



# Welcome to Work Disability Prevention Rounds

with host Dr. Jennifer Christian

**Today's Topic: When More Is Needed**

***Referral Resources & Reimbursement for WDP Services***

**Call-in number: 218-862-7200 Conf code: 513651**

September 13, 2011

# Today's Guests

- **Marc Leib, MD, JD**  
Medical Director, AHCCCS
- **Randolph Soo Hoo, MD, MPH, FACOEM**  
Occupational Medicine, Tucson, AZ
- **Peter Swann, MD**  
Occupational Medicine, San Francisco, CA
- **Jennifer Halden**  
Pre-injury consultant, Chartis Insurance;  
President, AZ Work Disability Prevention Assn.

# Today's Patients

- *Angelo is a 38 year old new employee at a light manufacturing facility who sprained his shoulder at work three weeks ago – and his employer can't find any work for him within his restrictions.*
- *Verna is a 57 y/o cafeteria worker with diabetes, hemiparesis post CVA, severe dependent edema, a non-healing leg wound – and is now depressed because she really wants / needs to work but can't figure out how.*

# Virtual Technology

- Email sent yesterday has:
  - phone number for audio portion
  - web address (url) for visual portion.
- Visual portion is optional.
- For help with audio or visual connection, call 508-397-1204 or 508-358-1681.
- Press 4\* on your phone to mute / un-mute your line.

# Design of Session

- Talk Show Format
- Introductions / Instructions / Orientation
- Review Foundational Concepts
- Discuss Vignettes and Related Topics
  - *Angelo's shoulder injury*
  - *Verna's edema*
- Conclude formal session
- 1:15 – 1:30 Open microphone / Q&A session
  - Your Examples, Comments, Cases, or Questions

# Educational Objectives

As a result of participating in this series you will:

- Feel more prepared to respond appropriately to difficult issues that frequently arise in the SAW-RTW.
- Be able to identify and tease apart the medical and non-medical issues at play in a difficult SAW-RTW situation and handle them separately.
- Select an approach that will leave the patient feeling heard and satisfied while preventing needless work disability.

# Financial Disclosures

The faculty for this session, the program planners, and the University of Arizona Health Sciences Center CME committee made no financial disclosures that could be a conflict of interest.

See project website for more details.

# Today's Session Recording, Slides, Evaluations & CME Certificates

1. Go to Webility's project website  
[www.webility.md/az-cme](http://www.webility.md/az-cme)
2. Download audio recording and slides if desired.
3. Enter **invitation code for 9/13 session:**

**az-cme-more**

1. Fill out and return evaluation & CME request.
2. Certificate will be mailed to you.

## 3 Ways You Can Participate

1. Push 5\* on phone to raise your “Hand”
2. Just speak up during Q&A session
3. Write in the “chat” box on WebEx screen

#	ROUNDS TOPICS	DATE
1	Patient Management I: Doctors, Work & Cultural Beliefs	April 13 (Wed)
2	Difficult Situations I: Patient Advocate or Patsy?	May 10 (Tues)
3	Patient Management II: How to Set Early Expectations That Improve Outcomes	May 24 (Tues)
4	Therapeutic Approaches That Produce Better Treatment Results & Less Work Disability	June 8 (Wed)
5	Your Role as Designated Guesser: What Can This Patient Do at Work Now?	July 12 (Tues)
<b>6</b>	<b>Patient Management III: Dealing with Psychiatric Overlay</b>	<b>Aug 10 (Wed)</b>
<b>7</b>	<b>When More is Needed: Referral Resources and Reimbursement for Services</b>	<b>Sep 13 (Tues)</b>
8	Difficult Situations II: When You Are Told the Employer Has No Light Duty or Reasonable Accommodations	Oct 12 (Wed)
9	Difficult Situations III: The Rescuer Doctor: Power Imbalance and Social Justice Issues	Nov 8 (Tues)
10	Make Your Job Easier: Get Everyone On the Same Page From the Start	Dec 14 (Wed)

# Our Sponsors & Friends



Arizona Employment &  
Disability Partnership



Arizona Health Sciences Center

# Meet Today's Guests

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# Angelo, the Assembly Line Worker

- This is Angelo's 4th visit since he sprained his right shoulder at work 3 weeks ago. He caught himself with his arm when he tripped on the way down a couple of stairs. His job requires overhead work. He's only been working there 4 months.
- You saw him on the DOI when he c/o of pain but demonstrated full AROM. Dx: Mild shoulder sprain.
- Tx to date: Ice, NSAIDs, instructions to maintain ROM without stressing the joint. Your activity Rx read "no reaching above shoulder height, no pushing, pulling or lifting >10 lbs."
- Angelo says his employer has not been able to find any light duty for him. He doesn't want to make a fuss – is concerned he will lose his job. And he needs money.

# Verna, the Cafeteria Worker

- 57 y/o widowed female with stable diabetes, HTN, hemi-paresis 3 yrs post CVA with severe dependent edema in both legs. She has been your patient for >10 years.
- Verna RTW after her stroke, but has now been OOW for months due to a work-related skin wound on her R shin that has failed to heal. 6 weeks ago she had her latest surgery to help close the wound. You wrote an activity Rx: “No work until wound has healed.”
- Now Verna says she really misses working. It keeps her busy and is where all her friends are. Life is really not worth living if she’s got nothing to do but sit at home. She’s feeling blue.

# When More Is Needed: Referral Resources & Reimbursement for WDP Services

*(How to Bill for Services that Prevent Needless Work  
Disability & Help People Keep / Get a Job -- or Get Benefits)*

**Setting the Context**

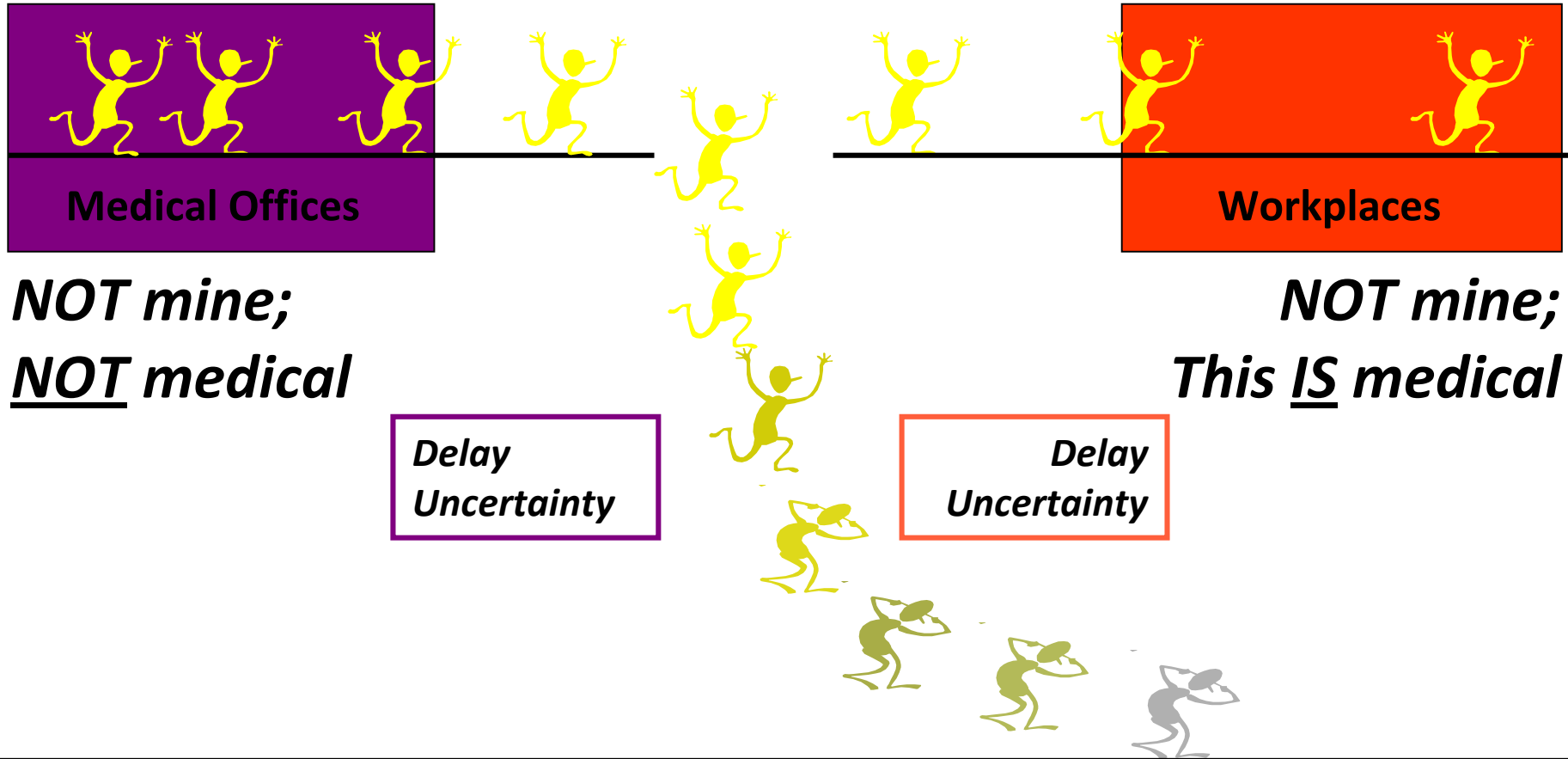
## Foundation for This Rounds Series

# **“Preventing Needless Work Disability by Helping People Stay Employed”**

A report with 16 recommendations to improve the SAW/RTW process from the American College of Occupational & Environmental Medicine (ACOEM) –

[www.acoem.org](http://www.acoem.org)

# The Gap: Whose Responsibility IS it?

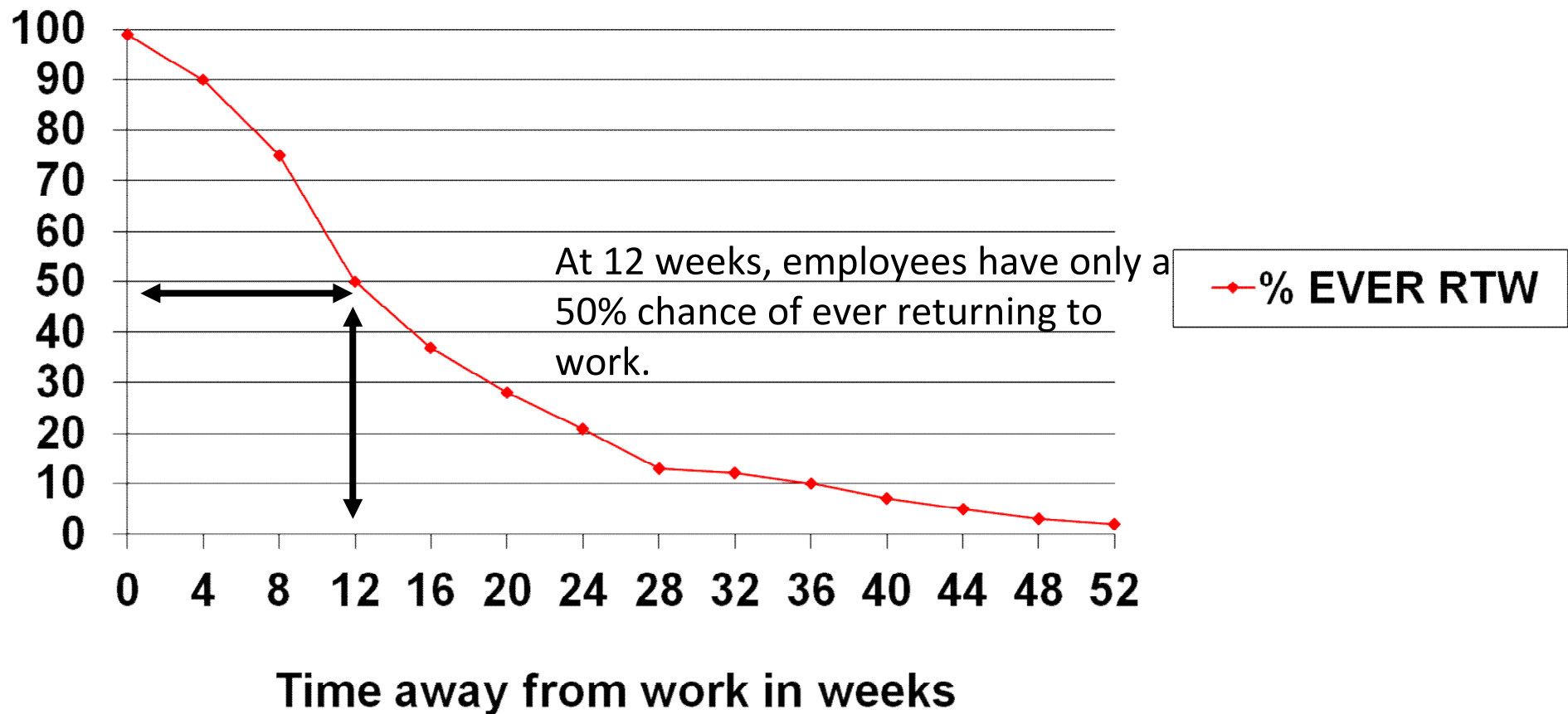


***Result: Needless Work Absence, Job Loss,  
Withdrawal from Workforce***

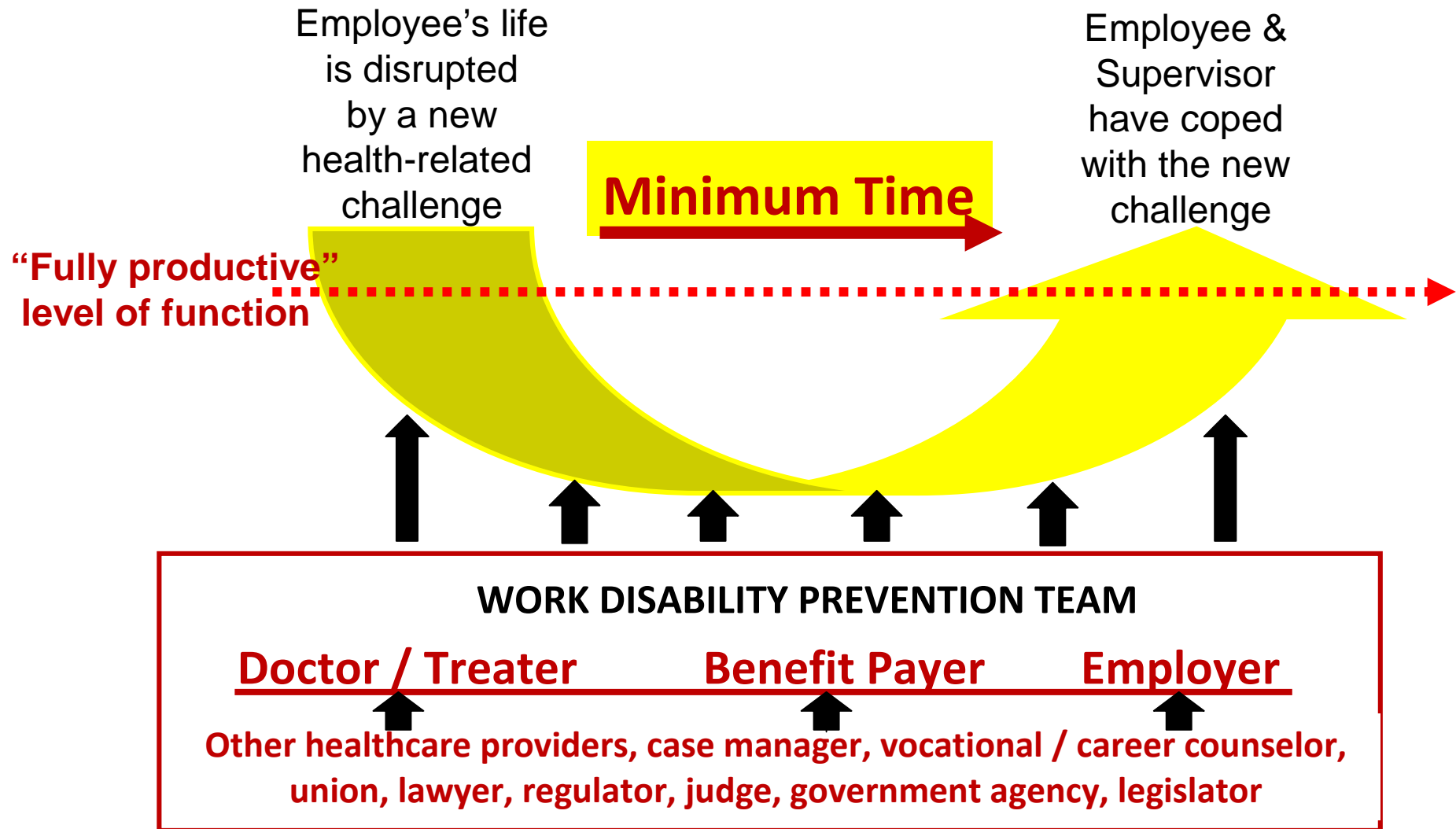
# Worklessness Is **Bad** for People

- Three pillars of identity: body, work and family.
- Loss of bodily integrity causes anger, grief, depression, uncertainty, threatens identity.
- Loss of work causes anxiety, depression, loss of self-worth, threatens identity.
- Depression, anger, etc. strain relationships.
- Inactivity slows healing, creates chronic pain.
- Worklessness is associated with poverty, substance abuse, divorce, domestic violence, increased morbidity & mortality.

# Time Is Of The Essence



# Work Disability Prevention Vision



Success = Both employee & supervisor feel supported – and outcomes improve

The doctor has the third most powerful influence on the situation by providing factual information and advice that will either encourage / support or discourage / obstruct efforts at stay-at-work & return-to-work (SAW / RTW).

The employer plays the second most powerful role in determining the outcome –

. . . by deciding whether to manage the employee's situation actively, passively, supportively, or hostilely, and whether to provide for on-the-job recovery or reasonable accommodation.

The employee has the most power to determine the eventual outcome of a disability situation –

. . . because he or she decides how much discretionary effort to make to get better and get life back to normal.

# Save Your Energy for the “Swing” Groups



# ACOEM's 4 General and 16 Specific Recommendations

1. Adopt a disability prevention model.
2. Address behavioral and circumstantial realities that create or prolong disability.
3. Acknowledge the powerful contribution that motivation makes to outcomes, and make changes to improve incentive alignment.
4. Invest in system and infrastructure improvements.

# Today's Relevant Recommendations

## **I. Adopt a Work Disability Prevention Model**

2. Instill a sense of urgency. Urgency is required because prolonged time away from work is harmful.

## **II. Address Behavioral & Circumstantial Realities that Create or Prolong Work Disability**

3. Acknowledge and Deal with Normal Human Reactions
4. Investigate and Address Social and Workplace Realities

### **III. Acknowledge Motivation and Align Incentives**

7. Pay [*or otherwise reward*] doctors for disability prevention work in order to increase their commitment to it.
9. Increase “Real-Time” Availability of On-the-job Recovery, Transitional Work Programs, and Permanent Job Modifications
11. Devise Better Strategies to Deal with Bad-Faith Behavior

### **IV. Invest in System and Infrastructure Improvements**

13. Disseminate Medical Evidence Regarding Recovery Benefits of Staying at Work and Being Active
14. Simplify/Standardize Information Exchange Methods between Employers / Payers and Medical Offices

# When More Is Needed: Referral Resources & Reimbursement for WDP Services

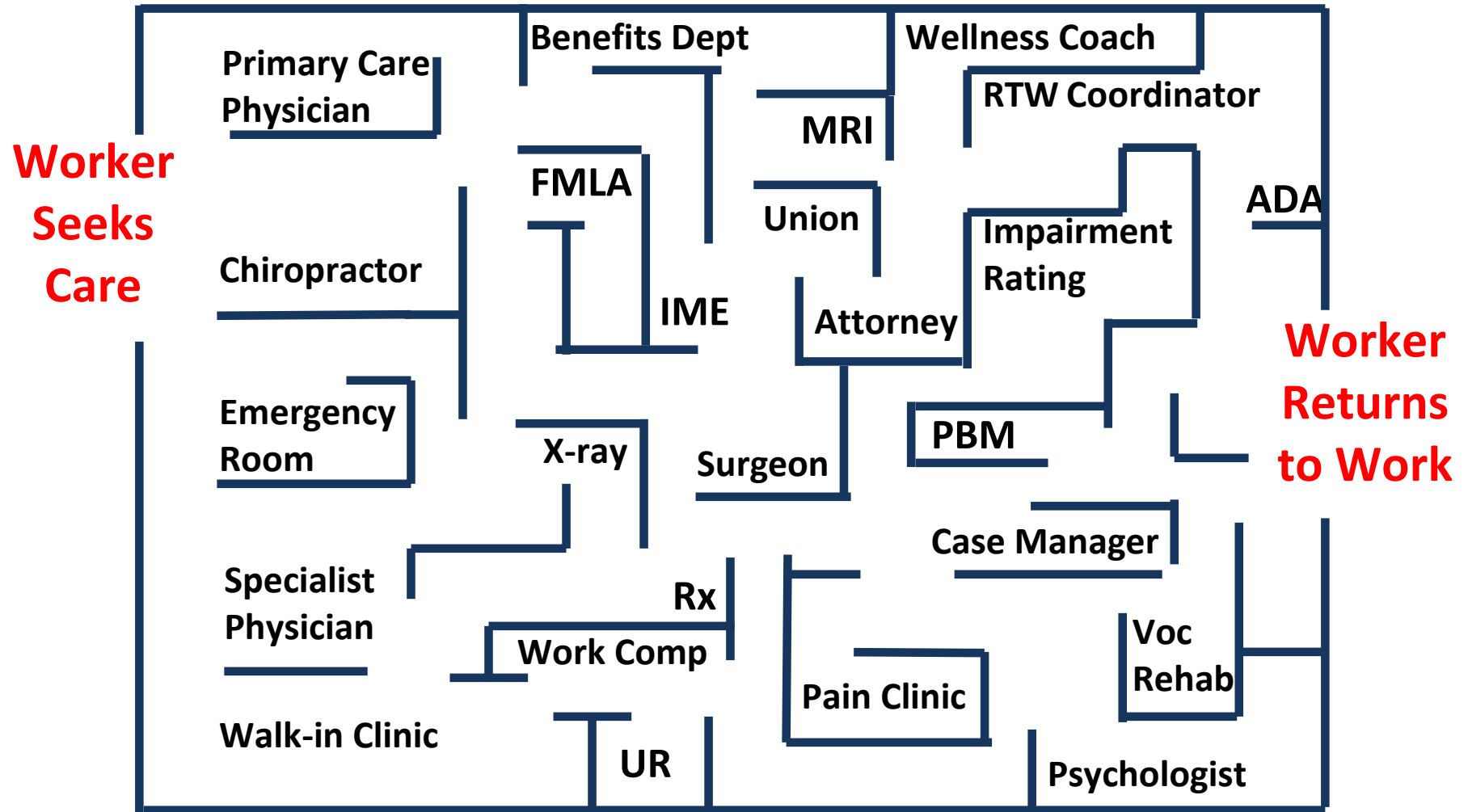
*(How to Bill for Services that Prevent Needless Work  
Disability & Help People Keep / Get a Job -- or Get Benefits)*

**Today's Topics**

# Today's Discussion Topics

- How can you tell when MORE is needed?
- What is this MORE that may be needed?
- What MORE can you do?
- You are not alone; others are already involved.
- When is it time to refer?
- Whom can you call on for MORE help? And what can they do?
- What role should your patient play?
- How to get paid for your extra time & effort.

# Thrust Into the Maze



# Angelo, the Assembly Line Worker

- This is Angelo's 4th visit since he sprained his right shoulder at work 3 weeks ago. He caught himself with his arm when he tripped on the way down a couple of stairs. His job requires overhead work and he's only been working there 4 months.
- You saw him on the DOI when he c/o of pain but demonstrated full AROM. Dx: Mild shoulder sprain.
- Tx to date: Ice, NSAIDs, instructions to maintain ROM without stressing the joint. Your activity Rx read "no reaching above shoulder height, no pushing, pulling or lifting >25 lbs."
- Angelo says his employer has not been able to find any light duty for him. He doesn't want to make a fuss – is concerned he will lose his job. And he needs money.

# What Is this “More”?

- More time to sort out what’s what – medical from non-medical
- More time to consider the issues carefully
- Coordination among clinicians
- More medical expertise needed to answer questions
  - Do medical risks exist that make all work contraindicated?
  - What protections are necessary (Restrictions)
  - What is person capable of at this time? (Limitations)
- Other kinds of expertise
  - Knowledge how to adapt work, possible accommodations
  - How benefits systems work
- Other kinds of resources
  - Skills found in other disciplines
  - Jobs, equipment, tools, money, other benefits

# You're Not Alone

- Other healthcare resources
  - Occupational medicine, OT, PT, Ergonomists, Neuropsych
- Short-term disability & workers' compensation
  - Employer: human resources, safety, RTW coordinator
  - Benefits administrator or claims adjuster
  - Nurse case manager (medical & RTW coordination)
- Disability Insurance (private)
  - Nurse consultants, medical directors, voc. Rehab
- Social Security Disability
  - Arizona Freedom to Work
  - Vocational rehabilitation
- Medicaid

# How to Get Others Involved

- Encourage patient to ask for help, to look for resources, and advocate for themselves
  - On the web
  - From employer
  - From insurance company
  - Caution re: lawyers
  - From government
- Call the employer or insurer yourself
- Workers' comp:
  - Make note in progress note that RTW coordination or case management is needed. It will be read.
- Refer to AWDPA – [www.awdpa.org](http://www.awdpa.org)

# Useful Websites

- US websites: [http:// www.askjan.org](http://www.askjan.org)  
<http://www.onetonline.org>
- AZ website: <https://www.azdes.gov/rsa/VR/>

# Time to refer? If so, to whom?

- When you do not have the expertise needed to:
  - Evaluate the functional implications of this medical condition.
  - Develop an appropriate activity prescription.
  - Develop and supervise a functional treatment plan.

Dr. Soo Hoo's success story

# Verna, the Cafeteria Worker

- 57 y/o widowed female with stable diabetes, HTN, hemi-paresis 3 yrs post CVA with severe dependent edema in both legs. She has been your patient for >10 years.
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**How to Improve the Likelihood That You Will  
Get Paid\* for the  
Extra Time & Effort Required to  
Prevent Needless Work Disability  
and Help People Stay Employed**

\* Payment Is Not Necessarily Available for All  
Beneficial / Valuable / Important Services

# Ways to Bill for Services

1. General SAW/RTW issues: Increase intensity of E&M code and **document increased work and time** spent on fact-finding, decision-making, and counseling
  - Instruct patients to bring all forms to visit – because you cannot bill for time spent answering questions outside of the patient visit.
2. Psychosocial / mental health issues: Use E&M code for patient counseling, up to 45 minutes, with adequate documentation.
3. Health & Behavior Codes for behavioral medicine services related to physical conditions.
  - (Only psychologists can use these codes to bill Medicare, but private payers may accept them from other providers.)

# Bill for Medical Effort, Not Administrative Tasks

- Medical Thought Process – Cognitive Work
  - Gathering the information necessary to answer reasonable questions posed by patients or by those who must respond/adapt to their conditions (may be posed by form)
  - Discussing and considering issues, making decisions, and formulating answers to questions from patients and employers about ability to work that may be communicated orally or in writing or by form
  - Documenting that thought process
- Administrative Tasks
  - “Filling out a Form” – The act of transcribing information
  - “Calling Someone” – One-way delivery of info via phone.

# Summary

- Worklessness is a poor medical outcome – for the patient, the family, the employer & society.
- When you help a person stay at work, return to work, or get a job, you allow them to avoid the risks of a life of poverty and avoid becoming dependent on tax revenues.
- Low wage workers (many of whom are on Medicaid) are particularly at risk for job loss due to medical problems.
- Spend a little extra time, and bill for the effort.

# Thank You, Guests & Sponsors

Dr. Marc Leib – [marc.leib@azahcccs.gov](mailto:marc.leib@azahcccs.gov)

Dr. Randy Soo Hoo – [rsoohoo191@aol.com](mailto:rsoohoo191@aol.com)

Dr. Peter Swann – [pswannmd@gmail.com](mailto:pswannmd@gmail.com)

Jennifer Hallden – [president@awdpa.org](mailto:president@awdpa.org)

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# October 10 Guests

- **Karen Haas, MD**  
Raytheon Corporation, Tucson
- **Dennis Thrasher, MD, MBA, MPH**  
Sunnyside Medcenter, Tucson
- **Jennifer Hallden**  
Pre-injury consultant, Chartis Insurance;  
President, AZ Work Disability Prevention Assn.
- **Sanford Goldstein, PT**  
Measurability.com, Phoenix
- **Susan Webb, JD**  
Abil Employment Services, Phoenix

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# Open Mike Discussion Time: Your Comments & Cases

## THREE ways to participate:

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2. Write in the “chat” box on bottom right
3. Just speak up (when line is un-muted)!

US websites: [http:// www.askjan.org](http://www.askjan.org)

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AZ website: <https://www.azdes.gov/rsa/VR/>

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