

SCHEDULE 2 EMPLOYERS' GROUP

MEMORANDUM

To: Schedule 2 Employers Group
From: Darlene Iwaszko
Subject: Highlights of Meeting of April 9, 2014

Date: July 8, 2014
Copies:

Updates from WSIB

- Luise Mitschele, Director, Government Services Sector at WSIB indicating that the issue of accessibility to the Best Practices documents is with WSIB Senior Management for review.
- Psychiatric evaluations and referrals – Luise asked for particulars of the concerns in this area as she needs this information in order to move the issue forward.
- Janine Dyck, Director, Employer Services Centre, provided an update on the Account and Claims Enterprise System (ACES).
- The program, MACS (modernizing accounts and claims systems) to support Schedule 2 invoices will go live on April 7, 2014. The first time that changes will be noted in the statement is in early May 2014. An insert will be provided with the updated statement and a hard copy of the insert will go to all employers.
- Madelena Araujo, Director, Return to Work , indicated the provincial teams (RTWS and WTS) are now reporting to her. They have determined there is no value in the planning meetings with Schedule 2 as they have already started communicating and implementing return to work plans. In 2013, there were 20,000 WPP meetings. Of those, 3,250 involved Schedule 2 employers and of those, 250 were planning meetings. WSIB found that Schedule 2 employers were maintaining contact and getting medical updates. The planning meetings were virtually the same. Therefore, they have stopped the planning meetings with Schedule 2. This frees up the time to get the RTW meetings scheduled faster.
- If the dialogue is not happening, the CM will refer to the RTWS. Or, if there are problems with communications with the worker, a return to work planning meeting can be scheduled.

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- Communication between the RTWS and the WTS has improved as it relates to workflow. If a case is referred to the RTWS, and the RTWS determines it is better handled by the WTS, a referral will be made directly to the WTS. This initiative was launched in London in February 2014 and is now happening in the Construction Sector in Toronto.
- CM's have the criteria for direct referral to the WTS. The goal will always remain the same – return to work is the priority.
- The reason for direct referral to WTS is that they have access to more resources.
- Can WPP's request referral to WTS? The RTWS may call to obtain details of the case and then determine whether it is best handled by the WTS.
- As a time-saver, they are looking at the CM's setting up 2 tentative dates for the RTWS while they are speaking with the employer on the phone.
- The RTW pre-planning for psychiatric cases is not happening. Ann Russell, Assistant Director of the TMS team is to meet with the managers of the RTWS and WTS about the timeliness of referrals in these cases.
- Rose Conforti, Manager, is now aligned with the RTWS in the psychiatric cases. Even if a case is pending, the RTWS can still start their involvement in the case.
- David Marshall is scheduled to do a presentation to business groups about the path that WSIB is going.

Bill 146 – update from M. Zacks

- It is a government bill and is at second reading. There are different schedules to amend the CRA, OHSA, WSIA
- It expands the definition of who is a worker – volunteers and other unpaid workers.
- It affects students who work 40 hours
- The changes to the WSIA does not impact Schedule 2

New WSIB draft policies

- Submission is due by April 28, 2014
- For pre-existing conditions, there are 3 key points:
 - WSIB doesn't consider initial impact on initial entitlement

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- Once entitlement is determined, WSIB determines impact on ongoing entitlement....it is an impact test
- Impact on clinical evidence
- At the present time, there is no pre-existing policy at WSIB
- This new policy is designed to help WSIB make decisions – adds more rigour
- The thin skull theory is maintained in the policy as the pre-existing condition has no bearing on initial entitlement
- The crumbling skull theory comes in to play when WSIB determines ongoing entitlement and makes their decision based on medical evidence. Once medical evidence indicates the worker's pre-existing condition would have been in that state irregardless of the accident, benefits should be cut off.
- This is now a big problem because the previous test has been the significant contributing factor test.
- The challenge is to see how WSIB will now approach this.
- This is not a good thing for the worker community
- A huge emphasis will be on the quality of the medical information
- There has been approximately 25 years of jurisprudence on the significant contributing factor test at WSIAT. As this policy works its way through WSIAT, it will take a while to see how this plays out.
- Kate Lamb was asked if these policies have been operationalized as there have been decisions with arbitrary conclusions based on the crumbling skull theory.
- It was indicated WSIB is getting lots of push back from the labour sector to such an extent that WSIB is moving back from the policies – there is a desire to look at these afresh.

Aggravation Basis – it is a draft policy. Details of prior health care and lost time is needed to determine pre-accident impairment. This remains in the new policy but it is more defined and is a step forward.

Recurrences – the draft policy defines significant deterioration. Continuity is now determined based on ongoing clinical symptoms.

- If the policy does not have an illustration, then the administrative guideline should have it – this is what the decision maker relies on.

Work disruptions – this draft policy is clear.

- The draft submission on behalf of the S2EG will be circulated to the group. The S2EG executive will make the final draft and then submit to WSIB within the deadline.

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- If others want to send in a letter of endorsement, a letter can be sent to WSIB indicating that they are in agreement with the S2EG submission.

Bill 67

- It has passed second reading.
- This Bill involves TMS and first responders. Section 13 is being moved into Section 15.
- In moving from Section 13 to Section 15, the word “unexpected” has been dropped.