

PROVINCIAL MEDICAL ADVISORY PANELS

A decentralized model for the delivery of
compensation services to claimants with
occupational diseases

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PHASA 2006

BACKGROUND

Poor linkages between **occupational health diagnostic services** and **enforcement agencies** and the **compensation system** resulting in lost opportunities for service provision including preventive and promotive activities

Provincial Medical Advisory Panels

- Established in terms of Section 70(1), of the COID Act of 1993
- Assist the Director– General of DoL in fulfilling the legal requirements under the COID Act:
 - Assist with **diagnosis of occupational disease**
 - Advise on general **policy** concerning **diagnosis** of and **disablement** due to occupational disease
 - Advise on **inclusion of occupational diseases** in **Schedule 3** of COIDA

Strategic Vision Of PMAPS

- Support DOL strategy of decentralizing compensation services - (administrative efficiency)
- Assist the development and provision of occupational medicine expertise through specialist training - occupational diseases (diagnostic efficiency)
- Assist with capacity development of DOL inspectorate - COIDA / OHSA (prevention)
- Assist with education and training of stakeholders - (promotion)

AIM

The development of an information system for PMAP:

- To enhance administrative efficiency
- Identify opportunities for prevention of occupational diseases
- Develop a provincial risk profile of the workforce
- Target enforcement activity

OBJECTIVES

- To provide a descriptive summary of the WCPMAP annual caseload of OD claims for the period 2005/06
- To provide a risk profile of claimants referred to the WCPMAP detailing employment sector, referral source, occupational disease reported and causative hazardous agents implicated
- To assess efficiency of the functioning of the WCPMAP in claims resolution

METHODS

- Data on all claimants captured and registered on PMAP database
- Demographic , occupational , employment and compensation data collected
- Information retrieved from clinical records or compensation documentation and validated by cross-checking with National office database and employer records
- The movement of claims is tracked from registration with PMAP until finalization and settlement of claim
- Statistical analysis using Stata 8

RESULTS

Summary Of Claims Submitted and Processed By WCPMAP

Current Period	National*	Provincial	Total
Cases registered with PMAP in the financial year	226	145	371
Cases processed and submitted to CC by PMAP (% of registered claims)	209 (92%)	129 (89%)	338 (91%)

* From the conclusion of pilot phase as at 30th August 2004 to 31st March 2006

** Current financial year 01/04/2005 -31/12/2006

Reason For Submission To WCPMAP During This Current Period

Reason	Total
Expert opinion	285 (77%)
Status update request	58 (16%)
Review of Percentage Disablement awarded	19 (5%)
Urgent case submission	5 (1%)
Incomplete documentation	4 (1%)
Total	371 (100%)

Source Of Referral Of Claims To WCPMAP

SOURCE	NATIONAL	PROVINCIAL	TOTAL
CC - National Office	226 (100%)	55 (38%)	281 (76%)
Occ Nurse Practitioner		42 (29%)	42 (11%)
GSH – OD clinic		19 (12%)	19 (5%)
COIDA Administrator		9 (6%)	9 (2%)
Occ Med Practitioner		8 (6%)	8 (2%)
DOH		4 (3%)	4 (1%)
Claimant		3 (2%)	3 (1%)
Trade Union		3 (2%)	3 (1%)
Non Govt Organizations		2 (1%)	2 (1%)
Local Govt Municipality		1 (1%)	1
Total	226 (100%)	145 (100%)	371 (100%)

WCPMAP intervention required on claims received during this period

Intervention	Total
Expert Opinion (EO)	280 (75%)
In progress	36 (10%)
No further action required	26 (7%)
Document Completion (DC)	20 (5%)
Clinical record review (CRR)	7 (2%)
Clinical evaluation (CE)	2 (1%)
Total	371

Summary of industrial classes of claimants (Top 5 Industries)

TYPE OF INDUSTRY	N	P	TOTAL
Asbestos cement manufacturing	59 (25%)	35 (24%)	94 (25%)
Heavy Metal industry	68 (29%)	17 (12%)	83 (22%)
Transport industry	50 (22%)	23 (16%)	70 (19%)
Bricks and aggregate industry	21 (9%)		21 (6%)
Textiles		17 (12%)	17 (5%)
Total	226	145	371

Occupational disease profile of claimants during this period (Top 10 Final diagnoses)

OCCUPATIONAL DISEASE	TOTAL
Pneumoconiosis caused by fibrogenic dust	125 (39%)
Pleural thickening caused by asbestos dust exposure	61 (19 %)
Noise-induced hearing loss	26 (8%)
Occupational asthma	14 (4%)
Cancer caused by asbestos	7 (2%)
Chronic obstructive pulmonary diseases	3 (1%)
Occupational musculoskeletal disorders	4 (1%)
Dermatitis	2 (1%)
PTSD	2 (1%)
Silicotuberculosis	1
No occupational disease	70 (22%)
	323 (100%)

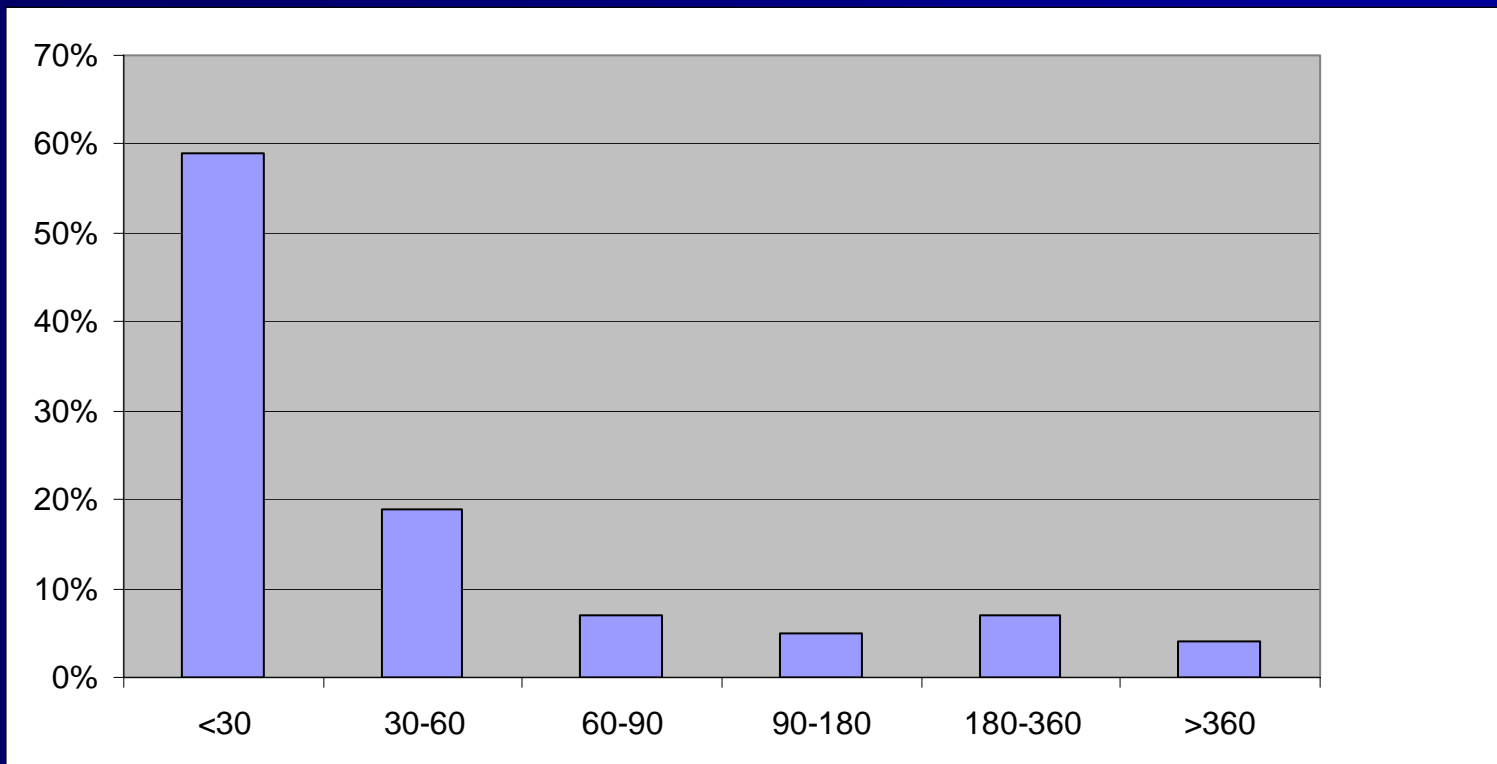
Hazardous agents implicated for occupational disease claims (Top 10)

AGENT	TOTAL
Asbestos	201 (54%)
Silica	55 (15%)
Dust (not otherwise classified)	34 (9%)
Noise	31 (8%)
Chemical	13 (3%)
Ergonomics	9 (2%)
Flour	8 (2%)
Latex	6 (2%)
Wood dust	2 (1%)
Coal dust	3 (1%)
Isocyanate	3 (1%)
	371 (100%)

Age of claims: Period from diagnosis to registration with PMAP

Quarter (N)	Median	IQR
1 (59)	55	19 - 77
2 (187)	37	13 - 58
3 (69)	24	8 - 49
4 (56)	19	8 - 68
TOTAL(354)	34	11 - 62

AGE ANALYSIS OF CLAIMS LOGGED WITH WCPMAP REGISTRATION TO RESOLUTION



CONCLUSIONS

The WCPMAP HIS can be used :

- To identify trends in the spectrum of occupational diseases submitted (e.g. ARD, NIHL and asthma)
- To flag high risk industries and hazardous exposures (e.g. asbestos, transport and heavy metal industries)
- To evaluate the efficiency of the service delivery by PMAP in the broader compensation system
- To describe the occupational disease burden of claimants

RECOMMENDATIONS

- Developing a provincial profile that truly reflects occupational disease burden
- Improving the quality of information submitted through education and training of stakeholders
- Electronic access to compensation system to allow for more efficient updating of information
- Complete decentralization of occupational disease administration (telephonic reporting)
- Roll out of PMAPs to other provinces
- Use of information to assess the efficiency of the compensation system as a whole

ACKNOWLEDGEMENTS

PMAP - W Cape staff

Panel members: Prof R Ehrlich, Dr S Manjra

Medical Officers of the Compensation Fund: Dr
Mmuso Ramantsi, Dr Desmond Sekudu