

Effective Occupational Health Case Management: What Works



Presented by:

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Objectives

- Define the goals of case management
- Identify red flags of delayed recovery
- Describe the services expectations of a quality healthcare provider
- Implement strategies for effective case management



Workers' Compensation

Most important consideration is to determine if a symptom, illness or injury is due to work

■ Rationale:

- To prevent recurrences/ similar injury in others
- To lead to immediate preventive assessment or protection efforts
- To define compensability



Workers' Compensation Statutes

■ **State specific/Federally Regulated**

- **Having difference legal standards for work relatedness**
- **Be familiar with statutory and case law definitions**

■ **Legal distinctions**

- **Do not alter the science involved in establishing an association of lack-thereof between health and work**



Course and Scope of Employment

- Causal connection between injury and employment
- Some risk incidental to or connected with employment
- Flow from the employment as natural result
- Occur within period of employment and when employee is where they are supposed to be
- Major contributing cause

Course of Employment

- Time, place and circumstance under which a work-related injury occurs
 - Doing what they are supposed to be doing
 - At the time and place they are suppose to be doing it



Arising Out of Employment

Differs by state/federal statute



Examples:

- Work as source of the causal accident
 - Contribute an increased risk
 - Mere causal relationship
 - Major contributing cause

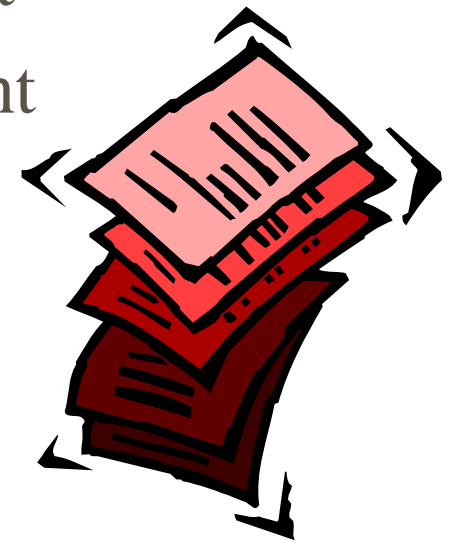
WC System Problems

- Perceived as remedy for social problems
 - Lack of personal healthcare benefits
 - Provides better benefit
- Litigation
 - Prove eligibility
 - Entitlement
 - Injury causation
 - Disgruntled/distrust



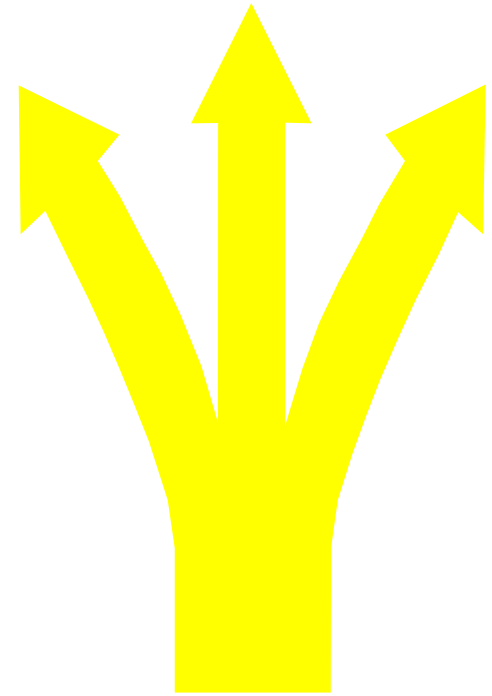
Workers' Compensation

- Employer notification of injury/illness
- Written incident/accident report
 - employee's written statement
 - supervisor's written statement
 - witness' written statement
- Incident investigation
 - corrective action



Workers' Compensation Mission

- If severe - settle early
- If not comp - deny early
- If comp - provide quality appropriate care, modified duty and case manage



Other Disabilities

- short-term disability
- long-term disability
- total permanent disability





Financial Impact of Disability

- Direct claim cost
- Effect of insurance ratings/costs
- Effect on healthcare benefit costs
- Employee replacement
- Effect on productivity
- Effect on morale
- Effect on customers



Case Management

- A collaborative process which assesses, plans, implements, coordinates, monitors and evaluates options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes

OEM Occupational Health and Safety Manual



Claim Management



Care Management

Case Management

Case Manager's Perspective



Case Management



Goals of Case Management

- Assist employees in achieving the highest level of health and facilitate return to work
- To prevent disability
 - Both occupational and non-occupational
 - Maintain contact with employee
 - Review response to treatment
 - Coordinate information
 - Facilitate modified work

Case Management

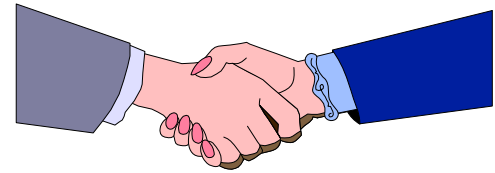
- Responsibility
 - authorize appropriate medical care
 - provide verbal/written guidelines to employee
 - medical care
 - return to work
 - second opinion
 - grievance
 - Provide structured medical follow-up
 - Monitor medical outcomes



Case Management

■ Team Leader

- case manage until MMI
- liaison with TPA/insurer
- communicate with medical providers
- communicate restrictions to supervisor
- arrange for job modification
- document all interventions





Communication Contacts

- Healthcare Provider
- Payer
 - Claims Adjuster, Claim Manager
- Ill-injured Employee/Worker
- Employer
 - HR, OHN, Safety, Supervisor, Crew Chief, Manager, Team Leader



Medical Information

- Obtain medical findings
 - clinical objective data to include history of injury
- Verify diagnosis or medical impression



Medical Information

- Obtain diagnostic testing recommendations, studies as requested, within requested time frames
- Assure appropriate pharmaceutical interventions for injured employee
- Assure compliance with follow-up medical visits
- Share medical information between providers



Monitor Duty Status

- If work-related
 - Do not take employee off work
- Provision of light duty
 - Consider the functions of the job
 - Eliminate aggravating functions

Monitor Duty Status

- Communicate restrictions to supervisor
- Follow-up next day and weekly to assure compliance





Red Flags

- Lost work days
- Concerning diagnosis
- Potential long recovery phase
- Injured - ill worker “doctor shopping”



Red Flags

- Injured - ill worker deficits
 - (communication, financial, education)
- Injured - ill worker noncompliant
- Suspected fraud



The Atmospheres of Distrust

- Between the injured worker and the employer
- Between the injured worker and the adjuster/case manager
- Between the injured worker and the medical provider
- Between the medical provider and the employer/adjuster/case manager



Effective Disability Management

- Supportive workplace climate and policies
- Communication and cooperation among the worker, the healthcare professional, union or worker representative and the workplace
- The offer of modified work (preferably of the original job)
- Educational programs for management and supervisors
- On-going evaluation of the program

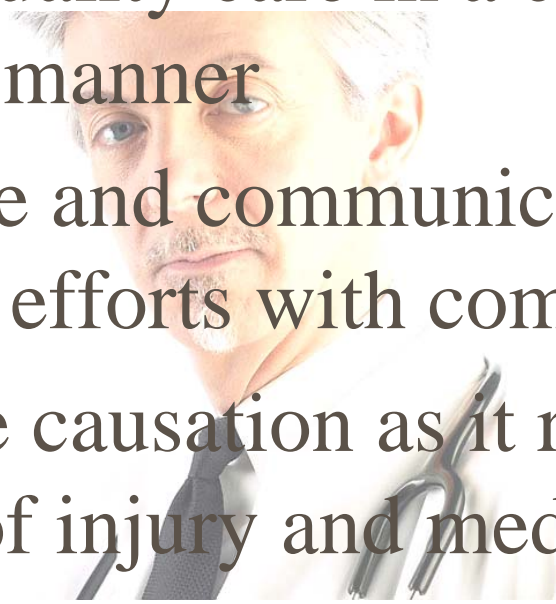
Medical Perspective



Care Management



Role of Medical Provider

- To provide quality care in a cost effective and efficient manner
 - To coordinate and communicate medical management efforts with company officials
 - To determine causation as it relates to the mechanism of injury and medical findings
- 



Importance of Assessment of Causation

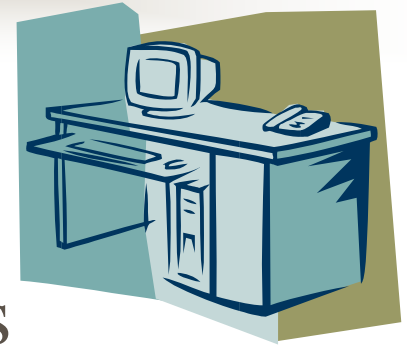
- May affect:
 - Payment for lost time
 - Medical care
 - Rehabilitation
 - Permanent loss of earning capacity



Definitions Related to Causation

- Determination of causation is straightforward
- Careful analysis
- Weigh all causal or associated factors
- Healthcare provider should use clearly defined terminology to describe findings
- Use of medical logic
 - Preventive and curative efforts
 - Financial and legal implications

Causation



- Determine whether workplace is
 - The only cause
 - Among other contributing causes
 - One of several possible causes

Any of which could independently
cause the disorder



Sole, Direct Cause

- Trauma and effect are clearly visible
- Clear, direct relationship between illness/injury and the source of energy
 - Kinetic (moving or falling object)
 - Potential (fall)
 - Chemical energy (chemical burn/exposure)
 - Electromagnetic (electric shock, radiation)



Combination of Factors

Some of which are work related

- Examples:
 - Hearing loss
 - Repetitive stress / cumulative trauma
 - Contributing personal factors
 - Body build (tall, overweight, out of shape)
 - Existing medical conditions



“Web of Causation”



Competing Causation

- When either a workforce factor or personal factor could independently be responsible for the adverse health effect
 - Pregnancy
 - Thyroid
 - Diabetes
 - Arthritis
 - Connective tissue disorders



Clinical Causation

- Causal association and seriousness of health effect
 - Commensurate with a reasonable degree of certainty
 - Based on available information between exposure and effect

Causation Certainty

- Should lead to preventive measures
- Should be weighed against cost/benefit
 - Examples
 - Ergonomic evaluations
 - Avoidance of aggravating factors
 - Removal from job



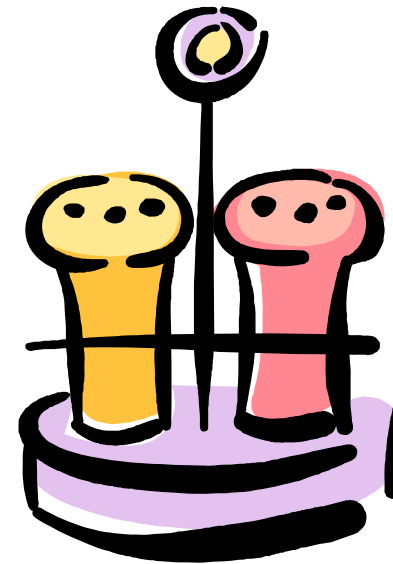
Address Functional Limitations

- Be familiar with the work environment
- Avoid off-work status
- Assign limitations only
- Progress to regular duty



SPICE Model

- S = Simplicity
- P = Proximity
- I = Immediacy
- C = Centrality
- E = Expectancy





Simplicity

- When simply benign conditions are treated in a complicated fashion.....
 - They become complicated
 - Overemphasizing the potential seriousness of a patient's symptoms can lead to the employees' overreacting to their discomfort and subsequently negatively affecting their recovery.



Proximity

- Involves the need to keep the injured worker emotionally and geographically tied to the workforce
 - Includes all components that improve the work environment, including physical, mental, and social elements.



Immediacy

- Reflects the need to deal with industrial injuries in a timely manner to avoid establishing “disabled” behavior
 - Delays in treatment significantly increase psychosocial issues and promotes delayed recovery



Immediacy

- If a disability exists:
 - Teach the patient to adapt to the disability
 - Increase functioning to maximal level
 - Focus on “ability” not on “disability
 - Bring case to closure



Centrality

- All providers involved with the injured worker must share a common vision and common goals for successful return to work
 - medical services are sometimes fragmented and organized around medical specialties
 - often, no one has ultimate responsibility for directing treatment.



Centrality

- **The value of the Primary Treating Provider**
 - provides the link into or establishes a network of providers willing to utilize established protocols, provide immediate communication, and establish uniform expectations in approaching the full spectrum of the injured worker's needs



Expectancy

- Reflects the concept that injured workers often fulfill the clinical and labeling expectations placed upon them
 - Often times, the case manager “takes on” the character displayed by the patient
 - Instead must maintain an objective view of the case with a vision of case closure



Expectancy

- Establish treatment goals and timelines with all providers, the employer and the patient
 - Move toward maximum medical improvement
 - Encourage self-responsibility and motivation on the part of the patient



Consider with all Injuries

- The mechanism of injury
- Do the symptoms fit the injury?
- Question pre-existing injury
- Appropriateness of medical interventions



The Ultimate Goal of the Medical Provider

MMMI



Maximum Medical Improvement

- Exists when the underlying condition causing the disability has become stable and plateaued, and nothing further in the way of medical treatment can reasonably be anticipated to result in measurable change in the patient's comfort, function or impairment



Functional Medical Evaluation

- Combines the concepts of FCE with IME
- Performed by Board Certified physician and evaluator
 - Record review
 - Medical examination
 - Functional testing
- Addresses causality
- Addresses apportionment



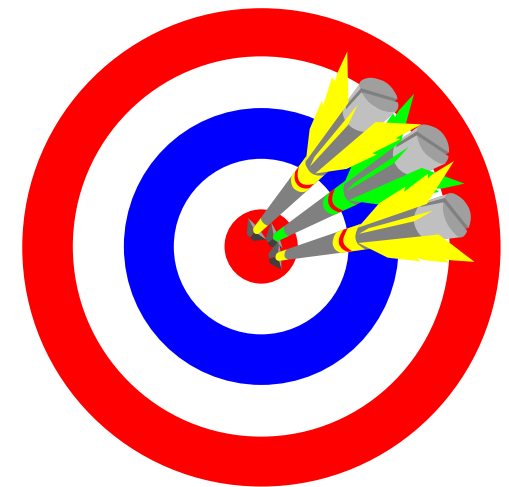
Philosophical Considerations



Care Management

■ GOALS

- 1) Quality medical care
- 2) Productivity
- 3) Patient satisfaction
- 4) Control costs



Insurer Perspective



Claim Management





Red Flags

- Medical Director notification of ‘red flags’
 - Targeted intervention for continuous quality improvement

 - Blood Borne Pathogen Exposures
 - Impairment ratings >10%
 - ESIs, facet injections, stimulators
 - Surgeries not in managed care guidelines
 - Surveillance

Metastasis of Wound

- Adjusters and nurses are key to managing
 - Referral to specialist
 - Second opinion
 - Functional ability
 - Case closure



Legal Requests

- Why do they get an attorney?
 - Benefits
 - Rights
 - Dissatisfaction
 - Black Box Phenomena



Effect of Litigation on Claim Management

- Increased cost
- Often not at claimant's request
- Often not in claimant's best interest
- Doc shop till you drop





Concerns Regarding Provider

- As identified by adjuster, nurses, bill payers
 - Medical director review
 - Referral to network
 - Sent to credentialing committee
 - Removal from network

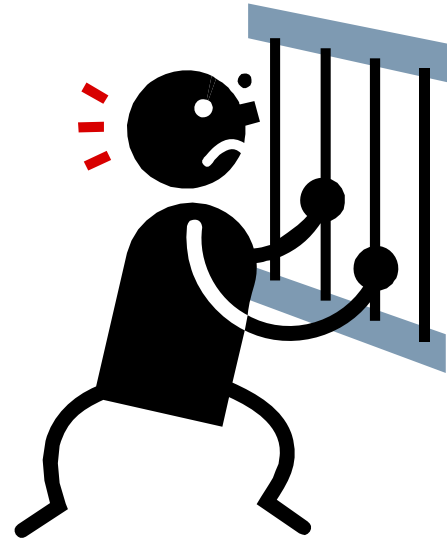
Use of Guidelines

- Provider abides by expected and established standards of care
- Violations lead to external peer review
- Removal from network



Fraud and Consequences

- Employee
- Employer
- Medical provider
- Insurer



In Summary





Summary Statistics

- Work-related disability increasing 14 times the rate of population
- 85% of costs are incurred by 10% of cases
- “Delayed recovery” points to ineffective management of case, thus promoting disability



Summary Points

- Three elements affecting a person's ability to tolerate physical discomfort:
 - Biological stimulus
 - Psychological distress
 - Social stress



Summary of Red Flags

- Inconsistency of medical findings
- Non-compliance
- Patient behavior that promotes disability
- Patient with needs
- Employment issues
- Rumors about case amongst other workers
- Attorney involvement



The Bottom Line

- Consistency of policies and practices
- Claims management
 - supportive insurer/TPA
- Care management
 - quality medical providers
- Case management



Role of the Case Manager

To assure that the patient receives:

- A clear explanation of the most likely pain mechanisms associated with injury
- Reassurance that serious disease is likely absent, and
- Provide reassuring information about a favorable prognosis



Thank You



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Case Management

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Web Resources

www.aaohn.org
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www.ohsonline