Choosing Wisely—Making the Best Choices for your Patients

By Summit Medical Director Kenneth G. Phillips, MD, MPH, FACOEM, FAIHQ, CIME

In January, the American Society of Anesthesiologists (ASA) released its Choosing Wisely list for pain medicine. And in February, the American College of Occupational and Environmental Medicine (ACOEM) added a similar list to the growing collection of specialty contributions.

If you’re unfamiliar with the Choosing Wisely campaign, this initiative from the American Board of Internal Medicine (ABIM) foundation challenged medical specialty societies to develop a list of five tests or procedures often used in their fields that should be questioned and discussed. The program goal is to help physicians and patients choose care that is supported by evidence, not duplicative of other treatments, free from harm and truly necessary.

So, without further ado, here’s the list created by the ASA.

1. Don’t prescribe opioid analgesics as first-line therapy to treat chronic noncancer pain.
2. Don’t prescribe opioid analgesics as long-term therapy to treat chronic noncancer pain until the risks are considered and discussed with the patient.

3. Avoid imaging studies (MRI, CT or X-rays) for acute low-back pain without specific indications.
4. Don’t use intravenous sedation for diagnostic and therapeutic nerve blocks or joint injections as a default practice. [This recommendation does not apply to pediatric patients.]
5. Avoid irreversible interventions for noncancer pain that carry significant costs and/or risks.

“As leaders in patient safety, physician anesthesiologists want the most effective tests and treatments for our patients and we want them to be used appropriately,” said ASA President Jane C. K. Fitch, M.D. “ASA has taken the lead in improving patient safety related to anesthesiology and pain medicine. This Choosing Wisely list can make a positive and significant impact on patient care and quality.”

The ACOEM released its list with a few interesting similarities:

1. Don’t prescribe opioids for treatment of chronic or acute pain for workers who perform safety-sensitive jobs, such as operating motor vehicles, forklifts, cranes or other heavy equipment.
2. Don’t initially obtain X-rays for injured workers with acute nonspecific low back pain.
3. Don’t order low back X-rays as part of a routine preplacement medical examination.
4. Don’t routinely order X-rays for diagnosis of plantar fasciitis/heel pain in employees who stand or walk at work.
5. Don’t routinely order sleep studies to screen for/diagnose sleep disorders in workers suffering from chronic fatigue/insomnia.

You can check out these lists, the rationale behind them and more than 50 other lists generated so far at www.choosingwisely.org. Your specialty may be among them!
SPECIAL REPORT: On-the-Job Safety

Safety—it’s not just for patients!

We’re a workers’ comp company, so naturally the safety of the workers we insure is one of our top priorities. Even if your practice isn’t insured by one of our workers’ comp programs, we hope you’ll take the time to highlight the importance of safety in your workplace.

According to OSHA, “more workers are injured in the health care and social assistance industry sector than any other. This industry has one of the highest rates of work-related injuries and illnesses. In 2010, the health care and social assistance industry reported more injury and illness cases than any other private industry sector—653,900 cases. That is 152,000 more cases than the next industry sector, manufacturing.”

As you know, there are dozens of safety hazards in health care, so in this issue of The Heritage News, we’ll take a look at three of the most common: blood-borne pathogens, lifting and violence. We’ll examine these risks and offer suggestions for managing them.

Risk: Blood-borne Pathogens

Undoubtedly, every licensed medical practitioner is well-versed in the risks of blood-borne pathogens. And yet, you’d be hard-pressed to find an industry more exposed to this danger than the medical field. So, here are a few reminders on how it happens, how it can be prevented and what to do in case of exposure.

Prevention

While exposure to blood in the medical workplace is obviously possible in a variety of ways, needle sticks remain the primary threat. Needle sticks occur at a rate of around 800,000 cases per year in the U.S. and are responsible for up to 80 percent of accidental blood exposure. Hospital nurses are the most frequently affected.

The good news is that, according to OSHA, most needle sticks can be avoided. “The number of needle stick injuries can be reduced by using devices containing needles with built-in safety features or other devices that eliminate the use of needles altogether. Using needleless IV connectors, self-resheathing needles or blunted surgical needles, for example, can help reduce the risk of injury. In fact, almost 83 percent of injuries from hollow bore needles are potentially preventable.”

Exposure protocols

Be sure to heed typical blood exposure protocols. Workers who get blood or other potentially infectious materials on their skin or in the eyes, nose or mouth, should immediately wash with soap and water. Workers should always report any unprotected contact with blood or other bodily fluids to their supervisor for proper medical follow-up.

Cleanup

Any incident that results in a spill of blood or bodily fluids should be treated as a potential hazard and cleaned accordingly.

Testing and treatment

In cases of a potential or confirmed blood-borne pathogen exposure, we recommend compliance with OSHA’s blood-borne pathogen procedures and CDC testing and treatment protocol. If you have any questions on protocol for treating a potential or confirmed blood-borne pathogen exposure, please call the National Clinicians’ Post-Exposure Prophylaxis Hotline at 1-888-448-4911.

Drug-Free Work Week 2014 is October 13-19!
Take advantage of this opportunity to reinforce your practice’s drug-free policy to employees.
Free resources are available at www.nwda.org

Need safety help?
If your office or facility is insured by a Summit-managed workers’ compensation program, remember that we offer loss prevention services and safety training as part of your policy. To get started, call 1-800-282-7648 and ask for the Loss Prevention department. Access our general safety information on our website, www.summitholdings.com.
Risk: Lifting-Related Injuries

Many industries struggle with lifting-related injuries. Employees lift products, construction materials, equipment, etc. But not many can say they lift people quite as often as health care employees. In medical practices, lifting properly has an impact on the person lifting—and on the person who doesn’t want to be dropped! If your employees regularly or occasionally need to lift patients, here are a few tips to ensure proper lifting techniques:

- **Stay fit.** Staying in shape is one of the best ways to prevent lifting injuries. Size up the job. Decide if you can handle the lift alone or if you will need help. When in doubt, ask for help. Size up the area. Check the surroundings and make sure the area is clear of obstructions if you must carry the patient or object any distance.
- **Get a good grip.** When you lift and carry something, it becomes an extension of your body, so your grip has to be firm and sure.
- **Position your feet to set a good foundation.** Good foot positioning allows you to keep your balance and use your leg muscles.
- **Keep the patient or object close to your body.** Think of your arms as a pry bar—the further the patient or object is from your body, the longer the bar and the more force it will place on your back.
- **Avoid twisting your upper body.** Twisting can magnify the stresses and forces of lifting and affects your center of balance.

**Practice team lifting.** Everyone involved should discuss and decide, in advance, how you’re going to handle the lift. Communicate with your lifting partner(s), especially if you feel that your grip is slipping.

Use these tips and pass them around to help ensure the safety or your workers and their patients.4

Risk: Violence in the Workplace

As troubling as it may sound in an industry dedicated to “doing no harm,” violence in the workplace is one of the top safety concerns for health care workers. And on a very basic level, it makes sense. It’s an industry that, by its very nature, deals with pain and stress on a daily basis. Patients are sometimes frightened or disoriented, family members can become frustrated and even hostile. So what can you do?

Violence isn’t completely preventable, but it can be mitigated. The key is training. OSHA suggests training employees on:

- **Your workplace** violence prevention policy.
- **Risk factors** that cause or contribute to assaults.
- **Early recognition** of escalating behavior or recognition of warning signs or situations that may lead to assaults.

**Ways to prevent or defuse** violent situations or aggressive behavior.

**A standard response action plan** for violent situations, including the availability of assistance, response to alarm systems and communication procedures.

**Ways to deal with hostile people** other than patients and clients, such as relatives and visitors.

**Progressive behavior-control methods** and safe methods to apply restraints.

**The location and operation of safety devices** such as alarm systems, along with the required maintenance schedules and procedures.

**Ways to protect oneself and coworkers**, including use of the “buddy system” and abiding by policies and procedures.

**Multicultural diversity** to increase staff sensitivity to racial and ethnic issues and differences.

**Policies and procedures** for obtaining workers’ compensation, medical care, counseling, or legal assistance after a violent episode or injury.

In addition, OSHA suggests that all supervisors and managers be trained to recognize high-risk situations to ensure that employees are not placed in assignments that compromise their safety.5

Training programs are widely available, but the Centers for Disease Control offers a free online program specifically designed for medical providers. Check it out here: http://www.cdc.gov/niosh/topics/violence/training_nurses.html.
Once considered a pediatric specialty, orthopaedics has grown to include patients of all ages, ranging from tiny newborns to injured athletes and workers, and even aging patients suffering from arthritis. Any disease or injury affecting the musculoskeletal system falls within the scope of orthopaedics, so it’s no wonder it is one of the most common referrals in workers’ comp. Broken bones, damaged muscles or tendons and painful joints or nerves are all areas where a qualified orthopaedic surgeon can lend expertise.

**Orthopaedic treatment**

Like most medical problems, many musculoskeletal conditions can be treated in a variety of ways. Medication, physical therapy and exercise are typical treatment protocols used by orthopaedists. However, by definition, qualified orthopaedists are surgeons, and treatments may include the following common surgical procedures when indicated:

- **Arthroscopy**—the diagnosis or treatment of joint problems using special cameras and equipment. Around 38 percent of orthopaedic surgeons in the nation describe themselves as arthroscopy specialists.

- **Fusion**—a process by which bones are fused together with bone grafts and/or internal devices to heal into a single solid bone. There were more than 465,000 spinal fusions performed in the U.S. in 2011.

- **Internal Fixation**—the use of metal plates, pins or screws to hold broken pieces of bone in place while they heal. Internal fixation allows shorter hospital stays, enables patients to return to function earlier, and reduces the incidence of nonunion (improper healing) and malunion (healing in improper position) of broken bones.6

- **Joint Replacement**—when a damaged joint is removed and replaced with a prosthesis. More than 1.1 million patients in the U.S. had a knee, hip or shoulder replaced, either partially or totally, in 2011.

- **Osteotomy**—the correction of a bone deformity by cutting and repositioning the bone. Note that results from total knee replacement and partial knee replacement have been so successful, knee osteotomy has become less common. Nevertheless, it remains an option for many patients.

- **Soft tissue repair**—the mending of soft tissue, such as torn tendons or ligaments. The most common types include sprains, strains, contusions and similar stress-related injuries.

**Orthopaedics and workers’ comp**

Orthopaedic surgeons often specialize in a narrower area of practice, such as the foot and ankle, spine, hip or knee. They may also focus on certain patient categories, such as pediatrics or sports medicine. Some even specialize in workers’ comp! We believe that our network orthopaedists play a pivotal role in the recovery of our injured workers.

Just how much does orthopaedics impact workers’ comp? Of the top 10 workers’ compensation diagnoses listed by the Official Disability Guidelines (ODG), more than half fall under those commonly treated via orthopaedics. These include back strains, disc disorders, whiplash, shoulder and ankle sprains, carpal tunnel and meniscus tears.

ODG also lists the top workers’ comp treatment procedures, and, as you have probably already guessed, orthopaedists are well-represented on this list. Discectomy, knee and hip replacement, spinal fusion, rotator cuff repair and carpal tunnel release are all listed in ODG’s top 10 procedures.

If you’re an orthopaedic surgeon, we thank you for your ongoing care of the thousands of injured workers we send to you and your colleagues each year. If you’re not an orthopaedist, but have a patient who could benefit from their services, visit our website and click on Find a Medical Provider to find an orthopaedist in our network.7
No one knows doctors quite like other doctors, so that’s why we’re looking to you for recommendations. If you know a highly skilled candidate who you believe would make a great addition to our network, please let us know. Physicians to whom you often refer your patients are a great place to start.

To give us your recommendations, please give us a call and ask for the PPO Help Desk or send an email to provider.leads@summitholdings.com.

**Records requests**

Please note, if you request records for a patient, our standard procedure is to supply records from the past two years, if available. If you need more or fewer details about a patient’s medical history or a specific record item, please let us know when you place your request.

**Modified duty and your state’s waiting period**

While workers’ comp insurance is designed to provide medical care and to help injured workers stay afloat financially while they heal, getting hurt at work can still create a monetary burden for many of your patients. That’s because most state laws mandate a waiting period for lost-wage reimbursement (see chart). For example, in Florida, injured workers are not paid for the first week that they miss work, unless they go on to miss at least three weeks. A week of lost pay can make a major difference to most people, regardless of income level.

You can help by authorizing your patients to return to modified duty as soon as medically possible, even if you’re not sure that modified duty is available. Our claims team is trained to help the employer find suitable work for the injured worker. The sooner your patients get back on the job, the fewer of those waiting period days they may miss.

Even if a modified duty position isn’t yet available, it’s important to provide a work release for your patient that details their current physical abilities, so that our claims adjusters and Back2work coordinators can work with the employer to create a suitable position.
References


2. Safety and Health Topics in Healthcare. (OSHA. Available at https://www.osha.gov/SLTC/healthcarefacilities/)

3. How to Prevent Needlestick Injuries. (OSHA. Available at https://www.osha.gov/Publications/OSHA3161/osha3161.html.)


* All sources accessed August 11, 2014.

Official Disability Guidelines (ODG)
The Official Disability Guidelines are an extensive resource that can streamline communication between your office and Summit. ODG can also help keep you in compliance with some states’ workers’ compensation statutes and regulations. To learn more about the Official Disability Guidelines, visit www.disabilitydurations.com/treatment.htm.

To learn how to get a discounted subscription to ODG, visit our website, click on Provider Resources and then Official Disability Guidelines (ODG).

Who Is Summit?
With more than 35 years of experience, Summit is a leading provider of workers’ compensation insurance products and services to employers throughout the Southeast.

Summit includes Summit Consulting LLC and its subsidiary, Heritage Summit HealthCare LLC. Summit is also the managing general agent of Bridgefield Casualty Insurance Company, Bridgefield Employers Insurance Company, BusinessFirst Insurance Company, Retailers Casualty Insurance Company and RetailFirst Insurance Company.

For a full listing of the workers’ compensation payor customers who lease and have access to the Heritage Summit HealthCare LLC preferred provider network, visit the Provider Resources section of our website and click on State-specific payors.

How to Contact Us
Heritage Summit HealthCare
PO Box 3623
Lakeland, FL 33802-3623
1-800-282-7644

Summit Claims Center
PO Box 2928
Lakeland, FL 33806-2928
1-800-282-7644

24-hour injury reporting
1-800-762-7811

If you know of a provider who may be interested in joining our network, please give us a call or send an email to provider.leads@summitholdings.com.

If you have any questions or comments about the content of this newsletter, please send an email to heritagenews@summitholdings.com.

© 2014 Summit Consulting LLC