

The FAOEM Times – December 2009

Message from the Editor:

Please email me if you would like to be featured in one of our upcoming newsletters: dmcclusk@health.usf.edu

Exciting News for the FAOEM Group!

Last month I told you about our plans to submit a proposal to the planning committee for the 65th Annual Workers' Compensation Educational Conference. After a lot of hard work, creativity and revisions, we came up with a sound plan for a 2 hour program which was accepted by the committee and will be presented at the August conference. I would like to thank the following individuals for their dedicated effort to plan this program: Ms. Maxine Boyer, Dr. Seth Feldman, Dr. Gary Newcomer, Ms. Margaret Spence, Dr. Richard Spirer and Dr. Michael Webb.

Our program will be offered on Tuesday, August 17th from 3:00-5:00 p.m. This program will start when our traditional annual meeting is just ending. We have two choices:

1. Change the meeting time to Tuesday, August 17th from 11:30 a.m. – 2:30 p.m.
2. Change the meeting time to Sunday evening, August 15th (time TBD)

Please email me to state your preference.

It is my hope that by giving you such advance notice of our FAOEM sponsored educational session; you will mark your calendars now, and plan to attend. The program we have planned is as follows:

Florida Workers' Compensation Conference:

Occupational Medicine Breakout

Title: *Moving the Occupational Clinic Experience from Good to Great*

Marketing Overview:

This session will challenge attendees to view the Occupational Clinic as the primary focal point in the workers compensation treatment process. Attendees will have the opportunity to gain insight from three occupational physicians, each with a diverse background and unique insight on occupational outcomes. Our panel will discuss occupational medicine from three perspective – diversity of services available within the occupational realm, the importance of early diagnosis and treatment and how insurance carriers view occupational medicine and the outcomes.

This interactive session will focus on the criteria that should be used to selecting the physicians who treat your injured employees. As the employer, clinician, adjuster, risk manager, insurance carrier - How do you establish "Best Practices" or "Best in Class" for your occupational clinics? What criteria sets one clinic or physicians apart from the other? How do you determine if the occupational clinic is good, excellent or great? Can you establish a criteria that will move the initial medical treatment bar from mediocre to great? Given the economic climate, our panel will firmly solidify the importance of occupational clinics to bottom line results. We will have an interactive discussion with a question and answer session on cost effectiveness, the role occupational clinics play in reducing treatment delays, the importance of immediate diagnosis and how this impacts positive treatment outcomes – and bottom-line financial cost reduction for the entire system.

Overall Session Objectives:

1. Identify and understand the services available with the Occupational Clinic setting.
2. How to properly utilize the Occupational Physician.
3. Identify and understand key Clinical and Process metrics.
4. Identify and understand key Claims Filing and Utilization metrics.
5. Define what good treatment looks like – what great outcomes can be obtained at the occupational clinic level.
6. Answer one simple questions – what kind of treatment would I expect if I had an injury?
7. Move the clinic relationship from a commodity to a valued asset in the injury management process.
8. Understand how to use the occupational clinic as a gateway to reducing cost, eliminating delays in diagnosis, implementing positive return to work outcomes and creating a winning best in class relationship.

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Format:

Short presentations by each of the physicians (20 minutes each) followed by a 45 minute interview style interactive session moderated by Margaret Spence. The program will conclude with a 15 minute Q&A session.

Participants:

1. Presenter/Panel Member: Seth Feldman, DO
2. Presenter/Panel Member: Richard Spierer, MD
3. Presenter/Panel Member: Michael Webb, MD
4. Moderator/Interviewer: Margaret Spence, CWC, RMPE

Who Should Attend:

This program is ideal for case managers, risk managers, workers compensation co-coordinators, employers/HR, adjusters and occupational clinicians who must facilitate the selection or management of the occupational clinic process and who want to learn how to improve the clinical outcomes at the occupational clinic level.

Introduction by Margaret Spence:

Opening – Talking Point

Will consist of outlining by using real live case issues – in a broad brush stroke – what the challenges are from the employer, treating physician and injured workers prospective. What the expectations should be from the adjuster's standpoint and how we can mesh all of these challenges into a positive occupational clinic experience. The opening will create a roadmap that connects everyone's session together.

Contact information, short bios and session information:

Name: Seth Feldman, DO, MRO, CIME, Medwork 84 and Medstar

Theme of 20 minute block: **Diversity of Services Available in Occupational Medicine**

Short Biosketch:

Dr. Feldman is the Medical Director of Medwork 84 and Medstar clinics, which provide comprehensive occupational healthcare services within Broward and surrounding counties. Dr. Feldman is the Medical Director for several municipal governmental agencies and private corporations. He is also the Medical Director of a national case management corporation. He is Board Certified in Family Practice with Certificates of Added Qualification in both Occupational Medicine and Sports Medicine. Dr. Feldman is on the Board of Directors of the Florida Occupational and Environmental Medicine Association.

Short marketing paragraph on this block:

The Occupational Medicine center offers many services that can be utilized by the employee, employer, case manager and adjuster. Most "Occ. Med." centers are a "one stop shop" which can be utilized to perform all phases of treatment for an injured employee from initial evaluation including substance abuse testing, through treatment and reaching MMI. These centers are equipped to treat most occupational injuries including musculoskeletal injuries as well as lacerations, environmental injuries and exposures, etc. This session will discuss these services and how to properly utilize the resources that are available.

Objectives for this block:

1. Identify and understand the services available at an Occupational Medicine office.
2. How to properly utilize the Occupational Medicine office.

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Name: Richard Spirer, MD, Physicians Health Center

Theme of 20 minute block: **Early Diagnosis and Treatment**

Short Biosketch:

Dr. Spirer is a Diplomat of the American Board of Emergency Medicine. He received his M.D. at the University of Miami and did his postgraduate training at Jackson Memorial Hospital. He spent 25 years as an active Emergency Room Physician in Miami-Dade County. These years were spent both in full time patient care and actively shaping the direction of the Emergency Medical Services in South Florida. He brings this strong background to Physicians Health Center as Medical Director.

Short marketing paragraph on this block:

Dr. Spirer will present his philosophy of early diagnostic and treatment intervention as an effective tool for patient care that serves all parties: the patient, the employer and the insurance carrier. He believes that the investment in care on the front end saves greater expenditure on the back end. This practice facilitates the “stay at work” model, lessens overall treatment time, and reduces potential complications of delayed definitive care.

Name: Michael Webb, MD, Liberty Mutual

Theme of 20 minute block: **The Carrier’s Perspective on Occupational Medicine and Outcomes**

Short Biosketch:

Dr. Webb has served as the Southeast Regional Medical Director for Liberty Mutual Group in the Tampa, Florida National Markets office since 2004. Prior to joining Liberty Mutual, Dr. Webb served as the Medical Care Coordinator for a number of Florida employers and Managed Care Arrangements in his community. Between 1997 and 2004, he was the Consulting Medical Director for the Workers’ Compensation program of Florida Blue Cross/Blue Shield.

Dr. Webb graduated from the University of Florida and the University of Miami School of Medicine. He completed his internship and residency in emergency medicine at Hershey Medical Center/Penn State University; he is Board certified in Emergency Medicine and is a Fellow of the American College of Occupational and Environmental Medicine.

Dr. Webb has been an Expert Medical Advisor with the Florida Division of Workers’ Compensation and has over 25 years of experience as an occupational medicine physician in private practice. Dr. Webb is a member of the Executive committee of the Florida Occupational and Environmental Medicine Association, with delegate status to the Florida Medical Association. For a number of years, he has served as a member of the Program Committee of the Florida Workers' Compensation Institute.

Short marketing paragraph on this block:

It is recognized that insurance carriers serve as the employers’ overseer and payer for the medical services provided to the work-injured patient. It is logical that the interests of the injured worker, the employer and the carrier intersect with respect to the quality of the initial and subsequent care; and corresponding disability duration and return-to-work. What are some of the key metrics used by carriers to evaluate quality and outcomes? What metrics assist the carrier or provider network in the selection of preferred occupational medicine physicians?

Objectives for this block:

1. Identify and understand key Clinical and Process metrics.
2. Identify and understand key Claims Filing and Utilization metrics.]

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Name: Margaret Spence, CWC, RMPE, Douglas Claims & Risk Consultants, Inc, WorkCompSeminars.com

Short Biosketch:

Margaret Spence is the President/CEO of Douglas Claims & Risk Consultants, Inc. and the author of - *From Workers' Comp Claimant to Valued Employee - Employer's Guide to Implementing a Proactive Return to Work Program and the founder of National Return to Work Week*. Ms. Spence is a Board Certified Workers' Compensation Consultant, Speaker and Trainer who ranks among the experts in the field of injury management and return to work implementation. She is an advocate for getting ill and injured employees back into the workforce. Margaret is a member of the Society for Human Resource Management (SHRM) Special Expertise Panel on Employee Health, Safety and Security, she *writes and speaks extensively on workers compensation and human resources. She has been quoted or had articles published in the HR Florida Magazine, HR Magazine, Workforce Management Magazine, American Chronicle, Risk Management Quarterly, CPCU, USA Today, HR.com and LexisNexis Workers Comp Section.*

Short marketing paragraph on this block:

Many studies have shown that the initial medical treatment dictates the outcome of all workers compensation claims – yet this step is often left up to chance. Stakeholders in the process often treat the selection, retention and working relationship with their occupational clinic as a commodity verses building a Best in Class process that is tied to positive injury outcomes. So how do you build the bridge with positive results?

What criteria should we use when selecting the physicians who treat our injured employees? Have we established “Best Practices” or “Best in Class” for our occupational clinics? Do we know the criteria that sets clinics and physicians apart – what’s good, excellent and great? How do we move the initial medical treatment bar from mediocre to great? And tie it to cost efficiency, reduction in delayed medical treatment, immediate diagnosis and positive treatment outcomes?

Objectives for this block:

1. Define what good treatment looks like – what great outcomes can be obtained at the occupational clinic level.
2. Answer one simple questions – what kind of treatment would I expect if I had an injury?
3. Move the clinic relationship from a commodity to a valued asset in the injury management process.
4. Understand how to use the occupational clinic as a gateway to reducing cost, eliminating delays in diagnosis, implementing positive return to work outcomes and creating a winning best in class relationship.

November 18th component conference call with ACOEM:

Wednesday, November 18th ACOEM held their monthly conference call with component executive directors and secretaries. There were many topics discussed, which I have captured in the brief notes below. Please let me know if you have suggestions for topics that you would like me to bring up on behalf of FAOEM in future calls.

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1. The AOHC program is complete. Registration goes live at the end of the month. The hotel block is already open. The hotel will provide free internet in rooms, free access to the gym and free parking.
2. The house of delegates meeting at the AOHC meeting has been changed (per the delegates request) from Friday to Saturday. The meeting will be 8-12.
3. Each component needs to turn in their annual report by January 31st (ours has been submitted).
4. Component leadership calls (these for component presidents) haven't been as successful as they would like. On a good call they are lucky to get 10 participants. The conversations seem to be very similar to those with the executive directors/secretaries. To try and prevent this duplication and to make the calls more productive ACOEM would like to know about the concerns of members in each component. We were told that the purpose of the calls is for the presidents to communicate about the challenges groups are facing, what members are struggling with in the chapters, concerns by the members, etc. I shared what has been communicated to me and what was shared at our August meeting:
 - a. Members are concerned about the financial status of ACOEM. The concern arises from watching other societies sink into deep financial trouble. Members would like to know that ACOEM is not spending more money than they are bringing in and that they are being cautious. ACOEM responded by saying thanks for the input, that some of the other societies have let their leadership go, as the first step in trying to rectify their financial problems. Financial problems in other groups appear to be related to decisions by society management and large financial commitments to hotel facilities for conferences. ACOEM is being careful not to do the same. They will put this item down on their agenda for a call with the chapter presidents.
 - b. Importance of Docs in the workers' comp world and the need to communicate this importance to the carriers. I shared with them about what our group is planning for the workers' comp conference.
 - c. Large number of OM docs that are retiring and the lack of replacements.
5. ACOEM discussed the mentoring program. They have 50 people participating and it is conducted primarily through online mentoring.
6. Dr. Richard Wagoner, Chair of the Components and Section Work Group in the House of Delegates is writing a manual to guide officers and leadership in the chapters about how to run the chapters. If you have something you think would be helpful to put in this manual, it needs to be communicated to Dr. Wagoner. Dr. Wagoner can be reached via email at: Richard.r.wagoner@usps.gov
7. There will be a new member breakfast at the AOHC meeting.
8. Currently, CME's are not available to component chapters. ACOEM is still going through the progress report update. Their new target date for hearing about the status is March 2010.