A New Approach

Worker's Comp could become a driving force behind profitability in OT

By Rob Senior

The relationship between occupational therapy and Workers' Compensation cases has had its ups and downs over the years, but one thing that remained consistent was the approach.

Whether the means was a functional capacity evaluation (FCE) or a work hardening approach, the ultimate result was always determined at the end of the therapy program. In standard Workers' Comp scenarios, the therapist would treat the patient for a predetermined number of weeks or months, until the patient exhibited full range of motion and scored a 5/5 on the muscular strength scale. At this point he would be released—without the therapist necessarily considering whether the patient was truly prepared to return to work.

These days, however, the most profitable OT practices are employing a more comprehensive, return-to-work based program that necessitates evaluating a patient's capacity to perform his job throughout the process of rehab. This new approach endeavors to eliminate so-called "traditional" rehab in favor of more functional, occupation-based goal setting.

Evidence for Change

Actually, calling this a new approach isn't entirely accurate. At places like Occucare Systems and Solutions in Kenosha, WI, this has been the preferred method of treatment for over a decade. Jim Mecham, MS, OTR/L, AEP, director of continuing education and developer of online assessment applications at Occucare, explained the flaws of the "old" system.

"The traditional approach to industrial rehab was that FCEs, work hardening—they were considered specialty programs, reserved only for the end of treatment," explained Mecham.

What typically took place, he said, was a situation where the physician would ask a patient if he was prepared to return to work. The patient would show reluctance, so the physician would recommend the FCE or work hardening.

"But we all know that some patients are very challenging, by nature," Mecham said. "They might be unsure whether they're able to work. They might not want to return to work at all. Eventually, work hardening programs become a dumping ground, so to speak, for the most challenging of patients."

The problem is exacerbated by many therapists' tendencies to rely only upon their training without integrating the increasing array of available research. Most therapists have been trained to discharge a patient upon exhibition of full strength and range of motion. But evidence-based research suggests no correlation between manual muscle testing and the ability to return to work—and only a mild correlation between ROM and ability to resume work.

"So you can reach the end of an outpatient program and be fully discharged without being any more prepared to do your job than you were when you began that program," summarized Mecham. "Displaying full range of motion doesn't mean that you can lift 100 pounds, or do anything else related to your job."

The Alternative

OTs who wish to specialize in this approach to industrial rehab, Mecham said, need to transition to a continual process of evaluating a patient's ability to return to work. They need to revisit the protocol of providing ROM and manual muscle testing results to physicians toward the end of rehab, and begin re-assessing the patient's physical ability to return to full-duty work.

Naturally, this will create a system where patients are not discharged until they are capable of returning to their duties.

Often, "the FCE can be a 3-6 hour test performed on the last day of rehab," said Mecham, "but this isn't optimal. Instead, the test should take place periodically throughout the entire rehab process."

At Occucare, therapists are taught that during the first one-third of an outpatient therapy plan, they should provide the physician with musculoskeletal testing information.

During the second one-third, therapists are expected to provide the physician with both musculoskeletal and return-to-work information. The last third of therapy is where the transition takes place.

"They shouldn't even be giving the physician musculoskeletal information at that point," stressed Mecham. "It should

PAUL PALCKO

be nothing but return-to-work information."

After the initial evaluation in an industrial rehab environment, 75 percent of the OT goals for a patient should be return-to-work based. But this can only be accomplished by functionally testing the patient throughout the process. So if the burden of proof for returning to work is the ability to lift 100 pounds, begin testing for that ability early on in the process. Only when the patient demonstrates a sustained inability to complete such tasks does a recommendation for work hardening become necessary.

Economic Benefits

Most providers agree that FCEs are the preferred method in terms of implementation of an industrial rehab protocol. So Mecham recommends a functional discharge summary.

"Instead of giving the physician musculoskeletal-based information, you'd be providing them with information regarding the return to work," he explained.

Clinics struggling to remain profitable in this recovering economy... can reap the benefits of implementing a comprehensive return-to-work program.

The benefits go beyond an improvement in return-to-work ratios. Mecham reported that therapists who have implemented functional reassessments in outpatient therapy report a nearly 100-percent increase in referrals for work hardening within the first few months. "Objective data supports the need for this type of program," Mecham clarified.

Another benefit to work-hardening programs is that they are unique in providing a single therapist with the ability to treat multiple patients at once.

"It's like group therapy—and it's the only type of program to afford you that luxury," said Mecham. "Really, the only limiting factor is the amount of physical space available in your clinic."

Health care reform has been hotly debated in all areas of rehabilitation, but one noticeable aspect is that cuts are coming in reimbursement from such programs as Medicare.

Therefore, a state-mandated program like Worker's Compensation becomes all the more attractive.

"The federal government can't touch this area," said Mecham. "Reimbursement is not going down" in Workers' Comp as a result of health care reform measures.

Work hardening has been proven as the most profitable program in all areas of rehabilitation.

Clinics struggling to remain profitable in this recovering economy, as well as those looking to expand referral and revenue sources, can reap the benefits of implementing a comprehensive return-to-work program. ■

Rob Senior is managing editor at ADVANCE.