ATTACHMENT D

AN ASSESSMENT OF PROGRAM EVALUATION ACTIVITIES
FOR THE CASE MANAGEMENT INITIATIVE
IN THE BC WORKERS' COMPENSATION BOARD
An Assessment of Program Evaluation Activities for the Case Management Initiative in the BC Workers’ Compensation Board

by

James C. McDavid and Ted Semmens

May 15, 1998
# TABLE OF CONTENTS

1.0 Introduction ................................................................................................................................. 1

2.0 Description of Case Management ................................................................................................. 2
2.1 Background and Rationale ............................................................................................................. 2
2.2 Purpose and Scope of Case Management ....................................................................................... 3
   2.2.1 Objectives of Case Management .......................................................................................... 3
2.3 Case Management Processes ......................................................................................................... 3
2.4 Overall Projected Costs and Benefits of Case Management ......................................................... 5

3.0 Phased Implementation of Case Management .............................................................................. 5
3.1 Phase 1: Conceptual Model and Business Case Development .................................................... 5
3.2 Phase 2: Prince George Prototype ................................................................................................. 6
   3.2.1 Projected Costs and Benefits of the Prince George Prototype ............................................. 7
3.3 Piloting the Case Management Prototype .................................................................................... 7
   3.3.1 Projected Costs and Benefits for the Piloting of Case Management ................................. 9
3.4 Final Piloting and Preparation for Roll-Out .................................................................................. 9
3.5 Case Management Roll-Out ......................................................................................................... 9

4.0 Description of Evaluation Activities for the Case Management Initiative ................................... 9
4.1 Evaluation Activities for the Prince George Prototype ................................................................. 9
   4.1.1 Description of the February 1997 Summary Report of a Survey of Employee Perspectives on Working Conditions and Change Expectations .................................................................................. 10
   4.1.2 Case Management: A Developmental Overview and Preliminary Results .......................... 11
       4.1.2.1 Findings and Conclusions in Relation to Case Management Objectives .................................................. 11
   4.1.3 Angus Reid In-Depth Interviews with Employers, Physicians and Workers .............................................. 14
   4.1.4 Staff Survey Results ............................................................................................................. 15
   4.1.5 Inter-Jurisdictional Case Management Summit ...................................................................... 16
4.2 Future Evaluation Activities ........................................................................................................ 16

5.0 Assessing Evaluation Activities for Case Management .............................................................. 18
1.0 Introduction

The Case Management project is one of five major initiatives that are being reviewed as part of research commissioned by the Royal Commission on the BC Workers’ Compensation Board. More specifically, Case Management is being reviewed to assess the evaluation activities that have accompanied its development and phased implementation.

This examination of evaluation activity for Case Management is being conducted as part of a project undertaken by Semmens and Adams (Victoria, BC). Semmens and Adams have sub-contracted with ARA Group (Vancouver, BC) to examine evaluation activity for five major initiatives at the WCB: E-File, Case Management, the Employer Services Strategy, the Rydberg-Levy Performance Management Program, and the Data Warehouse project.

In Schedule A of the sub-contract between Semmens and Adams and the ARA Group, five major activities are identified for assessing evaluations of major initiatives:

1. Develop criteria that can be used to assess the appropriateness of the way the WCB evaluates its major initiatives;
2. Describe current and recent major initiatives and their associated evaluation activities;
3. Assess the WCB’s evaluation capacity with respect to its initiatives;
4. Develop options for evaluating major initiatives in the future; and

This report addresses the first three of these tasks. Documents describing various aspects of the development of Case Management and related evaluation activities through its phases have been reviewed by the contractor. In addition, interviews with WCB staff and contractors have informed this Report.

The criteria developed as part of the first major activity will be used in this Report to review and assess the evaluation activities undertaken in relation to Case Management. In total, 21 criteria will be used to examine different aspects of Case Management evaluation activities.
2.0 **Description of Case Management**

2.1 **Background and Rationale**

In the Fall of 1996, the Compensation Services Division of the WCB initiated Case Management as a component of a broad strategy outlined in the WCB *Strategic Plan*. The *Strategic Plan* outlined a three-pronged strategy intended to achieve a series of client service, financial, corporate leadership and community profile objectives.

One of the three prongs focused on transforming service to injured workers through improved claims processes and safe, sustainable and timely return to work. Case Management, as outlined in the *Strategic Plan*, was intended to offer injured workers, employers, medical professionals and other external (and internal) stakeholders a single point of contact for a claim, with the emphasis on coordinating and expediting all transactions, and making decisions that would determine the outcome of the claim:

The accountability for managing individual cases will be assigned shortly after the initial entitlement decision is made. In this way, the worker, survivor or dependent will have a single point of contact. The case manager will be responsible for the management of all services which are to be provided by or funded by the Board. To do this, he or she will facilitate and co-ordinate the involvement of other Board and external experts to deliver services including effective clinical rehabilitation, workplace integration through disability management programs, vocational rehabilitation and establishment of functional or loss of earnings pension awards. The provision of quality services within established standards will be this individual’s primary responsibility. Changes in case managers will be limited to those necessitated by approved leaves of absence and vacations. Profiles and clinical criteria for assessment and identification of workers at risk of having additional or worsened conditions without intervention will be established and integrated into the case management system.

*(Transforming the Workers’ Compensation Board of British Columbia: A Strategic Plan, April 1996, pp. 16-17.)*

The need for a Case Management function was first stated in the June 1992 *Final Report on the Review of the Adjudication Function* by Deloitte and Touche. The consultants indicated that a shift in focus was needed so that a “Client Centred Operating Model” could be implemented.

Work processes needed to be restructured so that first-day processing of claims would become a high priority, those that could not be resolved in one day would be adjudicated quickly for wage losses up to four weeks, and all claims extending beyond four weeks would be handled through a Case Management function (p. 33).
2.2 Purpose and Scope of Case Management

2.2.1 Objectives of Case Management

The Case Management Business Case (January 16, 1997) outlined a series of specific expected outcomes for this Initiative in the WCB:

- increase overall client satisfaction with management of complex cases from a baseline of 6.0 in 1996 (on a ten-point scale) to 8.5 by the Year 2000;

- improve specific client-based indicators of staff contact including staff knowledge of the claims process (from a base of 6.7 in 1996 to 8.5 by the Year 2000), familiarity with the case (5.8 to 8.5 by Year 2000), individualized attention (6.1 to 8.5 by Year 2000), staff ability to provide information (6.5 to 8.5 by Year 2000), speed of service (6.0 to 8.5 by Year 2000), availability of service (5.6 to 8.5 by Year 2000), and staff helpfulness (6.3 to 8.5 by Year 2000);

- improve client ratings of the business process including percentage of survey clients who indicate they have a high level of understanding of the process (56 percent in 1996 to 85 percent by Year 2000), percentage of surveyed clients who rate the WCB system as highly efficient (62 percent to 85 percent in Year 2000), and percent of clients who rate the speed of decision-making as high (48 percent to 85 percent by Year 2000);

- reduce complex case duration by 10 percent by the Year 2000;

- reduce referrals to Vocational Rehabilitation by 10 percent by 1998;

- increase safe and durable return to work for workers with permanent disabilities by 10 percent by the Year 2000;

- reduce costs of physician and physiotherapy services by 5 percent by the Year 2000; and

- reduce appeal applications and decisions with respect to key issues by 10 percent by the Year 2000.

In addition, more general objectives were stated with respect to improving operating efficiency (performance targets were to be established later), and improving program quality through the application of measurable standards and protocol-based case plans.

2.3 Case Management Processes

Complex wage loss claims have been estimated to make up 25 percent of all claims filed in British Columbia. Complex claims represent approximately 20,000 cases per year in B.C., but because of their duration and the amount of effort involved in administering them, they are a major part of the claims adjudication workload and costs for the Board.
Case Management is intended as a means of intervening in complex claims so that a given case is assigned to one Case Manager who is responsible for seeing the claim through to one of several outcomes: return to work, disability pension, or the claim being disallowed.

Cases can be assigned or “streamed” to Case Managers via one of several routes: new claims having a particular configuration of indications; transfers from other (earlier) steps in the claims adjudication process (claims which initially were managed in the expectation that the claimant would return to work in less than four weeks); and claims that have been reopened.

New claims that were expected to benefit from early Case Management intervention involve one or more “marker” criteria. The *Case Management Conceptual Model* (January 24, 1997) suggested those criteria might include:

- multiple claims history;
- prior history of prolonged recovery;
- likelihood of a Return To Work problem;
- brain injuries;
- evidence of substance abuse;
- psychosocial issues; and
- difficult medical issues.

These criteria were narrowed for the first working version of Case Management (the Prince George Prototype Project):

- claim is expected to exceed four weeks;
- claim is related to an area of injury for which there have been earlier time-loss claims;
- claim appears to be an Acute Soft Tissue disorder; and
- there is evidence of a psychosocial issue such as Post Traumatic Stress Disorder.

(Attachment to a letter dated June 12, 1997 from W. Ron Buckhorn, Vice-President Rehabilitation and Compensation Services to Mr. Patrick Lewis, Executive Director, Royal Commission on Workers’ Compensation in B.C.)

Return to work is a key objective for the Case Management process, and Case Managers are expected to work with claimants, employers, union representatives and attending physicians to develop a comprehensive plan for that purpose. A written RTW plan is prepared, agreement from the injured worker, the employer and the attending physician are obtained, and services are organized and delivered to achieve the RTW objective.

The Case Manager may consult with Vocational Rehabilitation Consultants to develop strategies for either a transition back to the same workplace or alternative employment (which may involve additional training), psychologists, Prevention Officers, or Wage Rate Specialists (in cases where a disability pension is an option). The Case Manager, however, is the key decision-maker in the resolution of each case.
Case Management is linked with E-File in that being able to build and maintain an electronic claim file for complex cases is important for timely and informed decision-making as well as information sharing among specialists involved in a given case. Automated tools such as case planning templates, case budgeting templates incorporating case reserves, correspondence generators, functional and loss of earning award calculations, automated payment systems, and event logs are intended as ways of enhancing the efficiency of Case Management.

2.4 Overall Projected Costs and Benefits of Case Management

In the Executive Summary of the Case Management Business Case (January 16, 1997), tables presenting the projected benefits and costs of Case Management from 1997 through 2001 are included. The total projected cumulative benefits from this initiative are $157,306,000. Benefits are expected in 1997 ($7.199 million and increase each year: $23.569 million in 1998, $33.778 million in 1999, $43.144 million in 2000, and $49.616 million in 2001).

The total projected costs for the Case Management Initiative are $16.9 million. The Business Case recommended a rapid development/roll-out process which would have used the Prince George SDL to develop and test the prototype (January-June 1997), followed by six months of roll-out preparation, and WCB-wide implementation between January-December 1998.

3.0 Phased Implementation of Case Management

3.1 Phase 1: Conceptual Model and Business Case Development

Between September and December 1996, the Prince George and Victoria SDLs were asked by Senior Management to develop conceptual models for Case Management with a view to implementing one of them as a working prototype. The Project Steering Committee reviewed the models and selected Prince George as the site for prototyping (December 1996).

The Compensation Services Division developed a business case for the prototype project which was approved by the Senior Executive Committee on January 16, 1997. Phase 1 was budgeted for $135,000, and no separate estimates of projected benefits were included in the documents reviewed for this Report.

3.2 Phase 2: Prince George Prototype

Although no apparent, specific, quantitative objectives were established for the Prince George Prototype, the general purpose of the Prince George Prototype was to develop the systems and business procedures needed to operationalize the Case Management conceptual model which had been developed in the Prince George SDL in the Fall of 1996. January through April was spent preparing for implementation, and on May 1, 1997, the Prototype formally began with the tracking of new claims assigned to the Case Managers.

Initially, one multidisciplinary team was designated the Case Management team. It included Claims Adjudicators who performed the de facto role of the Case Manager (the Case Manager position was not formally established at this point), Medical Advisor, Vocational Rehabilitation Consultant, Psychologist, and Occupational Health Nurse. The Prince George SDL operated with
nine Claims Adjudicators, of whom four were designated as members of the Case Management team.

The first version of the business process was manual, that is, based on paper files. When the claim filing process was converted to an electronic (E-File) format on May 12, 1997, a total of 26 Case Management claims started prior to the SDL converting over to E-File were converted to an electronic format.

Conversion to E-File included changes to the front end of the claims business process, including the implementation of the Customer Service Representative (CSR) position and the Entitlement Officer positions for the Prince George SDL. For the Case Management team, the change to E-File meant that Case Managers would be working in a prototype of the future business environment in the WCB (with E-File and Case Management operating together). The non-Case Management staff were now expected to work in an E-File environment but not have Case Managers to handle complex claims. Comparisons of the Case Manager flow of cases to the other “C” claims in Prince George SDL would have permitted an assessment of the incremental impacts of Case Management, but interactions between Case Management and E-File would make any separate assessment very difficult.

During the Prototype period (May 1 through August 31), the Case Management team handled 222 claims, including 26 claims started prior to May 1. Of those, 120 were resolved during the May-August period. Resolutions included: 73 workers back in the workplace or seeking work; 25 claims suspended; and 19 claims disallowed. The other three claims included two that were transferred and one claim that was rejected.

These resolutions of claims are not compared to any benchmarks or historical patterns for “C” claims either in Prince George or province-wide. Thus, it is not possible to ascertain whether the reported resolutions are an “improvement” over past patterns.

During the same period of time, 1,124 new claims were initiated in the Case Management section of the Prince George SDL. Of those, 183 were forwarded to the Case Management team. Thus, although 25 percent of new claims were expected to meet Case Management criteria, the actual percentage was only 17 percent.

The average duration for the 120 claims closed in the Case Management section during the May-August period was 88 days, compared to an average of 76 days for non-Case Management “C” claims in the Prince George SDL (January-August 1997). In Case Management: A Developmental Overview and Preliminary Results, Rehabilitation and Compensation Services Divisions, October 20, 1997, the average duration for claims initiated between May 1 and August 31 was reported as 55 days, which compare favorably with the 76 days for “C” claims year-to-date in Prince George. Although the Report offers comparisons between Case Management claims and “C” claims in terms of duration (and even partials out Case Management claims initiated before May 1), it does not include a description of outcomes exclusive of the cases begun during the phase-in period (March and April 1997).
3.2.1 Projected Costs and Benefits of the Prince George Prototype

The total budget for the Prototype was $665,000. In the Case Management Business Case (January 16, 1997), the Compensation Services Division recommended a Rapid Business Process Re-engineering Project (BPR) to implement Case Management in the WCB. Thus, the Prince George Prototype was expected to operate from January 16 to June 30, 1997 and the period from June 30 to December 31 was intended for preparing all other SDLs for a WCB-wide roll-out of Case Management starting January 1, 1998.

Based on the proposed timeline, cost savings (financial benefits) of $7.199 million were forecast for 1997. Since the WCB-wide roll-out was not scheduled until 1998, the Prince George Prototype was the only implementation of Case Management scheduled in 1997. Thus, the apparent benefits associated with the Prototype were in the order of $7 million.

However, in another document, Case Management: A Proposal for Further Development and Roll-Out (October 28, 1997), a different projection of benefits is offered. In Appendix F: Business Case Financial Summary, a table summarizing costs and benefits for Case Management from 1996 to 2000 indicates that for 1997, no benefits are expected.

It is worth noting that in this latter document, for the 1998 to the Year 2000 period, a total of $42.640 million in benefits is forecast. This total differs dramatically from the original total of $100.491 million for the same period in the Case Management Business Case document.

3.3 Piloting the Case Management Prototype

On November 14, 1997, the Panel of Administrators approved a Resolution to fund a pilot project which would include implementing Case Management in the Full Prince George SDL, and in a Lower Mainland SDL. In the Resolution, the Board is explicit about the requirement that the project be evaluated:

2. The Board will present to the Panel an evaluation of the expanded pilot of the Case Management Prototype model including:
   a) Bert Painter to prepare a staff evaluation relating to the Case Management model;
   b) an external evaluation of the integrity and appropriateness of the Case Management model piloted by the Board, cogency of results of the pilot, and the extent to which the model can sustain those results.

On the same day, the Panel approved a policy resolution that authorized Case Managers to perform the functions and make the decisions that Claims Officers, Claims Adjudicators, Disability Awards Officers, Adjudicators in Disability Awards, and Vocational Rehabilitation Consultants make in the course of their duties.

The Lower Mainland SDL selected for the pilot project was North Vancouver. Implementation dates for the pilot were February 8, 1998 in Prince George and March 9, 1998 in North Vancouver (Service Delivery Strategies: Key Initiatives 1998, December 5, 1997). The Pilot
Project is expected to end in October 1998 (Case Management Pilot Staffing Package: Prince George Area Office, December 2, 1997).

The objectives for the Pilot Project include:

- implement Case Management in both area office and lower mainland environments;
- design and deliver Case Management training;
- implement and enhance computer support systems;
- develop, refine and document the Case Management Business Process;
- refine the Case Manager and Team Assistant roles, responsibilities and accountabilities;
- develop a roll-out strategy for implementing Case Management throughout the WCB; and
- develop the necessary roll-out support systems and training.

(Enclosure with a letter dated April 9, 1998 from S.O. Fattedad, Vice-President, Finance/Information Systems to the writers of this Report.)

In addition to these objectives, several other “Advantages of Revised Business Model” were articulated:

- reduce number of hand-offs;
- adjust resources with work volumes to take advantage of best business practices; and
- improved client service.

(Material included in Service Delivery Strategies: Key Initiatives 1998.)

Significantly, with the exception of the latter “advantage” stated above, none of the Pilot Project objectives overlap with the outcomes expected for the whole Case Management initiative as summarized in the Case Management Business Case (January 16, 1997).

### 3.3.1 Projected Costs and Benefits for the Piloting of Case Management

The Resolution of the Panel of Administrators (November 14, 1997) approved a total budget of $3.32 million for the pilot project. None of the documents reviewed stated any specific dollar benefits for the Pilot Project, although the Case Management: A Proposal for Further Development and Roll-Out (October 28, 1997) did indicate in Appendix F that for 1998, the expected cost savings were $2.699 million. Since the Pilot Project is the main implementation of Case Management in 1998 (assuming that piloting in a third SDL will occur late in 1998), the expected cost savings appear to be associated primarily with the Pilot Project.
3.4 Final Piloting and Preparation for Roll-Out

In the documents reviewed, a Progress Report is expected to be presented to the Panel of Administrators by July 1998 to report on the preliminary findings from the Prince George and North Vancouver sites. At that time, a request for funding for the third pilot site (to be implemented in November 1998) and for preparation for roll-out, is expected to be made (Case Management: A Proposal for Further Development and Roll-Out, October 28, 1997, p. 20). In an interview, Ian Munroe, Executive Director for the Compensation Services Division, indicated that the Progress Report will likely be completed for the POA in September 1998.

3.5 Case Management Roll-Out

The Business Case projected a WCB-wide roll-out date of December 1998, but the revised timeline in more recent documents suggests that roll-out will begin in 1999. The documents reviewed to date do not indicate how long the final (third) pilot will go on, but the implementation in the rest of the WCB is expected to take one year from the time it begins.

4.0 Description of Evaluation Activities for the Case Management Initiative

4.1 Evaluation Activities for the Prince George Prototype

The Case Management Business Case (January 16, 1997) states a series of specific, quantitative outcomes that are expected for Case Management when it is implemented at the WCB. To date, the only evaluation activities completed are for the Prince George Prototype project, and this project did not have stated objectives which related to expected Case Management outcomes. Thus, unlike the E-File Proof of Concept project in Coquitlam SDL, the Prince George Prototype appeared to be process-oriented with a developmental focus.

Nevertheless, a series of evaluation activities were undertaken which address issues reflecting at least some of the objectives for the Case Management Initiative. Each of these evaluation activities will be described in turn.

4.1.1 Description of the February 1997 Summary Report of a Survey of Employee Perspectives on Working Conditions and Change Expectations

The survey of Prince George SDL employees was intended to measure and report the views of staff with respect to the strengths and constraints in current claims administration, employees’ own definitions of Case Management, expectations, hopes, fears and concerns related to the introduction of Case Management.

None of these survey objectives relate to the objectives summarized for Case Management in the Case Management Business Case document. However, staff perceptions, expectations, etc. could be linked to outcomes in that problems with staff views of Case Management could affect whether predicted outcomes would occur.

The survey included 43 employees of the Prince George SDL (95 percent of the staff) and was administered on February 3, 1997. The survey had a structured section (Part 1) in which
respondents answered questions about their jobs and their reactions to various aspects of their work.

An overall strength of this evaluation activity is its timing--by surveying Prince George SDL staff before Case Management was initiated as a prototype process, a baseline of staff perceptions, concerns, etc. was established. By compiling the results of this survey with an “after Case Management” repeat survey, it would have been possible to ascertain some of the incremental effects of Case Management on the staff. Unfortunately, since E-File was also introduced at roughly the same time as Case Management, the two “interventions” could well interact, meaning that any post-test survey findings would simply reflect the two interventions together.

Part 2 of the survey asked respondents to offer, in their own words, their views on Case Management, current systems used for processing claims, and their hopes, fears and concerns.

The report which presents Part 2 results does so in a purely qualitative manner--the only indication of whether a given comment occurred more than once was bolding of that comment in the text of the report. In the absence of additional organization of the narratives into themes and a more precise way of indicating frequencies of comments, the report does not convey whether there are issues and concerns that “stand out” among groups of the staff.

Efforts to obtain the Report that summarizes Part 1 findings have been unsuccessful. Two separate requests resulted in additional copies of the Part 2 findings and conclusions, but no Part 1 findings.

4.1.2 Case Management: A Developmental Overview and Preliminary Results

The Rehabilitation and Compensation Services Division prepared a report (October 20, 1997) that described the Prince George Prototype project and offered some preliminary results for the May-August period. Some of the findings and conclusions relate to the objectives for Case Management as stated in the Case Management Business Case, even though no such objectives were stated for the Prince George Prototype.

In addition, the report is comprised of findings from several other independent evaluation activities:

- an Angus Reid survey of 49 claimants in Prince George who had had at least some exposure to Case Management;
- Angus Reid monthly surveys of WCB claimants province-wide (November 1996 and September 1997);
- Prince George results from Angus Reid months surveys of WCB claimants province-wide for July, August and September 1997;
Angus Reid survey of employers in the Prince George area conducted in February 1997 (a report of the findings from this survey is not available as of this writing);

two Angus Reid focus groups with a mix of employers and union representatives conducted on June 26, 1997 (this will be described as separate evaluation activity);

Angus Reid in-depth interviews with employers, physicians, union representatives and workers (a total of 10-14 interviews were apparently conducted between September 12-19, 1997 and the report will be discussed as a separate evaluation activity);

Pre-Case Management staff survey conducted by Pert Painter, B.C. Research (this survey has already been described); and

Post-Case Management staff survey conducted by Bert Painter (this survey was conducted on October 15, 1997 and will be described as a separate evaluation activity).

4.1.2.1 Findings and Conclusions in Relation to Case Management Objectives

Although the Prince George Prototype project did not link its activities explicitly to Case Management objectives stated in the Business Case, it is useful, where possible, to organize a description of the Prototype results around the objectives stated in the Business Case.

Case Management objective: increase overall client satisfaction with management of complex cases from a baseline of 6.0 in 1996 to 8.5 by the Year 2000.

The Angus Reid survey results for the Prince George Prototype indicate that the “base” level of satisfaction with overall service for “C” claims province-wide was, in fact, 6.5 out of 10 in November 1996. That rating increased to 7.1 for the province-wide sample of “C” claimants in September 1997.

For the Prince George SDL, 49 people who were successfully contacted who had had some contact with the Case Management process between May 1 and July 31, 1997, were interviewed. Their overall rating of service was 8.0, which is higher than the province-wide average of 7.1. The September 1997 Prince George overall service rating for all claim types (“C”, “B”, and “Z” claims) was 8.3.

The report concludes that Case Management has improved claimant ratings of overall service, so that in Prince George, the overall service for more complex claims is rated nearly equally with the full mix of claims. In another document (Case Management: A Proposal for Further Development and Roll-Out, October 28, 1997), the point is made that overall service ratings for “C” claims are typically lower than for “B” and “Z” claims. Thus, the comparison between “C” claim averages for the province-wide sample (7.1) and Prince George Case Management (8.0) is meant to suggest that Case Management has improved ratings of overall service.
The comparison would have been more valid if “C” claims in Prince George (non-Case Management claims) had been compared directly to Case Management claims. Unfortunately, the information to support such a comparison apparently does not exist (response to an inquiry made to the WCB for this information, enclosed with a letter dated April 9, 1998 from S.O. Fattedad, Vice-President, Finance/Information Services). Further, because E-File was implemented in the entire Prince George office on May 12, 1997, it is possible that any “comparisons” of Case Management ratings are affected by clients being exposed to E-File as well. Sorting out the “incremental” effects of Case Management under such conditions is highly problematic.

In the Case Management Business Case, the projected average rating for overall service satisfaction for 1997 was 6.8. The Prince George Prototype rating of 8.0 exceeded that benchmark.

Parenthetically, it is worth noting that the projected average ratings of overall service are different between the Business Case document and the Case Management: A Proposal for Further Development. The projected ratings for 1999 are 8.0 in the Business Case versus 7.8 in the Proposal, and in 2000, 8.5 in the Business Case versus 8.0 in the Proposal. In 2001, the Business Case rating is 8.5 versus 8.3 in the Proposal.

An additional comment is appropriate as well. The high ratings of overall service in Prince George could reflect an historical trend towards higher ratings in Prince George compared to other SDLs. A more valid comparison would have been to display ratings in Prince George over time to see if they changed as Case Management and E-File were introduced.

Case Management objective: improve specific client-based indicators including staff knowledge of process; familiarity with the case; individualized attention; staff ability to provide information; speed of service; availability of service; and staff helpfulness (for each indicator, the Business Case stated baseline averages as well as annual expected averages).

The same comparisons were made for each of these indicators as were made for overall service ratings using the same data sources. In general, the reported findings indicate that Prince George Case Management ratings are similar to those for Prince George overall, and both sets of ratings are higher than “C” claimant ratings for the B.C. sample in September 1997. Because no “C” claim ratings are reported for Prince George, it is not possible to ascertain whether Case Management ratings are different from “C” claimant ratings in that SDL (the most appropriate comparison). Again, it would have been useful to compare these ratings over time in Prince George, given the possibility that Prince George is not comparable to the balance of the province historically.

Case Management objective: improve client ratings of business processes including percentage of clients who indicate a higher level of understanding of the process; percentage who rate the WCB system as efficient; and percentage who indicate decision making speed as high (for each indicator, baseline percentages are stated, as well as annual expected percentages).
For two of the three indicators, Prince George Case Management ratings are roughly similar to Prince George overall ratings. But for “high level of understanding of process,” the Prince George Case Management rating is 45 percent responding “yes” compared to 50 percent province-wide and 58 percent for Prince George overall. In fact, the difference between the Prince George overall percentage (58 percent) and the province-wide percentage (50 percent) is the smallest difference among the three indicators reported. Comparisons of these ratings over time in Prince George would have been an appropriate additional feature of the analysis. By adding a time series comparison of ratings within the Prince George SDL, the differences due to Case Management and E-File (if any) would have been more visible.

**Case Management objective:** reduce complex case duration by 10 percent by the Year 2000.

The average duration of the 120 Case Management claims closed in the May-August period was 88 days, compared to an average of 76 days for “C” claims in the Prince George SDL year-to-date. However, when claims that were initiated during the Case Management phase-in period (March and April 1997) are excluded, the average duration for Case Management claims drops to 55 days.

At issue is whether a “fair” comparison should exclude Case Management claims initiated before May 1. Since the average duration of “C” claims is calculated inclusive of all claims from January through August 1997, the rationale for excluding Case Management claims initiated before May 1 can be questioned. However, if these claims are excluded for purposes of calculating average duration, then they should also be excluded (or at least the data presented) from descriptions of case resolutions. The report does not do this, creating an inconsistency around how the Case Management claims are treated for analysis purposes.

These four *Case Management Business Case* objectives were the only ones among the eight specific (quantitative) objectives addressed by any of the evaluation activities for the Prince George Prototype. Other objectives, including the key objective related to Return to Work, presumably would have been addressed at later stages in the implementation process. In a covering letter dated October 27, 1997, Debra L. Mills, Director Client Services, Rehabilitation and Compensation Services Division, acknowledged the tentative nature of the results reported in the *Case Management: A Developmental Overview and Preliminary Results*:

This report describes the Case Management Model at its current stage of development and reports on the results achieved to date. As systems and procedures are still evolving, the results should be viewed as preliminary trends; it is not possible to determine if they will stabilize over time or carry through into different operating environments. These questions will be examined during the next phase of the project when the prototype model of Case Management is piloted in the full Prince George office and a second WCB location, yet to be determined.
4.1.3 Angus Reid In-Depth Interviews with Employers, Physicians and Workers

Between September 12 and 19, Angus Reid Group conducted “10 to 14” in-depth interviews to get at perceptions and evaluations of the new system in Prince George. The interviews queried awareness of Case Management, evaluations of contacts with the Case Management team, and overall assessments and suggestions for improvements to Case Management.

The findings are reported in *WCB Case Management Pilot - Prince George* in a narrative form. Overall, the report concludes that although there were improvements to be made, respondents endorsed province-wide implementation (p. 9). Having one point of contact was valued by employers and physicians in particular.

Suggested improvements included more regular, proactive communications from the WCB, move on-site visits (to the worksite) by WCB staff and physicians, and the use of E-File. This latter suggestion, made in September, indicates that E-File, although implemented on May 12, did not appear to have been perceived as having affected the handling of complex claim files.

In the report, several comments connect some of the findings from the in-depth interviews to findings from two focus groups conducted on June 26, 1997, with employers and union representatives. The report of findings from the focus groups was not available as this Report was prepared.

Finally, although the report indicated that union representatives were to be included among the in-depth interviewees (an interview form in included in an appendix), there is no mention of union representative viewpoints on any of the issues summarized.

4.1.4 Staff Survey Results

On October 15, 1997, a survey was administered to 28 employees of the Prince George SDL by Bert Painter. *The Summary Report from a Follow-up Survey of Employee Perspectives on Case Management Prototype Development* includes sections on employees’ evaluations of the Prototype, potential benefits, potential concerns, impacts on work practices, and training needs.

The survey population included all CSRs, Case Assistants, CO2s, Claims Adjudicators, Vocational Rehabilitation Consultants, and Medical Advisors. Of the 28 employees surveyed, 13 had direct involvement in the Prototype.

When respondents were asked to compare Case Management to current WCB claims administration, 92 percent of those having direct experience rated Case Management as better or much better. But only 15 percent of the same group agreed that the Prototype was ready for testing in a pilot site.

Direct participants were also asked to rate a series of 14 work practices that Case Management might have affected. With the exception of “support staff with authority to handle matters when officer staff off-premises,” where 80 percent of respondents indicated “nil” or “little” achievement of this work practice, the others indicated “some” or “a lot” of achievement for the
other 13 work practices. None of the 14 work practices listed relate directly to the stated objectives for Case Management as outlined in the Business Case.

A majority of direct participants voiced concerns about:

✧ too many files to manage efficiently (92 percent responded either “some” or “a lot”);
✧ need training for new duties (92 percent);
✧ poorly defined authority lines between Case Manager and Voc Rehab (75 percent); and
✧ inadequate use/availability of support staff (85 percent).

Additional employee comments indicated that the whole Prince George office should have been converted to Case Management—there would have been less confusion for clients, and a strong Medical Advisor is critical to the success of the model.

Although the Survey Report mentions the baseline survey done in February 1997, no attempt is made to link the findings from the two surveys. In fact, the format and content of the two surveys are so different that no quantitative comparisons between the two are possible. Thus, any comparisons between “before Case Management” and “after” are purely retrospective, relying on respondents’ memories of previous practices. These comparisons are generally less valid than direct comparisons of employee perceptions sampled “before” with those sampled “after.”

4.1.5 Inter-Jurisdictional Case Management Summit

On September 16 and 17, 1997, the WCB hosted a Case Management Summit which focused, in part, on comparisons of the business processes of WCBs from B.C., Saskatchewan, Newfoundland, Prince Edward Island, Manitoba, Alberta and New Brunswick.

Although a two-day agenda was outlined for the Summit, an early activity was to develop topics for further discussion. Since no record of these discussions is included with the materials distributed from the Summit, it is not possible to describe or assess discussions in relation to evaluating either the Prototype or Case Management more generally.

Several of the topics are suggestive: outcome evaluation of Case Management; standards/performance measures, and the positive and negative outcomes you have experienced—the need to learn what has worked, what hasn’t worked (and why) and what would be done differently in the future.

There is a table which compares caseloads across the participating jurisdictions. Other WCBs, with the exception of Newfoundland, have larger caseloads than the 50 per Case Manager in the Prince George office at that time.

4.2 Future Evaluation Activities

The pilot projects in Prince George and North Vancouver are due to finish in October 1998. Before then, Coopers and Lybrand will be expected to report to the Panel of Administrators on the:
... integrity and appropriateness of the Case Management model piloted by the Board, cogency of results of the pilot, and the extent to which the model can sustain those results.

(Resolution of the Panel of Administrators, November 14, 1997)

The objectives that have been stated for the pilot, which were summarized earlier in this report (Section 3.3), are process objectives and do not address any of the original objectives stated in the Business Case. Thus, unless the consultants are prepared to utilize the Business Case objectives, or develop other related objectives, the evaluation of the pilot projects may not address the original intended outcomes for Case Management.

In this vein, it is worthwhile including a question the authors of this report raised about evaluation of the pilot projects, together with the response from the WBC:

Question: Please provide or refer us to any documents that state the objectives for the pilot projects in Prince George and North Vancouver and that state the performance indicators that will be used and the expected outcomes (including the expected benefits and costs).

Answer: High-level objectives of the Prince George and North Vancouver pilots are attached. [These have been included in Section 3.3 above.] With regard to performance indicators, these will be established and based on the evaluation framework that is provided by Coopers and Lybrand at the completion of their planned evaluation of this project.

This response suggests that performance measures will be developed as an output of the evaluation. But the expected outcomes stated in the Case Management Business Case are, in fact, performance measures with which this initiative was to be assessed. It would appear that the objectives of Case Management have not carried forward to the Pilot Projects, at least so far. However, interviews with Ian Munroe, Executive Director, Compensation Services Division, and Myrna Hall, a consultant involved in developing and piloting Case Management, suggest that although Terms of Reference for the evaluation activities have not been formalized, the evaluations will include a focus on the Business Case objectives.

Finally, in the Minutes of an Information Session on Case Manager Posting, held on March 9, 1998, a series of questions and answers are summarized. One question/answer pair is relevant to the issue of evaluating the Case Management initiative at the WCB before roll-out:

Question: I understand there are a number of pilot studies of Case Management underway at the Board. Why are we pursuing the Case Management model Board-wide if the pilots haven’t been completed?

Answer: The Board has analyzed the Case Management model long enough to know that Case Management is the way we want to go at the Board. We do not
need to wait for the pilots to run their course. The pilots will still be used to identify where improvement can be made in the process and/or the procedures.

One interpretation of this response is that the outcome of the evaluation of the pilots will not be a factor in the decision to go Board-wide: that decision has already been made. Thus, when the objectives that have been stated for the pilots are considered, it is possible that no further evaluation of the extent to which Case Management has achieved its originally-stated objectives will be conducted.

Again, in an interview, Ian Munroe indicated that no final decisions have been made on Case Management roll-out. It is possible, for example, that the evaluations of the Prince George and North Vancouver pilots will indicate a need to proceed with more “tests” before a roll-out decision is made.

5.0 Assessing Evaluation Activities for Case Management

The 21 criteria developed for assessing the evaluation activities for major initiatives at the WCB, and used to assess E-File evaluations, can be used to assess Case Management evaluation activities. For each criterion, a qualitative rating will be offered for Case Management evaluations completed to date. The categories of the rating are:

- evaluations show substantial evidence of having met the criterion;
- evaluations show some evidence of having met the criterion;
- evaluations show no evidence of having met the criterion; and
- unable to rate the evaluations on this criterion.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Rating of Case Management Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No basis for judgement</td>
</tr>
<tr>
<td>Planning Evaluations</td>
<td></td>
</tr>
<tr>
<td>1. Evaluations should be linked to a strategic plan</td>
<td></td>
</tr>
<tr>
<td><strong>Comment:</strong> The 1996 WCB Strategic Plan includes objectives which are generally consistent with the objectives articulated in the <em>Case Management Business Case</em>. Some of these objectives are included in the evaluation activities for the Prototype, but none are included in the objectives stated for the pilot projects. Thus, as development of Case Management has proceeded, there appears to be a weaker connection with the objectives (and the cost savings) stated in the <em>Business Case</em> and the Strategic Plan.</td>
<td></td>
</tr>
<tr>
<td>2. Programs/projects should have clearly stated objectives</td>
<td></td>
</tr>
<tr>
<td><strong>Comment:</strong> The objectives stated in the <em>Business Case</em> are primarily quantitative and would lend themselves to testing if data were available. However, only four of the eight objectives are even addressed in the Prototype evaluation activities. By the time the pilot projects are described, a different set of objectives is articulated, none of which are quantitative in nature, and none of which overlap with the <em>Business Case</em> objectives.</td>
<td></td>
</tr>
</tbody>
</table>
3. **Capacity to collect accurate and complete outcome data**

**Comment:** Because only 4 of the 8 quantitative objectives stated in the *Business Case* were addressed in the Prototype evaluation activities, the evidence for this capacity is limited. Further, the objectives that were addressed were based primarily on externally-collected survey data. The data that were collected in the Case Management process focused on duration of cases.

4. **Capacity to assess incremental program effects**

**Comment:** The comparisons included in the Prototype evaluation activities generally offer a limited capacity to assess incremental effects of Case Management. The most relevant comparisons of claimant ratings were not presented because the data did not exist. Before/after comparisons were not conducted because the instrument used to survey the staff was changed. As has been mentioned previously, comparisons of claimant ratings of WCB services relied on a Prince George SDL versus the rest of the province format, at specific points in time. If Prince George ratings have been systematically different from the rest of the Province (historically), the comparisons presented in the report would be less valid. To compensate for this threat, time series comparisons within the Prince George SDL would have been appropriate. Further, since E-File was implemented coincident with Case Management, sorting out the incremental effects of Case Management may not be possible. However, if comparisons were made with other SDLs which had E-File but did not have Case Management, it may have been possible to begin “sorting out” the impacts of Case Management.

5. **Programs/projects need to be fully implemented to assess outcomes**

**Comment:** The Prototype Case Management system was approximately 80-85 percent complete at the end of the Prototype project (September 1997). Since evaluation activities began as early as May, there is concern that the Prototype may not have been adequately implemented at that time.

6. **Programs/projects need to be pilot-tested and evaluated**

**Comment:** The intended Case Management development/implementation sequence provided for several stages before roll-out. However, the evaluation of the Prototype did not address many of the Case Management objectives, and the evaluation of the pilot projects may not address any of them unless yet-to-be-written Terms of Reference focus on the need to compare Case Management outcomes to the *Business Case* objectives. Further, comments made in the March 12 Information Meeting regarding Case Manager positions can be construed as indicating that the decision to roll-out Case Management WCB-wide has already been made. The outcomes of the pilot project evaluations may be limited to “tuning” the initiative, not playing a role in the roll-out decision, although the Executive Director, Compensation Services Division, has indicated otherwise.

### Resourcing and Managing Evaluations

7. **A management structure is needed for each evaluation**

**Comment:** The documents reviewed included several that pertained to the Information Systems Review Committee. The ISRC clearly had a mandate to oversee WCB major initiatives, including monitoring progress and ascertaining whether the benefits (outcomes) had been achieved. Although the Terms of Reference were revised in December 1997, the ISRC was apparently established in May 1995. It is unclear whether the ISRC played an active role in overseeing WCB major initiatives prior to 1997.

8. **Establish a steering group for each evaluation**
**Comment:** The documents reviewed to date do not indicate whether committees of stakeholders were involved in advising or overseeing each evaluation. However, steering committees of WCB staff/consultants are used to plan and guide the phased development of major initiatives.

9. Establish clear terms of reference for each evaluation | ✔

**Comment:** There is very little evidence that the evaluation activities for the Prototype were articulated around a single terms of reference. In fact, the investment in the “before” survey of employees by Bert Painter is not complemented by the corresponding investment in an “after” survey that lends itself to comparisons, as was the case for the E-File Proof of Concept Project in Coquitlam SDL. The fact that only 4 of the 8 quantitative objectives were even addressed in the Prototype evaluation activities suggests that the evaluation activities were not sufficiently well planned.

10. Contractor work should be monitored for quality, completeness and timeliness | ✔

**Comment:** The documents reviewed offered no information on contractor monitoring policies and practices as they pertain to evaluations. However, a response to a query to the WCB outlined sections of the Corporate Purchasing Policy (Sections 205 and 206) which describe how contractors are selected. With respect to monitoring contractor performance, Sid Fattedad, Vice-President Finance/Information Services, indicated in an attachment to a letter dated April 3, 1998, that assessing contractor performance is a delegated responsibility. In addition, current practice in the WCB is to notify Corporate Purchasing of instances where consultants “do not perform up to expectations.”

11. In-house staff must have requisite knowledge, skills and experience | ✔

**Comment:** The comparisons that were offered to ascertain the incremental effects of Case Management omitted the most relevant comparisons as described elsewhere in this report. Further, because E-File was introduced with Case Management, a fundamental problem of sorting out the impacts of these two major initiatives exists. These limitations of the evaluation activities could have been mitigated by anticipating evaluation requirements as the Prototype was planned for implementation, and arranging for appropriate means of gathering the relevant data needed to full address the issue of prototype effectiveness.

### Conducting Evaluations

12. Relevant findings and conclusions require clear evaluation questions that are agreed to by key stakeholders | ✔

**Comment:** There is little evidence that the evaluation activities for the Prototype were guided by an agreement that included addressing the key question of whether Case Management had achieved its stated objectives.

13. Credible findings and conclusions depend in part on practical, cost-effective and objective data collection and analysis methods | ✔
**Comment:** The evaluation activities reviewed for the Prototype Project are mixed in terms of the methods used to collect data and conduct analyses. Generally, the before-after design employed for the staff surveys had the potential to be an effective way of assessing the perceived changes due to Case Management (and E-File). However, no such comparison was offered. Data on case duration and case resolutions were gathered as part of the Case Management process, and as long as the criteria for classifying cases were well-understood by the participants, these data would be objective. Other data collection and presentation methods were primarily qualitative, and in the “before” survey of staff, the comments were not suitably summarized and weighted.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Credible findings and conclusions depend on appropriate research designs.</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Comment:</strong> The research designs employed in the Prototype evaluation activities had the potential to at least indicate impacts due to Case Management (and E-File). However, because the most appropriate comparisons were either not made (before-after for staff surveys) or the data were not collected (within the Prince George SDL for “C” Claims versus Case Management claims, and within the Prince George SDL over time, for claimant ratings of service), the actual research designs are weak and do not lend themselves to ascertaining the incremental effects of Case Management.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Credible findings and conclusions are increased by using multiple, independent and complementary data sources</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Comment:</strong> The primary data sources are surveys. In fact, relatively little data are offered which do not rely on surveys conducted by Angus Reid or Bert Painter. Although average duration of Case Management claims is discussed and compared to duration of “C” claims in the Prince George SDL, there are no other process-based data sources used in the evaluations that relate to stated objectives for Case Management.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Objectivity in findings and conclusions is enhanced when data collection and analysis methods are replicable</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Comment:</strong> The survey-based data collection methods would, in principle, be replicable. The focus groups and in-depth interviews might be replicable—the latter were apparently conducted using a structured interview format. Data on case duration would be relatively reliable, as long as the criteria for classifying cases were clear and well-understood.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Valid measures are not biased and represent the constructs they are intended to represent</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Comment:</strong> A key concern with the survey-based measures used is whether respondents consistently referenced just Case Management (implicitly or explicitly) in their responses. Because E-File was implemented at the same time as Case Management, it is possible that survey respondents (and interviewees) may have mixed the two business processes together in their views of the WCB.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Reliable data collection methods produce the same result when a measurement process is repeated</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Comment:** In principle, the survey-based measures could be tested to ascertain whether the findings were reliable. Practically speaking, there is limited evidence of the reliability of the data collection methods used in the evaluation activities. Data on case duration would presumably be reliable, that is, a given case would be classified as having the same duration, by two independent observers.

<table>
<thead>
<tr>
<th>Reporting and Utilizing Evaluation Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Evaluators should fully and fairly report procedures, data and findings</td>
</tr>
</tbody>
</table>

**Comment:** Because the most relevant comparisons could not be made regarding claimant ratings of the Case Management process due to data limitations, the *Case Management: A Developmental Overview and Preliminary Results* document offers an interpretation of the findings which assumes that ratings of “C” claims in Prince George would have been similar to those in the provincial sample. Likewise, an implicit assumption is made that Prince George claimant ratings of service have been similar to the rest of the province over time. Neither of these assumptions is fully acknowledged in the report.

| 20. Findings and conclusions must address all the original issues and questions | ✓ |

**Comment:** Most of the objectives stated for Case Management in the *Business Case* have not been examined to date. Further, because the objectives stated for the Pilot Projects are not the ones stated for the Case Management initiative outlined in the *Business Case*, it is possible that the evaluation of the pilots will not address the full set of Case Management objectives either.

| 21. Evaluation results should be used in strategic decision-making and accountability reporting | ✓ |

**Comment:** Although there is evidence that the WCB as a whole is improving its management of evaluation for Information Technology initiatives, including Case Management, the documentation reviewed to date offers no basis for concluding that the evaluation results from the Case Management Prototype have been used to guide strategic decision-making. Further, although quantitative forecasts of dollar benefits were made for Case Management, none of the evaluation activities have addressed the questions of whether these benefits have been achieved, or are likely to be achieved in the future.
References

Buckhorn, W. Ron. Attachment to letter to Mr. Patrick Lewis, Executive Director, Royal Commission on Workers’ Compensation in B.C., June 12, 1997.


Transforming the Workers’ Compensation Board of British Columbia: A Strategic Plan, April 1996, pp. 16-17.