Attending Provider's Referral: Best Practice Guide

Created by the Industrial Insurance Chiropractic Advisory Committee (IICAC) for use by attending providers in referral and collaboration when treating workers.

Referrals

❖ Determine & document specific referral purpose(s)

(Attending Provider's Referral Form)

- Second Opinion (surgical or diagnostic uncertainty, appropriateness of care, treatment plan, etc. without concurrent care) does not require claim manager approval
- Concurrent Care (requires preauthorization, contact CM)
- Transfer of care (web form)
- Closing Examination/Impairment Rating (MARFS Chapter)

❖ Determine & document role of each provider

- Make sure referral provider knows what you are expecting (Attending Provider's Referral Form)
- Set follow-up expectation for timeline, communication, reports that emphasize procedures for successful referral
- Contact referral provider if information not received (set up a tracking/tickler system to remind you to follow-up
- Provide Adequate Clinical Summary for Referral Provider
- Nature of injury/exposure Accepted Condition as well as copies of: Relevant Reports/Function Scales, Diagnostic Studies, Activity Prescription form

❖ Clarify worker's role and responsibility (Getting back to work flyer)

- Require active participation in recovery— Review your patient's role in their own recovery, importance of following through with treatment and attending appointments (including risk of loss of benefits if referral is not completed.
- Discuss key recovery messages—set appropriate positive recovery expectations, address concerns with work activities aggravating condition or low recovery expectations
- Accommodation or Job Concerns— call/follow-up with the employer to determine availability of accommodation

❖ Identify workers at risk for delayed recovery

- For patients not back to work within 2-4 weeks after injury (PDIR resource)
- Address barriers to recovery— Are there clinical, psychosocial, or workplace issues delaying return to work?
- Consider referral— e.g., Occupational Health, Active Physical Therapy Occupational Therapy, Activity Coaching **Early Return to Work**

Concurrent Care Best Practices & Requirements

❖ Streamline approval of concurrent care

- AP's Referral Form includes all information needed by providers, worker and claim manager and serves as a request for concurrent care authorization
- Reimbursement for **concurrent care** by more than one provider qualified to be an AP is not allowed without claim manager pre-authorization (WAC 296-20-071)
- Name and role of Concurrent Care Provider should be documented in chart note (or on AP's Referral Form)
- Contacting the claim manager can help facilitate authorization

❖ One attending provider is allowed on a claim and is responsible for:

- Overseeing management and directing overall care, including prescribing or monitoring of medications when appropriate
- Reporting and communicating with L&I and the employer

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Documentation/Functional Improvement Tracking

❖ **Care provided in workers' compensation must be curative and/or rehabilitative** ***(WAC 296-20-01002)***

- Care must cure the effects of a work-related injury or illness, or be rehabilitative
- Curative treatment produces permanent changes, which eliminate or lessen the clinical effects of an accepted condition (Proper and necessary)
- Rehabilitative treatment allows an injured or ill worker to regain functional activity in the presence of an interfering accepted condition
- Curative and rehabilitative care produces long-term changes

❖ **Track & demonstrate functional improvement**

- Clinical findings (e.g., range of motion, spasm, orthopedic tests) frequently do not correlate with functional improvement
- Document and track improvements in function (Functional Tracking document) compared to functional level at time care was initiated.
- Improvement in patient's function, particularly reflected by return to work, should be clearly documented in chart notes and reports, like Physical Medicine Progress Report form

❖ **Pain interference is more important than pain level**

- A 1-10 Visual Analog Scale can be easily adapted to assess Pain Interference. For example: "On a scale of 0-10, how much does your pain interfere with your ability to do (work activity, activities of daily living, etc.) where 0 means pain does not stop you at all and 10 means pain stops you completely"

❖ **Clinically meaningful change is more important than statistically measured change**

- Although many tests and scales have been validated to be statistically meaningful in detecting change, the magnitude of change made may not be clinically meaningful unless it reflects improvement of between 30-50% from baseline
- In addition to using a measurable scale, documenting actual functional activity is important (e.g., hours of work, distances walked, tasks accomplished)

Occupational Health Practice Resources

❖ **Read these evidence-based summaries of occupational health best practices, specifically for conservative care practitioners**

- Practice Resources: Condition-specific information summarizes effectiveness research for common diagnostic and treatment interventions (with free CE and/or CME credits)
- Functional Tracking Resource: provides summaries of common outcomes instrument including use and scoring instructions and provides recommendations from IICAC for use with occupational condition.
- PT/OT referral form: An optional communication tool to assist in communicating the important information for a PT or OT referral to ensure proper coordination between attending provider and therapist.