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A Guide to High-Value Physician Services in Workers' Compensation

How to find the best available care for your injured workers

Introduction

The **Guide to High-Value Physician Services in Workers' Compensation** is a resource to help identify the best available physicians in a specific geographic area to provide care for people who have suffered work-related injuries and illnesses. The Guide offers suggestions for finding physicians who provide care for everyday, uncomplicated injuries, as well as physicians who provide specialized medical services addressing catastrophic injury or administrative tasks required by the workers' compensation process. The Guide is intended for use by workers, employers, payers, worker representatives, regulatory agencies, and others in the workers' compensation system.

The ideal physicians are those who:

- Are willing to accept patients covered by workers' compensation insurance
- Employ best practices in providing high quality and compassionate medical care
- Respect and fulfill the extra responsibilities that the workers compensation system creates
- Produce better overall outcomes at comparatively better total cost over the course of an injury or illness. (High-quality care produces better outcomes for workers and better value for payers.)

Participants in the workers' compensation system who want to direct workers to high-quality medical care rarely have sufficient data to quantify and compare the level of performance of physicians in a given geographic area. This Guide offers resources and advice that can help identify the physicians who are most likely to provide the best outcomes when treating workers' compensation patients.

The Guide is a synthesis of ideas and best practices contributed by workers' compensation system stakeholders in a meeting convened by the American College of Occupational and Environmental Medicine (ACOEM) and the International Association of Industrial Accident Boards and Commissions (IAIABC) in Nashville, Tennessee in April 2010. Meeting participants are listed at the end of the Guide.

Background

The workers' compensation system in each state provides a mechanism to ensure that medical care is provided to individuals when they suffer injuries at work. Most states provide unlimited care in an effort to cure and relieve the results of work-related injury or illness.

However, some research shows a troublesome trend: people who are treated in the workers' compensation system fare worse than those who receive care for similar types of injuries in other medical care systems.

People with work-related injuries may take a longer time to recover and may experience more life and work disruption. They may have more impairment, and too frequently, end up without a job when medical treatment has reached its end. Injuries that were assessed as benign at the start of treatment may end up becoming protracted personal and economic catastrophes.

Many aspects of the workers' compensation system contribute to this problem, among them misaligned incentives at the personal as well as the organizational level. One can point to examples of mismatched incentives for each of the key stakeholders in the system – employers, workers, insurers, healthcare providers, labor unions, regulatory agencies, lawmakers and judges – that influence what people do, how decisions are made, and the actual course of events following work-related injuries.

The incentives of health care providers are of particular interest. Many parts of the country are dealing with a chronic and worsening shortage of physicians who are willing to treat workers' compensation injuries and who are familiar with the special issues that arise in occupational injury and disease. In addition, medical costs in workers' compensation cases have been steadily rising at a faster rate than medical costs in general, and now account for roughly 60% of dollars paid by workers' compensation insurers. Twenty years ago, medical costs were roughly 40% of the total payout.

This year ACOEM and IAIABC announced a partnership aimed at addressing these concerns and improving outcomes from medical treatment of injuries and illnesses in the U.S. workers' compensation system. As a part of this partnership, ACOEM and IAIABC convened a meeting of workers' compensation stakeholders in Nashville, Tennessee in April 2010. The 30 participants included occupational physicians, major employers, major claims payers, and workers' compensation system regulators.

The stakeholders strongly agreed that it is vital to ensure the medical care that injured and ill workers receive enables them to obtain a timely recovery and stay in, or return to, the workforce in a safe manner so they remain productive contributors and taxpayers rather than becoming dependent on society. It is also essential that the cost of providing that medical care be reasonable for employers.

However, the stakeholders laid out many specific examples of ways in which current incentives are poorly aligned for achieving those objectives. Thus, a consensus emerged that the workers' compensation system is in need of new thinking and new directions with regard to incentives and rewards aimed at getting more qualified physicians to participate in the system, employ best practices, and produce better overall outcomes at a competitive cost.

Stakeholders also agreed that increasing the availability of physicians who provide high-value services is essential to improving the workers' compensation system, and that efforts must be made to recognize and reward those within the physician community who do so.

With that principle in place, stakeholders agreed that the workers' compensation system would benefit from a more formal definition of what constitutes "high-value services" by physicians, as well as a practical guide intended to help system participants seek out and work with such physicians.

The **Guide to High-Value Physician Services in Workers' Compensation** has been written for that purpose. It is intended for use by workers, employers, payers and others in the workers' compensation system. The goal is to help them identify the best available physicians in a particular geographical area to provide initial and follow-up care for everyday uncomplicated work-related injuries and illnesses, as well as to provide more specialized services such as specialty or surgical care for toxic exposures or serious injuries, patient-

management challenges such as stalled recovery and delayed return to work, as well as technical issues such as causation analysis, independent medical evaluations, or impairment ratings

Getting Started

Studies show that there is significant variability in quality of care, clinical outcomes and costs among physicians. Some physicians are better at diagnosis than others; some have a better "bedside manner"; some are better surgeons, and so on. Simply providing more medical treatments is not always consistent with evidence on how to practice effective, high quality medicine. In fact, overly aggressive and complex treatments, or unnecessarily protracted care, can sometimes be more harmful than too little care. Evidence-based high quality care, better medical outcomes and low overall episode costs often go hand in hand because the physician has been very thoughtful about what he or she is doing and trying to deliver the most beneficial impact with the least use of everyone's time and money. So, it is wise to seek out physicians who employ the best medical practices rather than those who simply offer more medical treatment.

But how do workers, employers, insurers, and other participants in the workers' compensation system go about the task of finding the right physicians to provide care? With thousands of physicians participating in the system, how can we accurately determine those who achieve the best results?

The best approach is to **seek out physicians who send signals that they are likely to produce good overall outcomes** within the system. Without solid outcome data, it is impossible to be certain which doctors really are the best, but such data is usually not available. This guide helps you identify a set of observable variables, which, when in place, serve as indicators of "high-value physician services."

Definition of high-value services

What exactly do we mean by "high-value physician services" in workers' compensation? Participants in the workers' compensation system are seeking the best overall results when it comes to treating injured or ill workers, but they have slightly different definitions of what they want. For the workers themselves, good results may mean having received timely, courteous, and effective care that returned them to health as quickly as possible with the least discomfort, uncertainty, economic upset, and life disruption. For employers, good results may mean getting workers back on the job in the most time-efficient manner possible, with the best long-term health outcomes, to ensure the overall health and productivity of the workforce.. Both employers and insurers may define a good outcome as an acceptable ratio of overall result to total effort and cost, including not only medical costs but also wage replacement, impairment awards, legal and claim-management costs. For physicians, a good outcome may mean having the professional satisfaction that comes from rapidly achieving the best possible functional result for a patient, and fair reimbursement for the value delivered.

In general, "high value" refers to the combination of optimal medical outcomes and cost effectiveness that is gained by adherence to best practices.

Think of it this way: **Physicians who provide high-value services produce the same or better results at comparatively lower overall costs per injury episode than other physicians do.** Keep in mind that these physicians may not be the lowest-cost providers on a per service basis, but a combination of consistently excellent outcomes and competitive pricing makes them the most desirable in terms of long-term results.

In general, physicians who provide high value services in workers' compensation:

- **Meet a basic set of requirements:**
    - **Are accessible when needed**
    - **Are appropriately credentialed**
    - **Have relevant professional experience and necessary proficiencies**
- **Practice medicine in a high quality manner by employing evidence-based treatment methods, by utilizing tests, procedures, and specialist services wisely , and by coordinating care**
- **Focus on functional recovery and minimize needless life disruption and work disability for the workers they treat**
- **Produce good overall medical and functional outcomes in a timely manner**
- **Satisfy the needs of the key parties in workers' compensation cases (worker, employer, payer and others who may become involved) to be treated with courtesy and to receive information and guidance provided without bias and with good communication skills.**

As you begin a search to find physicians who match these characteristics, two other principles are worth keeping in mind:

- **Find the "best available" physician**. The physician workforce is not evenly distributed. One can only build relationships with physicians who are actually available in a particular geographic area. This practical limitation means that the specific items laid out in this guide should not be seen as a mandatory list. In the opinion of the stakeholders who contributed to this guide, the best available physicians are those whose practices most closely reflect the characteristics laid out here and who are willing to provide services on mutually acceptable financial and administrative terms.
- **Build a working relationship focused on performance.** At the beginning, when looking for physicians with whom to initiate a relationship, there is usually less information available on which to base decisions than there will be later after having worked together. All parties should be clear that the continuation of the relationship is contingent on continued delivery of the high value services for which it was originally established. Building a relationship of trust also depends on disclosure at the outset of the measurements that will be used to gauge performance and how the measurement results will be communicated with the physician.

The High-Value Services Checklist

With a few guiding principles in place, you are now ready to begin your evaluation of services being delivered by the physicians available in your geographic area. To find the best available physicians, use the three-step process below, but feel free to carry out the steps in the order that makes sense for your circumstances.

1. Identify potential candidates.
2. Determine which physicians meet criteria for basic suitability in terms of access, credentials, and proficiency.

3. Look for high value signals by learning all you can about a physician's practice style and outcome metrics, if available.

Step One: Identifying Potential Candidates

To find potential candidates in a geographic area and to check references, try a combination of the techniques listed below. It is better to use more than one, so that information obtained from one source is corroborated by another. In some geographic areas, a qualified physician (MD or DO) may not be available. Sometimes a physician's assistant, nurse practitioner, or a chiropractor may be the best available alternative. It is important to have care providers available in whom injured workers will have trust. Reputations are important, but remember that they are subject to bias and some observers are more skilled than others.

- Call the medical or workers' compensation departments of large, well-respected, and well-managed employers nearby and ask them which physicians they work with and why.
- Consult with colleagues whose work has exposed them to the practices of many physicians in the community and ask them for some recommendations.
- To identify physicians or other treating clinicians with a special interest or training in occupational medicine and/or workers' compensation:
    - Consult the Doctor Finder on the website of the American College of Occupational & Environmental Medicine (ACOEM) (www.acoem.org).
    - Consult the state or county medical society as well as the state family-medicine, orthopedic, and chiropractic groups, and ask for a list of members of the occupational health or workers' compensation committee (if any).
    - Look for reputable online sources about physicians or check in the yellow pages for occupational physicians, industrial injury clinics, or workers' compensation clinics.
    - Another source of information is the lists of medical providers published by insurance carriers for their policy holders.

Step Two: Checking Criteria for Basic Suitability

Once you have identified a candidate physician, it is a good idea, if possible, to travel to and inspect the interior of his or her facility. Ask to meet the staff and the physician.

When you are on site at a physician's office, or speaking with a physician or staff, what should you be looking for? As you evaluate candidate physicians, their staffs and facilities, it is useful to start with three categories of basic criteria: **Access, credentials, and proficiency**.

Access

If you are recruiting a physician or physicians for a specific business location, check to ensure that the medical practice is:

- Located within a reasonable driving distance (or driving time) from the workplace
- Taking new patients and willing to take workers' compensation cases
- Ideally, open during the time the employer's business operates

- Able to take walk-in visits or provide same/next day appointments for urgent care needs
- Available for in-plant services, such as job evaluations, prevention consulting, and ancillary occupational therapy services.

For a panel of physicians to serve a broader, multi-employer context, access must be considered with respect to the center of density of employees covered. Access is rendered more difficult in a large, low-density service area. In such contexts, second-best solutions might be found for rendering emergency and urgent care, with referrals to other physicians for ongoing treatment of the injury.

Credentials

To ensure physician candidates have strong credentials, look for these criteria:

- Basic requirements are U.S. - accredited medical education and post-graduate training, a current and unrestricted medical license, and a practice history that indicates basic medical competency and moral fitness. The physician should have neither a significant medical malpractice history nor a record of multiple or serious medical licensing board complaints or sanctions. His/her credentials should have been independently verified, preferably through a formal process accredited by NCQA. (A physician with hospital privileges has usually had this done.)
- Board certification in the physician's current field of practice is preferable. Although less commonly available, occupational medicine specialists – especially those who are board certified or who have attained fellowship status with organizations such as ACOEM – are likely to be proficient and possess core competencies that will affect the outcomes you seek for injured and ill workers.

Proficiency:

A proven background and demonstrated familiarity with workers' compensation or occupational medicine is strongly recommended for initial care providers. How much experience does your physician candidate have in occupational health? This is a crucial question and one that can be measured in several ways:

- A documented history of specialized course work, continuing medical education, past professional experience or actual work samples would constitute acceptable evidence of necessary proficiency.
- Ideally, the physician should already be treating workers' compensation injuries regularly and be familiar with the applicable workers' compensation system in general as well as with the role prescribed in it for physicians. This includes the definitions and implications of key terms (such as work-related, aggravation, maximum medical improvement, etc.), the specific decisions the physician is expected to make, and the methodology for making those decisions.
- In addition, the physician should have some understanding of the Family Medical Leave Act and the Americans with Disabilities Act, since these laws are also often involved in workers' compensation cases.
- In order for a physician to become proficient in these matters, it is helpful to have served as a company's medical director and/or devoted at least 25% of their practice to workers' compensation. In keeping with the principle of seeking the "best available" physician, note that in some geographic areas there may be insufficient workers' compensation case volume to meet the above criteria.

- Membership in the workers' compensation committee of a state society, or in the American College of Occupational and Environmental Medicine or other relevant professional national organization, can be used as a signal of commitment to the field. This also demonstrates evidence of ready access to additional professional resources if needed.
- In some cases, employers or insurers may need to identify physicians with specific proficiencies required by the expected injuries and hazards in a particular type of industry or work setting.
    - For typical workers' compensation injuries, this means being skilled at dealing with musculoskeletal conditions, eye injuries, lacerations, skin burns and rashes.
    - If the employer is in a regulated or hazardous industry, the physician must be familiar with such things as Department of Transportation (DOT) and Medical Review Officer (MRO) regulatory requirements, regulation of toxic materials, and surveillance programs mandated by the Occupational Safety and Health Administration (OSHA).
    - Physicians who will be doing independent medical examinations or impairment ratings should be proficient in the use of any prescribed terminology, forms or methodology (for example, the American Medical Association's Guides to the Evaluation of Permanent Impairment); have a reputation for both being impartial and producing acceptable quality written reports (or provide samples); and be willing to testify if needed. Proficiency as an independent medical examiner may be demonstrated through certification by the American Board of Independent Medical Examiners or the American Academy of Disability Evaluating Physicians.
    - If referrals to specialists can be anticipated because invasive tests or surgeries are often required, the initial-care physician should know and work well with surgeons who have demonstrated expertise at and good surgical results from the most likely procedures. It is preferable to find physicians who make surgical decisions based upon evidence-based medicine principles because of the faster recovery times and reduced overall cost.

Step Three: Learning About a Physician's Practice Style and Outcome Metrics

Once basic suitability has been established, the search for the differentiators that create high value can begin in earnest. The signals sent by a physician's **practice style** are critical. Outcome metrics can provide objective confirmation if they are available and well-constructed.

Practice Style

How physicians practice medicine – their everyday medical choices and behaviors – has a profound influence on outcomes. Services perceived as high value include:

- **A suitable practice setting**. The medical office should be easy to find, well-located and well-organized, and have no access barriers for patients arriving in wheelchairs, using crutches, etc. The medical care process should be efficient, with reasonable waiting times.
- **Good communication skills**. Front office staff should be congenial and culturally-sensitive. The physician should be courteous, exhibit good listening skills, and spend time educating and answering questions. The entire office should interact well with the employer or claims payer: promptly sending

written reports and guidance about work abilities written in understandable language, calling the employer before putting a worker off work, appointing a staff member as liaison to handle routine issues, coming to the phone and answering questions when necessary, and reaching out when something unusual or unexpected happens.

- **Accurate diagnosis, effective treatment, and focus on functional recovery**. The physician should use evidence-based diagnostic, treatment, and work disability prevention methods, especially those that are known to be most effective, safe, and economical. If there are jurisdiction-specific protocols or guidelines, the physician should follow them unless there is a clear medical reason why another course of treatment is indicated. The physician should encourage medically safe activity during recuperation, and provide updated information to the patient and claim adjuster about work ability at every visit.
- **If the medical condition does not resolve as expected,** the physician should take appropriate action to modify treatment, expedite recovery, and prevent needless work disability, taking steps at appropriate time intervals to reevaluate the initial diagnosis and treatment plan and consider referral to specialists.

Outcome metrics

Some outcome-oriented physicians today are already doing their best to document their own performance. Ask to see what the physician is tracking and what reports are available. Often, a medical practice is hampered by lack of knowledge of what has happened beyond the clinic's walls. They may have no information about medical costs engendered by others (prescriptions, testing, specialists). Nor do they have information about the costs of wage replacement for patients who are off work, and so on. An outcome-oriented physician will generally be eager to learn about this information.

Only the party that pays for both medical and indemnity costs has all of the information needed to create a "big picture" view of the case. However, the owner of the information may not have the analytical capacity to create meaningful performance metrics for individual physicians. Also, the payer may not be willing to share detailed performance information with doctors.

When information is available, it can be offered as feedback to outcome-oriented physicians who will generally be eager to see it. In order to obtain the best results, send any data ahead of time -- for example a week before a meeting -- in order to give the physician time to inspect and analyze it, and to look up information about specific cases. The information also allows comparison among physicians to provide useful objective evidence of comparative outcomes. As a courtesy, it is better not to provide the names of any physician other than the one whose performance is being discussed.

Note that these metrics often provide a distorted picture, so it is advisable to acknowledge that possibility in advance. For example, you may find that so few patients have been treated that one unusual case has thrown off the averages. Or, you may find that the period of observation is so short that the true pattern of practice has not emerged.

Physicians who deliver the highest-value services will not necessarily be those with the lowest or highest scores at any one point in time. For example, a physician who sees a small number of patients one year may appear to have a very low cost per claim after skimping on services and causing dissatisfaction among his or her patients. The following year, those same patients may have changed doctors, sought the assistance of a lawyer, and the total costs of those injuries will have risen significantly. Likewise, a physician may get referrals

of very complex, difficult cases, which would naturally be associated with higher-than-average costs and longer disability.

Outcome metrics that may be useful include:

- For the group of all claims in which a physician served as initial treating physician:
    - Average billings for this physician per 100 claims (medical only plus lost time claims)
    - Average total cost per claim (all medical costs plus indemnity)
    - Percentage of all patients with new injuries seen on date of appointment request or within 24 hours
    - Percentage returned to full duty next day
    - Percentage of all new injuries that became lost time claims
    - Lost workday rate / 100 patients (includes medical only and lost time claims)
    - Percentage returned to full duty work within disability duration guidelines
    - Percentage that were referred for diagnostic imaging or testing at various intervals
    - Percentage of MRIs and other expensive texts that did not meet guidelines
    - Percentage referred for physical therapy at various intervals
    - Percentage referred for specialist care at various intervals
    - Percentage of surgical procedures that did not meet guidelines
    - Percentage of cases with subsequent litigation
    - Percentage of cases with complaints about a provider or low satisfaction scores on surveys
- For each individual claim treated by the physician:
    - Total days out of work on TTD (all causes)
    - Total days out of work on this physician's order
    - Total number of lost work days after physician release (employer-caused)
    - Total days working modified duty
    - Total claim cost (all medical costs plus indemnity)
    - Duration of the claim
    - Interval between first and final visit to this physician.

Final Steps and Long Term Planning

After you have completed your basic assessment, you may ask a representative of the medical facility to fill out a written application and to review your protocols (if any) and sign a memorandum of understanding (MOU) to follow them. As a signal of your intentions to establish a real working partnership, consider asking the lead physician and the practice administrator to sign the MOU. It is best to make the MOU a separate document incorporated by reference into any financial contract.

As discussed earlier in the Guide, it is important to make it clear early on your expectations for a two-way, collaborative, relationship. It should be contingent on continued delivery of the high-value services for which the physician has initially been selected and on your continued delivery on your commitments, as well. Once a relationship has been established, it is helpful to have a framework for evaluating adherence to those criteria.

Periodic Review

A periodic evaluation to decide whether to continue a relationship with a physician should include a review of available outcome metrics (see above) and an assessment of how well the relationship has been meeting all parties' needs:

- Worker satisfaction (measured by number of complaints or survey).
- Employer and claims/case-manager satisfaction (measured by number of complaints or survey) especially ease of communication, flow of information, compliance with administrative procedures, report quality and timeliness.
- Physician satisfaction (measured by overall satisfaction with the relationship)

Cause for Immediate Suspension / Review

- A pattern of inadequate service combined with a failure to respond to feedback with corrective action.
- A single complaint of illegal or significantly inappropriate behavior (fraud, sexual misconduct, discrimination) should result in immediate suspension of referrals followed by careful investigation and formal review prior to possible resumption or termination of the relationship.

Conclusion

Choosing the right physicians to take care of workers with work-related injuries is essential, but the process can be challenging. By using a methodical approach such as has been laid out in this Guide, you can ensure greater likelihood of finding the best available physicians in your geographic area.

Remember that finding the "best" physician is a relative term. You will need to balance many factors as you seek out physician candidates.

By aiming high, however, and seeking out physicians to work with who deliver high-value services, you will be helping upgrade the workers' compensation system overall by rewarding the doctors who provide the best possible medical services and outcomes at competitive cost within the system.

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Note: Some participants at the Nashville meeting may not have contributed to this Guide, nor are all the participants necessarily in agreement with the statements made herein.

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