim they do not have the time to read and evaluate the material that is presented digitally. In other jurisdictions, the Board appointed physician leaders have led regular seminars focused on consistent messaging around drug policy and formulary developments, as well as emerging best practices in the care of injured workers.

Recommendation

WSIB should further improve its communication channels and methods with physicians regarding drug policies and formulary changes. As part of this, the WSIB should explore the practices undertaken by other Workers Compensation Boards identified from our jurisdictional scan.

Other opportunities for consideration include the implementation of a progressive portal strategy in order to provide clarity and timely information to the injured worker and the health care community on drug program coverage and efficient access to medication at all stages of the rehabilitation and return-to-work life cycle.

Observations & Recommendations

1.2 – Medication funding decision making (cont.)

Management Response

WSIB agrees with the recommendation.

WSIB will review communication pathways with the health care community, inclusive of primary care, to ensure that clear and comprehensive information about the Drug Program is easily accessible and well communicated. WSIB will also explore through the Health Care Strategy evolution, as to what opportunities may exist to enhance communication with the health care community, and specifically for primary care

While WSIB has recently launched more timely access to claim information, including drugs, WSIB will explore what opportunities may exist with the current technology solution to ensure more timely and efficient access to health care information including drugs and formulary entitlement for providers.

Implementation Date: Q3 of 2023

Primary Responsible Party: Executive Director, Health Services

Observations & Recommendations

2.1 – Lack of role clarity for integrated decision making (Medium Priority)

Internally, there is a lack of clarity in the roles that are played by the various WSIB parties involved in the drug funding decisions, including the Pharmacists, Nurse Consultants, and Case Managers. In addition, the role of the WSIB pharmacists has become administratively heavy (i.e. preparing DAC materials and updating formularies) which detracts from time more appropriately spent on providing clinical expertise, research, and making recommendations for formulary changes.

Externally, there is a lack of clarity in WSIB’s communication with the external medical community involving drug entitlement decisions. A consistent model is not apparent in terms of the injured worker’s medical and pharmacological decisions/outcomes. While data is collected on an injured worker’s profile of care across physical and psychological dimensions regarding injury details, there is an opportunity to analyze and use this data better in order to inform future decision making around medication and patient care. Consistency of injured worker data collection across physical and mental health dimensions is key.

Recommendation

The administrative tasks performed by the WSIB pharmacists should be minimized to enable these individuals more capacity in providing clinical expertise and recommendations on formulary changes. WSIB should consider leveraging external healthcare experts where relevant. Roles and responsibilities between the internal WSIB parties (Pharmacists, Nurse Consultants, and Case Managers) and external parties should be clearly defined in terms of managing the injured worker’s medical and pharmacological decisions/outcomes.

The WSIB should review its communication model for informing the external medical community of drug entitlement decisions.

WSIB should also leverage its data to help inform better decision making in particular around medication exceptions and medication management. This would include capturing an injured worker’s full physical and mental health profile and history in regard to injury details, pre-existing conditions and non-injury related medications as well as treatment regimens implemented to address the injury. These interventions may not always be pharmacological, however, there is a need to develop pathways and protocols to guide overall treatment decisions and client responses. This is in keeping with current trends in health care which suggest a holistic treatment approach and ensuring that medications are used wisely and effectively for the recovery requirements of an injured worker.

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2. Program Governance

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Observations & Recommendations

2.1 – Lack of role clarity for integrated decision making (Cont.)

Management Response

The WSIB agrees with the recommendation.

The WSIB is committed to ensuring that the right roles are engaged at the right time, and on the right work, to optimize recovery and return to work for injured and ill people.

The WSIB will conduct a review of the roles currently involved in the Drug Program to gain efficiencies, ensure clear role definition and ensure timely funding decisions leveraging clinical expertise through partnerships where relevant. Please see 1.2 for recommendation on improvements around communication with health care providers.

WSIB will explore the use of data analytics to inform consistency in decision making with respect to medication management.

As the WSIB evolves its operating model and supporting technology, consideration will be given to the inclusion of medication information into risk models to inform case management and treatment pathways.

Implementation Date: Q4 of 2023

Primary Responsible Party: Executive Director, Health Services; Vice President, Case Management; Executive Director, Special Care Claims Services

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2. Program Governance

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Observations & Recommendations

2.2 – Drug Advisory Committee (DAC) roles and responsibilities (Medium Priority)

The DAC is comprised of a group of highly respected experts in the medication field. However, there are inefficiencies in the review process, considering that other organizations (e.g. TELUS and the Ontario Drug Benefit Program) conduct similar drug reviews as part of their formulary management. Furthermore, the timing of these reviews is ineffective and untimely; the DAC meeting takes place after formulary changes have already been recommended and updated by the WSIB pharmacists. Therefore, drugs added or delisted from the formulary are retroactively approved.

While the WSIB has an extensive Grants program to support research, there is no specific funding related to pharmacological research.

Recommendation

There is an opportunity to partner with other organizations who utilize a similar group of highly regarded individuals to perform drug reviews enabling synergies and more timely updates in the formulary management process for WSIB. Given the expertise of the DAC members, the role of the DAC could be transformed into a quality and innovation committee to provide insights on current pharmacological management leading practices as well as emerging drug therapies which may have significant benefits to injured workers particularly in the oncology and mental health spheres.

Management Response

The WSIB agrees with the recommendation.

The Drug Advisory Committee, established in 2007, ensures that the WSIB drug program is administered in accordance with best practices. To ensure the most effective utilization of this expertise, WSIB will undertake a review of the mandate of the DAC and explore opportunities to evolve or integrate this committee with other partnerships to inform leading practices and emerging drug therapies.

To ensure a more timely and proactive approach to formulary management, WSIB will explore new opportunities and partnerships for formulary management. Consideration will be given to leveraging partnerships with external experts and similar organizations.

Implementation Date: Q4 of 2023

Primary Responsible Party: Executive Director, Health Services

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2. Program Governance

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Observations & Recommendations

3.1 – Renewals (Medium Priority)

The current process of notifying the injured worker of upcoming medication expiration is highly administrative and consists of gaps that results in the injured worker being unaware of upcoming expirations. During discussions with medical practitioners, it was noted that they are not consistently informed about renewals or expirations. This can lead to confusion amongst injured workers and delays in accessing medication. WSIB’s recent experience with medication extension rules has demonstrated a substantial drop in call volumes to the organization for drug verification, improved client service and overall low risk to the injured workers.

In our jurisdictional scan, we noted that WorkSafe BC runs a recurring report of drugs that are coming up for expiration. The listing will be analyzed to determine whether the medication is considered to be long-term usage based on payment history, and whether an extension will be granted.

Recommendation

The WSIB should develop a more efficient and consistent approach to the timely review and notification of medication that is coming up for expiration, and leverage the learnings identified through the approach adopted during the recent pandemic. As part of this consideration, it should also be explored whether there is an opportunity to digitalize communications and notifications to the injured worker and the medical community (i.e. move from paper-based notification to email-based notifications).

Management Response

The WSIB agrees with the recommendation.

WSIB will establish a working group to explore opportunities for reducing the administrative burden on internal staff and our injured/ill persons, while improving the quality of services and ensuring timely access to medication. This will be achieved by investigating opportunities for automation and other digital options e.g. secure email and reviewing learnings gained through the pandemic response.

Implementation Date: Q1 of 2023

Primary Responsible Party: Vice President, Service Excellence

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3. Service Delivery & Case Management

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Observations & Recommendations

3.2 – Innovative customer service (Low Priority)

Currently, injured workers must travel to a pharmacy to pick up their entitled medication. However, consumer attitudes toward online service have significantly shifted, especially as a result of the pandemic.

In our jurisdictional scan, we noted that certain jurisdictions such as WorkSafe BC and ESI/MyMatrix in Canada and the United States offer delivery options if the injured worker is unable to pick up at a pharmacy. Drugs can also be picked up at the doctor's office, specialty clinics, or in hospitals.

Recommendation

WSIB should consider whether there are opportunities for alternative methods of accessing drugs, such as direct purchase through a contracted wholesaler, online ordering or door-to-door delivery. This model would be advantageous in the remote and hard to serve regions of the province where retail outlets may be sparse.

Management Response

The WSIB agrees with the recommendation.

WSIB will explore opportunities to leverage procurement expertise to explore new and emerging ways of accessing drugs, to ensure timely access to medications across all areas of the province.

Implementation Date: Q4 of 2024

Primary Responsible Party: Executive Director, Health Services

Secondary Responsible Party: Vice President, Strategic Procurement

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3. Service Delivery & Case Management

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Observations & Recommendations

3.3 – The role of the Nurse Consultant (NC) (Medium Priority)

The value for money of the NC role is uncertain with respect to the drug benefit program. In our jurisdictional research, WSIB is the only organization that employs such a role. In all jurisdictional cases reviewed, medical practitioners and pharmacists are providing the pharmacological advice and decision making about medical funding decisions for the injured worker.

The NCs at the WSIB are spending a disproportionate amount of time on administrative and process/compliance management. The lack of role clarity of the NCs in terms of their responsibilities for facilitating pharmacological care with the medical practitioners and the pharmacists can lead to inconsistent decision-making and intervention practices by the nurses.

Role clarity of the NC has been a historical challenge facing the WSIB. Since it is generally accepted within the WSIB that the NC should be the facilitator of injured worker health care with the medical and pharmacist community, the lack of consistent and direct interaction with these practitioners is questionable. There is inherent risk of nurses making medication funding decisions in isolation without the appropriate communication with physicians to determine what pharmacological agents clients should or should not receive.

From our jurisdictional scan, we noted organizations who are applying and measuring specific injured worker medication risk factors and path of care expected outcomes, which assist in an injured worker's path to recovery and return to work.

We received data on the total amount of exception medication transactions reviewed and approved by the NCs on an annual basis. However, the data was limited to the number of exception medications approved, as the system was not able to report on the exception medications reviewed and rejected by the NCs. Therefore, the full extent of NC activity in relation to the review of exception medication cannot be quantified for a productivity analysis.

Recommendation

A review of the Nurse Consultant role as it relates to medication funding decisions should be performed to determine the extent of tasks that are administrative in nature and completed to purely satisfy process/compliance management. These administrative and compliance activities should be reviewed in terms of the value they bring to an injured worker's recovery.

In order to ensure that injured workers are receiving consistent, timely and effective care, the "facilitator" role of the NC should be better defined. While non-pharmacological therapies were beyond the scope of this audit, it would appear that there could be an opportunity for the NC's to provide guidance and support in a more comprehensive manner (such as reviewing patient outcomes post physiotherapy sessions etc.).

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3. Service Delivery & Case Management

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Observations & Recommendations

3.3 – The role of the Nurse Consultant (NC) (Cont.)

Recommendation (Cont.)

The WSIB should consider practices identified in our jurisdictional scan that included activities such as better understanding risk factors associated with prescribed medications and the role that NCs could play as a facilitator to promote recovery and return to work.

In order to monitor and further understand the effectiveness of the Nurse Consultant role, the WSIB should consider whether the ACES system can be configured to generate additional reports of value (i.e. a report detailing the full amount of drug entitlement decisions reviewed including approvals and denials on an individual and collective basis to measure efficiency).

Management Response

The WSIB agrees with the recommendation.

WSIB will review the NC role as it relates to exception medication funding decisions and recovery monitoring to optimize the skills and knowledge of nurse consultants, ensure accountability and a consistent approach.

The WSIB will explore what data, analytics, quality and technical solutions can enable more accurate tracking of medication and nursing activities to better inform volume, quality and consistency of medication funding decisions.

Implementation Date: Q4 of 2022

Primary Responsible Party: Vice President, Case Management; Executive Director, Special Care Claims Services; Executive Director, Health Services

Secondary Responsible Party: Vice President, Corporate Business Information and Analytics

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3. Service Delivery & Case Management

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Observations & Recommendations

3.4 – Transfer among Case Managers (Medium Priority)

An injured worker may experience delays in medication renewals at the point where a case transitions from Case Management to the Complex Physical Injury team, and potentially once again to the Permanent Benefits Service Branch. During these transition points, both the Case Manager and the Nurse Consultant will change, requiring a re-review of the injured worker’s profile and possible follow up inquiries to the injured worker as the new team familiarizes themselves with the case. These transition periods can create confusion, delays and administrative burden for the injured worker in terms of timely renewal and continued access to medication once the case moves to a new team.

Recommendation

WSIB should ensure that medication renewal during the transition periods occurs efficiently, and administrative burden and duplication of documentation is minimized for the injured worker.

Management Response

The WSIB agrees with the recommendation.

WSIB will review the current process to ensure seamless transition of case management, specifically medication management, when cases are transferred between program areas.

Implementation Date: Q4 of 2022

Primary Responsible Party: Vice President, Case Management

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3. Service Delivery & Case Management

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Observations & Recommendations

3.5 – Fair Practices Commission (FPC) complaints data (Medium Priority)

The Fair Practices Commission is an independent body who reviews complaints made against the WSIB and ensures that its practices are fair and equitable. It was noted through discussions with the FPC that they are currently revising their complaints management system to include more detailed breakdowns of complaints by injury and medical treatment. However, the WSIB does not have access to this information for data analysis and process improvement considerations.

Recommendation

There is significant value in the FPC sharing data and insights gathered from their systems with the WSIB, allowing the WSIB to review complaints data and identify trends and patterns in complaints across health care related decisions, including medication funding decisions (i.e. complaints based on location). Access to this information can help inform better decision making and improve the overall experience of the injured worker, employers and other health care providers. WSIB and the FPC should work together to enable complaints information to be shared for data analysis and process improvement opportunities within the Drug Benefit Program.

Management Response

The WSIB agrees with the recommendation.

WSIB would be pleased to work with the FPC and will make efforts to engage with the Commission to improve data quality and intelligence around health care related decisions, inclusive of medication decisions to inform and further improve the Drug Benefit Program and the experience of injured people, employers and health care providers.

Implementation Date: Q4 of 2022

Primary Responsible Party: Vice President, Operations Quality, Planning and Analysis

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3. Service Delivery & Case Management

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Observations & Recommendations

4.1 – Partnerships (Medium Priority)

WSIB has created partnerships (i.e. Occupational Health Assessment Program’s medication stream) for injured workers with complex medical histories. However, there exists inefficiencies and clinical knowledge gaps within the organization. Redundancies include duplicative efforts of existing external drug advisory committees for formulary management. Internal knowledge gaps exist in areas such as oncology and mental health. These gaps can impact medication/pharmacotherapy funding decisions for complex cases, e.g. cancer related cases managed in the Occupational Disease and Survivor Benefits Program.

Recommendation

WSIB should assess areas where additional partnerships can be best leveraged to avoid duplication of efforts and acquire value-adding expertise, such as existing external drug advisory committees for formulary management as well as external specialists for medication in oncology and mental health.

WSIB should consider partnering opportunities to leverage its research program and data that will inform trends regarding funding requests for exception medications, drive strategic research related to current pharmacological management leading practices as well as emerging drug therapies where there may be significant benefits to injured workers.

Management Response

The WSIB agrees with the recommendation.

The WSIB plays an important role as a collaborator and partner in the wider occupational health and safety system and compensation. WSIB has established trusted partnerships with leading expertise, including our Occupational Health Assessment Program hospital partners, to establish a complex medication review program to facilitate safe and optimal medication decisions. WSIB will undertake a review of gaps and opportunities in this program, including new specialist expertise in areas such as oncology and mental health.

The WSIB envisions to deliver a drug benefit program that is efficient and effective whereby formulary and exception medication approval decisions are transparent, evidence-based, and timely. As noted in recommendation 2.2, the WSIB will leverage partnerships with external experts and organizations and utilize internal capabilities to build and revise the drug formularies in a similar fashion to those of our counterparts in other jurisdictions.

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4. Strategic Procurement & Partnerships

5

Observations & Recommendations

4.1 – Partnerships (Cont.)

Management Response (Cont.)

WSIB will collaborate with our internal partners in strategic research and data/analytics. This collaboration will focus on what data and insights are available to inform medication funding trends and how our Research & Grants Program may be leveraged to support focused and strategic research into current pharmacological leading practices.

Implementation Date: Q4 of 2023

Primary Responsible Party: Executive Director, Health Services

Secondary Responsible Party: Vice President, Corporate Business Information and Analytics; Vice President, Strategy and EPMO

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4. Strategic Procurement & Partnerships

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Observations & Recommendations

4.2 – Specialty pharmaceutical knowledge gaps (Medium Priority)

Through discussion with internal WSIB stakeholders, it was noted that there can be a lack of specialization (e.g. oncology, mental health, etc.) within the WSIB pharmacy team to advise on prior authorization medication requests. . This can result in decision-making delays. Therefore, specialty clinical knowledge gaps exist within the organization, especially for complex cases.

Recommendation

WSIB should develop formal partnerships with cancer, mental health experts and other specialized clinical areas where there are gaps in the organization to aid with the complexity and timeliness of medication funding decisions. Please refer to section 4.1 for additional details on partnerships.

Management Response

The WSIB agrees with the recommendation.

The WSIB is committed to ensuring that injured and ill people receive their medication in a timely manner.

WSIB recognizes that for some medication recommendations, the expertise required to make efficient and evidence-informed decisions is specialized. As a result, WSIB will explore current and new partnership opportunities to leverage external expertise in advising on specialized medications including in areas of oncology and mental health.

Implementation Date: Q4 of 2023

Primary Responsible Party: Executive Director, Health Services

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4. Strategic Procurement & Partnerships

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Observations & Recommendations

5.1 – System integration (Medium Priority)

Duplicate information is being entered into ACES, the case management system and Tandem, the TELUS Health claims management system. We noted that WSIB’s ACES and Tandem systems are not integrated, which leads to inefficiencies such as coding errors and data quality challenges.

In the jurisdictional scan, we noted WorkSafe BC also uses TELUS Health as the claims management system. However, WorkSafe BC’s case management system is integrated with the TELUS Health system. ESI/MyMatrix are working on full integration of their pharma claims management system with Guidewire.

Recommendation

WSIB should consider the integration of information between ACES and Tandem to avoid duplication of information entry by the Drug Verification Representatives. Integrated systems will also enhance data analysis capabilities and allow for more accessible and quality data. This can improve the overall experience for the injured worker (for example improving the efficiency of the renewals and exceptions processes).

If integration cannot be achieved, it should be determined whether the current systems meet WSIB’s objectives from an efficiency standpoint. This will also help eliminate potential input errors that may exist when manually transferring information from one system to another.

Management Response

The WSIB agrees with the recommendation to consider the integration of information between ACES and Tandem.

As the WSIB evolves its technology, system integration will be explored to mitigate duplication, inputting errors and overall process efficiency.

Implementation Date: Q4 of 2024

Primary Responsible Party: Vice President, Service Excellence

Secondary Responsible Party: Executive Director, Health Services; Executive Director, Client Engagement and Service Delivery

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5. Billing & Payment

Observations & Recommendations

5.2 – Live injured worker and pharmaceutical support (Low Priority)

Currently, WSIB live support for pharmacies and injured workers is limited to weekdays and business hours, which can delay drug receipt in the event that drug entitlement is denied and impact the injured worker’s recovery.

Recommendation

WSIB should consider implementing after-hours support, such as introducing a billing number for pharmacies to bill in the event of emergency cases and injuries during non-business hours.

Management Response

The WSIB agrees with the recommendation.

WSIB is dedicated to supporting recovery and return to work outcomes and will investigate options to provide after-hours support in emergency situations.

The WSIB will explore available data in order to provide further insight into how to better support our people with claims.

Implementation Date: Q3 of 2023

Primary Responsible Party: Vice President, Service Excellence

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5. Billing & Payment

Observations & Recommendations

5.3 – Contract oversight (Medium Priority)

There are weaknesses in TELUS Health’s contract oversight due to a lack of an integrated contract management approach. Responsibility for the oversight and management of the contract, including monitoring of SLA’s is unclear.

Recommendation

To better promote vendor management of the Electronic Service Provider contract, the management of such should be centralized, and ideally under the leadership of the Executive with oversight for all other related service contracts through which the predominant number of electronic billing transactions take place (e.g. health care). This should include regular oversight of the SLAs and include integration with other business areas including IT.

Management Response

The WSIB agrees with the recommendation.

WSIB is committed to ensuring appropriate oversight of the contract and will transition contract management to the area with oversight of other health care related contracts.

The WSIB will ensure an enterprise wide approach to managing this contract, by setting up an integration table with internal business areas to ensure that all contract SLAs and controls are being met by the provider.

Implementation Date: Q2 of 2022

Primary Responsible Party: Executive Director, Health Services; Vice President, Service Excellence

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5. Billing & Payment



Jurisdictional Scan

Jurisdictional Scan – Key Discoveries

Jurisdiction	Description
<p>British Columbia WorkSafe BC</p>	<p>Formulary management: An open formulary scheme is used, where decisions are based on case manager approval in conjunction with a medical advisor. Adjudication is made by the case manager with the physician.</p> <p>Drug expiration: For expiring medications, a monthly report is generated in advance of expiring medications. A review will be done to confirm whether it's a long term medication based on payment history. If this is a long term medication, an extension is granted. If there has been no activity within the past 3 months a review will be done.</p> <p>System integration: For case management and claims management system integration, a file is downloaded and sent to TELUS Health to update the changes at the end of the day. Payment data from TELUS is also imported back into CMS. The CMS feeds into a background SQL system, so they can have business intelligence analysts run reports on what is expiring based on the CMS system.</p> <p>Drug accessibility: Pharmacies can offer delivery options if the injured worker is unable to pick up at a pharmacy. Injured workers may also pick up their medication at the doctor's office, or sometimes specialists running a clinic may have medication as well. Hospitals may also dispense drugs.</p>
<p>Nova Scotia Workers Compensation Board of Nova Scotia</p>	<p>Formulary management & partnerships: A partnership is established with Medavie Blue Cross, who makes all formulary recommendations. The recommendations are approved by the in-house Chief Medical Officer at WCB NS. If drugs are removed from formulary, a report will be generated to determine who is affected and work with physicians to see if there's an alternative medication.</p> <p>System integration: The application shared between Medavie (PayDirect) and their internal system is integrated.</p> <p>Clinical review: If a medication is considered special authorization, Medavie sets up a meeting with their in-house pharmacist, and a medical advisor (physician) will get the request to review and approve.</p>

Jurisdictional Scan – Key Discoveries

Jurisdiction	Description
<p>Ontario Ministry of Health</p>	<p>Formulary management: In terms of formulary management, ODB follows the CADTH's recommendations. Every month, there is an internal group that meets to discuss formulary additions/deletions. The final decision is made by the Executive Director (ADM), with consideration from the pan-Canadian Pharmaceutical Alliance (pCPA).</p> <p>Clinical review: Drugs which are not auto-adjudicated are reviewed by a team of 20 in-house pharmacists who are trained to review the drugs prescribed and against internally set criteria. For those cases which do not meet the pre-established criteria, they are sent to external reviewers (specialists who are contracted).</p>
<p>Canada and United States ESI/MyMatrix</p>	<p>Formulary management: Through the global corporate owner, Signa, a global drug formulary is being developed based on advances of drug therapies from around the world. This will ensure timely access by injured workers in the WCBs that ESI/MyMatrix serves in North America to the latest approved global pharmaceutical advances.</p> <p>System integration: System integration between ESI/MyMatrix's pharmaceutical claims management system and Guidewire is currently under development and is expected to be completed in 2022. This will offer significant advantages to WCBs and private insurers that use the Guidewire platform. The goal is to include both pharmaceutical and medical history information of the injured worker in the Guidewire case file.</p> <p>Drug accessibility: In both Canada and the US, ESI offers home or office delivery of medication, should the injured worker be unable to pick up their medication at a pharmacy.</p>

Jurisdictional Scan – Key Discoveries

Jurisdiction	Description
<p>Australia ComCare, SIRA</p>	<p>Formulary management: Drugs that are on the PBS (listing of drugs approved by Australia’s Department of Health) will be compensated as long as it is related to a workplace injury and a physician prescribed it. If the drug is not on the PBS, manual review and approval is required by a pharmacist. The pharmacist may also consult with in-house physicians or contact the prescribing physician for more information as needed.</p> <p>Drug expiration: Expiry of medication or high-risk medications requiring periodic review are coordinated with the injured worker’s GP. During the review phase, the pharmacist, GP and worker will get together to ensure that medication is appropriate. The Claims Management Team runs reports to identify cases with medications that are coming up for expiry and review to ensure that the injured workers and GP are notified.</p> <p>Clinical review: Medical practitioners are used very infrequently and would review under very special circumstances (i.e. an anomaly such as the treating physician prescribing inappropriate medication).</p>
<p>Switzerland SUVA</p>	<p>Formulary management: There is one standard Federal ‘formulary’ which is reviewed and approved by the Federal Board (Federal Office of Public Health). The Federal Board also determines the pricing for the drugs so every insurer pays the same price. SUVA therefore does not have their own formulary. They pay for drugs that have been prescribed by a physician and approved by the Federal Board.</p> <p>System integration: The country is also in the process of implementing a standard electronic patient file and online prescription system. Physicians in hospitals can make prescriptions online and send directly to the pharmacy.</p> <p>Case managers: Case managers only work on the rehabilitation/return to work initiatives such as organizing discussions with physicians, clinics and specialists for re-integration to work. No case managers are used for drugs.</p> <p>Partnerships: For complex accidents, SUVA has two designated clinics to refer the patients to for treatment. These clinics bill SUVA directly for treatment provided. SUVA also has a contractual relationship with two spinal injury clinics (highly specialized).</p>



Appendices

Appendix A - Value for Money Methodology, Approach and Rating Scales

Methodology & Approach

Our approach defines a value for money audit as “an independent, objective and systematic review of a program, activity or function designed to assess the extent to which the pre-determined goals of the program, activity or function are being achieved and the economy, efficiency and effectiveness of the processes and activities through which the organization attempts to achieve these goals.”

Three principles underlying our value-for-money audit approach are:

- **Economy:** This principle relates to the minimization of the cost of resources used for the processes and activities used to achieve objectives taking into account the quality of the goods or services delivered. In addition, this principle focuses on the soundness of the administration and management of these resources and the extent to which such administration and management is consistent with relevant corporate policies and procedures and legal and/or regulatory requirements and constraints
- **Efficient:** This principle relates to relationship between the goods and services produced or delivered and the resources used to produce them. The efficient organization produces the maximum output from any given set of inputs, without sacrificing the quality of that output
- **Effective:** This principle relates to the extent to which the organization achieves its pre-determined objectives and the extent to which the actual impact of the program or activities in question is consistent with the intended impact

Appendix A - Value for Money Methodology, Approach and Rating Scales

Rating Scales

We have provided an overall opinion of WSIB’s Drug Benefit Program using the four categories below:

Demonstrate high value for money	Demonstrate moderate value for money	Demonstrate low value for money	Demonstrate no value for money
<p>The program / activity / function’s goals are being achieved with due regard to economy, efficiency and effectiveness of the processes and activities. Any weaknesses identified relate only to issues of good practice which could improve performance.</p>	<p>There are weaknesses requiring improvement but these are not vital to the program / activity / function’s achievement of strategic objectives. There may be opportunities to improve economy, efficiency and effectiveness of processes and activities.</p>	<p>The weakness or weaknesses identified have a significant impact preventing achievement of strategic objectives; or result in an unacceptable economic, efficient, or effective outcomes.</p>	<p>The weakness or weaknesses identified have a fundamental and immediate impact preventing achievement of strategic objectives; or result in an unacceptable exposure to reputation or other strategic risks.</p>

Each observation and recommendation has been ranked on a three point rating scale, as shown below:



<p>High – (Priority One): Issues arising referring to important matters that are fundamental and material to value for money. The matters observed might cause a program objective not to be met, or leave a risk unmitigated and need to be addressed as a matter of urgency.</p>	<p>Medium – (Priority Two): Issues arising referring mainly to issues that have an important effect on the program’s performance but do not require immediate action. A program objective may still be met in full or in part, but the weakness represents a deficiency in the economy, efficiency or effectiveness of the program.</p>	<p>Low – (Priority Three): Issues arising that would, if corrected, improve performance in general but are not vital to the overall value for money of the program. These recommendations are of leading practice as opposed to weaknesses that prevent systems objectives being met.</p>
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Appendix B – Stakeholder Consultations

Internal stakeholder participants:

- Representation from Nursing
- Nurse Consultants
- Health Care Payments and DVRs
- Policy Services
- Appeals
- Clinical Services Branch and Pharmacy
- Data Analytics
- Acting Chief Operations and Service Excellence Officer

External stakeholder participants:

- TELUS Health
- Fair Practices Commission
- Physicians from various hospitals
- Worker representatives
- Employer representatives
- Community Physicians
- Institute for Work and Health
- Jurisdictional scan participants including WorkSafe BC, ComCare (Australia), WCB NS, SIRA (Australia), ESI/MyMatrix, MOH, SUVA (Switzerland)

Appendix C - Stakeholders Interview Guide

1. Can you describe your current role at the WSIB? What is the nature of your interaction with the Drug Benefit Program?
2. When you think about drug benefits, what are the challenges that you think presently confront decision-makers in the program? How do these affect workers/employers? In other words, what are the program's:
 - Strengths?
 - Weaknesses?
 - Opportunities?
3. To what extent do you feel that the WSIB's drug benefit policies and claims management documentation and tools are sufficient to support consistent, fair and timely entitlement decisions in an efficient and cost-effective manner? What do you see as the current policy and decision support framework:
 - Strengths?
 - Weaknesses?
 - Opportunities?
4. What are your views on the adequacy of internal resources available for drug benefit claims administration? Are there specific program areas that present specific challenges or opportunities in terms of resourcing?
5. What are your views on the adequacy of external resources used to administer the program? Are external resources efficient and cost-effective? What improvements would you suggest?
6. How well do you think that WSIB drug benefit decisions are informed by the current advances in medical, pharmaceutical and scientific research, and comparative leading practices?
7. How would you describe the decision making and interaction of the Drug Benefit Program with key case management, rehabilitation and return-to-work functions at the WSIB and the broader medical community? From your perspective, is it working well? Are there opportunities for improvement?
8. Is there anything else you that feel would be helpful for us to know?

Appendix D - Jurisdictional Research Guide

Area 1: Legislative and Policy Framework

1. What policies are available to govern different types of drugs. If there is no policy, what is the protocol for dealing with high risk drugs?
 - a) Are there policies on medical cannabis? Narcotics?
 - b) How often are policies updated? Does the policy update process rely on independent scientific or pharmacological research or expertise?
 - c) Are there any conditions that supersedes the policies (exceptions)?

Area 2: Program Governance

1. What is the coverage/breadth of the drug benefit programs currently on offer?
 - a. Coverage for medical cannabis?
 - b. Coverage for opioids?
 - c. Coverage for cancer drugs?
 - d. Coverage for psychotropics?
2. Who is involved for reviewing the appropriateness of the overall formulary listing (i.e. additions, deletions)?
 - a. Is the formulary listing maintained and managed by a governance body internally, or is an external formulary leveraged (i.e. partnership)?
3. Addition of drugs on the formulary listing for new drugs on the market – what factors are used to determine for formulary inclusion?
 - a. Innovative drug therapy vs. drugs that have been proven to work
 - b. Who makes this decision?
 - c. Timelines for making these decisions

Appendix D - Jurisdictional Research Guide

Area 3: Service Delivery and Case Management

1. Availability of support from the insurer – what are the service hours, is 24/7 support available?
2. Within the organization, who are the clinical and non-clinical parties at play that manage and process claims?
 - a. Are there case managers who oversee each claim file? If so, how many and what is their role
 - b. Are in-house medical/nurse consultants used for making drug entitlement decisions? If so, how many and what is their role
 - i. Are they consulted on an exceptional basis or is it for every expiring claim?
 - c. Are pharmacists/physicians used for making drug entitlement decisions? If so, how many? If so, how many and what is their role. Are the pharmacists/physicians employed by the worker's compensation agency or by other medical providers either public or private?
3. What types of data or information is used to evaluate eligibility for drug claims?
 - a. How often is communication initiated with the prescriber for obtaining information?
4. What is the required review period for patients on formularies or non-formulary approved drugs?
5. What information system(s) are used to keep track of drug entitlement decisions and drug payment transactions?
 - a. Comment on the integration of systems
6. How are expiring medication entitlements handled? Is the worker notified in advance or does the insurer initiate the conversation?

Area 4: Strategic Procurement and Partnerships

1. Do other insurance boards use external medical consultants, pharmacists, etc. for assessing drug entitlement decisions?
2. What is the policy in terms of coordination with the injured person's other available insurance?
 - a. Can the claimant bill partially through different insurers?
3. What are the different channels the drug can be provided to the injured worker (e.g. retail pharmacies, wholesaler direct delivery, online purchasing with direct delivery)? Are there other means apart from pick up at pharmacy?
4. Any other partnerships formed (i.e. with other provincial bodies, specialty clinics or professionals)?

Appendix D - Jurisdictional Research Guide

Area 5: Billing and Payment

1. Drug claims trends and statistics across the different entities
 - a. Trends of opioid usage and spending
 - b. Trends of medical cannabis usage and spending
 - c. Oncology treatment related usage and spending
 - d. Psychotropic medication usage and spending
 - e. Changes to medication
 - f. Etc.
2. How does pricing for drugs work? Are there partnerships leveraged to negotiate better buying power?
3. What claims management system/vendor is used and what services do they offer?
 - a. Fraud detection controls?
 - b. Formulary management?
 - c. What is the billing model

Other

1. Common criticisms from employer and worker sides of the entity's drug benefit program
2. Opportunities for wider collaboration within Ontario (i.e. leveraging ODB or other bodies)



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KPMG LLP's (KPMG) work was limited to our findings and recommendations identified and are based on the objectives and approach outlined in this report. The scope of KPMG's engagement was by design limited. Therefore, the findings and recommendations should be considered in the context of those procedures and the scope of our engagement. We relied on information, data and representations of the management and staff for the completeness of the background information. KPMG did not perform a financial statement audit of the WSIB as part of this engagement. Nor did KPMG conduct a detailed control review to assess risk mitigation effectiveness. The WSIB Board and its Executive Management are responsible for the decisions to develop, refine and implement improvement strategies, improve processes and implement organizational change requirements to enhance the efficiency, economy and effectiveness of the Drug Benefit Program. Implementation of changes resulting from our findings in this presentation will require the WSIB to further plan and refine the observations and recommendations to ensure that they will achieve satisfactory program results. This document is being provided to the WSIB and such other persons or entities as may be specified in the Engagement Agreement, on a confidential basis and may not be disclosed to any other person or entity without the express written consent of KPMG and the WSIB.