

Occupational Medicine Clinical Care Update

GUIDE IDENTIFIES WAYS TO FIND BEST PHYSICIANS

Overview: A new guide is available to help employers, patients, insurers and other stakeholders identify physicians who adhere to best practices and are most likely to produce optimal outcomes.

The American College of Occupational and Environmental Medicine (ACOEM), in partnership with the International Association of Industrial Accident Boards and Commissions (IAIABC), has released a guide to help stakeholders in the workers' compensation system identify the best available physicians to treat work-related injuries and illnesses.

A Guide to High-Value Physician Services in Workers' Compensation: How to Find the Best Available Care for Your Injured Workers provides practical advice, checklists, and other resources and tools to help identify physicians who have certain characteristics that increase the likelihood of positive medical outcomes in workers' compensation cases.

"Most participants in the workers' compensation system want to direct workers to high-quality medical care, but rarely have access to accurate and comprehensive data about physician practice patterns," said ACOEM Executive Director Barry Eisenberg. "This guide provides a practical alternative – a methodical approach that helps them ask the right questions and find the information they need to ensure excellent care."

The guide features advice for identifying potential candidates, checking credentials and other criteria, learning about a physician's practice style and general approach to care, and evaluating relevant clinical performance metrics. It also includes tips for building a long-term relationship with physicians, including a periodic review process.

The guide is a synthesis of ideas and best practices contributed by a group of workers' compensation system experts – practicing physicians, employers, insurers, and regulatory agencies – in a summit convened by ACOEM and IAIABC earlier this year in Nashville, Tenn.

The meeting is one of several steps ACOEM and IAIABC are undertaking to raise awareness of issues in workers' compensation that diminish the quality of medical care provided to injured and ill workers and negatively impact employers, ACOEM reported.

Statistics show that workers' compensation medical

KEY CHARACTERISTICS OF HIGH-VALUE PHYSICIANS

In general, physicians who provide high-value services in workers' compensation:

1. Meet a basic set of requirements:
 - Are accessible when needed
 - Have appropriate credentials
 - Have relevant professional experience and necessary proficiencies
2. Practice medicine in a high-quality manner by employing evidence-based treatment methods; utilizing tests, procedures, and specialist services wisely; and coordinating care.
3. Focus on functional recovery and minimize needless life disruption and work disability for the workers they treat.
4. Produce good overall medical and functional outcomes in a timely manner.
5. Satisfy the needs of key parties in workers' compensation cases (worker, employer, payers and others who may become involved) to be treated with courtesy and receive information and guidance provided without bias and with good communication skills.

Taking into account geographic limitations, the "best available" physicians are those whose practices most closely reflect these characteristics and are willing to provide services on mutually acceptable financial and administrative terms.

Maintenance of the relationship that develops between the physician and stakeholders is contingent on continued delivery of the high-value services for which the relationship was originally established.

Source: *A Guide to High-Value Physician Services in Workers' Compensation*, ©ACEOM, 2010

costs per claim are rising more quickly than medical costs, in general, and faster than indemnity costs per claim. Despite rising costs, health outcomes within the workers' compensation system are often worse than those obtained under other benefits systems, according to several major studies.

Studies also show there are inefficiencies in care delivery in the system and a lack of incentives for medical providers to promote effective, efficient, and outcomes-oriented treatment as they diagnose and care for injured and ill workers.

"It is our hope that resources such as this guide will encourage workers, employers, insurers, and others to increasingly seek out the physicians who are most likely to deliver the best care outcomes, and in the process help drive overall improvement in the workers' compensation system," said IAIABC Executive Director Greg Krohm.

Free copies of the guide are available at www.acoem.org and www.iaibc.org. On the IAIABC website, go to the "News" section; on the ACOEM website, go to "Policy & Position Statements," then "Reference Material."

RESOURCES & REFERENCES ON PHYSICIAN PERFORMANCE

1. The American Medical Association has convened the Physician Consortium for Performance Improvement® to enhance quality of care and patient safety. The consortium directs development, testing, and maintenance of evidence-based clinical performance measures and measurement resources for physicians.
www.ama-assn.org/ama/pub/physician-resources
2. The American Academy of Family Physicians participates in the Physician Consortium for Performance Improvement and works closely with other medical specialty societies, the National Quality Forum (www.qualityforum.org), the National Committee on Quality Assurance (www.NCQA.org), and the former Ambulatory Care Quality Alliance (www.ambulatoryqualityalliance.org), all of which are involved in performance measurement development, endorsement or implementation.

The academy supports health care quality improvement endeavors, including the development and application of performance measures (whether single or in aggregate) with the following attributes:

- Focused on improving important processes and outcomes of care in terms that matter to patients;
 - Responsive to informed patients' cultures, values, and preferences;
 - Based on best evidence and reflect variations in care consistent with appropriate professional judgment;
 - Are practical given variations of systems and resources available across practice settings;
 - Do not evaluate cost of care separately from quality and appropriateness;
 - Take into account the burden of data collection, particularly in the aggregation of multiple measures;
 - Provide transparency for methodology used;
 - Assess patient well-being, satisfaction, access to care, disparities, and health status; and
 - Are updated regularly or when new evidence is developed.
3. Effect of Financial Incentives on Improvement in Medical Quality Indicators for Primary Care; T Gavigan, et al.; *The Journal of the American Board of Family Medicine*, 23 (5): 622-631, 2010.

Physicians in six of 11 community clinics were given a financial incentive twice the size of the Centers for Medicare and Medicaid Services' incentive for achieving group targets in preventive care that included cervical cancer screening, mammography, and pediatric immunization. They also received productivity incentives. No evidence for a clinically significant effect of financial incentives on performance of preventive care in these community health centers was found.

4. The impact of removing financial incentives from clinical quality indicators: longitudinal analysis of four Kaiser Permanente indicators; H Lester, et al.; *BMJ* 2010; 340:c1898; study shows policymakers and clinicians should be aware that removing facility-directed financial incentives from clinical indicators may mean that performance levels decline.

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