

# Expanding telehealth at WorkSafeBC

Over the past 5 years, WorkSafeBC has increasingly used telehealth modalities to address barriers to health care delivery. This has required clinical champions, innovation, and collaboration across clinical and corporate departments (including IT security, privacy, legal, and procurement). This organizational effort has allowed WorkSafeBC to meet the priority operational and contractual requirements for telehealth implementation—including developing user guidelines and evaluation measures and selecting technology platforms—while ensuring the continued delivery of high-quality care to injured workers.

This foundation enabled WorkSafeBC to rapidly adapt and expand telehealth services across programs at the onset of the COVID-19 pandemic. The following are examples of telehealth adoption.

## Telepsychiatry

When injured workers with accepted psychological conditions are unable to gain timely access to a local psychiatrist, a WorkSafeBC medical advisor can facilitate a referral (in consultation with the family physician) to one of the 25 community-based psychiatrists in the WorkSafeBC external psychiatric provider network. Injured workers in rural or remote communities, however, are still frequently required to travel to access care. A small pilot telepsychiatry initiative was in place before the COVID-19 pandemic to address this. The pandemic rapidly accelerated the expansion of the telepsychiatry service, and almost all consultations since have used videoconferencing technology. Telehealth guidelines, fee codes, and evaluation measures developed during the pilot have been successfully adapted for

different clinical groups and programs across WorkSafeBC.

## Disability benefits medical examinations

Historically, injured workers with accepted permanent conditions required detailed in-person impairment rating examinations by physicians internal or external to WorkSafeBC to determine long-term disability benefits. To reduce risk, these assessments, when possible, are now taking place virtually or by documentary review. With the consent of the injured worker, virtual training of physicians in impairment rating examination has also been adopted, where feasible. Learner feedback is provided by an entrustability scale as endorsed by the Royal College, demonstrating that these scales can be successfully adapted to the virtual observation of learners in practice.

## Visiting Specialist Clinic

WorkSafeBC's Visiting Specialist Clinic in Richmond has provided uninterrupted support to injured workers throughout the pandemic by providing virtual care visits with its fellowship-trained specialists. Initially reliant on virtual visits, service has evolved into a blended model of virtual and in-clinic appointments for over 7000 expedited clinical interactions since March 2020. The clinic is now operating at 50% in-person exam capacity with strong COVID safety plans in place.

## Educational activities

In addition to the clinical telehealth applications, WorkSafeBC has employed new IT solutions to support educational activities. These include the virtual training/mentorship of new WorkSafeBC physicians; adapting resident

training programs (family practice and public health and preventive medicine) to include online learning experiences; delivering virtual “Not just a prescription pad” workshops to physicians throughout BC to assist in the management of patients with noncancer pain; and the recent successful WorkSafeBC and Northwest Association of Occupational and Environmental Medicine joint conference for community physicians that was conducted

virtually and attracted just under 200 attendees.

WorkSafeBC has also moved its accredited academic detailing program, Patient Care, Physicians and WorkSafeBC, to a virtual format. For more information, call

1 855 476-3049 or email [clinicalservicesevents@worksafebc.com](mailto:clinicalservicesevents@worksafebc.com).

WorkSafeBC anticipates that during the pandemic and beyond, telehealth will continue to play a critical role in the delivery of health care services and educational activities. WorkSafeBC will need to continually evaluate and adapt its models to determine the optimal blend of virtual and in-person care delivery in the future. The telehealth approaches implemented will aim to improve quality of care and recovery for injured workers, improve access to specialized care where there are barriers (e.g., travel, safety during COVID-19), realize cost savings, and reduce WorkSafeBC's environmental footprint. ■

—Harry Karlinsky, MD, MSc, FRCPC

—Dana Chmelnitsky, MBA, BMR(PT)

—Celina Dunn, MD, CCFP, CIME

—Fatima Catalan, MBA, SCMP

—Dennis Garvey

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