work**safe**bc

Wanted: Innovative disability-management proposals

he Projects and Innovation Committee, a joint committee of Doctors of BC and Work-SafeBC, is seeking proposals from the physician community for projects aimed at improving disability management for injured workers. The proposals might involve the development of preventive care or treatment pathways, or strategies for improved communication between physicians, case workers, and workers—but, whatever the topic, they should involve physician input.

In 2016 the committee is particularly interested in proposals that focus or expand on WorkSafeBC's highlevel priorities, which include the following:

- Reducing the serious injury rate. While the injury rate in general has been declining, the incidences of serious/devastating injuries have not been declining in the past few
- Improving case management processes, including communication with health care providers, workers, and employers, in an effort to strengthen return-to-work and stayat-work outcomes.
- · Improving recognition and reporting of occupational diseases.

Since its formation in 2012, the committee has received and screened numerous proposals, two of which are currently being developed, implemented, and evaluated. In fact, you may already be involved in the implementation of one or both of these pilot projects.

Project 1: Epidemiology statement

This article is the opinion of WorkSafeBC and has not been peer reviewed by the BCMJ Editorial Board.

Since 2015 two MRI providers in Metro Vancouver and one in the Okanagan have been working with the Section of Radiology, the Society of General Practitioners of BC, and WorkSafeBC to add an epidemiology statement as a footnote to all lumbar spine MRI reports. The statement reads, "The following findings are so common in people without low back pain that although their presence may be reported, they must be interpreted with caution and in the context of the clinical situation." It will then go on to list the incidence of lumbar-spine related conditions in patients who don't experience low back pain:

- Disk signal changes: 86%
- Disk bulge: 65%
- Loss of disk height: 57%
- Annular tear: 42%
- Disk protrusion: 35%
- Endplate changes: 23%
- · Moderate or severe facet degeneration: 18%

The statement is intended to educate requesting physicians and workers about the high prevalence of lumbar spine pathology seen on MRIs in patients without low back pain.

Evaluation of this project is now underway and, if the benefits are confirmed, the committee may consider other imaging modalities and anatomic regions.

Project 2: Form for specialist's consultation

In collaboration with WorkSafeBC, orthopaedic surgeons in the Prince George area have developed a form that is being attached to the specialist's consultation and copied to referring physicians and WorkSafeBC. It outlines appropriate medical restrictions, limitations, and treatment recommendations. This information is intended to provide early insight for

the worker, WorkSafeBC, and the referring physician regarding which activities the worker can and cannot do while being treated or while undergoing further workup. WorkSafeBC is also using the form to help identify possible workplace accommodation in coordination with the worker, employer, and physician.

While the full results aren't in yet, our case workers are finding the information provided on the form to be very helpful. This project is currently being expanded to other regions in

Evaluation and implementation

The committee evaluates all aspects of each project to assess the project's effectiveness in addressing workplace disability. Quantitative and qualitative variables are collected and analyzed, and the results determine whether the project will be continued, expanded, or both.

Project proposals

For more information on either of the projects currently being evaluated, or if you have an idea that you would like the Projects and Innovation Committee to consider, please contact one of the co-chairs: Tom Goetz, MD, at Doctors of BC (vansurgdoc@gmail .com) or Craig Martin, MD, at Work-SafeBC (craig.martin@worksafebc .com).

> -Tom Goetz, MD, FRCSC -Craig Martin, MD

Reference

1. Jarvik JJ, Hollingworth W, Heagerty P, et al. The Longitudinal Assessment of Imaging and Disability of the Back (LAIDBack) Study: Baseline data. Spine 2001;26:1158-1166