

CLINIC OPERATIONS:

Integrating Rehabilitation with Occupational Medicine

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Operating a business with a value-added perspective increases customer loyalty and client satisfaction. It is a cornerstone of modern business principles and successful companies. This perspective requires analysis of every segment of your operation to ensure it brings something of value to your clients. To successfully apply value-added perspective to the integration of physical therapy and occupational therapy into your occupational medicine practice, you must start by understanding the goals of your clients and what they consider valuable.

Problems can arise in any business when process analysis and quality control are ignored. When restructuring your occupational medicine practice to include rehabilitation, be sure to analyze and monitor your processes to tailor this service to injured workers and the needs of their employers. There are significant challenges in pursuing this business model; the rewards have proven to be worth the effort.

Understanding Clients' Expectations

Clients and payers want results, and results most often mean rapid return to work, maximum function, and case resolution. Early aggressive intervention by occupational medicine professionals yields lower severity rates, fewer lost days, and fewer restricted days, thereby reducing costs. These results can be achieved through early referral to physical and occupational therapists who are focused on the rehabilitation of injured workers.

Key Traits in a Therapist

Therapists not trained or focused specifically on occupational medicine may fail to understand the outcome that clients are seeking. Therapists are often recruited from the ranks of either hospital-based therapy programs or outpatient programs of mixed-patient population. While these therapists may be extremely competent and talented, the demands of workers' compensation cases can be frustrating and overwhelming to those not familiar with their challenges. These challenges, coupled with clinical settings not designed for work simulation or work-related rehabilitation, can lead to inefficiency, poor outcomes, lack of functional measures, and prolonged treatment.

At the heart of successful integration is the careful selection of the therapist. These individuals can be difficult to find; here are a few tips.

- Select therapists with sports or athletic rehabilitation backgrounds as they usually have a better focus on functional outcomes.
- Consider therapists with prior business experience, blue-collar exposure, and/or labor-related backgrounds.
- Consider therapists with good public relations skills and marketing abilities.
- Recruit therapists with data-analysis capabilities.
- Ergonomics experience, a willingness to learn and a high degree of flexibility are especially desirable.

Warning Signs

Whether outsourcing or using "in-house" rehabilitation services, look for warning flags that indicate the service may not be occupational medicine-specific:

- Multiple requests for continued therapy for relatively minor diagnoses may indicate therapists focused on subjective pain complaints or attempting to achieve 100% fulfillment of clinically oriented goals. Be aware that some of these requests may come from providers focused on driving patient volume to meet contractual arrangements.
- Incomplete documentation in therapy notes may mean an inordinate focus on pain/discomfort ratings, ADLs, or clinical measures rather than functional assessments of work-specific activities.
- Lack of knowledge of work activities and physical demands indicates a therapist's failure to understand the special needs of a workers' compensation case.
- Poor information systems, handwritten notes, lack of documentation provided to physicians, and lack of electronic medical records (EMR) may reveal operational inefficiencies and a lack of focus on work process and workflow.
- Delays in scheduling the initial evaluation or follow-up visits may indicate a lack of flexibility or urgency when treating a workers' compensation patient. Delays may also indicate a poor patient-to-therapist ratio.



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Clinic Design Communicates Commitment

Clinic layout and design must reflect your focus on work-related injuries. Work simulation, work-related materials, and functional work tasks should be more common in a worker-focused rehab facility than mat tables, parallel bars, therapy balls, and stationary bikes. Clients visiting your clinic want to see equipment relevant to the rehabilitation of their injured workers. This simple concept says volumes to your clients, patients, providers, and payers. It demonstrates that you are focused solely on the greatest functional outcome within the shortest time possible.

Flexibility in Scheduling

Clinic scheduling must reflect flexibility to accommodate same-day initial evaluations whenever possible. The ability to respond quickly to referrals accelerates intervention, improves efficiency, decreases restricted days, improves client relationships, improves physician relationships, and reduces the number of visits. Therapist and rehabilitation facilities not fully committed to occupational medicine may find this difficult in a mixed-patient model.

Documentation, Information Systems, and On-site Visits

Documentation and information systems must reveal a focus on occupational medicine. EMR template designs can be customized for each employer and include specific job demands in long-term and short-term goals. On-site job analysis can be used to integrate job-specific functional assessments into EMR templates. Such efficient EMR systems allow referring physicians to make more confident and accurate return-to-work recommendations. Employer-specific documentation is impressive from a customer service and marketing standpoint as well — it demonstrates a clinic's commitment to work-related rehabilitation.

On-site visits can yield valuable information for an effective job analysis and ergonomic intervention. This jobsite information can reduce injuries, enhance your clinic documentation, focus your rehabilitation initiatives, and add to physician job knowledge. Developing post-offer agility testing, fitness-for-duty testing, and functional-capacity evaluations (FCEs) can offer com-

panies additional risk management tools and facilitate injury case closure. Expanding your service line and increasing your revenue base through increased employer-paid services keep your practice viable and can reduce the impact of contractual or usual and customary adjustments.

Tracking Results and Trends

Data analysis can provide excellent information for monitoring your transition to an occupational medicine-specific rehabilitation program as well as providing ongoing data for process improvement. Some specific and highly valuable areas for analysis include the following.

- 1) Number of visits per patient or diagnosis is an excellent indicator of efficiency. Values will fluctuate based on client base, post-surgical or severity mix, and physician referrals. This comparison is especially useful if done before and after integration. An average of fewer than six visits per diagnosis is preferable. Measurement methods may vary and providers may choose to include or exclude post-surgical patients.
- 2) Internal referral rates are often a concern when integrating rehab services. However, if the expected reductions in visits per patient and number of restricted duty days are achieved, this concern is eliminated. Depending on client mix, therapy-referral rates may run as high as 30% of the initial physician visits without concern.
- 3) Revenue per patient should increase with an aggressive intervention model. This typically does not result in significant payer concerns when rapid return to work is achieved.

The Bottom Line

Integrating rehabilitation services into your practice will deepen your client relationships and client satisfaction. Significant increases in clinic revenue and profitability occur when rehab services are incorporated into the occupational medicine practice. Depending upon referral rates, both internal and external revenue from rehabilitation can range from 40%–65% of total clinic revenue.

While full integration may not be possible for all practices or systems, it is essential for occupational medicine providers to exercise the highest feasible level of process control. When process control is present the greatest level of customer satisfaction is achieved, which ultimately supports your bottom line and keeps your business healthy. 🍷