

Performing a return-to-work consultation for patients with a workplace injury or illness

Primary care physicians play an important role in the recovery, return to work, and disability management of patients who have a workplace injury or illness.^{1,2} Evidence shows that having conversations early and maintaining connections and communication with the workplace can facilitate a positive return-to-work journey for patients. Having conversations and encouraging your patient to stay in touch with their workplace is helpful in protecting their livelihood.

For physicians interested in helping with return-to-work coordination by reaching out to your patient's workplace, there is a fee code (19950) to support this. We recommend that you use this code in the first few weeks of the claims process. With your patient's consent, you can contact their employer or supervisor to develop a return-to-work plan. This can be done during the first or a subsequent office visit, on a phone call, or using whatever method of communication you and your patient decide on. Larger employers may be more likely to have alternative duties for your patient.

In developing a return-to-work plan, your patient's employer needs to understand how your patient's workplace condition affects their ability to work and for what length of time, so the employer can provide accommodations. They do not need to know confidential medical information (although patients may share this with employers). Employers receive the accepted claim diagnosis from WorkSafeBC, but they

otherwise receive only the information necessary to run their workplace.

Tips to create a return-to-work plan

- With patient consent to contact their place of employment, arrange a call with an individual your patient identifies at the workplace to discuss the plan and find opportunities for safe work for your patient. If you have questions about contacting the employer, speak with a medical advisor from WorkSafeBC. Don't hesitate to make a RACE request by phone or through the app to reach a medical advisor to discuss, and bill WorkSafeBC fee code 19930 for the discussion (please do not bill an MSP fee code for a WorkSafeBC RACE call). Visit www.raceconnect.ca for more information.
- Document that you had a call/conversation with the workplace on a Form 11 (in the clinical information area).
- If you are able to have the employer and the patient on the same call (best practice for all parties to provide information and find consensus), do not bill for the patient encounter. Instead, bill 19950 and the form fee. If you bill for a patient encounter, the 19950 fee code will be rejected.
- Ask your patient what they could do today/tomorrow at the workplace—they may be helpful in identifying tasks or duties for you and the employer—but remember that the employer may not be able to accommodate all the patient's requests. Be open to whatever meaningful jobs the workplace has available to connect your patient back to their workplace in a timely way.

New legislation to support patients with a workplace injury or illness

The provincial government made amendments to the Workers Compensation Act that affect return to work. Starting 1 January 2024, employers and workers will have a legal duty to cooperate with each other and with WorkSafeBC in timely and safe return to work following a worker's injury, and certain employers will have an obligation to return injured workers to work in specific circumstances. Visit worksafebc.com and search "employers: duty to cooperate" for more information.

- The plan should specify hours, activities, and progression of activity, including the expected date of full return to work. A plan is typically not started at fewer than 4 hours per day. For most conditions, a plan would not last longer than 4 to 6 weeks.
- The plan does not need to start at the beginning of your patient's workweek. In fact, arranging the return to work for midweek allows your patient a break after the first couple days back.
- Ensure you have a start date, graduated duties, and an end date documented on a Form 11 (in the clinical information area). WorkSafeBC will not end or close the claim if the plan does not work out as anticipated and will look at other options with the patient/claimant.

Continued on page 353

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

Physician wellness reading list

Finding literature about physician wellness has always been surprisingly challenging. To assist, the Library has created the physician wellness reading list, available at www.cpsbc.ca/files/pdf/Library-Physician-Wellness-Resources.pdf. As with all reading lists, there is an emphasis on material with a practical focus.

Due to the abundance of review articles on this topic, they have been organized

into sections: overviews, articles for specialists, pandemic-related stressors, inclusivity and equity, occupational hazards, technology-related stressors, violence and conflict, and an “other” section containing less ubiquitously published topics, such as financial well-being and surviving lawsuits.

Most materials are available to read online, with one audiobook listed in the e-books section. There are also several physical books, which can be mailed out with free return postage. Likewise, any of the articles or e-book chapters can be printed and mailed out; unfortunately, this is not possible with entire e-books due to copyright law. All e-books can be read via an Internet

browser, and some can be downloaded for offline reading.

Additionally, there is a new rural and remote medicine reading list, and other reading lists have been updated for 2023, including planetary health, race and health equity, and virtual care. These may be accessed on the Reading Lists web page: www.cpsbc.ca/registrants/library/reading-lists. Reading lists are freely available to view, but the majority of links require logging into the College of Physicians and Surgeons of BC website for access to the content. ■

—Niki Baumann
Librarian

This article is the opinion of the Library of the College of Physicians and Surgeons of BC and has not been peer reviewed by the BCMJ Editorial Board.

BCCDC

Continued from page 352

—Nick Smith, MPH
Project Manager, BCCDC
Member, BCCDC Community
Antimicrobial Stewardship Team

References

1. The Expert Panel on the Potential Socio-Economic Impacts of Antimicrobial Resistance in Canada. When antibiotics fail. Council of Canadian Academies, 2019. Accessed 15 August 2023. <https://cca-reports.ca/reports/the-potential-socio-economic-impacts-of-antimicrobial-resistance-in-canada>.
2. Chatterjee A, Modarai M, Naylor NR, et al. Quantifying drivers of antibiotic resistance in humans: A systematic review. *Lancet Infect Dis* 2018;18:e368–e378.
3. Holmes AH, Moore LS, Sundsfjord A, et al. Understanding the mechanisms and drivers of antimicrobial resistance. *Lancet* 2016;387(10014):176–187.
4. Saravanabavan S, Aulakh A, Douglas J, et al. Penicillin de-labelling in Vancouver, British Columbia, Canada: Comparison of approaches, outcomes and future directions. *Allergy Asthma Clin Immunol* 2023;19:30.
5. BC Women’s Hospital and Health Centre. Penicillin allergy de-labelling tool. Accessed 15 August 2023. <https://app.firstline.org/en/clients/39-bc-womens-hospital/steps/61581>.

WORKSAFEBC

Continued from page 351

- Your fee will be paid even if the claim is ultimately not accepted.

For more information, visit our return-to-work information page for health care providers at www.worksafebc.com/en/claims/recovery-work/health-care-providers-return-to-work-information. ■

—Olivia Sampson, MD, CCFP, MPH, RCPC
Medical Services Manager, WorkSafeBC

—Celina Dunn, MD, CCFP, CIME
Medical Services Manager, WorkSafeBC


References


1. Furlan AD, Harbin S, Vieira FF, et al. Primary care physicians’ learning needs in returning ill or injured workers to work. A scoping review. *J Occup Rehabil* 2022;32:591–619.
2. Canadian Medical Association. The treating physician’s role in helping patients return to work after an illness or injury (update 2013). Accessed 29 September 2023. <https://policybase.cma.ca/link/policy10754>.

Attn: BC Doctors

PRACTICE CLOSURE

Retiring, Relocating,
Transitioning & Estates







RECORD SCANNING

Document Conversion -
Fully Searchable

RECORD STORAGE

Paper & EMR Record Storage
in accordance with CPSBC





www.RecordSolutions.ca
1.888.563.3732

