

Bridging the Gap: Employer-Based Cash Services

By Jim Mecham, MS, OTR/L, AEP

There are numerous employer-based services a private physical therapy practice can offer locally or nationally. Many of them are cash-based services that pay exactly what you bill for. Among the most successful private practices throughout the United States and abroad are clinics that work with employers to provide either reactive or proactive services to help them decrease an employer's exposure to workers compensation costs and injuries. These successful practices share some common threads.

Common threads

The most common thread is providing clinic-based industrial rehabilitation services. Before you can begin successfully working with employers, you need to be successfully treating injured workers and getting them back to work. Clinics that specialize

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in treating injured workers will be recognized in their market as employers' clinic of choice. Once you gain this recognition, the transition to providing those employers with cash-based injury reduction services is quite simple.

Another common thread is having a clinician who is interested in and has further education in these cash-based areas. This is not something therapists are taught in school, and it requires further training to achieve success. Unless you succeed at providing injury cost reduction services, the employers will not keep you on. You need to show that you are making an impact on injuries within the first year. Their reduction in insurance premiums will not kick in for three years, so you need to show results in reducing injuries quickly.

Proactive services

The cash-based services you can typically provide employers can be categorized as proactive injury reduction services. They include the following:

- ▶ On-site injury prevention services
- ▶ Ergonomic consultation services (industrial, office, or both)
- ▶ Training and education for Occupational Safety and Health Administration compliance (back schools)
- ▶ Pre-placement post-offer testing
- ▶ Medical consultation on safety and/or ergonomic teams
- ▶ Ergonomic injury causation consultation

The primary reactive service you could provide is on-site rehabilitation. This takes considerable cost analysis to determine whether it makes sense to set up a clinic on-site at a company or just have the employees come to your clinic. A discussion of this service is for a separate article.

Your first step in building cash-based injury reduction services for local employers is to build your clinic-based workers' compensation treatment specialty. Many practices equate this with implementing functional capacity evaluations and work hardening/conditioning. These services can certainly be among your clinic-based services, but your solid foundation needs to start earlier in the injured worker process.

Success begins with the initial outpatient evaluation. Seventy-five percent of your initial workers' compensation outpatient evaluation long-term goals should be return-to-work goals. At about the halfway point of the patient's rehabilitation, the physical therapist should begin assessing the patient's functional ability to return to work. Clinicians should consider minimizing musculoskeletal documentation toward the end of an injured worker's treatment, as range of motion and manual muscle testing correlate poorly with function. Provide information on return-to-work function to all parties involved in the worker's case: the physician, insurance carrier, case manager, and, most importantly, the employer.

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Communicate in the employer's language

Clinicians should never send a musculoskeletal progress note to the employer, since the employer would say, "What the heck is 3+/5?" or "What does 45 degrees of ROM mean?" However, an employer will understand a functional progress note that focuses on return-to-work ability. "I didn't know that Frank was lifting 35 pounds in physical therapy. Why isn't Frank back to work on light duty? Who is this ABC Physical Therapy clinic? This is the first physical therapist who has ever communicated with us in regard to one of our employee's return-to-work abilities."

Advertising hours and brochures can be expensive ways to gain business with employers. We need to fill a basic need of theirs before we can approach them for cash-based services. Their basic need is to get their employees back to work as soon as possible. Providing employers with written documentation on their employees' return-to-work functional improvement during physical therapy not only fills a basic need but is a perfect branding/advertising opportunity for your practice. Why spend thousands of dollars on marketing to these employers when you can just provide a higher quality communication ser-

vice? Just make sure that this functional return-to-work report has your logo and contact information on every page.

The seven to thirteen rule

There's a rule that says when selling services, it takes seven to thirteen repetitions before someone will remember what you have to offer. If you provide the employer with functional progress notes every time you treat an employee from that employer, you will easily exceed the seven to thirteen rule. You will be fulfilling the employer's basic need while solidifying your foundation as the local clinic that specializes in treating injured workers. When you call or walk in to meet with employers to propose selling cash-based services, they will already know you, since no one else in your physical therapy market does anything like this. ■

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