

How to interpret your Chiropractic Performance Report

Definitions:

Treatment episode

An episode of treatment is defined as a completed course of Chiropractic treatment from assessment to discharge with all treatments in between.

- Treatment episodes are identified by claim and provider.
- Treatment episodes are identified from the payment data (e.g. from the health service codes and dates of treatment).
- A claim may have more than one episode of treatment.

Scorecards Layout:

The scorecard includes 5 columns:

Column 1: Clinic Contract to Date

- This includes the cumulative total of your clinic's performance indices for all Workers paid for under the entire term of the previous contract.

Column 2: Clinic Current Period

- This includes your clinic's performance indices for all Workers paid within this time period.

Column 3: RHA Current Period

- This includes the combined performance indices for all clinics within your Regional Health Authority boundary and allows you to compare your performance to all other contracted clinics within your region.

Column 4: Province Current Period

- This includes the combined performance indices for all clinics across the province and allows you to compare your performance to all other contracted clinics across the province.

Column 5: Target/goals

- This includes the target or goals for selected performance indices.

Page 1 - Performance Indices:

Box 1:

Total clients:

- The total number of treatment episodes paid by the WCB with a discharge date during the evaluation period.

Number with evaluation reports:

- The total number of evaluation reports submitted to the WCB during the evaluation period.

% with evaluation reports:

- The percentage of evaluation reports submitted in relation to the total number of paid treatment episodes (paid clients).
- Submission of evaluation data is a contract requirement.
- A submission rate of 95% or greater is expected.

Number of lost time cases:

- The number of clients that were lost time cases (lost time cases are confirmed by the WCB).

Number of no lost time cases:

- The number of clients that were no lost time cases.

Box 2:**Total Temporary Disability (TD01) status.**

- This measure is calculated on lost time cases only.
- TD01 is a specific benefit paid to a worker who is totally disabled from work. When a worker returns to work at a pre-accident or a modified level then the TD01 payment ends. Workers who return to modified work are switched to a different type of payment. Workers who have returned to pre-accident duties will no longer receive WCB benefits. If a worker is found fit to work pre-accident, but is not employed, or has switched to alternate work, then benefits may be terminated or the worker is switched to different benefits.
- In short, the TD01 measure substantiates return to work for workers reported to be:
 - Returned to work at pre-accident level
 - Returned to work at modified level
 - Not employed but capable of pre-accident level work
- The TD01 measure is also used when evaluating other health care providers and case manager performance. Providing the case manager with a specific and timely return to work plan is more likely to help them get the worker back to work and off TD01 benefits.

The outcome status (TD01 status) for an episode of treatment is measured for the 7th day after discharge (episode end date).

% off TD01 at 7 days post discharge:

- Indicates the % of lost time cases that are back at work or fit to work 7 days after discharge from treatment. The higher the percentage the higher the return to work rate.

% still off TD01 at 30 days post discharge:

- Indicates the % of workers who were off TD01 at 7 days and who were still off TD01 at 30 days. This indicates the sustainability of the return to work outcome at 30 days. The higher the percentage the higher the sustainability of the outcome.

% off TD01 at 7 days post discharge by type of injury:

- This indicates the TD01 based on injury type. The injury type is determined by the diagnostic code provided in your reports.

Box 3:

Treatment Characteristics:

- The treatment characteristics include the number and the duration of treatments per episode.
- These metrics are reported by lost time and no lost time cases.

Average number of treatments:

- Indicates the average number of treatments per episode (including the assessment).

% with 22 or fewer:

- Indicates the % of treatment episodes with 22 or fewer visits.
- Generally a lower % indicates that a higher number of your cases were seen for more than 22 visits.
- This number will be impacted by the complexity of your cases.

Average calendar days:

- Indicates the average duration of a treatment episode in calendar days.

% within 42 days:

- Indicates the % of treatment episodes concluded within 42 days or 6 weeks.
- Generally a lower % indicates that in a higher number of your cases treatment lasted longer than 42 days.
- This number will be impacted by the complexity of your cases.

Box 4:

Costs of treatment (all cases):

- Indicates the average costs per episode of treatment for all time loss and no time loss cases.
- Costs include assessment, treatments, reports and sundry items.

Lost time total per episodes:

- Indicates the average costs per episode of treatment for lost time cases only.

Lost time cost per RTW:

- This is an indication of cost-effectiveness and is the average costs to get a successful outcome, taking into account the total costs for both successful and unsuccessful cases. This measure is calculated on lost time cases only.

(Total treatment costs for lost time cases) / (% of lost time cases returned to work)

This measure is affected by both your TD01 outcomes and the costs per episode. If your outcomes improve but your costs remain unchanged, then your costs per RTW (cost-effectiveness) will improve. Generally, the lower your cost per RTW the more cost-effective you are in achieving a successful outcome.

Page 2 – Case Characteristics:

Case Characteristics:

- The case characteristics are used as an indicator of case complexity.

% of lost time cases by injury type:

- This indicates a breakdown of your lost time claims by injury types. Generally sprains and strains present fewer challenges than more complex injuries.

% of cases where the accident date to first assessment is less than 14 or 30 days.

- Generally the clients who have been off work for more than 30 days at the time of assessment are less likely to return to work.
- Clinics with a high percentage of time lost cases, a high percentage of non-sprains and strains and a higher percentage of cases where the accident to assessment is greater than 30 days are assumed to have a more complex caseload.

Accident to claim Registration.

- Elapsed calendar days from the date of accident to the start of the claim registration process with WCB. By comparing the accident to assessment date with the accident to registration date you can establish the timing of the start of your treatment to the timing of claim registration.
- The median value is reported (50% of episodes of a value less than the median). The median is preferred since a small number of injuries with very large elapsed date from accident to claim registration can distort the average.

Page 3 – Information Based on Evaluation Reports Submitted:

- This represents a summary of your recommendation reported on your submitted evaluation reports.