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Understanding independent medical assessments – a multi-jurisdictional analysis

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Introduction

- Most workers' compensation boards carry out some form of IMAs
  - IMAs: evidence-based, objective measurement of disability
  - provide expert advice on eligibility for cover and entitlements
  - determine the level of disability and/or impairment
- Research has pointed to dissatisfaction with the process
  - Injured workers: biased, non-therapeutic, painful, purpose to cut benefits
  - HCPs: administratively burdensome, time consuming, legalistic
- Much of the research on IMAs comes from the USA – difficult to generalize to other settings

Methods

- The purpose of this study was to understand why and how compensation bodies use medical assessments
  - When and by whom are assessment done?
  - What models of procurement are used?
  - How is quality assessed? (including reporting and timeliness)
  - Key challenges and best practices
- Examined selected workers' compensation boards in Australia, New Zealand and Canada (n=14)
  - Review of publically available policy/info/procedures
  - Interviews with senior policy makers/service providers
  - Selected sample to get variation on region, size, and availability

Role	Time in Role	WCB or insurer	North America or Australia/NZ
1. Director of Health Care Services	6 years	WCB	North America
2. Senior Clinician/Senior Medical Advisor	4 years	WCB/Insurer	Australia/NZ
3. Manager of Health Care Services	6 years	WCB	North America
4. Chief Medical Officer/Director of Clinical Services	5 years	WCB	North America
5. Chief Nursing Officer/Director of Professional Practices	5 years	WCB	North America
6. Physician Advisor, Integrated Disability Management/Chief Occupational Health	19 years	Insurer	North America
7. Senior Coordinator, Medical Assessment Tribunal	3 years	Insurer	Australia/NZ
8. Workers' Compensation Manager	6 months	Insurer	Australia/NZ
9. Manager, Vocational and Pain Services	3 Years	WCB	Australia/NZ
10. Assistant Director	12 years	WCB	Australia/NZ
11. Relationship manager, Medical and Hospital	1 year	WCB	Australia/NZ
12. Physician Manager	6 years	WCB	North America
13. Manager, Legislation and Scheme Information	2 years	WCB	Australia/NZ
14. Manager, Independent Medical Exams	2 years	WCB	Australia/NZ

Caveats

- IMA means different things in different jurisdictions
  - From medical panels to “internal claim file reviews”
  - Participants discussed many different types of MAs outside of the treating relationship
- Participants did not always have information on all types of IMAs performed – focussed on most common
- Do not identify jurisdictions by name to preserve anonymity of participants

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Four key reasons for doing IMAs

- Failure to progress – Claim not progressing as expected, unexpected recovery and RTW delays, treatment to working. (MH claims)
- Permanent impairment – Determine impairment after MMR is reached, IW assessed and assigned disability rating
- Medical disputes – (often in-house) when there are differences in medical opinion, review treatment paths or experimental therapies
- Determining liability or cutting payments – work-relatedness of injury, decreasing or ceasing payments, IMAs – form of evidence in court cases
- Other reasons: review of IW surveillance footage, determining fitness for work, RTW planning and voc rehab assessment, “fresh” medical opinion

Different types of IMAs

- Internal - IMAs are carried out “in house”. HCPs based at the WCB to provide services as needed.
- External- IMAs carried by medical-legal clinics, by HCPs who have an on-going relationship with WCB or on an ad-hoc/as needed basis
- Collaborative – IMA included HCPs from various disciplines, on-going contact, discussion and info sharing about process and outcome
- Individualistic – IMA done by one HCP (not treating HCP), based on exam, little contact with other HCPs or info sharing with IW
- In-person – IW undergoes physical exam, HCP is sent file/info summarized by case manager
- Paper-based- claim file review based on questions posed by case manager, IW not necessarily informed the process is taking place

Results - Across jurisdictions

- All jurisdictions engaged in some form of IMA
- Some North American WCBs moving away from traditional IMA (one-on-one assessment by specialist outside of the WCB).
- “Whole person” model of assessment carried out by multidisciplinary teams, input from worker
- “In house” medical teams – decreases need for IMAs
- Internal medical assessors - great resource for CMs – “teachable moments” for both parties, timely reporting, feedback
- Staged approach to IMA: in-house HCP consulted (claim file review), if more info needed HCP would see the IW for an exam or IW referred for assessment in the community. Medical panel reviews - reviews of “last resort”.

Results – Across jurisdictions

- Disjuncture between publically available info on IMAs and what happened “on the ground”
  - E.g. information about medical panels – yet according to participants these were virtually never used - Confusing for clients?
- Huge variation in practices and approaches
  - E.g. payment for reports: some assessors salaried employees of WCB, some payed per report, some per time spent, formal payment structure versus pay whatever assessor demands
- The social, health care and legislative context is important
  - E.g. Process of IMA more adversarial/less collaborative in jurisdictions where workers have access to common law as part of the workers’ compensation process

Key issues and challenges

- Recruitment – Difficulty attracting and keeping qualified HCPs
  - Administratively cumbersome process
  - Some jurisdictions required specific qualifications and training (e.g. whole person impairment assessment or ABIME certification) – limited pool
  - Particularly challenging in remote/rural areas
  - Use of semi/retired HCPs – perception that WCB was not using HCPs with most up-to-date skills or knowledge

Key challenges

- Quality assurance – Timeliness of reporting and quality of reports
  - Long delays in receiving reports, incomplete information, jargon etc. – not useful for case manager
  - In some jurisdictions no formal review or feedback process – We “talk with our feet”
  - Difficult to penalize HCP for poor reporting in jurisdictions where recruitment was an issue
  - One Australian jurisdiction had very rigorous process of QA
- Client perception – bias, mistrust, confusion
  - Little preparation or information about the process
  - Misconceptions about outcomes (e.g. payout)
  - View that process serves interest of employer/insurer – aim to cut benefits

Best Practices

- Internal medical consultants – not every matter needs to be sent out for external independent medical review
  - Quick info related to medical matters
  - Greater control over quality
  - In-house medical staff can help case managers make well-informed decisions
- Incentives for medical assessors – those able to attract and retain assessors provided training opportunities, high monetary reimbursements, decreased admin burden
  - Greater pool of available assessors = improved quality of reports

Best Practices

- Quality assurance – systematic review of reports and regular feedback to assessors
  - Target and review those who previously sent problematic reports (with errors/missing info)
  - Payment structures to reward timely, complete reporting
  - NB: No jurisdiction reviewed the quality of medical information

- Collaborative assessments - by tapping various sources of information and including IW - the process became less adversarial
  - Not simply passing judgement but rather “solving the puzzle” of why recovery had stalled
  - Enhanced understanding, high RTW success, high satisfaction rates

Best Practices

- Preparing workers – IWs should know what to expect
  - One person or panel, what sort of exam, who is on the panel, what is the purpose of the exam, will they be told the result, etc.
  - Not a therapeutic encounter – no medical advice or treatment
  - Permanent impairment assessment – IW should have realistic expectations about the likely outcome of the assessment
  - Information provided via letter, video, flow chart

Future research areas

- How do IWs perceive different types of IMAs? What could improve their experiences?
- From the assessors perspective, what could facilitate their engagement with WCB? How can the process be improved?
  - An examination of forms, templates and guidelines used for various types of assessments – how can reporting be improved?
- New models of providing IMAs should be explored – how can new technologies and information management systems make the process less burdensome for IWs and HCPs?