

OCCUPATIONAL MEDICINE

Keeping Occ Med Clients Happy— While Keeping Patients Safe

Urgent message: It's the aim of every occupational medicine sales and marketing team to get prospective clients' attention, and ultimately to secure the business. It's what happens after that, however, that keeps clients happy (and encourages them to remain clients).

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Preparation Before the First Employee Visit

mployers come to select a particular occupational medicine practice through a number of different routes. Whether businesses hear about your services through your marketing and advertising, word-of-mouth of other employers, or from adjusters or insurance companies, however, they're likely to interact with you in some way before you start working together.

To make sure the first visit is a productive one—and that the first impression of your clinic is a favorable one—you have to lay the groundwork before the first patient arrives.

The first step is to build a client profile for the business. This will be the roadmap for every subsequent visit when employees are sent to the clinic for workplace injuries.

Much of this information can be obtained from the employer by your marketing and administrative staff, but it's advisable to invite the employer for a clinic tour and arrange a meeting with your medical director. The goal of this meeting is not only for the important players to meet, but also to obtain and confirm important information that will make your relationship smooth and productive from the start.

At a minimum, the client profile should include:

The name, email, and phone number of your key contacts. This will often be the head of human resources, the safety manager, or even the chief operating officer (or any combination of persons at the business). Whoever it is, there



Max Lebow, MD, MPH, FACEP, FACPM is board certified in Emergency Medicine and Preventive/Occupational Medicine, and is President and Medical Director of Reliant Immediate Care Medical Group, Inc. must be an open line of communication at all times.

- The necessary insurance information, including carrier name, policy numbers, and billing addresses. It's important to know to what degree a business is self-insured, for example. Along with billing information, you should also understand who must be notified of a new injury and what preauthorization is required for subsequent visits or referrals, such as to physical therapy.
- Information about job duties and history and types of injuries that are sustained by their workforce. This helps the provider accurately assess whether an injury was viably "within the scope of employment."
- Availability and attitude of the business toward transitional/modified duty. Understanding the availability of modified work, and the accommodations the business can make, will help keep injured employees at work and avoid temporary disability. Modified duty may fall under a union contract, so it is important to understand these variables.
- For the client, important information about your clinic, including your hours, capabilities, and referral processes. Make sure the company representatives know all your services so if the need arises, they will come to you first for things like on-site flu shots, health fairs, wellness checks and education, and all things medical.
- Companies that are self-insured should be aware that your urgent care services can help keep their employees out of the emergency room and help drive down their general medical costs.

The Patient Visit and Client Communication

The most common reason an urgent care center loses occupa-

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tional medicine clients is dissatisfaction with patient/employee care. Conversely, loyalty is built when employer and patient needs are handled so well that your clients never think about using another provider. Marketing can bring a client through the door, but only good medical care with excellent communication can keep them as a client for the long term.

It's important to understand that the bulk of this task will be done by the medical provider. There is no substitute for your clients hearing good things about your care directly from their own employees. However, the provider should also be communicating directly with the business. At minimum:

- The provider must call the employer on 100% of all new injuries. This call needs to be made after the patient is seen, but before final disposition. A two-way communication might include information about the mechanism of injury and condition of the patient. The employer can provide information about the injured employee's job duties, availability of transitional/modified duty, and additional information that may have a secondary effect on the injury and its prognosis.
- The provider must call the employer whenever there is an unexpected change in the condition of the patient or treatment plan. This can include failure of the patient to progress, no-shows for rechecks, or unforeseen delays to discharge, beyond the expected time suggested by American College of Occupational and Environmental Medicine
- The provider should contact the employer if there is a conflict during the patient visit. It is vitally important that the provider calls the employer to report when the patient leaves the clinic expressing dissatisfaction with their visit.

A number of other elements of the patient visit, besides those related to physician/client communications, must be performed. For starters, follow the company guidance, obtained in the new client onboarding process, as closely as possible. Failure to follow company policy can be a quick path to losing the company as a client. The services being performed, and the notifications and authorizations required, should be printed out and made available to every member of the clinic team upon arrival of the company's employee.

Be mindful that employers are concerned about managing their Workers' Comp insurance premiums, which like all insurance are based on an employer's "risk." That's why you often see signs at businesses like "XX many days since last injury." All providers seeing employees injured at the worksite must understand the concept of recordable injuries, the inclusion and exclusion criteria for OSHA First Aid classification, and determination of work-related vs non-work-related injury. This starts with every provider knowing the OSHA First Aid requirements. Taking the time to obtain a good history that may also

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reveal a non-work-related causation for the injury will always be appreciated by your clients.

In general, when conducting a patient visit, it is advisable

- Avoid prescribing opiates and instead seek other modalities for controlling pain, including acupuncture and massage therapy. Most employers are sophisticated enough to understand that Workers' Comp and opioids are usually
- Be mindful of unnecessary referrals. Referrals to imaging centers and specialists, including orthopedic surgeons for soft-tissue injuries, increase the total cost of claim without improving medical outcomes.
- Respect employers' time. All patients should be seen in a timely way, and large delays must be avoided. For work injury follow-up care appointments, the patient should be seen as close to the scheduled time as possible. Employers expect the patients to be seen at the time of their appointment and be back to work quickly.

Additional communication about the patient should occur in a number of other circumstances:

- The employer should be notified every time an employee misses a clinic appointment or physical therapy session. Noncompliance with the treatment protocol can mean either the patient is feeling better and does not want to continue treatment, or the patient is noncompliant, which will result in a delay in resolving the case. In either situation, the employer needs to know.
- The employer must be able to communicate with the clinic in an efficient way. Establishing a separate occupational medicine client phone line is one way to avoid having your clients get caught up with general questions such as directions or hours of operation. Having a skilled person from your clinic at the other end ready to answer such questions as the employee status, prospects for full duty or modified duty, the time of the next appointment, or other information is essential. You can be sure that if your client spends more than a short time on hold, you will hear about it quickly.
- For large employers, assign a single contact person within your organization. It's a great comfort to your clients to

be able to know an individual in your organization on whom they can depend to get the information they want in a timely and friendly way.

Finally, understanding the services and accommodations the employer needs is the first step toward fulfilling those needs. Such insights can help you to:

- Set appropriate clinic hours of operation. If your plan is to obtain contracts for businesses that work late shifts or are 24/7, clinic hours and an on-call schedule must be established so that these clients never have a need to look elsewhere for care outside the normal hours of the clinic.
- Offer DOT exams. Many transportation companies need an occupational clinic that can turn around their DOT exams quickly. Be prepared to train your staff and have physicians and other providers who are DOT-certified. If needed quickly, the clinic may need to pay for the training and certification process for their providers.
- Work to be a one-stop shop. Additional services such as physical therapy, a broad range of drug testing, and on-

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site specialists such as orthopedists will be appreciated by clients who need those services—and discourage them from looking for another occupational medicine clinic.

We've discussed a number of ways clinics can serve their clients so these businesses never have a need to look elsewhere for occupational medicine services. As each clinic matures in occupational medicine, these will become second nature and part of a comprehensive program that stresses client satisfaction, resulting in business partnerships that are beneficial to both sides for years to come.

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In fact, we thrive on contributions from the urgent care community. The process tends to work out pretty well for our authors at times, too. For example:

- January 2017: Ralph Mohty, MD, MPH and Michael Esmay, MD submit an article on a real-life patient for consideration in our Case Report department
- May 2018: Drs. Mohty and Esmay are bestowed with a Silver Award in the American Society of Healthcare Publication Editors 2018 Awards Competition the 15th time JUCM has taken home a prize in our history

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