

Not Just a Doctor's Office

By Ellen Fix

Yeeoowhhh! The skyrocketing medical expenses associated with work related injuries are a chronic pain to both self-insured employers and third-party administrators. Besides the loss of productivity, there are costs of various lab tests, medical exams, treatments, follow-up visits, and consultations.

Concurrently, each of these services is delivered by individual physicians and specialists, located at far-flung clinics. And each service is billed a la carte.

Adding insult to injury, employees often abuse the system by deliberately looking for ways to stay off the job. Unfortunately, this is as easy as finding a doctor to extend the length of rehabilitative therapy by days, or even weeks.

As a result of this fragmented treatment approach, employers are afflicted with medical costs that are out of control. And it takes a tremendous toll on the balance sheet: by the year 2000, workers compensation costs are expected to reach some \$70 billion nationwide.

But what would remedy the situation? First, a group of physicians and ancillary care specialists who are attuned to the specific physiological and psychological needs of workers compensation cases. Second, an integrated, interdisciplinary, "turn-key" approach to treating work-related injuries. And third — probably most important — a medical care team that focuses on getting patients back to work as soon as possible.

PATIENT ADVOCATE, EMPLOYER FRIEND

Workplace Medical Solutions, located a stone's throw from Paces Ferry Hospital, aims to make worker's comp work. By providing evaluation, diagnosis, and treatment at a central site, WMS assumes complete medical control of the injured employee and is open around the clock.



PHOTO BY RANDALL WILKINSON

Physical therapist Drew Randall helps Kimberly Imbrecht regain strength in her back muscles at Workplace Medical Solutions.

Case managers who are trained in the nuances of worker's comp act as continuous communication liaisons between patient, employer, and payer.

"We deal with work issues right from the start," explains Jane Norman, an RN and certified disability management specialist. "Even the best workers can get into a 'disability mode.' Often, they hate their jobs, or they have a sick parent or child at home. Or maybe they've had a hard life, and they feel someone is

finally taking care of them for a change. The injury becomes an answer to one of these problems.

"Many patients are shrewd," she continues. "They know once they're labeled as 'disabled,' they can get their house cleaning paid for, free child care, and paid transportation. We try to prevent this syndrome upfront. We start by taking a good, complete patient history. Early on in the rehabilitation process, we address common return-to-work issues such as education, literacy, personal counseling, and vocational training. We're the patient's advocate and the employer's friend."

Unfortunately, many people injured on the job do try to take advantage of the

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traditional system. In the all too typical scenario, they come in with a sprained arm or a simple slip-and-fall bruise, and begin conjuring up false symptoms. This leads to referrals to various therapists, all on the employer's nickel.

On the other side of the coin, a general practitioner may treat the injury itself, and send the patient away. Under current Medicare regulations regarding worker's comp, the GP's reimbursements may not be high enough to motivate spending

much time with each case. And most GPs refrain from broaching the sticky questions dealing with job satisfaction and home life.

This leaves the employee dangling without the safety net of attentive, specialized care. Specialists in orthopedics, plastic surgery, pain management, hernias, rehabilitation, occupational therapy, physical therapy, vocational counseling, and disability management comprise the WMS team.

PACKAGED FEES, GLOBAL PRICING

In certain diagnoses, employers can contract for packaged, capped fees and global pricing that eliminates the fee-for-service pricing that is so excruciating to self-insured employers.

Not all of WMS' services are covered by worker's comp insurance. Laws insti-

tuted in 1992 have canceled coverage for rehabilitation, vocational training and case management unless agreed to by both parties (employee and employer); or, if the patient meets other criteria such as a catastrophic injury. Atlanta attorney Steven Marcus, who has specialized in workers' comp cases for 25 years, sheds some doubt on the future of all-in-one centers such as WMS.

"A lot of doctors and chiropractors around the country are looking for a way around getting involved in managed care practices," Marcus says. "What concerns me is that clinics like WMS may be more interested in getting people back to work than in giving patients the proper care. And if there's a capped fee for treatment, they may not provide the ongoing treatments that are often necessary for chronic pain caused by

a compensable injury. There's no economic incentive to the physician to continue treating the patient."


According to Marcus, employers who provide worker's comp are required to post, at the workplace, a panel of four individual physicians from which employees can chose. "If the patient isn't happy, he can always switch," he says.

Fortunately, some 80 percent of the injuries treated by WMS are minor; only 15 percent are catastrophic. Among the most common injuries are those that fall under the category of repetitive or cumulative trauma. With more employees stuck at keyboards for eight or more hours a day, tendonitis and carpal tunnel syndrome in the fingers and hands is an all too frequent result. The complaint is rampant in the postal and microchip industry, among encoders and data entry personnel, and many white-collar workers. Also very prevalent in Atlanta are back problems.

GETTING BACK TO WORK

But if a warehouse worker winces every time he lifts 35 pounds, how does WMS get him back on the job?

Explains Norman, "We try to look at every aspect of the employee's life, and identify exactly what could impede this patient from going back to work. Our typical patient pays us a visit three times, and they're back to work. Most employers will give them a light-duty job or clerical job, in the interim period during recovery. And most employers are so concerned about out-of-pocket expenses they'll do anything rather than pay an employee to sit at home."

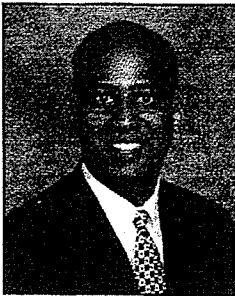
WMS' comprehensive facilities resemble a small hospital. "This isn't just a doctor's office," says Arthur Simon, founder of WMS and a plastic surgeon. "There's a psychology to it all. You've got to preach a philosophy of 'get to work.' Once we see a patient, it's rare to lose them. Because they see we're trying to take care of them; they get a tremendous amount of personal attention. Plus, it saves them time since we're under one roof." 

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