

## **IMPROVING OUTCOMES BY TRAINING PHYSICIANS TO MANAGE THE PROCESS OF RETURN-TO-WORK**

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### **Body (1498 words):**

Medical training gives physicians the knowledge and skills to diagnose and treat injuries and illnesses. Thus, any well-trained physician is generally equipped with the skill set to medically manage the types of injuries and illnesses that arise from work. However, the missing piece in medical education relative to improving outcomes and avoiding disability in workers' compensation has been training in process management, i.e. information about the best practices in getting patients back to work as smoothly as possible, and the importance of doing just that.

In the workers' compensation arena, a partnership between the treating clinician, the injured worker, the employer and the payer is crucial to good outcomes. The information the treating clinician communicates to the patient, the employer and the claim manager sets the stage for the entire workers' compensation process. Yet, this is not something of which physicians are made aware during their training. Post-training, in their practices, relatively few clinicians seem to be cognizant of the fact that communicating with all of the stakeholders in the workers' compensation arena is part of their job if they want to get the best outcomes for their patients.

With work-related injuries in the United States costing the private business sector more than an estimated \$1.25 trillion, minimizing disability and better managing the process of return-to-work should clearly be a priority as we navigate a world troubled by financially unsettled waters.<sup>1</sup>

Realizing that avoiding disability and decreasing the time to case closure after work-related injuries and illnesses was an area where medical providers could have a significant impact, the physicians who founded Concentra formulated an approach to injury care that could improve the outcomes seen in workers' compensation systems. As Concentra grew to more than 300 clinics in 40 states, the company also developed systems to gather practice management data, and used this data to help coach physicians to follow the most effective and efficient management strategies.

Concentra has been able to show excellent outcomes with a low percentage of patients disabled (off work), short case length, and low overall case cost because every clinician learns Concentra's philosophy and approach to work injury care during orientation. For many clinicians, this is the first time they become aware of the fact that managing the process of return to work can be as important to recovery as doing a thorough medical evaluation and coming up with the correct diagnosis. They learn that honing skills in this

arena is crucial in keeping patients working or getting them back to work smoothly, and is an integral part of their role.

**When they join Concentra, clinicians learn five basic principles during orientation:**

**1. Communication is paramount.** This starts with explaining the findings, diagnosis and the treatment plan to the patient at every visit, and giving that injured worker time to ask questions, so that recommended activity parameters and the patient's responsibilities in the return-to-work process are clear. Clinicians are also expected to call the WC contact designated by the employer after the initial post-injury evaluation, if ever the case is not progressing as expected, if the patient needs to be off work, or if ancillary testing or specialist consultation is deemed necessary. To make this easy for clinicians, the contact's name and number are listed in the upper right-hand corner of the paperwork that prints out for each visit. To simplify communication with payers as well, the contact number of the WC carrier for that patient's employer is listed in our computerized medical record system repository (OccuSource).

After every visit, the employer contact gets a copy of the printed Activity Status (which is auto-faxed or automatically e-mailed) as soon as the patient is checked out for that visit. This helps avoid lost time that sometimes occurs due to lack of communication, or through miscommunication.

**2. Staying at work or returning to work as soon as possible is in the patient's best interest.** In *A Physician's Guide to Return to Work*, Dr. Mark Melhorn states "60-80% of the lost work days involve medically unnecessary time off from work."<sup>2</sup> This unnecessary disability is avoided at Concentra through physician education in the benefits and importance of keeping patients working, and by training clinicians how to write appropriate work activity statuses. Our Practice Management Reports bear out the effectiveness of this instruction. For example, in the six Concentra clinics in the Milwaukee market in Quarter 3 of 2009, only 3.7% of the patients had any off work days. This compares favorably with the most recent available Bureau of Labor Statistics data (2008) listing 29% of recordable injuries as requiring days away from work.<sup>3</sup>

**3. The recheck schedule plays a significant role in managing the process of return to work.** It is effective to see the patient back within 2-5 days of the initial visit, and then schedule rechecks when it is likely the patient's activity could be advanced. This type of recheck schedule initially might seem strange to new clinicians, as the first visit back is scheduled sooner than customary for many practices. However, this enables the clinician to have better knowledge of the patient's current status and how modified or transitional work is going. The clinician is thus able to tailor the treatment plan and RTW goals to meet the patient's present abilities and loosen restrictions at every visit (whenever appropriate). During each visit, the clinician can reemphasize the RTW goals and deal with any workplace issues that have arisen. Close follow-up appointments allow the physician to play an instrumental role in avoiding medically unnecessary disability by consistently promoting the benefits of staying at work/returning to work. Ultimately, this strategy is cost effective because it leads to earlier case closure. Our quarterly physician practice management reports bear that out. In Milwaukee, our average duration of care

for Quarter 3 2009 was 12 days, with an average of 2.5 clinician visits. The average medical cost per case was \$1,338.58. For comparison, WCRI data showed that the medical payments for 2005/08 WC claims in Wisconsin averaged \$4,744.<sup>4</sup>

**4. Early use of physical therapy gets the patient to functional recovery sooner.** If there is loss of movement and functional limitation in a patient with a musculoligamentous injury and PT referral would be appropriate, clinicians are taught not to “wait” and see if that patient will improve without physical therapy. PT is started the same day as the physician’s initial evaluation whenever possible, or the next day if the patient is seen late in the day. This avoids deconditioning, and helps patients to progress faster. Using this model, 36% of our patients were referred to PT in the Milwaukee market in Quarter 3 of 2009. They had an average of 3.9 PT visits, with an average PT duration of 10.6 days (with average case length of 12 days).

**5. Timing is important.** When referring a patient for a diagnostic test not available in our clinics (such as an MRI) or for specialty referral or surgery, clinicians are taught to do what they can to keep the process moving forward. In states that require pre-authorization for scans and consults, there is sometimes significant administrative delay that prolongs the length of the case. These are the times when it’s particularly helpful to call the payer. It can expedite matters for the clinician to touch base and check on the status of the approval for testing or surgery and explain the benefits of a test or a procedure in such a way that the claims adjuster more easily realizes the importance of doing this sooner rather than later.

Clinicians are also taught to readily seek clinical consultations and second opinions when they are having difficulty in deciding on the best course of definitive treatment. Determining the correct diagnosis and treatment plan affects more than the clinical recovery of an injured worker. The clinical and return-to-work goals are closely linked in workers’ compensation and a delay in one can lead to a delay in the other.

After their orientation, clinicians receive a quarterly Provider Practice Management Report which provides feedback on their practice patterns and outcomes, and enables them to compare their individual outcomes to those of their market, as well as all Concentra markets. It is part of the job of physician managers (Area and Regional Medical Directors) to review these reports and coach clinicians whose outcomes could be improved.

A systemic and systematic approach to the process of return-to-work such as that adopted by Concentra is clearly effective in getting good outcomes in WC cases. Treating physicians/clinicians can set the stage for teamwork with the worker, the employer, and the payer, thus helping to move the case smoothly through the WC system. Concentra does not seek to teach physicians how to practice medicine; after all, they spent many years perfecting their skills in this area, and were hired because of them. Rather, Concentra teaches them simple process management guidelines which can organize their practice. It’s an elegant approach to disability management which has served many patients and clients well for many years.

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<sup>1</sup> Talmage, James B, Melhorn, J. Mark. *A Physician's Guide to Return to Work*. AMA Press, 2005. p. 33-34.

<sup>2</sup> Talmage, James B, Melhorn, J. Mark. *A Physician's Guide to Return to Work*. AMA Press, 2005. p.25-26.

<sup>3</sup> <http://www.bls.gov/iif/> Bureau of Labor Statistics, Injuries, Illnesses and Fatalities. Latest numbers.

<sup>4</sup> WCRI, CompScope Benchmarks for Wisconsin, 10<sup>th</sup> Edition. August 2009.