



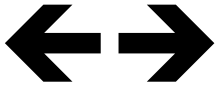
WDP Knowledge Transfer and Exchange in Alberta

Bottom-up, Top-down and Sideways

Douglas Gross, PhD, PT
dgross@ualberta.ca



Three “KTE” Projects

- 1)  Disability Management for PTs
- 2)  WCB Continuum of Care
- 3)  Mass Media Campaign

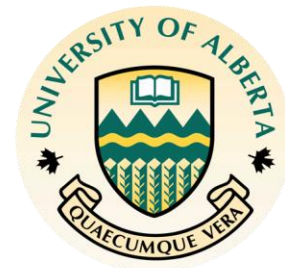


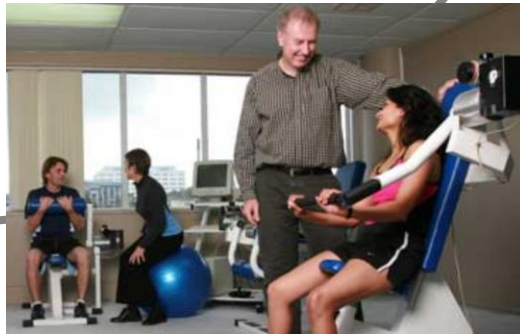
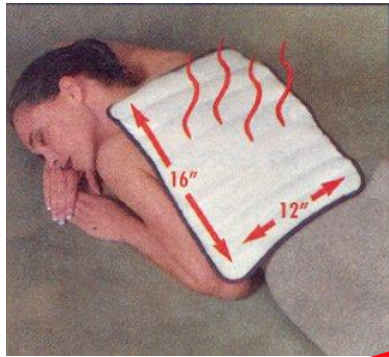
Bottom-up KTE

Evaluation of Disability Management (WDP) KTE for PTs



COLLEGE OF
PHYSICAL THERAPISTS
OF ALBERTA





RTW Success Rate: ~49 – 63%

Alberta Situation

PTs are key providers for injured workers

Reports that RTW outcomes unacceptable
(average 65% RTW within WCB system)

Fragmented access to practice resources

Interested clinicians want improvement

Key Partners

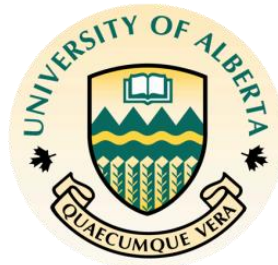
Clinicians with 'special-interest'

Rhoda Reardon, IWH, KTE Consultant

Educationally Influential (EI) clinicians



COLLEGE OF
PHYSICAL
THERAPISTS
OF ALBERTA



Canadian
Physiotherapy
Association

Association
canadienne de
physiothérapie



CIHR IRSC

Canadian Institutes of Health Research
Instituts de recherche en santé du Canada



Workers'
Compensation
Board

Alberta

Process

1) Background work

(lit. review and survey)

2) Resource development

3) Dissemination

4) Evaluation

Literature Review

Evidence indicates:

- Biopsychosocial context (not just the injury)
- Interact with **all** relevant stakeholders
- Workplace-based interventions
- Focus on function, not pain
- Early return/ modified work

Practice Survey: Successful and EI Clinicians

- Successful clinicians integrate evidence
- Interact with stakeholders
- Specific knowledge of RTW resources
- Highly confident about RTW decisions

Model of Work Disability Prevention for PTs

Case Manager
& Physical Therapist



Workplace
& Physical Therapist



Worker
& Physical Therapist



Physician
& Physical Therapist



Health Care Provider
& Physical Therapist



Disability Management of Injured Workers

A best practices resource guide for physical therapists

[http://www.cpta.ab.ca/outcome measures](http://www.cpta.ab.ca/outcome%20measures)

College of Physical Therapists of Alberta
University of Alberta, Department of Physical Therapy
Alberta Physiotherapy Association
Workers' Compensation Board - Alberta

Dissemination Activities

- Educationally Influential (EI) clinicians
- Guide dissemination
- Web-based resources
- Seminars in all 9 health regions
- Articles in professional newsletters
- Integration into academic curriculum

Evaluation

Web-based survey

Clinician practices (before and after)

Perceived “usefulness” of guide

WCB Administrative PT results

Provincial “report card”

Measure: % off benefits 7 days after discharge



Web - SurveyMonkey

Registered PTs with email address

Only those working with injured workers were asked to complete (response rate?)

Questions:

- 1) Usefulness of guide?
- 2) Frequency of performing activities in guide?

Sample Characteristics

	Before (n = 208)	After (n=128)
Private practice	60%	62%
>10 years	57%	59%
Exposure to KT	-	80%

Results - Guide “Usefulness”

- 63% did not read
- ~50% of readers agreed it was useful
- A **minority** thought it helped establish better stakeholder relationships

Clinician Practices (Before/ After)

Almost always

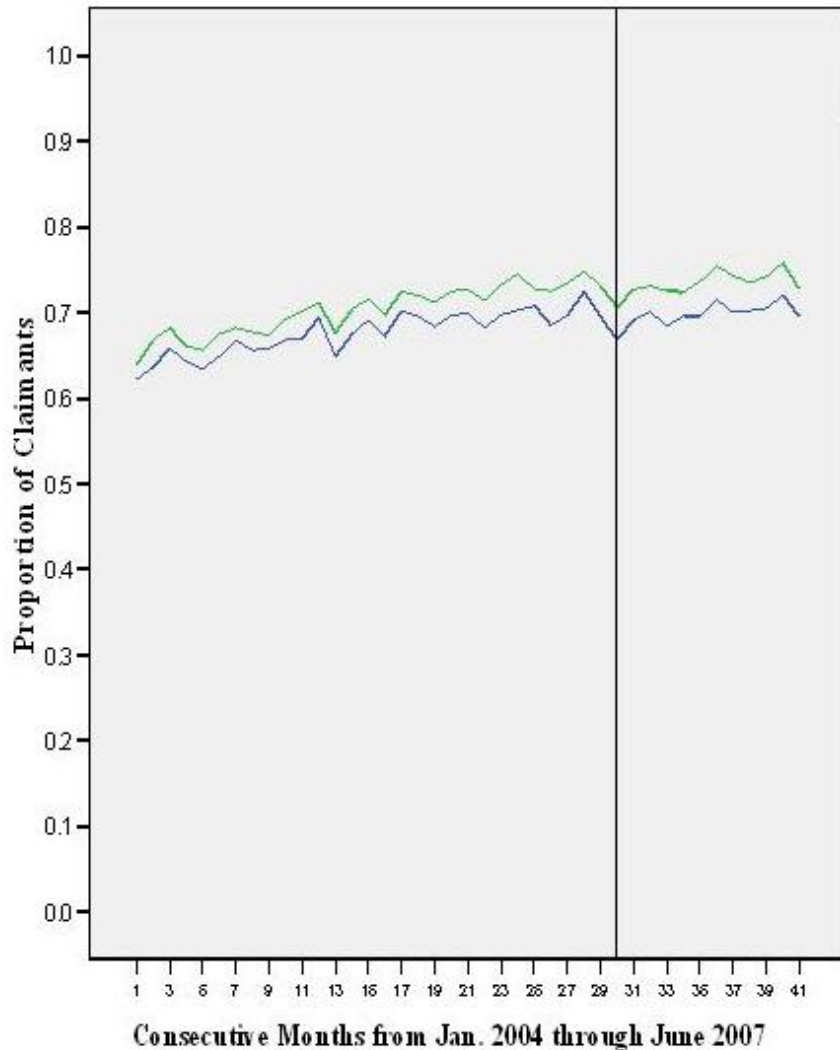
Set specific RTW goals with patient	56%/ 55%
Speak with employer	17%/ 20%
Negotiate modified work	16%/ 16%
Speak with insurance case manager	42%/ 40%

Almost never

Speak with MD	26%/ 40%*
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* P < 0.05

Results – WCB Outcomes



Modest improvement
unrelated to KTE

Limitations

- Survey response rate?
- Web-based survey distribution
- Limitations of administrative data
- Only 1-year follow-up

Bottom-up?

- Little impact on practice or RTW rates
- PT clinic owners – need support and/or incentives to engage and implement organizational change
- ***System changes*** possibly more effective

An aerial photograph of a tropical forest. A prominent, moss-covered tree trunk runs vertically through the center of the frame. The surrounding forest floor is a mix of brown soil, green ferns, and other low-lying vegetation. In the upper right quadrant, two white plastic chairs are visible, suggesting a clearing or a rest area. The text "Top-Down KTE" is overlaid in a large, white, bold font with a black outline, positioned across the lower half of the image.

Top-Down KTE

Evaluation of WCB-Alberta's Continuum of Care Model



Continuum of Care

“A coordinated array of settings, services, providers, and care levels in which health, medical and supportive services are provided in the appropriate care setting.”

American Dietetic Assoc. 2000

Continuum of Care

“A ***coordinated*** array of settings, services, providers, and care levels in which health, medical and supportive services are provided in the ***appropriate*** care setting.”

American Dietetic Assoc. 2000

Appropriate Care

Timely – based on duration

Focused on Function

Evidence-Based Interventions

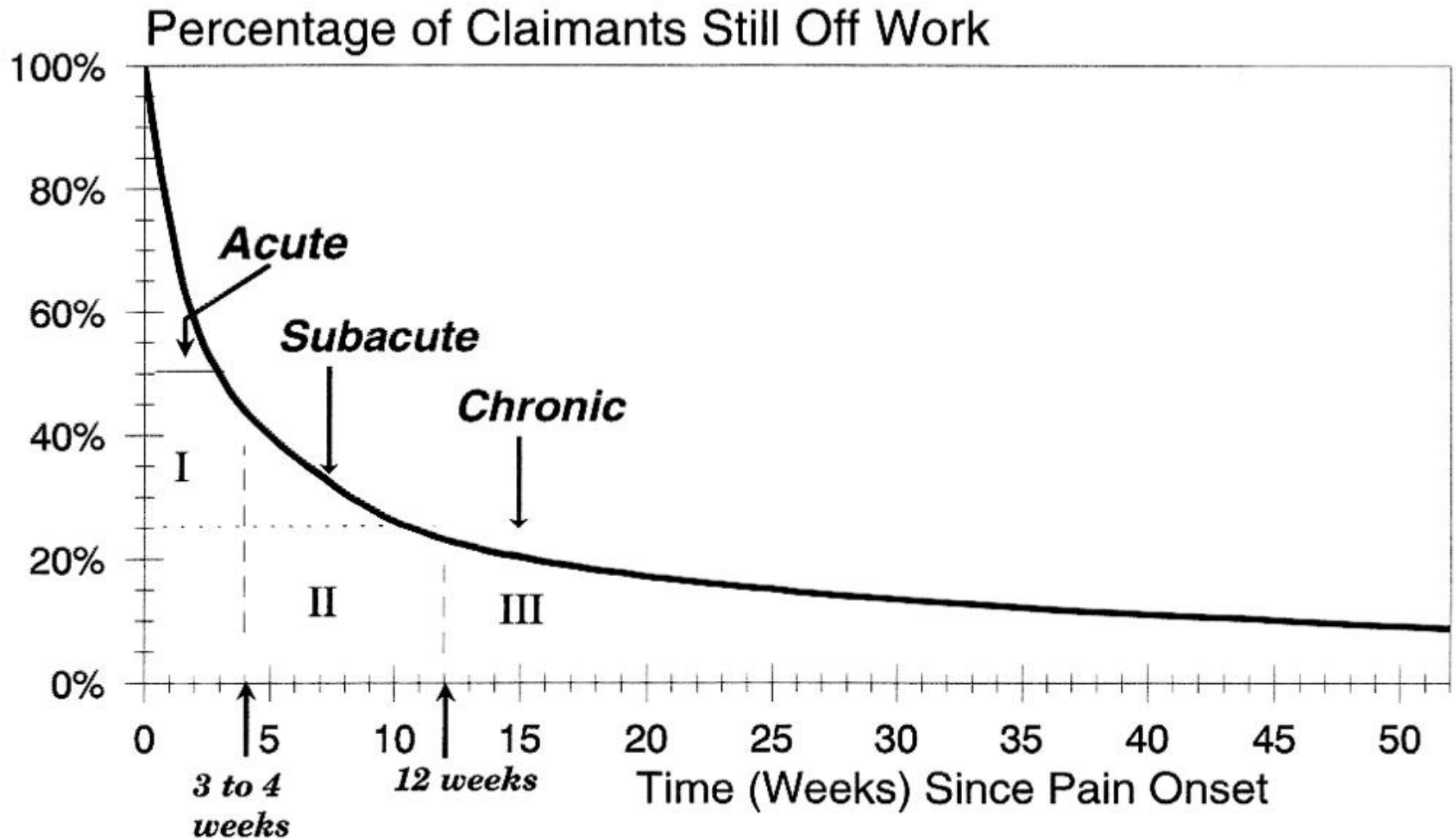
Consistent Province-wide

Outcome Evaluation

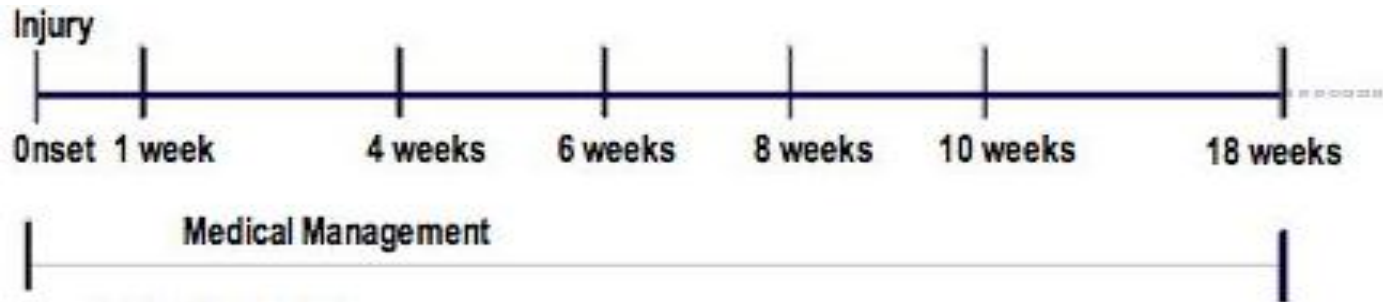
Coordinated Care

- Contracts with “preferred” providers
- Case management protocols
- Staged application of rehab services

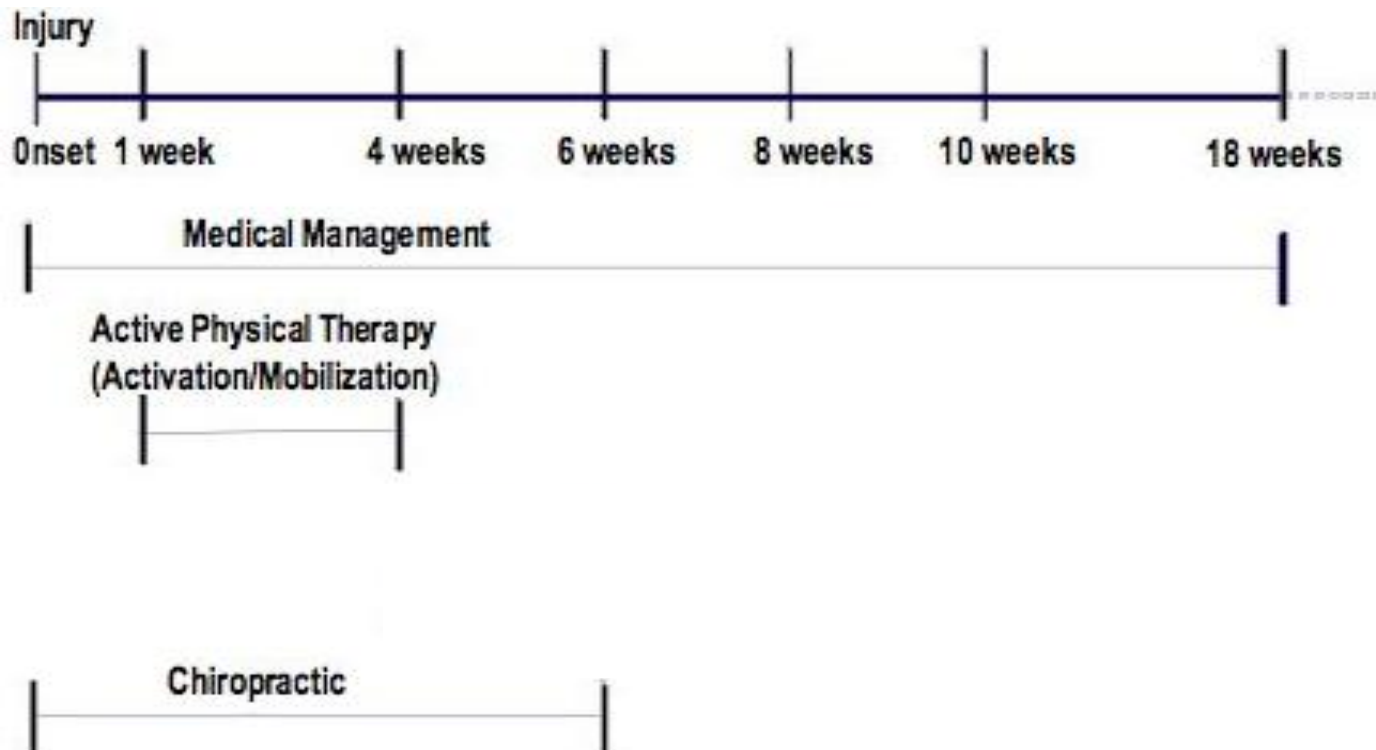
Based on Duration Model



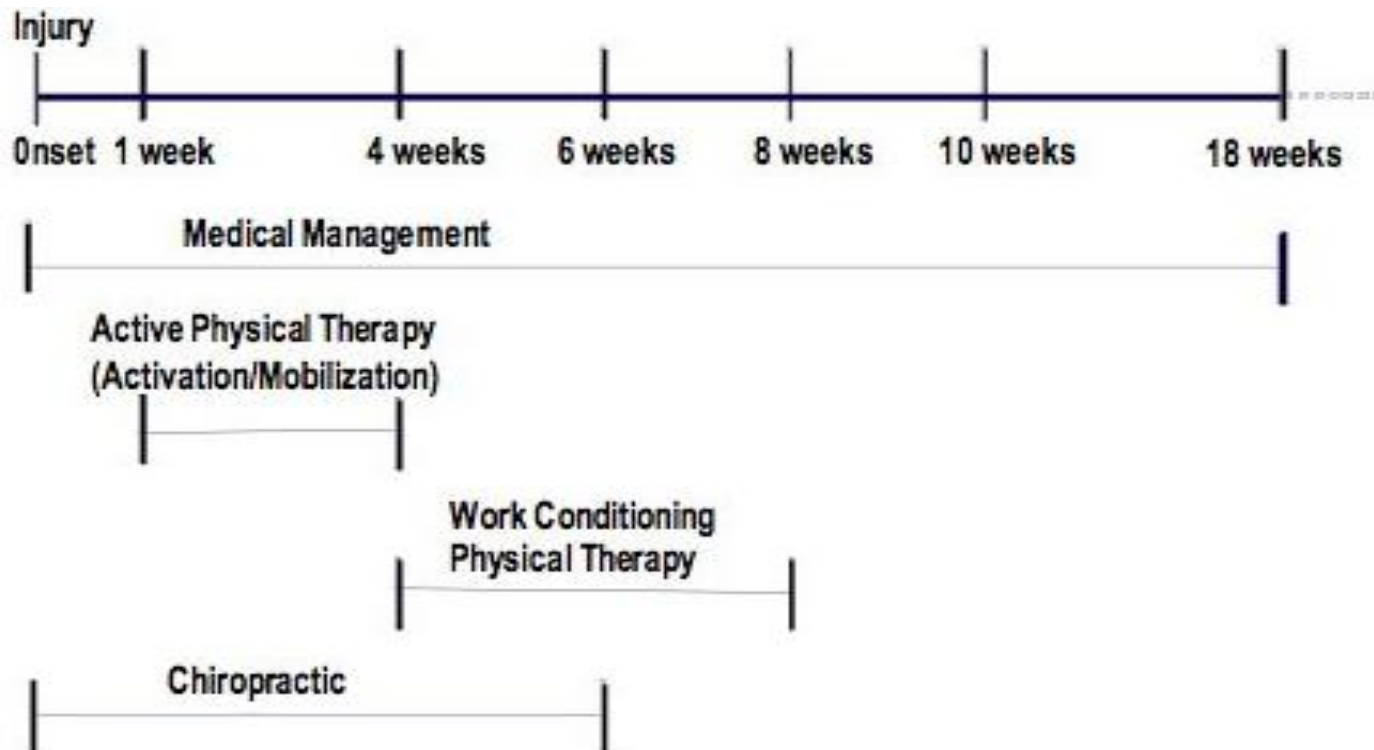
Coordinated Care



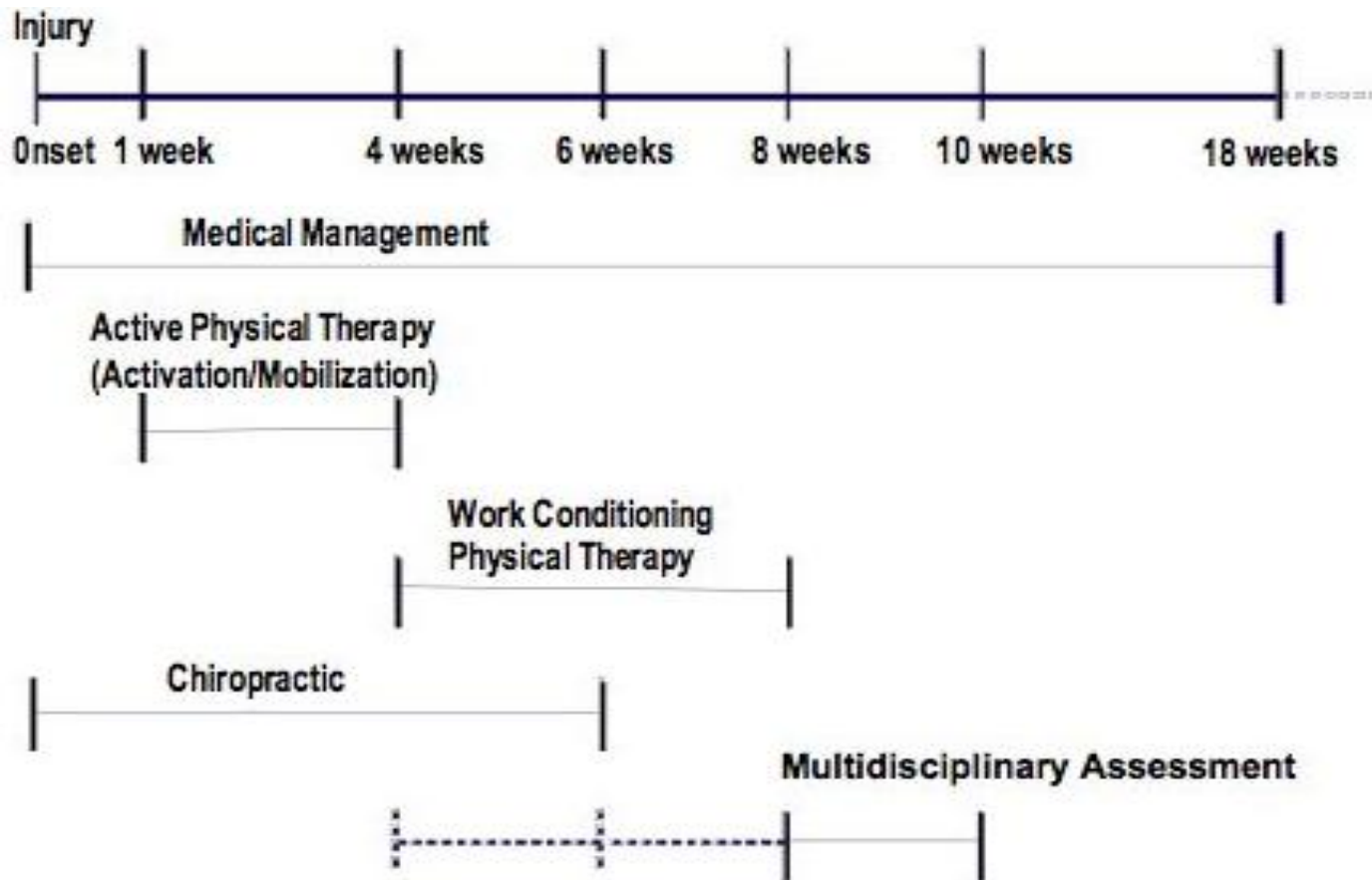
Coordinated Care



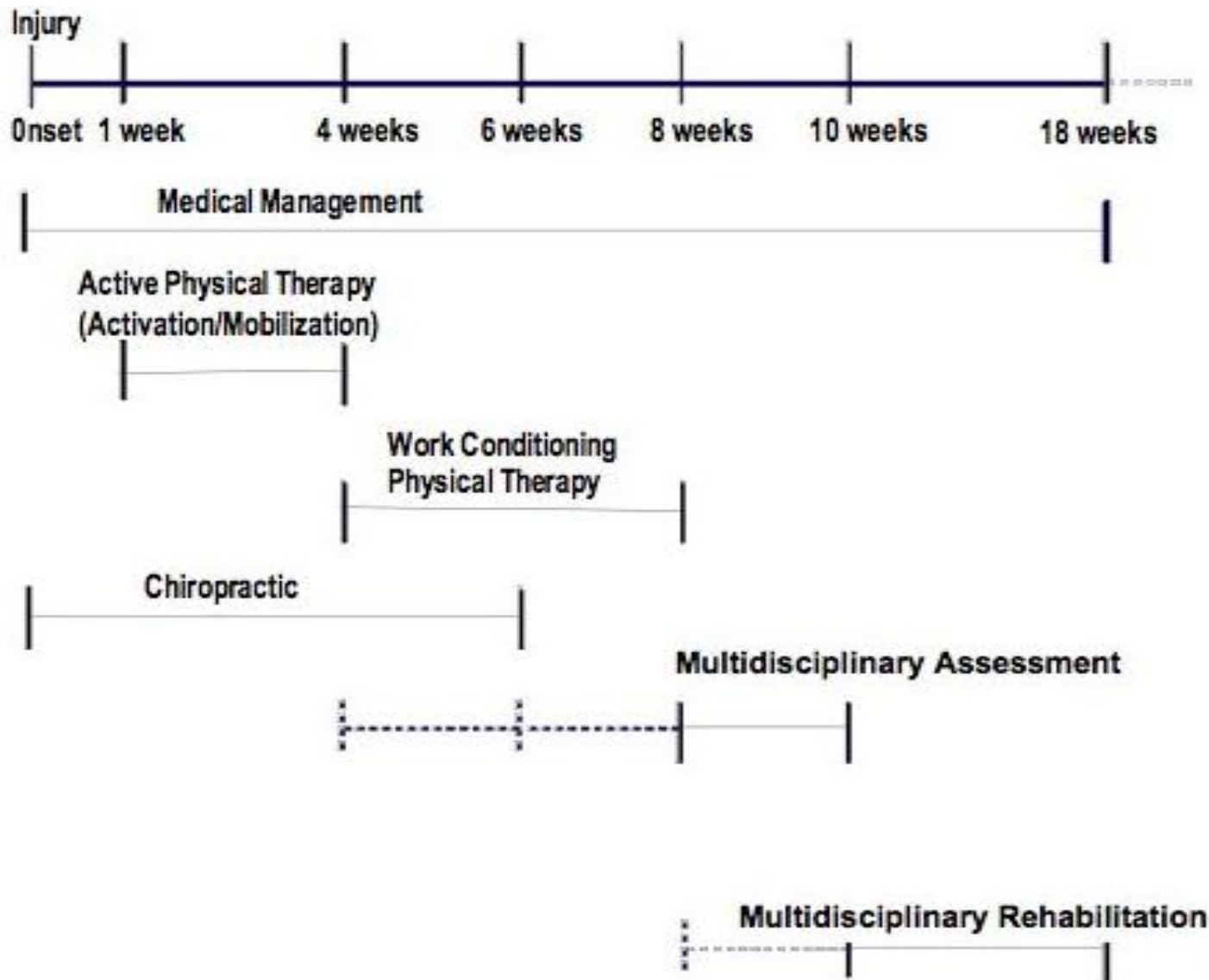
Coordinated Care



Coordinated Care



Coordinated Care



Evaluation

Examine the CC Model's impact on:

- Sustained return-to-work
- Patient satisfaction with care
- Overall costs

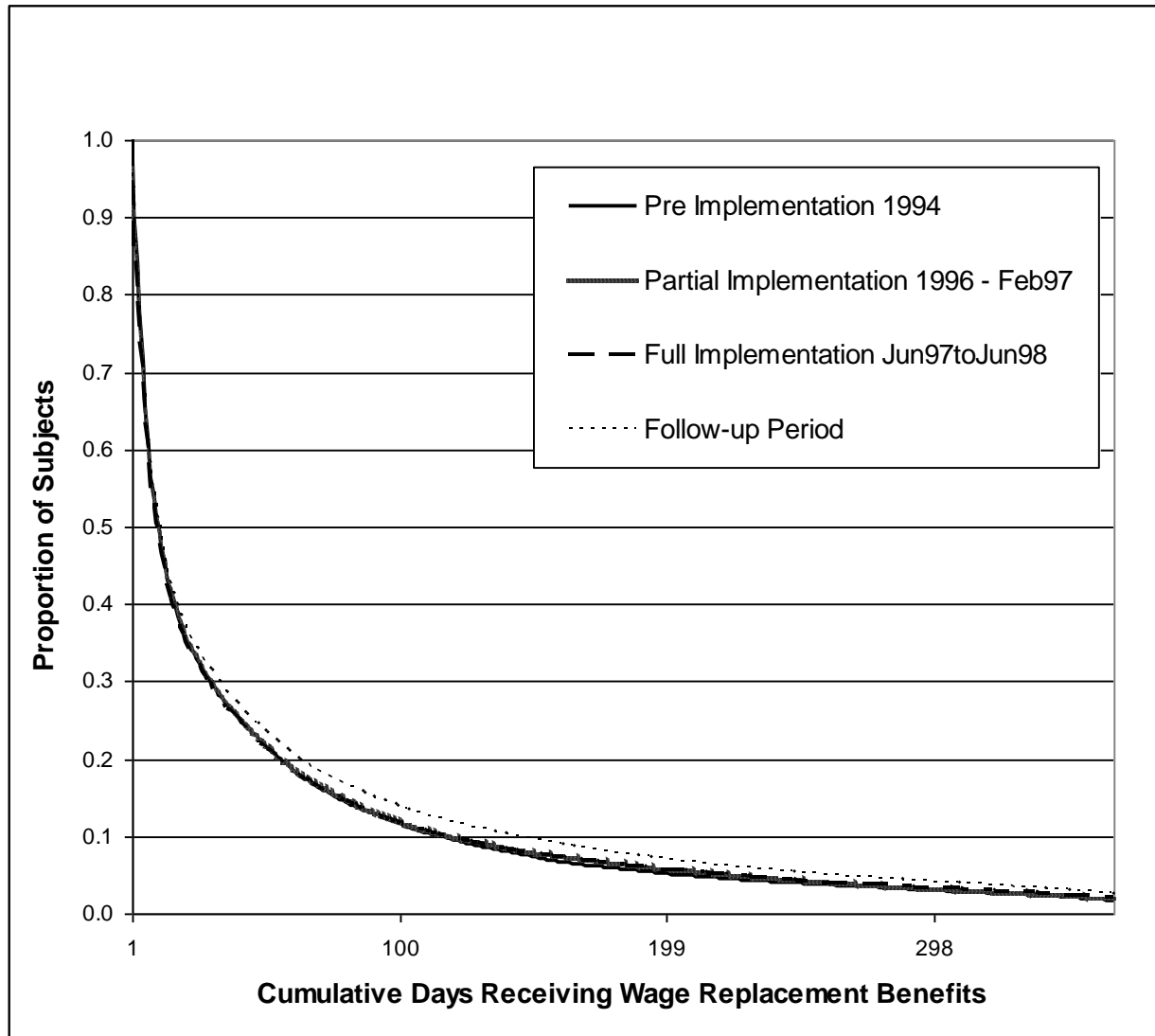
Study Design

- Population-based
- Before-and-after design
- Concurrent control group (non-STI)

- **Intervention group:** Sprain/strain to low back, ankle, knee, elbow and shoulder (no Repetitive Strain Injury)
- **Comparison group:** Fractures/ other traumatic injuries

Results

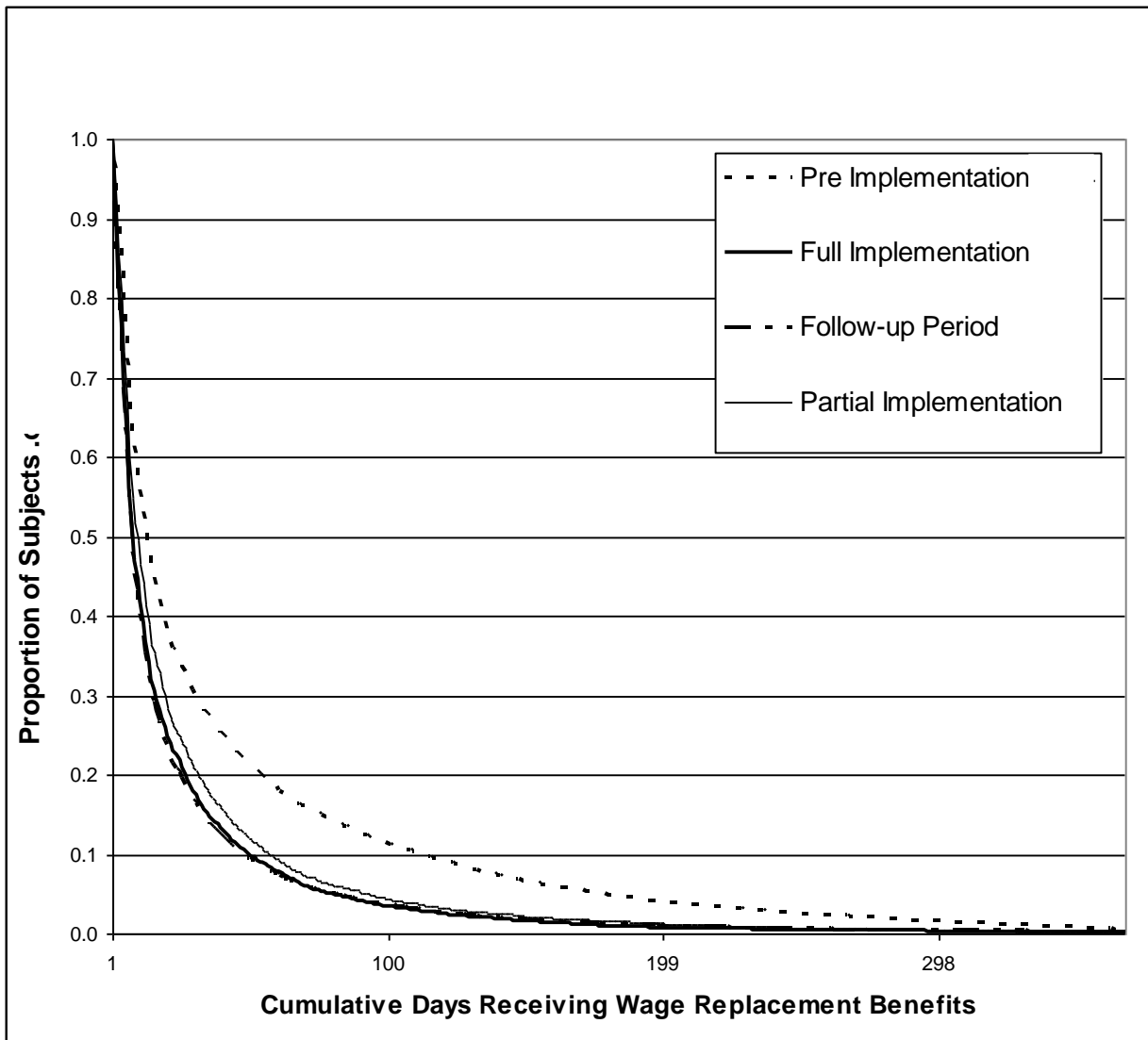
Control Group (n = 101,620)



**Median
Days on
Benefit:

10 – no
change**

Intervention Group (n = 70,116)



**Median
Days on
Benefit:**

Pre:13

Post: 8

Satisfaction

Overall (% Satisfied)

	1994	1995	1996	1997	1998	1999	2000
Multidiscip. Rehab	61	68	66	67	75	71	73
Physical Therapy (n=1800/year)	-	-	-	77	80	83	78

Duration of Treatment (% Satisfied)

	1997	1998	1999	2000
Physical Therapy	70	80	82	77

1-Year Cost-Estimate for ST Injuries

	Projected	Actual	Savings
Overall (\$ millions)	40.0	18.5	21.5
Benefits	23.4	11.7	11.7
Health Care (\$ millions)	10.0	4.7	5.3

Top-Down?

System change appears to have
resulted in more rapid RTW and
dramatic cost savings



Sideways KTE

Evaluation of the Alberta Back Pain Mass Media Campaign

Gross, Russell, Ferrari, Schopflocher,
Battié, Hu, Waddell, Buchbinder



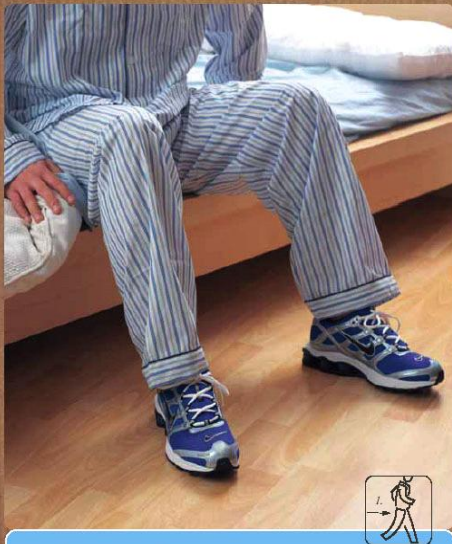
Back Pain Media Campaigns

- Australia – improved beliefs and behaviour (i.e. work disability)
- Scotland – improved beliefs only
- Norway – improved beliefs only

www.backactive.ca



BACKPAIN > DON'T TAKE IT LYING DOWN



BACKPAIN > DON'T TAKE IT LYING DOWN

Health care professionals agree staying active is key.

www.wcb.ab.ca/backit

Study Objectives

Evaluate campaign impact on:

1) General public beliefs

2) Behaviours:

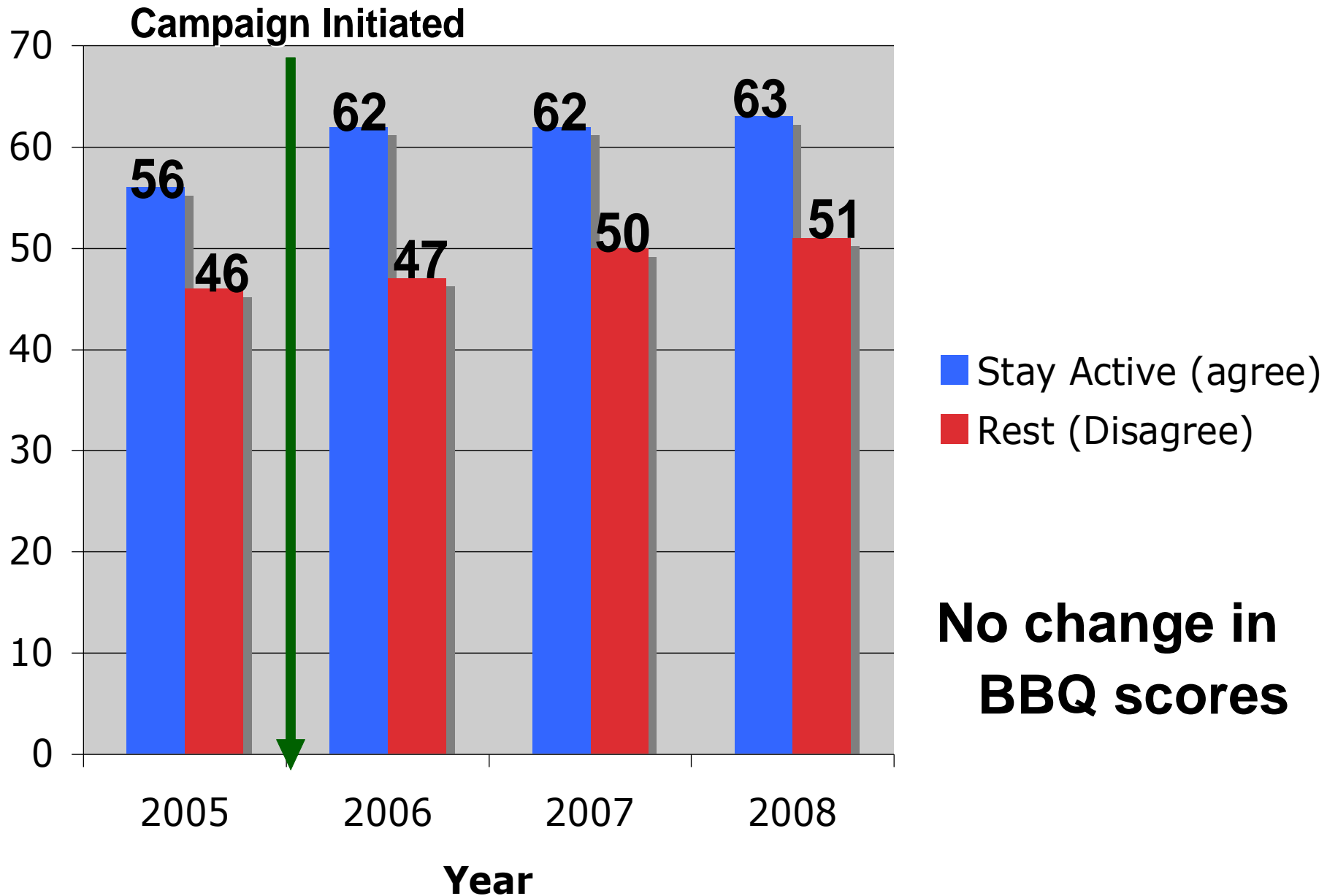
Work disability

Health care utilization

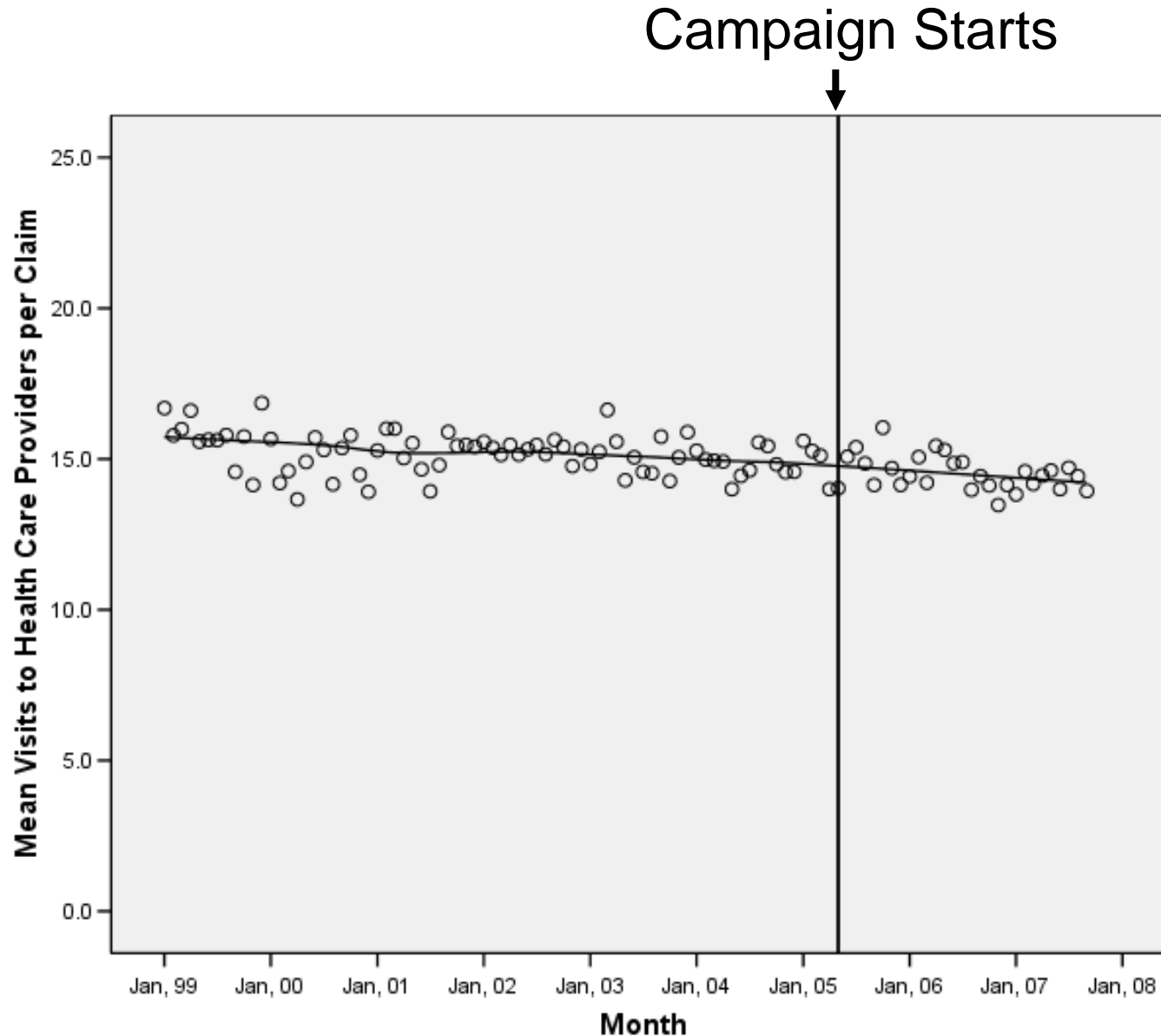
Design

- Interrupted time series
- Control group:
Unexposed neighboring province

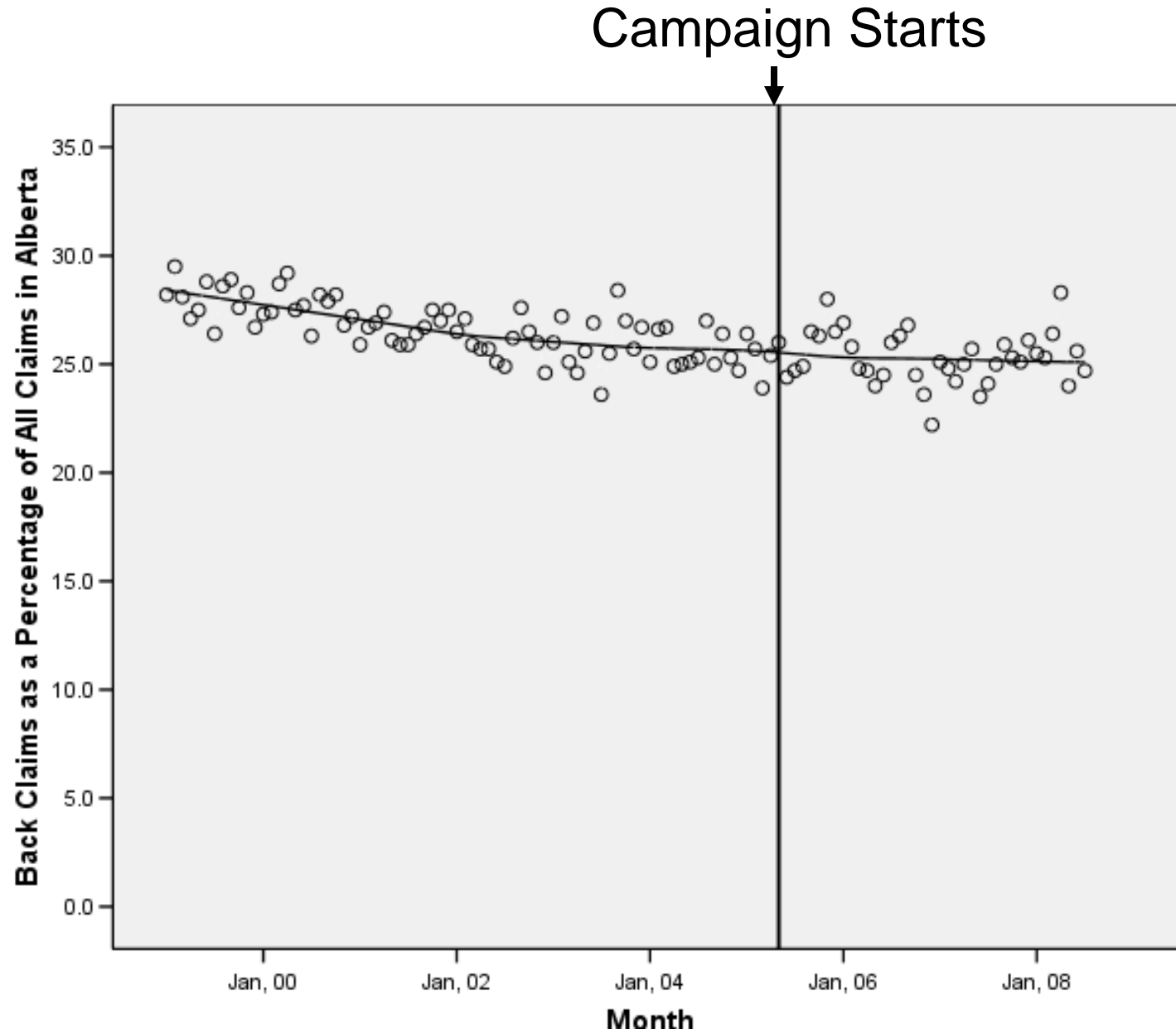
Back Pain Beliefs



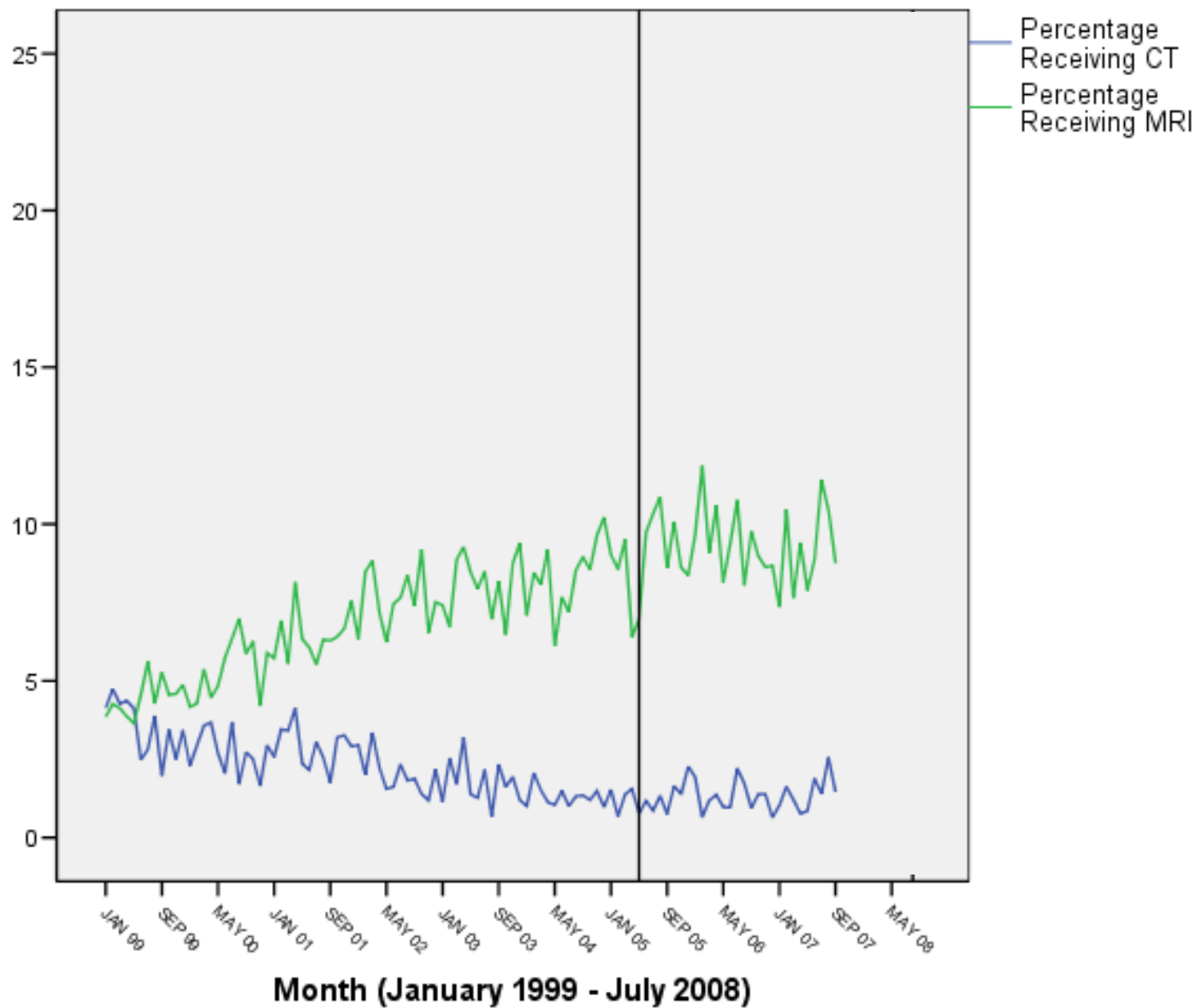
All Health Visits Per WCB Claim



% Back Pain WCB Claims in AB



Diagnostic Imaging



Sideways?

- Modest change in beliefs, but not behaviour
- Results consistent with campaigns of similar size (Scotland and Norway)
- Future campaigns will require more extensive messaging and supportive policy

Take-Home Messages

- Most effective methods of KTE for rehab professionals still unknown
- System change possibly more effective than provider-driven KTE or public education
- Next steps???

Acknowledgements



Alberta Heritage Foundation for Medical Research



WORKING TO MAKE A DIFFERENCE



Canadian
Physiotherapy
Association

Association
canadienne de
physiothérapie

Alberta Physiotherapy
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