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OEM/Physician Roles in the Insurance Industry

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WOEMA/NECOEM Webinar



Presenters



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Today's Goals



Describe Key Elements of Disability and Workers Compensation Insurance Medicine



Review How OEM Physicians Interface with the Insurance Industry

- As treating providers
 - As Peer Review and IME practitioners
-



Review Best Practices to Optimize High Quality Care and Minimize Disability

- Evidence Based/ Standard of Care Rationale for Treatment and Opinions
- Action Planning to Address Quality of Care, Stay at Work, and Return to Work Opportunities

Who Authorizes Payment of Insurance Benefits?

Not a Medical Determination

- Clinicians do not make claims acceptance or benefit decisions but their input impacts company decisions
- Clinicians provide medical treatment and opinions on medical causality, impairment, restrictions, and limitations.

Benefit Decisions are Administrative (Claims and Legal)

- Employer/Insurance carrier contract
- Statutes – State and Federal regulations and guidelines

https://acoem.org/acoem/media/PDF-Library/Publications/Utilization_Review_in_Workers_Compensation_-15.pdf

https://acoem.org/acoem/media/PDF-Library/Publications/Workers_Compensation_Elements_in_Different-30.pdf

https://stagesd.acoem.org/acoem/media/PDF-Library/Public_Affairs/Policies_And_Position_Statements/Guidelines/Position_Statements/The_Personal_Physician_s_Role_in_Helping_Patients-21.pdf

Disability Insurance



Disability Insurance

Paid sick leave (payroll benefit)

- Short-term
- Long-term
- Individual
- Group
- State
- Social Security



Short-Term Disability (STD) Own Job

- Inability to perform Own Job due to restrictions
- Up to 6 -12 months
- No healthcare coverage



Long Term Disability (LTD) Own Occupation Period

- Inability to perform Own Occupation as defined in National Economy.
- 12 to 24 months



Long-Term Disability (LTD) Any Occupation Period

24 months to age 65

Workers Compensation Insurance



Workers Compensation Insurance

- Paid sick leave (payroll benefit and medical benefit)



No Fault

- Employer paid if arose out off or occurred in the course of employment

Exclusive Remedy

- Cannot pursue other forms of recovery unless employer uninsured



Assured and Fixed Benefit

- Workers compensation establishes defined benefits, which must be paid for by the employer



Determined by Individual States or Federal Government for Federal Workers.

- Rules determined and vary by each regulatory body

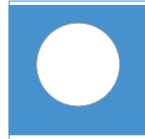
Terminology



Impairment

Clinically observable and often measurable **alteration of body structure or function**. A significant deviation, loss of, or loss of use of any body structure or function as a result of a health condition, disorder, or disease.

Can be objectively assessed, e.g., with AMA Guides



Disability

Definitions determined by statutes, regulations, or benefit plans. Generally defined as a functional limitation with difficulty carrying out activities such as ADLs, IADLs, Hobbies, driving, or gainful activity such as working, etc.

- Temporary vs. Permanent
- Partial vs. Total

Potential Disability Benefits

- Handicap Parking (public access benefit)
- Disability insurance (payroll benefit)
- Workers' Compensation insurance (medical and payroll benefit)
- Social Security (medical insurance benefit, wage benefit)

Terminology

Policy Limits and Exclusions on Benefits Paid



Multiple Policies

Benefits may be reduced depending on the total amount payable by all policies in the event you are covered by multiple policies, such as social security, workers compensation, private disability plans, automobile insurance, etc.



Pre-existing Conditions

Unlike health insurance plans, disability insurance (payroll) plans **may not cover claims due to pre-existing conditions** – conditions for which treatment was recommended or provided that caused or contributed to the current impairing condition during specific periods of time.

Terminology



Accommodation

A **modification** or **adjustment** to a **job**, the work **environment**, or the **way** things are usually **done**



Restriction

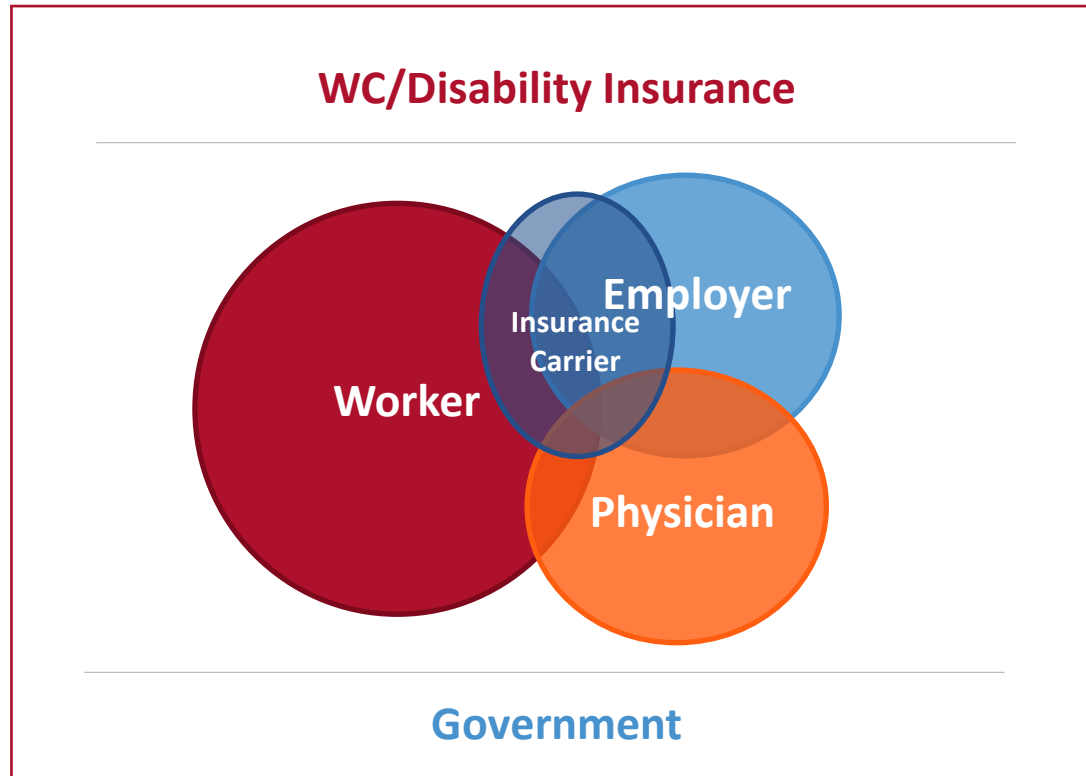
A listing of activities that an **individual should not perform**



Limitation

A listing of activities that an individual **cannot physically or psychologically perform**

Key Stakeholders in Workers' Compensation and Disability



Simplified Representation of the System

Shared Stakeholder Interests

- Recover from illness/injury
- Return to work/function
- Avoid delays in care
- Provide cost-effective care
 - No cost-sharing in workers' compensation
- Do no harm (Primum non nocere)
 - Weigh risks/benefits
 - Only do what is needed for recovery
 - Prevent further illness/injury

<https://www.intechopen.com/books/occupational-health/understanding-the-stakeholders-as-a-success-factor-for-effective-occupational-health-care>

https://acoem.org/acoem/media/PDF-Library/Publications/Utilization_Review_in_Workers_Compensation_-15.pdf

https://acoem.org/acoem/media/PDF-Library/Publications/Workers_Compensation_Elements_in_Different-30.pdf

Who Is Responsible for Managing Disability?

We All Are!



Worker

- Expertise regarding their jobs and their injury experience
- Active participation in own recovery
- Honesty regarding their experience



Clinician

- Recognize work-relatedness, value of RTW, use EBM
- Communicate with worker, employer, claims
- Set expectations, provide education, monitor function
- Recognize barriers to recovery



Employer

- Demonstrate honest care and concern for worker
- Accommodate modified duty
- Communicate: job duties, questions about care & RTW



Insurer

- Advocate for worker and employer
- Ensure cost-effective, appropriate treatment, care, compensation
- Follow the worker through the life of the claim

Physicians Interact With Insurance As



- Insurance company CMOs, Medical Directors , etc.
- Treating Clinicians
- Consulting Medical evaluators
 - Independent Medical Examinations
 - Independent Peer Reviewers
 - Utilization reviewers

Clinical Pearls:

- Physician orders or opinions do not authorize, mandate, or prevent insurance payment of benefits.
- Treating clinicians should avoid inferring that patients will receive specific insurance benefits, with statements such as “I will put you out on disability, our I will put you out on workers compensation.”
- Similarly IME, Peer Review, and Utilization review opinions do not have benefit authority.

Roles of CMO/Medical Directors for Workers' Compensation and Disability Carriers



- Serve as internal medical experts and educators
- Collaborate with other disciplines
 - Claims, nursing, legal, safety and health, actuaries, marketing, underwriting
- Serve as point of contact for peer review clinicians, treating clinicians, other partners
 - Ensure high quality, evidence-based care
- Provide input on internal and external policy and procedures
- **Promote processes that enhance recovery and return to work (SAW/RTW), and reduce disability**
- Facilitate prevention of future illness/injury

Role of Treating Clinicians

Activity	Workers' Compensation	Disability
Complete occupational and personal hx, opine on mechanism/causation of injury/illness/disease, perform examination and testing, determine dx	✓	✓
Describe impairment and medically necessary r'/l's with start and end date	✓	✓
Re-evaluate clinical condition and restrictions in accordance with expected changes in recovery	✓	✓
Provide and document evidence-based treatment plan	✓	✓
Set recovery and prognosis expectations, updates	✓	✓
Collaborate with employer and insurance re: stay at work/return to work accommodations, maximal medical improvement	✓	✓
Opine on impairment rating – AMA Guides	✓	
Participate in treatment authorization/utilization review	✓	

Three Treating Provider Opportunities for Patients with WC/Disability Claims

1

Do not say 'No Work' or 'Unable to do their job.'

- State medically based activity restrictions/limitations
- Focus on specific body part/organ/system activities.
- Draft so employer can determine if they can accommodate.
- Provide end or re-evaluation date

2

Provide appropriate care

- Provide evidence-based medicine; standard of care
- Schedule re-evaluation based on expected recovery and need to change restrictions rather than on next appointment availability.

3

Ensure medical records provide a reasonable rationale

- Obtain a detailed occupational history at first evaluation
- Diagnosis, treatment, and restrictions should be supported by evidence based medical facts
- Provide opinion on and rationale for causation of illness/injury

Additional Recommendations For OEM Practice



- Educate patients on their diagnosis, treatment, and prognosis
 - Set reasonable expectations on recovery course at the first visit
- Avoid use of opioids, sedatives, etc.
 - They may prolong recover and prohibit return to work
- Document and address indications of delayed recovery
- Assess psychosocial factors as they may significantly affect recovery
- Pursue early options for resolution
 - But never compromise patient recovery
 - Return Patients to work promptly and appropriately
 - Focus on function

Restrictions 101(Detail Matters)

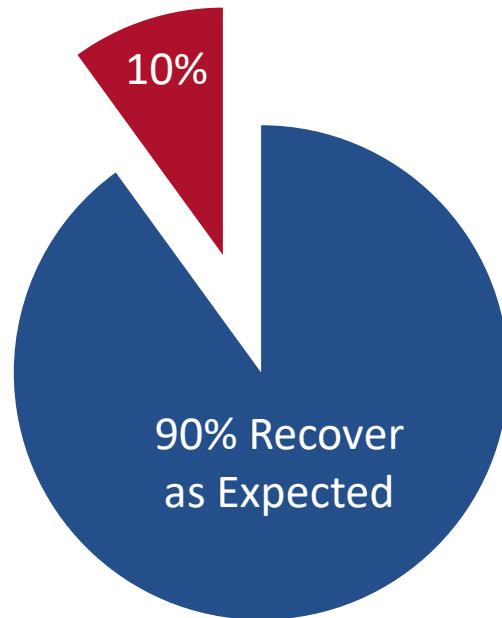


- No work from date a to b
- No use of left wrist from date a to b
- No use of left wrist more than occasionally, from date a to b
- No use of left wrist more than occasionally, with a force of greater than 5 pounds, from date a to date b
- No use of left wrist more than occasionally, with a force of greater than 5 pounds and/or with flexion extension greater than 15 degrees, from date a to date b

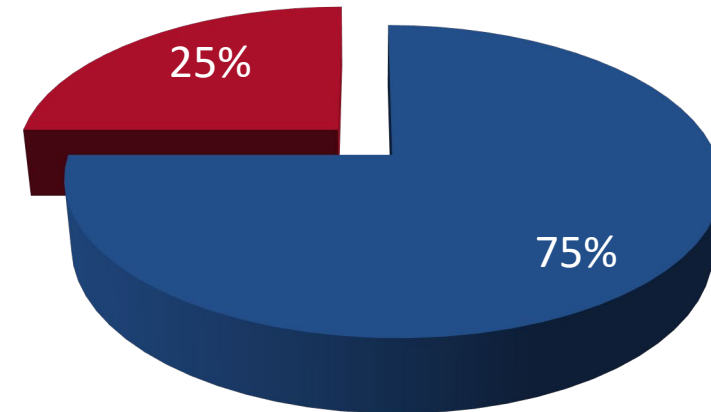
Workers' Compensation

Why Emphasize Stay at/Return to Work?

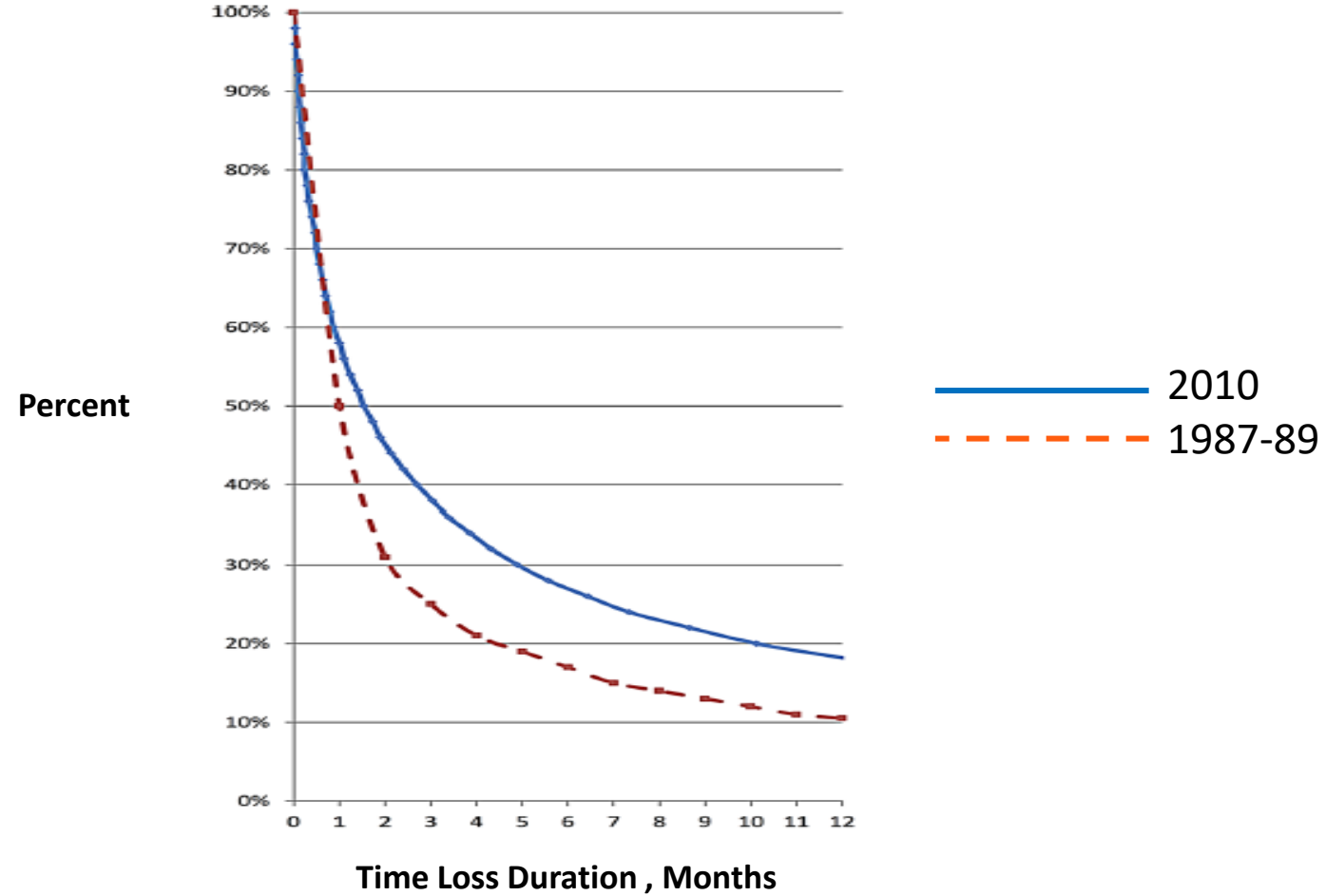
Delayed Recovery Impacts
10% of Injured Workers



And Accounts for 75% of Costs



Failure to Return to Work Early Predicts Chronic Disability



Franklin 2015. Workers' Compensation: Poor Quality Health Care and the Growing Disability Problem in the United States. Am J Ind Med. 58:245-251.

Detecting and Preventing Delayed Recovery

Red flags signifying delayed recovery

- Findings inconsistent with injury
- Pre-existing co-morbidities present
- Patient unwilling to follow recommendations
- Recovery takes longer than expected
- Discrepant findings when not at clinic



Address delayed recovery

- Document inconsistent findings
- Re-evaluate diagnosis and plan
- Re-assess comorbidities (Diabetes is a common risk factor)
- Consider biopsychosocial factors
- Consult with Insurance Medical Directors and claims staff

Roles of IME/Peer Review Clinicians

Activity	IME	Peer Review
Complete a medical record review, contact treating providers and others for clarification as needed, address questions with a rationale for opinions.	✓	✓
Complete a claimant interview, physical examination, and noninvasive testing.	✓	
Opine on mechanism/causation of injury/illness/disease, dx	✓	✓
Opine on impairment and medically necessary r'/l's with start and end date	✓	✓
Opine on functional capacity/abilities	✓	
Opine on stay at work/return to work accommodations, recovery and prognosis expectations, maximal medical improvement	✓	✓
Opine on impairment rating – AMA	✓	
Opine on standard of care	✓	✓
Opine on medical necessity for treatment	✓	*Utilization Review

Utilization Review



- Goals are to provide cost-effective, quality care
- Evidence based medical determination
- Outcomes:
 - Certification, modification, non-certification
- May be deferred if claim is not accepted or more information needed
- Who can provide decision
 - Certification: claims, nursing, physician
 - Modification, non-certification: physician, typically working for a UR Organization
 - National certification of UR organizations

IME and Peer Reviewer Best Practices

Peer Review and IME report characteristics that add value

- Full and impartial review, with no conflict of interest
- Opinion supported by rationale from evidence-based medicine and the standard of care
- Answers understandable by non-clinical claim managers, appropriately detailed and concise rationale
- Impairment, r's/l's addressed with reasonable start and end dates or dates for reassessment
- Identify poor quality of care or missed diagnoses, tests or other care opportunities
- Describe missed care coordination issues
- Describe a clinical management action plan
- Discuss prognosis for future return to work
- Speak with treating providers about any unclear issues or opportunities.

Strategies to Increase Record Review Efficiency

Speed Read the Entire Record First - Develop a high-level Overview

- Your next more detailed review will be better focused

Use Computer Technology to Document Notes and Develop Report

- Dictation
- Copy and paste tools
- Record organization tools

Be Appropriately Succinct or Detailed

- The length of a report does not directly correlate with its value nor efficiency

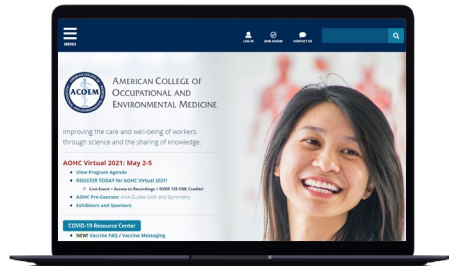
Consider opportunities to eliminate the need for rework and addendums.

- Speak with treating providers and insurance claim managers as needed to obtain clarification of issues.
 - Illegible records
 - Missing medical records
 - Unclear questions or questions or issues that could have been asked but that were not.

Summary

- Physicians interface with the insurance industry in various ways and play critical roles in influencing the health and benefits of individuals and populations
- Use evidence-based principles, clearly document findings and treatment, address causality and prognosis, and provide detailed restrictions
- Have timely follow-up with patients if a treater or client if a peer reviewer, and communicate early and often
- Assess and address potential barriers to recovery early
- Advocate for your patients by getting to know and collaborating with colleagues in the insurance industry

Additional Resources



ACOEM and Components
websites, courses and
references

www.acoem.org

Practice and Duration
Guidelines

<https://acoem.org/Practice-Resources/Practice-Guidelines-Center>

ODG | Guidelines for Workers'
Compensation, Disability, & Auto-
Casualty (mcg.com)

Physician Leadership, Insurance
Medicine, IME and Peer Review
Courses and references

<https://www.physicianleaders.org/>

<https://www.aaimedicine.org/>

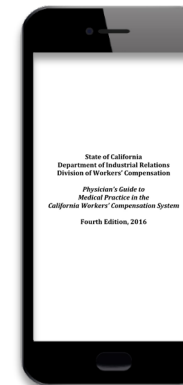
<https://seek.com/physician-resources/>



AMA Guides to Impairment and
Disability Evaluation texts

<https://www.oempress.com/category/disability-evaluation>

<https://www.amazon.com/stores/page/EE1973B2-D8C7-4DAE-9A2F-5EAF4C7D5D50?ingress=0&visitId=2a4f9d04-5838-4b58-85fc-464c4d2e187b>



Physicians Guide to Medical Practice in CA
Workers' Compensation System

[Physician's Guide to Medical Practice in the California Workers' Compensation System](#)