



**WORKERS' COMP  
TRAINING CENTER**

## How to Select the Right Workers' Comp Doctor

### Introduction: (5 minutes)

- Welcome to WC Mastery training
  - So much complexity in healthcare
  - Getting to simple doctor-patient relationship is not that simple
- Introduce 3 Main Points:
  - Navigating Medical Networks
  - Telemedicine
  - Effective Treating Physician Relationship

### Main Point #1: Navigating Medical Networks

- **Navigating Medical Networks**
  - Broad vs Narrow scope
    - Broad PPO networks
      - Wide range of specialities covering many medical needs
    - Narrow ancillary networks
      - Tightly focused
      - Expertise
      - Chiro network, surgical network, pain management, PT, mental health, etc.
    - Value proposition of Speciality Networks:
      - Experts in speciality
      - Better identification of providers
      - Utilization
      - Positive reimbursement methodologies
    - Determine Your Network Set-Up
      - TPA or Carrier Management
      - Likely a combination of Broad and Narrow



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- **Ensure referrals to Specialty Network are Made**
  - Broad network will also include specialty
  - There is no generic network
- **Characteristics of the Best Medical Networks**
  - Coverage
    - Geographic
      - Geographically to cover territory
    - Provider Coverage
      - All types of providers that you want
      - Broad array of specialties
      - May have specialty network beneath the broad network
        - If do have specialty network, then want to direct people the specialty network
          - Presumably better outcomes and providers within specialty network
  - Access - requirements or expectations
    - how difficult is it to get into see a provider
    - requirements of individual providers and how quickly they will be able to service
    - **Does the provider accept work comp**
  - Credentialing
    - Credentialing process
      - URAC criteria common
      - Robust
      - What are requirements, board certified, etc.
        - Malpractice, active license, no previous license actions
    - Re-credentialing process
      - period of time which shouldn't exceed 3 years;
    - Low amount of complaints



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- Most payers track complaints from the network
- Want good responsiveness from network account executive
- Adding Providers to Network
  - Network wants volume
  - Can nominate physicians to join the network
- **Expectations of Providers in Network**
  - Network executive or account manager
    - Contact with questions or concerns
    - What to Expect of PPO Account Executive
      - What are the processes
        - Who do I contact if I have a complaint
        - What are you going to do if there is no coverage in this area
        - How do you handle if network provider says don't take WC
          - How ensure this doesn't happen?
  - Contracted Providers vs Loose Affiliation
    - Contract terms:
      - Access
        - to accompdte WC patients quickly
      - Responsiveness:
        - Committed to responsive to organization / physician reviewer / case manager
        - Adjuster requests and communication
      - Paperwork.
        - Fill out proper paperwork required by state, case manager
      - Treat with courtesy and confidentiality
      - Don't want:
        - Treat / refer within network



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- Physician dispensing
  - Compounding medications
- **Identifying the Best Providers in Network**
  - Finding the “Best” providers
    - Quality of Care
    - Best outcomes
  - Hard to do, most networks don’t do well (or as well as they claim)
    - Want apples- apples comparison
    - Speciality networks are better at tracking
  - Track own data, or TPA track own data
    - Claims data:
      - Cost
      - Duration
      - Conservative treatment
      - RTW data, etc.
  - Question to ask Account Exec:
    - Do you measure any performance metrics; do you do any profiling of doctors
    - Show me the reports and how are you doing it
  - Channel to Best Providers
    - Health ticket, referral from providers, etc.
- **Can Switch Networks if Not Getting Job Done**



## **Main Point #2: Telemedicine**

- **Telemedicine**
  - Decide if you are you using it or not?
  - Slow growth before pandemic, exponential growth since
    - WCRI- 25 states either newly added telemedicine or expanded its usage in workers compensation.
- **Considerations**
  - Work comp specific provider
    - Work comp experience
  - Right company
    - How quickly respond
    - What modalities they use:
      - Phone, video, mobile devices, dedicated kiosk
    - Scope of what cases can handle
      - Semi-urgent conditions
      - Can get medical information download
      - Can prescribe as needed
- **Structure to Using Telemedicine**
  - Call Triage Line
    - Triage nurse directs care
      - Home care (40-45%)
      - Telemed (20-30%)
      - Clinic (25-40%)
  - Eliminate unnecessary absences
  - Ongoing Treatment
    - Could be used for routine check-ups
    - Be intentional with care plan
- **General Additional benefits**
  - Cost of visit is similar, savings from avoiding delays in treatment & avoiding transportation costs
    - Fewer missed appointments



- Time off work, battle through traffic, etc.
- Claims are longer with missed appointments
  - Directed to right level of care, unnecessary ER visits
- **Challenges & Considerations**
  - Avoid double paying, go through triage first
  - Regulatory challenges
    - Fee schedules
    - Treatment guidelines
    - Reimbursements
    - Reporting requirements
    - Scope of care
  - Resistance to model by employees

### **Main Point #3: Effective Treating Physician Relationship – Chapter 16 Ultimate Guide**

- **Get down to simplicity of Doctor – Patient relationship**
  - Relevant to all companies & providers
- **When Can and Cannot Direct Care**
  - Resource: Analysis of Workers' Compensation Laws – US Chamber
    - State by State regulations
  - 3 Options:
    - Employer Selects
    - Employee Selects,
    - Blend of Two
  - Employer Selects
    - Follow best practices discussed here
  - Employee Selects
    - Can suggest a physician
    - *EE will do what's in **their** best interest*
      - Characteristics
        - Good reputation
        - Conveniently located





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- Deals fairly with people
  - Strategies
    - Injury triage - 98% compliance
    - Employee brochure
    - Wall posters
    - Health Fair @ company
- **How to Foster Relationship**
  - Partly analytics
    - Network information
  - Partly word of mouth
    - Nurse case managers
    - Trial & error
  - Develop business relationship
    - Why do doctors join a network?
    - More leverage the more cases send
    - Make introduction
      - EE brochure
      - Medical provider brochure
      - RTW program
    - **Once Developed Trust**
      - Reduce/remove administrative burden
      - Pay full fee rather than network discount
- **Employer role:**
  - Quickly respond to clinic
  - Make sure forms contain insurance company name & policy number
  - Provide detailed job description
  - Make introduction to medical advisor
  - Help avoid fear of malpractice suit
- **What to look for: Care, Cooperation, Credentials**
  - Care
    - Be responsive to employees needs
    - Spend extra time
    - Exhibit caring attitude & pleasant manner



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- Cooperation
  - Schedule EE visits w/o delay
    - WCRI worker outcome study:
      - EE able to get care need major factor
  - Visit company facility, observe jobs being performed
  - Review job descriptions
  - Complete forms with medical restrictions for transitional duty
  - Collaborate with NCM & peer reviewers
  - Avoiding drug dispensing, using compound medications, etc.
- Credentials
  - Board certified
  - Excellent reputation
  - Network provider, or request to be added
- **Red Flags You Have Wrong Treating Physician**
  - Your medical provider can often make or break your success
  - Red flags:
    - Cause for you to complain about a physician to a PPO
    - Physician who says doesn't participate in workers' comp
    - Waiting time to get in is very long
    - Suggestion that care is excessive and taking a long time
    - Not responsive to filling out paperwork
    - Not communicating with adjuster or case manager
    - Dispense or prescribe compounds
    - UR results in many rejections
    - Rude behavior by physician or office staff
    - Unethical behavior by office staff
    - Significant malpractice cases against them
    - Physicians who charge for any services
  - Additional Red Flags
    - Keeping All Treatment "In-House"
    - Poor injured worker feedback - Not Listening to the Patient
    - Not Receiving Medical Records
    - Fails to Release Injured Worker from Medical Care





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