

Collaborating With The Medical Community For VRCs

Eric S. Smith, M.D.

IARP Fall Conference – Tacoma, WA

October 15, 2011

Who Am I?

- Board Certified Occupational Medicine since 1991
- 28+ years treating injured workers, all in the State of Washington
- Former staff physician in a CARF approved chronic pain treatment clinic

Why Do We Do This?

- What is the societal “Good” in returning injured workers to the workplace?

If you haven't figured this out personally-----

GO DO SOMETHING ELSE!!!

GOALS OF PRESENTATION

- Understanding the Attending Physicians (AP) view of the patient
- Why your approach to the Injured Worker (IW) as the Vocational Rehabilitation Counselor (VRC) is critical to the potential success of Return To Work (RTW)
- Improving the Quality and Usefulness of your paperwork

The AP's View of the IW

- First– We don't pick 'em!
- They come in all varieties--
The Good, the Bad, the Ugly (unmotivated)
- We need to have a global understanding of the IW issues-- Both non-occupational medical conditions, and occupational medical conditions

Spine Pain Models

- I'm a firm believer in the Biopsychosocial model in spine pain: A Complex and Dynamic Interaction among Physiologic, Psychologic and Social Factors which Perpetuates and may worsen the Clinical Presentation.” Robert Gatchel PhD., Professor of Psychology at University of Texas
- The injury model may work acutely, but chronically (greater than three months), it's a different story!

Biopsychosocial Model (continued)

- Gatchel et al. In Spine and JOEM, two related articles
- 62 to 64% of Workers Compensation Chronic Spine Pain IW have a DSM-IV (revised) psychological/psychiatric diagnosis-- The vast majority of the diagnosed conditions are Depression

Depression in IW

- IW (especially males) with depression appear to be unmotivated, unfocused, and indecisive.
- They may be angry at you, me and “the system”
- Higher rates of substance abuse, alcoholism, separation, or divorce also follow
- Unrecognized psychological/psychiatric issues may cause Vocational Rehabilitation assessment, plan development, and retraining to **FAIL**

Depression In IWs

- Too often VRCs don't want to acknowledge or deal with these psychological issues or red flags such as history of DUIs, intoxication with excessive addictive medications, or alcohol on breath at VRC meetings.
- **YOU ARE MY EYES AND EARS!**

AP Follies

- Clues you're dealing with a "Turkey" for an Attending Physician (Orthopedic Surgeon?)
 - 1 Keeps wanting to do more interventional treatment, be it Chiropractic, Epidural injections or surgery– The infamous "fusion redo" **IF ALL YOU HAVE IS A HAMMER, EVERYTHING BECOMES A NAIL.**

AP Follies (Continued)

- 2 Can't seem to move the claim forward to a goal, **ANY GOAL**-- "The failure to make a decision, becomes a decision"
- 3 Refuses to consider even the lightest modified duty without a clear rationale for the medical decision-making process
- 4 Enabling dysfunctional behavior by the IW by continuing high dose opiates, without clear scheduling of the doses, periodic random drug testing of the IW, nor a "drug contract" of the IW

AP Follies (Continued)

- 4 Isn't comfortable or even acknowledge that depression or a 'mood disturbance' may be a factor in the IW. Just calls it "functional behavior"
- 5 Doesn't stress to the IW personal responsibility for their improvement or recovery

How to Help Medically as a VRC

- Remind the IW to: Exercise— EVERY DAY, Know your drugs, when and how to take them, and when not to take them! Smoking cessation, Vitamins, fluids, and sleep hygiene
- By reminding them of their personal responsibility you're not usurping the role of the AP!

Why the Interaction with the IW by the VRC is Critical to Eventual RTW

- Studies of IW behavior in the State of Washington often “Lawyer Up” when the Vocational Rehabilitation Assessment begins
- This causes delay, often significant expense if it ends up being disputed in front of an administrative legal hearing; and can reinforce the disability mindset of the IW

How Does it Reinforce the Disability Mindset?

- Scottish Study in Spine, June 15th 2007 (vol. 32, no.14): “The findings of this study do suggest that psychological and social factors are strong predictors of the development of back pain after major accidental injury”
- What are those “social factor” predictors?
 1. Low level of education
 2. Low socio-economic background
 3. **THE INVOLVEMENT OF AN ATTORNEY**

What Do the Lawyers Do?

- They use the “P” word– PENSION
- They reinforce the often unrealistic belief that the IW is “entitled” to be retrained– despite obvious transferrable skills
- Often use a cynical, manipulative attempt at finding a “downstream” mental health disorder so they can get 30% of a Category II mental health rating

Why Are IW Receptive to This?

- At the end of active, curative treatment; they are considered to be ‘medical stable’ or at Medically Maximal Improvement (M.M.I.)—
- We used to call this “Fixed and Stationary”
- IW are scared of the unknown future, they may never be as financially as successful as they were in their old job, their identity as a plumber, electrician, framer is under attack by their injured status.

YET....

- The behavior of some VRCs drive IW into the arms of an attorney

HOW???

You can do everything right, give the IW the correct information, but still say it in the WRONG way!

VRC behavior

- What is your non-verbal communication style?
- Do you have behavior tells?
“When you get angry, you’ve lost the argument”
--Pete Ambrose, M.D.
- Example: A now retired (thank God!) Claims Manager at L&I treated IWs, Aps, and VRCs the same, consistent way– VERY POORLY!
--Drove IWs into the arms of attorneys

Critique Your Behavior with IW

- Observe the IW first
- Ask 'softball' questions, tell them about you— watch what you say: “the tongue is the enemy of the neck”
- Show them you are a person --Got pictures of your dog?
- Tell them about the process, do you have a hand-out explaining what happens? Simple, declarative sentences. English and Spanish please.

VRC Behavior (continued)

- Remember, they probably WILL NOT remember much of what you said, but they'll remember HOW you said it
- Don't cross your arms
- Don't be higher than their eyesight, be in a 'submissive' posture
- Be 'approachable'

Paperwork

- Too often it's confusing– wrong claimant, wrong claim number, wrong provider on request from VRC
- Unreadable Job Analysis, if it's barely readable at your office, why are you faxing it to me?
- Not current, unreadable phone numbers to reach the VRC or return fax the signature page– Do you really need the tiny font size?

Paperwork (Continued)

- JAs– Why are they so variable in understandability? Need to improve their layout, their font size, and readability
- Some are internally inconsistent-- For example: LIFT is “frequent”, but reach is “seldom” HUH?
- Don’t give me a JA that doesn’t reflect the job market in my region.

Paperwork (Continued)

- When requesting a response from a AP, some don't have any idea about the codes and amounts they can bill. Tell them! If they are given an incentive, it might make the process faster.
- If it's a long and complex claim, where the RTW/retraining has a real potential for failure- have a 'team meeting' with the AP to review all the JAs. Just refaxing the same packet and crossing your fingers won't work.

Thoughts on PBPCes/FCEs

- Don't schedule a PBPCE without my input!
- The quality of these are highly variable, and can confuse ALL of us, and stall the claim from moving forward
- Use mainstream, experienced providers
- OT for upper extremity injuries, PT for the rest

PBPCEs/FCEs (Continued)

- Despite the potential problems, these objective evaluations are the best way to find what the IW can do physically
- I can't --but apparently old orthopedic surgeons doing IMEs can-- tell if an individual can lift 30 lbs. or 50 lbs.

PBPCEs/FCEs (Continued)

- Example:

A claimant with a back injury, recovered from disc surgery, could only demonstrate 32.5 lbs. lifting, but the DPT released him to jobs requiring 40 and 50 lbs. lifting on occasional to seldom basis

OT noted significant functional behavior, but then opined that claimant was unable to do sedentary work for 8 hours

Final Thoughts

The AP may be an arrogant turkey, can't seem to ever complete the paperwork they've been sent, have no comprehension of how the worker's compensation system works; and yet you need to remember they're still who you have to work with.

Make the process easier for them or show them how to bill for the paper work.

Final Thoughts

- As a VRC

What you say and how you say it may drive an IW into the arms of an attorney.

This may lead to increased disability, delays in claims resolution and the inevitable increased costs associated with the claim

Your ability to understand the IW's "issues" (some have a whole subscription!) such as depression, substance abuse may lower the risk of failure in Vocational Rehabilitation

Final Thoughts

- As a VRC

Your paperwork should be “clean” --useful and understandable

Follow the K.I.S.S. Principle:

Keep **I**t **S**imple, **S**tupid

Final Thoughts

If your 'job' as a VRC is just another 'job',

Then get another JOB!

You need to be engaged and passionate about helping IWs—

Same old, same old— the 'usual' won't cut it!

Thanks You!

Questions?

Eric S. Smith, M.D. Medical Director,
Whatcom Occupational Health