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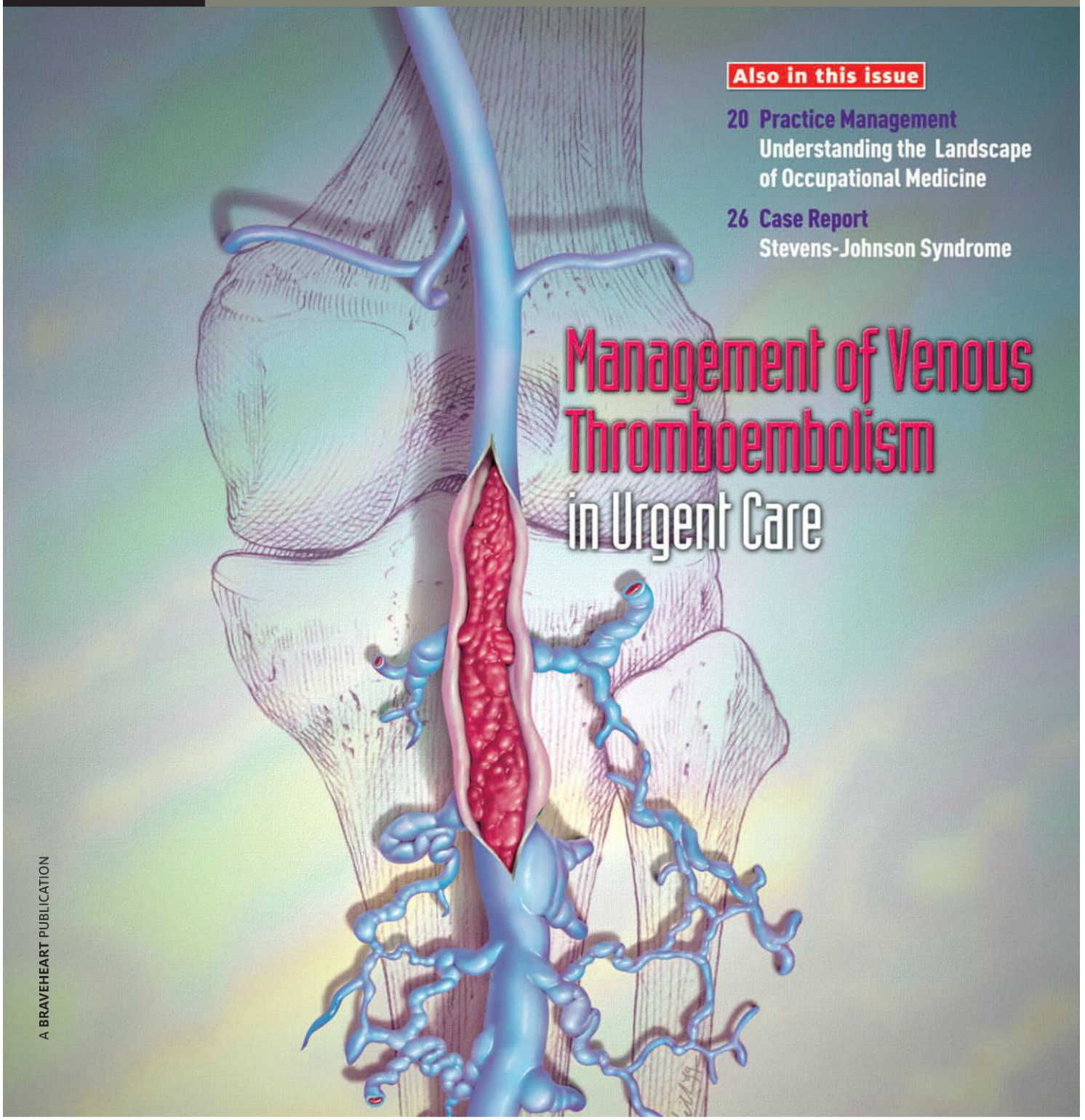

Also in this issue

Management of Venous Thromboembolism in Urgent Care

A BRAVEHEART PUBLICATION

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CLINICAL

PRACTICE MANAGEMENT

CASE REPORT

IN THE NEXT ISSUE OF *JUCM*

How many times has a child come into your urgent care center and said, "My tummy hurts"? It's a common complaint but a diagnostic challenge, given the many possible etiologies. Self-limiting conditions often are the cause of acute abdominal pain in infants and young children, yet this symptom also may herald a serious medical or surgical emergency, such as appendicitis. Next month's cover story discusses the differential diagnosis for acute abdominal pain in children and offers guidance for initial evaluation and management of pediatric patients presenting with the complaint. Excellent history-taking skills accompanied by a careful, thorough physical exam are the keys to making the diagnosis or at least making a reasonable conclusion about a patient's care.

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Mission Statement

JUCM *The Journal of Urgent Care Medicine* supports the evolution of urgent care medicine by creating content that addresses both the clinical practice of urgent care medicine and the practice management challenges of keeping pace with an ever-changing healthcare marketplace. As the Official Publication of the Urgent Care Association of America and the Urgent Care College of Physicians, *JUCM* seeks to provide a forum for the exchange of ideas and to expand on the core competencies of urgent care medicine as they apply to physicians, physician assistants, and nurse practitioners.

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Venous thromboembolism (VTE) is a major healthcare problem in the United States, particularly in the elderly. The prevalence of the condition increased by 33.1% between 2002 and 2006 and the trend is likely to continue, given the aging of the population. This month's cover story, by Melvin Lee, MD, CCFP, RMC, reviews management of VTE in the urgent care setting, with a focus on clinical evaluation that incorporates pretest probability tools and judicious use of diagnostic tests. Included are a review of risk factors for and pathophysiology of VTE and recommendations on the Wells prediction rule for probability of deep venous thrombosis and for D-Dimer testing. Also provided are recommendations for inpatient and outpatient treatment, anticoagulation therapy, and long-term management of VTE.

Dr. Lee is Chief Medical Officer at FastMed North Carolina in Clayton, NC, and sits on the Editorial Board of *JUCM*.

This month's case report, by Rachel Cetta, BSBE, MSBE, and John Shufeldt, MD, JD, MBA, FACEP, illustrates key steps in evaluation and management of a condition that is rare in urgent care yet can be deadly if not treated in a timely manner. Stevens-Johnson Syndrome (SJS) often is associated with an adverse drug reaction and typically involves blistering and sloughing of necrosed skin that leaves patients with a burn-like appearance. The case presented here involved a 41-year-old woman with less obvious findings. The message here is to think of SJS when a patient presents with diffuse rash.

Rachel Cetta is a second-year medical student at Midwestern University. John Shufeldt, MD, JD, MBA, FACEP, is principal of Shufeldt Consulting and sits on the Editorial Board of *JUCM*.

The prospect of branching out into occupational medicine—which encompasses workers' compensation and employer services focused on compliance or prevention—can be daunting for urgent care providers who have never offered such services. Yet more centers are expanding their business models to include care of patients who have work-related injuries or want employee physicals and screenings. Strategies for success in occupational medicine are the subject of this month's practice management article, by Alan A. Ayers, MBA, MAcc. In it, the author explains what services fall under the occupational medicine "umbrella," how employers and payors direct workers' compensation care, and the process for treating and billing for workplace injuries.

Mr. Ayers is Associate Editor, Practice Management, *JUCM*, Content Advisor, Urgent Care Association of America, and Vice President, Concentra Urgent Care.

Also in this issue:

John Shufeldt, MD, JD, MBA, FACEP, discusses the concept of "unprofessional conduct" in the practice of medicine, which includes more than simply not having sex with patients. The key message here is to read your state's statute and understand the law so as to avoid common medical-legal pitfalls.

Nahum Kovalski, BSc, MDCM, reviews new abstracts on literature germane to the urgent care clinician, including a marker of disease in infants and hemorrhage during warfarin therapy.

In Coding Q&A, **David Stern, MD, CPC**, discusses coding for inhalation treatments, OSHA required respiratory questionnaires, and preventive care services.

Our Developing Data end piece this month looks the top 15 ICD-9 codes for diagnosis and treatment. ■

To Submit an Article to *JUCM*

JUCM, *The Journal of Urgent Care Medicine* encourages you to submit articles in support of our goal to provide practical, up-to-date clinical and practice management information to our readers—the nation's urgent care clinicians. Articles submitted for publication in ***JUCM*** should provide practical advice, dealing with clinical and practice management problems commonly encountered in day-to-day practice.

Manuscripts on clinical or practice management topics should be 2,600–3,200 words in length, plus tables, figures, pictures, and references. Articles that are longer than this will, in most cases, need to be cut during editing.

We prefer submissions by e-mail, sent as Word file attachments (with tables created in Word, in multicolumn format) to *editor@jucm.com*. The first page should include the title of the article, author names in the order they are to appear, and the name, address, and contact information (mailing address, phone, fax, e-mail) for each author.

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Understanding the Landscape of Occupational Medicine

Urgent message: Expanding into occupational medicine requires a long-term commitment and willingness to respond to employer and employee needs.

ALAN A. AYERS, MBA, MAcc

Urgent care providers have conventionally defined their offering as "treatment of acutely rising episodic medical conditions." However, widespread acceptance of the urgent care business model—retail-facing locations, extended hours, and walk-in service—has led many urgent care centers to expand into longitudinal primary care as well as occupational medicine. Specifically, when people don't know where to go for a work-related injury, they'll go to the same urgent care center that treats their family. In addition, as businesses move from decaying urban centers to freeway-accessible business parks, employers seek convenient providers for employee physicals and screenings.

Urgent care centers that have never held themselves out as providing occupational medicine are seeing these patients and employers just show up. And for an urgent care provider who has not offered occupational medicine in the past, the prospect of serving these new constituents can be daunting. The purpose of this article is to describe the landscape for occupational medicine, including the services constituting "occ med," how workers' compensation care is directed by employers and payors, and the process for treating and billing for workplace injuries.

Alan Ayers is Content Advisor, Urgent Care Association of America, Associate Editor—Practice Management, *Journal of Urgent Care Medicine*, and Vice President, Concentra Urgent Care.

Occupational Medicine Services

To begin, occupational medicine encompasses a wide range of services that at their most basic level can be delineated as "comp" (meaning workers' compensation injury care) and "non-comp" (meaning employer serv-

Table 1. Examples of Occupational Medicine Services

Workers' Compensation Injury Care	Preventive and Compliance Services
✔ Walk-in initial injury treatment	✔ Employee Physical Examinations
✔ Work restrictions and activity status	• Department of Transportation
✔ Ongoing primary injury care and medical case management	• School bus drivers
✔ Specialist referrals, scheduling, and authorizations	• Firefighters and law enforcement
✔ Physical and occupational therapy	• Hazardous materials handling
• Functional capacity evaluation	• Respirator clearance
• Functional restoration	• Federal Aviation Administration
• Work conditioning; work hardening	• Medical statements
• Adjustment counseling	• Physical capability and lift assessments
✔ Communication with employers, managed care organizations and/or third party administrators	✔ Drug and Alcohol Testing
	• Pre-employment
	• Random selection
	• Post-accident screening
	• Medical Review Officer (MRO) Services
	• Immunization Programs
	✔ OSHA Safety Training and Education
	✔ Physician Advisory and Medical Directorship
	✔ Security and Background Checks
	✔ Employee File Maintenance and Reporting

Table 2. Industries with High and Low Propensity to Utilize Occupational Medicine Services

High Propensity	Low Propensity:
✔ Food Processing, Preparation and Service	✔ Apparel and Accessory Stores
✔ Durable and Non-Durable Goods Manufacturing	✔ Social Services
✔ Petroleum, Chemical, Iron/Steel and Coal	✔ Insurance, Legal and Real Estate
✔ Trucking, Distribution and Warehousing	✔ Financial Institutions
✔ Air, Bus, Rail and Water Transportation	✔ Information Technology
✔ Electric, Gas, and Water Utilities	✔ Home-based Services
✔ Municipal Police, Fire, Parks/Recreation and Sanitation	
✔ Hospitals, Outpatient and Long-term Care Facilities	
✔ General Merchandise Stores	

ices focused on compliance or prevention—primarily physicals and drug screens). Examples of each are listed in **Table 1**. Typically workplace injuries drive the bulk of revenues and profits for occ med providers, whereas commodity physicals and drug screenings are offered to solidify employer relationships, with the expectation they'll direct injuries as they occur. A third component—health and wellness—is emerging as occ med shifts from a focus on "workplace injury prevention and treatment" to "total employee wellbeing," which encompasses early detection through biometric screenings, medical intervention for high-risk factors (i.e. tobacco use), and also exercise and nutrition programs.

Categories of Employers

Whereas urgent care is marketed *to the general public*—patients who self-pay or use government or private health insurance—occupational medicine is sold *to employers* who carry workers' compensation insurance and pay directly for preventive and compliance services. Moreover, whereas urgent care patients typically *self-triage*, choosing urgent care because of its *convenience or accessibility*, employees who need occ med services *are directed by their employers* to the providers who offer the greatest value, outcomes, or communication *to the employer*.

Employers can be segmented by their propensity to utilize occ med as well as their size and decision-making structure. Clearly some businesses have a greater need for occ med than others because they operate in industries that incur a greater risk of injury. For example, statistics show oil rig "roughnecks" get hurt more often and incur higher-acuity injuries than bank tellers. Likewise, some industries have greater compliance needs—a sanitation worker, for instance, may be required to have a commercial driver's license, liability insurance that requires regular substance abuse testing, vaccinations such as for Hepatitis A and B, and also be able to lift over 70 lb using proper techniques. These are all job requirements that entail occ med services. **Table 2** lists industries that have a high and low propensity to utilize occ med.

Within industries whose job requirements lead to increased utilization of occupational medicine, employers may be in the public or private sector, large or small, centralized or decentralized in their decision-making. In addition, participation in the workers' compensation system may vary if employees fit certain profiles—for instance, civilian military contractors working overseas and those who work with nuclear energy have their own distinct workers' compensation systems. To be successful in

growing a base of occ med clients, an urgent care operator must first understand how services get directed to particular providers. **Table 3** illustrates how the choice of an occ med provider may be influenced by any number of individuals in any number of locations.

Workers' Compensation Payors

Workers' compensation is defined as a "no-fault system of wage replacement, medical and life insurance benefits paid to employees who suffer work-related injuries or diseases. The system was founded for the dual purpose of providing income security for workers and their families while also eliminating the risk of employers being sued in tort for workplace injuries.

Employers are required by law to purchase workers' compensation insurance or demonstrate their qualifications to self-insure. As with an employee's personal health insurance, workers' compensation medical providers are paid by third parties—private indemnity carriers, state funds, or self-insured employer claims administrators. **Table 4** lists the different categories of workers' compensation payors. In order to be paid for providing workers' compensation services, a medical provider must become contracted and credentialed with major workers' compensation carriers following a process that's similar to contacting and credentialing with a private health plan.

Direction of Care

In the realm of individual health insurance, patients with indemnity policies can choose their providers freely while those with PPOs or HMOs often have their choices limited to providers contracted with the insurance plan. Depending on state law and the structure of the employer's workers' compensation coverage, the same concepts apply to direction of care for workplace injuries.

- Workers Choice – Employee may freely choose any provider authorized to treat workers' compensation injuries.
- Preferred Provider Panel – Employee may choose from a network of authorized providers, which may include the employer's or payor's preferred provider.
- Payor/Employer Directed—Employer or payor requires the employee to utilize its preferred provider.

Understanding the direction of care is a critical determinant of how a workers' compensation provider markets its services. In states where workers have free choice, some providers advertise "workplace injury services" directly to the general public. But in states that allow for panels or directed care, urgent care centers develop sales relationships with employers, third party administrators, and provider networks. Similar to the rise of Health Maintenance Organizations to control costs related to personal medical care, managed care is emerging in workers' compensation with case managers employed by third parties increasingly directing medical care to in-network providers.

An employer's size typically determines its complexity and delineation of specific roles and responsibilities related to occ med. For example, single-site small businesses often have one individual responsible for ensuring that new hires are drug tested and existing employees are compliant with federally prescribed physicals, and assimilating injured workers back into their jobs. Such

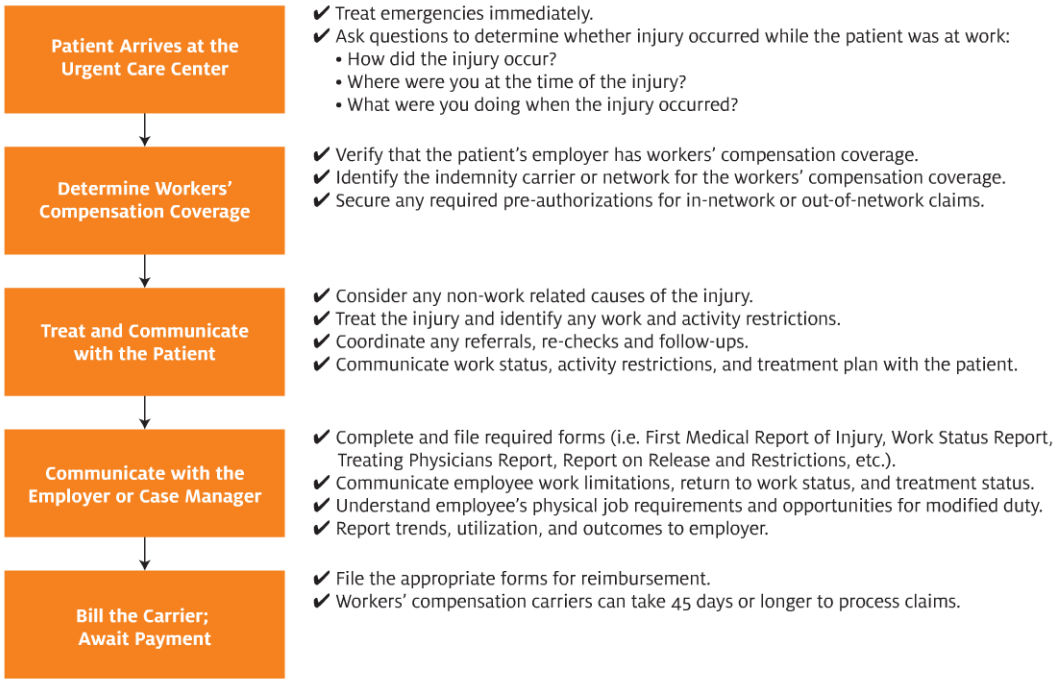
Table 3. Segmentation of Employers by Size, Number of Locations, and Ownership

- ✔ Private Employers
  - Size and Complexity of Organization Structure
    - Small and Mid-Sized Enterprises (SMEs)
    - Large Companies
  - Multi-Site Operations
    - Scope of Operations
      - Local—Single Geographic Market
      - Multiple Geographic Markets
    - Decision-Making Authority
      - Centralized for Multiple Operating Sites
      - Each Individual Operating Site
- ✔ State and Municipal Governmental Entities
- ✔ Federal Entities, Maritime and Military (Longshore & Harbor), Coal Mines, and Nuclear Weapons

Table 4. Workers' Compensation Payors

- ✔ Private Indemnity Insurance
  - For-profit (Chartis, Liberty Mutual)
  - Mutuals/Non-profits (Texas Mutual, Retailers Mutual, Brotherhood)
- ✔ State Insurance Funds
  - Monopolistic/Single-Payor (Ohio, North Dakota, Wyoming, Washington)
  - Competitive w/Private Payors (Arizona, California, Colorado, New York, Utah and others)
- ✔ Self-Insured Employers
  - Self-Administered
  - Third Party Administrator
- ✔ Federal Workers' Compensation Systems
- ✔ Uninsured/Non-Compliant Employers

Figure 1. Workers' Compensation Provider Process



"generalists" are usually the contact for "all things occ med." By contrast, large organizations may have distinct capabilities in risk management, safety, compliance, benefits, and other disciplines—in addition to general human resources and operations management. So dealing with large organizations may entail unique contacts for each individual service—with workers' compensation referrals coming from a different source than pre-employment physicals and random drug screenings. In addition, large organizations with multiple sites may make decisions at the corporate office on where to direct care for all locations, or they may leave decision-making to local managers. Occ med providers with a national footprint, such as Concentra, USHealthworks and Kaiser Permanente, have an advantage over local independents in their ability to serve third party administrators and national accounts like retail chains, airlines, and trucking companies at multiple sites throughout the country.

Workers' Compensation Provider Process

Figure 1 illustrates the process that workers' compensation providers typically follow, from the time a patient arrives at the center through receipt of payment from the insurance carrier. While the general process is the same in all states, the authorizations required, forms to complete and file, evaluation of causation, and payment timelines do vary so it's critical that a provider understand the laws in his/her community.

Because workers' compensation is generally employer-directed care, building a strong reputation as a workers' compensation provider entails:

- Controlling the number of reportable incidents (these affect employer's workers' compensation premiums);
- Evaluating and documenting causation including ruling out non-work-related causes;
- Reducing time away from work by understanding and utilizing modified duty when appropriate;
- Getting employees back to full recovery (and full job activity) quickly; and
- Communicating with the employer.

Delivering an excellent patient experience with short wait times is also important—an employer may be hesitant to refer employees, no matter how fine the medical outcomes, if they perceive their employees will be treated poorly. That's why, even if the employer picks up the bill, the patient must be treated as the client. Treating patients well in occupational medicine pays

Whereas urgent care patients typically self-triage, choosing urgent care because of its convenience or accessibility, employees who need occ med services are directed by their employers to the providers who offer the greatest value, outcomes, or communication to the employer.

dividends for the urgent care operator as satisfied patients will often return (with their families) for their personal medical needs.

Conclusion

The term "occupational medicine" generally refers to "workers' compensation injury care," "preventive and compliance services," and "health and wellness" in which the client is an employer. Success in selling occ med starts with identifying local employers in industries with a propensity for injuries or with compliance requirements for physicals and drug screenings, understanding the employers' organization structure and identifying key decision-makers, contracting with the appropriate workers' compensation insurance carriers and provider networks, understanding the required paperwork, establishing processes to treat patients with a focus on minimizing downtime, and last, communicating with the employers. Expanding into occ med requires a long-term commitment to develop the business, a willingness to understand and respond to employer and employee needs, and also a significant investment in sales and operations resources while the business ramps up. ■