



Eight Ways Employers Can Communicate with Doctors to Improve Worker's Compensation Care (Tips from a doctor!)

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If you haven't noticed that doctors don't seem to listen when you talk about an employee's Worker's Comp injury, it's probably because you've never even been given the CHANCE to talk to a doctor about an employee's Worker's Comp injury! On behalf of the whole grand profession, please accept my professional apologies for our apparent stubbornness. But apologies won't solve this dilemma, I'm afraid. That's because doctors deal with certain realities that simply make glib and candid conversations inappropriate.



Here are priorities that sometimes make doctors seem deaf to your concerns:

- Confidentiality is a value. It's not only a law; this isn't just about HIPAA. It's about earning and maintaining the trust of our patients. After all, without trust there is no therapeutic alliance between healer and patient, and there won't be much success with medical treatment.
- Patient advocacy is a basic role. Every doctor first looks out for their patient. After all, that's what you want when you see your own doctor.
- Doctors know their duty, but only THEIR duty. They tend to avoid areas they don't understand.

So, how can employers help doctors understand the complex circumstances of Worker's Comp cases, outside of the tidy four walls of doctors' offices? The Occ Doc in a Box wants you to help doctors "think outside the box" using these Eight Ways. And, these strategies respect the issues listed above, so doctors will listen to what you have to say.

1) Let your employees do the talking for you. Doctors will always listen more to what their patients say than to what employers tell them. So, educate and motivate your employees! Then they will TALK THE TALK FOR YOU, saying things like these to their doctors:

- "We always have light duty. I'm sure they will find something safe for me, if you'll write what I'm able to do."
- "When do you think I will be able to do my usual job? My company wants me to get back to it as soon as you think I should. So do I."
- "If you don't think I need a prescription, don't write one. They can give me Tylenol or ibuprofen, and we have ice bags at work, if you think that's just as good."

BUT your employees won't TALK THE TALK unless they know YOU WILL WALK THE WALK. So, keep your promises, and consistently help all employees who have injuries.

If this seems like a "pipe dream" to you, then at least require your employee to give the doctor a short page of your talking points, like those three above. Then the doctor will see these at the same time as they are seeing your employee.

2) Have someone attend Worker's Comp appointments. Either a professional case management nurse, or your company nurse, worker comp/safety professional, area manager, or supervisor should meet the employee in the waiting room.

- Tell the receptionist you want to meet the doctor, in the presence of the employee/patient, after the exam.
- Write that on the back of your business card; ask the receptionist to hand it to the doctor before they see the patient, then take a seat. DON'T EXPECT TO BE IN THE EXAM ROOM DURING THE EXAMINATION.
- Once you are brought to the room, your role will be to provide information about the work environment, job duties and on-site resources.
-- Ask to see the Return to Work form right away, and decide if it is likely the restrictions can be accommodated.

-- If you spot a restriction that would be impossible to accommodate, it is fine to ask the doctor "Is that item a medical necessity? Or could we do this instead . . .?" Then, accept their decision.

The process I've outlined above should be done only after your employee has signed an authorization for you to speak with their doctor. Ask your Worker's Comp insurer to provide you with a HIPAA-compliant form to have ready when the need arises.

3) Inform the physician promptly of the status of the case (disputed versus conceded). Present the doctor with the facts about the incident, but don't drag them into arguments about "what really happened." The physician won't be able to resolve such issues anyway; you must. Particularly, deal with "hearsay" yourself. Simply make the physician aware of case status. If the case is disputed, the physician can decide if the timing of tests and surgery is elective, and postpone such until the dispute is resolved. Urgent tests and surgery will be scheduled regardless, but the patient will be helped to make certain that the requirements of their private health plan are met, so back-up insurance is available.

4) Provide a good incident description. If there was an accident that started the problem, then the physician will need to decide if there is a direct cause-and-effect relationship between the injury the patient has and the mechanism of the accident. If able, attach digital photos to your report, which are truly "worth a thousand words."

5) Ensure the physician has obtained relevant records from prior treatment of pre-existing conditions. If a work accident has occurred, and a pre-existing condition is present, then the physician will need to decide if an aggravation has occurred. To decide this correctly, the doctor will need not only a good incident description, but also records of prior treatment of the pre-existing condition. This is too important to rely only upon what the employee can remember. Make sure your Worker Compensation insurer has asked the employee where previous treatment was done, and asked them to authorize the current doctor to receive those records. Once the physician has both the records AND the incident report, they can consider:

- Was the incident reported promptly?
 - If so, aggravation is more likely.
 - If not, aggravation is less likely.
- How much time passed after the incident, until the employee sought treatment or accommodation?
 - If no delay, aggravation is more likely.
 - If delayed, aggravation is less likely.
- Were the signs and symptoms of the pre-existing condition changed after the incident, comparing previous medical records to current?
 - If yes, aggravation is more likely.
 - If not, aggravation is less likely.
- Is additional treatment and/or accommodation being sought since the incident, beyond what was needed prior to it?
 - If yes, aggravation is more likely.
 - If not, aggravation is less likely.

And, did the employee have a pre-placement medical exam? If so, have it reviewed to see if the condition was present prior to employment.

6) If a condition developed gradually during employment, give specifics to the physician about the job. Job descriptions matter most in cases that began without an accident. The physician needs to determine if ongoing workplace exposure caused or at least added to such conditions. You must give doctors a history of the job assignments your employee had before they reported the problem (not just what they have done since). And you need to provide specific information about their duties. Methods include:

- Written functional job description
- BRIEF job video. Edit to about three minutes. Supply it to the doctor as a DVD.
- Ergonomic analysis, done by insurance rep or therapist for example
- Measurements of:
 - Weights handled

- Forces required (push, pull, squeeze)
- Duration of effort
- Frequency of effort
- Job cycle and rest cycle
- Task rotation sequence
- Review of OSHA log regarding occurrence of other occupational disease cases on this particular job
- Job history
 - Length of employment
 - Duration of current assignment
 - Number of hours worked prior to problem onset (time cards, service records)
 - Any work changes that immediately preceded the onset of trouble (new equipment/process/assignment)

7) Get to know the doctor's office staff. Make a list of all the doctors who have treated your recent Worker Comp cases. Call each office. Ask the name of the person who coordinates Worker Comp communication. This person may be a nurse or a medical record technician. Introduce yourself to them and exchange basic information about preferred communication routes. Making this simple connection early can prove to be highly valuable in future cases.

8) Write to the primary care doctors of your employees. The goal here is to make doctors aware of your company. Don't limit it to doctors who are treating Worker Compensation injuries. Instead the idea is to proactively let doctors know what your company can offer to help them care for your employees who are also patients of theirs. Here's how:

- Create a brief but attractive single-page description of your company, the work environment, on-site health-related resources, your wellness program, and relevant policies such as Worker Comp and FMLA.
- *Then provide it to the account representatives of your health plans.* Ask them to have it sent to the primary care providers (PCPs) to whom your employees are assigned. Ask them to send it **ONLY** to PCPs who currently have employees of your company assigned to their practices*. *And ask them to mail it with a cover letter that lists for that doctor the names of each of your employees who are assigned to their practice.*
- **NOTHING GETS THE ATTENTION OF A DOCTOR LIKE THE NAMES OF PATIENTS THEY KNOW.** The name of your company may not mean anything to the doctor, but the names of their patients will! When they see that patients of theirs work for you, then they will pay attention to your company. And, your information may help them provide better care of their patients. That's what matters to every doctor!

* Here's a way to specify your request to the health plan account rep, to avoid the mistake of sending a letter to a physician who hasn't seen one of your employees yet, even if technically assigned to them: "Please have the health plan run a report by member (per employer group) for a particular time frame (3, 6, or 9 months for example) of any claims received or paid. Send our company letter to the doctors of those members, with the names of the members who had a claim."