Coordination is Everything!

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Optimal Workers’ Compensation Medical/Claims Management

• Immediate assessment and correction of the workplace by safety professionals
• Diagnosis, treatment and follow-up performed at a convenient site by engaged medical providers
• Referrals to skilled specialists with knowledge of the workers’ compensation system
• Nurse case manager facilitates the diagnostic and treatment process or constrains inappropriate care
Continuous, close management of injury and comorbidities to assure early return-to-work and appropriateness of medical care

Information transfer between all parties – safety, medical, claims, and supervisors – Twice monthly “Rounds” to discuss claimants’ workplace modifications and treatment

Performance metrics shared with all parties quarterly
MEDICAL AND INDEMNITY LOSSES (PER 100 $ OF PAYROLL) BY YEAR FOR LOST TIME CLAIMS (JHU/JHHC)

Cost (per $100 of payroll)

Fiscal Year

'91 '92 '93 '94 '95 '96 '97 '98 '99 '00 '01 '02 '03 '04 '05 '06 '07 '08 '09 '10 '11 '12 '13 '14 '15 '16 '17

Losses for New LT Claims  Losses for Old LT Claims
### Clinic Comparisons of the Top 5 Most Frequented Clinics for PT by PT Visits

**Categories, Non-Surgical, Closed, Indemnity Claims**

<table>
<thead>
<tr>
<th>CLINIC NAME</th>
<th>AVERAGE MEDICAL COST</th>
<th>AVERAGE PT COST</th>
<th>AVERAGE INDEMNITY COST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>0-3</td>
<td>4-9</td>
</tr>
<tr>
<td>CLINIC A</td>
<td>$15,022</td>
<td>$984</td>
<td>$3,563</td>
</tr>
<tr>
<td>CLINIC B</td>
<td>$25,273</td>
<td>$1,828</td>
<td>$3,916</td>
</tr>
<tr>
<td>CLINIC C</td>
<td>$29,041</td>
<td>$2,241</td>
<td>$4,022</td>
</tr>
<tr>
<td>CLINIC D</td>
<td>$3,130</td>
<td>$971</td>
<td>$3,468</td>
</tr>
<tr>
<td>CLINIC E</td>
<td>$35,358</td>
<td>$1,817</td>
<td>$4,740</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLINIC NAME</th>
<th>AVERAGE # of PT Visits</th>
<th>AVERAGE # of PT Services/Visit</th>
<th>Lost-Time (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>0-3</td>
<td>4-9</td>
</tr>
<tr>
<td>CLINIC A</td>
<td>2.8</td>
<td>0.1</td>
<td>7.0</td>
</tr>
<tr>
<td>CLINIC B</td>
<td>8.6</td>
<td>0.9</td>
<td>6.1</td>
</tr>
<tr>
<td>CLINIC C</td>
<td>13.6</td>
<td>1.3</td>
<td>6.5</td>
</tr>
<tr>
<td>CLINIC D</td>
<td>0.1</td>
<td>0.0</td>
<td>6.7</td>
</tr>
<tr>
<td>CLINIC E</td>
<td>7.3</td>
<td>0.6</td>
<td>6.2</td>
</tr>
</tbody>
</table>
“Quality medical management aggressively applied by empowered, yet, accountable physicians trained and disciplined in common occupational care management methods and unencumbered by precertification requirements, will minimize cost and disability.”
Selection of OG Healthcare Providers

- 200 policy holders with largest number of claims
- Occupational medicine providers located near 200 largest insureds
- Occupational medicine providers name practitioners in referral network
- Ground rules established
LWCC Omnet Gold (OG) Design

• Managing Care Physician (MCPs) make up the core of OG
  • Initial treatment
  • Track medical care
• MCPs are occupational medicine practitioners
• Supporting healthcare providers are orthopedic surgeons, neurosurgeons, physiatrists, chiropractors, and physical therapists
Omnet Gold Claims Processing

MCP

Injury Occurs

Injured Employee
Referred or Identified
by MCP

Case Accepted by MCP
and File Opened -
Case Mgr Assigned

Treatment Provided
by MCP And
Specialty Healthcare
Providers

MCP Case Mgr.
Coordinates Medical
Care and RTW

Case Mgr,
Case Rep. and
Voc. Consult. Assigned

LWCC

Claim Reported
to LWCC –
Compensability Determined
and Case Flagged

Cases Tracked by Case
Mgr, Case Rep. and Prof
Health Care Serv.

Prof. Health Care Serv. and Voc. Consult.
Coordinates RTW With MCP Case Mgr
Comparison of Mean Cost and Lost Time by Type of Injury (International Classification of Diseases, 9th Revision [ICD-9] Codes); OG versus Non-OG Claims

<table>
<thead>
<tr>
<th>Current ICD-9</th>
<th>Diseases/Injuries</th>
<th>Claims</th>
<th>Lost Time Days</th>
<th>Cost</th>
<th>Difference</th>
<th>Cost</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Non-OG</td>
<td>Non-OG</td>
<td></td>
<td></td>
<td>Non-OG</td>
<td></td>
</tr>
<tr>
<td>7242</td>
<td>Lumbago</td>
<td>57</td>
<td>242.2</td>
<td>$37,411</td>
<td>57.4</td>
<td>$25,849</td>
<td>11,762</td>
</tr>
<tr>
<td>8472</td>
<td>Sprain lumbar region</td>
<td>62</td>
<td>188.2</td>
<td>$30,472</td>
<td>149.1</td>
<td>$27,535</td>
<td>21,711</td>
</tr>
<tr>
<td>72210</td>
<td>Lumbar disc Displacement</td>
<td>24</td>
<td>359.4</td>
<td>$68,944</td>
<td>91.3</td>
<td>$70,855</td>
<td>3939</td>
</tr>
<tr>
<td>7231</td>
<td>Cervicalgia</td>
<td>30</td>
<td>205.7</td>
<td>$47,431</td>
<td>7273.0</td>
<td>$28,195</td>
<td>19,236</td>
</tr>
<tr>
<td>8470</td>
<td>Sprain of neck/strain</td>
<td>26</td>
<td>282.0</td>
<td>$35,519</td>
<td>278.6</td>
<td>$65,557</td>
<td>28,961</td>
</tr>
<tr>
<td>7295</td>
<td>Pain in limb</td>
<td>19</td>
<td>174.9</td>
<td>$31,898</td>
<td>112.3</td>
<td>$29,720</td>
<td>21,78</td>
</tr>
<tr>
<td>71946</td>
<td>Joint pain-L/leg</td>
<td>16</td>
<td>185.8</td>
<td>$23,766</td>
<td>138.4</td>
<td>$27,715</td>
<td>3949</td>
</tr>
<tr>
<td>72252</td>
<td>Lumbosacral disc degeneration</td>
<td>6</td>
<td>380.8</td>
<td>$47,681</td>
<td>179.0</td>
<td>$19,345</td>
<td>28,336</td>
</tr>
<tr>
<td>8471</td>
<td>Region/strain</td>
<td>8</td>
<td>200.1</td>
<td>$30,513</td>
<td>13.3</td>
<td>$2196</td>
<td>28,316</td>
</tr>
<tr>
<td>8460</td>
<td>Sprain, lumbosacral/strain</td>
<td>10</td>
<td>149.3</td>
<td>$18,108</td>
<td>7.8</td>
<td>$2277</td>
<td>15,832</td>
</tr>
<tr>
<td>71947</td>
<td>Joint pain-ankle</td>
<td>8</td>
<td>146.0</td>
<td>$19,085</td>
<td>16.7</td>
<td>$5612</td>
<td>13,473</td>
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<tr>
<td>84500</td>
<td>Sprain of ankle not otherwise specified</td>
<td>15</td>
<td>58.5</td>
<td>$9065</td>
<td>11.9</td>
<td>$3693</td>
<td>5372</td>
</tr>
<tr>
<td>8409</td>
<td>Sprain shoulder/arm not otherwise specified</td>
<td>14</td>
<td>45.2</td>
<td>$9571</td>
<td>23.6</td>
<td>$5381</td>
<td>4190</td>
</tr>
<tr>
<td>8830</td>
<td>Open wound of finger</td>
<td>16</td>
<td>24.9</td>
<td>$5942</td>
<td>23.3</td>
<td>$5158</td>
<td>783</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>311</td>
<td>211.2</td>
<td>$32,920</td>
<td>95.0</td>
<td>$15,439</td>
<td>17,481*</td>
</tr>
</tbody>
</table>

Note: This table includes all ICD-9 codes with at least three claims in each group. OG less than non-OG for all ICD-9 codes in terms of cost, except for ICD-9 72210 and 71946. The average difference was $17,481 per claim. OG less than non-OG for all ICD-9 codes in terms of disability duration (lost time), except for 72210. The average difference was 116 days.

*P < 0.01.
OG indicates Omnet Gold.
Average Claim Cost by Claim Duration

![Graph showing average claim cost by claim duration](graph.png)
UTHA Workers’ Compensation Patient Flow Algorithm

**Specialty Referrals into UTHA**
- Case Manager (CM) obtains patient demographics/claim number/adjuster information.
- CM requests referral/records from treating facility.
- CM confirms case is accepted/open (resolves disputes, if any).
- Records sent to specialist prior to patient arrival for review.
- Once referral has been approved and records reviewed (TX Mutuals does not require pre-auth. for in-network providers), patient will be scheduled.
- CM will send calendar invite to specialist confirming patient appt.
- Patient seen by specialist.

**Injury Occurs**
- Patient/employer requests appt. or Patient walks in.
- CM gathers adjuster info and establishes claim #.
- Patient seen by NP.
- Regular duty or restrictions placed.
- CM sends 72/provider note to carrier.
- If patient referred internally (UTHA) or externally, CM will gather paperwork, obtain pre-auth., and follow referral until complete.
- CM will coordinate care w/adjuster, provide, patient and referral facility (if applicable).

**Initial Treating Physician**
- CM obtains patient demographics, claim number/adjuster information.
- Patient fills out “request to change treating provider” form.
- CM requests records from previous treating physician/adjuster.
- CM requests referral/records from current treating facility.
- CM confirms case is accepted/open (resolves disputes, if any).
- Records reviewed by WorkLife Clinicians.
- Once review process is complete, patient contacted to schedule appt.
- Patient seen by new treating physician.

**Change of Treating Physician**
- CM conducts monthly case management meetings with carrier, specialist, NF’s, and adjusters to discuss cases individually to facilitate medical care and to return to work.
- CM serves as a liaison for insurance carriers, medical care providers, attorneys, employers and employees to coordinate prompt claim closure.