



## HealthONE's Medical Case Management Program

HealthONE's Medical Case Management Program assures that injured workers receive appropriate, timely and cost-effective care. The physician is the medical manager from the start of the case through case closure.

All components of the medical management program are provided in accordance with the Colorado Division of Worker's Compensation Treatment Guidelines and other rules and regulations governing the management of an injured worker. HealthONE, also, utilizes the comprehensive guidelines set forth by *Pinnacol Assurance and SelectNet*.

We believe that our case management program is a strength of the HealthONE Occupational Medicine Program. Along with our experienced providers, the onsite care coordinators and nurse case manager, assure that communication is timely, referrals are scheduled promptly and return to work is addressed in all instances.

The providers personally oversee all aspects of the patient's care including the following:

- **Assesses causality:** The provider will determine whether or not an occupational injury or exposure took place and that it is medically probable that the on-the-job event or exposure did cause the injury.
- **Manages return to work:** The provider whole-heartedly believes that when a patient returns to work after an injury, they recover more quickly and sustain less permanent physical impairment than a worker who does not return to work.
- **Educates the injured worker:** The provider provides the injured worker with information regarding their treatment plan, their course of recovery, and return to work expectations.
- **Communicates to all parties on a timely basis:** The provider communicates to the employer via M164 and dictation the injured worker's treatment plan, return to work status, anticipated impairment and permanent restrictions after each patient visit.
- **Manages referrals:** The provider schedules appointments with specialists within 5 business days when at all possible and expects communication from the specialist within 24 hours of the patient visit along with a more extensive dictation to follow. The provider maintains management of the patient's treatment plan and expects the specialist to communicate any other needs for referrals or diagnostic exams to them. The primary care provider, also, manages referrals to therapy or diagnostics.
- **Provides for the comprehensive medical management:** The provider uses the Colorado Division of Worker's Compensation Treatment Guidelines and other Division Rules and Regulations as a guide to medically manage a patient's injuries.
- **Determines MMI:** The provider determines when a patient has arrived at Maximum Medical Improvement and documents this on the M164 and in their dictation.
- **Determines permanent impairment:** The provider determines if a patient has permanent impairment and will provide the impairment rating when appropriate.



- **Discharges the injured worker when appropriate:** The provider will discharge the patient when appropriate. If the provider recommends maintenance treatment for after discharge, those recommendations will be written in accordance with the CO Division of Workers' Compensation.

## **Utilization Review/Quality Improvement**

The following lists the various components of the HealthONE Occupational Medicine Program's Quality Assurance Program.

**Credentialing:** Prior to being hired, HealthONE providers go through a thorough credentialing process that confirms they have the professional training, licensure, certifications and clinical experience to deliver quality medical care. They must be Level II certified within one year of being hired.

**Patient Satisfaction Surveys:** Patient satisfaction is extremely important to us. We are 100% committed to providing outstanding patient care. We believe that the best way to maintain a quality program is to survey our patients. Patient Satisfaction Surveys are mailed to a designated number of patients who were treated in the HealthONE Clinics each quarter. Quarterly summaries of the surveys are compiled and then, reviewed by the Risk Management team. It is expected that the clinics maintain a 90% or higher satisfaction score. Action Plans are created when necessary and reviewed by the Risk Management team. **A copy of our survey is included.**

**Employer Satisfaction Survey:** As with the patient satisfaction survey, it is important to us to know what employers are experiencing at HealthONE. Annual periodic employer satisfaction surveys are distributed to employers either by mail, telephone or at an employer event. The surveys are summarized, reviewed and action plans are created when necessary. **A copy of our survey is included.**

**Medical Director Peer Review:** Dr. Burgess performs quarterly case reviews on all of our providers. He reviews, at a minimum, three provider lost-time cases. Each quarter he addresses a specific area such as "specialty referral management", "communication to the employer", "documentation of return to work" and "addressing causality" and then, provides feedback to the provider regarding their specific cases. Our nurse case manager reviews these same charts for documentation on return to work and communication to the employer/payer. Providers, payers or employers may request that Dr. Burgess review a chart at any time. **A copy of the audit form is included.**