



## How Case Management can Serve Business

An Overview  
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President, OAOHN



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American Health Care System



American  
Health  
Care Spend



American  
Health  
Outcomes



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## Objectives

- The role of the nurse in case management from an employer perspective
- Benefits of safe return to work as quickly as possible for the injured worker and employer
- Ensuring quality and efficacy while controlling costs



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## Shanna Dunbar BSN RN COHN-S



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## OVERVIEW OF THE DISCIPLINE OF OCCUPATIONAL HEALTH NURSING



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### ROLES AND RESPONSIBILITIES OF Case Management

- Clinician
- Specialist
- Manager
- Coordinator
- Adviser
- Health educator
- Counselor
- Researcher

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## Case Management Functions

- Coordinate all aspects of the care
- Ensure proper utilization of services
- Promote quality cost-effective outcomes
- Advocacy to meet an individual's health needs
- Promote wellness and autonomy through advocacy
- COACHING toward personal responsibility



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## CASE MANAGEMENT PROCESS



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## Case Management Basics (MCO)

- Relationship with employees
- Relationship with the company
- Taking an occupational history
- Listening with the 'third' ear



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# CASE MANAGEMENT: WORK-RELATED INJURY



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## First things First

- 3 – point contact
  - Employer of Record (EOR)
  - Physician of Record (POR)
  - Injured Worker (IW)
- Medical Documentation
- Employer documentation
  - Injury report
  - Mechanism of injury



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[www.ohiobwc.com](http://www.ohiobwc.com)

## OHIO WORKERS' COMPENSATION



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## WC Benefits

- WRI – AOE/COE
- No Fault! ~ No dispute?

### Benefits:

- Medical Costs
- Indemnity costs (lost time) after \_\_\_\_\_ days
- Temporary Total Disability
- Permanent Disability




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## Reserving Practices

- **Reserves** are the amount of money that is set aside to pay the cost of a **workers' compensation claim**. The **reserve amount** is the number of dollars necessary to pay the **financial and legal obligations** of the self-insured employer or the insurer.




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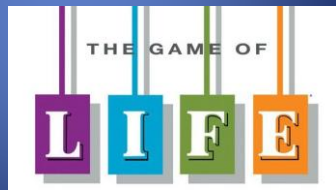
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## Reserving Practices

- In OHIO reserves are only set on LOST TIME claims & are set for the LIFE of the claim




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## LT vs RTW

### Lost Time – Back Sprain RTW – Back Sprain

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| <ul style="list-style-type: none"> <li>• Medical costs           <ul style="list-style-type: none"> <li>– PT \$3500</li> <li>– Medical \$1500</li> </ul> </li> <li>Indemnity (LT) Costs           <ul style="list-style-type: none"> <li>• 4 weeks = AWW of \$600</li> <li>• \$2400</li> </ul> </li> <li>Severity “ON”           <ul style="list-style-type: none"> <li>• Reserves = \$30,000</li> </ul> </li> <li>PREMIUM = 2x (for 5 yrs)</li> </ul> | <ul style="list-style-type: none"> <li>• Medical costs           <ul style="list-style-type: none"> <li>– PT \$3500</li> <li>– Medical \$1500</li> </ul> </li> <li>NO indemnity – Transitional work – rehab ON the job</li> <li>NO severity</li> <li>No premium rise ~unless medical costs ↑↑</li> </ul> |
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## Work Related Injury samples

- Straightforward case
- Late report
- Work Related?? AOE/COE
- Release to work
- Transitional Work vs. ‘Light’ Duty
- Lost time \_\_\_\_\_ days?
- Permanent disability




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## CASE MANAGEMENT:




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## Case Management



Coach from the beginning:

- RTW!!!
- What is the employee doing to get better?
- Their job is recovery
- Personal Responsibility



Will get better  
faster the sooner  
he RTW!




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## Good coaching questions

- What can you do to help in your recovery?
- What is holding you back?
- How would you help your best friend?
- What is it that you really want?
- What are the positive outcomes of this negative situation?
- What are you responsible for here?




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## Working with the HCP

- Right to the information
- If restricted duty - WHAT??
- If lost time - need to know what restrictions?
- Complete bed rest???




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## Working with the EOR

- Good post-injury process? If not NEED it!
- Relationship with HCP? If not, NEED it!
- Transitional Work? If not - NEED IT
  - BWC grants for TWP
  - Work with TWP Developer who coordinates all 3



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## Good Employer Practices

- Injury/Illness Prevention Program
- Post-Incident process – TEACH
  - NO head in the sand!
- Work with HCP – direct care??
  - DFWP a MUST (rebuttable presumption)
- Transitional WORK!!!
- Salary Continuation



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## Field Nurse Case Manager

- “Make Nice”
- Self Insured employers are SWIFT to hire a FNCM
  - Reduces lost time and improves RTW
  - HCPs listen – or need to have rationale –or teach
  - Employee have an advocate



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## Field Nurse Case Manager

- Attend HCP appointments
- Coordinate return to work at the employer
- Perform work assessments
- "Picture worth 1,000 words"
- Salary continuation cases
- Co-morbidities / Health Coaching
- Hands-on services – 'squirrely' cases




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## Remain at Work Services

**Ohio** | **Health Services**

**Remain at work**  
A healthy approach to staying productive

**What is remain at work?**  
Remain at work is a program that allows employees to continue working while recovering from an injury or illness. It is a key component of a comprehensive return-to-work strategy.

**What is the difference between a...?**  
The difference between a remain at work program and a traditional return-to-work program is that remain at work programs are designed to keep employees in their jobs as long as possible, while traditional return-to-work programs focus on getting employees back to work as quickly as possible.

**What is the benefit of a...?**  
The benefits of a remain at work program include: reduced absenteeism, increased productivity, lower healthcare costs, and improved employee morale.

**What are the steps to...?**  
The steps to implementing a remain at work program are: 1. Assess the organization's needs, 2. Develop a policy, 3. Communicate the policy, 4. Train managers and employees, 5. Monitor and evaluate the program.

**WHI**  
Improving Employee Health

**WHI**  
Improving Employee Health




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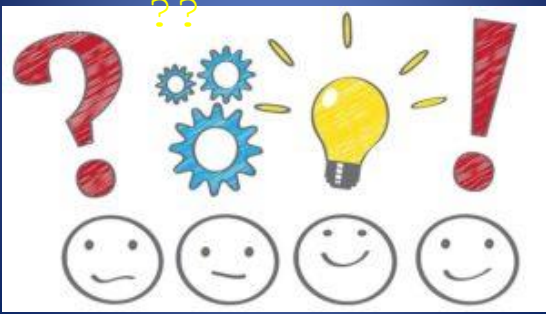
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## Questions




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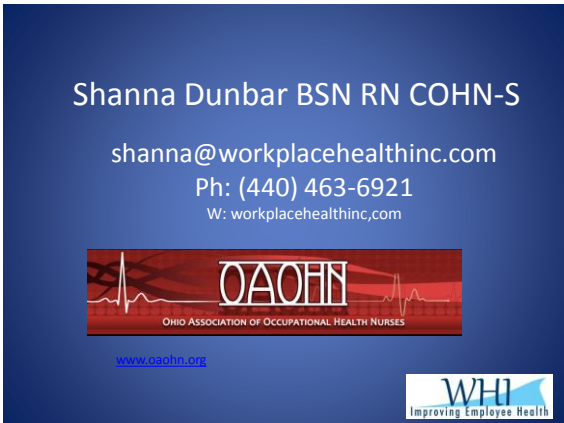
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