Occupational Health Services

Who? What? Where?

of Selecting an Occupational Health Provider

The 21 C's

Checklist of Critical Characteristics of Clinics and Clinicians That Clients Covet

1. **Competent-**
   A. Not just clinically competent

   B. Understands unique nature of occupational injuries & illnesses. Provides through documentation of findings & recommendations, i.e.
      a. History of incident as stated by patient
      b. Relevant past and general medical history;
      c. Pertinent physical examination findings
      d. Diagnosis – definitive at this time?
      e. Opinion as to work-relatedness of condition or complaint
      f. Recommendations for additional diagnostic work-up and/or treatment; if needed
      g. Prognosis
      h. Ability to work status;
      i. Date of next follow-up appointment or case closed

   C. Familiar with physical, ergonomic, chemical and biological hazards commonly found in workplace settings. Depending on the industry, the physician should willingly conduct an on-site tour of the company thus becoming familiar with the specific nature of work, possible injuries to be seen, through understanding of job responsibilities, etc. Receive copies of job descriptions that can be kept in an employer profile at the clinic for review, if needed

   D. Willingness & expertise to perform second opinion, impairment/disability and independent medical examination (IME) evaluations. This tends to be very time- consuming and exacting but is a necessary service to offer TPA's, case managers, etc.

   E. Must have some skill in determining if psychosocial issues or workplace

dynamics are effecting the patient's recovery when subjective complaints override the objective data.

2. Compassionate/Caring

A. Shouldn't treat injured workers as "just another comp patient"

B. Must be able to treat patient with dignity, respect and avoid appearing as "the company doctor." Establish relationship of trust and rapport. This must be balanced with the physician being attuned at all times to the entire presentation of patient. (**Example of patient who walked out of treatment room & picked up piece of paper off floor after telling physician how much pain, etc, she was in.)**

3. Comp-Savvy

A. Should be experienced in caring for patients within the WC context and understand all of the components of the system.

B. A conservative approach to the use of medications should be followed. For most injuries, non-prescription, over-the-counter medications will be sufficient. The use of non-prescription medication also allows employers to avoid OSHA recordability for most mild occupational injuries.

C. OH patients are not to be placed off work (unless there is well-documented evidence that the patient is indeed totally disabled.) Work restrictions should be placed only when medically necessary and then should be as minimally limiting as possible.

D. The question of work-relatedness should always be addressed thoughtfully i.e. "is the condition more likely than not to be work-caused or substantially work-aggravated?"

E. Non-occupational medical conditions are not to be treated on an occupational health record or under a worker's compensation claim. OH pts. with non-occupational conditions should be referred to their personal physician, absent from a need for emergency medical care.

4. Case Management Capabilities-

A. Is able to see the entire case and be a gate-keeping to keep the case moving forward. Over half of all workers' compensation costs are attributable to wage replacement rather that medical care expenses

B. Co-ordinates care & communicate with specialists who will accommodate;

1. Emergencies-immediately or urgent-within 2-3 days of referral
2. Is willing to assist in the goal of case closure
3. Has clear documentation of recommendations for any diagnostic testing/treatment & notification of any patient non-compliance
4. Reasonable assessment of maximal medical improvement (MMI) being reached with timely communication to the appropriate parties
5. Proper & timely assignment of permanent partial impairment (PPI)

6. Communicate openly & freely with all parties with a legitimate interest in the case, insurance staff, case management staff, rehabilitation personnel, attorneys
7. document any non-compliance with recommendations and inform appropriate parties

5. Close

A. Should not be further than 20 minutes from a facility that specializes in occupational health. The closest clinic is not always the best option. Obviously, the nature of the injury will assist in the determination of provider sought or if an emergency room is needed.

6. Convenient

A. Can accommodate walk in basis for new injuries. This also describes the clinics ability to handle the patient volume. I.e. decrease the employee/patient's wait time by having the staff to treat the number of patients in the waiting room, being able to access the flow by timely check-ins, taking patient back for treatment, utilizing cross trained staff for drug screens, etc.

Staff

also needs the communication skills to explain to the pts. waiting if a more critical injury needs to be taken ahead of them.

B. 24 hour, 7 days/week coverage. After Hours clinic utilizing the expertise of an emergency room physician but avoiding the cost of ER. (**overview of our model)**

C. Follow up appointments at the time requested by employer/employee.

7. Communication

A. **Internal-** account manager has the responsibility of taking the employers policies, details of company (if drug screens are done, what type, who gets results, primary contacts to discuss case concerns, etc) in an operational document for the clinic staff. This should be reviewed with employer periodically to maintain accuracy of communication. Company in advance of using a new clinic, if at all possible, should approve company profile. There is always a "learning curve" when a company changes vendors. A though understanding of expectations helps shorten the length of this curve.

B. **External-** Reports to company should be computer generated & thus legible. These should be faxed immediately to company contact upon pt. be checked out of clinic. Better still is the capability of "real time" reporting via the Internet. Electronic reporting to employer & carrier is now available. Community has the technology that allows drug screen results, injury data, treatment reports, work status, scheduled injury follow-up and missed appointment information. Community has also implemented EMR (electronic medical records). EMR provides quick, easy & legible results of the total chart notes, x-ray results, etc to insurance carrier. This will also allow a

patient who might have been seen at one location to easily follow up at another without faxing the entire chart. The issue is the clinic should communicate to the client with their preferred means of communication, fax, phone, mail, internet or any combination thereof! We all need to "speak into the other person's listening."

8. Causation Cognizant-

A. Willing to and capable of addressing the work-relatedness of patients' conditions, even in the "tough call" cases.
B. Realizes that the establishment of causation is the fundamental basis for prevention of occupational illness and injury.
C. Knows resources/contacts that can assist company/patient with possible improvements or solutions i.e. certified ergonomic specialist

9. Cost Conscious/Employs Cost-Effective Methods

A. Sensitive to costs in W.C medical care & uses only techniques proven to be cost-effective.
B. Electronic billing capabilities (insurance) saves on data entry, speeds payment of claim, reduce cost of faxing & mailing.

10. Conservative-

A. "More care isn't necessarily "better care."
B. Conservative approach to the utilization of diagnostic testing (including imaging, laboratory and EMG/NCV studies) as well as rehabilitation services (such as PT/OT) should be employed. Most occupational injuries do not require the utilization of these resources and recovery is typically prompt & complete without these procedures.
C. Surgical procedures and invasive interventions need to be used judiciously

11. Careful/Cautious

A. Careful during the decision-making process.
B. Cautious in discussing the decisions
C. Cautious as to"
    - What is said - How it is said - To whom it is said

12. Common Sense

A. Uses common sense in addressing issues of causation, ability to return to work, need for work restrictions, need for follow up care, impairment, maximal medical improvement

13. Customer-Focused

A. Willing & able to address the "needs" and "wants" of multiple "customers"
    - Worker/patient
    - Patient's family
    - Employer-multiple agents of employer (line supervisor, safety director, workers' comp. coordinator, human resources director, etc)
    - W.C.C./T.P.A.
    - Labor organization
    - Attorney
    - Workers' comp. Board

14. Candid

Exhibits honesty, directness, openness, answers questions thoroughly

15. Courageous- willing to be unpopular with someone!

Willing to make the "tough calls"

- Is problem work-related?
- Can worker return to work and when?
- Are work restrictions/limitations necessary?
- Is more care really needed?
- Is the worker at risk for re-injury in the future?

Stands by decision without wavering

16. Capable of "Contending"

A. Not fearful of adversarial situations and dispute resolution processes
B. Develops, expresses and defends "bullet-proof" opinions in disputed cases
C. Uses scientific, evidence-based methodologies for formulating opinions in disputed cases
D. Capable of contending, yet not contentious.

17. Cooperative

A. Attentive to employers' needs and complies with appropriate requests:
    - "light" work/modified duty policies
    - OSHA considerations (i.e. use of non prescription meds whenever possible
    - Cooperative with employer's T.P.A., case management specialists, rehabilitation nurses
    - Use of employer-preferred specialists and or rehab facilities.

B. Attentive to workers' needs;
    - Answers worker-patient's questions
    - Assists with benefits issues
    - Advocates for the patient's bona fide needs

18. Collaborative-

A. The success a company has managing their work comp injuries is a direct reflection of the working relationship with their occupational health clinic. Having the patient, employer, insurance carrier & medical provider working together is paramount in lowering injuries, costs, etc.

B. Physician & program take proactive approach to assisting employer by suggesting methods to prevent injury/illness

C. Is familiar with employer's policies, programs, work place via meeting with client or on-site visit.

19. Credentials/Certification- A.C.O.E.M. (American College of Occupational and Environmental Medicine

A. Is being board-certified in occupational health necessary?

B. Board-certified in other specialties

C. How can you tell if the clinic's physician has the education, training, experience, expertise and credentials that are necessary to provide quality care for your organization's workers?

20. Cohort-Focused

A. Population-based mentality/sees the "big Picture"

B. Consideration of entire worker population when seeing an individual with an illness or injury

C. Prevention is the ultimate goal

D. Cohort focused approach is the most effective & cost-efficient way of managing workplace hazards & injuries

21 Comprehensive

A. Provides a full array of OH services, not just injury care
- Assistance with OSHA/ADA/FMLA compliance
- Medical surveillance examinations
- Drug & alcohol testing
- Pre-placement /CDL/DOT exams
- Occupational Medical consultation
- Should be able to address all of employer's occupational health needs

B. Has a network that will assist employer in additional medical needs
- Wellness programs
- Employee Assistance Program