Medical Certification: Behavioral Health and CDRP

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Outline:

- Medical Certification: Disability Prevention and Management Overview
- Introduction to the Activity Prescription: Arx and Disability Duration Guidelines (DDG's)
- Family Medical Leave Act
- Medical Certification: Behavioral Health and CDRP
- The Medical Certification Review Committee
- Closing Comments.
- Questions?

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Outline:

- Review current work flows at Panorama City
- Introduce new approaches to addressing medical certification
- Your area may have different work flows:
  - Educate yourself on your area.
  - Integrate learnings from today?

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Learning Objectives

- Successfully negotiate with patients to explain risks of inappropriate medical certifications for disability/time off work.
- Apply a model for medical necessity in cases of continuous or intermittent time off related to mental health or chemical dependency conditions.
- Apply KP guidelines for disability management, work flow for medical leaves of absences and behavioral health-related conditions.

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Disclosure

"I have nothing to hide!"

I have no financial relationships with commercial interests.

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Medical Certification Disability Prevention and Management Overview

"I tell patients that their two most precious resources are their health and their livelihood – – and I intend to help protect both of them."

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What is Medical Certification?

- Medical Certification allows a doctor or other healthcare professional to give a patient information on how the patient's condition affects their ability to work. This helps the patient's employer to understand how they might help the employee return to work sooner or stay at work.

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Primum non nocere is the Latin phrase that means "First, do no harm".

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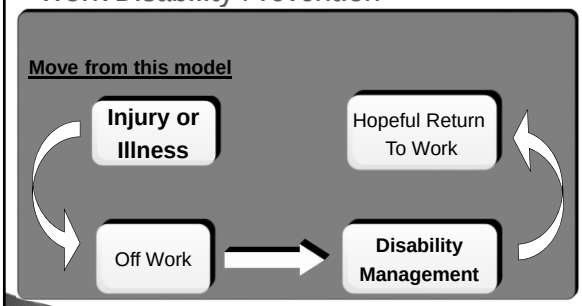
Work Disability Prevention



Work Is Generally Good For Your Health

- "Activity is good" – "Work is good" - fits for most of our patients.
- Prolonged absence from one's normal roles, including absence from the workplace, is detrimental to a person's mental, physical, financial and social well-being
- There is strong evidence that long term work absence and work disability are associated with a range of poor health outcomes

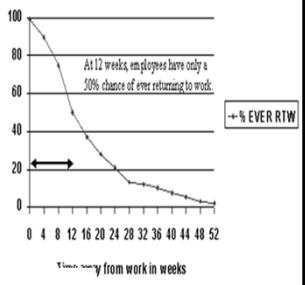
Benefits of Work:

Galen Greek Physician, AD 172:

"Employment is nature's physician, and is essential to human happiness."

Impact of Time Off Work

- The longer an employee is away from work as a result of an illness or injury the less likely that individual will return to employment:
  - A worker who has been off work 12 weeks has only a 50% chance of ever returning to work; by 12 months, the likelihood is 2% - 25%
- The health risks of prolonged time off work are so great that when a clinician recommends this to his/her patient, this recommendation should be accompanied by a discussion about the risks, benefits and alternatives



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Impact of Time Off Work:

There is a significant negative impact on physical and mental health when you take your patients OFF WORK:

- Increased mortality due to CV disease and increased suicide risk
- Decreased functional capacity
- Lower self-esteem and motivation
- Loss of job
- Loss of income
- Lower socioeconomic status
- Lose social structure and support of co-workers
- Lose self-respect that comes from earning a living
- DELAYED RECOVERY

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Adverse Effects On Your Patient's Children

Adverse effects on children whose parent(s) don't work, lead to higher likelihood of:

- Childhood chronic illnesses
- Psychosomatic symptoms and lower well-being for children in families where neither parent has worked in the previous 6 months
- Higher risk of being out of work, themselves, either for periods of time or over their entire lifetime
- Increased psychological distress (withdrawal, anxiety/depression, substance abuse)

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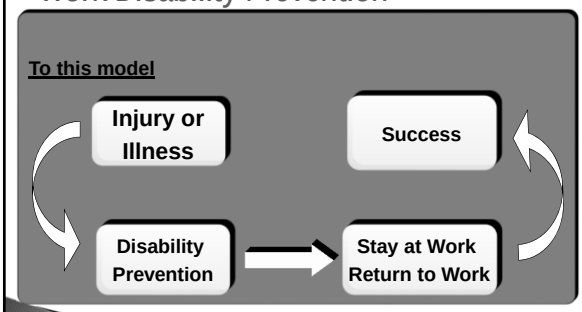
Impact On Your Patients

American College of Occupational and Environmental Medicine Guidance for Physicians:

"The physician should encourage the patient to safely minimize life disruption due to illness or injury and to keep to an as normal as possible daily routine. For the employed patient, this includes finding a way to stay at work. If work is interrupted, elapsed time away from employment should be minimized…."

Work Disability Prevention

To this model



What Challenges Do We Clinicians Face?

- Face to face discussions
- Demanding patients
- Empathy
- Lack of training in disability
- When & how to give disability
- Consequences of disability

What Are Some of the Patient's Perspectives?

- I have child care issues
- I just need a few days off to rest and heal
- I need to care for my ill child / spouse / parent
- You don't know how much pain I'm in!
  I just cannot go back to work!

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What Are Some of the Patient's Perspectives?

- If you make me go back to work, I will injure myself even more and then it will be all your fault!
- If you don't take me off work, I will get a lawyer!
- My employer doesn't have light duty so you have to take me off work

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What Are the Employer's Perspectives?

- I need people who can stay at work and get the job done
- I think that my employee just tells their physician/clinician what they want and the clinician does it
- I don't have the budget to cover absences
- I don't have accommodations for this employee
- Decreased morale when co-workers leave (= increased work load for those left behind)
- If I give one person an accommodation (ie telecommuting), then I'll have to give everyone the same thing
- I can't believe I am paying so much for this health plan!!! (LOSS OF KAISER MEMBERSHIP!)

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Our Role As Clinicians:

- Employers depend on your activity recommendations to determine return-to-work feasibility and disability payments
  - » Clear
  - » Evidence-based & Medically substantiated
  - » TIMELY
- Keeping their employees/our members healthy and productive must also be part of TOTAL health care
- Our ability to successfully manage return-to-activity/work is being viewed as a quality metric by our purchasers

Our Role as Clinicians:

- There are many things we do in the medical field that patients find unpleasant, but we still do it . . . .
  - – Giving medications with unpleasant side effects
  - – Altering their body parts (whenever we perform surgery with the resultant pain associated with healing)
  - – Sticking needles and other devices into patients' bodies
  - – Giving bad news

Our Role as Clinicians:

Patients listen to you

- – Think of your activity recommendations as an educational opportunity for the patient
- – Set clear goals, expectations and time frames for recovery, including return to activity & work AT THE FIRST VISIT
- – Absent a change in your clinical diagnosis, STICK to your goals, expectations and time frames
- – Patients are more likely to return to work IF YOU TELL THEM THEY CAN = REASSURANCE

Our Role As Clinicians:

- Prescription = “Give my patient this medication”
- Lab Order = “Perform these labs on my patient”
- Work Note = “Pay my patient for not working his/her usual job”
- Therefore, a Work Note is the same as a disability check
- Instead, the Work Note should serve as an ACTIVITY PRESCRIPTION

Our Role As Clinicians:

- Work notes must be MEDICALLY JUSTIFIABLE & DEFENSIBLE JUST LIKE ANY PRESCRIPTION
- You are describing what the patient can and cannot safely do THROUGHOUT THEIR DAILY ACTIVITIES
  - Including home, community, shopping and work with respect to the specific injury
- Do what is ***medically right*** for the patient

  (which is not always what they ask for)
  - *Would you give your patient an Rx for narcotics if they asked for it but it was not medically indicated?*

Our Role As Clinicians:

If your patient is unable to perform Regular Full Duty,

- Always consider prescribing Modified Duty by specifying activity restrictions for the specific area of injury but NOT accommodations.

Restrictions Vs. Accommodations

ACTIVITY RESTRICTIONS:

- Unable to lift and carry > 30 lbs
- No reaching over shoulder level with right arm
- Occasional (= 25% of shift) bending at waist
- "Mr. X" develops issues with situations where he must speak in front of more than 5 people"

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Restrictions Vs. Accommodations:

Doctors should NOT prescribe Accommodations:

- Should be OFF for all Mondays and Weekends
- Should NOT take call or work any nightshifts
- No contact with supervisor
- Should be allowed to rest in the afternoons as requested by employee
- Should NOT drive bus #13

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Barriers to Return-to-Work

- Medical Factors:
  - Severity of illness/injury
  - Co-morbid conditions
- Other agendas:
  - Fraud – e.g., bridge to retirement
  - Planning not to RTW
  - Logistics, e.g., transportation, family care issues
- Job related Return to Work barriers:
  - No modified duty
  - Friction between employee/employer
- Physician Practice Barriers
  - Tendency to let employee determine work disposition
  - Unfamiliarity with modified work options
- Employee beliefs, fears, attitudes
  - Catastrophizing
  - Fear
  - Disability Role
  - Feeling Mistreated
- Interplay of the above factors

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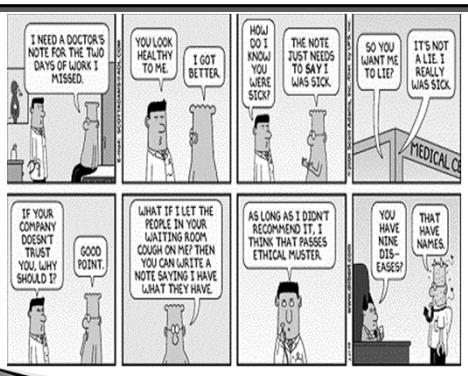

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What Creates Work Disability

- Medical or mental health condition

Plus

- Loss of ability or willingness to cope

Plus

- Lack of external support or logistics

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"You'd better have a good excuse for missing work yesterday, Feldt...oh, never mind."

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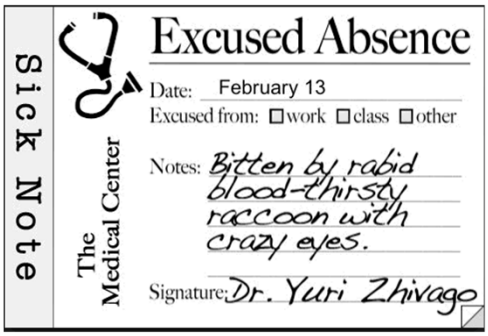
Behavioral Barriers to Return-to-Work

- Published research on patient behavioral risk factors for prolonged work disability:
  - Catastrophizing about pain
  - Disability beliefs
  - Fear of Reinjury
  - Perceived injustice
- Time off does nothing to help patients with these risk factors, and instead reinforces the disability role



Work Disability Prevention

- Many patients continue to work despite chronic conditions (diabetes, arthritis, cancer, depression, anxiety, bipolar, PTSD, etc) or significant temporary or permanent impairments (due to surgery, paralysis, deafness, blindness, etc.)
- Clinicians have remarkable power to positively affect the likelihood and rapidity of healing by setting clear expectations for recovery with patients, resulting in:
  - Shorter recovery times
  - Earlier return to work
  - Improved functional recovery and overall success

Establishing Patient Expectations

- Discuss expected healing and recovery times
- Focus on the impact of the condition on specific functions
- Explain the positive benefits of gradually increasing activities on physical and psychological healing
- Clarify what is medical/mental health and what is not
- Base your recommendations on objective data, not patient requests or system barriers
- Recognize that positive guidance to patients regarding these issues improves patient satisfaction

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Disability Triage – Saving Your Energy

- Group 1: Patients are motivated, engaged in life and will find a way to stay active and go back to work with or without you
- Group 2: Patient does not want to get well; no intention of returning to work
- Group 3: Largest group and provides the greatest opportunity to influence their return-to-work outcome. The Swing Group
  - Move forward unless …
  - Won't move forward unless …

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Adopt a Disability Prevention Model

- Shift the focus from managing disability to preventing disability
- Incorporate stay-at-work and/or early return-to-work principles
- Find a way to effectively address Mental Health conditions
  - In more than 50% of cases a significant MH disorder becomes symptomatic during a period of serious medical illness.
  - Many more previously undiagnosed workers are vulnerable to developing their 1st episode of anxiety or depression when sick or injured
  - Mental Health may contribute significantly to permanent disability

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Medically Necessary Time Loss

- Attendance is required at a place of care (hospital, physician's office, physical therapy, etc)
- Recovery requires confinement to bed or home
- Patient has a contagious disease – public health risk
- Post-op/procedure recovery (use Disability Duration Guidelines)
- Some acute illness/injuries causing symptoms that prevent the patient from engaging in any work, e.g. asthma attack, severe migraine
- Harm to self/others if they return to work

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Medically Unnecessary Disability

- It is estimated that 80% or more of prescribed time off is medically unnecessary:
  - Occurs whenever a patient stays away from work because of non-medical issues
  - The perception that a diagnosis alone without demonstrable functional impairment justifies work absence
  - Other problems that masquerade as medical issues, e.g., job dissatisfaction, anger, fear, or other psychosocial factors
  - Is this a medical problem or a vocational, family, financial or attendance problem?
  - Clinician does not have enough information about the physical demands of the patient's job to make an informed decision about return to work
  - Clinician uncomfortable forcing a reluctant patient to return to work
  - Many people end up on paid disability leave for non-medical reasons

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Medically Unnecessary Disability

- Disability induced or caused by system issues
  - Administrative and procedural delays in the implementation of appropriate medical care
  - Employer resistance to transitional work assignments and resistance in having the patient return to the workplace.

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Summary of Respective Roles and Responsibilities

Patients, employers and insurers rely heavily on information provided by clinicians in making decisions, both personal and business-related.

- Clinician's Role:
  - Describe appropriate and medically safe levels of activity for return-to-work or stay-at-work options.
- Employer's Role:
  - The decision is the employer's, whether to safely accommodate, or not:
    - Can this patient with this functional capacity and these medical restrictions do their particular job?
    - Are there ways of modifying their job/make accommodations?
- Patient's Role:
  - The decision to work or not to work, despite or because of symptoms, is ultimately the patient's.

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Introduction to the Activity Prescription – ARx and Disability Duration Guidelines (DDG's)

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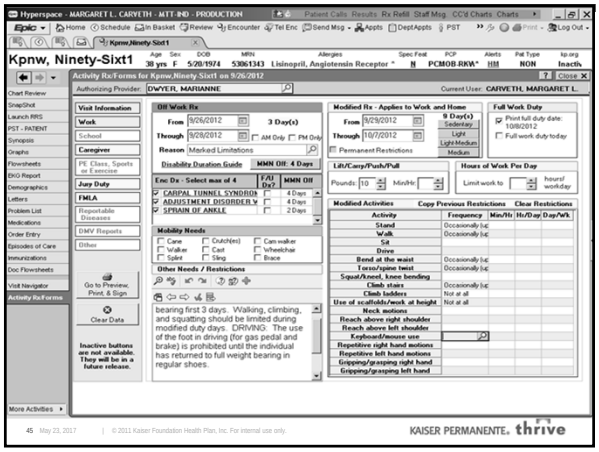

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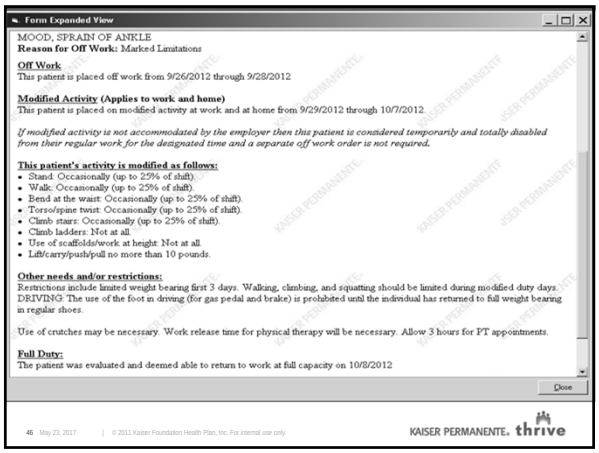
Form Expanded View
MOOD, SPRAIN OF ANKLE
Reason for Off Work: Marked Limitations
Off Work
This patient is placed off work from 9/26/2012 through 9/28/2012
Modified Activity (Applies to work and home)
This patient is placed on modified activity at work and at home from 9/29/2012 through 10/7/2012
If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.
This patient's activity is modified as follows:
Stand: Occasionally (up to 25% of shift).
Walk: Occasionally (up to 25% of shift).
Bend at the waist: Occasionally (up to 25% of shift).
Torso/spine twist: Occasionally (up to 25% of shift).
Climb stairs: Occasionally (up to 25% of shift).
Climb ladders: Not at all.
Use of scaffolds/work at height: Not at all.
Lift/carry/push/pull no more than 10 pounds.
Other needs and/or restrictions:
Restrictions include limited weight bearing first 3 days. Walking, climbing, and squatting should be limited during modified duty days.
DRIVING: The use of the foot in driving (for gas pedal and brake) is prohibited until the individual has returned to full weight bearing in regular shoes.
Use of crutches may be necessary. Work release time for physical therapy will be necessary. Allow 3 hours for PT appointments.
Full Duty:
The patient was evaluated and deemed able to return to work at full capacity on 10/8/2012
Close
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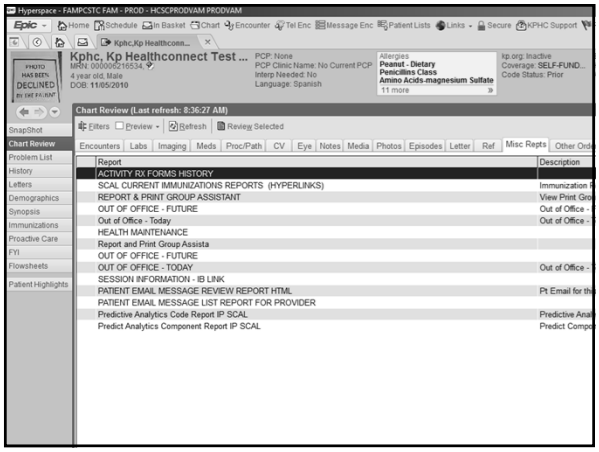
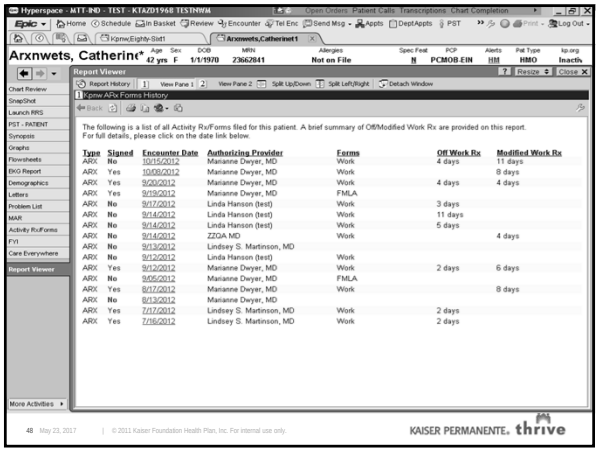

Hyperspace - FAMPCSTC FAM - PROD - HCSCPRODVAM PRODVAM
Kphc, Kp Healthconnect Test ...
MRN: 000000216534
4 year old, Male
DOB: 11/05/2010
PCP: None
PCP Clinic Name: No Current PCP
Interp Needed: No
Language: Spanish
Allergies
Peanut - Dietary
Penicillins Class
Amino Acids-magnesium Sulfate
11 more
Chart Review (Last refresh: 8:36:27 AM)
Chart Review
Report
Description
ACTIVITY RX FORMS HISTORY
SCAL CURRENT IMMUNIZATIONS REPORTS (HYPERLINKS)
REPORT & PRINT GROUP ASSISTANT
OUT OF OFFICE - FUTURE
Out of Office - Today
HEALTH MAINTENANCE
Report and Print Group Assista
OUT OF OFFICE - FUTURE
OUT OF OFFICE - TODAY
SESSION INFORMATION - IB LINK
PATIENT EMAIL MESSAGE REVIEW REPORT HTML
PATIENT EMAIL MESSAGE LIST REPORT FOR PROVIDER
Predictive Analytics Code Report IP SCAL
Predict Analytics Component Report IP SCAL


Hyperspace - MTT-IND - TEST - KTAZ01968 TESTNW4
Arxnwets, Catherine*
Report Viewer
Kpnw APx Forms History
The following is a list of all Activity Rx/Forms filed for this patient. A brief summary of Off/Modified Work Rx are provided on this report.
For full details, please click on the date link below.
Type Signed Encounter Date Authorizing Provider Forms Off Work Rx Modified Work Rx
ARX No 10/15/2012 Marianne Dwyer, MD Work 4 days 11 days
ARX Yes 10/08/2012 Marianne Dwyer, MD Work 8 days
ARX Yes 9/20/2012 Marianne Dwyer, MD Work 4 days 4 days
ARX Yes 9/19/2012 Marianne Dwyer, MD FMLA
ARX No 9/17/2012 Linda Hanson (test) Work 3 days
ARX No 9/14/2012 Linda Hanson (test) Work 11 days
ARX No 9/14/2012 Linda Hanson (test) Work 5 days
ARX No 9/14/2012 ZZQA MD Work 4 days
ARX No 9/13/2012 Lindsey S. Martinson, MD
ARX No 9/12/2012 Linda Hanson (test) Work
ARX Yes 9/12/2012 Marianne Dwyer, MD Work 2 days 6 days
ARX No 9/06/2012 Marianne Dwyer, MD FMLA
ARX Yes 8/17/2012 Marianne Dwyer, MD Work 8 days
ARX No 8/13/2012 Marianne Dwyer, MD
ARX Yes 7/17/2012 Lindsey S. Martinson, MD Work 2 days
ARX Yes 7/16/2012 Lindsey S. Martinson, MD Work 2 days
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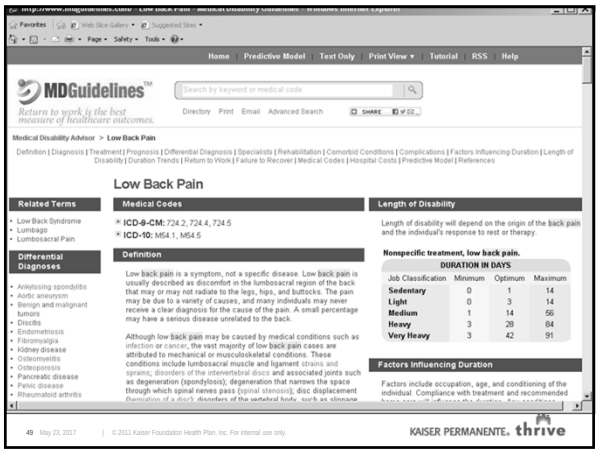

Family Medical Leave Act

Family Medical Leave Act

- Provides entitlement to leave
- Protects employees who request or take leave
- Maintains health benefits during leave
- Restores an employee's job after leave
- Sets requirements for notice and certification of the need for leave

FMLA

- Twelve work weeks of leave in a 12-month period
  - Bonding
    - Birth of child/care for a newborn child
    - Adoption/foster care
  - Serious health condition
    - The employee's own serious health condition
    - Care for a family member with a serious health condition
- Certain reasons related to the military service of the employee's family member
  - Can be up to 26 weeks for ill service member

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FMLA – Eligibility

- FMLA applies to all:
  - Public agencies, including State, local and Federal employers, and local education agencies (schools: public or private) regardless of the number of employees
  - Private sector employers who employ 50 or more employees employed at the location or within 75 miles of the location.
- To be eligible for FMLA leave, an employee must work for a covered employer and:
  - Have worked at least 1,250 hours during the 12 months prior.

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FMLA

- Employers are not required to pay wages during FMLA leave periods.
- Employers may require workers to exhaust paid sick leave and vacation time before granting FMLA-related unpaid leave.
- FMLA is *not* … For More Leave (just) Ask!

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Serious Health Conditions that Qualify for FMLA

HOSPITALIZATION

- Conditions requiring an overnight stay in a hospital or other medical care facility

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Serious Health Conditions that Qualify for FMLA

CONDITIONS THAT INCAPACITATE

- Unable to work or attend school for more than three (3) consecutive days and require ongoing medical treatment
  - Either multiple appointments with a health care provider

    Or
  - A single appointment and follow-up care such as prescription medication

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Conditions That Do Not Qualify for FMLA

Health conditions generally NOT covered under FMLA include:

- Colds
- Routine dental or orthodontic problems
- Earaches
- Flu, upset stomachs
- Headaches (other than migraine)

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Conditions That Do Not Qualify for FMLA

FMLA—NON-QUALIFYING CONDITIONS:

- Well Baby Check-ups
- Adult Child, Unless Completely Disabled
- Elective Plastic Surgery
- Taking a parent for routine visits, lab work
- Incarceration
- Bereavement
- Lack of Childcare
- Leave to Avoid Disciplinary Action for Attendance/Tardiness

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Serious Health Conditions that Qualify for FMLA

CHRONIC CONDITIONS

Examples include asthma, diabetes, epilepsy, depression, Bipolar, etc.

- Chronic conditions that cause occasional periods of incapacity

  AND
- Require treatment by a health care provider at least twice a year

  NOTE: Treatment does not include routine physical, eye, or dental exams

  AND
- Require continuing treatment

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What is continuing treatment?

- A regimen of continuing treatment includes,
  - Prescription medication or
  - Therapy requiring special equipment
- What is NOT
  - Over-the-counter medications
  - Bed-rest, drinking fluids
  - Exercise, and other similar activities

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Family Medical Leave Act

- *Patients need to be evaluated at the time of exacerbation to verify incapacitation, NOT via TAV or e-mail*
- Clinician must maintain the control of disability management (NOT THE PATIENT!)
- Patients who don't really need FMLA will use ALL the time off they are given (Mon/Fri)
- In contrast, those that could qualify for FMLA, either don't ask for it or don't use it all

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The concept of "needed to care for" a family member encompasses both physical or psychological care, and may include one or more of the following:

1. Providing psychological comfort and reassurance to a child, parent, or spouse receiving inpatient or home care,
2. Providing basic nutritional, medical, hygienic care of the family member who is unable to care for these needs him or herself,
3. Providing safety for the family member with a serious health condition who cannot safely be left alone,
4. Providing transportation to doctor appointments, therapy, or other treatments, and
5. Attending care conferences during which the family member's health care provider discusses the family member's condition, immediate needs, incidents, and general well being.

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Autism (Example)

- Autism spectrum disorders varies in degree - not automatically a serious or disabling health condition
- Often needs to take a child to therapies (speech, occupational, developmental and ABA therapy, etc.)
  - If an employee needs leave intermittently or on a reduced leave schedule for planned medical treatment, the employee must make a reasonable effort to schedule the treatment so as not to disrupt unduly the employer's operations.
- Needs to be documented in detail in medical chart.

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Caring For An Adult Child

- A parent will be entitled to take FMLA leave to care for a son or daughter 18 years of age or older, if the adult son or daughter:
  1. Has a disability as defined by the ADA;
  2. Is incapable of self-care due to that disability;
  3. Has a serious health condition; AND
  4. Is in need of care due to the serious health condition

It is only when ALL four (4) requirements are met that an eligible employee is entitled to FMLA-protected leave to care for his or her adult son or daughter.

Caregiving needs can only be determined by the MD treating the actual patient

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Conclusion on FMLA

Focus on helping the caregivers and the patient by ensuring their condition is cared for as well as possible in a manner that ensures everybody is able to participate in work and school as best as possible.

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Medical Certification Behavioral Health and CDRP

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Assistant Chief Psychiatry

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Example

37 yo male engineer presenting to PCP complaining of being "stressed" at work, states that he "worries a lot" and feels overwhelmed. With a few simple questions find out he is worrying excessively, can't control his worrying, sleeping only 3-4 hours each night, eating much less, losing weight, isolating, irritable and angry, yelling at coworkers and wife. As a result of these symptoms, he has marked impairment in concentration and is making numerous mistakes on the job and under disciplinary action at work. Wife is asking for separation.

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Example

58 yo female school teacher brought into urgent care by husband. Husband is tired of wife's excessive drinking and wants her to be treated. Wife's drinking has escalated over the last year to 2 bottles of wine nightly, taking numerous sick days from work, poor work evaluations.

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First Encounter: Patients with Psychiatric and Substance Use Diagnoses

- Often patients with psychiatric disorders and substance use disorders are first seen by clinicians outside of these two specialties. When you are faced with these types of patients, it can be difficult to know how to approach disability requests.
- Goal: Review a practical approach to effectively handle these cases to quickly transition them to Psychiatry and CDRP.

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First Encounter: Patients with Psychiatric and Substance Use Diagnoses

- Diagnoses frequently encountered: Depression and Anxiety Disorders, PTSD, Bipolar and Psychotic Disorders, Substance Abuse Disorders.
- PHQ-9: Screening tool for depression.
- Only need to document a few salient points.
- Document current symptoms and clarify how these symptoms impact their social and occupational function.

The Next Step: Transitioning Patient to Psychiatry/CDRP Services

- Provide 3 business days of medical certification: allows patient to be evaluated in Psychiatry/CDRP.
- Emphasize to patient: Maintaining the highest level of activity possible promotes mental health.
- Patient needs to avoid isolation and avoid breakdown in daily structure.

The Next Step Continued:

- Review with patient that time off is to allow active engagement in Psychiatry/CDRP services. They should not be "resting at home."
- Discuss importance of returning to work part time/full time as soon as possible.
- Returning to work allows integration of the copings skills they will have learned during treatment.

How to Send Patients to Psychiatry/CDRP?

- Psychiatry and CDRP are self referral, but clinician may also send tapestry referral.
- After hours Behavioral Help Line is 1-800-900-3277 for acute care issues.
- CDRP: Patient can also walk in to clinic without appointment. (This is best for patients who have been to CDRP before.)
- Recommend: Provide patient with self referring contact information. May also send tapestry referral.

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Before the Patient Leaves Your Office

- Discuss with patients that they are to follow up immediately with Psychiatry/CDRP for treatment and assessment of disability needs.
- Some patients given time off avoid coming to Psychiatry and CDRP and request extensions from their provider or visit multiple physicians for extensions.
- Prevent these occurrences by reviewing Health Connect records for time off requests.
- Decline these extensions and remind patient to follow up with Psychiatry and CDRP.

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What Happens When Patient is Seen for First Time in Psychiatry/CDRP?

- Patient is evaluated by "intake specialist" in Psychiatry/CDRP.
- The intake specialist is a LCSW/MFT/PhD who performs a 1 hour comprehensive bio-psycho-social evaluation of the patient's history.
- Triage evaluation.
- Treatment plan created ranging from individual therapy to intensive group therapy programs, medication management with psychiatrist/CDRP MD, hospitalization, inpatient/outpatient rehabilitation.

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Treatments Available in Psychiatry

- Psychiatry: Intensive Outpatient Program: Track A/B, Work Clinic, Depression Treatment Program, Anxiety Programs, 1:1 therapy, medication management.
- The choice of the treatment program or class will be determined after the intake.
- Direct booking to allow patients to start treatment within 2 business days.

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Treatments Available in CDRP

- CDRP: Inpatient and outpatient detoxification, inpatient residential program, day treatment program, dual diagnosis track, relapse prevention/early sobriety groups, 1:1 therapy, medication management.

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Transparency of Psychiatric Records

- Psychiatrist's notes are open to view by other physicians. CDRP notes are closed by federal law. (Therapist notes not available)
- If patient care issue: reach out to psychiatrist or CDRP physician by telephone or by staff messaging.
- Goal: Optimize patient care through all treating providers being aware of the treatment plan. (Ex: notifying referring provider of the treatment plan and the approved medical certification.)

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During the Course of Treatment in Psychiatry/CDRP:

- Emphasize to patient: Maintaining the highest level of activity possible promotes mental health. Patient needs to avoid isolation and avoid breakdown in daily structure.
- Review with patient that time off is to allow active engagement in Psychiatry/CDRP services. They should not be "resting at home."
- Discuss importance of returning to work part time/full time as soon as possible. Returning to work allows integration of the copings skills they will have learned during treatment.

Full Time, Part Time and Intermittent Leave Requests in Psych/CDRP

- Clinicians outside of Psychiatry/CDRP should only approve up to 3 business days medical certification for Psychiatric/CDRP diagnoses.
- All other leave requests for these diagnoses should be handled by the departments of Psychiatry and CDRP.

Full Time Leave and Part Time Leave

- Full time leave granted based on severity of symptoms and with active participation in the programs.
- For CDRP: Patient must also remain abstinent as monitored via alcohol and drug testing.

Full Time Leave and Part Time Leave

- Full time given as "partial block" of anticipated time off needed: Ex: IOP: give 2 weeks off with total time off 4 weeks.
- Increases patient compliance with treatment plan.
- "Part time leave" is a set schedule of hours off for patient to participate in program while continuing to work part time.

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Intermittent Leave for Psych/CDRP

- Time off to attend future appointments in clinic. Given as 4 hour block.
- "Flare Ups":
  - Standard FMLA questions regarding "flare ups": "Will the condition cause episodic flare ups periodically preventing the employee from performing his/her job and is it medically necessary for the employee to be absent from work during the flare ups?"

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Example

24 yo male. He has gone to the ER 5 times in the last six months complaining of chest pain, multiple physical complaints. He has missed work on those five days and is at risk of losing his job. Physical work up negative. Now followed by Psychiatry and diagnosed with Panic Disorder with Agoraphobia. Reviewed with patient that symptoms he experienced that led to ER evaluations were due to panic attacks. He is currently participating in anxiety program and seeing the psychiatrist for medication management. Although his condition is improving, he continues to have occasional panic attacks which are disabling and prevent work. He is certified for intermittent leave of 1 day per month for a maximum of six (6) months if he has a flare up (panic attack).

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Intermittent Leave

- Thorough assessment of patient need for intermittent time off.
- Document clearly how patient's condition impacts their work and prevents them from performing their job.
- Patient to be actively involved in treatment.
- Continue to monitor if intermittent time is needed.

Leave for Caregiver for Psychiatry/CDRP Diagnoses

- Psychiatrists/CDRP physicians should handle all of these requests.
- Document clearly the patient's serious health condition that requires the presence of the caregiver.

Example

45 yo woman recently discharged from inpatient hospitalization with diagnosis of Major Depression, Recurrent Severe with Psychosis. She received ECT during the course of her hospitalization and has an additional 4 weeks of ECT as an outpatient for 2 times a week and then transitioning to ECT treatment 1 time per week for 4 months. She cannot drive due to cognitive impairment secondary to ECT and ongoing depression. She has improved but remains severely depressed, needing assistance in self care. She is attending an outpatient case management program 2 days per week. Based on the level of impairment and care needs of the patient, her husband is certified for 3 months of continuous FMLA as caregiver.

Learning How to Say No to Disability Requests

- Applies to all disability requests: full time, part time, intermittent, caregiver.
  - Decline disability request if there is an absence of symptoms causing marked impairment in social/occupational functioning.
  - Not actively involved in treatment.
  - Lack of medical documentation.

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Time Off Requests From Employees That We Work With

- BH/CDRP: Do not treat co-worker/staff member from our respective departments.
- It is a conflict of interest to provide disability.
- Conflict of interest should be reviewed with co-worker/staff member, and they should be advised to follow up with their treating provider.

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The Medical Certification Review Committee

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The Medical Certification Review Committee

Why Another Committee?

- Frustration among employer groups with certain kinds of disability certifications (intermittent FMLA has been most problematic in our medical center)
- Physicians on the front-line find it challenging to deny requests by assertive patients – ? Perhaps due to our culture
- Over time patients have grown accustomed to getting inappropriate leave certifications
  - Providers have grown accustomed to granting them
- Support front line clinicians in saying "No" in problematic cases

The Medical Certification Review Committee

General Approach

- Apply a peer review methodology
- Patient centric (not interested in denying appropriate requests)
- Create guidelines where possible
- Not being in a direct patient care relationship allows for more objectivity
  - Can avoid inappropriate advocacy that sometimes arises out of the therapeutic relationship
- Ethically obligated to be accurate, diligent, objective and fair
- Say "NO" when objective data is lacking

The Medical Certification Review Committee

How Does the Committee Work?

- We are a resource, not gate-keepers
- ROI staff will identify concerning or unusual time-off requests (e.g., usually requests for weekly intermittent time off)
- If a guidelines exists, it will apply the guideline and modify the request internally before routing to a provider for signature
- Route to committee if: no guidelines, bizarre request, combative / assertive patient, disagreements or inconsistencies, etc.
- Discuss monthly face-face or electronically via email at other times

The Medical Certification Review Committee

The Committee Focus in 2014

- Focus in our first year was on the most problematic leave requests
  - Intermittent FMLA for various conditions (asthma / headaches more commonly,)
    - It was not uncommon for patients to receive weekly time off for certain conditions without medical justification
- Develop an approach to problematic cases
- Create processes and guidelines

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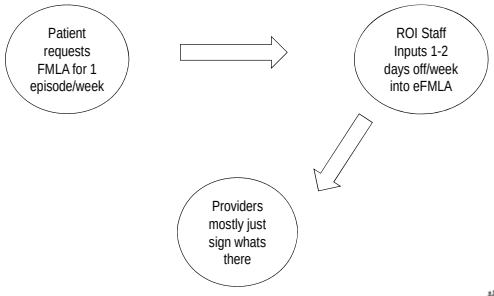
Old Approach



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The Medical Certification Review Committee

What are we looking for?

- Overall picture of number of visits and where
- Extent of treatment offered or pursued by patient
  - Parenteral medications
- Is the underlying condition controlled or uncontrolled?
- Is the treatment optimal (i.e., has patient declined treatment)?
- Does it make sense

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The Medical Certification Review Committee

General Approach -- What we try to avoid

- Not trying to send the patient back to you
- Ideally: when the committee does not find that a leave request is justified, it will instruct ROI to decline or modify the request
  - There really should be no appeal process or redress for this
- ROI staff explain to combative patients: medical justification is lacking
  - We are not implying that there was fault with documentation
  - The documentation that is present does not support leave certification

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The Role of the Provider

Things you should consider

- Avoid blindly signing eFMLA
  - Not every FMLA can logistically be reviewed by the committee
  - ROI staff / committee does not know the patient
- Do not be tied to any particular number or frequency
- Unstable or variable conditions
  - May consider an FMLA of 2 or 3 month duration, followed by a 6 month
  - Instead of monthly time off, can consider longer intervals (2 days every 3 months instead of 1 day / month)
- FMLA is to be certified for 6 months at a time (as opposed to 12 months)
  - A serious medical condition is defined as a condition that requires a patient to seek care twice a year

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The Role of the Provider

Things you should consider

- We are discussing FMLA as an example, but principles of medical necessity apply to all forms of medical leave certification
  - Short-term and long-term disability
  - State disability
  - Permanent disability under social security administration
- As a medical center and medical group, we can set boundaries for what we are willing to certify or not
- Not every request by a patient can be certified
  - Communicate effectively
  - Negotiation with success strategies
  - Emphasize that unless active and clear harm is going to be done by being functional or by a certain activity, we generally cannot certify time off work

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The Role of the Provider

Things you should consider

- Patient expectations will need to be managed in cases where something is modified or declined
  - Rational explanation to patient of how medical necessity is understood
- Community standards can help set patient expectations
  - What other patients with similar condition require
  - What other providers (colleagues) do for patients with similar conditions
- Some documentation of the effect a condition is having on function is very helpful in determining disability
  - Frequency of flare-ups
  - Intensity of symptoms during flare-ups
  - Risks that may arise to health or need for treatment during flare-ups
  - The function that the patient must perform at work (job tasks) and the associated risk or issues

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The Role of the Provider

Things you should consider

- Use the committee as a resource
  - We can review a difficult case
- Try to set expectation with patients that appeals are not possible
  - If committee has overlooked a fact that the patient is pressing, you can consider documenting it with your explanation and interpretation
- In an open note environment, creative styles will be needed
  - "I discussed various light duty options, but patient states her pain is too high"
    - This tells us that the provider does not think the patient is totally disabled
    - Call us if there is disagreement

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The Role of the Provider

Things you should consider

- Activity Limitations (work restrictions)
  - Physician/Provider have to describe the effect a condition has on function
  - Gets you out of negotiation about time off and extensions for time off
  - Your role is to specify what he/she can or cannot do
  - Try to list restrictions in biomechanical terms
    - List things in terms of bending / walking / squatting / lifting
      - Limited by hours / day
      - Limited by minutes / hour
      - Limited by weight
    - Difficult in cases where systemic symptoms are present (depression, stress, fatigue)
      - Pace of work can be reduced (rest breaks each hour)

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The Role of the Provider

Things you should consider

- Activity Limitations (work restrictions) Caution
  - These also have inappropriate uses
  - Need to avoid listing patient preferences that make no biomedical sense
    - "Patient can't work evenings or certain days of the week"
    - "Patient needs a quiet office that is stress free"
    - "Needs to work closer to home"
  - Limitations on hours worked per week are okay if temporary
    - Have a tendency to become long term
    - "Return to work 16 hours a week for 2 weeks, then advance to 24 hours for 2 weeks, then to 32 hours for 2 weeks, then full duty" – Progression is Good
    - "Limit work shift to ½ day" – Bad if continues unchanged for months
      - Basically the same as an intermittent FMLA with weekly time off *in a different form!*

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Sample Smartphrase Response to Patient:

Under law, it is my job (as a member of your medical treatment team) to provide you with appropriate health care.

At times, I may be asked to certify your diagnosis and its status based on objective data.

Objective data includes laboratory tests, imaging studies (if indicated), and specific findings on exam.

My records are subject to review for objective evidence that supports my assessment. Your employer has the right to challenge my findings with an independent exam.

Therefore, I am required to document what is medically pertinent and appropriate based on valid evidence to back up my findings.

Based on the objective data, your underlying ******* disease is ***

If I have given you time off for FMLA, it is based on what's medically appropriate.

If I have not given you time off for FMLA, it is because it is not medically appropriate.

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Closing Comments

- "…long term worklessness is one of the greatest risks to health in our society. It is more dangerous than the most dangerous jobs in the construction industry or working on an oil rig in the North Sea, and too often we not only fail to protect our patients from long term worklessness, we sometimes actually push them into it, inadvertently…"

  Gordon Waddell, M.D.

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Closing Comments

- When doing what is best for your patients, Psychiatrically, medically and functionally, you provide the highest quality of care
- By keeping patients safely active during healing, you minimize the direct and indirect monetary costs and personal/familial disruption that unnecessary and needless work disability creates

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Questions & Answers

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