

Question & Answers
Saskatoon, May 15, 2007

JOHN SOLOMON

I remind you that you can ask any questions concerning the presentation today or future projections or the Annual Report, Stakeholders Report, and so on. You can ask questions about personal matters, but we can't answer them. If you have any claims issues, we do have staff here that you can consult or advise with respect to those matters.

QUESTION

John, first of all, let me congratulate you and your team on what appears to be an excellent year in 2006, great results, etc. I do have a few procedural questions I would like to ask, just to clarify some of the comments.

I'll just read them out to you. How does WCB ensure service providers are recommending the proper treatment rather than a treatment process that will generate the highest amount of fees for the service provider?

PETER FEDERKO

That is one of the challenges for us, from a case management perspective. In Saskatchewan, of course, as across Canada, because of the Canada Health Act, we all have choice of a care provider. We, as a compensation board, can't direct a worker to go to Physician A versus Physician B or Chiropractor A versus B. That is totally at the discretion of the injured worker. We are not either capable of determining when, medically, an injured worker is able to return to work. The legislation, back in 1994, was changed to actually remove the ability that our physicians had to influence the diagnosis or the outcome from a treatment perspective. However, what we have done to mitigate that are a few things. We have introduced something called, it used to be called the Early Intervention Program, which deals with early medical intervention, not rehabilitation, but medical intervention. Our objective was to provide

the required medical as early as possible, within the confines of the treating caregiver. But it is the primary caregiver who gets to determine what the diagnosis is and what the appropriate treatment ought to be. The way we monitor whether it's effective or not is by looking at the outcomes in terms of recovery. We have spent many, many, many hours with the caregiver community helping them to appreciate the importance of them accepting their role in the case management process, and that is to provide us with the diagnosis and the treatment and expected outcomes in terms of opportunity to return to work. We are insisting, to the extent that we can, that physicians provide us with return-to-work opportunities, with restrictions or opportunities for the worker, notwithstanding their injury, to go back to work. If, after let me say just six weeks, for the sake of argument, an injury is not progressing in terms of medical recovery the way we would have expected based on standard recovery tables for it to have occurred, we can request that the worker participate in a independent assessment. That assessment team, which is a multidisciplinary team, can look at the outcomes of the claim at that particular point in time and make recommendations back to the primary caregiver in terms of either a treatment change or return-to-work opportunities. We are provided with that. We have physicians on staff, as well, who, when, again, things don't seem to be progressing as quickly as they ought to from a standard recovery perspective, to liaise with and communicate with physicians, to ask them about return-to-work and recovery opportunities, and even ask them to justify, from a diagnostic perspective, why we are doing X versus Y. At the end of the day, if the primary caregiver says, "Thank you all very much," we are obliged to accept whatever that primary caregiver has ordered for that patient.

QUESTION

I just want to clarify that last statement you make. At no time WCB overrides the doctors, is what you're saying? If the doctor says, "This is what needs to be done," that's what gets done?

PETER FEDERKO

If there is only one opinion, then that's true. If we have conflicting opinions – and sometimes we have that – where, a worker may go see a couple of different specialists and we get conflicting medical reports, then at the end of the day our responsibility is to make the employment decision. We have to determine when we believe someone is ready to return to work. We will ask the advice of our physicians, our on-staff physicians, to assist us in determining, really, which of these medical opinions or a combination of those might be most practical. In some cases, where we get conflicting opinions, we have to make a decision and obviously that decision is going to be different than one of the decisions we received, and so we will have been seen to have overridden that physician's opinion. Really, we are just judging it on the basis of, again, the information we can get to confirm one diagnosis over another. But if there is one primary caregiver, we accept whatever diagnosis that caregiver gives us.

QUESTION

My next question then leads to all the great numbers that you showed with expenses going down, etc. My question would be: Does WCB management or employees receive additional compensation or bonuses for being under budget in regards to claims being paid out?

PETER FEDERKO

No. The budget numbers that we provide with respect to claims costs are simply a reflection of what we expect the results of our programs to be. If we expect better return-to-work programs to drop durations, if we expect injury rates to come down, then we will reflect that in compensation costs. But if we have budgeted 200 million dollars for comp costs and we hit that number by end of Third Quarter, we don't stop paying compensation claims. We continue to pay. But there is no incentive provided for any of the performance results in our organization, we have no incentive plan at all.

JOHN SOLOMON

Just to follow up on that. The Board, during the budget process, the members of the Board, we basically approve the administration budget and the capital budget. With respect to costs, that is to health costs and other insurance costs, we don't approve that, because we just pay whatever the costs are. Okay?

QUESTION

In that regard, John, once it's decided that a claim is going to be paid, whatever the amount is, is there an amount, like is Board entitled, then, or the WCB entitled, to write out the cheque, or is there certain limits, that if it's above this amount it's got to go somewhere else or?

JOHN SOLOMON

The benefits are outlined in legislation. All benefits that are due to the injured worker are paid.

QUESTION

So, regardless of the amount, if it's within the guidelines, it gets paid without having to be approved in Ottawa or something. Is that correct?

JOHN SOLOMON

That's correct. Well, we are actually a provincial governed board, under our provincial legislation, so we are totally in Saskatchewan, here.

QUESTION

We also have seen, on TV lately, the lotto scandal, where, you know, members of the lotto board appear to be paying themselves, etc. My question is, have you ever had a fraud situation at WCB Saskatchewan involving a supplier and an employee working together to commit any kind of fraud?

PETER FEDERKO

Not to my knowledge.

JOHN SOLOMON

Not my knowledge, either.

QUESTION

So, if that did happen, what action would WCB take, if a complaint was submitted that that was happening?

JOHN SOLOMON

I chair the Audit Committee. We have an Internal Audit Department. Any of these allegations, whether it's through a tip line or a letter or contacting somebody at the Board, these allegations are turned over to our Internal Audits Branch. We have investigators – I think two of them are trained former RCMP Officers – they investigate the allegation. If the allegation is proven to be accurate and true, then there is a process, it's usually turned over to the police, if it's something quite serious. But, certainly, the administration is informed of this and there's consequences for these actions.

QUESTION

As Chairman of the Board, is it you that – if somebody thought they had a complaint of that nature, is it you that the complaint should be sent to or?

JOHN SOLOMON

Not necessarily. We do have a tips line. It's a toll free number. We get, I believe, somewhere around 150 to 200 tips a year. Every inquiry is followed up and investigated and there are consequences for those issues related to, you know, abusing the system or fraud or other matters which are illegal and inappropriate.

QUESTION

Well, then, I guess I just have two more quick questions, gentlemen. The first one is, John, who do you report to?

JOHN SOLOMON

That's a good question. Our Board is a quasi-judicial appointment board. We have certain functions. I'm accountable to every, all the stakeholders, but I do report to the Minister of Labour, who has the authority through

Cabinet, because it's a Cabinet decision to appoint the Chair and the Board Members.

QUESTION

You don't actually report to somebody in a WCB National Association or something along that lines?

JOHN SOLOMON

No. No, no, no.

QUESTION

Okay. My last question, John, I guess, is addressed to you, and that is: Under what circumstances would an injured employee be allowed to present directly to the Board, if they have had complaints or concerns?

JOHN SOLOMON

I'm not sure what you mean. You mean in terms of an appeal? We have a process for appeals. Usually the case manager will take a decision. If the case manager's decision is not acceptable or satisfactory, it then goes to the Appeals Committee, and the Appeals Committee will make a decision on that. If it's still unsatisfactory, the final level of appeal, with respect to a workplace injury, goes to the Members of the Board. Usually most appeals are heard by my two colleagues on the Board. I participate in a small fraction of them. If that decision is unsatisfactory, we have a final level, which is based on a medical question. It would then be referred to a Medical Review Panel, which consists of three medical practitioners, the Chair chosen by the Board, and the two other practitioners chosen from lists by the injured worker.

QUESTION

I just want to clarify that point and then I'll sit down. The point is: If, after all the normal processes have been gone through, an injured worker can present to Members of the Board before it goes to a Medical Review Panel?

JOHN SOLOMON

That's correct.

QUESTION

I have three short questions. John, could you please expand on – I think you talked about it and I might have misunderstood – you talked about a new partnership with the CFIB and Sask Chamber of Commerce – what is that?

JOHN SOLOMON

It's not a new partnership. We are in the process of, and almost completed, a guide for employers with respect to the Workers' Compensation Board. The CFIB has raised this matter with us almost a year ago now, because the Alberta Board has such a manual and it was put together by the Alberta Board with the CFIB's participation. Where the Board accepted the recommendation from the CFIB, we also had the Chamber of Commerce have a look at it, because our stakeholders, or our formal stakeholders in the Workers' Compensation system are employers and their representatives and workers. As you recall, Workers' Comp was established as a result of a historic compromise. Workers gave up their right to sue for workplace injury and occupational disease in exchange for an employer-funded program. We quite often will work with the Saskatchewan Federation of Labour or the building trades who represent workers and the CFIB, the Chamber of Commerce, the Construction Association, the Mining Association, representing employers. It's a manual that's been put together and as a result of an encouragement from the CFIB.

QUESTION

On behalf of our industry, which is covered by the Saskatchewan Hotel and Hospitality Association, as well as the Sask Outfitters and Restaurant Industry, could we get a hold of that particular guide and have some input? The reason I say that – and I mean no disrespect to CFIB and the Sask Chamber of Commerce, but a lot of those folks that, who are members of those organizations, don't physically own a plant, don't own a

hotel and so on, and don't really know the day-to-day that an HR Manager, for example, would have to in this facility.

JOHN SOLOMON

Well, we can give you a copy of it, for sure. There's not a problem with that. With regard to – what it really outlines is “Here is how the Workers’ Compensation system works.” So it's really a document that we have put together. The CFIB has had some input in terms of looking at our draft, as has the Chamber. We haven't got their response back yet. But if you wish to have a look at it, I don't think it's a problem. Peter?

PETER FEDERKO

As John indicated earlier, we were hopeful to have this thing completed by today, so that we could actually share a copy of it. It's not a how-to guide in terms of what you do as an HR Manager within your organization, it's how do you interact with Workers' Comp, what do you have to do if you have a comp claim, what do you have to do register. It started out as what was called the Small Business Primer. A document designed to help small businesses, who don't interact with us very often, on how to interact with us. We dropped the “Small Business” thing, because when we began looking at it ourselves, we said, “This works just as well for large versus small employers.” I forget what we are calling now, but just a Guide to Business or something like that.

I think we are a little bit too far down the road to engage in more consultation. But it's all about WCB processes. The input that we have had from CFIB and Chamber is, “Is business going to be able to understand what you have put in here?”

QUESTION

I think I was probably assuming it was something different, because our members have all of that from our particular organization. One of the things that I'm not clear on, in some of the information that you presented this morning, it talks about medical aid costs increasing 5 million dollars in '06 over '05, and unless I am reading the Annual Report wrong, it shows

that medical costs and – because it takes old claims and dumps medical costs for the current year in, it shows a 20 million dollar increase year over year. Page 45 of the Annual Report, it shows 2006 health care costs and it shows current year injuries, medical costs, 48 million of prior year injuries, so I'm assuming those are medical costs that are continuing to accrue in '06, at 74 ½ million dollars, roughly. Which number is it? Or maybe I'm not understanding something in the Annual Report?

PETER FEDERKO

You couldn't have picked a more complicated page to look at if you would have tried. The page 45, that whole number 9, deals with the calculation of our benefit liability. The numbers that you have referenced, the 48 million and the 26.4 million dollars, if you – if I can indulge you to flip to page, wherever the Statement of Operations is – page number 34, you will see total claims costs, 241 million dollars? If you stay on that line, where that 74 million dollars is, you will see that the total is that same 241,112. Okay? What's included in that 241 is everything incurred, like paid in the year on current and prior year claims, plus the amount required to continue to fund the future claims and future costs on current claims. It will include an adjustment, year over year, for any additional costs. For example, Gail talked about a change in economic assumptions, where the actuary required us to go 2 ½ times, or 2 ½%, I'm sorry, above general inflation for medical, that costs an additional 14 million dollars. Part of that actuarial adjustment for the current year will be in that number. When we were talking about medical costs increasing, that's cash being paid year over year for all claims in the system, not necessarily what will be paid in the future for all claims in the system.

QUESTION

In the 2006 Annual Report, in the number that shows 74 million dollars, you are booking future medical costs, then?

PETER FEDERKO

Future medical costs for all claims that are in the system, both current and prior years.

QUESTION

How would you come to that number?

PETER FEDERKO

Our actuary gives it to us. An independent actuary comes in once a year, which is required by the Institute of Chartered Accountants, to get an audit report. We have to have our liability certified by an independent actuary. The actuary comes in, looks at our previous spending patterns, looks at our injury rates, looks at board policy, looks at inflation rates, and says: "For the claims that you own on December 31st, here is going to be the total costs required for short-term disability, long-term disability, medical, vocational rehabilitation, pension, annuity, independence allowance, etc., etc., etc." All of that adds up to that 900 million dollars that's sitting on our balance sheet. They give us the number.

QUESTION

Part of my build up to all this business about medical, in 1992, the Committee of Review made a recommendation that the WCB – and I'm paraphrasing – shouldn't manage or have the responsibility to manage anymore on medical costs or medical treatment. I think that that's a real, real mistake. When the legislation was put in, in '94, there was about 23, 26 million dollars in medical costs and now we are booking close to 74 million. I recognize there is a decade that's gone by. I have seen, working with our members – because we work with our members not only in implementing safety management systems that includes claims management – there are workers who are becoming injured because of too much treatment. I think – and medical costs are absolutely skyrocketing. I mean you have talked about that. Would the Board – and I know that the Committee of Review has already handed in their report to the Minister, and I don't recall seeing it – given that the legislators took

away – which shocks the heck out of me – authority to manage medical treatment – because there are some very bad care providers out there – they don't do a service to injured workers and they sure don't to a bottom line for a company – would the WCB lobby them, John, the Provincial Government, or the Minister responsible, and say, "Please change that and put that back," so that – I would suggest you have a fiduciary duty to manage treatment.

JOHN SOLOMON

We made a presentation to the Committee of Review. That was not on recommended list. But the legislators make those decisions. The Committee of Review Report has been given to the Minister recently, but it's not made public yet. My recollection is that that is not one of the recommendations. But we have not discussed this as a Board, so we have not taken a position on it.

PETER FEDERKO

Just if I could add to that. The change in '94 was not a result of the '92 Board lobbying to have that piece removed.

QUESTION

No, I know it wasn't the Board. It was the Committee.

PETER FEDERKO

Right. Well, but the Committee only takes what the stakeholders give them.

The Committee sits there, goes into public hearings and receives presentations from whoever cares to come and talk to them. From those submissions, the Committee prepares a set of recommendations. And one of their recommendations of the '92 Committee of Review was to have 107 removed from our Act. Since that time, I don't recall seeing a presentation from a stakeholder group to the Committee of Review who asked them to put it back.

QUESTION

Actually, the Hotel Association did in this Committee of Review.

PETER FEDERKO

To the extent that stakeholders had that section removed, I think it's going to be up to the stakeholder lobby, not up to the Board lobby. I mean I know stakeholders are always surprised by this, but we have less swing with the Government in terms of what's in our legislation than the stakeholders of the system. That's why they built the Committee of Review process in the legislation, was to let the stakeholders influence what was in the law. I think, if it was the desire of the majority of stakeholders, that presentation should be made to the Committee of Review and perhaps they would decide. But it – you know, really, it's not going to be because of lobby efforts, in my opinion, on behalf of the Board.

QUESTION

Except – and I mean with respect – the WCB are the organization that sees all the medical come in on a claim. I have seen and heard – because I mean we go in and talk to our members – the problems that they have with case management as well as medical monitoring or lack of medical monitoring, excessive treatment – and I repeat – where some workers are becoming more injured. That's not right. But, anyway, I don't think we will solve that problem this morning. The only other question is: Is there a high turnover rate with case managers? Because here is the complaint that we have when we go to meet our members. They get – maybe not comfortable isn't the right word, but they get to know a case manager, have a working relationship with them, when things are sort of working and perking along, all of a sudden it's like, they say it's like musical chairs. It's really hard to get a handle on dealing with one individual, because then someone brand new comes in and has to take over the file. And that causes problems for a lot of employers, not just our members.

That's my questions.

PETER FEDERKO

I'll ask Donna to confirm, but I don't think we have seen significant turnover, if you mean by people leaving the organization we haven't seen

significant turnover at the case management level. They do move around from job to job. People move and they are free to do so. We encourage them to, go work in HR or go work wherever. It's just an inevitability of a learning organization, I think. But I don't know, Donna?

DONNA KANE

I would add that our turnover rates, our voluntary turnover rates, have been relatively constant since we have started measuring them, well, at least the last five years, five, six years. They have been relatively constant. Internally, though, there is a lot of staff movement, as Peter had indicated. Or not a lot, but I mean there is opportunity there. People may bid on a promotion or a transfer to another area and we would never stop them from doing that. I think that, relatively speaking, this last year there was a little bit more, but nothing excessive. Saskatoon may have had a little bit more than Regina, too. I'm not sure where the comment is coming from.

PETER FEDERKO

We do normally have, maternity leaves and that kind of thing, which requires that we have temporary people assume those responsibilities, and that can account for some turnover, although I wouldn't define that as turnover. Graham?

GRAHAM TOPP

Just one additional comment. Because that is a legitimate customer service issue, as a client you don't want to be retraining new staff every time someone comes in, we get that. The way we are trying to manage that where there is turnovers, we are providing an increasing transition time, post – like if it's a temporary leave, such as a pregnancy, or if it's a move, we try and allow for, you know, four to six weeks, or something like that, if we can, so together they can become familiar with the files, meet some of the clients and then we will have the turnover, as opposed to just stop and start, "You're outta here, you're in. Learn the caseload." That is a

legitimate service issue that we are trying to address when we do encounter internal turnover. It's on our radar.

QUESTION

Would it be possible to let our members know that Joe, for example is going to be leaving so and so is going to be taking it over? Therefore, planning from our end is easier, but that they never get that and that's really frustrating.

GRAHAM TOPP

We can certainly look at how we give our clients a heads up that there is a change coming. We will look at that, for sure. Thanks.

QUESTION

Question for John. After the WCB has made their decision, if the claimant provides new evidence indicating that the evidence that they had based their decision on was fraudulent, is the WCB required to reopen the file and examine it?

JOHN SOLOMON

Fraudulent or just new information which would impact the decision of another appeal?

QUESTION

Fraudulent.

JOHN SOLOMON

Well, if you have proof of fraud, my advice is to provide it to our Internal Audit Manager and they would investigate it.

QUESTION

And what would they do?

JOHN SOLOMON

Well, if it's – any allegations of fraud are investigated thoroughly by our investigators, and any information they find to confirm it, there is a process they would follow.

QUESTION

If you report it to them and then you never hear from them for years, then you report it to them again and again and again and they never get back to you, what should you assume? That it was investigated?

JOHN SOLOMON

If they have never responded to you, I don't know what you would do next. But you might suggest that – first of all, we receive a report on a quarterly basis, all inquiries, allegations, and what the follow up has been and we do know the names and case files that are investigated that are found to be requiring further action. There aren't very many of them each year that result in any kind of charges or fraudulent consequences. We may get three or four or five a year out of the 100 or 200 that we get in terms of tips. But I'm not sure what you are saying. First of all, let me just ask you to clarify. If a decision of the Board is undertaken on an appeal and new information arrives subsequent to that decision, that's not fraud, that's just new information. You can request another review by Board members. I'm not sure what you are saying.

QUESTION

Well, if – okay, if a – you have to excuse me for having a hard time speaking, but that's part of the injuries. If a person is injured in treatment, should a new claim number be issued or would the person's claim number remain the same as to the employer that they once worked for?

JOHN SOLOMON

If you are receiving treatment as a result of a workplace injury that's been accepted by the Board, the treatment injury is covered.

QUESTION

When there is a treatment injury, is there a new claim number issued?

JOHN SOLOMON

I don't believe so.

PETER FEDERKO

Well, it depends. If the injury is an aggravation of the injury that's being treated, then I would say no. But if it's a brand new injury, then you may get a new claim number. I don't know, though. Keith, is that true? It's all the same claim number. So I stand corrected.

QUESTION

Oh, okay. When a fraud complaint is received from a claimant, where WCB staff are involved, does the Board always investigate, or do they ever just take the word of management and ignore the complainant?

PETER FEDERKO

Any allegation of fraud, either with respect to a supplier, a worker, or employer, or an employee, they are all investigated, by the Internal Audits Department. The Internal Audit Department is a function of governance. The Audit Committee, which is composed of board members, receives information with respect to finances, processes regarding finances, and security matters and fraud matters. That's the bailiwick of the Board and the Audit Committee. We do have an Audit Manager, we've got staff there, and they tend to do a very good job, from our perspective.

QUESTION

If the WCB should discover that they have been fraudulently advised and billed by a service provider, what action steps are taken, if any?

PETER FEDERKO

Well, if a supplier – as I indicated, if – regardless of who it is, if they are found to be fraudulently billing us or fraudulently taking benefits, there are consequences. The investigation is, if there is sufficient evidence, is then turned over to the administration, and the police as well, if there's significant – and I don't understand the processes on how it gets to the police, but these are professional investigators, they are trained by the RCMP, they are former RCMP Officers, and they do a pretty comprehensive job. But we have had an example of a supplier in the past

who was alleged to have over billed or doubled billed and actions were taken.

QUESTION

On the slideshow, there, the accuracy of claims entitlement decisions, okay, the accuracy of claims entitlement decisions, you have a target of 95%. So, does that mean that you have a target of 5% inaccurate? Who makes that decision as to which 5% they aren't going to be accurate on?

PETER FEDERKO

The 95% target is an overall achievement target. Because we are all human beings, we expect our staff from time to time to make errors, and so we have a tolerance that 5% of the time, on any given claim, we could be, our staff could have made the wrong adjudication decision. The 95% accuracy reflects – and based on an independent review – so, just in simple terms, if our Quality Assurance people randomly selected 100 files, we would expect them to agree with the decision on 95% of those files and that we could be, have made an initial decision that was not consistent with our policy or our legislation. That's what our accuracy is intended to do. But we don't pick, "We're going to be right on these 95 and wrong on those five." It's an overall achievement in terms of accuracy that we as an organization are trying to achieve.

QUESTION

Okay. But who picks the 95% accurate number? What is – how is the process – if you said 95% are right, who determines the 95% are right?

PETER FEDERKO

Well, as I said, we have an independent Quality Assurance Division, Team Support, which Donna talked about earlier. These people have nothing to do with the initial decision, they have nothing to do with the management of the claim, they are trainers and they are Quality Assurance people. So every month they just go into the system and randomly select a group of files, review those files, and then prepare a report indicating whether they agree or disagree that the decision taken on the file is consistent with the

policy in legislation. In terms of the 95%, we as an organization have simply set that as a target. We believe that if we can be right 95% of the time, that that's pretty good service.

QUESTION

You're saying that, internally, five percent of the time people look at a file and go, "Boy, we really blew this one" and they don't take any steps to correct that, they leave they five percent?

PETER FEDERKO

No, that's not what I'm saying at all. In actual fact, if you look at our Balanced Scorecard, our results were 99% accurate. We are simply saying that we will accept a tolerance, we will accept a five percent error rate. But if they are found to be wrong, we fix it. If there's a consistent problem, then that might cause us to change our training programs, because we will now see something within the system where the same error is being made over and over and over again. But, absolutely, if we find errors, we don't just say, "Well, those guys we don't have to fix." We actually fix them. It's just a measure of the degree of the quality of the work that we are doing, that's all it is.

QUESTION

I understand that current practice for the frontline caseworker is to use all the medical advice that they have got and they base their decision on that, which is fair. I do have a question, though. If you have other information from employees or coworkers of individuals – and I recognize that there is the fraudulent claim, but I was kind of thinking let's be proactive – is it possible, or would it ever be considered that coworkers of an injured person, that their word would be also valid, or their word would be listened to? Because I've had employees in the past come and say, "Hey, do you know what really happened to that guy?" And you never went looking for this information, you never did anything to that effect, but employees are coming to you and saying, "Hey, you guys got ripped off." Would a caseworker ever be allowed to look at that information? How do you get

that information to the caseworker, that they will incorporate it into their assessment?

PETER FEDERKO

There is no process between coworkers and the WCB. But what we are relying on, is that when the employer files their Report of Injury, they have actually investigated the claim. We are relying on that where the employer says, "Do you have reason to believe that this occurred in any other way other than as described by the worker?" and you have checked off "No," that there is no additional information. If coworkers suspected that the injury didn't occur at work, for example, then I would hope that as the supervisor who investigated the incident, that that co-worker, or those coworkers, would share that information with the supervisor and the employer in their Report of Injury would say, "Yeah, we think it's different, because Co-worker X, Y and Z have said" something. In which case, if that was the deciding factor, we would send an investigator out to interview those coworkers.

QUESTION

In this case that didn't happen, unfortunately. I guess that's something that we should take the other route, then. Okay, so they do – so I guess when a caseworker tells me they can't look at anything other than medical, if I talk to my employees who have brought this information to me and I say, "Okay, look, you need to" or "We'll put this information down," but then there is no response from the WCB, should we phone that caseworker again to say, "Hey, is there going to be any response or will someone come out and talk to these coworkers, so we can get" –

PETER FEDERKO

Absolutely, you should always follow up if you haven't heard back, yes.

QUESTION

Just a couple curious questions. You guys noted that our province's injury rate is second lowest. It's kind of embarrassing, I would really like to

improve that, as well. One of the questions is: Which province is the lowest?

PETER FEDERKO

Highest? Manitoba.

QUESTION

Manitoba. Okay. Our head office is in Alberta. Where do they rank?

PETER FEDERKO

Oh, Alberta's among the lowest. Do you recall, Gail? Didn't they just publish 2.14? No.

GRAHAM TOPP

2.3?

GAIL KRUGER

Yeah, 2.3, I think.

QUESTION

Wow. Okay. The other question is: What programs or resources does WCB have in place to help us as employers promote that WorkSafe atmosphere? Like I seen you guys show those slides, and they are good an everything, and I'll see them occasionally on TV and so forth, but I do agree that a lot of the mentality out there is, accidents are going to happen and there are always employees that are going to of course capitalize on that and say, "This was an accident" and abuse the system. How do we help to change that mentality? I'm going to go back to my workplace and give them some figures and try and promote it, but do you have employees that that's their job to go to workplace to workplace and try and promote safety?

PETER FEDERKO

Absolutely, we do. We have a whole Prevention Division. You can talk to Gail. She can give you our Executive Director's phone number. But we have representatives that will come out to the workplaces and talk about prevention or return-to-work. We have got account managers that can work directly with employers who are having some issues. And hopefully

you never get identified as an employer who needs their help the most, because then we'll come see you whether you want us or not. But, certainly, we have a division, albeit small, but we have a division that will come out and help you in whatever way we can.

JOHN SOLOMON

And there's no charge for the service. We are happy to do it for free.

QUESTION

I have a question about the \$1,000 fine for the employers Report of Injury. My question is: With our organization, we have over – well, we have 54 locations with our organization – an employee goes to the doctor, they fill out an Injury Report, we get it from the doctor's office for – that's the only time we have heard about it, no matter how hard we try to educate our employees, and then we get a report saying, "You're ten days past the date of injury." Not – I mean, when we get that, we get it in within five days from when we receive that report of the injury. But I'm just wondering, are people experiencing problems with that? Like every time we see that, we go, "Oh, man." You know, like we do everything to get that, to educate our employees to make sure they are telling us as soon as they are hurt, but, you know, maybe ten days after the injury they go to their doctor and their doctor fills out a Workers' Compensation form. That's how we get notified at our office. We start investigating and we get it five days within that date that we receive that report. I'm just wondering, how is that working right now?

JOHN SOLOMON

Well, that's – there's no penalty. It's five days after you have been informed.

QUESTION

When you get the report, it says five days from the injury date and so it says, "You are ten days past." Because I phoned on that, and it's always the date of the injury. They – like because the doctors don't know – I mean your organization doesn't know when it came to our office from the

doctor's office, I mean, so you are looking at – the only report that you are getting is you see the date of the injury. Do you stamp it with the doctor's date?

PETER FEDERKO

No. Actually, on the Employer Report of Injury, you report to us the date you were notified. Now, I don't know when you got the letter saying you were outside the ten days from date of injury. When we initially started doing this, two years ago, we weren't getting date of notification, or we weren't capturing date of notification as a data field for us, so we were using date of injury as a surrogate and then going through and looking at each of the files individually. But now we do capture date of notification. So you would only be notified now, that legislation says you have to report within five days from the date you were notified.

QUESTION

Okay, that's wonderful. That's what –

PETER FEDERKO

We actually give you ten days before we will send you one of those nasty letters saying –

QUESTION

You know what? And we haven't seen one for a while and I just wanted to know, because I knew that before you weren't imposing the fine, you know, those types of things, because it was the date of injury. I just wanted to know where that was at. Perfect. Thank you so much.

QUESTION

Good morning. First of all, I would like to thank you for giving us the opportunity to address the Board and clear up some misconceptions that I probably have. I think that, for the first time ever, I think I'm going to agree with WCB and yourselves as far when it comes to attitude as far as a fundamental shift or change that needs to happen. I think you stop short, though. I think that you addressed us as employers, and that's only really addressing one sort of shareholder and there's two more.

Notwithstanding, WCB is there for the workers, for us, for me, for Jim, who are legitimately injured at work. When we talk about a fundamental shift in attitude, I had an employee – and this is about a month ago and I followed up with it – that it used to be, when I was in school, that if you wanted to take the summer off, you went on the EI, the UIC Frisbee Team. Now it's called the WCB Frisbee Team. Because EI has now really battened down the hatches, it's increasingly difficult for people to get EI if it's not legitimate and now they are resorting to WCB. To me that's concerning and I thought maybe you should know. If you want validation of that, perhaps ask your own children, or people that are out there, what is the sentiment about what WCB is all about in that it's easily accessible. If we want to drive those claim costs down – and if we're the second highest rate in the country, I think that, really, perhaps, if we are looking at ourselves, we'll accept responsibility as employers, is what we need to do to drive those rates down, but, also, the WCB needs to really take a good and I mean an honest look at themselves and say, "Here's what we can do to do that." One of the things that I found really quite alarming was that where you are patting yourself on the back, one of your top performance results is that you have the lowest average number of calendar days from injury claim registration to first payment. That, to me, indicates that – we need people to be more prudent. I would applaud you if you said you had the longest average, if you were investigating in the proper place. I'm thinking that if more work was done – and I completely empathize on the HR part of this, because I mean I can – I sense the frustrations when I call WCB and talk of claims management, that HR is having the same difficulties as the hospitality industry is right now. How do you find the competent people, how do you retain them? And again, too, we've got other programs that are coming up in WCB that I would love to see – actually, the question really comes down to, "What is the HR's strategy on recruitment and retention, because that's really where the foundation of WCB's house should be built, is on concrete. If the claims that are being

presented are accurately accepted – now, when you talk about that accuracy rate, I'm with Jim. I would love to know where that sort of number, who assesses that you are actually 95% accurate on the claims that you accept? Because I don't think you are. I think the number is a lot lower than that, just given the claims that we have. Also, too, on the medical, if you want to drive those medical costs down, just one case that we had alone in the hospital, or in the hotel, was – we just picked one and we ran with it, and we got \$8,000 back in cost recovery. Because that claim should never even have got to secondary, let alone tertiary treatment. It was so obvious, it's painful. And it took us an extended amount of time, with letter writing and everything else, to something that was blatantly obvious. Now, this case wasn't mismanaged. And I think that's what I'm finding, is that the cases aren't mismanaged, they are completely unmanaged, that if a case is accepted, then it's really – the response that comes back to us is, "Well, if you don't like it, then appeal it." Well, that process is laborious. I think that if there was much more of a specific focus on where the rubber meets the road and finding out what the real sort of issues are, you're going to drive these rates down. I'm embarrassed that we're the second highest rate, but that's because every single case that comes across WCB's plate is accepted. I mean I don't know, every once in a while I see, you go to these types of forums and a lot of people talk about it, but they don't want to get up the mic and actually talk about the white, you know, that big elephant that's sitting in the room. Let's get our house in order first. So I guess what my question comes down is, I haven't had a chance to read this and I'm really interested about the recruitment and retention strategies for case managers. Because if we can get a good core foundation of those folks that are there for the long-term and are able to make, you know, educated decisions on which claims get – and when you talk about a 12-week training period, that's huge. And I mean we all know this. And it's only going to get worse. In Saskatchewan, we have people migrating from the

province and not coming in. So when it comes to across the board, employment strategies are key. So I would agree with that. I guess my question is, at the end of the besides the HR one, is, when you talk about customer service surveys that you have sent out and that you are in the 95% as far as satisfaction goes for the employers, how many people were surveyed and who did you survey? Because I'm here to tell you – and I don't want to burst any balloons – that it's nowhere near 95% satisfaction with WCB, in my experience, just from – in my own experience. I won't speak for anybody else.

JOHN SOLOMON

The 95%, if I might address that first, is in reference to how many people support the investment in the WorkSafe Saskatchewan program. The satisfaction levels are a lot lower than that, and I'll have Peter address that. Regarding the key statistical measures, which the AWCBC have agreed upon in Canada, we have duties and obligations to both stakeholders, the employers and the workers. So, when you look at those areas that we do well in, a lot of them are beneficial for employers, and this one here that you have referred to is beneficial for workers. And these payments are made on the basis of, you know, a pretty straightforward claim. If a worker says, "I have broken my arm" and the employer says, "Yes, he broke his arm at work," we just pay it, and we do it as quickly as possible. But we actually reject somewhere between six and eight percent of all claims that are made, somewhere in that range, six, seven percent, depending on the year, sometimes down to five. I'll ask Peter to respond to that in more detail.

PETER FEDERKO

I want to start where you started, and then I'll get to the customer satisfaction piece, because that's really the easiest one to answer. When we built our Strategic Plan for this organization, we really were focussed on delivering customer service, excellent customer service. When we surveyed our customers, which we consider to have two groups of

customers, which I know is debated sometimes too – but we believe, because of the historic compromise, we have injured worker customers and we have employer customers – when we surveyed them and asked them, “What would you be happy with in terms of just dealing with an excellent insurance company?” and they said, “If we were happy 95% of the time, we would consider that to be an excellent insurance company.” From a customer satisfaction perspective, we have set our target at 95%, but if you look at our Balanced Scorecard, and with what Graham shared with you this morning, on the worker side, we are only rating four out of five, which is 80%, and on the employer side, just over four out of five. Employers and workers are telling us that only 80% of the time they are satisfied. We independently, again, through like Sigma Analytics, Fast Consulting, Points North type companies, surveyed 800 workers and 400 employers every quarter, who have had experience with us, not general public, but who had experience. If you can believe anything that the Sigmas, Ipsos, or whoever, tell us, it’s the same people telling us this, does that mean we are 100% good all the time? Absolutely not. When we started building the system, in terms of trying to rank highly among our customer groups, one of the things workers said to us is, “If you were injured and couldn’t collect your paycheque, how long would you be prepared to wait without a paycheque?” “Well, I don’t know. Let’s ask the workers.” They said, “Well, we are paid on average every two weeks. You should set as your target 14 days. Try and get our cheque out in 14 days, because that’s when we would normally have been paid. If you are supposed to replace our earnings, you should try and get that quickly.” We said, “Okay, let’s set that target. We want the first payment to go out 14 days after date of injury,” which we haven’t been successful at achieving, but that’s our objective. There’s an easy way to do that, accept every claim and pay it right now, and you can achieve 14 days in no time at all. We said, “That’s not good enough. We need to know that the decisions are correct,” which is why Quality Assurance steps in. And Quality

Assurance, again, it's like if you hired some auditors to come in and say, "We want you to go inspect our hotel rooms and tell us how many of those rooms are clean according to this standard," they would come back to you and say, 85%," or 95 or whatever, of those rooms are clean according to the standard. We have our QA people come in, independently pick files, look at them and say, "95% of the time you are correct in your decision." None of these things can be taken in isolation. Perhaps your experience, Jim, as an employer, is we accept every claim that's ever placed on our table, and I know there would be a few others in here who, if they were as courageous as you, would stand up and tell us the same thing. When you were talking, I saw heads nodding. We understand that and you should tell us about that, because we owe you explanations about those. But if you look at our actual statistics, you know, interestingly enough, when workers stand up and talk, they say to us, "We can't get a claim accepted for hell or high water." But if you look at the actual statistics, if you look at our scorecard, in our Stakeholder Report on page 20, we actual publish our denial rate. As John indicated, our denial rate for the last five years on our decisions themselves – so this is the column that says "not work related" – in 2002, we denied just over five percent. In 2006, we actually denied over six percent. So we denied more claims. I can tell you – and if you don't believe me, I can go back through old Annual Reports and show you the statistics – but I can tell, for the 13 years that I have been involved with this organization, it's never fluctuated, as John indicated, between five and seven percent. The 4.05% injury rate that we are reporting to you today is the lowest that it has been in at least 15 years. If the injury rate were being impacted by the denial rate, you would expect to see some correlation. There is no correlation. The denial rate is flat as a pancake. We're not buying any more claims today than we were 15 years ago.

QUESTION

Which is exactly my point, which is exactly my point.

PETER FEDERKO

Notwithstanding that fact, the injury rate went from 4% to 4.95, not because we bought more claims, because more people got injured. The total volume of claims reported to us has increased from 35,000 to over 40,000, before we made any decision.

QUESTION

It's still keeping you denial statistics the same.

PETER FEDERKO

The total volume of claims reported is because someone said they had an injury, not because we asked them to have an injury, suggested that they should, or anything else. We have not accepted any more or less of them. If what you are suggesting is that we as compensation board ought to just randomly develop a policy that says, "That's it. Our injury rate's too high. Whether they are legitimate or not, we're only going to accept 90% of claims from now on,"

QUESTION

That's not what I'm suggesting.

PETER FEDERKO

No, but what you suggested is, our denial rate should change as claims go up. If a claim is legitimate, a claim is legitimate and we are going to pay. I'm telling you, we have not managed the injury rate by accepting or denying any more claims. I'm telling you that independent reviews of files have said 95% of the time our decisions are accurate. You are choosing to say to me, your experience is that we buy everything. I'm saying, if you, as an individual employer, have a problem with that, you should get in contact with Graham, who can set up a meeting and say, "Which of your claims are you suggesting we should not have accepted?" and work with you at least to provide explanation on why we accepted, on what basis we accepted, or correct something that we have done in error.

QUESTION

I think that's my point. It is that more often than not, we had other evidence that's out there on the claim, "We can't accept this" or "We aren't going to accept this" and based solely on medical evidence that is provided. And all as I'm suggesting is that there is a number of claims out there that are and that should have not been accepted. With a much higher than what you tell us about today. Internal investigators in the province that investigate fraud, and I understand that. But at the end of the day, we have got hard evidence, that can mitigate how much money is being paid out and whether it should be excepted at all. That's all I'm suggesting, is that we start to take a good, hard look at ourselves, as you said, and maybe it's we all step outside the box and say, "Hey, wait a minute. Maybe we are responsible for this." Because up to this point it's always been said it's the employer's responsibility for the injury rate. Whereas if we all take a good, hard look at what's going on here, and be honest, and say, "Okay, we think that we need to spend more time and energy on these issues" All I'm saying is, in the real world, when the rubber meets the road, it might not be as pretty a picture as your painting here today. And that's all I'm saying.

PETER FEDERKO

In any given workplace, absolutely, you're going to find exceptions. The only way we can learn about it, is if you come with specific examples and take us through those examples. I'm not saying go through the whole appeal process. I know you brought similar issues up with, at Compensation Institute, and you and Graham were going to try and get together and talk about situations within your workplace. You ought to follow up on that and arrange that meeting so that your specific issues can be dealt with. I'm just saying, from an overall system perspective, here is what we monitor, here is what we measure. We do not budget X number of claims or X number of dollars. Your point's valid. We are always internally gazing to ensure that our processes are not somehow

contributing to this. Are they perfect and flawless? Absolutely not. But that's what we are striving for. It's only through your feedback that we can continue to improve upon those.

QUESTION

Gentlemen, based on the discussion after asking my questions, I do have a couple more questions. My first question is, your Quality Assurance team that goes in and audits five percent or whatever, if there is a complaint, does the Quality Assurance team always audit the file that the complaint is about, or do they just audit five percent at random?

PETER FEDERKO

Randomly selected. If there are specific complaints, we look at those outside of the Quality Assurance process.

QUESTION

My second question is – and I'm a 30-year Royal Banker, so my question comes from the way the bank does things – when the bank goes in and audits loan files and looks at a loans officer's loans, they look at five percent as well, to make sure that the loans were done properly. However, when they look at the five percent, if there's a large number of errors, then they look at every loan file that loan officer has done. Do you do that as well, when you do your five percent? If a particular caseworker has a large number of errors, then do you go in and look at every file that caseworker has worked on?

PETER FEDERKO

I wouldn't say every, but we absolutely focus on that specific case manager, yes.

QUESTION

My last question comes in regards to the Worker's Advocate that John mentioned. So, can you explain the Worker Advocate how it works? If you guys are funding them, and they report to you, how do you make sure that they are not biased towards Workers' Compensation versus the employee?

JOHN SOLOMON

We, by legislation, are required to fund them. They operate under the authority and supervision of the Department of Labour. They don't report to us. We discuss with them issues related to their files. They bring files and appeals on behalf of injured workers to the Workers' Compensation Board. They either deal with the case manager or the Appeals Committee or they represent the worker at the final level of appeal. They know the Workers' Compensation legislation comprehensively, they know it well, and they know the process and the system. It's something that's been set up in every jurisdiction. We have an inquiry model as an appeal process. An inquiry model is an informal model as opposed to an adversarial or a litigious model with lawyers. If you recall, in courts, the judge or the jury will only look at facts that are allowed to be entered into evidence and only evidence presented at that time. At the inquiry, of course, you have lawyers representing your clients. The Worker's Advocate system is more informal in the sense that we, as adjudicators, whether it's at the final level or the Appeals Committee or the case manager, we will look at the file information plus the information they bring forward, either directly as an unrepresented worker or unrepresented employer or with somebody who has a Worker's Advocate or a lawyer. But we also have the ability, in the inquiry model, if we still can't make a decision on those two sources of evidence, i.e. testimony and file information, we have the capability to obtain additional information after the hearing. The Worker's Advocate's office, in summary, they report and are supervised by the Department. We just cut the cheque. But we do have the formal relationship in the sense that we want to make sure that if there is any process or policy questions that they have, or procedure issues, that we can address those. We meet on a regular basis. It used to be monthly, now it's almost quarterly, because there's fewer issues that are causing dysfunction between the two organizations.

QUESTION

Then, in summary, John, what you are saying is, there would never be a case where the Worker's Advocate was worried about disagreeing with WCB in fear of losing their job?

JOHN SOLOMON

Oh, no, no. They are an advocate and paid by – although we cut the cheque, the Department – the payroll and their performance evaluations and their direction and supervision all comes from the Department. Okay. And it's free of charge, too, to the worker.

QUESTION

I think it was a good report given today. I, personally, like the way some of the questions are being answered and the questions that are being asked. I think it's good debate that people need to hear. My concern is probably pretty general. I noticed one of the comments you made is that the attitude around safety and, there's great room for improvement there, one of the things we observed – like we were formerly the Industrial Wood and Allied Works of Canada, so we represent a lot of workers in the forest industry. But we are seeing, with the effects and the crises in this industry, our workers work in places where there's a lack of capital investment – and I'm not criticizing employers why capital is not invested, why it is and why isn't. There's a whole bunch of theories out there. But, anyway, we are seeing the results of that, and we are seeing a lot more stress in the workplace, a lack of job security, and people that – we are having to tell people, ourselves, to slow down, "because your life is worth more than something, whether or not that industry maintains their" – but I, personally, believe that the effects of what people are experiencing in some of the industry must have some impact in terms of statistics as well. I was wondering if you could give any comments in terms of whether there is a rise in stress in the workplace and those kinds of things, something general of what you feel from people, looking after claims and dealing with these issues?

PETER FEDERKO

You bet we are all under stress. Without it, it's likely we wouldn't get very much done. We have seen a little increase, I guess, in stress claims, but not a significant increase. In terms of the extent to which work gets automated or not can impact return-to-work opportunities, because there might be fewer jobs to return people to. In certain industries, that has been a problem. I mean you did mention forestry. I'm not sure what the future holds for that and I'm not sure the industry does. But I wouldn't say that there is an overwhelming increase. Generally, society seems to be under the gun.

QUESTION

First of all, for the fact that Saskatchewan, Nova Scotia, and now Alberta, is the only ones that have an Annual Meeting, I find that amazing. But it's nice to see you dodging all these bullets out there. When you say that we've got the best financial, yet the worst on the injury, that, to me, almost sounds like a bit of an oxymoron, that you can have the best financials, but yet the worst from an injury perspective. When I went through some of these financials, I couldn't see where it was market segmented into short-term costs and workers that are long-term workers. When you look at the customer satisfaction, or your employee satisfaction – not employee, but stakeholder satisfaction, you have got 80%. Then you look at, "Well, what is your real costs, where are your real costs coming from, that is costing you as an organization more and more dollars?" and I'm just wondering if you said, okay, short-term, \$10,000 is the average claim. What about those long-term workers? They are the ones that are costing your system a lot, and what are the processes in place for the long-term people? I heard from a number of people, earlier, where they were talking about, the service providers are costing us more money. An employee went in and it wasn't the employee's initial injury that was the cost to you as a WCB. What happened was it was the service providers, on the long-term basis, the process was not being recognized and worked through, and

they are the ones that are costing you more money. I would like to see where the short-term dollars, like short-term claims, \$10,000, “Here you go,” everything’s great, versus the long-term costs, what is the process behind that, and how can you prevent the service providers from gouging you? Because that’s what I’m hearing, instance after instance after instance, is everybody is saying the long-term service providers, the process is not being quality controlled. The doctors, the medical community, is not the ones that necessarily are getting the benefit from this. I could be totally out on this, but I’m hearing from your group here, and I think what you are asking for in having a meeting like this and coming out as only one or two of all the provinces to stand up in front of everybody here and look for solutions, I’m hearing you saying, “Okay, what can we do to work together to get a win-win?” Because if you broke down that long-term and you did a customer satisfaction on the long-term people, what percentage – you might not get the 80-20. You might get that only 20% of them are satisfied. You might find that money is going out the back door, because those service providers are causing more injury. That’s what I’m hearing, time after time here. Thank you.

PETER FEDERKO

The \$10,000 I quoted is the average cost of all claims. That combines short-term, long-term. I couldn’t tell you off the top of my head and maybe, and I don’t know if Graham can, of what the cost – and you would need to define it for me, but what the cost of a short-term claim is versus the cost of a long-term claim. But let me just give you some rough statistics that will be wrong and Graham can correct them. But if we get 15,000 time loss claims a year –those are the ones where people actually miss work – just a few hundred of those would turn into long-term claims, and they could be fairly expensive. I can’t tell you what the average cost of those claims is versus the cost of a short-term claim. A short-term claim would just be a few days. But the average cost of all claims is about \$10,000 per claim. You can look at Note 9 in our Annual Report and you can see what we

spend on long-term versus short-term, in total. We know that from a duration perspective Graham monitors, are we paying more days on long-term versus short-term claims on average, or which one's going down and so on and so forth. I'm not hearing that it's overwhelming abuse by the caregivers that are driving durations. I'm hearing that we need to monitor when treatment is being provided that is not required in order to facilitate a return-to-work. At the end of the day, that decision is really taken out of our hands. Because the primary will treat for as long as the primary says they have to treat. We have certain standards and terms of recoveries that we try and impose upon those caregivers, but in terms of the actual medical treatment itself, we simply can't control that. The win-win, again, is prevent the injury from happening in the first place. If it never gets reported to us, we don't have a chance to even accept it.

QUESTION

I remember being at a focus group at the U of R about two months after I started here, four years ago, and I remember people talking about claims and entitlement and all the rest of it, and I can tell you this: As a safety association, our focus and our mandate through our Board of Directors has been working with our members on safety management systems, which includes claims management. And the kinds of claims – and this goes even beyond medical, which is excessive, and I think the WCB needs to do a major, major evaluation of what's going on in medical. If the Minister isn't interested, or the Government, or whoever, isn't interested in fixing that significant problem, then Saskatchewan has a problem. When I hear that we are the second highest injury rate in Canada, it makes me crazy. I've been at Workers' Compensation business for 25 years, adjudicated and all the rest of it. But I'll tell you, we had a claims management session and a safety management system session for our general managers, and primarily in the hotels, a week or so ago, and when I said, "I want you to pretend you are adjudicators and here's the description of a claim," there is a huge difference, gentlemen, between

claim and accident, and I'm here to say I support Workers' Comp. I don't want it to go the way of the doo-doo bird. I think that there is significant problems and issues. "Here's the claim. I'm a housekeeper and this is a patron, and I'm walking beside Larry and I slip and now I want you to adjudicate the claim." Someone said, "Gee, was there a whiff of gas?" No. This person filed – and there are two, two identical claims in major hotels, and I could give you till, we could be here till 5:00 o'clock. The claim was accepted as a whiplash claim, 200 days time lost, \$30,000 a piece. Never mind lost productivity and all the rest of it, there was no accident. As a safety association, when we go in and we're looking at how we prevent and stop hazards and work with our members, there's no hazard. There's no hazard. There's a really big, significant problem, and I really hate when I hear that we are the second lousiest in the country, where there is claims and there are accidents. I would like to know the real number. It really makes me angry when I hear one of our members – and he's not the only one – who addresses these serious problems and it seems to me that, "Oh, well, we'll talk to you." There are problems, and you need to talk to a lot of employers.

PETER FEDERKO

Have those two claims you mentioned been brought to Case Management's attention?

QUESTION

You know what? They have Peter and they say, "Okay." So then appeal the situation where they appeal this stuff and it gets bumped out of the system and they go through the cost and effort, and at the same time they are not familiar with the system and they go through appeals and then it goes off to the Board, if they go that high. They get so frustrated, they just say, "Oh, to heck with it." We council our members not to do that, because we want our legitimately injured employees to be compensable. We do!

PETER FEDERKO

Graham, I think we need to have a meeting.

JOHN SOLOMON

Well, thank you very much, everyone. We appreciate your attendance and your questions. If you wish to pursue some of these matters, the staff is here to talk to you about them and you are always welcome to the next meeting. We will adjourn the meeting for the day. Thanks.