

WELCOME & THANKS FOR ATTENDING OUR OPA WEBINAR

Helping to
Bridge the
Gap



Our Team



Faith Kaplan



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OPA GAS WEBINAR AGENDA

DATE: TUESDAY April 27th
TIME: 7:00pm
PLACE: Zoom

1.

Introduction &
housekeeping notes

2.

Role of OPA subcommittee
and background

3.

Why implement GAS now

4.

Forms and Smart Goals

5.

Q & A
Next webinar & Survey

OPA and WSIB

- Involvement of OPA committee
- WSIB expectations of Goal Attainment Scaling
- Clinician Concerns
- Changes for the Future

A LITTLE BACKGROUND ON THE WSIB



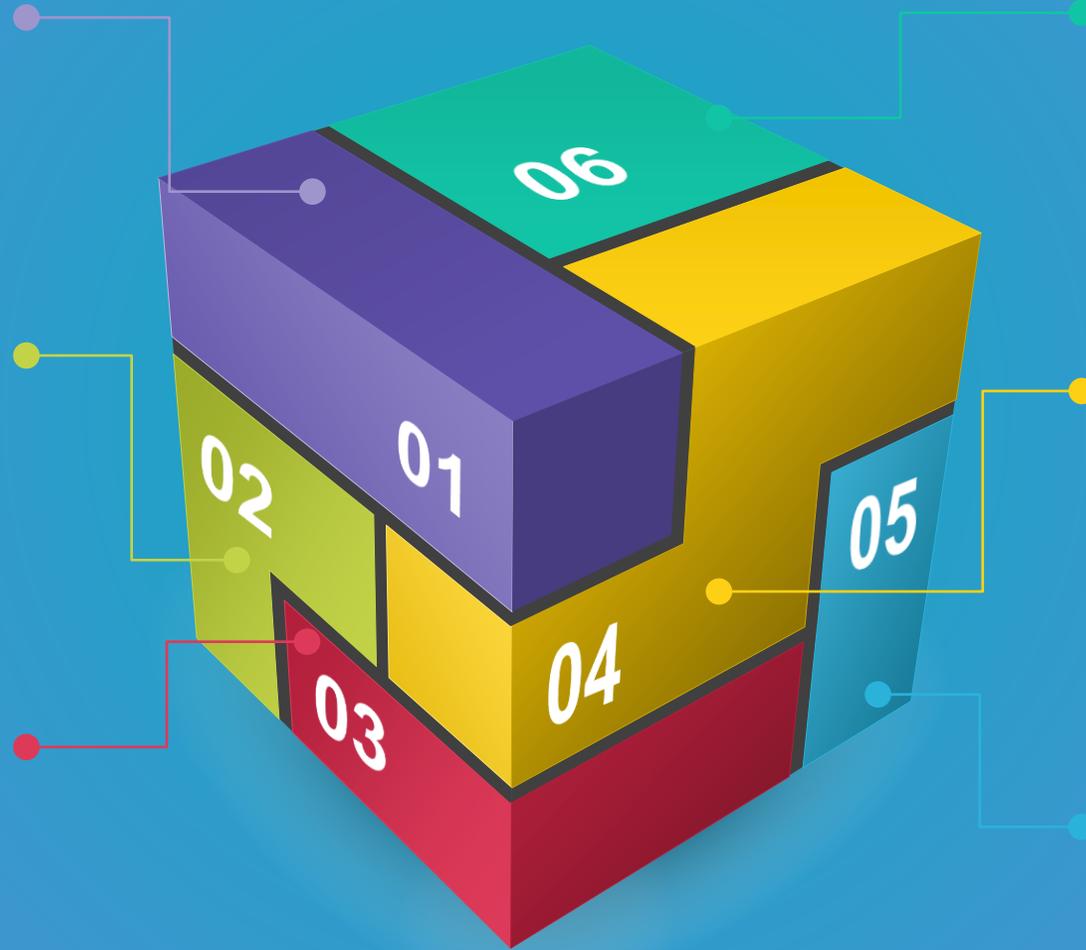
The Historic
Compromise



Needs vs Demands



Public Value



Outcomes



Financially
accountable while
achieving RTW
outcomes



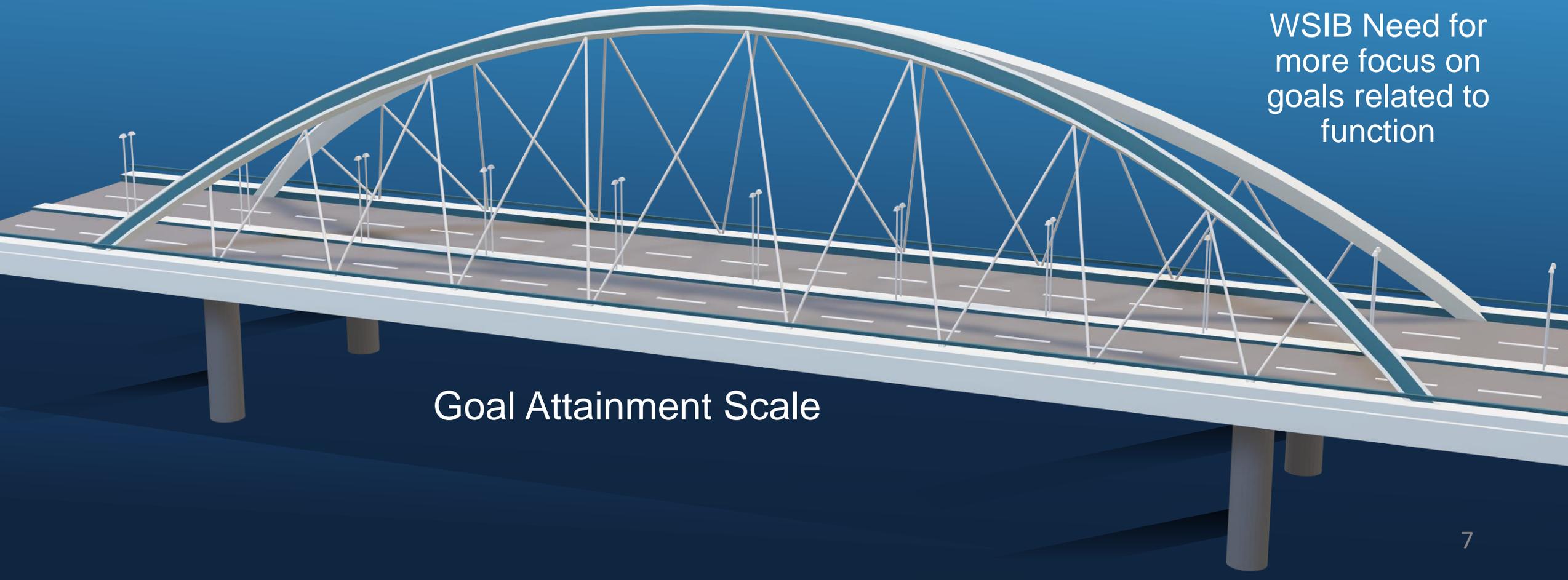
Challenges

Bridging the Gap

The Realities of
Psychological
Therapy

WSIB Need for
more focus on
goals related to
function

Goal Attainment Scale



WSIB concerns prior to CMHP

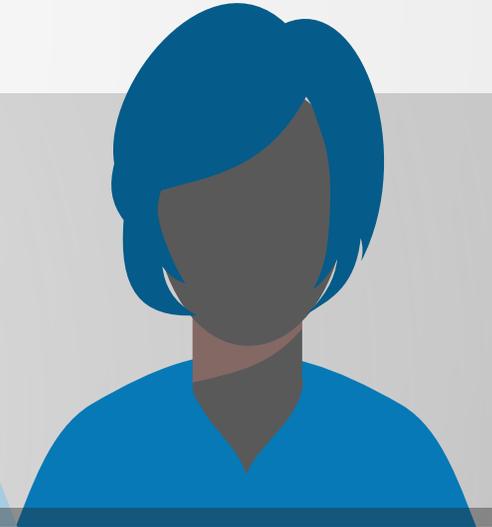
Few Psychologists
accepting WSIB
patients.

A lot of treatment but where
is it leading to?

Their reports are too
long and rambling!

They focus on
symptoms and
not function

They are missing
important information
to help us.



OPA members concerns prior to CMHP

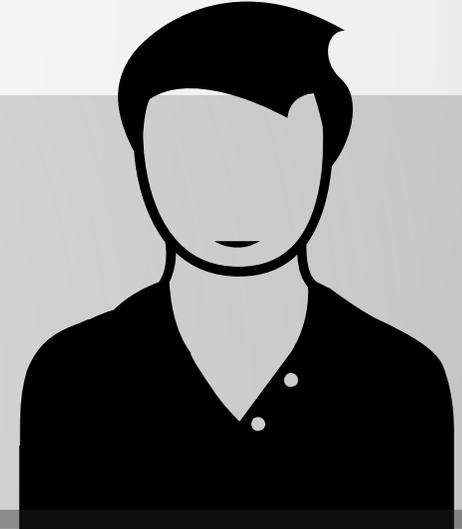
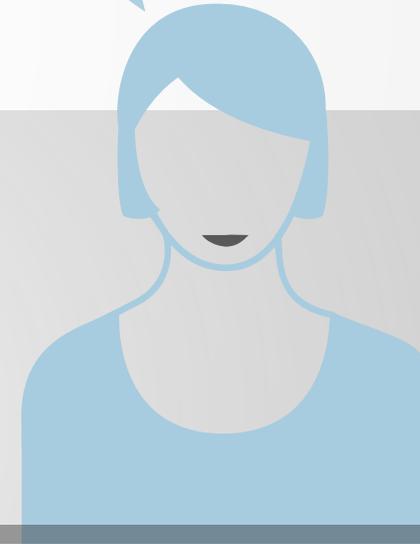
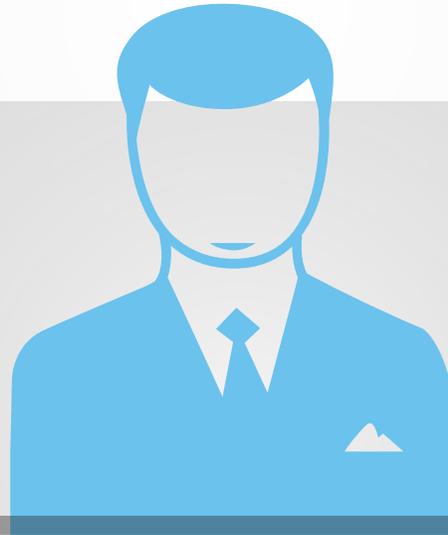
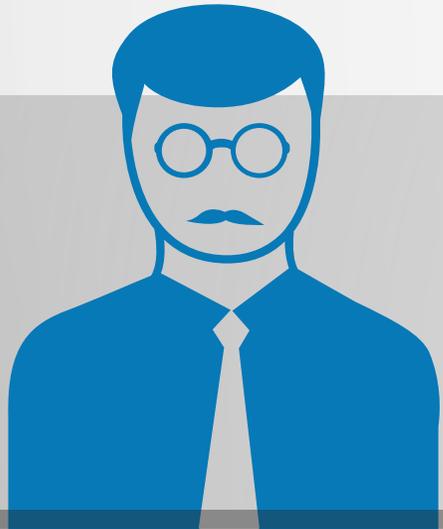
Why do they want 20 page reports?

What do they want in their reports?

I can't get approval for treatment!

Fees are too low

I waste too much time calling the case manager



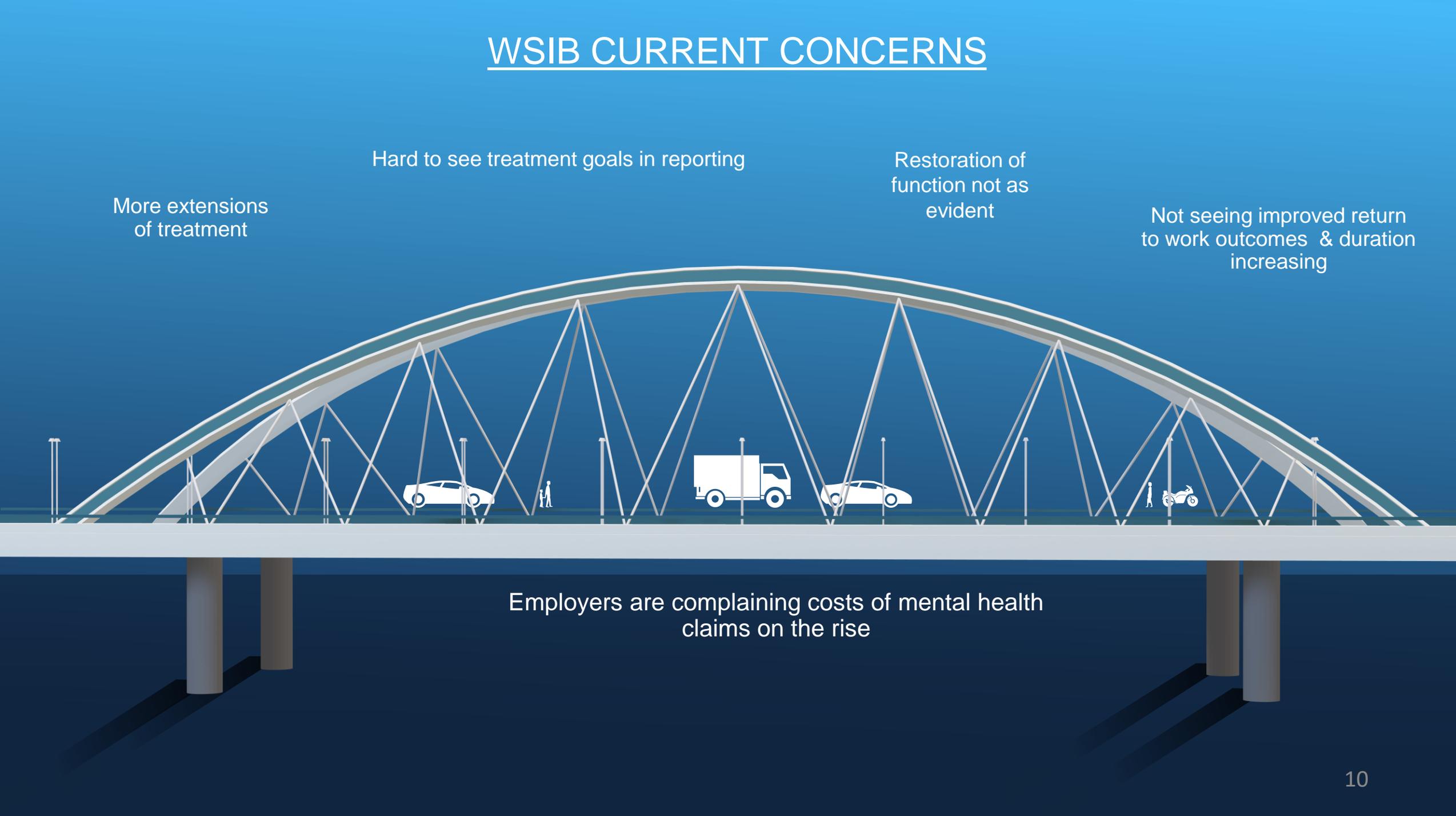
WSIB CURRENT CONCERNS

More extensions
of treatment

Hard to see treatment goals in reporting

Restoration of
function not as
evident

Not seeing improved return
to work outcomes & duration
increasing



Employers are complaining costs of mental health
claims on the rise

OPA CURRENT CONCERNS

Following CMHP
WSIB changed their
case management
structure which led to
confusion of who was
managing the case

Difficult to communicate &
inconsistency in responses
from case to case

No information provided
about entitlement,
medical history,
treatment history, RTW
history and
expectations.

Confusion and
concern not doing
best for patient

Prolonged delay in
implementing
accommodations, or retraining
necessary for RTW

Psychologists have asked
for more understanding of
WSIB role, procedures &
mandate



WSIB CMHP REVISED PROGRESS FORM



_____ | Claim number

Community Mental Health Program progress form

**Remains the same with only addition of the GAS section-
More detailed comments are in the document on the OPA website**

A. Patient information		
Last name	First name	Initials
Date of birth (dd/ <u>mmm</u> / <u>yyyy</u>)	Date of injury (dd/ <u>mmm</u> / <u>yyyy</u>)	Date of initial psychology assessment: (dd/ <u>mmm</u> / <u>yyyy</u>)

PROGRESS FORM: (A) Patient information

Current employment status:

Part time

Not working

A. Full time

or

Modified duties

B. Regular duties

or

Modified hours

C. Regular hours

or

Comments: Indicate if the patient could RTW if suitable accommodations were implemented.
Also indicate if there is a change in the modifications to the duties and/or hours.

PROGRESS FORM: (C) TREATMENT PROGRESS & RESPONSE

1. Treatment Goals - symptom reduction and functional restoration goals, including goals relevant to return to work:

Describe the individual patient's treatment goals.

These are the patient's overall goals, not the more time limited, specific, actionable, goals described in the SMART Goal section.

Progress Form : (C) Treatment progress and response

2. Treatment interventions/approaches provided to date:

Describe the approaches that have been used in CMHP treatment.

It is not sufficient to indicate “psychological treatment” or “psychotherapy”.

“*To DATE*” in this section refers to since the beginning of CMHP psychological treatment, not limited to this block.

Progress Form : (C) Treatment progress and response

3. Response to treatment:

Worsening No improvement Minimal improvement Moderate improvement Significant improvement Fully resolved

Please provide details on response to date, expected outcomes and prognosis: **Provide specific information re the patient's recovery including engagement in the treatment process and progress toward functional restoration.**

Indicate impact of obstacles and barriers that have interfered with meeting treatment goals. Barriers may include: complicating factors related to the patient's pre-injury status; the patient's environment; incomplete physical recovery and physical functional limitations; chronic pain; issues related to the work place.

Progress Form : (C) Treatment progress and response

4. Goal Attainment Scaling (G.A.S): Community Mental Health Program treatment is goal directed toward symptom reduction and functional restoration including the restoration of occupational functioning. It is expected the psychologist, together with the patient, will develop and evaluate SMART Goals. The SMART Goals serve to accomplish and evaluate progress towards the patient's treatment goals. **SMART goals are Specific, Measurable, Achievable, Relevant, and Time-bound.**

OPA is posting "Examples of SMART Goals", this document will continue to evolve with your input.

Progress Form : (C) Treatment progress and response

Comment on overall goal attainment including as related to functional restoration:

SMART goals for the block are determined with the patient dependent upon the nature and level of their current symptoms, impairments, and treatment goals.

Select which of the patient's treatment goals will be operationalized into more concrete SMART goals to be worked on during the block of care.

SMART goals are evaluated at the end of each of block of care.

Describe any obstacles or barriers to attainment of the SMART goals.

Progress Form : (C) Treatment progress and response

6. Functional status (social, occupational, other):

This section is not intended to provide a listing of symptoms, rather it is to describe functional impairments caused by the injury/incident/event.

The concrete description of how the patient is doing is helpful to illustrate the level of RTW readiness.

Providing this information should reduce the need for inquiries from CM's.

PROGRESS FORM: (E) Occupational function information

Have you identified any barriers to return to occupational function? (e.g. harassment, lack of accommodation, etc.)

yes_no If yes, explain plan **This is not a restatement of diagnosis or psychological symptoms.**

Work with the patient to gain awareness of barriers that the patient identifies in return to occupational function.

Barriers may relate to the patient's pre-injury physical, psychological, mental, educational and vocational skills limitations or failure to receive timely, necessary medical care. The patient may have permanent physical impairments that create barriers to RTW. There may also be delays in addressing the workplace issues or other such as inability to provide realistic accommodations, bullying and harassment.

Provide any recommendations to address these barriers.

PROGRESS FORM: (E) Occupational function information

Considering your assessment findings, can the patient remain/return to safe and sustainable occupational function from a psychological perspective? 0 yes 0 no

If accommodations and/or modifications are required to allow the patient to remain/return to occupational function, indicate “YES” and with the qualification that “if the accommodations and/or modifications described in section E below are provided”.

If no, please explain including time frame and next re-evaluation date:

State reasons why patient is not yet able to return to work

PROGRESS FORM: (E) Occupational function information

Describe the patient's functional abilities from a psychological perspective:

Full abilities

Restrictions/limitations/recommended accommodations:

Specific Symptoms requiring
restrictions/limitations/accommodations

Specific Recommended
restrictions/limitations/accommodations

Indicate what factors are limiting or preventing the worker from returning to work? Examples include: poor concentration, fatigue, interpersonal reactivity, cue reactivity, low stress/frustration tolerance, etc.

Indicate what restrictions/limitations or accommodations, are needed to for restoration of occupational function.

PROGRESS FORM:

Would you like a case file discussion with WSIB staff? yes no

Would the patient benefit from a Specialty Program assessment and/or other assessment/treatment/intervention? yes no If yes, describe:

Consider if it would be helpful to recommend involvement of RTW specialist at this point. The RTW specialist might need to find out more about the job duties/requirements or what accommodations might be available for a future return to work.

Consider if the worker benefit from any of the services that specialty programs provide as well as if any other services such as a psychiatric consultation, neuropsychological or psychovocational assessment day or inpatient treatment needed?

Case Examples

CASE EXAMPLE

C. Treatment progress and response

1. Treatment Goals - symptom reduction and functional restoration goals, including goals relevant to return to work:

Learn and apply chronic pain self-management skills.

Reduce fear of pain and injury, and avoidance of regular physical activity.

Reduce self-consciousness about her pain and limitations, and her resulting social avoidance.

Improve her ability to speak to others about her pain and current life situation if asked.

2. Treatment interventions/approaches provided to date:

Provide psychoeducation on self-management approach to chronic pain.

Teach diaphragmatic breathing and progressive muscle relaxation training and establish regular practice.

Complete daily stretching/strengthening exercises assigned by physiotherapist, and initiate a walking routine.

Reduce social avoidance by developing responses to questions others may ask about her pain and how she is doing.

3. Response to treatment:

Worsening No improvement Minimal improvement Moderate improvement Significant improvement Fully resolved

Please provide details on response to date, expected outcomes and prognosis:

She completed assigned readings but struggled to understand how psychological factors impact her pain. She continues to experience a low sense of control over her pain and a heavy reliance of medication. She practiced relaxation skills intermittently and reported finding this frustrating and not helpful. Walking increased somewhat and she is somewhat less fearful of being asked questions about how she is doing. She is guarded about the ability of psychological treatment to help with her pain. No significant change on a measure of kinesiophobia.

CASE EXAMPLE

Goals (Goals set earlier in the current reporting period)	Goals achieved as expected? (Compare extent goals achieved at end of reporting period to the beginning of the same reporting period)		Goal status
SMART goal # 1 Complete weekly assigned readings on chronic pain management	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Much better <input type="checkbox"/> A little better <input checked="" type="checkbox"/> As expected <input type="checkbox"/> Partly acheived <input type="checkbox"/> Much less than expected	<input checked="" type="checkbox"/> In progress – continue in next reporting period <input type="checkbox"/> Goal completed <input type="checkbox"/> Revision required <input type="checkbox"/> No further gains anticipated
SMART goal # 2 Complete assigned stretching and strengthening exercises daily, and go for a 10 minute walk three times weekly	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Much better <input type="checkbox"/> A little better <input type="checkbox"/> As expected <input checked="" type="checkbox"/> Partly acheived <input type="checkbox"/> Much less than expected	<input checked="" type="checkbox"/> In progress – continue in next reporting period <input type="checkbox"/> Goal completed <input type="checkbox"/> Revision required <input type="checkbox"/> No further gains anticipated
SMART goal # 3 Practice relaxation skills once daily for 10 minutes	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Much better <input type="checkbox"/> A little better <input type="checkbox"/> As expected <input type="checkbox"/> Partly acheived <input checked="" type="checkbox"/> Much less than expected	<input type="checkbox"/> In progress – continue in next reporting period <input type="checkbox"/> Goal completed <input type="checkbox"/> Revision required <input checked="" type="checkbox"/> No further gains anticipated
SMART goal # 4 Develop two responses to the injury questions "What happened?" and "How are you doing?" and practice once daily	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Much better <input type="checkbox"/> A little better <input checked="" type="checkbox"/> As expected <input type="checkbox"/> Partly acheived <input type="checkbox"/> Much less than expected	<input checked="" type="checkbox"/> In progress – continue in next reporting period <input type="checkbox"/> Goal completed <input type="checkbox"/> Revision required <input type="checkbox"/> No further gains anticipated

Comment on overall goal attainment, including as related to functional restoration:

Relaxation training is being discontinued at this time as her efforts here are triggering too much frustration and negativity towards treatment. It may be revisited in the future.

CASE EXAMPLE

C. Treatment progress and response (continued)

5. Updated DSM diagnosis (please include change in status e.g. resolved, improving, unchanged, worse, new, subthreshold)

**Somatic Symptom Disorder
Adjustment Disorder with Depressed Mood**

6. Functional status (social, occupational, other)

**Work: She has not returned to her work as a PSW and is not optimistic about ever being able to do so.
Household: She continues to do light chores including some meal preparation but avoids cleaning and laundry.
Community: She continues to avoid going to stores or restaurants.
Social: She gets along ok with her family albeit with some irritability but avoids friends.**

D. Psychology treatment plan

No additional treatment recommended at this time. Explain:

or

Continue treatment (as authorized). Provide additional information:

Further treatment will continue with psychoeducation on pain management and increasing her level of activity. Misperceptions about pain will be addressed, and mindful observation of physical sensations will be introduced. Increased social engagement will be targeted.

or

Additional psychological treatment recommended beyond this program. (Call WSIB)

CASE EXAMPLE

E. Occupational function information

In your opinion, is the patient at imminent risk of harm to himself/herself or others? yes no

If **yes**, please explain including level of risk, and provide plan. Attach a separate page if necessary

Have you identified any barriers to return to occupational function? (e.g. harassment, lack of accommodation, etc.) yes no

If **yes**, explain plan

Reportedly told by employer she cannot return to work until she is 100%

Considering your assessment findings, can the patient remain/return to safe and sustainable occupational function from a psychological perspective? yes no

If **no**, please explain including timeframe and next re-evaluation date:

Her low level of physical activity, fear of injury, self-consciousness about her pain and limitations, level of distractibility, and poor concentration make her unable to work at this time.

Timeline for return to work is unclear at this time as the trajectory for improvement cannot be established.

CASE EXAMPLE

E. Occupational function information (continued)

Describe the patient's functional abilities from a psychological perspective:

Full abilities

Restrictions/limitations/recommended accommodations:

Symptoms requiring restrictions/limitations/accommodations	Recommended restrictions/limitations/accommodations
Poor management of chronic pain, including preoccupation with pain, high perceived disability, fear of injury, self-consciousness, and avoidant coping.	Unable to return to any employment
Poor concentration and vulnerability to distraction	Restricted from managing medication or other situations where inattention may cause a safety concern
Irritability and low frustration tolerance	Minimize interpersonal demands/stressors Requires breaks as needed to manage emotions

Expected duration:

Undetermined

Applicability of SMART Goals

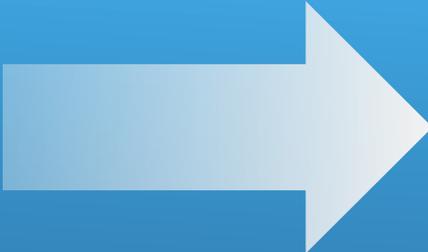
Barriers to Creating SMART Goals

- Rapport has not been sufficiently established
- Patient is ambivalent towards treatment; low level of engagement
- Level of anger and injustice is too high and patient is venting
- Patient's energy and motivation are too low
- Patient is resistant towards SMART goals
- Treatment is winding down

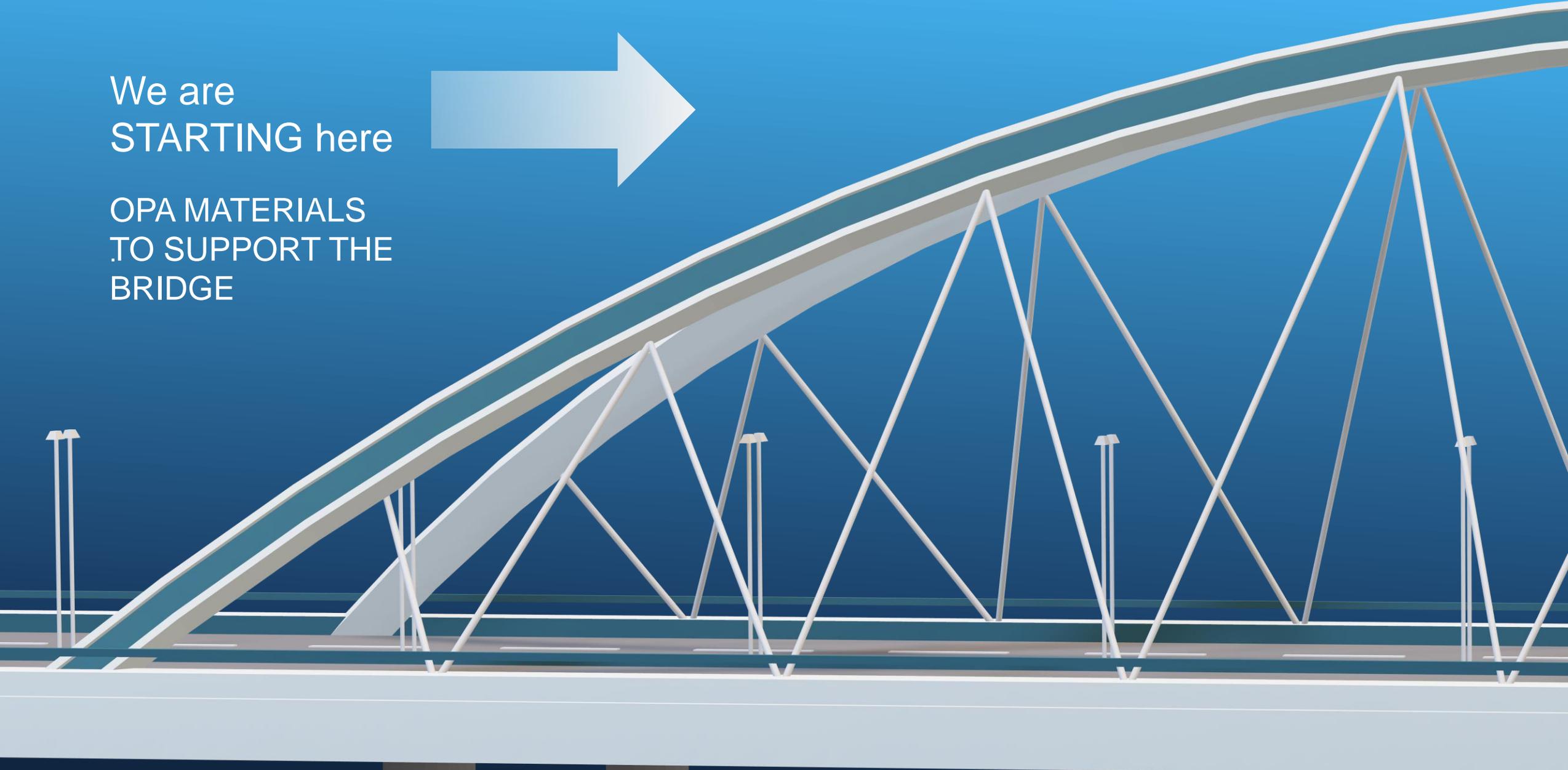
What do I do?

- Try, but don't override clinical judgment
- Indicate reason in your report
- Having no SMART goals does not mean you don't have goals
- What will WSIB do?

We are
STARTING here



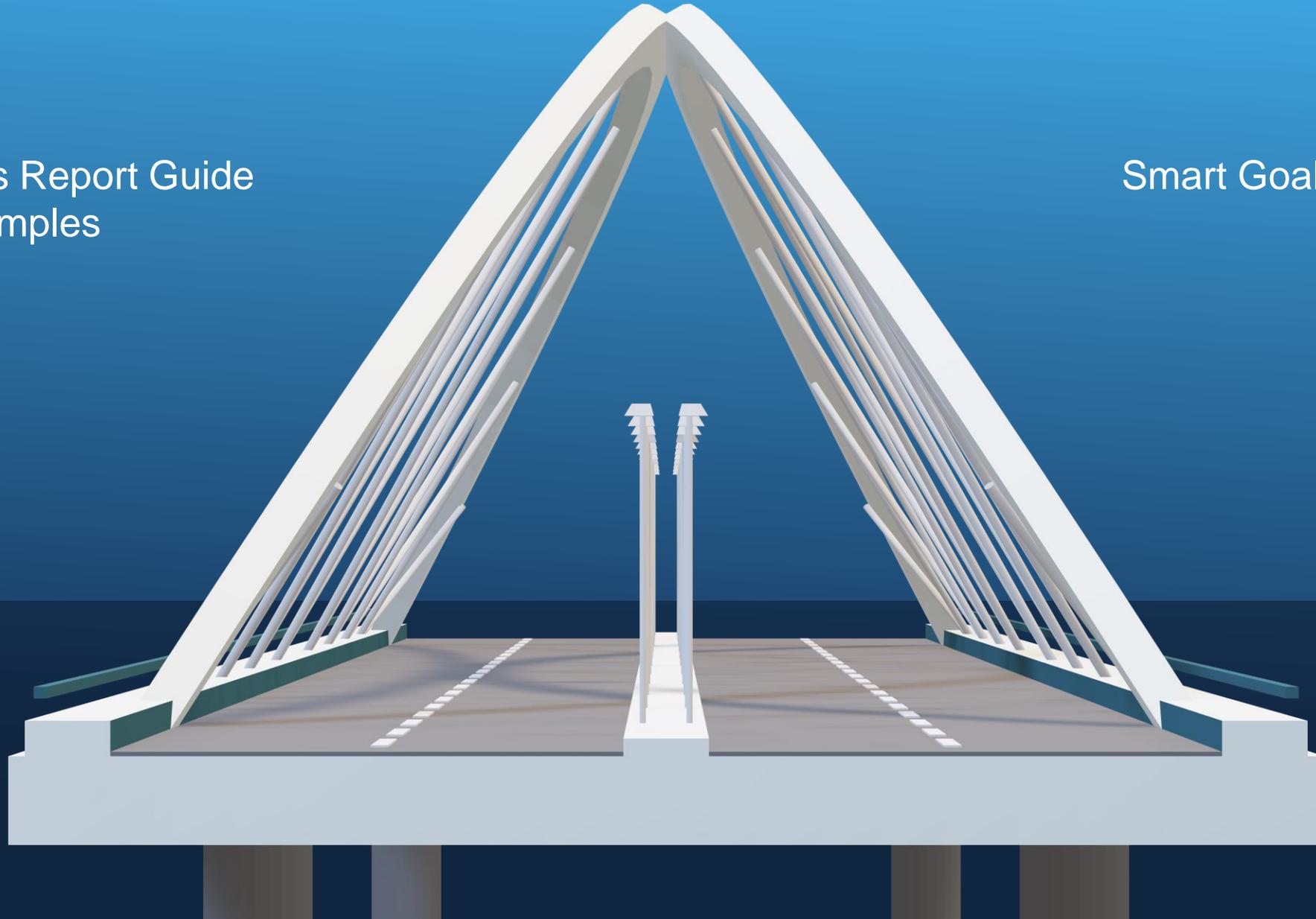
OPA MATERIALS
TO SUPPORT THE
BRIDGE



OPA SUPPORT MATERIALS

Progress Report Guide
and Examples

Smart Goal Examples

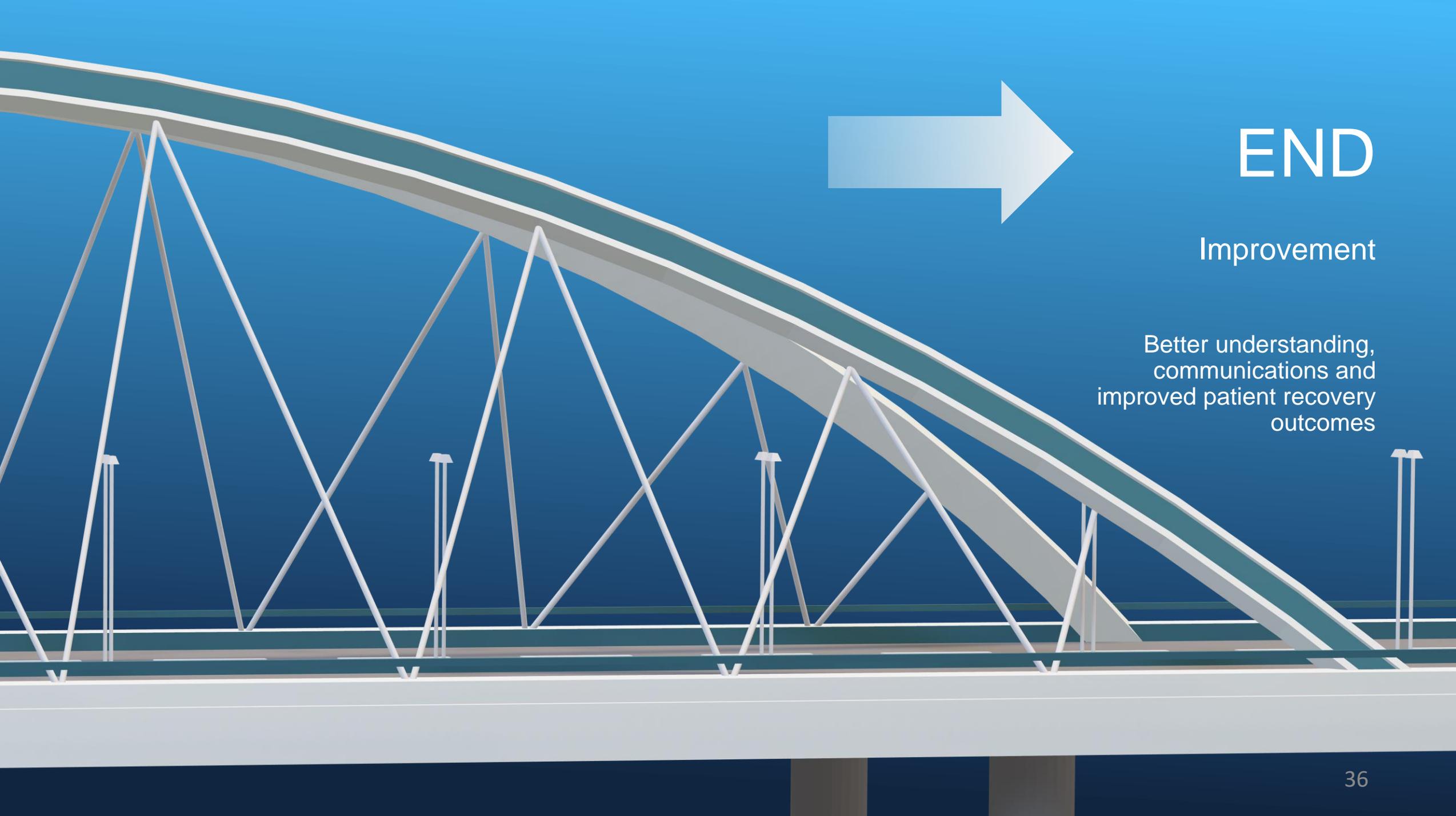


OPA continue feedback
& discussions with
WSIB

April & May
OPA Webinars

Consider Future Town
Hall meetings with WSIB

Consider Future
WSIB Education/
Q&A session



END

Improvement

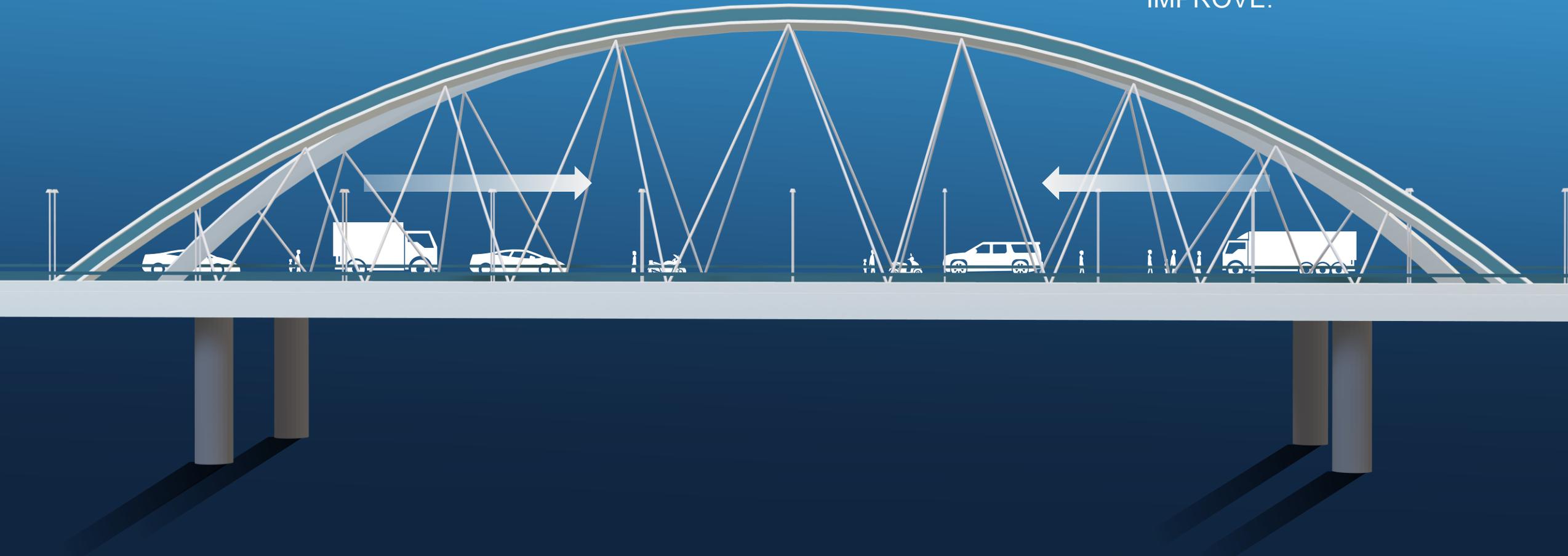
Better understanding,
communications and
improved patient recovery
outcomes

GAS WILL BE A JOURNEY

OPA WILL CONTINUE TO NEED YOUR INPUT AND IS COMMITTED TO CONTINUE TO SUPPORT AND REPRESENT YOU

THIS IS A TWO-WAY BRIDGE

WSIB KNOWS THEY HAVE WORK TO DO ON THEIR END TO IMPROVE.



Role of OPA WSIB Subcommittee and sharing on going consultation

Q & A

Thank You