COUNTY MANAGEMENT & RISK CONFERENCE
APRIL 10-12, 2019 | SAN MARCOS
RESOURCES AND SOLUTIONS FOR COUNTIES
Coordinating Medical Treatment for Desired Outcomes in Workers’ Compensation: A Panel Discussion

Presenters:
Edward J. Bernacki, MD, MPH - Professor of Population Health, Executive Director of Health Solutions, The University of Texas at Austin Dell Medical School
Helana Barmore, WC Claims Manager – York Risk Services Group
Jerri Hettinger, HR Director – Comal County
Stacy Corluccio, RMS Claims Manager- TAC
Medical Treatment for Injured Workers

• Employer-guided, not controlled
• Pool role
  • facilitate, not direct treatment
  • seek alternate opinions on appropriateness of healthcare when current treatment is not aimed at recovery/outcomes
• Political Subdivision Workers’ Compensation Alliance – “The Alliance”
  • Optional participation for members
  • Exceptions made for needs in rural areas, specialists etc.
Return to Work vs. Maximum Medical Improvement (MMI)

• What is the difference?
• Does one affect the other?
• What is the county dilemma here?
• How do you (as a WC coordinator) resolve the dilemma?
Monitoring for Lost Time

• Report when employee is losing time from work before Maximum Medical Improvement

• Help TAC RMP to avoid the administrative penalties

• Supervisor communication is vital!
  • Must report to HR, Treasurer, Auditor, or whomever is responsible for Supplemental Report of Injury (DWC-6)
Coordination is Everything!

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Executive Director of Health Solutions
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TAC-County Management & Risk Conference
Embassy Suites Hotel and Conference Center
1001 E. McCarty Lane
San Marcos, Texas

April 11, 2019
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’ work place 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)
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 0-3 4-9 10-14 15+</td>
<td>Overall 0-3 4-9 10-14 15+</td>
<td>Overall 0-3 4-9 10-14 15+</td>
</tr>
<tr>
<td>CLINIC A</td>
<td>$15,022 $2,564 $6,537 $14,507</td>
<td>$1,323 $2,004 $1,378 $2,976</td>
<td>$7,557 $1,322 $5,614 $14,295</td>
</tr>
<tr>
<td>CLINIC B</td>
<td>$25,273 $1,828 $3,916 $16,404</td>
<td>$1,753 $316 $1,005 $1,996</td>
<td>$4,427 $6,064 $2,300 $7,511</td>
</tr>
<tr>
<td>CLINIC C</td>
<td>$29,041 $2,241 $4,022 $16,699</td>
<td>$3,713 $537 $1,631 $3,069</td>
<td>$6,712 $6,207 $2,712 $4,340</td>
</tr>
<tr>
<td>CLINIC D</td>
<td>$3,130</td>
<td>$971</td>
<td>$3,496</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 0-3 4-9 10-14 15+</td>
<td>Overall 0-3 4-9 10-14 15+</td>
<td>Overall 0-3 4-9 10-14 15+</td>
</tr>
<tr>
<td>CLINIC A</td>
<td>2.8 0.1 7.0 11.0 25.1</td>
<td>3.2 2.3 3.3 3.5 3.4</td>
<td>0.9 0.5 1.4 2.2 4.4</td>
</tr>
<tr>
<td>CLINIC B</td>
<td>8.6 0.9 6.1 11.9 26.3</td>
<td>3.4 3.6 3.6 3.6 3.6</td>
<td>1.9 0.8 1.4 2.4 4.8</td>
</tr>
<tr>
<td>CLINIC C</td>
<td>13.6 1.3 6.5 12.2 27.5</td>
<td>5.3 5.0 5.5 5.5 5.3</td>
<td>2.0 0.9 1.1 1.5 3.7</td>
</tr>
<tr>
<td>CLINIC D</td>
<td>0.1 0.0 6.7 12.0 1.5</td>
<td>1.5 1.5 1.5 1.5 1.5</td>
<td>0.5 0.5 1.2 2.8</td>
</tr>
<tr>
<td>CLINIC E</td>
<td>7.3 0.0 6.2 11.6 26.4</td>
<td>3.4 3.4 3.7 3.9 3.7</td>
<td>1.6 0.8 1.1 1.3 2.1 4.6</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

**LWCC**

- Claim Reported to LWCC – Compensability Determined and Case Flagged
  - Case Mgr, Case Rep.and Voc. Consult. Assigned
    - 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></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Non-OG</td>
<td>OG</td>
<td>Non-OG</td>
<td>OG</td>
<td>Difference</td>
<td>Non-OG</td>
<td>OG</td>
<td>Difference</td>
</tr>
<tr>
<td>7242</td>
<td>Lumbago</td>
<td>57</td>
<td>7</td>
<td>242.2</td>
<td>184.7</td>
<td>57.4</td>
<td>$37,411</td>
<td>$25,649</td>
<td>$11,762</td>
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<tr>
<td>8472</td>
<td>Sprain lumbar region</td>
<td>62</td>
<td>8</td>
<td>188.2</td>
<td>39.1</td>
<td>149.1</td>
<td>$30,472</td>
<td>$8761</td>
<td>$21,711</td>
</tr>
<tr>
<td>72210</td>
<td>Lumbar disc Displacement</td>
<td>24</td>
<td>3</td>
<td>359.4</td>
<td>450.7</td>
<td>-91.3</td>
<td>$68,944</td>
<td>$70,855</td>
<td>$-1911</td>
</tr>
<tr>
<td>7231</td>
<td>Cervicalgia</td>
<td>30</td>
<td>4</td>
<td>295.7</td>
<td>278.5</td>
<td>17.2</td>
<td>$47,431</td>
<td>$28,195</td>
<td>$19,236</td>
</tr>
<tr>
<td>8470</td>
<td>Sprain of neck/strain</td>
<td>26</td>
<td>8</td>
<td>282.0</td>
<td>28.0</td>
<td>254.0</td>
<td>$35,519</td>
<td>$6557</td>
<td>$28,961</td>
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<tr>
<td>7295</td>
<td>Pain in limb</td>
<td>19</td>
<td>4</td>
<td>174.9</td>
<td>112.3</td>
<td>62.6</td>
<td>$31,898</td>
<td>$29,720</td>
<td>$2178</td>
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<tr>
<td>71946</td>
<td>Joint pain–L/leg</td>
<td>16</td>
<td>5</td>
<td>195.8</td>
<td>138.4</td>
<td>57.4</td>
<td>$23,766</td>
<td>$27,715</td>
<td>$-349</td>
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<tr>
<td>72252</td>
<td>Lumbosacral disc</td>
<td>6</td>
<td>4</td>
<td>380.8</td>
<td>179.0</td>
<td>201.8</td>
<td>$47,681</td>
<td>$19,345</td>
<td>$28,336</td>
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<tr>
<td>8471</td>
<td>Region/strain</td>
<td>8</td>
<td>3</td>
<td>260.1</td>
<td>13.3</td>
<td>246.8</td>
<td>$30,513</td>
<td>$2196</td>
<td>$28,316</td>
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<tr>
<td>8460</td>
<td>Sprain, lumbosacral/strain</td>
<td>10</td>
<td>5</td>
<td>149.3</td>
<td>7.8</td>
<td>141.5</td>
<td>$18,108</td>
<td>$2277</td>
<td>$15,832</td>
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<tr>
<td>71947</td>
<td>Joint pain–ankle</td>
<td>8</td>
<td>3</td>
<td>146.0</td>
<td>16.7</td>
<td>129.3</td>
<td>$19,085</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>7</td>
<td>58.5</td>
<td>11.9</td>
<td>46.6</td>
<td>$9065</td>
<td>$3693</td>
<td>$5372</td>
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<tr>
<td>8409</td>
<td>Sprain shoulder/arm not otherwise specified</td>
<td>14</td>
<td>5</td>
<td>45.2</td>
<td>23.6</td>
<td>21.6</td>
<td>$9571</td>
<td>$5381</td>
<td>$4190</td>
</tr>
<tr>
<td>8830</td>
<td>Open wound of finger</td>
<td>16</td>
<td>3</td>
<td>24.9</td>
<td>23.3</td>
<td>1.6</td>
<td>$5942</td>
<td>$5158</td>
<td>$783</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>311</td>
<td>69</td>
<td>211.2</td>
<td>95.0</td>
<td>116.2</td>
<td>$32,920</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.
Proportion of Lost Time Claims (Closed) by Claim Duration

% Closed

Claim Duration

0 10 20 30 40 50 60 70 80 90 100

1-180 days 181-360 days 361-720 days >720 days

Non-OG OG

JOEM Volume 48, Number 9, September 2006
"An Investigation of the Effects of a Healthcare Provider Network on Costs and Lost Time in Workers’ Compensation"
Average Claim Cost by Claim Duration

- Non-OG
- OG
UTHA Workers’ Compensation
Patient Flow Algorithm

Specialty Referrals into UTHA
Case Manager (CM) obtains patient demographics/claim number/adjuster information

- CM request 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 Mutual does not require pre-auth., for in-network providers), patient will be scheduled

CM will send calendar invite to specialist confirming patient app.

Patient seen by specialist

Injury Occurs

Initial Treating Physician
Patient/employer requests app't or patient walks in

CM gathers adjuster info and establishes claim #

Patient seen by NP

Regular duty or restrictions placed

CM sends 73/provider note to carrier

If patient referred internally (UT44) or externally, CM will gather paperwork, obtain pre-auth., and follow referral until complete

CM will coordinate care w/adjuster, provider, patient and referral facility (if applicable)

Change of 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 app't.

Patient seen by new treating physician

CM conducts monthly case management meetings with carrier, specialist, NP'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.
Miscellaneous Topics?

Member questions on other topics welcome!
Contact Us!

• Helana Barmore, WC Claims Manager - York Risk Services Group, (512) 427-2415, Helana.barmore@yorkrisk.com

• Stacy Corluccio, Claims Manager, TAC – (512) 478-8753, Stacyc@county.org