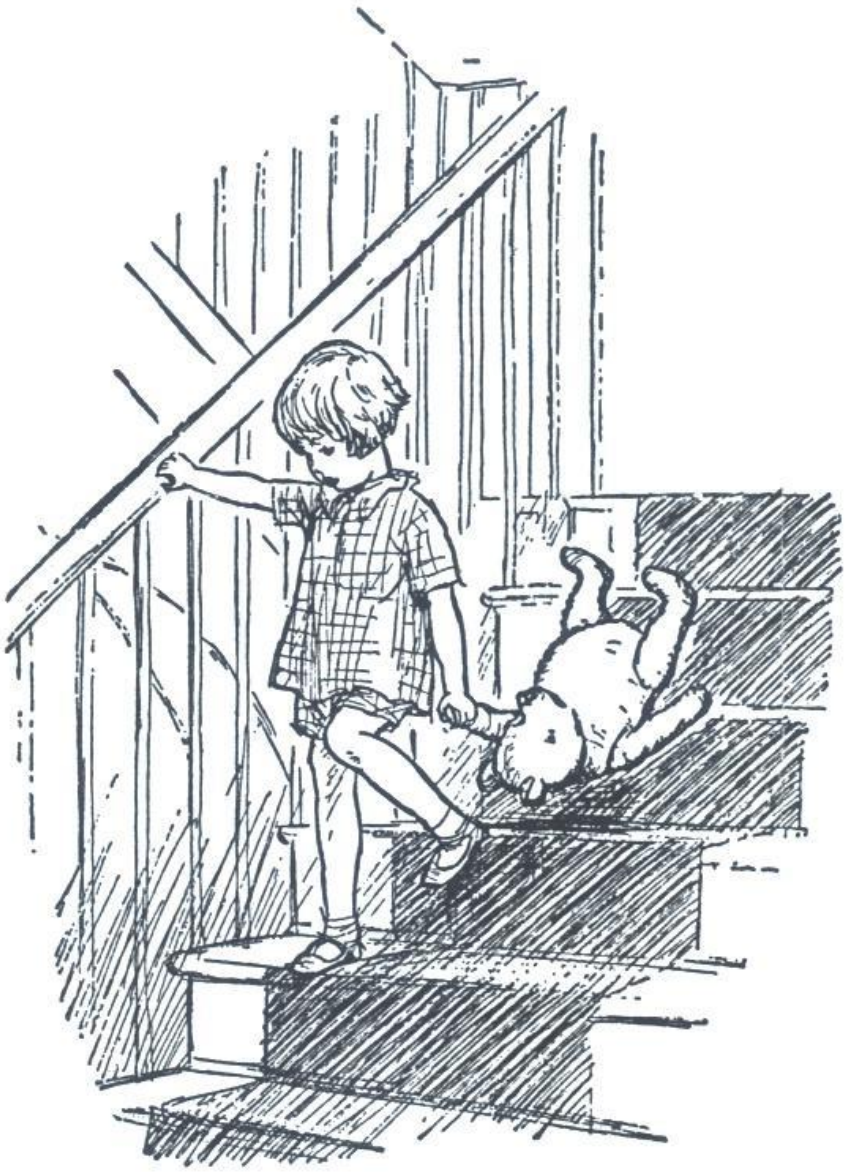

RAVENSWOOD

DCM : Controversies at the Primary Care Interface

OHNANS Annual Conference
19 April 2013

Kevin Bourke MD MRO CAME



HERE is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it. And then he feels that perhaps there isn't. Anyhow, here he is at the bottom, and ready to be introduced to you. Winnie-the-Pooh.

Alternate titles:

- "The GP: Care and Feeding"
- "Whose side are they on, anyway?
- "Why can't we all just get along?"
  - (i.e.- they give me the clinical info I need to manage the claim…"

Intent:

- Insight(s) into GP role / position
- Effective DCM:
  - Barriers ?
  - Work-arounds ?
- Why aren't we on the same team?
- Interacting with GPs:
  - realities and constraints

Intent:

- EAP:
  - Ethos, utility and confidentiality
- Pre-placement issues?
- Questions / rebuttals

Disclaimer:

- The ideas and opinions expressed here are my own.
- Unless they are good, in which case I'll indicate where I heard them!
- Questions / heckling etiquette.

Me ?

- GP !
- Dal, CF, Dive, Flight, General Practice....WCB, CF, Lifemark
- Medicine >< workplace interface.
- “Fitness for Work (Duty)”
- Sarcasm & parody can be used for good!

OH & S on the street

DCM: Components

- Employee / patient with condition.
- Condition impacts FFW.
- Employer / insurer who cares:
  - Employee / insured
  - Co$ts of impact on work
- Treating clinician(s)
  - QB?
- COORDINATOR !

Good (outcome) DCM:

- All participants working effectively
- All speaking to each other
  - In terms they can understand
- Understanding each others' roles

GP's Role:

- GP inherently involved in pt's "Sick Status"
- Reporting and RTW assessment added later
- RTW / Occ Health not Med School "required elements"
- GPs work for their patient(s) … "advocate"

GP's role?: literature

- "... to provide medical treatment and guidance ... to restore health; optimize social, psychological, and functional capabilities; and minimize the negative effects of injury."[1]
- By advising the patient .... The one they work for....

[1] *"Can you go back to work?" Can Fam Physician 2011;57:202-9*

GP Role:

- **"The physician must communicate and support a reasonable (*accurate*??) clinical estimate of what the patient can do and can no longer do."** **(e.g.-R 2nd DIP case)**

- ***A Physician's Guide to RTW – Talmage and Melhorn Eds. AMA Press 2005*** **.....Great read, and gift!**

Disability and the GP

- HATE dealing with it !
  - The admin
  - The patients they become
  - OHN / CMgr = “The Man” incarnate

GP challenges:

- "Cultural" issues: Sick Days *not* a right…
- Don Cherry approach to Occ Health …
  - "gotta be 110% …."
  - Most aren't that *before* they went off!?
- "hand on doorknob" approach to forms/etc.

GP comms

- Most common communication medium with attending GP?
- APS!

APS: Ever see ?

- MDs ignore or strike-through areas?
- confounding information on APS forms? (worse than none sometimes)
- the terms "indefinitely" ... "unable to assess at this time".. “completely disabled” “a good fit for XYZ position..”
- Smart-ass remarks: “...witchcraft"????

How many in the room:

- Routinely Indicate $$ you will pay ?

APS: What are we asking ?

- Yes/No questions get Yes/No answers….
- “Please indicate the nature of the illness….”….?
- As a result of treatment, the patient/claimant’s condition has:

□ Improved □ Deteriorated □ Remained the same □ Stabilized

Answers useful?

- Does GP know what you want (to know)?
- Deduce their role from your questions?
- DON'T BE TIED TO THE APS FORM!

Attending GP ≠ disability decision-maker!

- No GP should be!?!
- GPs often expand to fit role(s)… "can do" attitude
  - Heck they let us decide life support / operations /etc….
  - surprised they expect us to adjudicate too?

What info are you looking for?

- **Medical Limitations**
  - **Specific !**
- **Groom / seek clinicians that can speak this!**
- **“Cannot” vs. “Should not”; top-down approach, specific.**

Modified work:

- No excuse in 2013 …. (maybe CEO)
- If employee says “110%”?
  - vs. “digital fitness” for work … typical recovery graph ?
- Ideally, GPs tour your site / know jobs
  - Or get help that does!

Challenges:

- Yes, sometimes they won't answer/rtn call.
  - MD<>MD can help.... got one? Hire one?
- Delays in responding?
  - Explicit req fax... for all right reasons, and $delta
- Strays into HR/admin realm...
  - Thank 'em but re-ask the initial question(s)

Challenges (cont'd):

- Teach old docs new tricks?
  - Maybe not… but clarify… hold their feet to the fire, or get someone who can….
- Info seems incoherent with case
  - "quick look" by Occ Doc for way fwd..?
- "IME" not only dish on menu !

EAP

- Ethos?
- Indication for / utility of?
- Confidentiality challenges.
- Extending / converting Tx?
- Strategies:
  - Educate employees up front
  - Manage expectations (Pt & GP)

Questions / other issues?