

The Industrial Rehab Times

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How to Give Your Industrial Rehab Program a Boost



Clinics Seek Alternative Revenues

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Rehabilitation practices from private practices to hospital based clinics are searching for alternate revenue streams to help offset the reductions they are taking already or future reductions they are expecting. How is a clinic going to survive the continued reduction in revenue?



Reduction in Medicare Rehab Revenue

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The latest news releases coming from the government includes more reduction in Medicare revenue for rehabilitation. The Affordable Care Act and its impact on rehab is not specifically known but many rehabilitation practices are looking to diversify their services as they expect a reduction in revenue down the road. Managed care continues to take a piece of the action in both group health and workers' compensation.



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How are clinics going to survive the continued reduction in revenue?

Workers' compensation revenue is maintaining its reimbursement levels and in many states, continues to rise on a year to year basis. To date it looks like the Affordable Care Act will not affect workers' compensation reimbursement. What about the workers' compensation managed care organizations taking over the workers' compensation landscape? Are companies like MedRisk and Alingnetworks taking a piece of the pie?

The Opportunity:

"I have implemented strategies to increase work comp referrals or I already perform industrial rehab including Functional Capacity Evaluations and

Work Conditioning. However, it does not make sense for me to get more FCEs since they are all disability FCEs and those do not pay me anything. Doctors don't refer to me for work conditioning or work hardening and if they do, the insurance companies are denying this care. "

Well, wait a minute!

My patients are being told they cannot come to my clinic because I am "out of network".

The Solution:

You need to provide something unique as compared to your competition. You need to provide this uniqueness within the best reimbursement arena within rehabilitation, which is workers' compensation. If you are under contract with a workers' compensation managed care organization you want to get volume from them so you need to provide something that gets you ahead of the herd.

You need to increase revenue!

You need to grow and expand your practice!

You need to increase workers' compensation quality!

What do the most financially successful rehabilitation practices throughout the United States do to separate themselves from the herd? They focus on quality and documentation that speaks the language of all customers involved in that return to work client. Remember, with workers' compensation rehabilitation there is more than the doctor who is your customer. There is the employer, the case manager, the insurance carrier, and sometimes even an attorney. When we document musculoskeletally, we are only speaking the language the physician understands.

The insurance carrier and case manager want to know how close or how far away from return-to-work their client is. The employer has no idea what 3/5 strength and 26 degrees of active range of motion mean. Research tells us that Range of Motion only correlates to function mildly and muscle testing does not correlate to function at all. So if a client has 5/5 muscle strength and full range of motion it does not mean they can do their job?

Function

Rehabilitation practices that specialize in the return- to-work of the injured worker and see a large volume of worker's compensation patients focus on return- to- work function from the first visit until the client is able to return to work. They are not clinics that just treat from initial evaluation to discharge but practices that treat from initial evaluation to the full duty return to work status. When their patient leaves their rehabilitation practice they have documentation that supports whether that patient, or more importantly the worker, can or cannot work.

Function

Function

This does not mean performing a Functional Capacity Evaluation. This means having basic FCE equipment and performing a 15 minute to 30 minute basic return-to-work functional test to document a workers' compensation patient's return-to-work functional abilities.

If you were a rehabilitation professional working for a major medical practice where you saw nothing but workers' compensation patients you would be required to document nothing but functional return-to-work ability and refrain from documenting musculoskeletal- based progress.

Documentation

The physician requires documentation on every progress note that outlines return-to- work function so when they are making light/modified duty or full duty return-to-work decisions, they are able verify that those decisions are not pulled out of a hat. The case managers always prefer that their clients go to a practice that documents function because they need to know how close to return-to-work the client is functionally.

The managed care organizations like MedRisk and Alignnetwork stress that all rehab practices within their networks provide documentation that discusses function. These high level return-to -work rehabilitation organizations also send functional progress notes directly to the employer, throughout the rehab process, so the employer is well informed and can get a person back to light/modified duty work more quickly.

If you are treating Medicare patients in your practice, you are required by the US Government to document function! However, in workers' compensation there is no entity that requires you to document function, but if you do document function, including the improvement over time, you will differentiate yourself from your competition.



Provide Documentation

How Can I Differentiate My Practice?

The specific steps that rehabilitation practices take to differentiate from their competition include:

- Ensure that you have job descriptions in the patients chart at initial evaluation.
- When the patient comes for their initial evaluation have them fill out a document that asks them what the physical demands of their job includes.
- During the initial evaluation the treating clinician should discuss the physical demands of their job.
- 75% of long term goals at initial evaluation should be functional return-to-work goals (i.e. lift, carry, push and pull.)
- When the client begins strengthening during rehab a 15 - 30 minute functional return-to-work based progress note should be generated every 6 - 10 visits
 - *This note should be disseminated to the treating physician, case manager, claims adjustor and employer.*
- On the very last visit no matter who has determined discharge from outpatient rehab a 15 – 30 minute functional return-to-work discharge note should be generated and should say whether the client can or cannot perform 100% of their job.
 - *No matter who is discharging the patient, if the note says they cannot perform 100% of their job you should recommend they need to participate in your Work Conditioning Program.*



The overall premise of this approach which is used by all the major return-to-work specialty clinics across the United States includes, at discharge from outpatient therapy you have documentation in your chart that says whether the client can or cannot perform 100% of the essential physical demands of their job.

Your Return on Investment

For over a decade, OccuPro has instructed thousands of clinicians and medical practices in all 50 states on how to be specialists in the rehabilitation of the injured worker. The tools OccuPro uses to accomplish this include their proprietary **Functional Progress Notes** and **Functional Discharge Summaries**.

Medical practices implementing this approach typically see a return on their investment within 3 months. They immediately begin providing physicians, case managers, claims adjustors and employers with return-to-work functional documentation. They know at discharge from outpatient therapy if the client can or cannot perform the essential physical demands of their job. OccuPro's software then leads the clinician down the road of what return-to-work recommendations are helpful and/or if the client needs or does not need Work Conditioning/Hardening.

Over the last 11 years of providing this service, OccuPro customers have done over **20,000 Functional Progress Notes and Functional Discharge Summaries**. On average, clinics find that 20% of the patients who have one of these 15 to 30 minute tests performed on them at discharge do not have the functional strength to perform 100% of their job. So 20% of the patients you perform these tests on will end up being self-referred into your work conditioning program. Since you have objective documentation of a patient's inability to return to work, it is based on functional return-to-work strength, the insurance company is more likely to approve the work conditioning or work hardening referral.

Training

OccuPro's most popular continuing education course that teaches this method from start to finish is their **Comprehensive Industrial Rehab Training course**. It is very common for OccuPro to train specific clinicians how to do FCEs and Work

Hardening/Conditioning. However, one of the things that OccuPro does differently than any other industrial rehab company is that we often train all outpatient rehab staff how to perform Functional Progress Notes and Functional Discharge Summaries. This means all outpatient orthopedic rehab professionals will provide return-to-work functional documentation on all patients who are off of work or on light duty work while participating in rehab.

If you would like more information on OccuPro's continuing education courses or their software system that performs **Functional Progress Notes** and **Functional Discharge Summaries** feel free to contact them at 866-470-4440 or at info@occupro.net.

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