



**WORKERS' COMP
TRAINING CENTER**

Video Time Outline:

How to Leverage Evidence Based Medicine to Create Better Workers' Comp Claim Outcomes

Introduction: (3-5 minutes)

- [00:34] Welcome to WC Mastery training, important & relevant topic, how to use EBM...
 - medical portion only growing in importance
 - Dr. Jake has joined team as medical advisor, welcome
 - Biggest challenge: Cost – excessive treatment, Outcomes, Get team on board
- [01:30] Context on perspective of discussion – for employers, not states
 - Two types of guidelines, clinical & duration
 - Pre-work to learn what guidelines are followed in your state
- [03:17] Introduce 3 Major Points
 - What is EBM?
 - Claim Examples
 - How to implement into your program

Main Point #1: What is EBM?

- [03:43] Risk Manager / Adjuster perspective:
 - Video blog on topic, allows non-medical professionals access to best practice guidelines & expectations
 - Identify need for further examination
 - How long will employee be off work?
 - not precise #, range of outcomes
 - age, gender, pre-existing conditions
 - should NOT be confused with the time the employee should be off work, is amount of time from injury to maximum medical improvement.
 - maximum time frame is often placed at the 90 percentile
 - Set goals & calculate savings
 - biggest variance is employee motivation to return to work (YOUR Involvement)
- [06:50] Clinical perspective: Dr. Jake slides



- Hierarchy of evidence
- Different resources for Guidelines
 - Guidelines.gov
 - ACOEM, ODG
 - State vs. National
- Results of Using Guidelines

Main Point #2: Claim Examples

- [19:50] John Smith – warehouse worker - 726.13 Partial Tear of Rotator Cuff
 - Risk, Capacity, Tolerance
 - Risk: Reinjury is possible, but most individuals are on modified work.
 - Consider Capacity & Tolerance
 - Duration Table:
 - Min (1/2), Opt, Max (2x)

▪ Sed & Light	3
▪ Med	21
▪ Heavy & Very Heavy	42
 - Population:

▪ 5 th %	18
▪ Median	96
▪ 95 %	373

 - 17% did not return to full duty
 - Co morbidities: Obese & depression - 145 expected duration
 - Treatment recommendations
 - Rotator cuff repair is moderately recommended for treatment of small, medium, or large tears (<5cm).
 - While surgery tends to produce modestly superior outcomes over 1 to 5 years non-operative treatment is often successful.
 - Physical therapy is a reasonable option for many patients,
 - Data insufficient to make it a pre-operative requirement.
 - Surgical cuff repair is believed to be a superior option among patients for whom occupational shoulder exposures and demands are greater, although quality data that address this issue are not available.
- Dr. Jake – Clinical Perspective:
 - [29:15] Guideline Example – Spine
 - [33:21] Guideline Example – Rx



Main Point #3: How to Implement in Your Program

- [37:15] Set Up System & Process for Efficiency & Effectiveness (*YOU are biggest impact on injury variance*)
 - Starts at time of Injury:
 - “You are valued employee and we want you back at work”
 - 98% referral acceptance by employee– Injury Triage
 - Properly assess the patient’s condition at start
 - 21% of employers get medical restriction on FIRST visit
 - Study of the CA system conducted by Colorado WCI
 - approx 30 percent of claims did not have specific diagnoses
 - [43:15] Don’t Just “Use the Network”:
 - Only work with providers who follow evidence based medicine
 - Cooperation, Care, & Relationship
 - Good working relationship, can ask the doctor directly
 - [47:54] Training Claims Handling Team on EBM basics
 - RM, Adjuster, NCM, Physician, UR and bill payment personnel; Broker
 - Jurisdictional guidelines
 - Chronic vs acute
 - Where to locate information
 - Consistent system of escalation
 - [49:35] Assembly Line System
 - Weekly Claims Meetings
 - RM, Adjuster, case manager, account rep, broker, medical advisor
 - Frequently adjusters will have resources at their disposal - ask
 - Define roles & responsibilities
 - Research medical diagnosis
 - Technology Integration: API into claims workflow
 - Outsourced physician review / senior nurse review
 - NCM often bridge gap
 - Employer Is Ultimately Responsible & Accountable
 - Discussion points:
 - What is the normal recovery period for this injury?
 - how many days off of work
 - modified duty dates
 - Is this case or the duration of the injury questionable?
 - diagnoses & pending test results
 - What is the next step?



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- Weekly Meetings w/ Injured Employee & Injury Coordinator
 - Demonstrate care, assess progress
 - How are you feeling?
 - What did doctor say?
 - What types of activities are you doing / can you do?
 - Discuss TD *what part of your job can you do today?*
 - Communicate guidelines to employee if appropriate
 - Identify red flags of motivation, behavior, & progress
 - Not showing up
 - Uncooperative, doesn't feel right
 - Complains of constant pain, yet conservative treatment
- [56:03] Quantify Savings
 - Transitional Duty Calculator
 - 21 days x \$200 / day plus \$1,500 replacement cost = \$5,700
 - 5% profit margin = \$114,000 in revenue