



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

OPPORTUNITY FINDING EXERCISE FOR EMPLOYERS / PAYERS

Anything Missing In Your Relationship With Your Local Medical Community?

This brief self-assessment tool is designed to let you:

- begin to assess the quality of your current working relationship with your surrounding medical community, and
- start to identify opportunities to improve the way you communicate with the medical providers who treat your workforce.

SCENARIO: Imagine 100 employees of your company (or 100 people with new workers' compensation or disability benefits claims) who recently went to see a doctor for any type of illness or injury, whether work-related or not. These 100 people are a typical cross-section of your facility's workforce (or claim population), and they saw local physicians who practice in the community surrounding your facilities.

INSTRUCTIONS: For each item listed below, please **circle** either A or B – whichever statement comes closest to your company's situation.

| Perception | | | |
|---------------------|---|----------|---|
| A | As a result of your communications with them, doctors are aware of your company and think of it as a responsible and well-managed company. | B | All that the doctors know about your company is what they have heard from their patients/your employees. |
| A | Doctors have had some personal contact with your company. They feel important – that your company values the services they provide. | B | Your company is a faceless or impersonal organization in the doctors' minds. The doctors only hear from your company if there's a problem. |
| Preparedness | | | |
| A | The doctors know how to play their role in the SAW/RTW process and give good advice to patients and employers. They have completed an accredited continuing medical education course in disability prevention and management. | B | As is true almost everywhere, most of these community doctors have had no training in disability prevention and management. They lack the intellectual concepts and clinical tools needed to prevent unnecessary disability and give good SAW/RTW advice. |

| | | | |
|------------------------------------|--|----------|--|
| A | The doctors know that your company has a SAW/RTW program and how it works. | B | The doctors have to figure out your company's programs by talking to their patients, filling out your forms, and reading your letters. |
| A | The doctors are aware of your company's commitment to honor restrictions and to treat employees fairly. | B | The doctors are unsure that their patients will be treated right. Patients have told stories about how your company did not treat them fairly or respect their restrictions. |
| <i>Information Exchange</i> | | | |
| A | Your company routinely sends succinct information to doctors about <ul style="list-style-type: none"> • the physical requirements of a patient's regular job • potential transitional duty tasks so the doctors can give accurate and timely SAW/RTW advice. | B | When the doctor is in the exam room with the patient, you are not there in person or on paper. Faced with their own time pressures and uncertainty about how your company will behave towards their patient, the doctors simply take the easy way out – "no work." |
| A | When doctors are concerned about a patient's comfort, safety or treatment at work, they know you will be responsive. They use the contact information sheet you sent them. | B | When doctors are concerned that a patient may be uncomfortable or unsafe or ill-treated at work, the doctors do not even think about trying to contact the employer. They have no idea who to call -- so they keep the patient out of work. |
| <i>Reinforcement</i> | | | |
| A | If your company needs the doctor to spend extra time on a disability-related issue, you offer to pay for their time. | B | You expect the doctor to complete long forms, read multi-page job descriptions or view videos for no extra charge – and often wait for weeks for the doctor to get around to it. |
| A | You periodically provide information to doctors about their performance and their effect on your business | B | Doctors receive no feedback about their performance or their effect on your business |
| A | Doctors who practice good quality medicine and promote functional recovery are thanked, recognized, and rewarded, so that their practices will flourish. | B | Good doctors are ignored; the focus is on problem doctors. |
| A | You have implemented a multi-pronged step-wise strategy to deal with problem doctors | B | You have no strategy to deal with problem doctors other than complaints |
| | | | |

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 TOTAL SCORE

110 is the maximum possible score. In prior workshops, the typical “best” score in the room has often been 80 or 90. The lowest or worst score is often 0. The companies with low scores have less successful track records in return to work – and one good way to improve performance should now be clear.

| Results of a “Pro-active” Approach: | Results of a “Reactive” Approach: |
|--|---|
| <ul style="list-style-type: none">• Easier communication with medical offices• Shared understanding and clear expectations• Better information from doctors• Fewer conflicts / improved employee relations• Better episode outcomes for employees• Reduction in medically-unnecessary absence• Lower benefit costs and recaptured productivity | <ul style="list-style-type: none">• Delayed and poor quality communication• Ignorance and misunderstanding• Unnecessary disability days• Delayed healing and loss of employee self-esteem• More “problem cases”• Adversarial or neglectful interactions• Management frustration• Unnecessary cost and forfeited productivity |