

Standardizing Work Injury Care in Aligned Systems

One of the biggest problems employers face is keeping workers safe and healthy. Rising costs of care and the continued use of a two-tier approach to financing personal health care and care of work-related injuries and illness make this task even more daunting. The National Safety Council estimated that the total cost of work injuries for 1995 was \$120.7 billion or \$990 per employee. Costs of medical insurance premiums to employers for 1995 was estimated at \$2486. This is an annual budget of \$3476 per employee per year in combined health care costs.

A few states have been experimenting with products called 24-hour care in which the workers are given the option of joining a workers-compensation managed care plan. These have not spread as quickly to other states as had been previously anticipated. Linking health care insurance and workers compensation care is hampered by laws, which designate how work-related injuries and illness are to be paid for. Non-risk bearing PPO models are predominant among workers compensation networks. Fee-for service and state fee schedules remain the principal mode of paying providers for workers' compensation care. While health care providers and insurers waver on initiating a combined health/workers compensation product, local employers continue to request better services. In both a 1996 and 1997 employers the Fox Valley area noted that back/muscle strain injuries and return to work communication issues were their biggest health and safety problems. Most notably, lack of communication between health care providers and employers was the most frequently-cited issue.

In 1996 company representatives were asked to rank factors important in selecting occupational health service providers using a scale of 1=not at all important to 5=very important. 775 needs assessment/service satisfaction surveys were sent to key customers of an occupational health provider. 121 companies responded to the survey. The following factors were considered most important in selecting occupational health services: a physician trained in occupational medicine, timely feedback of service results, written reports and rehabilitation. The respondents considered no factors listed unimportant. Table 1 provides a listing of these factors and the mean rankings provided by the respondents.

Table 1
Important Factors Used in Selecting an Occupational Health Care Provider

Factor	Ranking
A physician trained in occupational medicine	4.38
Timely feedback of service results	4.36
Written patient/employee condition reports	4.22
A strong rehabilitation component	4.04
Nearness to work site	3.84
A broad array of services	3.80
Stream-lined billing procedures	3.76
Occupational health and injury prevention education	3.75
Comprehensive tracking and reporting system of occupational injuries/illness	3.72
24 hour a day services	3.69
Availability of on-site services	3.67
Case management of occupational health injuries/illness by trained RN	3.67
Periodic summary reports	3.49
Employee Assistance Programs	3.42
Integrated care with a managed care provider	3.29
24 hour a day nurse call services	3.24

In 1997 a process improvement team consisting of representatives from occupational health, primary care physician offices, emergency departments and urgent care settings was formed. The team also included 3 customers who represented city municipal workers, food processing and industrial plant workers. The team focused on care of the injured worker from the time of injury at work until resumption of normal job duties or disability designation. Goals included:

1. Improve and standardize the communication processes between care givers and employers/employees regarding return-to-work status
2. Improve the communication process between primary care providers (PCP's) and others providing care for work-related injuries
3. Improve customer satisfaction (insurers, employers, employees) for work-related injury care
4. Maintain and enhance system marketshare of workers' compensation business
5. Provide the tools, tracking and education needed by system providers to enhance delivery of care to this segment of the market
6. Involve customers in the process and team
7. Augment care delivery with case management when appropriate

The team collected patient satisfaction data in all settings. Key quality characteristics were determined for all participants in the process: employers injured workers, health care providers and insurers.

Stakeholder Injured Employee	Key Quality Characteristics Immediate access to care Choice of providers High quality care No hassles with billing Ease/timeliness of referrals if needed Supervisor compliance with work restrictions Realistic work restrictions
Stakeholder Employer	Key Quality Characteristic Immediate access to care Timely feedback on services rendered (callback) Written reports of work restrictions Realistic work restrictions based on physical needs Nearness to worksite 24 hour care available Providers well-trained in occupational medicine Efficient billing/insurance paper handling processes Timely, appropriate referrals Case management
Insurers	Medical case coordination Timely reports Access to copies of dictation, Return-to Work (RTW) forms Selective referrals Competent care at a good value Provider part of preferred network
Providers	Efficient scheduling No hassle paperwork Availability of company information (contacts, job duties, etc) Previous records for follow-up appointments Consistent format for communicating with employers Appropriate referrals

Process Analysis

In 1997, local companies were asked to rank those factors most important in receiving care for their injured employees. Table 2 provides the mean ranking for the 189 survey respondent's

preferences/expectations. Written reports and timely reports lead the list of expectations in seeking occupational health care services for injured/ill employees. Employers noted that they were frequently unable to use many of the off-work slips they receive to make an accurate decision as to availability of restricted work for injured workers.

Table 2
Gap Analysis between Expectations and Experience

Expectations	Experience		
Work Injury Care Selection Factors	Ranking 1=not imp 5=very imp.	Satisfaction Variables	Ranking 1=poor, 5=excellent
Written reports	4.63	Friendly staff	3.84
Timely reports	4.61	Expert staff	3.79
Efficient staff	4.50	Overall satisfaction	3.77
Easy access	4.41	Efficient staff	3.70
Case management	4.27	Scheduling of services	3.66
MD trained in Occ Med	4.27	Follow-up after visits	3.52
Strong rehab. Component	4.18	Timely reports	3.51
24 hour services	3.99		

Providers were also asked to describe the major impediments to providing timely information to employers. There were 3 main concerns: 1-providers are unsure of who to contact at the company, 2-providers lack the information to make timely calls and 3-providers don't accurately or completely fill out the RTW form.

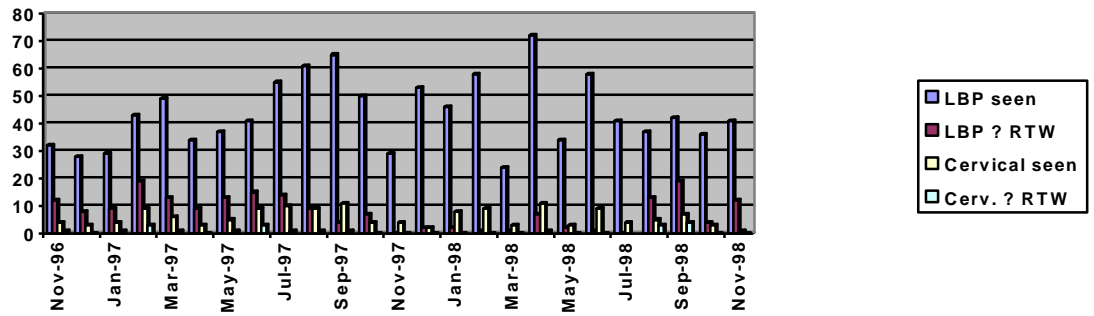
Company representatives were asked to rate various care locations on 7 parameters: overall satisfaction with care, scheduling of services, follow-up after visit, reports to employer after visit, and staff friendliness, efficiency and expertise on a scale of 1=very poor to 5=excellent. Some respondents rated all locations together, while others gave ratings to different locations. The number of respondents rating each location varied significantly. Most respondent rankings were for the occupational health clinic or multi-specialty clinic. The occupational health care providers ranked slightly above the other locations in all areas except scheduling. The only means to reach the "very good" ranking were those of the occupational health clinic for friendly staff, efficient staff, expert staff and overall satisfaction. All other means ranged around the "average" 3-3.99 ranking demonstrating much opportunity for improvement. A gap is very apparent between customer expectations for written and timely reports (ranked as very important) and their experience (ranked as average) in receiving timely reports and post-visit follow-up communication. (See Table 2).

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24 hour services	3.99		
Array of services	3.98		
Summary reports	3.85		



One tool already available for reporting work injury care-physical activity restrictions, and follow-up treatment plan to employers was a return-to-work (RTW) form. All three entities used a different version of this form. To assess the use/usefulness of the RTW form, one process variable measured was the accuracy, completeness and usefulness of data on return-to-work forms related to patients treated for back pain. RTW forms from the urgent care centers and emergency rooms were evaluated monthly by a vocational rehabilitation counselor to determine their effectiveness in providing RTW information to employers. Back pain and cervical strains were the two areas noted in which consistently the RTW forms were not judged useful for placing a worker back on the job in a restricted duty position. 25-37% of low back pain cases and 10-33% of cervical strain cases were not returned to work with appropriate activity restrictions. The forms were judged not useful if activity restriction were not listed, if no follow-up was scheduled, if a person was given off work without a follow-up scheduled and then allowed to return at full duty. The graph depicts the results of the data collection.

Process Improvement Actions

After analyzing the above information, the team compared the actual process of caring for an injured worker with what the ideal process should look like. The team listed a number of ways in which the process could be improved. The majority of process changes focused on improving communication between provider and employer. The information on the RTW form was standardized across all aligned entities: urgent care centers, emergency rooms, occupational health clinics and primary care providers. Educational sessions were held with primary care providers in all primary care locations to discuss the findings of the process improvement team. Pilots were run in the immediate care units and emergency departments concurrently. A single format for the RTW form has been adopted, with site-specific variations in layout, not content. All providers have been encouraged to have the intake person place the RTW form on the chart prior to the provider seeing that person. Intake staff were asked to collect and record the correct company informant on the RTW form. Providers were asked to complete the RTW form accurately and completely at each visit. After the visit, a call to the employer was encouraged. In those cases in which the provider is unable to make the call, the occupational health clinic serves as a back up. Access to the occupational health company database was made available to emergency rooms, labs and the 24-hour nurse call line to hasten the retrieval of accurate company information for callbacks. A procedure was developed for returning audited RTW forms to providers with an indication of the information missing. An emergency card was developed and mailed to local companies for their use. This card contains all the right contact information and is to be brought to the provider office for each work compensation injury visit. Implementation is site/company specific. Next, an implementation team within the clinic system, which included representation from nursing, registration, practice management and billing, addressed policy development and training strategies for all clinic sites. Further education sessions for providers will be included in future staff meetings.

Process and outcomes measures were selected to assess the efficacy of the guideline recommendations. These measures included: patient and employer satisfaction ratings; as well as continued analysis of RTW forms for accuracy and completeness. Preliminary analysis demonstrates improvement in use of the RTW form and increased callbacks to employers. The number of incorrectly completed RTW forms audited by the occupational health staff has decreased to zero. Occupational health staff continue to monitor the completed forms for accuracy and completeness. Follow-up patient and employer satisfaction surveys are planned for 1998.

Summary

Standardizing work injury care in aligned systems requires commitment towards the same goal from all system entities. One of the keys to the success of this process improvement was involvement of all stakeholders, including external customers, in the improvement process. Strengthening the communication processes between providers and company representatives is one step in helping employers to manage the high cost of health care for their employers.

In Wisconsin in 1993 approximately 78,000 workers compensation claims were filed with wage compensation costs of \$232 million. More than 50% were for sprains/strains which are the most prevalent cause of work disability. Total costs for work injury and disease in Wisconsin is estimated at over \$500 million dollars, excluding the costs of lost productivity.