

# Hidden Gem of Workers' Comp



**Partnering with Occupational Medicine Clinics  
Leads to Superior Outcomes**

Written by Peter Rousmaniere

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This WorkCompCentral Special Report looks closely at a vital but poorly understood link in caring for injured workers: how claims payers partner with occupational medicine clinics. The Report draws from extensive interviews with claims payers, employers, occupational medicine physicians, and clinic administrators. In addition, we conducted an online survey of 41 carefully selected seasoned workers' compensation experts ("What the Pros Say"). Any claims payer can implement all recommendations in this report in any state and for any employer. WorkCompCentral shares this Report as part of our commitment to the national workers' compensation community.

## About the Author

Peter Rousmaniere is a journalist who has specialized in workers' compensation issues for several decades. He is the author of several WorkCompCentral special reports, including "Meet Tim: The Uncompensated Worker," published in January 2016, "Seismic Shifts," a report on the future of workers' compensation released in February 2015 and "We're Beating Back Opioids—Now What?" in June 2015. He lives in Woodstock, Vermont. [pfr@rousmaniere.com](mailto:pfr@rousmaniere.com)



# Occupational Medicine Clinics: The Partner Claims Payers Can't Afford to Ignore

If you are an employer or workers' compensation claims payer, you may be overlooking, or underusing, the most important vendor available to you for better outcomes. We are referring to the occupational medicine clinic—the occ med clinic, the best resource in medicine to initially treat most of the 3 million private sector injuries that workers suffer each year.

Successful work injury care absolutely depends on prearrangements for immediate care by clinicians versed in this specialty. In personal health, it can take eight to twelve days for an individual to get an appointment with a qualified physician. You can find the right doctor for a work injury by simply walking into an occ med clinic.

The good news: roughly 1,500 clinics exist that are tailored to make sure medical care for injured workers starts—and stays—on track. These clinics also can play a vital role in helping to prevent injuries, as well as treat them. They are the best medical partners in current advances in claims management, such as predictive modeling, pay for performance, and telemedicine.

The bad news: engagement between claims payers and these clinics is less than optimal, often because of a lack of understanding of the value of occ med clinics, or a lack of investment in the partnership. Yes, most claims payers know about these clinics and want to use them for injury care. In fact, many have reached out to them, but as this report reveals, most claims payers rarely commit the attention or persistence necessary to maximize that partnership.

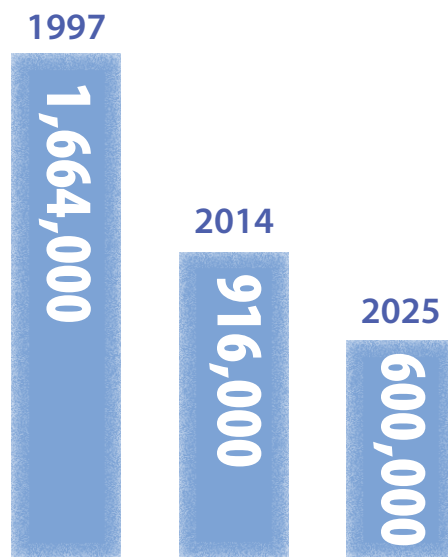


# Protecting Your Piece of a Shrinking Pie

Why should claims payers amp up their efforts now to optimize partnerships with occ med clinics? Better claims servicing is one reason, of course. But the primary value today stems from the fact that the workers' comp pie is shrinking, due to declining work injuries. Workers comp insurers, especially mono-line insurers, already face challenges to their franchises. But claims payers may be able to better protect their slice of the pie by building closer ties with occ med clinics, which in turn can foster closer ties with employers—specifically employers who are attentive to work injury risk, and, thereby, make good clients.

It is hard to imagine how claims payers can engage quality provider networks, pay for performance, and telemedicine without close collaboration with occ med clinics.

## Declining Work Injuries *(private sector, at least one day lost time)*



### Top Takeaway:

The narrower the workers' comp marketplace, the greater the value of an occ med clinic partnership.

# The Well Recognized—and Not-So-Recognized— Value of Occ Med Clinics

Any practice that labels itself an occupational medicine clinic should be uniquely qualified to treat injured workers from any employer on a walk-in basis. The practice should be able to determine whether a condition is causally related to work; coordinate care (including initial diagnostics and physical therapy); offer educated opinions and advice on return to work; refer patients to specialists, when warranted; and serve as a trusted advisor to local employers.

While any practice can call itself an occ med clinic, the best ones are staffed by doctors who have studied occupational and environmental medicine. Many will have earned board certification in this specialty.

What claims payers do not always recognize or take into account are the additional services these clinics provide directly to employers, including a wide range of worksite programs. For example, occ med professionals often deliver worksite walk-throughs, offer advice on work safety, and help establish wellness and transitional work programs, all at no charge. They also offer additional paid-for services, such as preplacement physicals and mandatory testing. Claims payers don't pay a dime for these free and employer-paid services, which reduce the risk of injury.

Note a commonly overlooked feature of occ med clinics: They are adept at working with all kinds of local employers. They are primed to deliver services to the typically sized worksite, with much fewer than 50 employees. (Some of these sites are branches of larger companies.) Claims payers often find small worksites hard to educate and service. Occ med clinics can serve as their educational partner.

## **American College of Occupational and Environmental Medicine (ACOEM)**

The ACOEM is the leading professional organization for occ med doctors, and about half of its members are board certified, and work in practices related to this specialty. The remaining members may be certified in emergency medicine or other specialties. In a series of studies and position papers, ACOEM has defined the occ med doctor's role as going well beyond delivering medical care, to also include disability management around stay at work, return to work, and functional outcomes. ACOEM's reports are the best descriptions of the unique value of OMCs. (See Resources at end of this Report.)



### **Top Takeaway: The value of occ med clinics**

- They master special work injury related skills, through training and deliberate practice.
- Understand the unique patient population and workforce.
- Engender relationships with the local employer community.
- Are fluent in relevant state and federal laws.

# Finding Occ Med Clinics

Upwards of 5,000 medical practices market their ability to treat newly injured workers on a walk-in basis. About 1,500 of these practices are true occ med clinics, with the full scope of services we described earlier. In addition, there are about 3,500 urgent care, emergency room, and other walk-in facilities that treat work injuries as part of their roster of services.

What this means in practical terms is that for every one million people, there are four to five dedicated occ med clinics, plus about 10 other providers also available to treat work injuries. Are there enough occ med clinics? Only a third of our surveyed Pros say there is a “good supply.” Part of the issue is that the number of dedicated clinics has declined in recent years, in sync with the decline in work injuries. Yet Sedgwick Claims Management Services offers a brighter perspective. The company told us that over 95% of the American workforce works within five to ten miles of a qualified clinic. (Of course, these distances may be prohibitive, depending on the urgency of care and traffic patterns.)

Among the 1,500 or so occ med clinics, over 300 are owned by Concentra, and over 200 are owned by U.S. Healthworks. In addition, many regional occ med providers are chains, consisting of a few to several dozen clinics, and can be quite competitive. Consequently, a claims payer may be able to reach most of the occ med clinics in a jurisdiction through just a handful of contacts.



## Top Takeaway: Putting Out the Call

Fewer than five phone call may be enough to connect with half the occ med clinics in a state.

# The Right Fit... and Flow of Care

According to a national claims organization interviewed for this report, about 40% of injury events only require self-care, including treatment at the worksite. Another small percentage of work injuries requires emergency care at a hospital. The remaining vast majority of lost-time compensable claims can and should be addressed at walk-in clinics served by professionals trained in treating work injuries.

At issue, obviously, is the quality of initial care, but these clinics also generate the great majority of referrals to specialists. That means they heavily influence the direction and quality of downstream care, such as surgeries and pain management. It's vitally important for these referrals to be timely, and give injured workers access to the most appropriate specialists in their area of injury.

## The Route to Referrals

The following chart is based on information from claims payers that track how injured workers get their initial medical care. Note the flow of care, depending on the initial responder.

	Self Care	Occ Med	Hospital	Totals
Initial response	1,200,000	1,650,000	150,000	3,000,000
Claims	120,000	1,350,000	130,000	1,600,000
LTC	60,000	750,000	120,000	930,000
Specialist Referral	30,000	150,000	30,000	210,000

### Top Takeaway: Manage the Flow of Care

Occ med clinics are the most reliable entry point of care to reduce the risk of poor recovery and medical misadventures.

# Beware: Not all Occ Med Providers are Alike

Performance varies among occ med providers. That is the majority view of the workers' comp Pros we surveyed online (49 percent agree strongly; 39% agree with this statement.) Yet half the Pros also raised doubts as to whether a claims payer can meaningfully measure and compare these clinics with enough rigor to foster real learning and steady improvement.

It's true that documented proof of impact of provider quality used to be scarce, partly because, previously, there existed no useful or readily available measure of provider performance. But the pace of research in this area has picked up considerably. Indeed, analysts have scrubbed medical and claims data to create an accurate picture of costs and outcomes by doctor, which means that now reliable measures of provider performance do exist that are remarkably consistent across states.

The upshot of these findings: published studies uniformly favor the use of carefully designed networks. The best doctors in these studies earn halos thanks to measurements related to low medical costs and early return to work. Conversely, the worst doctors generate high medical costs and prolonged disability.

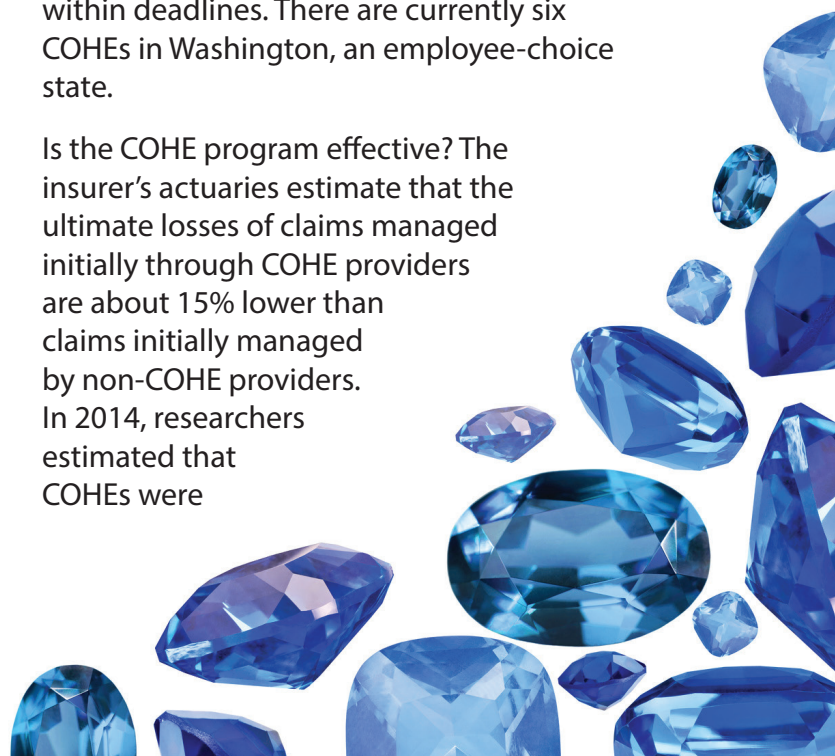
**The COHE Program.** The Washington State Department of Labor & Industries has contracted with sub-state regional networks of medical practices for the purpose of improving injured worker outcomes, especially at the outset of injury,

## The Ohio Bureau of Workers' Compensation's report cards

The nation's most ambitious program to report on medical provider performance is that of Ohio's monopolistic state fund. The BWC prepares report cards for over 20,000 individual providers. It measures return to work rates, average days absent, average medical cost, average number of services per patient, and other variables. The BWC adjusts the results by an elaborate system of severity weighting by diagnosis codes.

and reducing disability, in large part by training providers and coordinating cases. These Centers of Occupational Health and Education (COHEs) also pay additional compensation for performing certain tasks within deadlines. There are currently six COHEs in Washington, an employee-choice state.

Is the COHE program effective? The insurer's actuaries estimate that the ultimate losses of claims managed initially through COHE providers are about 15% lower than claims initially managed by non-COHE providers. In 2014, researchers estimated that COHEs were





containing the migration of injured workers onto Social Security Disability Insurance. Eight years after their injuries, COHE-treated claimants showed a 26% reduction in SSDI enrollment over non-COHE treated claimants.

**Sedgwick.** Every time a claims adjuster interacts with a medical provider, this third-party administrator takes note of the adjuster's perceptions of the provider's performance. That information feeds Sedgwick's Star Program, which quantitatively places medical providers in five performance categories, ranking them from 1 to 5 (with 5 being the highest score). Sedgwick asserts that over 95% of the American workforce has access to at least one initial care practice with a score of 3 or higher.

Sedgwick also reported that claims with litigation were half the rate when higher scoring physicians delivered care (18% of the claims) than lower scoring providers (36%). In addition, it noted the following benefits of treatment by top performing providers:

- ➔ 40% faster claims resolution
- ➔ 73% fewer lost days on average
- ➔ 68% lower incurred losses

**Harbor Health Systems.** This Irvine, California, firm is the country's leading designer of high performance provider networks in workers' compensation. (It was acquired by One Call Care Management in 2012.) Harbor Health uses a five-point system



to evaluate medical providers (five being the highest rank). Five stars are associated with an average disability duration of 38 days; three stars for a disability duration of 190 days; and one star for a disability duration of 413 days. Claims treated by five star providers have a litigation rate of 7%; three stars a rate of 20%; and one star a rate of 63%. The average claims cost of a one-star provider is 50 times higher than a five star provider, and almost three times higher for a provider with three stars.

**The Louisiana Workers Compensation Corporation.** LWCC created a small premium quality network of medical providers, OMNET Gold, with only 131 physicians. This network, compared with the insurer's other providers in this employee-choice state, brought lost time injured workers back to work 45% faster, and claims costs were 46% lower.

**Kaiser On The Job / Safeway's STaRT program.** In 2006, Kaiser clinics, one of California's largest occ med chains, partnered up with Safeway, a private sector employer and one of the largest food and drug retailers in the country, to conduct a predictive model pilot. Kaiser clinics had Safeway employees suffering from acute back pain complete a twenty-question Patient Questionnaire/Intake Form. Workers who scored above a certain threshold received more intensive medical attention. Compared to a control group, the workers who did the assessments had lower duration of disability, zero surgeries, and zero litigation. The project showed that this kind of close collaboration pays off, but it also showed that both the claims payers (Safeway is self-administered) and the occ med provider must be fully committed to achieve success.

Should claims payers disclose how they evaluate provider performance, without having to disclose specific scores? California says yes with regard to "economic profiling." The state defines economic profiling as "...any evaluation of a particular physician, provider, medical group, or individual practice association based in whole or in part on the economic costs or utilization of services." (Labor Code 4616.1(c)) Claims payers must file a description of their profiling practices, including how they are used, such as in network retention and termination decisions. The public has access to these submissions.



**Top Takeaway:**

The Pros agree! A return to work is the metric to watch. The actual cost of care at the clinic is of less value as a metric.

# Medical Errors: What Drives Poor Performance

For about three quarters of work injuries, the course of treatment is simple enough that the quality of the medical provider is relatively unimportant. The remaining injuries, however, demand quality clinical skills and expertise throughout the recovery process. For these cases, medical errors—errors that could be avoided—too often lead to adverse outcomes, and can be quite costly. Below are four types of mistakes that explain in part the variances in performance among initial care providers.

***Mistakes in diagnosis or treatment.*** For example, roughly 40% of electro-diagnostic tests for wrist and hand conditions have been reported to be erroneous. No wonder so many workers' compensation professionals are wary of the risk of errors.

***Over-reliance on opioid treatments.*** Some initial care providers put patients in pain on a course of opioid treatment too freely, without consideration of the risk of abuse and dependency down the road.

***Bad referrals to specialists.*** Consider spinal fusions, which can help or harm a patient, depending on the circumstances and personality of the injured worker. In addition, how familiar is the initial care provider with the specialist to whom he refers the patient? One Boston orthopedic surgeon who has reviewed hundreds of proposed spinal fusions estimates that half the time surgeons fail to take into account behavioral aspects of patients that forebode poor post-surgical prognosis.

***Ineffective vocational assessment and counseling.*** When can I get back to work? That is the question top of mind for most injured workers. Yet when consulting with patients about treatment, some clinicians fail to cover return-to-work planning and vocational coaching, thus ignoring the worker's most pressing concern—functional restoration and return to gainful employment.



## **Top Takeaway:**

Claims payers can change provider performance. Theresa Bartlett MD, medical director of Sedgwick, told us: "We host provider meetings. We began the process in Northern California to share scores, and what makes a successful provider. The results are amazing. They did not go to medical school because they were the dumbest."

# Six Signs of a Productive Partnership: How Well do you Fare?

Our extensive interviews with occ med clinics suggest these practices are prepared to engage in partnerships with claims payers. But is the reverse true? Are claims payers willing to put forth sustained efforts to engage clinic administrators and medical directors? You will find at the end of this Report a profile of how LCTA Workers' Comp, a Baton Rouge based insurer, has designed a partnership strategy with occ med clinics.

The following six protocols are essential to success in a statewide clinic partnership program. Few insurers can claim three of these standards of practice, much less all six of them. How well does your organization fare?

Note: As a means of comparison, we have included information about Colorado's Pinnacle Assurance, a source of workers' comp coverage for approximately 56,000 customers of varying size and risk across the state.

## 1 The claims payer has designated staff to manage relations with clinics.

Say a practice administrator at an occ med clinic reaches out to insurer to start a conversation about mutual expectations and a good working relationship. The admin leaves a message. What are the chances that call will be returned?

Almost nil.

For this Report, we had a colleague contact 11 prominent claims payers, using an email address displayed on the insurer's website that seemed most appropriate for an inquiry from a medical provider. The person identified herself as a consultant to occupational medicine clinics in New England, and wrote that she had some performance reports of the clinics that she would like to share. The result: an almost total lack of response (our caller was not even routed to a medical director's office). The reason: these claims payers appear to have no internal unit coordinating business relations with medical providers.



## Six Signs (cont.)

The table below shows more specifically the response (or lack of response) of each claims payer to our invitation to share clinic information.

Top Ten Insurer	Failed	800 number phone call. Put on hold 3 times, was asked to talk with claims adjuster
Top Ten TPA	Partial success	Emailed, two replies noting that the firm has a provider benchmarking team, but no individual to speak with
Top Ten Insurer	Failed	Three emails, third one got response asking what “you’d like to provide to us as a WC carrier”
Top Ten Insurer	Failed	Response to email: “Please send a letter outlining your capabilities to...”
Top Ten Insurer	Failed	Response to email that “large provider networks...handle our provider relations.”
Top Ten Insurer	Failed	Response to email to visit website of a major provider network.
Top Ten Insurer	Failed	Three emails went unanswered
Major regional insurer	Success	Initial email resulted in a phone call the same day by an employee involved in provider relations.
Major regional insurers	Failed	Three emails went unanswered
Top Ten TPA	Failed	Two emails followed by phone call, told to contact “case area director”
Top Ten Insurer	Failed	Response to second email, “At this time [insurer] is not interested”

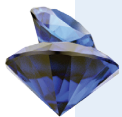


*Pinnacol: The insurer’s network management unit deploys four external relations specialists in the field, and has a team working the phones. The specialists’ backgrounds vary, from former healthcare professionals to former claims adjusters. In a recent survey Pinnacol conducted with medical providers, 76% noted their appreciation for access to the insurer’s field team, and 75% asked Pinnacol for additional training.*

# Six Signs (cont.)

## 2 The insurer actively supports links between clinics and employers.

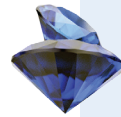
These links are vital, and should be set up at the time of underwriting. Indeed, if they are not, this oversight should raise flags with the underwriter, given how strong links between the occ med clinic and employer is one of the most effective ways to contain losses. These links also play a useful role if the employer and the recommended local clinic find themselves in a dispute. (For instance, the employer may perceive that the clinic is making wrong causality decisions, or keeping workers from returning to work for too long a period.). Without a designated link, who at the insurer is in a position to address and resolve the problem?



*Pinnacol: Its four-person field staff in external provider relations is the go-to link to ameliorate or solve these issues.*

## 3 The insurer has the flexibility to alter reimbursement speed, rules for utilization review, and other operational aspects.

Among our surveyed workers' comp Pros, 20% strongly agreed (and 60% agreed) on the importance of flexibility in operational rules. For instance, some claims systems have rules modules that govern whether UR approval is required. Does your claims system allow adjusters to set different rules or over-ride standard procedures, depending on the provider?



*Pinnacol does not have this flexibility, and applies uniform operational policies to all medical providers.*

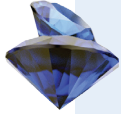
## 4 The insurer has the option to offer occ med clinics additional compensation for extra services.

Among our workers' comp Pros, 18% strongly agreed (and 43% agreed) that claims payers should be able and willing to increase reimbursement for additional services, such as special reports, or actions performed in a particular or timely manner.

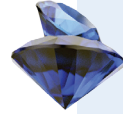
On the other hand, tension can easily foment between claims payers and preferred provider organizations when the insurer seeks to unilaterally alter compensation arrangements for a PPO member. To avoid this means involving the bill review and PPO people at the outset. "We've been able to work it out," says Greg Moore, founder and former CEO of Harbor Health. "You have to be thoughtful."



# Six Signs (cont.)



*Pinnacol: By law, Pinnacol cannot pay above the state fee schedule. It is piloting with Concentra clinics a special functional assessment, before rolling it out under the "QPOP" banner statewide. A special payment will be made for this service.*



*Pinnacol: The Company has been producing provider performance reports for over ten years. Its field staff meets regularly with Selectnet clinics that treat new injuries, often bringing along performance reports on return to work, maximum medical improvement, and total medical cost. These reports show how a Selectnet provider compares to other network members. In the near future, Pinnacol expects to introduce reporting on opioid prescribing.*

## 5 The insurer periodically meets with occ med clinics to discuss performance.

Among our surveyed workers' comp Pros, 28% strongly agree (and 60% percent agree) that claims payers should share performance results with occ med clinics. In fact, performance reports rank as their most highly favored method for improving relationships with clinics. Yet, in interviews with seasoned occ med physicians throughout the United States (some with over 25 years' experience), these clinicians reported only extremely rare instances when they saw or discussed a performance report with an insurer.

Private performance reviews with providers is one way to improve outcomes, but what about a more public assessment? While some claims payers are reluctant to publish provider performance documentation, others would prefer a more public accounting, for the reasons cited by this managed care executive in Ohio:

"When we get a request for surgery, and we know the surgeon has a poor record, I cannot reveal this to the patient. But if I had the ability to direct an injured worker to an independent report on the effectiveness of a doctor, that would be great. The more you can be transparent, the more you can have usable information for the patients to help them make better and more informed decisions."

(Note: this executive had not approached surgeons directly with documentation of their performance, which should be the first step.)

## 6 The insurer documents treatment paths of high cost claims.

Claims payers should study and document the flow of injured workers through the medical care community, and highlight where bad claims outcomes begin to emerge. This kind of flow analysis is essential for identifying where to focus attention on improving care. Most likely, initial care will show up as a predictor of claims outcomes.



*Pinnacol: A "creeping catastrophic claim" analysis is in the works to time case manager intervention. The insurer plans to share this analysis with medical providers.*

### Keep a proper distance from medical decisions.

Richard M. Sabetta, a claims management consultant who advises insurers, and is also often retained by attorneys as an expert on bad faith suits, says that insurers should take extra precaution to avoid the impression of undue influence, or "a pattern of decision making that leverages the economic relationship with the provider so that particular outcomes are rendered that may be contrary to customary medical guidelines." The payer should consistently encourage the physician or clinic to deliver the best care to the greatest degree possible, and in concert with the highest ethical standards.

# Potential Powerhouses with the Most to Gain

Regardless of a state's workforce trends, state laws regarding doctor choice, and competitive landscapes, every insurer and TPA gains by forging strong ties with occ med clinics. But some insurers and TPAs (by our count, about 50) appear to be particularly well positioned to leverage these relationships for the highest gain. These "potential powerhouses" include seven national insurers who qualify in one or more states, and 23 carriers who write only or mainly in just one state. They are listed at the end of this Report.

These insurers hold at least a 10% share of the insurer market, and sell at least \$100 million in workers' comp premium in that market. They enjoy enough scale to build internal management teams for provider relations, including outreach and training, performance reporting, and adjustments to operational rules and reimbursement. And they have sufficient market share that occ med clinics will pay attention.

Some of these potential powerhouses are monopolistic state funds, for whom competition is not a factor. But as one TPA executive put it, the monopolistic state funds of Washington and Ohio "understand their power and how to use it" to build close ties with medical providers. But the other potential powerhouses can meet our criteria for partnerships with in-state occ med clinics, and protect their franchise by doing so.



# Potential Powerhouses

State	Insurer	Premium (M) 2015	Mkt Share
Arizona	Copperpoint	225	27%
	Travelers	118	15%
California	SCIF	1,686	13%
	Berkshire Hathaway	1,100	10%
Colorado	Pinnacol Assurance	563	60%
Connecticut	Hartford	141	16%
	Travelers	118	14%
Florida	American Financial	320	13%
	Amtrust	284	12%
Idaho	Idaho State Fund	214	62%
Illinois	Travelers	265	10%
Kentucky	Kentucky Employers Mutual	153	31%
Louisiana	Louisiana Workers' Comp Corp	195	23%
Maine	Maine Employers Mutual	133	65%
Maryland	Chesapeake employers ins	222	24%
	Hartford	109	12%
Massachusetts	Travelers	151	14%
	AIM Mutual	141	13%
	AIG	107	10%
Michigan	Accident Fund	198	17%
Minnesota	Minnesota State Fund	110	12%
Missouri	Missouri Employers Mutual	177	21%
	Travelers	114	13%
Montana	Montana State Fund	172	61%
New Jersey	New Jersey Manu	447	23%
	Hartford	263	11%
New Mexico	New Mexico Employers	105	36%
New York	New York SIF	2,354	45%
Ohio	Ohio Bureau of Workers Comp	2,143	99%
Oklahoma	Comp source	309	34%
Oregon	SAIF	447	68%
Rhode Island	Beacon Mutual	120	63%
Texas	Texas Mutual	1,107	40%
Utah	Utah WC State fund	210	67%
Washington	WA Labor & Industries	1,673	99%
West Virginia	Brickstreet	164	49%
Wisconsin	Travelers	193	11%
Wyoming	Wyoming State Fund	240	98%

Source: National Association of Insurance Commissioners

# A Few Final Words

The three most valued core competencies in workers' comp claims management are:

- 1 compensability determination
- 2 medical management
- 3 return to work

*(Rising Medical Solutions'  
Workers' Compensation Claims  
Benchmarking Study)*

Occ med clinics are hands-down the claims payer's most important vendor to boost these core competencies.

And, occ med clinics are essential partners in key innovations in workers' comp, such as predictive modeling, pay for performance, and telemedicine. Once again, occ med clinics are the most important vendor with whom to partner.

Case closed.



# LCTA's Partnership Strategy: One Model for Collaboration

LCTA Workers' Comp (LCTA), a Baton Rouge, LA, based insurer, is implementing a strategy to collaborate with occ med clinics.

The strategy assumes limited ability to guide the worker in an employee choice of provider environment. Any part of the strategy, per LCTA, will be a win for employees, employers and payer.

- Employers develop and utilize an occ med clinic for pre-employment screening and testing. This includes physical exams and drug testing.

All employees as part of the pre-employment are evaluated for fitness for duty which would be job/ position specific. This allows a better post-accident evaluation with established baselines.

- Any substance abuse testing on pre-employment should be performed by the same entity that will be managing injury care and post-accident substance abuse assessment. When this is not geographically possible then all testing records should be readily available to the primary occ med provide the company/payor utilizes.
- As part of a holistic relationship, the occ med provider should offer prevention and wellness services such as health fairs and education to its member employers/ payers. At a minimum these services should be coordinated by the occ med provider.
- Crisis management services, including grief counseling should be coordinated through the occ med provider. This will keep the medical director direct additional non psychological needs and assure that appropriate care is being delivered.
- Medical data management for portability benefits the employer regardless of who the carrier/ employer is. The medical record should follow the employee. It is important to work this out on the front end as the employer has ownership in those records.
- The hallmark of any relationship with the payer/employer is providing injury care from beginning to end, including these value-added services:

- ➔ Patient advocacy by the provider
- ➔ 24 hour triage of all injury by medical staff
- ➔ Full coordination of medical care as mentioned above that would include offsite and telephonic nurse case management
- ➔ Transitional duty and return to work program design and administration



## Resources

The American College of Occupational and Environmental Medicine (ACOEM) has issued papers on the challenges and best practices in work injury recovery. They include:

*Preventing Needless Work Disability by Helping People Stay Employed*

*A Guide to High-Value Physician Services in Workers' Compensation: How to find the best available care for your injured workers*

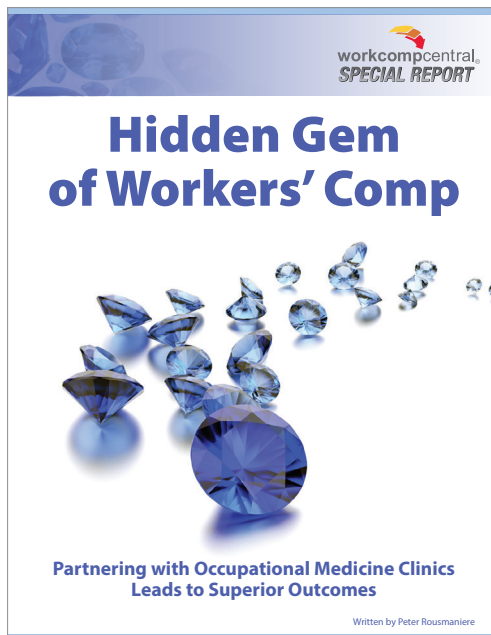
*Occupational and Environmental Medicine Competencies—2014*

## About WorkCompCentral

Based in Camarillo, California, WorkCompCentral is the nation's only specialty media company producing daily news on the workers' compensation industry. With its own team of award-winning journalists located around the country, the niche outlet frequently breaks important news stories covering legal, medical, legislative/regulatory and business issues. The company also develops and maintains an extensive library of continuing educational content and can be reached at 805.484.0333 and via [www.workcompcentral.com](http://www.workcompcentral.com).

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