



# Captains of Industry

Proven strategies you can employ today to be your community's best return-to-work rehab clinic

By Jim Mecham, MSIE, OTR/L, CPE

Part 1 of a 2-part series.

**O**utpatient rehabilitation clinics are penny-pinching all over the United States. From health-care reform, to Medicare cuts and workers' compensation managed care, reimbursement is falling while rehab clinics' expenses and salaries are rising.

It's a scary trend for many rehabilitation directors and owners as they look for ways to offset reduced reimbursement. Everyone is looking at workers' compensation patient volume and revenue, and on-site cash-based revenue, as the means to offset this trend.

Rehabilitation clinics throughout the

country have workers' compensation initiatives in full force. They are looking at opportunities to enhance revenue with improved clinic-based workers' compensation services and providing cash-based on-site services at local employers.

How are you going to accomplish the goal of increasing workers' compensation outpatient rehab volume, which in turn can increase clinic and on-site-based revenue streams? Here are proven strategies that work to differing degrees based on your market.

## Strategy 1: Document Objectively

Train your staff to understand that there's a difference between rehabbing a patient and

rehabbing an injured worker. The professionals involved in getting an injured worker back to work, including case managers, physicians, claims adjusters, patients and employers, rarely care what your patient's muscle strength and range of motion is. All of these professionals are concerned with how close to return to work your patient is.

When you send progress notes on a workers' compensation patient, and the doctor has given you the OK to perform strengthening activities, you should be providing all entities involved in the case with functional progress notes and functional discharge summaries.

There is very little value in documenting that your workers' compensation patient has 4+/5 strength and 47 degrees of active range of motion. What the employer, case manager and physician care about is that the patient can perform 45.2% of his job. Then, six to 10 visits later, he can perform 63.6% of his job, which would suggest he's had an 18.4% improvement specifically in returning to the essential functions of his full-duty job.

Then, when someone discharges the patient, whether the treating physician, case manager, claims adjuster, managed care organization or other party, and the client can only perform 73.8% of his job, you have the objective information suggesting that yes, the patient can be discharged from skilled outpatient rehab but requires work hardening, work conditioning, or advanced work rehabilitation.

This strategy turns you into a practice that specializes in the return to work of the injured worker and separates you from practices that continue to treat injured workers just like any other patient.

Functional progress notes and functional discharge summaries are 15-to-30-minute functional re-evaluations that can be performed every six to 10 visits and do not require a physician's order, nor do they require insurance authorization. These testing methods are easy to perform and tend to be performed by all the therapists within an outpatient rehab practice. They are not functional capacity evaluations, and most rehabilitation professionals are willing to perform them secondary to their understanding of how important function is.

## Strategy 2: Be a One-stop Shop

If you're looking to rehab your house, would you go to 10 different hardware stores to find the material you need, or would you go to one



## INDUSTRIAL REHABILITATION

hardware store that has a full menu of material you need?

When an employer is looking to work with an occupational medicine doctor, do they choose the doctor who only performs drug screens and physicals? No; they choose the doctor that has a full menu of occupational medicine services.

The same thing holds true for when a doctor, case manager, claims adjuster or employer directs care for rehabilitation. They want the injured worker to go to a rehab practice that has a full menu of return-to-work services.

If you only provide outpatient rehab, even if you're the best therapist around, it doesn't matter. Referrers are going to send the patient to the return-to-work specialty practice that focuses on return-to-work function and provides functional capacity evaluations, functional progress notes, functional discharge summaries, work conditioning, job analysis, on-site rehab, on-site injury prevention, ergonomic consultation, back school classes, post-offer employment testing, or other return-to-work/stay-at-work/injury prevention services. Why? Because they will choose to send the patient to a practice that has this full menu of services.

### **Strategy 3: Market Yourself**

Putting together marketing collateral can have some nice benefits, but any marketing material must talk about your full menu of return-to-work services as well as your on-site preventive and reactive services.

## INDUSTRIAL REHABILITATION

Also, make sure your marketing collateral talks about your specialization in treating the injured worker and getting him back to work as soon as functionally possible. You need to promote how your return-to-work rehab clinic is different from the clinic down the road from you.

Everyone performs functional capacity evaluations and work conditioning, so this will not differentiate your business. Separate yourself from your competition by showing off your return-to-work functional documentation and the progress notes you complete during outpatient therapy.

Make sure your marketing strategies point out that you will send this documentation directly to the employer while their employee is in rehab.

What about HIPAA? HIPAA is slightly pushed to the side as long as your documentation is prudent and focuses on your patient's ability to perform, or not perform, the essential functions of his job, and yes, you can communicate with the employer in

### Strategy 4: Go to the Source

You communicate with the treating physician proactively — why not communicate verbally with the case manager, claims adjuster and employer?

Many leading return-to-work rehab clinics throughout the United States perform the following steps upon getting a referral for rehab from a workers' compensation patient:

1. The clinic receives a referral from a physician's office or a patient.
2. The clinic contacts insurance to verify it is an open and active workers' compensation claim.
3. Obtains verbal authorization for therapy.
4. Following verbal approval, the clinic informs the person on the phone that it will be contacting the employer to obtain the job description.
5. The same person contacts the employer, introducing herself in the following way: "Good morning, this is Barb and I am calling from ABC Therapy. We are an outpatient rehabilitation practice that specializes in

getting the injured worker back to work as quickly and safely as possible. I was hoping you could fax me Mr. Smith's job description so we can set long-term goals that directly focus on the essential functions of Mr. Smith's job."

This is a great soft sell to employers every time one of their employees enters your rehabilitation practice. If there is no job description, this could be your opportunity to go on site, perform a job analysis, and write up a job description. ■

**In Part 2 of this series, appearing next issue, read about strategies on writing proper job descriptions, involving case managers, and informing the referring physician.**

*Jim Mecham is continuing education director for OccuPro and developer of OccuPro's return-to-work software, which features OccuPro's proprietary Functional Progress Notes and Functional Discharge Summaries. Contact [jmecham@occupro.net](mailto:jmecham@occupro.net) or 866-470-4440.*

## RETURN -TO-WORK Software & Training

VALID | RELIABLE | OBJECTIVE | DEFENSIBLE

[www.occupro.net](http://www.occupro.net)



**NEW!**

LEASE OPTIONS  
AVAILABLE

Providing the Industrial Rehab tools and training to help you deliver complete and high quality assessments in less time.

- Functional Capacity Evaluation
- Patient Progress Note/Re-evaluation
- Functional Progress Note
- Functional Discharge Summary
- Work Hardening/Conditioning Evaluation
- Job Demands Analysis
- Pre-Placement Post-Offer Testing
- Return to Work Recommendations

**VIEW DEMO**



Scan with your smartphone  
or visit [www.occupro.net](http://www.occupro.net)

### TRAINING & CERTIFICATION

- > Functional Capacity Evaluation
- > Industrial Rehab
- > Pre-Placement Post-Offer Testing
- > Ergonomics



**OCCUPRO**

Innovative Industrial Rehab Solutions  
SOFTWARE • EDUCATION • CONSULTATION

866.470.4440 | [info@occupro.net](mailto:info@occupro.net) | [www.occupro.net](http://www.occupro.net)





# Captains of Industry

Proven strategies you can employ today to be your community's best return-to-work rehab clinic

By Jim Mecham, MSIE, OTR/L, CPE

## PART 2 IN A 2-PART SERIES

**O**utpatient rehabilitation clinics are penny-pinching all over the United States. From healthcare reform, to Medicare cuts and workers' compensation managed care, reimbursement is falling while rehab clinics' expenses and salaries are rising.

It's a scary trend for many rehabilitation directors and owners as they look for ways to offset the reduced reimbursement. Everyone is looking at workers' compensation patient volume and revenue, and on-site cash-based revenue, as the means to offset this trend.

Rehabilitation clinics throughout the country have workers' compensation initiatives in full force. They are looking at opportunities to enhance revenue with improved clinic-based workers' compensation services and providing cash-based on-site services at local employers.

How are you going to accomplish the goal of increasing workers' compensation outpatient

rehab volume, which in turn can increase clinic and on-site based revenue streams? There are proven strategies that work to differing degrees based on your market.

In the first installment of this series (appearing in the Nov. 11 issue of *ADVANCE*) we covered strategies 1-4, which discussed objective documentation, being a one-stop shop, marketing yourself and communicating with case managers and claims adjusters. The following are strategies 5-7.

### Strategy 5: Write a Job Description

Workers' compensation managed care is taking over the landscape of workers' compensation rehabilitation. If you sign a contract with managed care, you are not guaranteed to get any patients. Many hospitals and physician-owned therapy practices avoid workers' compensation managed care contracts because they have a direct referral source in-house. Either way, they are also implementing

strategies to offset reimbursement decreases from other insurance avenues through workers' compensation initiatives.

No matter how you get your referrals, this strategy helps increase workers' compensation referrals and also establish cash-based on-site services at local employers.

Let's say you have a physician's order that says three times per week for four weeks. Use one of those visits to take the patient to his job while you perform a job analysis. You don't need a doctor's order, nor do you need insurance approval to conduct a job analysis. All you need is permission from the employer to set foot on their property.

The patient will not perform his job, but you and the patient will watch someone else performing the job while you take notes on the physical demands required for full-duty return to work. The CPT code you use is 97537 for each 15 minutes you are on site with the patient.

Use this data to perform improved functional return-to-work rehab, establish long-term goals that are functionally based, and test the person using functional progress notes and functional discharge summaries. After this visit to the company, write up a job description whether the company wanted it or not, contact the company representative afterward, and offer to come in to show them the job description you wrote up. This strategy, more often than not, lands you a contract to rewrite all their job descriptions.

This is a great soft-sell to the employer because it allows you to meet the decision-makers for on-site cash-based services and helps break the psychosocial barrier of return to work. But most importantly, this strategy shows local industry that you are a specialist in returning injured workers to the job and you will take the extra step to know exactly what the patient needs for full-duty return to work.

### Strategy 6: Involve Case Managers

When performed correctly, work conditioning, work hardening or advanced work rehab continues to be one of the best-reimbursed services in 80% of the United States. Case managers consistently direct care to these programs. However, they direct care to programs that successfully get the injured worker back to full-duty work.

To increase referrals into your work conditioning program and decrease denials from the insurance company, you need to communicate



## INDUSTRIAL REHAB

proactively with the case manager during outpatient rehab.

This includes proactively letting the case manager know that you feel the patient may need work conditioning. Make sure your communication outlines the exact return-to-work function the client can and cannot perform related to the physical demands of his job.

If your patient can only perform 73.8% of his job at discharge from outpatient rehab, then he requires work conditioning.

### Strategy 7: Call the Doctor

We will call this a strategy, but it's the strategy that has the least effect on your workers' compensation referrals. This is marketing directly to doctors.

Whether it's marketing collateral or going to visit the doctor on a marketing call, it's good to let him know you're there, and get to know him, but it's rare that these marketing efforts increase referrals long-term. Focus these marketing efforts on what you do differently from the clinic down the street. Quality documentation

of return-to-work function is what doctors need to make an objective return-to-work decision.

There's no other professional who spends as much time with a workers' compensation patient as his therapist. A physician sees the patient for five minutes and must make a return-to-work decision. You see him for 60 minutes, three times a week, and have the skills and equipment to make return-to-work recommendations.

It does not require a 4-hour functional capacity evaluation to make return-to-work decisions. An outpatient therapist can perform a 30-minute functional progress note or functional discharge summary and provide the physician with objective return-to-work information every six to 10 visits, bill 97750 for this time, and greatly assist the physician with objective return-to-work information.

Improving workers' compensation services, offering a full menu of return-to-work services, functionally testing workers' compensation patients during outpatient therapy, and proactively communicating with all entities involved

with the workers' compensation patient are key strategies to increase referrals and revenue in these ever-more challenging times for rehabilitation clinics. ■

**In Part 1 of this series, which appeared in the Nov. 11 issue, the author covered strategies on effective documentation, being a one-stop shop, marketing yourself and communicating with case managers and claims adjusters. Part 1 is viewable at [www.advanceweb.com/pt](http://www.advanceweb.com/pt) (search for "Captains of Industry").**

*Jim Mechem is continuing education director for OccuPro and developer of OccuPro's return-to-work software, which features OccuPro's proprietary Functional Progress Notes and Functional Discharge Summaries. Contact [jmechem@occupro.net](mailto:jmechem@occupro.net) or 866-470-4440.*

Get more online at [advanceweb.com](http://advanceweb.com)

For more information on industrial rehab, visit [advanceweb.com/pt](http://advanceweb.com/pt)



## RETURN -TO-WORK Software & Training

VALID | RELIABLE | OBJECTIVE | DEFENSIBLE

[www.occupro.net](http://www.occupro.net)



**NEW!**

LEASE OPTIONS  
AVAILABLE

Providing the Industrial Rehab tools and training to help you deliver complete and high quality assessments in less time.

- Functional Capacity Evaluation
- Patient Progress Note/Re-evaluation
- Functional Progress Note
- Functional Discharge Summary
- Work Hardening/Conditioning Evaluation
- Job Demands Analysis
- Pre-Placement Post-Offer Testing
- Return to Work Recommendations

VIEW DEMO



Scan with your smartphone  
or visit [www.occupro.net](http://www.occupro.net)

### TRAINING & CERTIFICATION

- > Functional Capacity Evaluation
- > Industrial Rehab
- > Pre-Placement Post-Offer Testing
- > Ergonomics



**OCCUPRO**

Innovative Industrial Rehab Solutions  
SOFTWARE • EDUCATION • CONSULTATION

866.470.4440 | [info@occupro.net](mailto:info@occupro.net) | [www.occupro.net](http://www.occupro.net)