Rolling Out the Electronic Record at the IC

Our Plan

We would like to thank those of you who participated in our pilot for accessing medical records electronically for PTD examinations. This took place at our Columbus office over the past year. Over the next twelve months, we plan to implement this statewide. We regard this as another opportunity for improvement in quality and efficiency.

To prepare the agency and examining specialists for this transition, we are now planning to initiate a third phase of this pilot project. During this phase, we will be studying effective utilization of the electronic medical record by specialists for each in-house district office.

By January 31, 2011, Dayton, Cincinnati, Toledo, Cleveland and Youngstown will each have a PC installed and available in an examination room. Once the district rollout and training is complete, hard copies of specialist packets will no longer be provided. Examiners will continue to receive a paper copy of the Referral Letter, work capacities form, IC provider fee bill, Statement of Facts, Medical Examination Worksheet and Docket schedule.

The medical information pertinent to the examination (i.e., the specialist packet) will be available online. You will be able to view this information from your office or home, from the time the examination is scheduled, until the time the report is processed. You will also be able to use your own laptop in the examination room or IC district office if you prefer.

We understand transitions such as these can be difficult and require a learning period. We also are aware that some examiners are already adept at performing electronic reviews from experience at other agencies. It has been our experience that most reviewers eventually find the electronic record more expedient and efficient. Your efforts during the next phase of implementation and your thoughtful input are appreciated.

The Next Step

After implementation is complete in the district offices for in-house examinations, we plan to roll it out statewide, for all examinations.

In the Future

Our eventual goal is to enable electronic report submission.

Rollout

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<tr>
<th>District</th>
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<tr>
<td>Dayton</td>
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<td>Cincinnati</td>
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<td>Toledo</td>
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<td>Cleveland</td>
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<td>Youngstown</td>
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Money Matters!

Who doesn’t want to be paid on time? The sign “Payment Due at the Time of Service” reflects an age-old expectation.

To assure timely payment for your work as an examiner for the Industrial Commission, please be sure to include the IC Provider Fee Bill with your report.

The Provider Fee Bill will be included in your packet. It will indicate the correct fee for the examination. Simply carry the total to the bottom line, sign it, date it and include it with your report.

Please do not forward the Provider Fee Bill to your billing department, without first including a copy with your report.

Visit ohioic.com and check out pages 23 and 24 of the IC Medical Examination Manual for a detailed review of the billing process.

Did you Know?

Packets of medical information are mailed to IC specialist examiners at least fourteen days prior to the examination. So… if you are aware of a scheduled examination, and have not received your packet by seven days before the schedule date, please call. Otherwise, you might be looking for a very large fax on the day of the examination!
Continuing education review questions *MediScene* Jan. 2011

1. Which of the following documents will no longer to be printed as the Industrial Commission PTD IME process moves toward a paperless environment?
   a. Referral letter
   b. Specialist packet of medical information
   c. Work capacities form
   d. Provider fee bill
   e. Statement of facts
   f. Medical Examination Worksheet
   g. Docket schedule

2. The current phase of implementation of the paperless medical record includes:
   a. The Columbus office only.
   b. The Columbus district only.
   c. Statewide for all in-house examinations.
   d. a. and b.
   e. None of the above.

3. Information about the Industrial Commission billing process can be found:
   a. At ohioic.com.
   b. At ohio.gov.
   c. In the Industrial Commission Medical Examination Manual
   d. At ohiobwc.com.
   e. a. and c.
   f. b. and d.

4. Electronic medical information pertinent to your examination will be available to you:
   a. Starting from the time the examination is scheduled.
   b. Ending after your report is processed by the IC.
   c. From your office or home computer.
   d. On your laptop in the examination room.
   e. All of the above.

(Answers: 1. b.; 2. c.; 3. e.; 4. E.)
By now, most of you are familiar with the third question in our referral letters for PTD examinations. You know-it’s the one that asks you to fill in a form indicating what type of work activities you believe the injured worker might be capable of performing.

The most challenging part of this question for most examiners is the statement, “In your narrative report, provide a discussion of physical (or mental) limitation due to the allowed conditions.” What this means, in other words, is don’t just “check a box.” Tell us what-in your expert opinion-you would expect the injured worker to be able to do given their work injury or condition.

Here are some tips for effectively addressing this challenge:

1. **Get personal**—Tell the reader exactly how you would expect these specific allowed conditions to affect the injured worker in front of you. You are the expert. You have seen similar conditions in your training and practice. You have taken a history, examined the injured worker, and reviewed the record. Apply what you know to the case at hand.

   Examples: “Because of the allowed condition of L-5 radiculopathy, she has ankle dorsiflexion weakness and is required to wear a brace and would not be able to climb, run, or carry objects over 10 pounds. She is capable of sedentary activities.” “Due to the extent of his depression, his ability to adapt to a working environment is severely impaired. He is expected to demonstrate impaired ability to engage with others in the workplace. This makes him incapable of work activities.”

2. **Stick to the allowed conditions**—Some injured workers present with conditions which clearly impair their ability to function, but which are also clearly unrelated to the claim. These might include advanced age, obesity, chronic lung disease, cardiac disease, diabetes, anxiety, or unrelated chronic pain disorders. Though it is difficult to ignore these concomitant conditions, for the purpose of the examination you must make sure to base your opinion only on the allowed conditions.

   Example: “Although Mr. Smith’s physical activity tolerance is low, this appears more related to conditions not allowed in this claim, including his rheumatoid arthritis, coronary artery disease, obesity, and chronic lung disease. Based only on the allowed conditions of lumbar strain and bilateral carpal tunnel syndrome (for which he has had successful surgery) he would not be expected to have any physical limitations.” “Ms. Perez was diagnosed post-traumatic stress disorder prior to her work injuries, and this appears to continue to affect her ability to engage in some work activities, as discussed earlier in this report. However, her mental limitations from her allowed condition of depression appear mild at this time, and would not in and of themselves be expected to preclude work activities at this time.”

3. **Stay on your own turf**—Avoid opining on conditions outside of your specialty. This usually happens inadvertently, but statements like these will doom your report:

   Examples: “I would not expect Ms. Garcia’s shoulder and back injuries to limit her physically, but her major problem appears to be some real serious psychological issues.” “Mr. Green’s psychological condition does not in and of itself preclude work activities, but he does continue to suffer pain due to his physical conditions, which might present a barrier to success return to work.” “The injured worker’s low back injury and shoulder dislocation would limit her to sedentary work, but even a casual observer can see that her head injury has caused her significant disability.”

4. **Fill out the form—then fill in the blanks.** Yes, you do have to fill out the form. It’s part of the paperwork. Depending on your specialty, it might be a Physical Strength Rating, Occupational Activity Assessment, or Residual Function Assessment. However, realize that these forms—which are meant to be “catch alls”—do not always adequately explain the limitations due to the allowed conditions you were asked to evaluate. Please take the time to think through the actual limitations due to the allowed conditions and then expand on them in your narrative, if the form doesn’t do them justice.

   Examples: “Ms. Brown’s claim is allowed for traumatic brain injury, and also multiple fractures. Her fractures have healed and do not present any physical limitations.” “Ms. Brown’s claim is allowed for traumatic brain injury, and also multiple fractures. Her fractures have healed and do not present any physical limitations. However, she does have significant residual limitations from her head injury including moderate memory loss, difficulty with relationships, poor insight, poor safety awareness, and limited social judgment. These limitations would not allow her to function in most work environments, except those involving simple tasks with continuous one on one shadowing.”
Continuing Education review questions MediScene- April 2011

1. Which one of these forms is not required for an Industrial Commission (IC) PTD IME?
   A. Physical Strength Rating
   B. Occupational Activity Assessment
   C. Residual Function Assessment
   D. Form 1040 EZ

2. What all should be considered when assessing limitations for an IC PTD IME?
   A. Comorbidities
   B. Allowed conditions
   C. Age
   D. Body Mass Index
   E. All of the above

3. The forms filled out in response to question #3, regarding physical and mental limitations, should be expected to account all limitations due to allowed conditions within your specialty.
   A. True
   B. False

Examining the Issues: Expedited Scheduling

Has your office considered expedited scheduling of Industrial Commission (IC) examinations? If not, you may be missing opportunities to provide this service.

To participate, you’ll need to set aside designated slots in your schedule for IC examinations. This is similar to “block scheduling” in the operating room. For example, based on your estimated volume, you could designate (or “block”) the last appointment on your schedule every Tuesday, or two appointments in the afternoon every other week for IC examinations. We can then work with your office to fill these time slots.

The IC is obligated to inform the Injured Worker of a scheduled appointment two weeks prior. This allows substantial “buffer time” for you and your office to arrange to use this time to your benefit if we are unable to fill it with an IC examination.

We are driven to provide the Injured Worker with an appointment for examination as soon as possible after we receive their application, for the benefit of all parties involved. Too often, when we call doctors for appointments, we find they are “booked too far out”. If the time frame for scheduling is unacceptable, this results in a missed opportunity for the examining specialist to provide the service.

Please contact Dr. Welsh at twelsh@ic.state.oh.us or 614-466-1266 to discuss how you might put this tool to work for you.

Details, Details, Details! (Review of Records)

We all know to review the medical records provided at the time of an examination. The question is: what do we need to say about these records in our reports? Surprisingly, we see substantial variation amongst examining specialists.

The old adage “If it’s not documented, it’s not done” applies here. Failure to document what you reviewed may result in your report being thrown out as evidence. Unfortunately, we’ve seen otherwise sound reports nullified by this omission. This usually happens when the examining specialist picks out and documents reviewing only those pieces of information she or he deems “pertinent.”

Because the information you receive is part of a designated electronic packet, it is acceptable to say “I reviewed all of the information provided to me by the Industrial Commission.” That information is on file and known to all parties to the claim. It is certainly then acceptable to pull out and expound impartially on information that you feel might help clarify your report for the reader.

Did you Know?

The Industrial Commission Medical Examination Manual has been revised. This latest edition can be found at ohioic.com, under the Medical Specialists’ Resources tab. If you would like to request a hard copy, please contact us at dchamberlain@ic.state.oh.us or 614-466-4291.
Continuing education review questions MediScene- 07-11

1. It is IME best practice to review in your report only those records that you feel most pertinent and persuasive.
   a. True
   b. False

2. If you feel the Injured Worker’s subjective complaints are not substantiated by your objective findings, then it is prudent not to review and accept the report of his or her treating physician.
   a. True
   b. False

3. The latest revision of the Industrial Commission Medical Examination Manual contains a new chapter discussing and providing sample reports for situations where the Injured Worker applying for PTD has already been found MMI by Commission order.
   a. True
   b. False

4. The Industrial Commission will notify you and the Injured Worker of a scheduled examination one week prior.
   a. True
   b. False

5. Blocking office time for IC examinations will provide more opportunity for examining specialists to provide PTD examinations, by shortening the time frame for the Injured Worker to be seen.
   a. True
   b. False

6. Expedited scheduling will result in more “down time” for me and my office because there is no way of knowing ahead of time if a time slot will be used.
   a. True
   b. False

Guest Author: Greg Gibbons, Esq.
Cleveland Regional Manager

Workers’ compensation is a business which often deals with occupational hazards in the workplace. Industrial Commission specialist examiners should keep in mind that they too are potentially exposed to an occupational hazard arising out of the examining work performed for the agency—the deposition.

Ohio Revised Code Section 4123.09 specifically grants the Commission authority to approve deposition (interrogatory) requests. Specific deposition procedures are contained in Ohio Administrative Code Section 4121-3-09(A)(7) and 4121-3-15(D). Here’s how it works: The Industrial Commission hearing administrator in the regional office determines the “reasonableness” of the request and also “whether the alleged defect or potential problems raised by the applicant can be adequately addressed or resolved by the claims examiner, hearing administrator or hearing officers through the adjudicatory process.”

Deposition requests are few. Furthermore, an even smaller number are approved, invariably involving permanent total disability (PTD) examinations. Less than one-half of one percent of all PTD examinations result in a deposition or interrogatory.

When a deposition request is approved, the Commission examining physician should not view this proceeding as a personal assault on the examiner’s professional ability or integrity. Obviously, the stakes are high for all the parties and the moving party is seeking to cast doubt on the conclusion reached by the Commission examiner. As a large number of workers compensation cases are “close calls” both medically and legally, it behooves the examiner to: 1) remain emotionally detached; 2) answer the questions fairly and honestly, and; 3) explain the medical basis for the opinion.

Certain attorneys can be adversarial, accusatory, condescending or downright unpleasant. The Commission physician should know his or her credibility is undermined if the emotions of the moment supersede those of professional, clinical detachment. Physicians should also recall that the Commission will send a staff attorney to the proceeding to ensure a basic level of legal decorum.

This discussion calls to mind a recent deposition involving an asbestosis case. The physician was obviously fatigued (and quite agitated) at the end of the deposition and proceeded to angrily vent strong feelings toward the tenacious, inquiring attorney. The doctor imperiously stated that “this is why everyone is always complaining about workers’ compensation in this state.” Fortunately, the deposition was over and the comments were off the record. The lesson however remains. Never let them see you sweat.

Meet the Chairman: Karen L. Gillmor, Ph.D.

With over three decades of dedicated public service, Karen brings a tremendous knowledge of workers’ compensation issues to the Industrial Commission of Ohio.

A native of Ohio, she earned her diploma from Rocky River High School before earning a bachelor’s degree with honors from Michigan State University and a master’s degree and Ph.D. from The Ohio State University.

Her career shows a passionate interest in the fields of health care, labor relations and workers’ compensation. From 1983 to 1986, Karen served as Chief of Management Planning and Research at the Industrial Commission of Ohio. In this position, she authored a study of self-insurance, which was incorporated into Ohio’s omnibus workers’ compensation reform law. After leaving the IC, Karen created the Physician Relations Program at The Ohio State University Medical Center in 1987 and served as its manager until 1990.

She later served as the employee representative to the Industrial Commission of Ohio’s Regional Board of Review and the Ohio Bureau of Workers’ Compensation Oversight Commission.

Before coming to the IC, Karen was elected to Ohio’s 26th Senate District seat in 1992, 1996 and 2008. She chaired the Senate Insurance, Commerce and Labor Committee, was a member of the Unemployment Compensation Advisory Committee, and the Labor-Management-Government Committee. She served as vice chair of the State Employment Relations Board from 1997 to 2007 and was a consultant to the United States Secretary of Labor.

Nationally, Karen served on the Health Committee of the American Legislative Exchange Council, as well as on the Health and Human Services Committee of the Council of State Governments’ Midwestern Region.

Karen was married to United States Congressman Paul Gillmor, who tragically passed away in 2007. They have five children, Linda, Julie, Paul Michael and twins Connor and Adam.
Continuing education review questions MediScene Oct. 2011

1. What percentage of Industrial Commission PTD IMEs result in a deposition or interrogatory?
   a. 10%
   b. 1%
   c. 17%
   d. <0.5%

2. The Industrial Commission will send an attorney to approved depositions to represent the deposed doctor.
   a. True
   b. False

3. The deposed doctor should be prepared to:
   a. Defend personal assaults from the attorney regarding his professional ability and integrity.
   b. Remain emotionally detached.
   c. Question the legal basis of questions asked and refuse to answer objectionable questions.
   d. Answer all questions fairly and honestly and explain the medical basis for his answers.
   e. a. and c.
   f. b. and d.
   g. All of the above.

(Answers: 1. d.; 2. b.; 3. f.)