

Medical Review Panel Department

1996 Annual Report to the Panel of Administrators

1. Purpose of Medical Review Panels

Claims for occupational injury and disease often involve complex medical issues which are difficult to resolve. Issues of causation, diagnosis and the nature and extent of a worker's disability have serious impact upon the adjudication of a claim.

The *Workers' Compensation Act* ("the Act") recognizes this by providing workers and employers who disagree with medical decisions of the Board a right to request an independent review by three community-based physicians. The Medical Review Panels are the final decision-makers on medical questions arising in the adjudication of a claim. Under Section 65 of the *Act*, Panel certificates are binding on the Board.

2. Composition of Medical Review Panels

Each Medical Review Panel ("MRP or Panel") consists of a Chair and two Specialist members.

Panel Chairs are appointed by the Lieutenant Governor in Council under Section 58(1) of the *Act*. There are currently 14 Panel Chairs as follows:

CURRENT MRP CHAIRS AND DATES OF APPOINTMENT

Name	Date of Appointment
Dr. Nigel H. Clark	January 30, 1975
Dr. Stanley L. Sunshine	January 30, 1975
Dr. Victor Dirnfeld	July 13, 1978
Dr. Peter J. Banks	April 25, 1986
Dr. Darryl G. Morris	April 25, 1986
Dr. Geoffrey L. Nanson	April 25, 1986

Dr. J. Trevor Sandy	April 25, 1986
Dr. Peter Allen	March 1, 1990
Dr. Beverley Barron	March 1, 1990
Dr. Ian D. Connell	March 1, 1990
Dr. Robert S. Purkis	March 1, 1990
Dr. John P. Sloan	March 1, 1990
Dr. John S. Smith	March 1, 1990
Dr. Leonard C. Jenkins	September 8, 1993

Panel Specialists are nominated by the worker and employer from lists prepared by the Medical Committee. There are 175 specialists available listed from 24 areas of medical expertise. The fields of expertise range from occupational medicine to orthopaedic surgery (most frequently used in 1996).

3. The Medical Review Panel Department

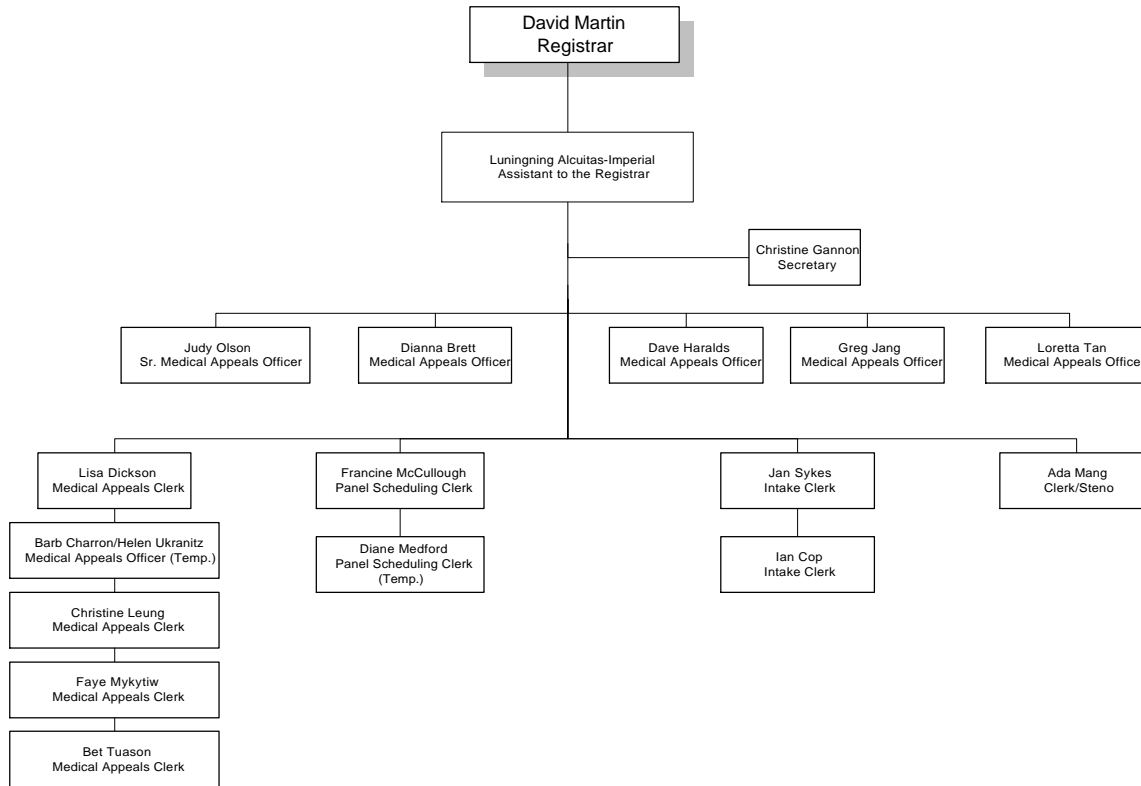
The MRP Department, under the direction of the Registrar, plays a dual role by providing support to the Panels and performing the Board's administrative duties mandated by the *Act*. The Department reports and is responsible to the Chair of the Panel of Administrators.

Leadership of the Department was sustained by the appointment of David Martin as full-time Registrar in November 1996.

Significant strengthening of the Department's capabilities took place in the final quarter of 1996 with the addition of three Medical Appeals Officers, one Medical Appeals Clerk and one Intake Clerk.

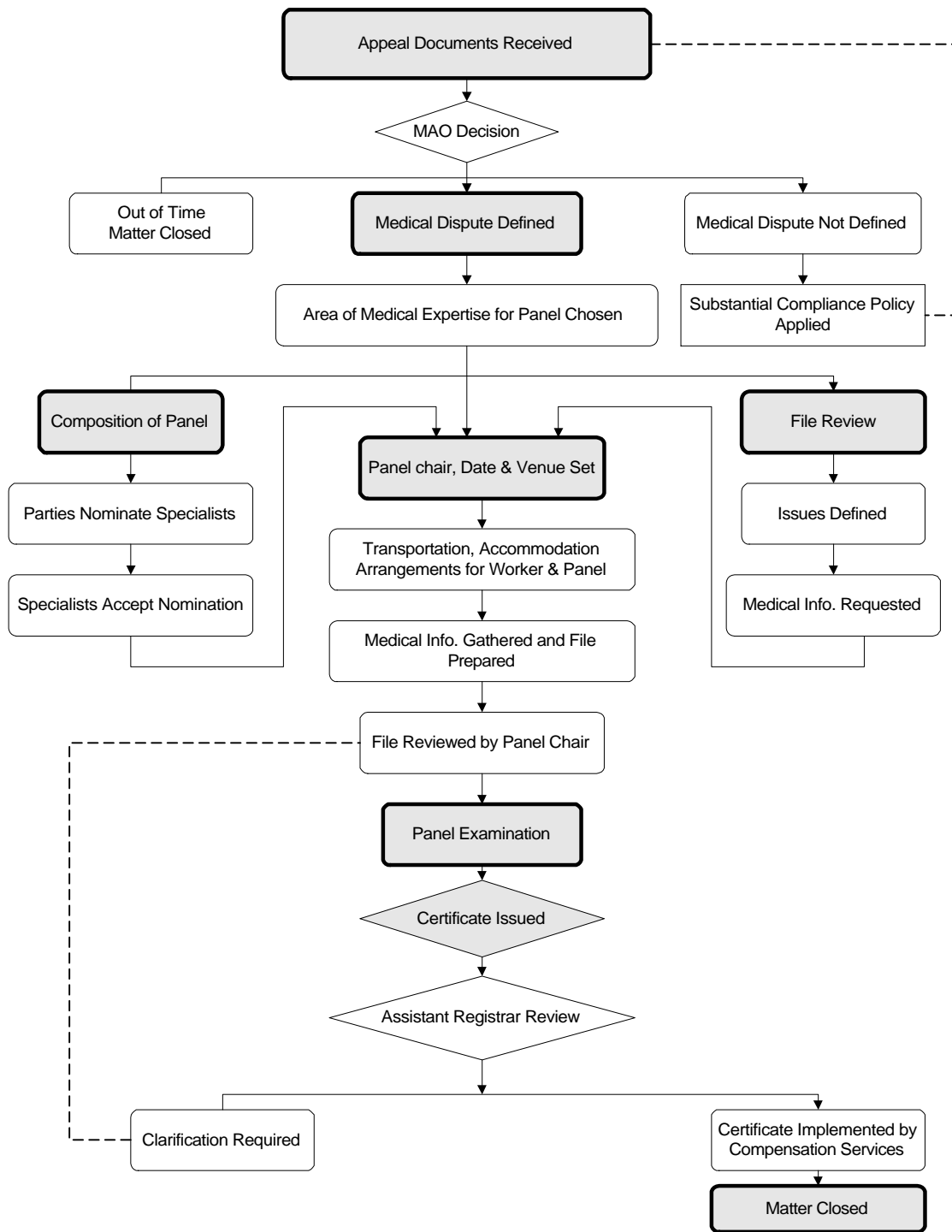
At the end of the year, the Department consisted of 18 permanent staff (including 2 half-time) and 1 temporary staff. The Department organizational chart illustrates the internal reporting structure:

**MEDICAL REVIEW PANEL DEPARTMENT
December 31, 1996**



4. The Processing of a Request for a Medical Review Panel Examination

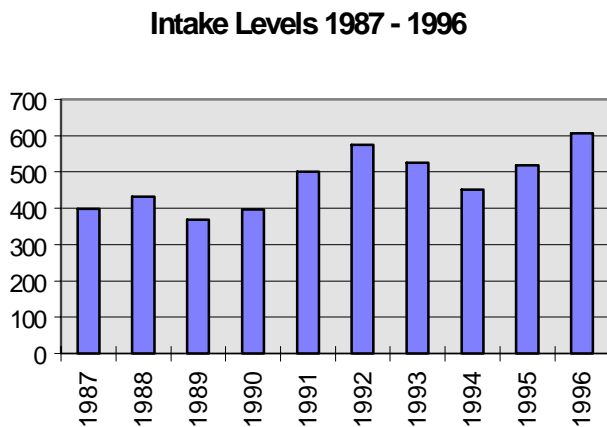
The processing of a request for a Panel examination is governed by Sections 58 to 66 of the *Act* and Item #103.00 of the *Rehabilitation Services and Claims Manual* ("the Manual"). The primary stages of this process are outlined below:



5. New Applications

(a) Levels

There were 607 new applications in 1996 — the highest level of intake in the history of the process. This is a 17% increase over the 519 new applications in 1995. The fluctuations in intake levels since 1987 are shown below:



The Medical Appeals Officers considered 421 new applications in 1996 . 61% of these applications disclosed a bona fide medical dispute and went on to be processed by the Department.

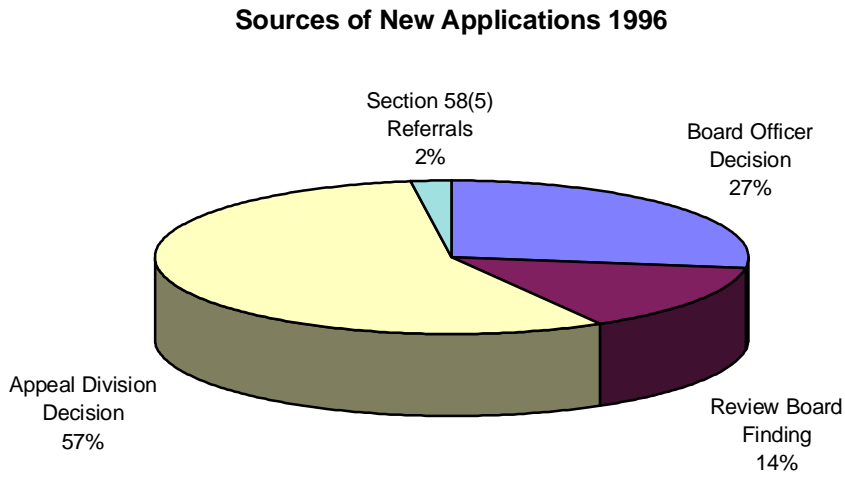
(b) Sources

Requests for Medical Review Panel Examinations can come from three levels:

- a. Medical decisions of Board Officers;
- b. Medical findings of the Workers' Compensation Review Board; or
- c. Medical decisions of the Appeal Division.

The Board can also refer unusual or complex medical matters to a Medical Review Panel under Section 58(5) of the *Act*.

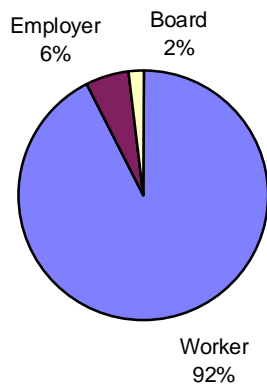
Medical decisions of the Appeal Division continue to be the main source of the new applications as illustrated below:



(c) Worker or Employer requests

Worker requests continue to be the bulk of new applications as shown below:

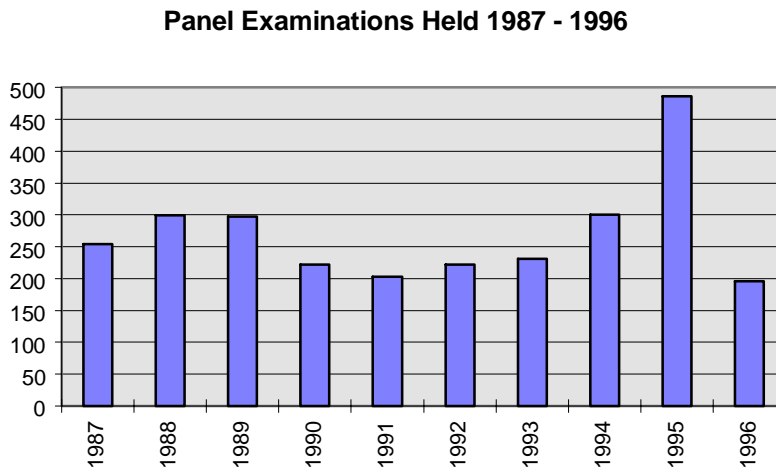
Party Requesting Panel



6. Medical Review Panel Examinations

(a) Levels

The *Act* requires a Medical Review Panel to conduct a physical examination of the worker. There were 196 Panel examinations held in 1996 — a significant decrease from 1995. The yearly number of Panel examinations since 1987 is shown below:



(b) Issues

Causation or the work-relatedness of the injury or disease is the most prevalent dispute confronted by the Panels. Also, back conditions and chronic back pain have been consistently the most common injuries involved in these claims. This is reflected in 41% of the 1996 Panels being composed of Orthopaedic Surgeons.

7. Medical Review Panel Decisions

A Medical Review Panel issues a Panel certificate outlining its medical findings to the Board. There were 211 Panel certificates issued in 1996 — a 57% decrease over 1995.

8. Department Performance

(a) Workflow

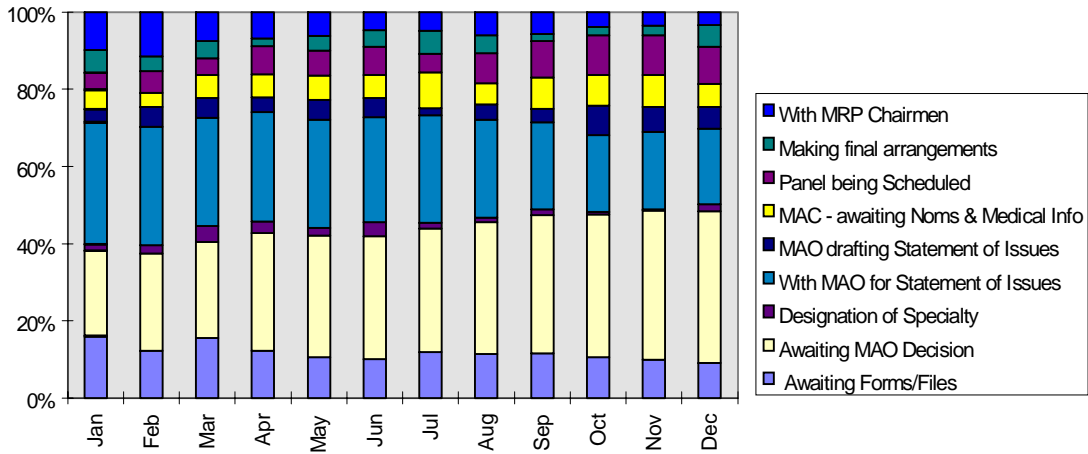
As of December 31, 1996, there were 762 matters within our system. This number breaks down as:

Incomplete, Awaiting Form(s) or File(s)	64
Being Processed by MRP Department	624
With Panel Chairs	22
Certificates Received	2
Clarification Requested	0
Awaiting Implementation by Compensation Services	50
TOTAL	762

The 624 applications being processed by the MRP Department, at the end of 1996, breaks down as:

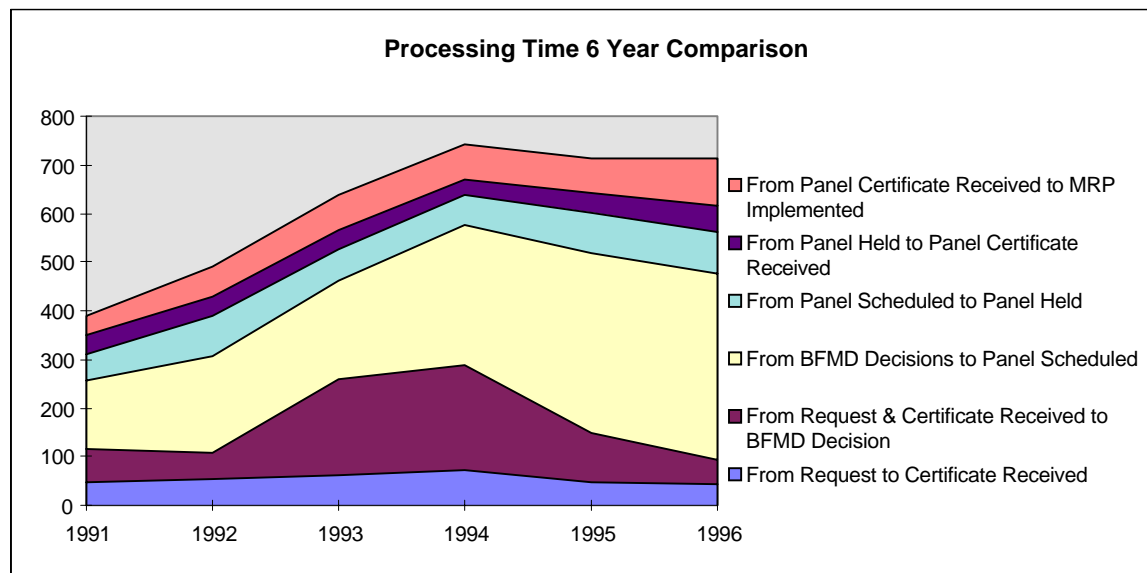
With MAO	
Holding for BFMD decision	248
Completing BFMD decision	33
With Registrar for Designation of Specialty	12
With MAO	
Holding for File Review	140
Completing File Review	41
With Medical Appeals Clerk (MAC)	
Awaiting Nominations & Medical Information	42
Panel being scheduled	68
Final arrangements	40
TOTAL	624

In 1995 new delays at the Bona Fide Medical Dispute Decision and File Review stages were created and this trend continued through 1996. The chart below illustrates the progress of these matters within the Department:



(b) Processing Time

In 1996, the average processing time for an MRP matter from initiation to completion was 711 days or 23.7 months. Delays within the MRP process continue to be a critical challenge for the Department. A comparison of the processing time from 1991 to 1996 is set out below:



9. Initiatives in 1996

a) The G. Bud Gallagher Report tabled August 1996.

Mr. Gallagher was asked to conduct an examination of the Medical Review Panel system for the purposes of identifying the factors contributing to the time delays being experienced in the processing of applications for the Medical Review Panel examinations. His investigation started in February 1996 and was tabled and accepted by the Panel of Administrators in August 1996. The Report found there were 4 primary sources of controllable delay:

An absence of strong leadership.
Inadequate staffing levels.
Obsolete processing technology.
Failure to direct and control adjudication.

This Report led to the following initiatives being undertaken by the Medical Review Panel Department.

b) Appointment of a Deputy Registrar — mid May 1996.

David Martin, was appointed as Deputy Registrar in mid-May 1996 in order to initiate implementation of the Gallagher Report. This initiative began to alleviate the absence of leadership. The Deputy Registrar took on the full duties of Registrar. A number of initiatives were started using the Gallagher Report as the basis of action.

c) Adequate staffing levels achieved by November 1996.

The Gallagher Report provided a staffing plan which recommended the re-staffing of the Medical Appeals Officer position to a strength of 5 Officers. This meant the hiring of 3 additional individuals.

d) Analysis of Medical Review Panel processing technology.

A business case was put forward and a consulting firm retained to analyze the processing technology within the Medical Review Panel Department. The purpose of this analysis was to achieve recommendations regarding the appropriate course of action:

Investigate the borrowing of the system from the Review Board.
Investigate the borrowing of the system from the Appeal Division.
Enumerate easily achievable technology and process changes within the existing system.

A total technological system rebuild was not considered appropriate given uncertainties related to the ongoing Royal Commission. This is an ongoing initiative in 1997.

e) Registrar appointed November 1996.

David Martin was appointed as the permanent Registrar and the position of Deputy Registrar was eradicated. This action further solidified the commitment to ongoing leadership.

f) Section 58 — Section 66 of *the Act*: legal opinion request for MRP.

On November 1, 1996, the Assistant to the Registrar completed a request for a legal opinion interpreting ambiguous language in Section 58 - Section 66 of the *Workers' Compensation Act*. The proposed standard for this legal opinion is whether or not a given interpretation of *the Act*, especially those sections mentioned, are likely to withstand judicial review if such a challenge is made in the courts. This initiative is limited with continued process review.

10. Full-Time Equivalent Months (FTEMs) Analysis

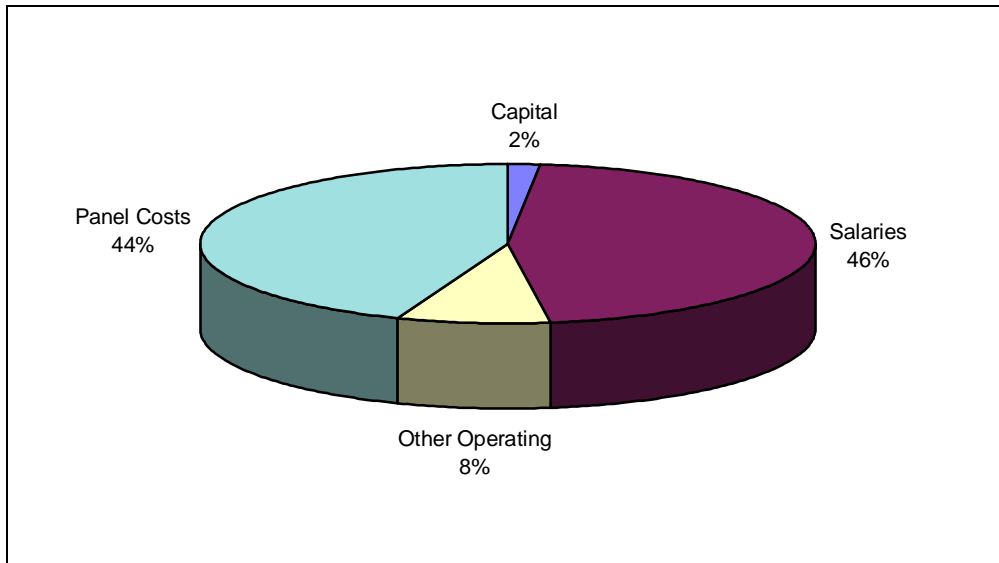
In 1996, the MRP Department used 181.30 FTEMs. This broke down into 175.31 permanent and 5.99 temporary. These totals were under the projected levels for 1996, but were a 21% decrease over the 1995 totals.

11. Cost Expenditures

The total operating and capital expenditures for the Medical Review Panel process were \$1,844,337 in 1996. This amount was 41.8% under the 1996 budget because of the significant decrease in the amount of Panel examinations held and the time delays in hiring staff. A breakdown of the 1996 expenditures is set out below:

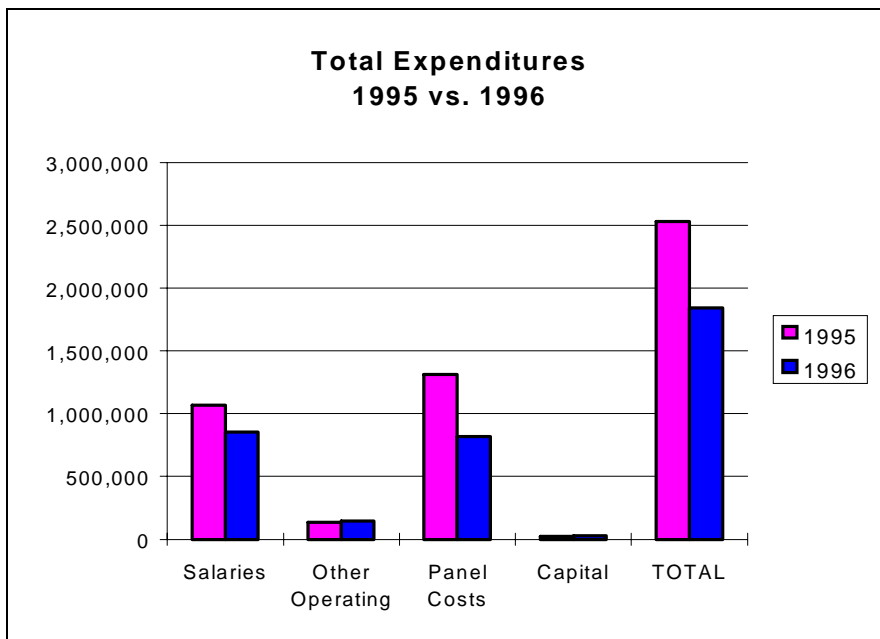
Operating Expenses	999,480	
1. Salaries & Payroll		854,319
2. Travel		42
3. Supplies & Stationery		10,565
4. Communications		10,568
5. Technology and Furniture & Equipment		35,693
6. Consultants		80,418
7. Other Costs		7,875
Capital Expenses	29,019	
Panel Costs	815,838	
TOTAL	1,844,337	

Panel costs and staff salaries continue to represent the bulk of the total expenditures as set out below:



The 1996 cost per panel examination was \$9,410. This is a 81% increase from the 1995 cost per panel examination of \$5,210.

There was a 27% decrease over 1995 expenditures, primarily due to the significant drop in the number of Panel examinations held. The variance from the 1995 expenditures is set out in detail below:



12. Challenges for 1996

The greatest challenge facing the Medical Review Panel Department will be to maintain focus in the following critical areas:

- Identify staffing requirements.
- Continued study of process and technical systems.
- Set clear production standards by individual position.
- Continued communication and education with external panel members.
- Reduce the average number of days it takes to process a medical review from initiation to implementation.

