

Post-injury management: establishing medical provider relationships

Introduction

An essential element in constructing an effective post-injury response system is a strong relationship with a medical provider. The following information is a guide to assist you with establishing effective medical provider relationships, where allowed by law.

- Call the desired provider to set up an appointment to discuss their handling of occupational injuries and tour the facility
- Explain to the contact person that you are interested in learning more about their health care organization and you may be interested in establishing a formal relationship for your injured employees
- Once at the appointment, ask the contact person to tell you about their services. Let them tell you everything about their services and then use the questions below as a guide to address issues they haven't addressed

The following are questions you may want to ask about different issues:

Physicians

1. Who staffs your facility? (Physicians, physician assistants, therapists, etc.)
2. Do you have a medical director?
3. What are the backgrounds of your physicians?
4. Is the physician or group of physicians board certified in occupational medicine?
5. If desired, can we request that my employees only see medical doctors, not physician assistants?
6. During what hours are physicians available?
7. If a client returns for follow-up, will he/she see the same physician?
8. What is the physician's philosophy about transitional duty?
9. Will the physician fill out our Incident Form, even if you (the provider) have one of your own?
10. Will the physician speak to me on the phone if I have a question?
11. Will the physician visit our facility to become familiar with our organization and our transitional duty program?
12. How often does the physician recheck an employee if he/she is on transitional duty?
13. Who covers for the physician when he/she takes a day off?

Facility

1. What days and hours are you open?
2. How long do patients usually wait before being seen by the provider? Is there preference for injured workers?
3. What does your patient registration system consist of? How long does it take?
4. Do you have one designated person (case manager) I could speak with when I am sending an employee or if I have a question?
5. Will someone call me after the employee has been treated?

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6. How do you bill?
7. If for some reason payment is delayed by the insurer, would you ever bill the employee directly?
8. Do you have X-ray and lab services on site?
9. What other services do you provide?
10. Other than English, what languages are spoken at your facility?

Referrals

1. What is the time frame for referral to a specialist, if an employee is not making physical progress?
2. Who does the physician refer to for orthopedic problems? Hand injuries? Neurological problems? Physical therapy?
3. Will you or the physician communicate directly with the provider you are referring my employee to about the specifics of the case and about our transitional duty program?
4. Have you worked with these providers in the past?
5. What are their philosophies about transitional duty?
6. Who do you refer to for physical therapy?
7. What is the treatment philosophy of your physical therapy referral source?
8. Where would you refer an injury your facility wasn't able to treat?
9. If an employee is having physical therapy, how often would you see him/her back for follow up?
10. Do you look at combining therapy and transitional duty to reduce lost time?

When evaluating a medical facility, look for the following criteria, including but not limited to:

- The medical facility is staffed by a medical director who is board certified in occupational health
- They believe in early Return-to-Work and on-the-job recovery
- They treat employees using an occupational medicine approach
- They refer, in a timely way, to specialists if no physical progress is being made (within 2 weeks, in most cases)
- They use physical therapy aggressively and the physical therapy is of an occupational medicine philosophy. Active treatment consists of exercises, stretching, etc., and passive treatment consists of heat, ultrasound, hot packs and massage
- They remain the primary treating facility
- They re-examine employees every 5-7 days if on transitional duty or receiving physical therapy
- They will fill out your Incident Form and speak to you if necessary to explain treatment, restrictions, etc.
- They will visit your facility to review both your normal jobs and your transitional duty tasks
- They use qualified specialists who also believe in Return-to-Work and transitional duty
- The facility is open for a good part of the day. They have a back-up plan for off-hour coverage and communication is good when an employee uses the off-hour facility
- Follow-up for employees who are treated by the off-hours facility is initiated by the health care facility in a pro-active way (a call is initiated by the facility to confirm treatment and follow-up appointment(s), if applicable)

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- The facility initiates a call, or other agreed-upon communication method, to you after an employee of yours is treated
- There is one designated contact person you can call for additional information or clarification
- They have X-ray and lab services on site, physical therapy on site or a good relationship with a local physical therapist who will see a referral within 48 hours
- They *never* bill the employee directly
- They can handle most injuries – back sprains, lacerations, eye injuries, repetitive motion disorders
- They call you before a referral is made and they continue to follow-up and communicate with an employee even if he/she is being treated by a specialist
- Referral appointments are obtained within 48-72 hours from the time of referral
- They know of a high-quality facility to send people for an injury they're not able to treat

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