“Although most injured or ill people can cope with their problem and make either temporary or permanent life and work adjustments, a large minority cannot. This minority does not recover successfully, adopts a disabled self-concept, and experiences either a needlessly prolonged absence or a permanent withdrawal from work.”

This pointed statement comes from a medical guideline titled “Preventing Needless Work Disability by Helping People Stay Employed,” published by the American College of Occupational and Environmental Medicine (ACOEM). In recent years, this document has become one of the definitive pieces on return-to-work theory and strategy.

In this piece, the ACOEM offers a variety of suggestions for physicians, employers and insurance companies to help injured workers with the recovery process and returning to work. Below are a few of these strategies that we’re working to implement in partnership with you and your practice.

**Distinguish between a medically necessary absence and a system-induced absence.**

According to the ACOEM, many missed work days are not medically necessary but arise from “nonmedical factors such as administrative delays…, lack of transitional work, ineffective communications, lax management, and logistical problems.” It is Summit’s goal to minimize delays and eliminate the red tape that prevents injured workers from returning to work. You’ll notice many of our processes are designed, or are being redesigned, to meet this challenge.

**Expect and effectively manage typical human reactions.** The unfamiliar and unexpected nature of an injury often creates fear and stress in the mind of a patient. We believe that education is a key factor in reducing fear and stress. As the treating physician, you can play a role in educating your patients simply by giving them the facts about their injuries and taking the time to answer their questions.

To help simplify the injury-management process, Summit is revising much of the paperwork that injured workers must complete. You can also refer them to our website, summitholdings.com, as an educational resource. It has a section designed just for them.

**Use a standard method for making return-to-work decisions.** The ACOEM discusses the fact that all parties and judges in workers’ comp cases tend to look for conclusive evidence when an employee’s ability to return to work is in question:

“In the time-pressured setting of patient care, treating physicians typically make educated guesses to determine work capacity, medical restrictions and functional limitations. Similarly, employees and employers typically make educated guesses to describe the functional demands of workplace tasks, a method that seems to work well most of the time. But whenever ability to work is uncertain or disputed, everyone—especially the courts—develops an appetite for ‘hard facts’ and data.”

(continued on page 4)
Workers’ compensation and health care reform

Health care reform is the hot topic of our day, and opinions are being voiced on every side of the issue (and there are many). With all the talk, there is one often overlooked question, but one that could impact your practice.

In a recent article in P&C Underwriter, Joseph Paduda brings the question to the forefront. “Will health care reform meaningfully impact workers’ comp? Absolutely! If—and it’s a big IF—reform passes into law, workers’ comp will be indirectly, but significantly, affected.”

While there’s no way to know if, when, or in what form legislation will impact workers’ comp, there are a few potential outcomes being discussed in the industry, both positive and negative.

Let’s start with the good news.

Increased prevention and wellness. Obesity, substance abuse, mental health problems and other overall health indicators can play a pivotal role in a workplace injury. These factors can increase the likelihood of an injury and delay the healing process once it occurs. If the pending reform can successfully bring improvement in the overall health of the American population, we could see positive trends in both workers’ comp injury and recovery rates.

Reduction in medical errors. In previous issues of The Heritage News, we’ve discussed the rates of medical errors and the impact those numbers have on both patients and the medical industry. Any positive change in patient safety generated by reform could trickle down to every area of the industry, including workers’ comp.

Electronic medical records. Workers’ comp in general tends to be behind the rest of the health care industry in this area. If the reform provides stimulus money to upgrade technology, the whole comp system could benefit. Even if updated systems are simply mandated without financial support, insurance companies and workers’ comp medical providers could face some short-term discomfort, but they will enjoy long-term benefits. For example, one major advantage would be the ability to review comprehensive medical records for claimants, making it much easier to determine whether an injury is work-related.

But there are concerns...

The small-fry syndrome. Workers’ comp constitutes only about 2-3 percent of the overall health care system. Because it’s such a small part of the picture, there’s some concern that the special needs of workplace injuries will be ignored as legislation is developed. Specifically, the focus in workers’ comp is, and has been, returning the injured worker to the job. This is unlikely to be the focus of any overall health care reform package and could cause occupational medicine practitioners to come into conflict with new laws as they are drawn up.

Conflicts with state law. Workers’ comp is regulated state-by-state. Any national-level reform is almost sure to differ with state workers’ compensation laws at some point. And the legal discussions and compromises that will follow are likely to be complex, and potentially unfavorable to employers and medical providers.

Unknown impact to fee schedules. Because many states use Medicare’s standard rates as a starting point for their workers’ comp fee schedules, any changes to the Medicare fee schedule due to the health care reform could eventually impact workers’ comp medical payment rates across the country. Industry insiders are understandably concerned simply because the effect on the Medicare fee schedule tends to be a bit unpredictable.

Overall, the simple truth about health care reform is that no one really knows where it could take us, as a nation or an industry. But, you can trust that Summit will be here to handle claims and keep working with you and your patients.

H1N1 virus

We’d like to offer a quick reminder that workers’ comp generally does not cover common airborne viruses—even if they are contracted at work—unless the incidence of the disease is substantially higher in a particular type of employment. This, of course, includes the H1N1 influenza virus, a.k.a the “swine flu.”

The Centers for Disease Control and Prevention has a section of their website devoted to this highly publicized flu strain. For the latest information on the H1N1 virus and vaccines, visit www.cdc.gov/h1n1flu.
Treatment Denied?

We know there’s nothing more frustrating to you and your patients than having a treatment denied by an insurance company. After all, you’re the doctor. You’ve examined the patient, and you’re giving your best advice for providing treatment. And we trust your judgment. That’s why you’re a part of our network.

With that said, please understand, there are a few cases for which we simply cannot approve treatment. We base our approval decisions on the latest medical evidence, as provided by the Official Disability Guidelines (ODG). If ODG specifies that a treatment has been proven ineffective, and more importantly, if the treatment could be disproportionately dangerous to the patient, we will be compelled to deny authorization.

Below, we’ve listed two courses of treatment we will routinely deny. If you take a look at the evidence, we think you’ll agree we’ve made the right decision. If you’d like a copy of the full reports from ODG, visit www.disabilitydurations.com/treatment.htm, or contact our office.

However, if you have a patient who you feel doesn’t fit the typical scenario and may genuinely benefit from these treatments, please feel free to give us a call. We’re always available for a discussion on any case.

Discograms

The latest ODG recommendations indicate that discograms do not provide enough information to guide treatment and that performing a discogram could potentially cause harm to the patient. Below is a brief synopsis from the ODG report.

**The conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion (ACR, 2000; Resnick, 2002; Madan, 2002; Maghout-Juratli, 2006; Pneumaticos, 2006; Airaksinen, 2006). A recent study found only a 27 percent success from spinal fusion in patients with low back pain and a positive single-level low-pressure provocative discogram, versus a 72 percent success in patients having a well-accepted single-level lumbar pathology of unstable spondylolisthesis (Carragee, 2006). Now, the results of a 10-year, prospective study suggest that discography can result in accelerated disc degeneration and herniation (Carragee, 2009).**

Based on the ODG recommendation, we will not approve a discogram for pain treatment unless you can provide compelling evidence that it is expected to be both safe and effective for a particular patient.

**Actiq or Fentora (oral fentanyl citrate)**

While we agree that it is often advisable (and legal) to prescribe certain drugs for off-label use, this particular medication poses a different and potentially dangerous set of issues. Actiq, Fentora and their generic equivalents carry a black box warning against use for anything other than cancer pain in opiate-tolerant patients. The FDA requires this warning because they have determined that the drug can be safely used only if its distribution or use is restricted. For this reason, ODG recommends against the use of oral fentanyl to treat workers’ compensation injuries.

Although Cephalon Inc., Actiq and Fentora’s manufacturer, previously sought to expand this restriction to include opiate-tolerant, non-cancer patients who have chronic pain, the FDA denied this request. The company did not prove that oral fentanyl is more effective than other opiates; nor did they demonstrate that their risk-management program for this drug prevented inappropriate prescribing. In fact, Cephalon pleaded guilty to inappropriately marketing Actiq to physicians as a viable treatment option for injuries and migraines, and settled with the Department of Justice for $375 million. This is why Heritage Summit HealthCare—and most insurance companies—now require a documented diagnosis of cancer before authorizing payment for this medication. Unless the cancer diagnosis is related to the workers’ compensation injury, we will deny coverage for any oral fentanyl medication.
You’re In!

If you receive this newsletter, you’re part of a select group of providers who have been credentialed and enrolled in the Heritage Summit Healthcare provider network—designed exclusively for treating workers’ compensation patients. There are a lot of great advantages to being a part of our network. Take a look below to find out what’s available to you and your practice through your network affiliation.

A steady stream of patients. No matter what happens with the economy, workplace injuries still happen, and those injuries need treatment. When you’re a member of our network, we encourage the injured workers of our more than 40,000 insured employers, many of whom are located within the vicinity of your practice, to come to you for treatment. And, if you specialize in a certain area of medicine, primary care doctors within the network may also refer patients to you.

Quick access to patient data. When you need information on your patients’ claims, any member of Summit’s claims or network staff can give you the details—even if your usual contacts aren’t available. And the updates you provide can be viewed by each of our staff members in real time, ensuring that the most current information is always used in claims decisions.

No-hassle referrals. We operate as a preferred provider organization; so as an in-network provider, your wait time for referrals is minimal. You can also feel confident referring within our network, because all of our providers have been through the same credentialing process.

Online tools to make your job easier. Our website, summitholdings.com, provides you with quick access to many of the tools you need to work with us. Just click on Provider Resources from our home page and you’ll find:

- A searchable database of network providers
- Access to our pharmaceutical network vendor, Express Scripts
- Forms and provider manuals
- Information about and discounted access to the Official Disability Guidelines
- Electronic copies of The Heritage News
- News and notifications from Summit
- Helpful links

Help us expand our network

Injured workers need access to quality primary care physicians, hospitals, clinics and medical specialists, and they need to find those providers close to home or work. So, we’re always looking for qualified providers who will help us get our injured workers back on the job.

We would love to receive your recommendations. After all, no one knows doctors like other doctors. To suggest a physician for our network, please give us a call and ask for the PPO Help Desk, or send an e-mail to provider.leads@summitholdings.com.

Team-oriented claims administration. Summit’s nurse case managers, medical directors, claims adjustors, network representatives and even our medical bill payors are all Summit employees, and they work side-by-side. This helps to successfully resolve claims, avoid confusion and misinformation, and alleviate delays in care.

ACOEM (continued from page 1)

Today’s trend toward evidence-based medicine is a testament to the need for this type of data. The Official Disability Guidelines (ODG), which in addition to treatment guidelines also provides typical return-to-work expectations for various injuries, are a great example. If you’re interested in learning more about ODG, visit our website.

Act with urgency! Disability itself can be dangerous and self-perpetuating. The ACOEM points out that “the odds of a worker ever returning to work drop 50 percent by just the twelfth week [of disability].” That’s why early intervention is paramount.

As always, our goal is to work with you, the employer and the patient to promote recovery and a return to normal life. Moving forward, please know that we at Summit and Heritage Summit HealthCare appreciate your hard work and dedication in meeting this important challenge.
FDA investigates acetaminophen safety

On June 29 and 30, 2009, the FDA held an advisory committee meeting regarding acetaminophen use and the potential for liver damage. The agency has issued a consumer update on the topic, which maintains that when used appropriately, acetaminophen is safe and effective.9 However, it also warns consumers that overuse can cause serious liver damage. The report further explains that “Liver damage can develop into liver failure or death over several days.”9 As always, we encourage you to caution your patients about the overuse or combination of medications containing acetaminophen, and carefully monitor drug interactions.

For more information about acetaminophen, including scientific background on this topic and the consumer update released by the FDA, visit www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm165107.htm.

Louisiana mandates evidence-based medicine

On July 1, 2009, Louisiana Governor Bobby Jindal signed into law a measure that will require evidence-based medical treatment for workers’ comp patients. 10 The new law calls for the creation of a medical advisory committee, which will be tasked with adopting or establishing evidence-based treatment guidelines. The law requires new guidelines to be in place by September 30, 2010.

As a long-standing supporter of evidence-based medicine, Summit is pleased to see Louisiana move in this direction, and will be monitoring the legislation closely as it is developed. As the situation progresses, we will keep you updated via The Heritage News and our website, summitholdings.com.

Electronic billing is here!

To ensure timeliness and accuracy, our medical bill payors now send all bills to P2P Link, a secure, electronic billing company for initial processing. P2P Link ensures that the bill is clean and matches it to the correct claim number. The bills and attachments are then transmitted back to Summit for processing.

If your practice has an account with P2P Link, you can save even more time by uploading your bill directly into their system for processing (also called “e-billing”). This allows the bill to be indexed into Summit’s system much sooner.

To create an account with P2P Link, call 1-866-940-4503, e-mail p2psales@stoneriver.com or visit www.p2plink.com.

HAPPY holidays!

From our team to yours, we wish you a cheerful and exciting time with family and friends this year.

As a reminder, all of our offices will be closed on:

- December 25, 2009
- January 1, 2010

Injured workers or their employers can report injuries 24 hours a day, 7 days a week by calling our injury hotline at 1-800-762-7811, even on holidays.

A note on prepayments

As a reminder, Summit does not approve prepayments.* This is our standard policy because these requests tend to slow down the billing process. Presumably, the point of a prepay request is to ensure payment. Because you have a contract with Heritage Summit HealthCare Inc., your payments are already agreed upon. And, Summit has a strong reputation for prompt bill payment, so you can be confident knowing you will be paid quickly and accurately for the care you provide to our injured workers.

*Our provider handbook states, “As a provider in the HSHC PPO network you agree not to require prepayment of any services.” Notable exceptions to this policy are Tennessee and Georgia, which mandate prepayments for independent medical evaluations (IMEs). In these cases, we will follow state law.
Who is Summit?

With more than 30 years of experience, Summit is a leading provider of workers’ compensation insurance products and services to employers throughout the Southeast.

Summit includes Summit Consulting Inc. and its subsidiaries, Heritage Summit HealthCare Inc. and Summit Consulting Inc. of Louisiana, along with its affiliated insurers, Bridgefield Casualty Insurance Company and Bridgefield Employers Insurance Company. Summit is also the managing general agent of BusinessFirst Insurance Company and Retailers Casualty Insurance Company, and is the third-party administrator of the Florida Retail Federation Self Insurers Fund.

References


4. FLA. STAT. ANN. § 440.151(2) (West 2009).


