

Ohio Bureau of Workers' Compensation

MHS23

MEDICAL & HEALTH SYMPOSIUM

May 4-6, 2023



Applying Occupational Health Principles to Injured Worker Recovery

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Learning Objectives Session 5401

1. Identify what makes occupational health different.
2. Articulate the benefits of early return to work (RTW).
3. Describe the importance of communication in the care of a work-related injury.
4. Recognize and use presented approaches to positively impact treatment and RTW outcomes.

Does it Make a Difference Where an Injury Happens?



**At Work
or
Outside
of Work?**



Occupational Medicine Terms



- Work
- Causality
- FROI
- MCO
- Job description
- RTW
- MMI
- Abilities
- Function
- Light duty
- Treatment request

What is Occupational Medicine?

According to Britannica

“Occupational medicine, formerly called industrial medicine, the branch of medicine concerned with the maintenance of health and the prevention and treatment of diseases and accidental injuries in working populations in the workplace.”

Cite: <https://www.britannica.com/science/occupational-medicine>

What is Occupational Medicine?

Today's Focus

“Occupational medicine, formerly called industrial medicine, the branch of medicine concerned with the maintenance of health and the prevention and **treatment of diseases and accidental injuries in working populations in the workplace.**”

Role of Provider – Occupational Medicine

- Provide care.
- Knowledge of the workplace.
- Communication.
- Comprehensive treatment plan.
- Complete workers' compensation forms.
- Refer to specialist and other providers when necessary.
- Discuss return-to-work (RTW) on day one.
- Help employer adapt workplace if needed for RTW.

Role of Provider – Occupational Medicine

- Focus on function.
- Primary injuries – musculoskeletal.
- Documents causality (causal relationship).
- Utilizes job description and work duty physical demands.
- Engages injured worker, employer, and MCO in medical decisions and RTW planning.
- Understands and implements workers' compensation processes.

Goal of Occupational Health

- Keep workers healthy and safe.
- Conserve, promote, and maintain the physical and psychological well-being of the employee.
- Focuses on injury prevention and care, employee wellness, and workplace ergonomics.

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As a physician overseeing occupational medicine clinics, can you explain a little more about the goal of occupational health?

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What is different between treating a patient that has a work-related injury versus treating a patient that doesn't?

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What is the same between treating a patient that has a work-related injury versus treating a patient that doesn't?

What Makes a Work-Related Injury a Workers' Compensation Claim?

- Jurisdiction – determines which state laws apply.
- Coverage – determines if the employer had proper workers' compensation insurance at time of injury/illness.
- Compensability – in the course of and arising out of employment.

Be provider, not employer or human resource department.

Compensability & Causality

- Injury or illness **must** be in the course of **and** arising out of employment.
- Causality - relationship between injury or illness and employment – that the time, place, and circumstances of injury or illness occurred while working.

Provider's Opinion - Causality

Causality (causal relationship) is the provider's opinion regarding the correlation between the mechanism of injury and the injury itself.

Causality: Did the accident, as described by the injured worker, cause the medical condition. For example, did the slip and fall cause the lumbar sprain and fractured left wrist?



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First Report of Injury, Occupational Disease, or Death (FROI)

Submit the form to BWC in one of the following ways. **Online:** www.bwc.ohio.gov, **Fax:** 1-866-336-8352, **Mail:** BWC Mail Processing Center, Attn: Claims, 30 W. Spring St. Columbus, OH 43215

Note: If you work for a self-insuring employer, submit this form to your employer's workers' comp manager.

To be completed by the treating provider

Diagnosis(es)-narrative description including as appropriate, the location and body part, and ICD code(s). **Important:** If there is an injury, list the condition or disease, not the symptoms or exposure. For example, "sprain right knee" not "pain right knee", "toxic effect of ammonia" not "exposure to ammonia", "contusion to the head" not "headache".

Initial treatment date

Are the medical conditions you have listed above causally related to the reported work-related accident or occupational disease? Yes No

Are you the physician of record? Yes No

Treating physician/Provider's name (Print)

Treating physician/Provider's signature

BWC provider number

Date

FROI - Provider Responsibilities

- Ask appropriate questions.
 - Who – was anyone else involved?
 - What happened?
 - Where did the injury take place?
 - When did the injury occur?
 - How did the injury happen?
- First treating provider – file FROI within one business day.

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Can you give us an example of a straightforward casual relationship?

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Can you give us a harder causality example and how did you document this in your medical notes?

Treatment Planning

Presumptive Authorization

- Idea is expedited treatment, eliminate wait times for early services and diagnostics.
- List of services that are payable for first 60 days of soft tissue or musculoskeletal injuries.
- Services payable after injury becomes allowed.
- Criteria met: FROI filed, C-9 filed, MCO informed if worker will be off for more than 2 days.

Treatment Planning

Presumptive Authorization Services

- 12 physical medicine treatments (PT, OT, Chiropractic, or osteopathic manipulative care).
- Diagnostic studies: x-ray, CT scan, MRI, EMG/NCV.
- Fracture care of recasting or splinting procedures.
- Up to 3 joint injections (not ESI, facet, SI area or paraspinal).
- Consultation services

<https://www.bwc.ohio.gov/provider/services/authrequirements/default.asp>

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Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease

• Instructions for completing the C-9 on reverse side.

Fax note	To	Toll-free fax number	Phone number
	From	Phone number	Fax number

IW	① Injured worker name		Claim number	Date of injury / /
	② Treating diagnosis for this request to include body part/levels.		③ Date service begins / /	Date service ends / /
II. Requested services	④ Requested services with CPT/HCPCS codes (required)		Frequency	Duration
	1.			
	2.			
	3.			
	4.			
⑤ Provide the two-digit facility site of service code as used by the Centers for Medicare and Medicaid Services (CMS), if applicable.				



What tips can you share regarding setting treatment expectations with your patients?

Treatment that is needed now versus treatment that may be needed later.

Why Should Work be Part of the Recovery Process?

- Research has shown the positive impacts of working on health and well-being.
- The evidence supports remaining or reentering the workforce, as soon as possible, when the health condition permits.

Why Should Work be Part of the Recovery Process?

Benefits include:

- Helps promote recovery and rehabilitation.
- Leads to better health outcomes.
- Reduces the risk of long-term disability – reduces poverty.
- Promotes physical health, mental health, and social health.
- Promotes full participation in the community.
- Improves quality of life and well-being!

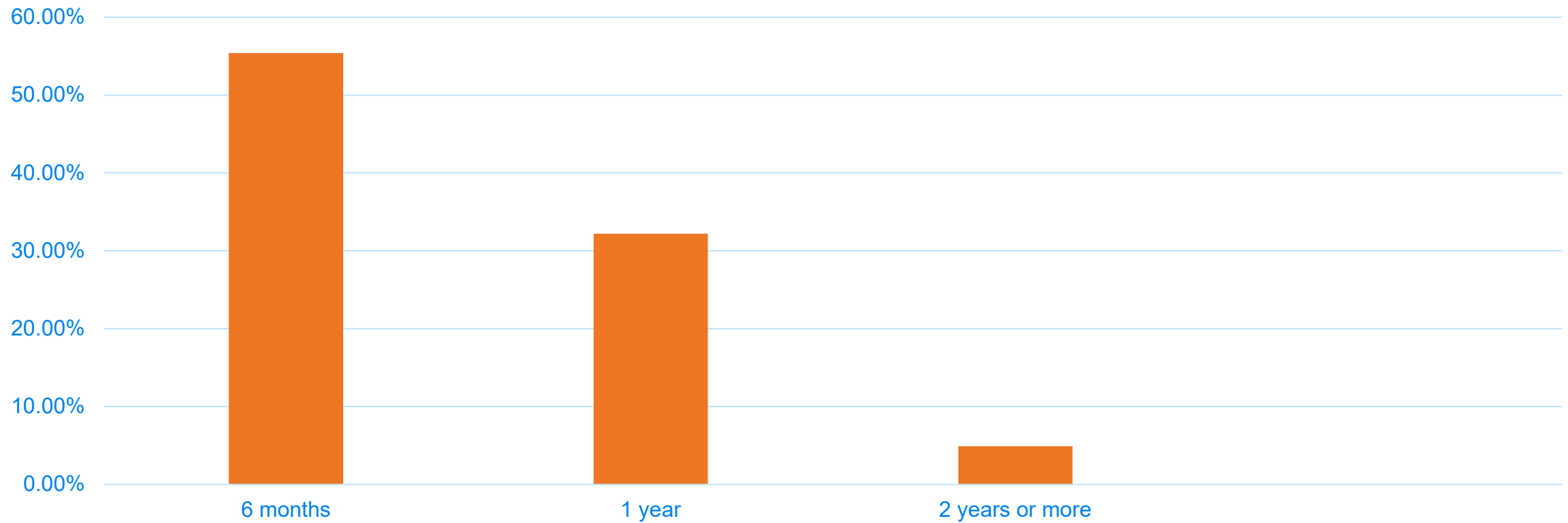
Why Should Work be Part of the Recovery Process?

Benefits include:

- Financial security.
- Projects positive self-image.
- Provides positive reinforcement towards recovery.
- Encourages social/work relationships with colleagues.
- Sustains the “going to work” habit.
- Creates sense of wellness rather than illness (disability syndrome).

Why Should Work be Part of the Recovery Process?

Return To Work Statistics



■ <https://www.ncsl.org/research/labor-and-employment/workers-compensation-report>

What is Disability Syndrome?

This occurs when an individual with a work-related injury or other disability chooses not to work when it has been medically determined that they are capable of working.

What contributes to the development of this syndrome?

- Providers allowing a patient to remain off work when not absolutely necessary.
- Issues that discourage return to work – multiple causes (employer won't allow return until 100%, inadequate coping skills, financial remuneration, etc.)

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Can you give us an explanation of disability syndrome and its negative impacts on patient care?

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When physical recovery and RTW is delayed.

- BWC's Health Behavior Assessment and Intervention (HBAI) program assesses, identifies, and treats cognitive, emotional, social, behavioral, and psychological barriers to **physical** recovery and return-to-work.
- When a patient has catastrophic thinking, inadequate coping skills, fear of movement or re-injury, or perceptions of injustice, these issues heighten the risk of prolonged **physical** recovery and RTW.

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When and how do you utilize HBAI?

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Can you explain the importance of return-to-work and setting the RTW expectation during the first visit?

Workers Role in RTW

- Actively follow treatment plan.
- Share job duties with provider.
- Understand working is therapeutic and may be modified.
- Perform work within job restrictions.
- Build trust with provider and employer.
- Understand healing continues during restricted duty.

Providers Role in Return-to-Work

- Discuss expected healing and recovery times, with benefits of early RTW.
- Be familiar with workers support systems.
- Encourage communication between worker and employer.
- Identify and address potential obstacles early.
- When RTW is appropriate, clearly inform worker.
- Advise resuming normal activities is an important part of rehabilitation process.

Assessing Workers' Ability

Must consider if worker is able to perform tasks – are they significantly impaired?

- Physically past acute medical symptoms impeding working (fever, infection, etc.).
- Activity, endurance, and strength dictating work amount (hours) and breaks needed.
- Alertness – any medication side effects.
- Specific job restrictions.

Employers Role in Return-to-Work

- Open communication with worker, providers, and MCO.
- Find a position that matches abilities – otherwise the employer is taking injured worker out of workplace, not the provider.
- Worker should only be removed from duties that will cause hazard or put others at risk.
- Support injured worker on-the-job recovery with modified duty plans.
- Fix work hazards when identified.

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Physician's Report of Work Ability MEDCO-14

- BWC's approach to return to work (RTW)
- Complete for each office evaluation
- Think ABILITY, not DISABILITY
- Function – Function – Function
- Importance of re-engaging in the workforce
- Restrictions apply to everyday life, not just work

Modified Duty Programs

- Movement – best prescription to recovery.
- Return-to-work with restrictions rather than remaining off work, accelerates RTW full function.
- Unnecessarily prolonged absence from work can cause needless and significant harm to workers' well-being.
- Remaining off work has negative psychosocial effects and overall reduces activity level.
- Functional recovery can prevent disability duration.

Avoiding Delayed Recovery

- First encounter with a provider can be the difference between the recovery and permanent disability.
- Multiple key decision makers are involved in recovery and return-to-work
 - Injured worker engaged in own recovery and RTW
 - Employer decides if they can accommodate.
 - Physician determines treatment plan and abilities.
 - MCO medically manages claim.
 - Claim administrator (BWC) decides on compensation benefits.

Avoiding Delayed Recovery

- Often decision makers are not aware of harmful effects of prolonged work absence and contribute to downward spiral of loss of function and disability.
- **Studies show each day off work decreases chance of returning to work.**

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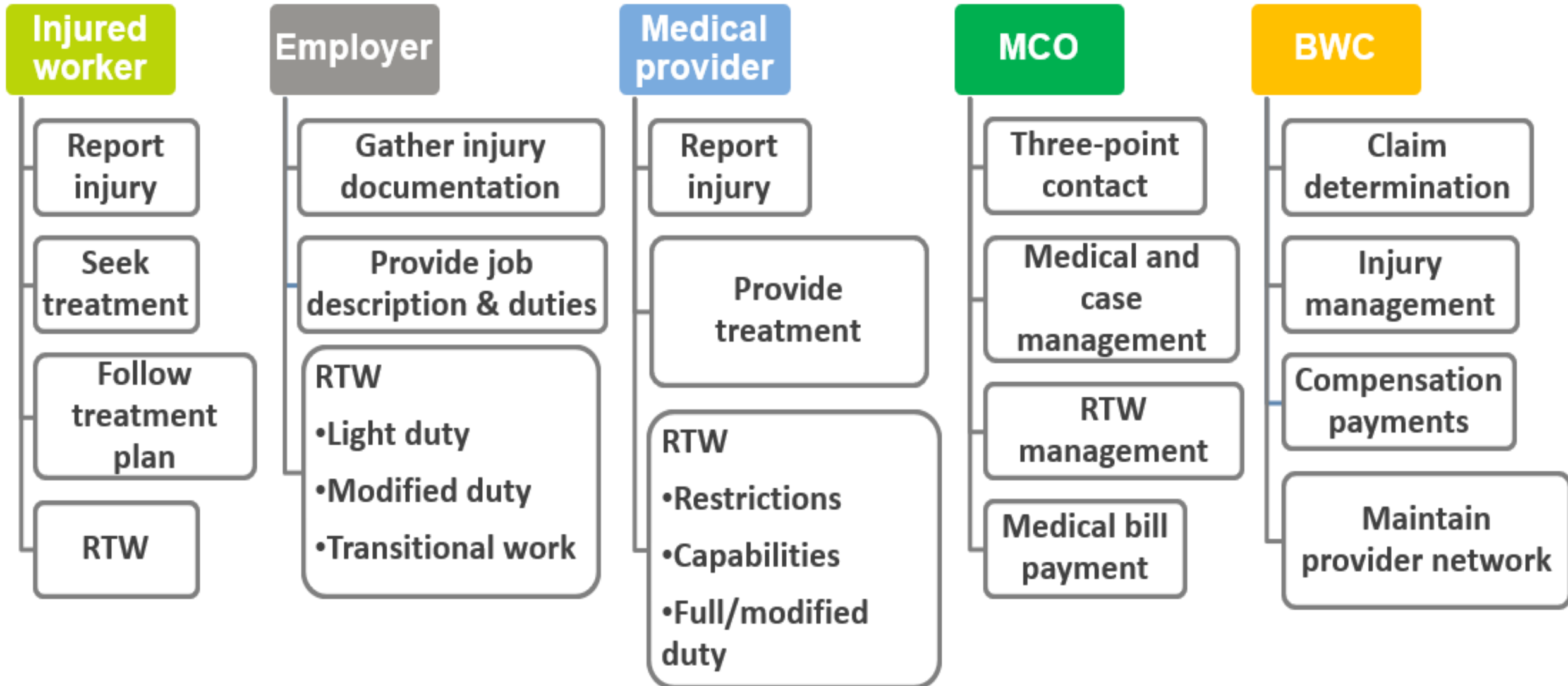
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How do you engage the worker and employer as it relates to return-to-work?

Communication is Key



Effective Communication

- Good communication and trust is pivotal.
- Provider should remain neutral – clinical focus.
- Patient advocacy does not mean antagonism toward the employer.
- Communication of prognosis is important.
- Everyone working towards common goal – recovery and RTW.
- BWC First Report of Injury (FROI) gives medical release of information regarding BWC claim.

Occupational Medicine

Successful Outcomes

- Understand the workers' compensation system.
- Communicate with injured worker, employer, and MCO.
- Identify obstacles (address and discuss early).
- Open discussions.
- Set recovery and return to work expectations.
- Claim diagnoses are correct for necessary treatment.
- Understand treatment request process.

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What are some obstacles you've seen that impede recovery and return-to-work?

What suggestions do you have to overcome these obstacles?

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In your experience, which types of claims have you found to be the most difficult ?

What helpful tips do you have when managing these types of claims?

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What advice do you have for providers to assist them in their care of a workers' compensation patient?

Session Conclusion

- Principles of occupational health concepts are important for all providers treating work injuries.
- Concepts materialize into practices that help you navigate workplace injuries.
- Understanding these ‘principles-turned-into-practice’ gives each injury the best care while allowing Ohio’s workforce it’s best recovery outcomes!

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Audience Questions

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Thank You for Attending!

Please join us in the BWC Speaker Booth if you have additional questions.

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