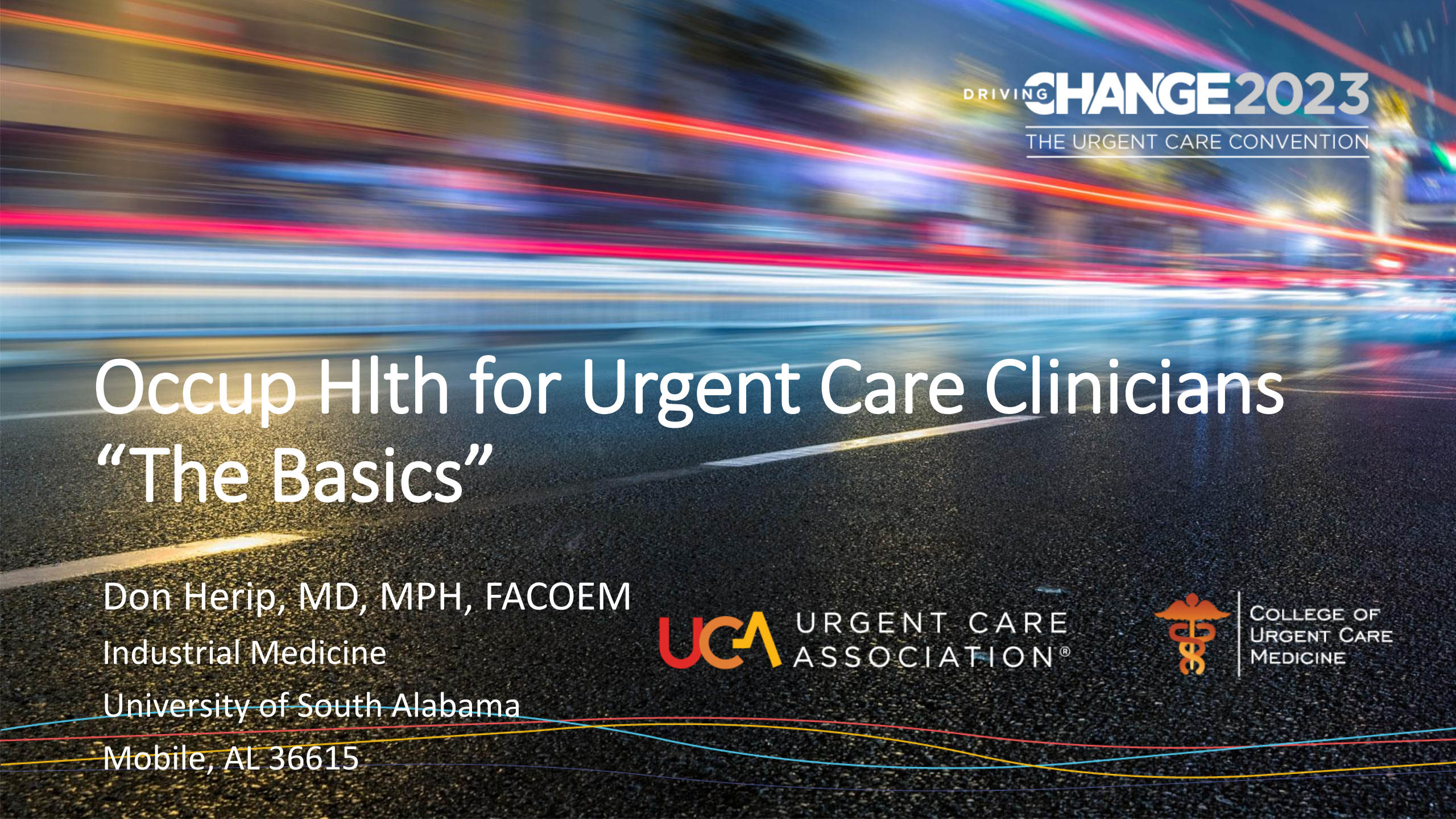


Occup Hlth for Urgent Care Clinicians "The Basics"

Don Herip, MD, MPH, FACOEM
Industrial Medicine
University of South Alabama
Mobile, AL 36615

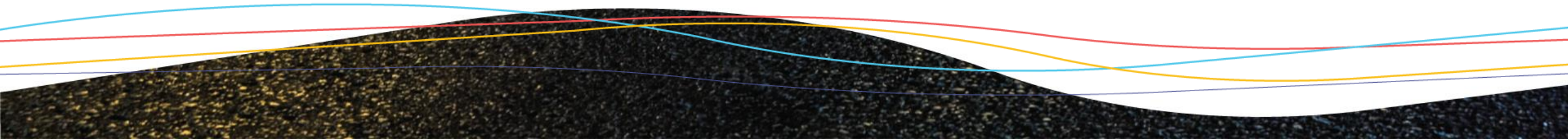
URGENT CARE ASSOCIATION®

COLLEGE OF URGENT CARE MEDICINE

Faculty Disclosures

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- None



Objectives

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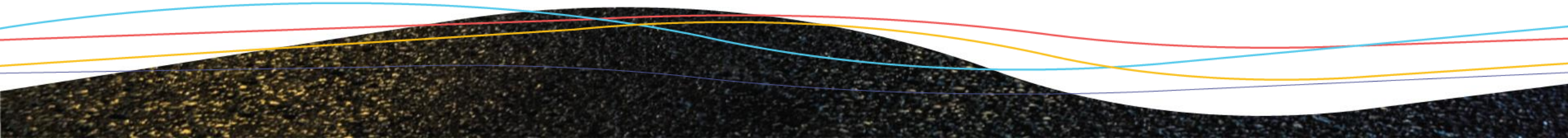
THE URGENT CARE CONVENTION

1. Describe the epidemiology of work injuries and illness.
2. Describe the differences in providing medical care for work comp injuries.
3. Explain the importance of establishing etiology for work injuries.
4. Communicate significance of an aggressive return to work program.
5. Identify employer concerns regarding workers compensation care.



Workers' Compensation System

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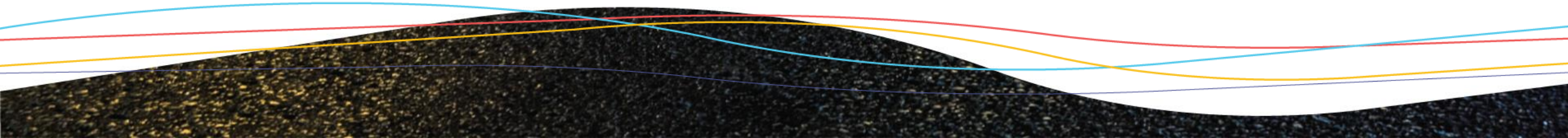
THE URGENT CARE CONVENTION

- **No Fault:** Employer pays benefits no matter who caused the injury, as long as the injury arose out of or occurred in the course of employment (AOE/COE).
- **Exclusive remedy:** Unless the employer is uninsured, the worker cannot pursue other forms of recovery from the employer, even if the employer was grossly negligent.
- **Assured/fixed benefit:** No limits on the frequency, duration, or extent of medical services--Case closure important!
- **State regulated:** Selecting a provider, changing a provider, medical fee schedule, wage replacement rate, etc.



Traditional Practice vs. Work Comp

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THE URGENT CARE CONVENTION

- Focuses on disease diagnosis and treatment and pays little attention to functional ability.
- WC care requires that clinicians address:
  - Causation
  - Functional impact
  - Return-to-work planning
- Coding rules fail to capture and incentivize services that are critically important in the workers' compensation arena, while reimbursing other services that have little value.

Cloeren M, et al. Defining Documentation Requirements for Coding Quality Care in Workers' Compensation. 2016 ACOEM Guidance Statement. file:///C:/Users/Don/Documents/WC%20care%20define%20quality%202016%20ACOEM%20statement.pdf

Metrics- **Primary Care**

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THE URGENT CARE CONVENTION

- Outpatient medical care quality metrics:
  - Patient satisfaction
  - Hospitalization rates
  - Preventive services
  - Chronic disease management
- Most have little relevance to workers' compensation.

Cloeren M, et al. Defining Documentation Requirements for Coding Quality Care in Workers' Compensation. 2016 ACOEM Guidance Statement. file:///C:/Users/Don/Documents/WC%20care%20define%20quality%202016%20ACOEM%20statement.pdf

Metrics- **Occupational Medicine**

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THE URGENT CARE CONVENTION

- Clarity of documentation and rationale
- Causation analysis
- Functional assessment
- Return to work planning at each visit
- Use of evidence-based guidelines
- Assessment and mitigation of disability risk
- Communication and coordination with claims adjuster, employer, etc.

Cloeren M, et al. Defining Documentation Requirements for Coding Quality Care in Workers' Compensation. 2016 ACOEM Guidance Statement. file:///C:/Users/Don/Documents/WC%20care%20define%20quality%202016%20ACOEM%20statement.pdf

Occupational vs. Urgent care injury

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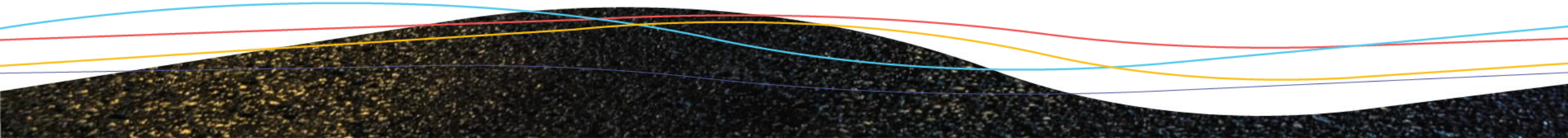
THE URGENT CARE CONVENTION

Operational aspects

- Authorization to provide care from the employer
- Clinician is authorized to treat only the work injury
- Employer may have specific protocols for work injuries
- Drug and alcohol testing requirements
- Paperwork, forms and regulations are different
- No copays or deductibles for work injuries (incentive for fraud?)



Disability Mgt- Financial Impact

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THE URGENT CARE CONVENTION

Potential savings resulting from optimal disability management combined with well-targeted wellness programs may be as high as 10% of payroll using various strategies, including careful attention to evidence-based practice guidelines.

•Goetzel RZ, et al. J Occup Environ Med 2004; 46:398–412.
• Hymel P. J Occup Environ Med. 1997;39:363–368.
•Atcheson SG, et al. J Occup Environ Med. 2001;43: 672–679.
•Bernacki EJ, et al. J Occup Environ Med. 2000;42:1172–1177.
•Bernacki EJ, Tao X, Yuspeh L. J Occup Environ Med. 2010;52:22–28.

Employer Concerns

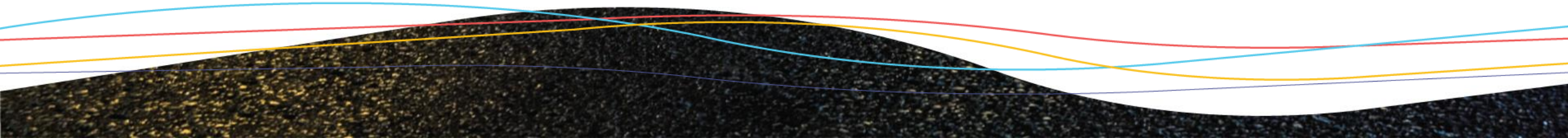
DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Appropriate clinical care for their employees
- Keep injured workers out of the Emergency Department
- Clinics follow employer specific protocols
- Aggressive return to work (RTW) program
- Appropriate modified duty restrictions
- Try to keep cases “first aid” thus non-recordable
- Move work comp cases along and close work comp cases
- Communication with the clinic

Occupational Medicine Services

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Work injury /illness care
- Employee health evaluations
- Preplacement exams
- Medical surveillance
- Periodic exams
- RTW evaluations
- Immunizations
- DOT examinations
- Drug and alcohol testing
- Respirator clearance
- Hearing conservation
- Health promotion
- Ergonomic evaluation
- Workplace visits



Urgent Care Occup Med Opportunities

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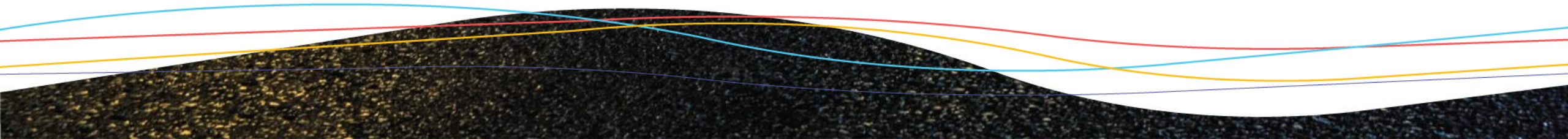
THE URGENT CARE CONVENTION

- Most Occupational Health clinics have limited hours
- Many corporations have expanded work hours of operation
- Urgent Care clinics can manage work injuries
- Employers want to avoid Emergency Department care



Approach to Clinician Resistance

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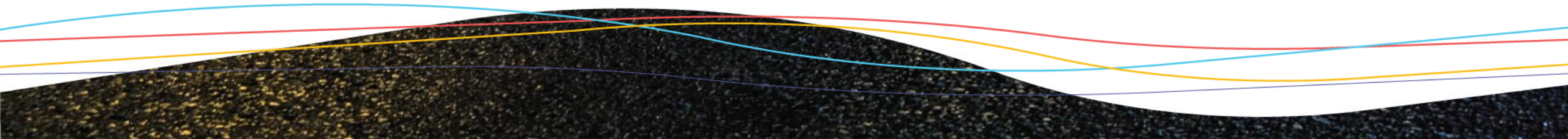
THE URGENT CARE CONVENTION

- Explain the fundamental differences between workers compensation care and urgent care to reduce the reluctance among clinicians to assess patients with work injuries.
- The anatomy and physiology is the same!



Safety

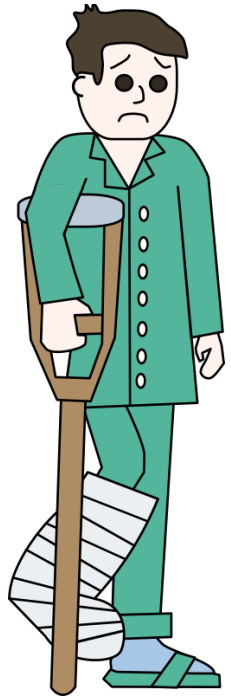
Supervisor

Coworkers

WC Adjuster

Case mgr

HR



Peer review

CEO

Defense attorney

Plaintiff attorney

Union rep

Work Injury and Illness

United States Statistics

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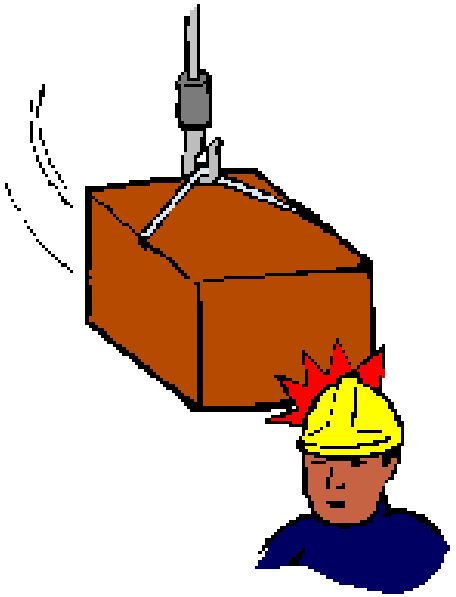
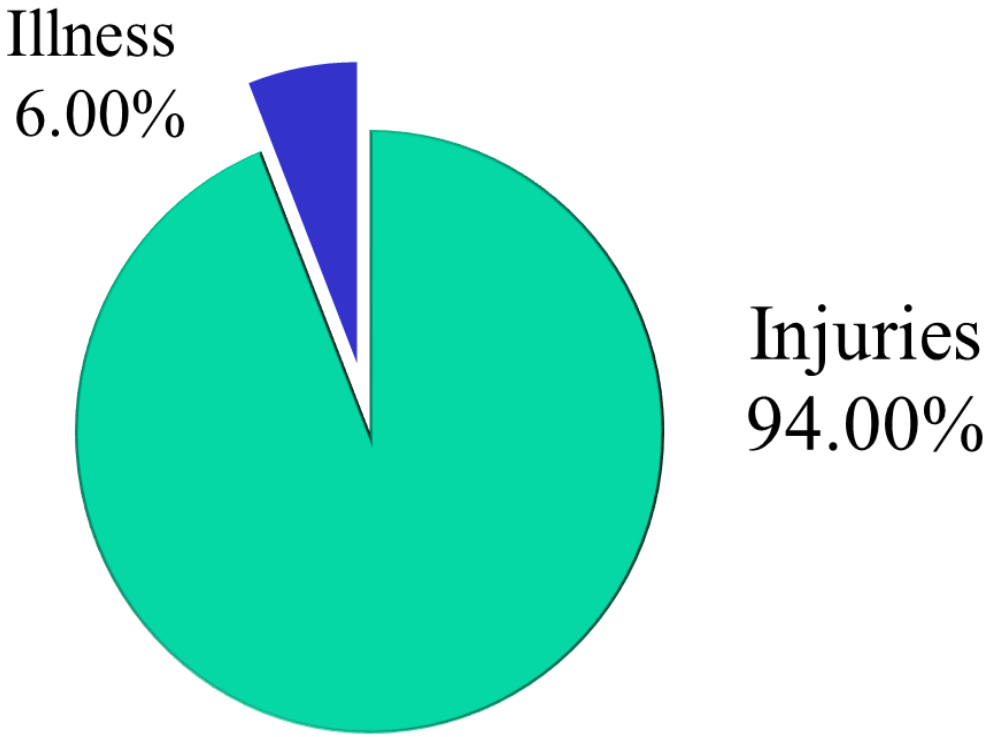
THE URGENT CARE CONVENTION

Each day work injuries cause:

- 11,000 workers treated in the Emergency Dept
- 7,000 private workers away from their jobs
- 200 workers are hospitalized
- 15 die from their injuries



Work Injuries and Illnesses- Nonfatal



Private industry 2007. http://wwwn.cdc.gov/niosh-survapps/echartbook/Chart.aspx?id=1236&cat=27

Nonfatal Occupational Injuries

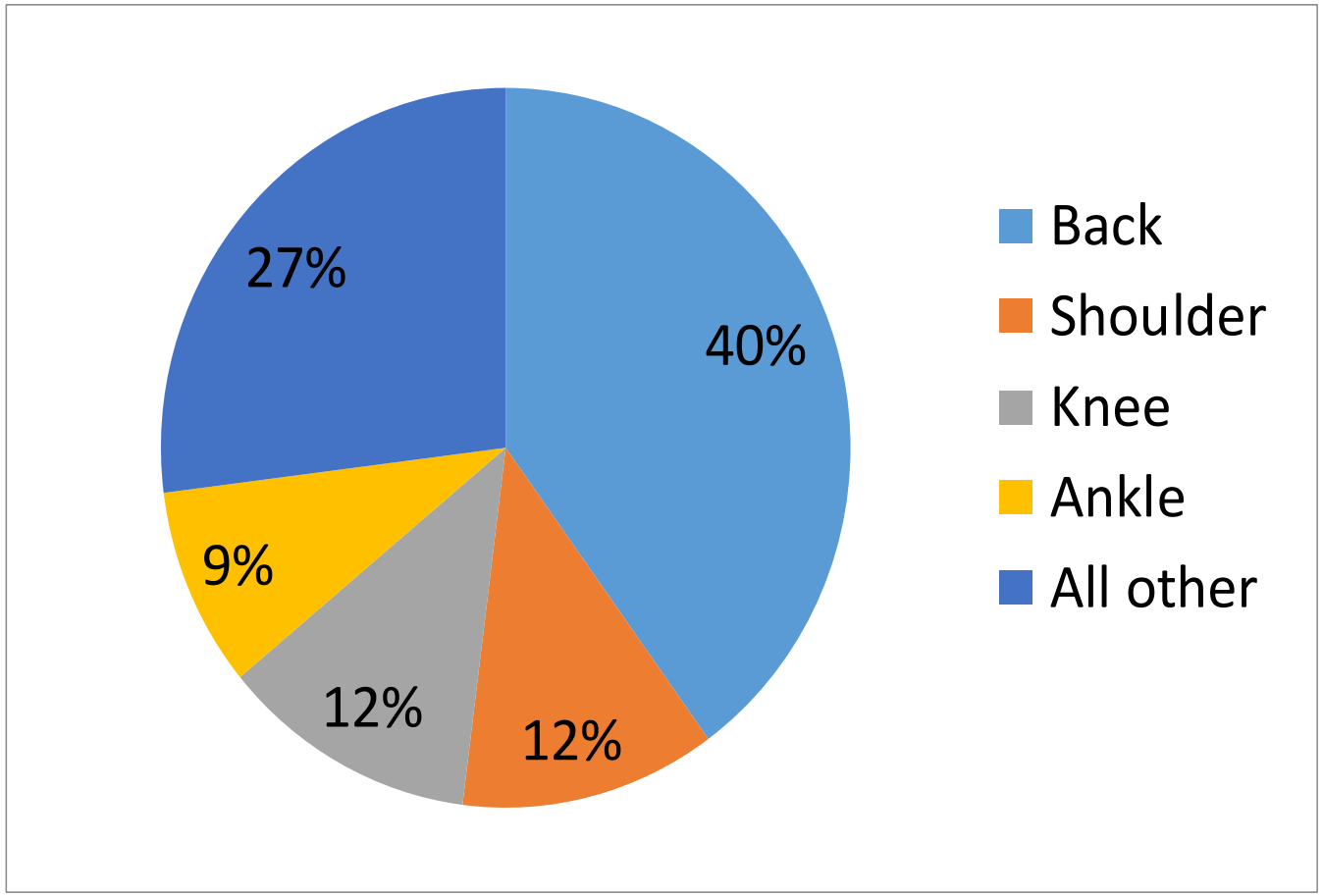
DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

Injury	Percent
Sprains, strains	41%
Bruises, contusions	9%
Cuts, lacerations	8%
Fractures	8%
Heat burns	1%
Carpal tunnel	1%
Amputations	1%
Chemical burns	0.5%
Tendonitis	0.5%
Multiple trauma	4%

Involving days away from work- 2005.

Other: 26%

Sprains and Strains- By Body Part



US Dept of Labor, BLS, Nov 24, 2009

Occupational Injuries by Industry

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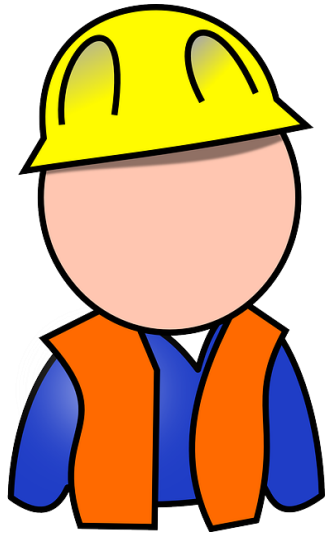
THE URGENT CARE CONVENTION



Nonfatal Occupational Injuries

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

Industry	**Incidence rate** (per 100 FTE)
Nursing and residential care facilities	12.0
Fire protection	10.8
Meat processing	10.2
Police protection	9.5
Bus transportation	9.4
Veterinary services	9.4
Steel foundries	8.3
Heavy construction	8.2
Materials recovery facilities	8.2

http://www.bls.gov/iif/oshwc/osh/os/ostb4352.pdf (2014)

Injured Workers

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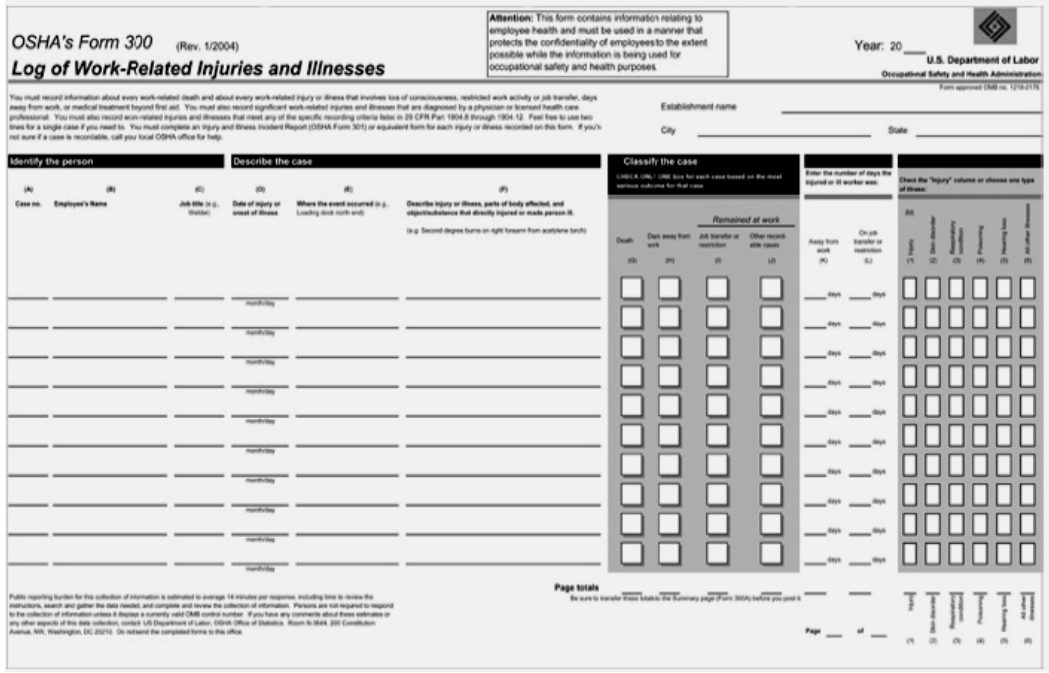
THE URGENT CARE CONVENTION

- Most injured workers are honest people that just want treatment to get back to work
- Primary care clinicians are trained and experienced in evaluating the typical injuries sustained at work.

OSHA 300 Log

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Company completes the log
- Must record work illness/injury on the log
- "First aid" cases **not** recorded
  - Work comp insurance premium **not** affected
  - Employers try to keep injuries as first aid
- WC insurance rates affected!



OSHA's Form 300 (Rev. 1/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year: 20__

U.S. Department of Labor
Occupational Safety and Health Administration

Establishment name

City

State

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:						
(A) Case no.	(B) Employee's Name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill. (e.g. Second degree burns on right forearm from acetylene torch)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Days away from work	(L) Days of job transfer or restriction	(M) Injury	(N) Skin disorder	(O) Respiratory condition	(P) Poisoning	(Q) Hearing loss	(R) All other illnesses
								Remained at work										
____			____							____	____							
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Page totals
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page ___ of ___

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA First Aid Definition (1)

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THE URGENT CARE CONVENTION

- Using a nonprescription drug at nonprescription strength
- Td immunization is considered first aid
- All other immunizations considered medical treatment
- Cleaning or flushing a wound
- Using gauze or steri-strips (not: sutures/staples/skin adhesive)
- Using nonrigid support such as an ace wrap
- Temporary immobilization devices used during transport
- Removing splinters with irrigation, swabs, or tweezers

https://www.osha.gov/SLTC/medicalfirstaid/recognition.html

OSHA First Aid Definition (2)

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Removing eye foreign bodies with irrigation or a swab
- Drilling a nail or draining a blister
- Drinking fluids for heat stress
- Using hot or cold therapy
- Using an eye patch
- Using finger guards
- Massage

https://www.osha.gov/SLTC/medicalfirstaid/recognition.html

Clinician's Role in Work Comp Care

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

Patient History

- Previous medical history
- Previous surgical history
- Medications and allergies
- Social history
- **Occupational history!**
  - Typical day at work: what duties?
  - Time in current position
  - Other part time work elsewhere

History- Mechanism of Injury

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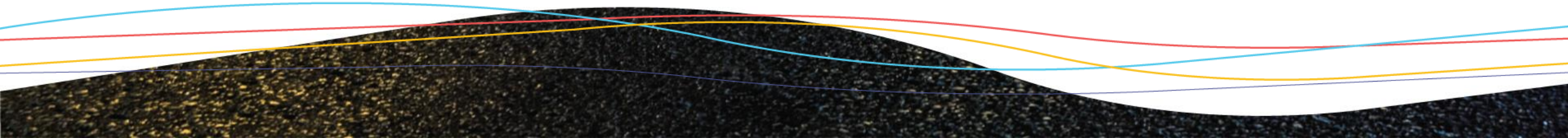
THE URGENT CARE CONVENTION

How did the injury occur?

- Acute trauma
- Repetitive use
- Exposures

Injury details?

- Time of injury
- Time reported
- Location
- Witnesses
- Supervisor notified



Injury Etiology- Work Related?

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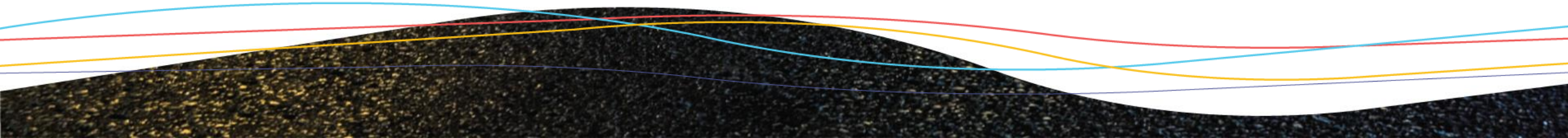
THE URGENT CARE CONVENTION

- Determine if the injury/illness is caused by work.
- If previous care revealed - review the records!
- If unsure if the injury is work related obtain more information or annotate “pending” or “undetermined” for etiology.
- What specific body parts are claimed by injured worker
- Previous injuries to the same body parts?
- Obtain information from the employer about potential conflicts



History and record review: Examples

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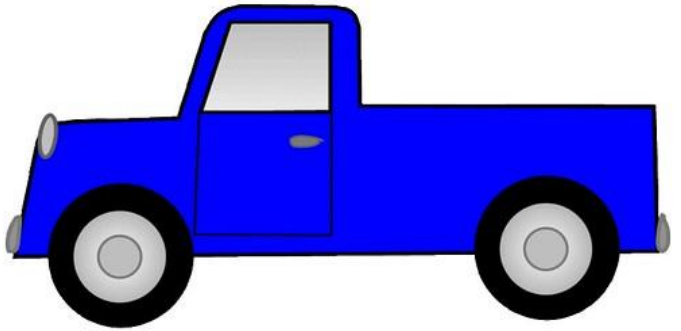
THE URGENT CARE CONVENTION

- Nurse with shoulder injury after moving a patient
- Administrator with ulnar nerve palsy
- Medical assistant with back pain



Causation- Definition is State Specific

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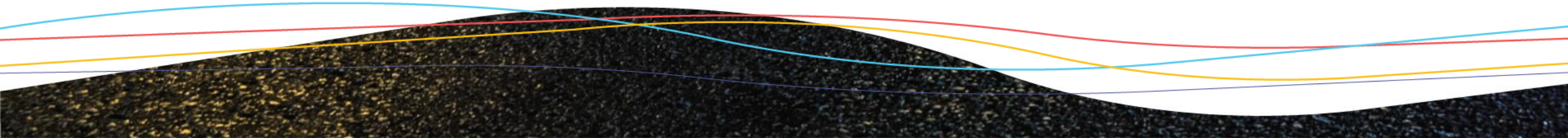
THE URGENT CARE CONVENTION

- Determining work (industrial) causation can be difficult.
- "Work relatedness" definition differs for each state.
  - **Major contributing cause:** FL, OR, SD, AR
  - **Substantial contributing cause**
  - **Partial cause**



Presumption- Work Related

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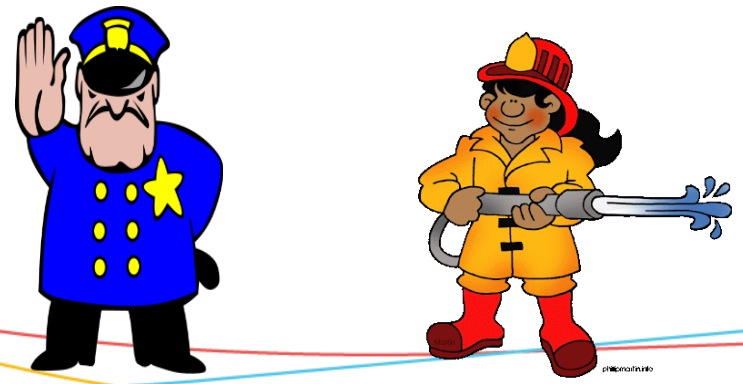
THE URGENT CARE CONVENTION

- **Specific conditions:** Hernias, tuberculosis, cancer, pneumonia, heart disease
- **Specific occupations:** Firefighters, police, forestry officers, and correctional employees.
- Conditions are presumed to “arise out of and in the course of the employment.” (AOE/COE)
- Conditions that manifest during active service and following termination of service for up to five years.



Presumption

- Shifts burden of proof to the employer who must show that the condition is not caused by work.
- Presumptions apply only to a specific disability and cannot be used for other disabilities.

Work Comp Red Flags

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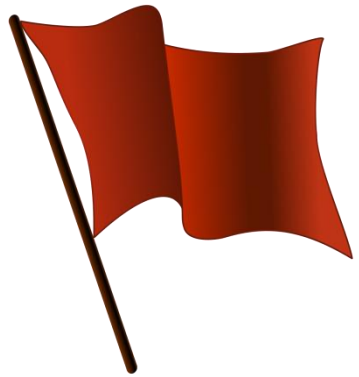
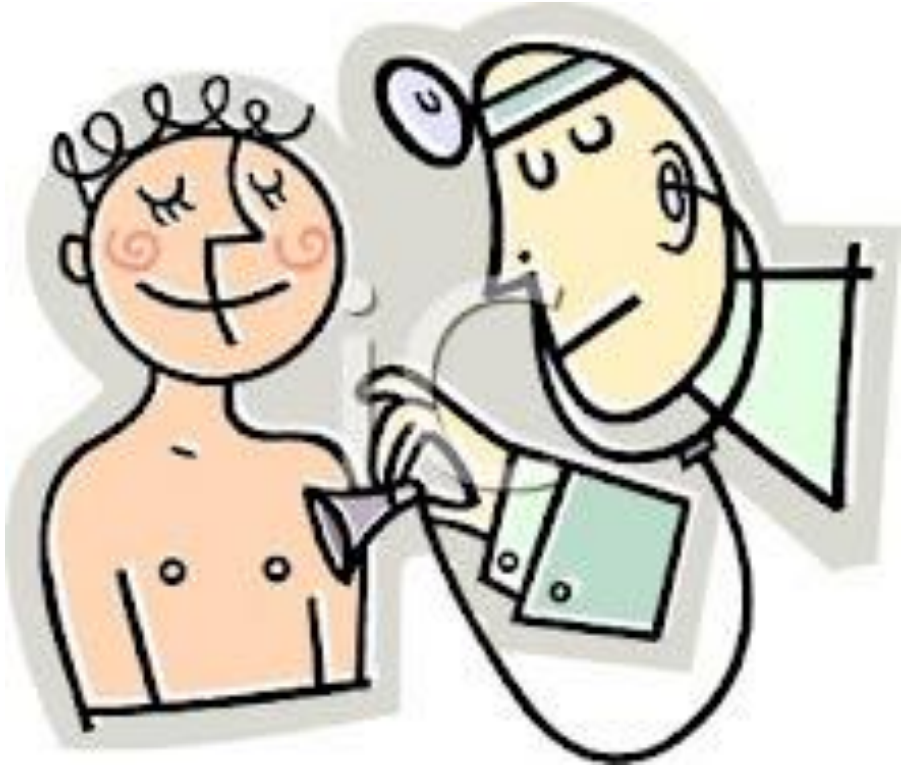
THE URGENT CARE CONVENTION

- No witness to the accident
- Injured prior to: lay off, retirement, or strike
- Disgruntled employee, recent discipline
- Poor work evaluation, missed production goals
- Unexplained absences prior to injury
- Family/friends receiving workers' compensation
- Delayed reporting of WC injury
- Vague or contradictory history



Physical Exam



Injury- First Report

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THE URGENT CARE CONVENTION

- Same clinical principles as primary care
- Document extent of injury:
  - Appearance: Wound, redness, swelling, scars
  - Range of motion
  - Strength
  - Neuro vascular deficit
  - Provocative testing

Musculoskeletal Injuries

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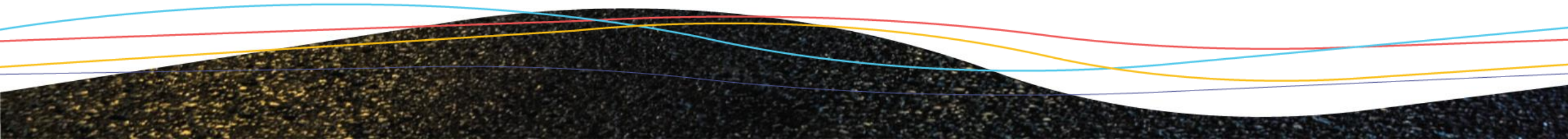
THE URGENT CARE CONVENTION

- Examine joint above and below injured body part
- Compare injured extremity to contralateral body part
- Consider imaging with a history of trauma
- Repetitive use injuries
  - Rest the injured body part
  - Consider therapy after the acute symptoms subside

Wound care- tetanus vaccine mgt

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Update Td status as needed (not OSHA recordable)
- Td update also indicated for:
  - Thermal burns
  - Chemical burns
  - Corneal abrasions
  - Blisters



Food Service Workers

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Food handlers with open cuts or wounds on exposed parts of their bodies should not be allowed to handle food or to come into contact with food utensils, equipment and food contact surfaces, unless the wounds are completely protected by impermeable or waterproof gloves or dressings.

Chemical exposures

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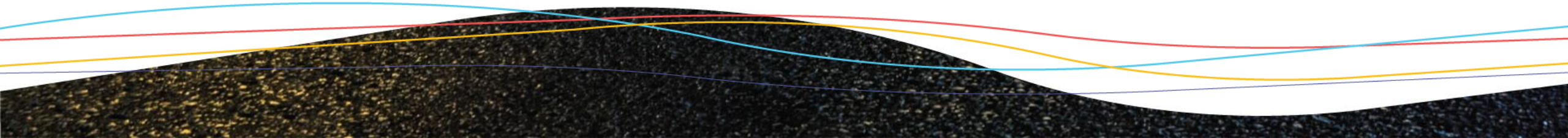
THE URGENT CARE CONVENTION

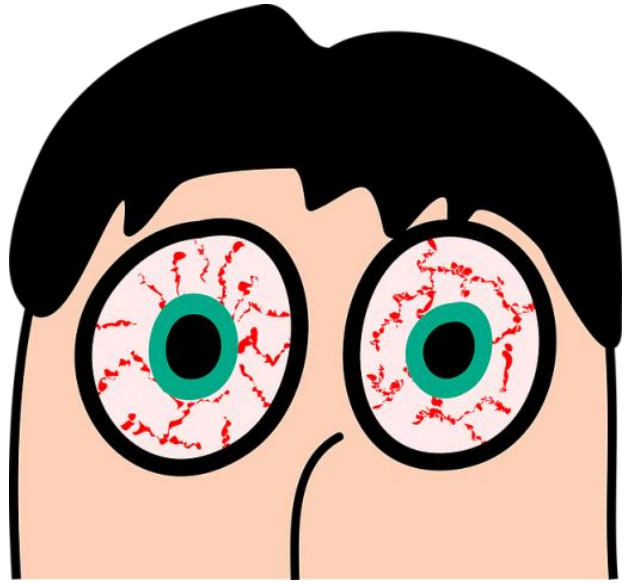
- Obtain Safety Data sheet (SDS)
  - Previously called MSDS: Material safety data sheet (changed 2013)
  - OSHA requires that SDSs be readily available to all employees for potentially harmful substances handled in the workplace under the Hazard Communication regulation.
  - Lists ingredients that may have clinical significance
  - Especially important for eye exposures



Eye injuries

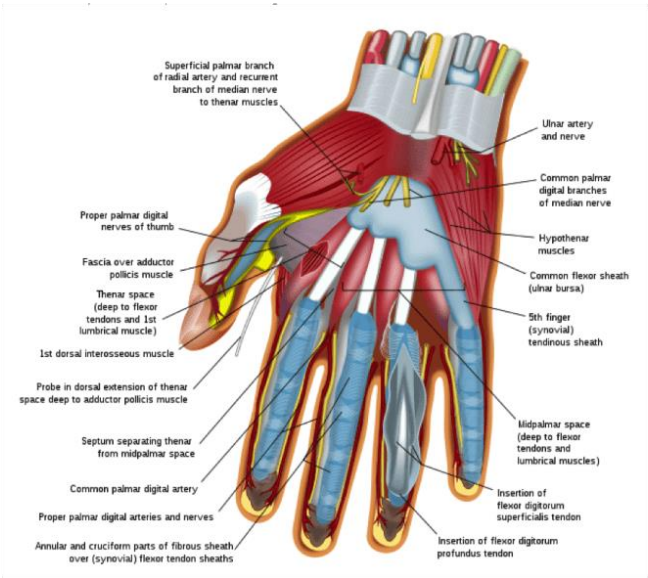
DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Document visual acuity at each visit
- Obtain SDS for chemical exposures
- Alkaline exposures are especially serious
- Strict f/u for eye injuries i.e. 24 hrs
- Any worsening of symptoms- consider ophth consult



Upper extremity injuries

- Evaluate: Appearance, ROM, strength, distal n/v status
- Consider hand grasp dynamometer testing of hand grasp strength



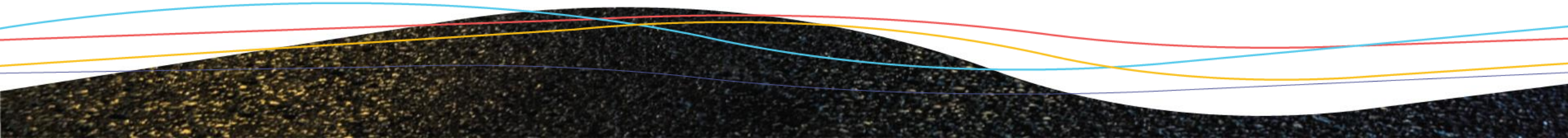
Hand grasp dynamometer

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

Incidental Clinical Findings

DRIVING CHANGE 2023
THE URGENT CARE CONVENTION

- Common with preplacement and medical surveillance exams.
- Findings not related to work- recommend f/u with the PCP (document)
  - Elevated BP
  - Visual acuity worse than 20/40 (no driving)
  - UA with glucosuria, proteinuria, hematuria, etc.



Ancillary Testing

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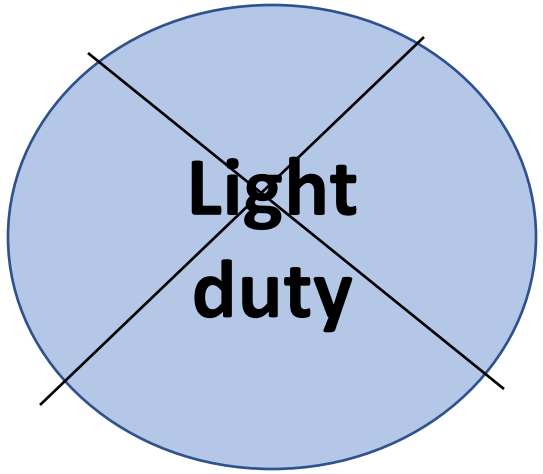
- Peer-reviewed guidelines to justify indications for:
  - Advanced imaging: CT, MRI
  - NCS/EMG
- Authorization for advanced studies

Return to Work (RTW)

- Aggressive return to work program
- Documentation sent to employer with specific restrictions noted
- List specific restrictions
  - Bending
  - Driving
  - Lifting
- May walk or stand 15/30/45 minutes each hour.
- The employer needs **specific guidance** re: what the employee can do.



RTW

- Uncomfortable discussion with injured employee
- Decision is outside of the traditional medical model
- Clinician negotiation with employee not reimbursable
- RTW motivation dependent on:
  - Job satisfaction
  - Supervisor relationship
  - Level of discretion at work
  - Psychosocial issues

RTW Restrictions

- **Modified duty (transitional duty)**
  - Encourage return to work during rehabilitation
- **Temporary total disability (TTD)**
  - Employee unable to work during rehabilitation
  - 60-80% of TTD is not medically necessary.

Talmage, JB and Melhorn, JM. A Physician's Guide to Return to Work. AMA Press. p. 25. 2005.

Modified Duty Examples

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- Copying/filing/shredding
- Sweep/wiping surfaces
- Checking prices/expiration dates
- Inspecting parts or equipment
- Greeting customers
- Aide or observer
- Fire watch

Job Description

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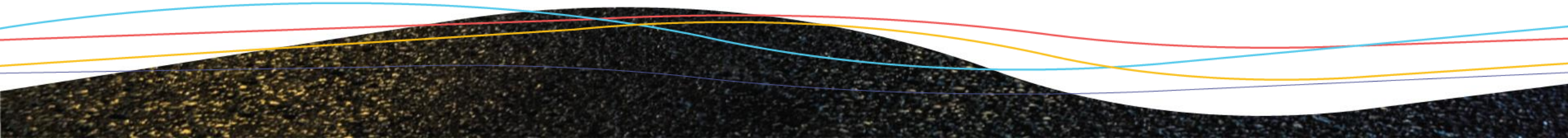
- Job description from employer
- Describes essential physical and mental functions required
- Identify duties that are within the medical restrictions
- Injury rehab while performing modified work examples:
  - Sit down work only
  - May walk or stand 10 minutes each hour
  - No use of R/L arm



Work Status reports

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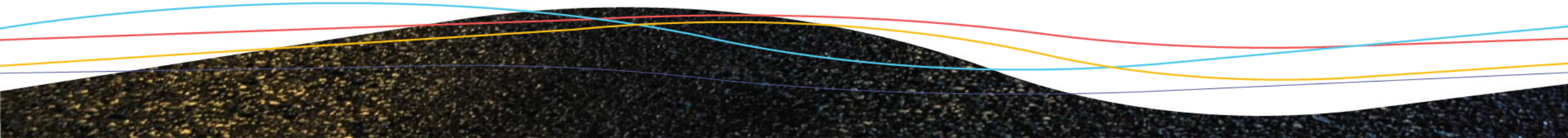
- Sent to the employer describing work restrictions
- Timeliness of submission of work status reports is very important.
- Sent to non-medical people (supervisors)- No medical abbreviations
- Specific work restrictions noted so modified duty can be arranged.
- Restrictions apply to all jobs including other part time work.



Work Restrictions Examples

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- **Low back pain:** No lifting > 10lbs, No repetitive bending or stooping
- **Shoulder injury:** No overhead or above shoulder work with L/R arm, No lifting, pushing, pulling more than 5 lbs with L/R arm
- **Ankle injury:** Primarily sitting duty, elevate injured foot when possible, May walk/stand 15 mins each hour at work, ankle brace for comfort, cane or crutches, no ladders

RTW Benefits- Light Duty

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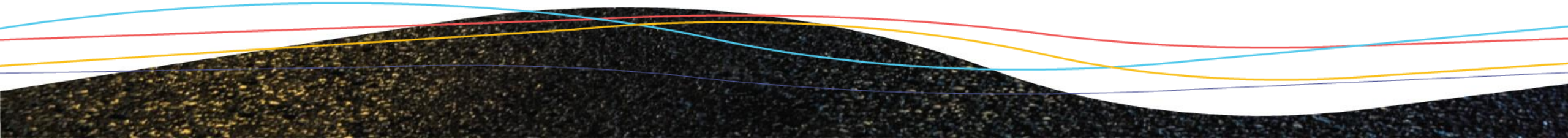
- Enhances recovery (faster to MMI)
- Reduces disability
- Better self image
- Improved ability to cope
- Improved work survivability
- Improved ability to be self-sufficient
- **Decreases unwarranted WC Claims**
- **Workers' Compensation costs decrease 20-40%**



Injury Follow up Reports

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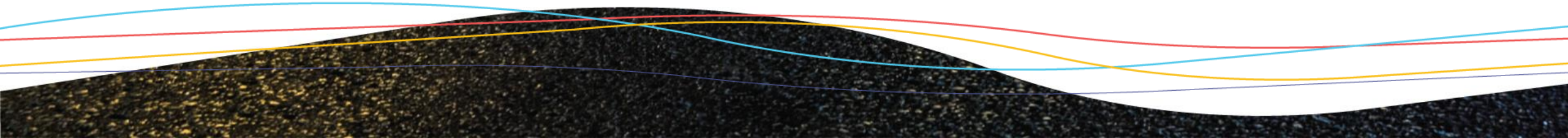
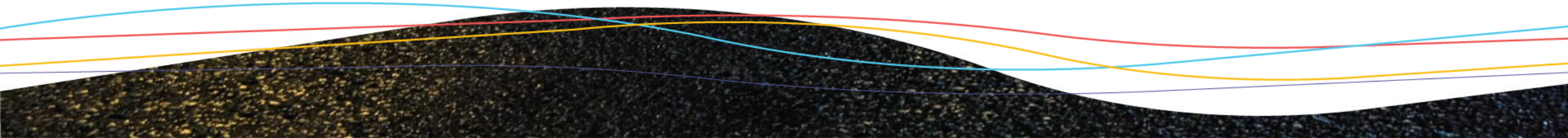
- Show progress with decreasing work restrictions (increasing work capacity)
- Watch for cases with no progress and expand diagnostic evaluation prn
- Assure that the diagnosis code reflects a f/u visit
  - Example: Lumbar sprain subsequent visit (not initial visit)
- Check the ROS in EMR to reflect changes in pt status, “ No new symptoms”



Physical & Occupational Therapy

- Indications:
  - Improve strength
  - Improve ROM
  - Improve work tolerance for deconditioned patients
- Consider 2 visits a week for 2/3/4 weeks depending on injury
- OT: for elbow, wrist, or hand injuries



Physical & Occupational Therapy

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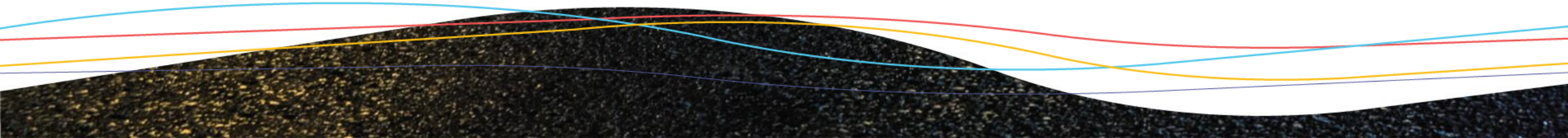
THE URGENT CARE CONVENTION

- At clinic visits assess efficacy of therapy- **Is therapy helping?**
- Check patient compliance with therapy visits
  - Appts: Kept
  - Appts: Cancelled
  - Appts: No show
- Order additional therapy if clinically indicated
- Transition to a home exercise program (HEP)



Prognosis- Total Disability

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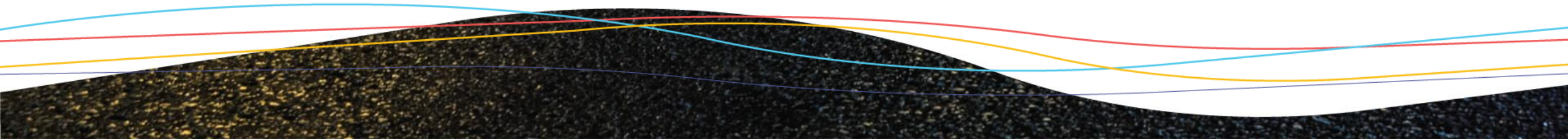
- 50% of people off work for 2 months will not return to work
- 85% of people off work for 6 months will not return to work
- Seldom recover physically, mentally, spiritually, or financially



Treatment

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THE URGENT CARE CONVENTION

- If narcotics/benzos/sedating meds given, address:
  - Working with hazardous machinery
  - Working at heights
  - Driving status

- Opioid prescriptions are **not** clinically indicated for most musculoskeletal injuries, including low back pain.

Patient Discharged

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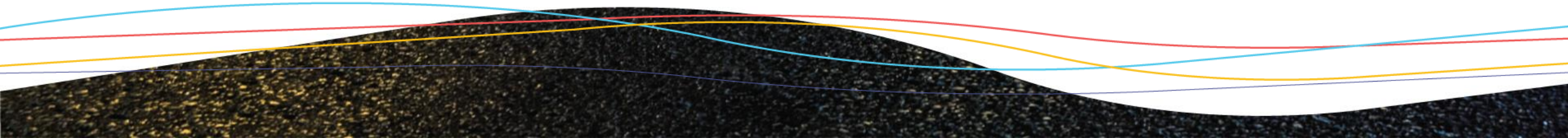
- No work restrictions
- Address impairment if any- usually none
- Address the need for future medical care-usually none
- Check the ROS in the EMR to reflect current pt status
- Closing the case
  - Maximal medical improvement (MMI)
  - Permanent and Stationary (P & S)



Take Away Points

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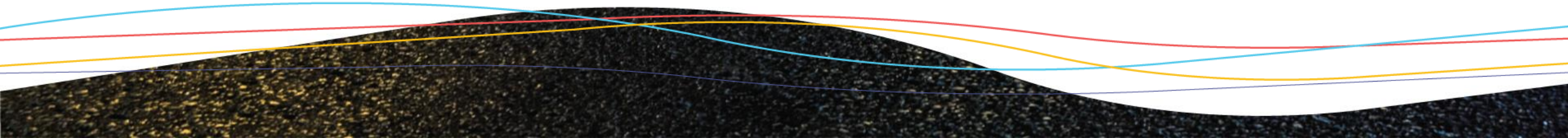
THE URGENT CARE CONVENTION

- Employers want to use Urgent care clinics for WC cases.
- Occupational health services can be incorporated into Urgent Care Centers with minimal disruption once the staff is trained regarding the essential elements involved in providing workers compensation care.
- An aggressive RTW program expedites recovery and prevents WC claims.



The End

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THE URGENT CARE CONVENTION