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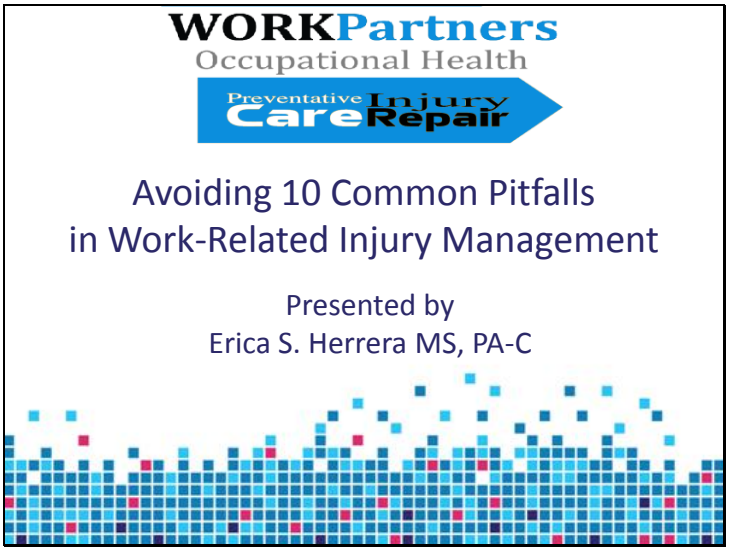
WORKPartners
Occupational Health
Preventative Injury Care Repair
Avoiding 10 Common Pitfalls
in Work-Related Injury Management
Presented by
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Slide 2

Statistics

- UC Davis study found: 250 billion dollars spent annually on workers compensation claims. That number is 30 billion more than what is spent on cancer care annually. The study showed that WC costs have increased 7.1% in 2012 alone.
- Unfortunately, it is the typical bump and bruise type of injury that continues to drive this cost up. There has been no increase in catastrophic injuries.
- There is an increase in disability rate – 14 x greater than the US population growth indicating that we are a nation of disabled people.

Slide 3

Overview

- Recognize 10 Pitfalls of Injury/Illness Management
- Identify Weaknesses in Your Injury Management System
- Recognize ‘Medicalization’ and Delayed Recovery Mindset
- Improve Outcomes
- Decrease Cost per Claim

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Slide 4

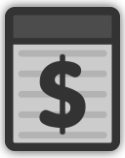
Pitfall #1: Not Understanding the Workers' Comp Industry

- Need to dive deep into insurance coverage and claims management fundamentals
- Manage insurers and benefits administrators as you would any other aspect of your business

Slide 5

Avoiding Pitfall #1

- Study workers' compensation compensability rules
- Understand costs, e.g., wage replacement, medical, legal, personal surveillance, reserve levels
- Has injury "arisen out of and during the course of employment" or from another cause?



Be aware of the Colorado State rules and regulations.
Set expectations for your claims management team – understand costs, reserves, etc.
Knowing WC terminology – MMI, IME, Fit for Duty, ADA, TTD or temporary total disability, permanent partial disability, impairment rating, level II provider, aggravation vs exacerbation of pre-existing, etc.
Understanding recordable injuries vs. non-recordable injuries.

Slide 6

Avoiding Pitfall #1

- Understand leave & work accommodation laws (FMLA, ADA)
- Know the available resources to help manage the claim (case managers, claims adjusters, treating provider)
- Investigate all claims; some may not be work-related

Investigate- work with insurer. For example if there is concern that the injury may not be work related, requesting that the insurer investigate by pulling primary care records can help determine work-relatedness. Give example – neck injury.

Slide 7

Pitfall #2: Operational Silos

- Lack of integration can derail well-intended benefits
- Workers' Compensation team should collaborate and use standard metrics to compare internal/external best practices, processes and procedures

Risk management, Health and Safety, Human Resources, Benefits – Complimentary functions- Align to be on the same page.

Slide 8

Avoiding Pitfall #2

- What do you want to measure?
  - Most common injury
  - What department presents with the most injuries
  - Days to MMI with certain injuries etc
- Incorporate company culture in metrics, e.g. facility variability, workforce demographics, HR policies
- Develop a system that is consistent and precise at calculating standard metrics.
- Create categories to identify at-risk and high-cost areas

Examples of common measured metrics amongst companies:
Injuries by job description
Tracking ex-mod
Days away cases – lost time injuries
Date of injury vs date of reporting
How many open claim
Total recordable injuries or non-recordable
Litigation rates
Indemnity cost vs medical costs

Slide 9

Avoiding Pitfall #2

- Track activities related to each incident, e.g., recordability, medical treatment, diagnostics, PT, surgery, prescription medications
- Calculate related costs per injury (insurer and/or treating provider clinic can be a resource)

Slide 10

Pitfall #3: Not Using Qualified Occupational Health Providers

- Routine treatment in ER, urgent care clinic or by family practitioner diminishes likelihood of positive outcomes
  – Why?
- May compromise workers' critical connection to workplace
- Lack understanding of the workplace environment
- Over-utilization of specialists and abundance of referrals

Providers with a strong musculoskeletal background (sports medicine). Why?

Less referral to ortho

Less unessasary diagnostics – MRI, CT scans

Providers with a good working relationship with ortho or other specialists. Phone call vs consultation. Knowing their protocols for labral tear, ACL tears, partial rotator cuff tears (conservative care first) if that fails, then surgical consultation.

Slide 11

Avoiding Pitfall #3

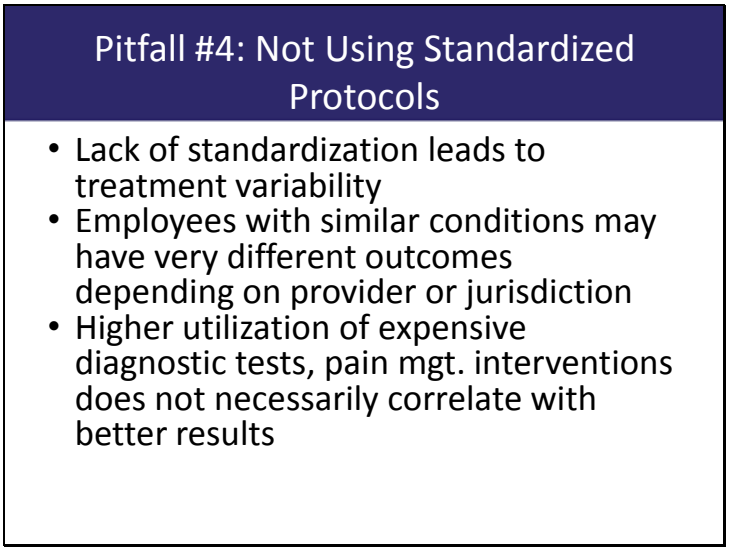
- Employees' trust increases when employers develop relationships with qualified providers
- Make it easy for employees to choose qualified provider
- Providers should focus on RTW, function, and recovery (function vs. impairment)

Trust develops between potential injured employees and the provider when they are seen taking tours of the work facility learning the work environment. For example taking a tour of a local manufacturing company to better understand how injuries are occurring or to help with recommendation on how to prevent injury.

A good Occ Health clinic should have a strong team of specialists including orthopedics, ophthalmologists, pain management, psychologists, and neurologists. These are the most common specialists utilized in the management of workers' injuries.
Primary treating providers (WC provider) must maintain the gate-keeper role after referring out to a specialist.

Treat only the work related injury!!!

Slide 12



Back pain and ordering an MRI – Keep in mind that > 60% of MRI's will come back with some sort of abnormality usually chronic in nature. As a general rule, an MRI of the back will not likely change the treatment recommendation. Treatment for back pain despite the reason for the pain is generally the same across the board including: ACTIVE THERAPIES (exercise therapy/PT), anti-inflammatories, smoking cessation, and weight management/loss.

Slide 13

Avoiding Pitfall #4

- Use providers who adhere to evidence-based guidelines and can explain outliers (Refer to ACOEM, MDGuidelines, Colorado Division of Workers' Compensation Guidelines)
- Offer reassurance – in most cases RTW is safe & therapeutic
- Providers should apply bio-psychosocial medical injury treatment model (will detail more later)

Always offer reassurance!! Always start with the most conservative treatment measures for a given diagnosis.
Starting with over the counter analgesics/anti-inflammatories vs. prescription medications including narcotics.
Bed rest is contraindicated in back pain!!!

Slide 14

Pitfall #5: Unsupportive Company Culture, Unhealthy Workers

- Sincerely caring about employees' well-being impacts their behavior
- Leadership commitment to health and safety culture linked to increased productivity, positive brand & image, and decreased medical and legal expenditures
- Chronic conditions demand our attention

A particular study looked at factors leading to an employee reporting a work related injury. It revealed that job task dissatisfaction is highly correlated with reporting of a work related injury. Other factors were depression, and not liking their direct supervisors.

Slide 15

Avoiding Pitfall #5

- Encourage early reporting of injuries and near-misses; investigate
- Identify determinants of “accident-proneness”
- Consider impact of job tasks, environment on worker health
- Be open to accommodating workers with temporary restrictions and disabilities

Repeat offenders “accident proneness” – Identify risk factors eg. Sleep disorders, chronic medical conditions, lack of physical fitness and obesity. Can always recommend a Fit for Duty!!! Another study found a direct correlation between an employee’s BMI with work related injury. Another reason why company wellness programs focused on healthy weight and reduced BMI can help further reduce workplace injury.

Slide 16

Pitfall #6: Not Recognizing Medicalization & Delayed Recovery

- Delayed recovery/disability can be anticipated and prevented
- Challenges arise when non-medical, psycho-social issues are defined as medical problems

What is delayed recovery? Disability that is out of proportion to the degree of impairment and an unusually prolonged recovery.
PE- There are certain exam tests that can be used to recognize this – Waddells.
What is medicalization? A concept of psycosocial aspects of work/life manifesting in physical complaints. Example: a child who develops a stomach ache prior to going to school because he/she has a test that day that they are not prepared for.
Stress and anxiety in the workplace is a very common reason for medicalization and if not addressed can contribute to delayed recovery.

COMT-Simply put, COMT is a unique system that integrates a patient's psychosocial factors with neuromusculoskeletal functional measuring tools. This computerized wholistic approach creates effective communication amongst providers, payors/employers and most importantly "the patient".

How does it work?

COMT combines psychological and physical functional perceptions and produces an objective model for the clinician to utilize in developing an effective treatment regimen. As the patient progresses through his/her recovery from an injury or disease process, COMT's functional data is both quantitatively and qualitatively recorded providing the caregiver and the patient feedback regarding improvement. Reviewing the outcomes data with the patient is now analogous with other common medical discussions regarding "management of expectations" equivalent to how it's used with hypertension and diabetes patients.

How can COMT help you?

It’s one thing to select a patient for a procedure, it’s another thing to have the most effective discussion on how a patient is progressing and have it based on comprehensive data that predicts patient outcome based on actual objective measurements.

Slide 17

Avoiding Pitfall #6

- Encourage employer's and providers to address warning signs such as depression, poor performance, frequent absence
- Support collaborative, cross-disciplinary approach to care – i.e. mental health professionals
- Tap HR expertise
- Provide on-the-job recovery and transitional work programs

Helpful if the employer (safety professional or HR rep) can recognize some of these risk factors and communicate with the provider so together as a team they can decrease the likelihood of delayed recovery.
Providers should treat using the psychosocial/biomedical model vs the biomedical model alone.

Slide 18

Pitfall #7: Allowing Unrealistic Expectations, Abuse or Fraud to Dictate Results

- Fraud/abuse can occur among all parties in workers' compensation system
- Workers with unrealistic expectations about recovery, compensation and leave benefits are major cost drivers

Slide 19

Avoiding Pitfall #7

- Explain workers' legal rights
- Monitor provider activities, patient outcomes and red flags for fraud/abuse
- When warranted, seek second opinions (to render opinion on medical causation)
- Carefully manage FMLA and ADA requests
- Consult experts on chronic conditions and fitness-for-duty issues

Occurs most commonly when a patient makes a false statement in order to obtain benefit.
Secondary gains?
Combat by being upfront and transparent and explaining what their legal rights are and their workers compensation benefits.
Providers welcome any feedback on the employer's end on red flags that they may identify.
Symptom magnification of complaints = red flag for secondary gains. Again, physical exam and Wadell's signs can be helpful.

Slide 20

Pitfall #8: Not Planning for Return to Work

- Safe work promotes recovery
- Injured employees who receive reassurance from a trusted source often elect self-care and quickly return to work
- Providers recommend restrictions; employers find meaningful work

Slide 21

Avoiding Pitfall #8

- Consistently apply a RTW policy; educate employees about meaning and purpose
- Analyze job tasks; give providers written descriptions of essential functions and physical requirements
- RTW plan should be finite; permanent restrictions are disability accommodation

Having a designated RTW coordinator
Providing a job description
Rule 6 helpful
RTW transitional positions for 90 days, thereafter it is likely a permanent disability and permanent accommodation (within reason) may need to be addressed (ADA).

Pitfall #9: Ineffective Use of Case Management

- Case management critical link in continuum of recovery
- “Air traffic controllers” monitoring treatment & progress
- Prevent lost work time and spiral into disability

Slide 23

Avoiding Pitfall #9

- Recognize warning signs for delayed recovery
- Act during “Golden Hour” following report of injury or illness
- Focus on function and work ability
- Facilitate cross-disciplinary consultation

Helpful if a safety representative or company rep is present in the exam room. Not only shows support on the companies end, but also ensures that communication does not get skewed.

Slide 24

Pitfall #10: Absence of Innovation

- Requires being receptive to new ways of thinking
- What do short- and long-term solutions mean to you and your organization?

Slide 25

Avoiding Pitfall #10

- Approach work injury management as holistic process
- Encourage employee input and provide education
- Consider behavioral health component
- Offer wellness programs; focus on at-risk populations

Being open to recognizing/treating psychosocial overlay.
Initiate wellness programs in the workplace. Your designated Occ Health Provider can provide health fairs, lift mechanic and ergonomic classes, instruction on how to avoid cummulative trauma etc.

What should you expect from an Occupational Health Provider?

- A successful treatment philosophy that has improved patient outcomes and decreased disability rates and claim costs – S.P. I.C.E.
  - Military model used for battlefield injuries
  - Evolved after the 1st World War

Slide 27

S.P.I.C.E.

- **Simplicity** – when treated in a complicated fashion, simple, benign conditions become complicated
- **Proximity** –keep the worker associated with the workplace by building morale and support of employees
- **Immediacy** – the need to deal with minor complaints in a timely manner
- **Centrality** – all parties involved with workers share a common philosophy and goal of returning the individual back to employment as quickly as possible
- **Expectancy** –individuals often fulfill expectations placed on them

Slide 28

Early Intervention Philosophy

“Setting early return-to-work expectations can positively affect physical and psychological healing.”

Slide 29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Questions and Discussion

Reference Page

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- Pinnacol Assurance

http://www.rtwknowledge.org/index.php

http://www.rtwmatters.org/