

RETURN TO WORK SERVICES

SCHEDULE 4B

COMPLEX PROGRAMS

1.00 LOCATIONS

- 1.01 The Contractor's approved Premises for this Schedule are as follows:
- a)
 - b)
 - c)

2.00 APPLICATION

- 2.01 Schedules 1, 6, and 7 apply to this Schedule.
- 2.02 This Schedule applies to Complex Programs only.

3.00 SERVICE OVERVIEW

- 3.01 The complex Program is suited to Workers who have significant pain issues in addition to other significant RTW Barriers. Interventions are designed to address the medical, functional, musculoskeletal, psychosocial, and vocational needs of the Worker with significant barriers to facilitate safe, sustainable RTW.
- 3.02 Complex Programs assist Workers and Employers by outlining abilities and restrictions, negotiation of modified work plans and provision of workplace supports.

4.00 PROGRAM DESCRIPTION

- 4.01 The complex Program is a targeted three (3) phase intervention set designed to address the medical, functional, musculoskeletal, psychosocial, and vocational needs of the Worker with high barriers to facilitate safe and sustainable RTW.

5.00 ADMISSION CRITERIA

- 5.01 In order to be appropriate for admission to a complex Program, the Worker will have significant pain-limited function, as well as three (3) or more of the following:
- a) High medication usage;
 - b) Significant sleep disturbance;
 - c) Multiple visits to health-care providers in the past month;
 - d) Failure or worsening with previous Service interventions;
 - e) History of long-term claims in the past; and
 - f) Significant psychological issues such as anxiety, depression, and kinesiophobia.

5.02 Whether a Worker is using opioid or benzodiazepine medication must be confirmed during the ME, if indicated, and prior to Program admission. Admission into the complex Program will be deferred until the CO has completed a medication management review, or it has been confirmed that the medication is no longer a barrier to participation in the Program.

6.00 PROGRAM DURATION

6.01 To be considered a complex Program, the Worker must attend a minimum of three (3) Program days. Attendances of two (2) Program days or less must be billed accordingly.

6.02 Minimum requirements for a complex Program include:

- a) Worker attendance of four (4) days per week; and
- b) Worker completing functional restoration exercises, general conditioning, counselling, and/or education workshops for a minimum of two (2) hours per day attended.

6.03 All Programs must be made available for up to five and a half (5.5) hours per day, five (5) days per week, for a maximum of six (6) weeks, unless an extension is authorized.

6.04 Within the Service parameters above, the frequency and intensity of the Services will be individualized to meet the needs of the Worker.

7.00 SERVICE COMPONENTS

7.01 Additional Service components specific to the complex Program must include:

- a) Medication management;
- b) Treating physician contact; and
- c) Extended discharge follow-ups.

7.02 Medication management will include:

- a) Review of pain medication use;
- b) Review of the potential impact of long-term medication use;
- c) Review of the impact of medication use on the RTW process; and
- d) ME contacting the treating physician with regards to any recommendations on medication management.

7.03 For treating physician contact, the Contractor must initiate a telephone conference with the Worker's treating physician at least once during the Service intervention phase. The telephone conference will include an overview of the complex Program and its philosophy as well as the Worker's specific RTW goals.

7.04 The Contractor will communicate to the CO the Worker's progress at a minimum of every four (4) weeks on Program, and at the completion of phase 1, phase 2, and discharge from the Program.

8.00 SERVICE PHASES

8.01 The complex Program will be implemented as per the following phases outlined in the Complex Program Process Map (see Appendix C). The phases are linear, and Workers must meet the admission criteria of each phase prior to entry and continuation of Service interventions.

9.00 PHASE 1 – INTERDISCIPLINARY TEAM REVIEW

9.01 The objective of phase one (1) is to determine through an Interdisciplinary team review if the Worker is an appropriate candidate for a complex Service trial. Appropriate candidates are those with likelihood of benefitting from the service.

9.02 The Contractor is responsible for the following deliverables at the completion of phase one (1):

- a) Completion of an Interdisciplinary team review;
- b) Identification of phase two (2) appropriateness or alternate triage pathway and RTW Plan; and
- c) An Interdisciplinary team conference completed at the conclusion of phase one (1) and documented on the Initial Report.

9.03 The Interdisciplinary team review will, at a minimum, include the following components:

- a) Worker expectation management review;
- b) Medication usage review;
- c) Psychologist intake;
- d) Physician intake;
- e) Physiotherapy intake;
- f) Occupational therapy intake; and
- g) Kinesiology intake.

9.04 Phase one (1) interventions will occur over a maximum of two (2) Days.

9.05 One (1) or more of the following criteria will be confirmed for eligibility for a phase one 1 discharge:

- a) Evidence of medical instability which will prevent the Worker from actively participating in the Service interventions;
- b) Evidence of medication usage which will prevent the Worker from actively participating in the Service interventions;
- c) Evidence of a severe psychiatric disorder which requires community service interventions;
- d) The presence of a personal crisis which will prevent the Worker from actively participating in the Service interventions; and
- e) The Worker is not functionally able to achieve a RTW or FTW outcome.

9.06 In the event that the Worker is discharged at the completion of phase one (1), the Contractor will conduct a case conference with the CO and the Worker's care team, also providing a program memo as documentation of recommendations. The Contractor will outline an alternate triage pathway and develop a RTW plan in furtherance of the Worker's rehabilitation.

10.00 PHASE 2 – INTERVENTION TRIAL

- 10.01 The objective of phase two (2) is to initiate complex Service interventions and evaluate the Worker's response and related likelihood that further Service interventions that will result in a safe, sustainable RTW.
- 10.02 The Contractor is responsible for the following deliverables at the completion of phase two (2):
- a) Implementation of standard Service components and individualized Service interventions;
 - b) Identification of phase three (3) appropriateness or an alternate triage pathway and RTW plan; and
 - c) If the Worker is being discharged after phase two (2), an Interdisciplinary team conference will be completed and documented on the Discharge Report.
- 10.03 Phase two (2) interventions will be made available for a maximum of eight (8) days, following the two (2) days required for phase one (1).
- 10.04 The Contractor will confirm discharge criteria and initiate a phase two (2) discharge at any point during the eight (8) Day phase two (2) time span.
- 10.05 If one (1) or more of the following criteria are met, the Worker will be discharged from the complex Program:
- a) Objective evidence that the Worker is not progressing, and further Service interventions will not result in a RTW outcome or improved employability;
 - b) Evidence of medical instability that will prevent the Worker from actively participating in the Service interventions;
 - c) Evidence of medication usage that will prevent the Worker from actively participating in the Service interventions;
 - d) Evidence of a severe psychiatric disorder that requires community Service interventions; or
 - e) The presence of a personal crisis which will prevent the Worker from actively participating in the Service interventions.
- 10.06 In the event that the Worker is discharged at the completion of phase two (2), the Contractor will conduct a case conference with the CO and the Worker's care team, also providing a discharge report as documentation of recommendations. The Contractor will outline an alternate triage pathway and develop a RTW plan in furtherance of the Worker's rehabilitation.

11.00 PHASE 3 – SERVICE INTERVENTION COMPLETION

- 11.01 The objective of phase three (3) is to complete the complex Service interventions to facilitate a safe, sustainable RTW.
- 11.02 The Contractor is responsible for the following deliverables at the completion of phase three (3):
- a) Implementation of standard Service components and individualized Service interventions; and

- b) A case conference with applicable stakeholders completed at the conclusion of phase three (3) and documented on the Discharge Report.
- 11.03 Phase three (3) interventions will be made available for a maximum of four (4) additional weeks.
- 11.04 Prior CO approval is required for all Program extensions.

12.00 STAFFING

- 12.01 The complex Program team must have access to the following staff:
- a) Physiotherapist;
 - b) Occupational therapist;
 - c) Exercise therapist or kinesiologist;
 - d) Psychologist; and
 - e) Physician.
- 12.02 The team psychologist must be available daily for all Complex programs.
- 12.03 Master's level provisional psychologists are not eligible to provide complex Program Services unless previously approved by the HCC.
- 12.04 PhD level provisional psychologists may be considered for eligibility to provide complex Program Services. The HCC will review any requested PhD-level provisional psychologists and advise the Contractor of whether or not the requested psychologist is eligible to provide complex Program Services.
- 12.05 A MSW who is registered with the Alberta College of Social Workers and approved to perform psychosocial interventions cannot be the primary therapist on a complex Program; however, they can lead psychotherapeutic/psychoeducational groups and in-vivo exposure if they have the relevant experience.
- 12.06 The team physician, and the team psychologist, will participate in ongoing education in the area of pain management which includes attendance at least one (1) continuing education activity per year.