A Catalyst for Positive Change in Workers' Compensation and Disability Benefits Systems

SELF-ASSESSMENT EXERCISE FOR PHYSICIANS & OTHER MEDICAL PROVIDERS

Anything Missing In Your Relationship With Your Patients' Employers & Their Benefits Vendors?

This brief self-assessment tool is designed for physicians and their staff. It will let you:

- Increase your awareness of other types of professionals outside the healthcare system who are also responding to your patients' needs during illness/injury and recovery. Their behavior can affect your clinical and functional outcomes – and your revenue – for better or worse.
- Begin to assess the quality of your current working relationship with these people.
- Identify opportunities to improve the way you communicate and collaborate with them.

SCENARIO: As you answer the questions on the following pages, imagine the most recent 100 patients of working age who recently sought care from your organization for any type of illness or injury – but only those who are employed. These 100 working people are by definition part of your local community's workforce. They each have an employer which in turn may have separate vendors handling their claims for workers' compensation and for health care benefits, as well as for wage replacement or disability benefits.

When these 100 people in your practice became injured and ill, the question naturally arose whether they could still go to work, what they would do while at work, whether they would get paid if they stayed home, and how long life was going to be disrupted. You played a key role in figuring this out, but others did too: the patient, the employer, and the employer's benefits vendors.

BACKGROUND: Virtually all employees are covered by their employer's workers' compensation program as required by state law. In addition, almost 50% of the workforce has healthcare coverage through their employer. A minority of the workforce, nearly 30%, is covered by employer-sponsored programs for income replacement in case of work disability. For each of these programs, the employer usually has a separate vendor (an insurance company or claims administrator) handling the claims. The vendors determine eligibility, coverage, what to pay, when to dispute, and so on. The workers' comp and disability vendors may or may not get actively involved with stay-at-work and return-to-work issues; healthcare vendors never do. Employers must be involved in this issue since they select and assign job tasks and supervise the workers.

INSTRUCTIONS: *For each item listed below, please **circle** either A or B – whichever statement comes closest to your organization's situation. At the end, count up your score and compare it with others'. There is often wide variation, but low scores are common – and a wake-up call!*

Webility Corporation • 95 Woodridge Road, Wayland, MA 01778 • (508) 358-5218 • www.webility.md

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General Perception			
A	As a result of your intentional communications with them, employers and their vendors are aware of you and/or your organization and think of it as high quality and attuned to their needs.	**B**	Employers and their vendors have an accidental hodge-podge impression of your organization based on what they have seen in your bills, forms, and reports, what they have heard from their employees/ claimants, and their personal experiences.
A	Employers and their vendors have had some personal contact with the business and clinical leadership of your organization.	**B**	Your organization is pretty much faceless or impersonal in the minds of employers and their vendors. Interactions occur mostly at the administrative staff level. Professionals interact only if there's a big problem.
A	Your organization sees employers and their vendors as important, not just as a source of revenue, but as collaborators in achieving the best medical, functional, and life outcomes for your patients.	**B**	Your organization's view of employers and their vendors is almost entirely financial -- as negotiators of fee contracts, sources of referrals, and senders of checks.
Preparedness			
A	Most of the employers and vendors you interact with seem prepared to prevent needless work disability and help people keep their jobs. They have been trained and know how to play their part in the SAW/RTW process. They have a person designated to coordinate with you to make the right things happen. They support your patients and their supervisors.	**B**	Most of the employers and vendors you interact with have shown little real commitment or capability for preventing needless work disability and helping people keep their jobs. No-one really feels responsible for the SAW-RTW process. They lack the intellectual concepts and practical skill needed to find transitional work and make reasonable accommodation for your patients with temporary, new, or altered long-term impairments.
A	The employers and their vendors know what to expect on a daily basis, and are familiar with your service commitments and how your internal processes work. They know when things are going well as well as when things might be off track, so some extra coordination may be needed.	**B**	The employers and their vendors don't have any idea what to expect and how you operate. They may have formed ideas about what to expect by observing what happens, talking to their employees/ claimants and deciphering your hand-written forms and medical notes. They wait passively until things get really bad.

A	The employers and their vendors are aware of your company's commitment to professionalism, ethical practice, to advocacy for patient's safety and long-term well-being, and to everyone playing by the rules, straight down the middle. They expect a professional like you to say it like it is and take a stand when needed.	**B**	The employers and their vendors can wonder about your ethics. You or others in your organization may have a reputation for playing one of these roles (or any combination). • a "tool" they can bend to their will because you want their business; • a "patsy" without a backbone who does whatever patients want; • a "pro-worker/anti-employer" crusader for social justice.
Information Exchange			
A	Your organization routinely sends timely information in laymen's terms to employers and their vendors about • medical restrictions – what is harmful/ unsafe for the patient to do • functional limitations – an estimate of what the patient can do with reasonable comfort • how long the life disruption due to this medical issue is likely to last. All of the doctors have had training in bedside techniques to develop this information, and in the use of more formal methods to use when uncertain. This information makes it easier for the employers and vendors to find and supervise appropriate SAW/RTW.	**B**	Because your physicians have had little or no training in how to estimate work capability, the way they do it and the format of the information provided is highly variable. Some simply write "no work" rather than bother with providing detailed estimates. Others write "as tolerated." Others pick a number out of the air.
A	You have a contact list for the employers and vendors you work with most often. When an issue arises, you have the patient wait while you reach out to the employer/vendor quickly (by phone, email or fax) to request more information (e.g., job demands, work environment, ability to provide or ensure appropriate supervision of accommodations). If the issue can't be resolved immediately, you schedule a call-back or a next day f/u.	**B**	When a patient says their employer has no light duty or when the physicians in your organization feel uncertain about the employer's ability to manage SAW/RTW appropriately, they tend to do the quickest thing and write – "no work."

A	When employers and their vendors are uncertain how to comply with the restrictions you have set or have another concern, they know you will be responsive. They use the contact information sheet you sent them and your staff gets them a practical answer and the information they need on a priority basis.	**B**	When employers and their vendors are uncertain how to comply with the restrictions you have set or have another concern, they do not even think about trying to contact you. They are not sure it's right for an employer to call a doctor. Besides, they have no idea who to call, and suspect they'll wait on hold. Rather than bother, they simply tell the employee/ claimant that there is no work for them.
Reinforcement			
A	You have a program to monitor satisfaction with your services and use that information to drive change in your programs. You actively and routinely solicit feedback about satisfaction with your services from patients, their employers and vendors using comment cards, an annual survey, or other means. Management makes changes based on it.	**B**	You rely on incidental remarks or complaints made by patients, their employers and vendors as your satisfaction monitoring system. Maybe you keep a log and have a person whose duties include handling problems and smoothing things out.
A	At intervals, you communicate with key employers / vendors to discuss how your relationship is working and what needs improvement. This includes feedback about how their programs compare with other employers/vendors -- and how that impacts your patients' clinical and functional outcomes.	**B**	You do not see the working relationship between your organization and community employers/vendors as an issue worthy of priority attention.
A	Employers/vendors who support injured & ill employees, and who provide transitional work and reasonable accommodation in a positive and supportive manner are acknowledged, thanked, and recognized in some way – as positive reinforcement.	**B**	You take employers/vendors who are good to their employees and easy to work with for granted.
A	You have implemented a multi-pronged step-wise strategy to deal with problem individuals at employers/vendors, as well as entire firms.	**B**	Bad or weak employers/vendors are simply endured, gossiped about or avoided – and get less than full effort as a result.

***SCORING INSTRUCTIONS**: Assign 10 points for every item you picked in the A column; assign 0 points for each B score. Add the total.*

ENTER SCORE HERE, THEN SEE NEXT PAGE

INTERPRETING YOUR SCORE:

Today, most medical practices do not treat employers or their vendors like collaborators with a shared commitment to a good functional outcome for the patient-employee. Although 130 is the maximum possible score, low scores have been very common in our workshops. The typical "best" score in the room has often been 80 or 90. The lowest or worst score is often 0. Medical organizations with lower scores usually have less success at delivering good total case outcomes (evidence-based care, modest medical cost, and high functional recovery).

We hope that you have spotted at least one good way to improve your program's performance.

Results of a "Pro-active" Approach:		***Results of a "Reactive" Approach:***

• Preferred status with employers and vendors who have discretionary ability to suggest or steer to your practice.
• Practice growth or defense against competition by other practices.
• Less hassle and easier communication with employers and vendors – less time spent on rework.
• Shared understanding and clear expectations
• More complete information available to support clinical decision-making
• More value delivered to patients:
  • Better clinical and functional outcomes
  • Less life and career disruption
• More value delivered to paying customers: Reduction in medically-unnecessary absence and increased productivity, plus lower total episode cost.
		• Excessive effort expended on seemingly trivial administrative tasks
		• Delayed and poor quality communication.
		• Ignorance and misunderstanding.
		• Neglectful or adversarial interactions.
		• Frustration all around.
		• Less value delivered to patients
		  • Sub-optimal functional outcomes
		  • Life disruption
		  • Lost income
		  • Lost jobs
		• More "problem cases" with poor outcomes:
		  • Game-playing, petty fraud and corruption.
		  • Delayed healing due to unnecessary disruption.
		  • Development of "disabled" mindset.
		• Less value delivered to paying customers
		  • Unnecessary costs
		  • Needless lost work days and forfeited productivity