

FIRST SURVEY RESULTS

In the Fall of 2020, the American Academy of Workers' Compensation Physicians (AAWCP) put out our first survey on the “workings” or “workflow” for Workers' Compensation when it comes to Physicians. Please find below a summary of responses to the survey. Respondents represented various corners of the Workers' Compensation industry – including Case Managers, Physicians, Claims Examiners and Attorneys. **(Please note – the survey and survey responses are intended solely for discussion purposes and should not be used as a guide for how to treat Workers' Compensation claims or claimants. Each State has their own rules and/or regulations as to the handling of Workers' Compensation and all parties should adhere to those rules/regulations.)**

As background, the AAWCP was founded to provide an adequate forum to assist Physicians who know and like Workers' Compensation and want to make headway into the maze that is the current Workers' Compensation system. The Academy's Mission is to act as a resource for physicians in Workers' Compensation to provide them with educational opportunities, assistance with their basic questions and even networking opportunities. We do not take a “side”. Rather, we believe that a physician who is educated in Workers' Compensation should improve the outcomes for everyone.

Please find below a summary of the responses. The scale ranged from a 5 (Strongly Agree) to 4 (Agree) to 3 (Neither Agree Nor Disagree) to 2 (Disagree) to 1 (Strongly Disagree).

QUESTIONS:

1) Most Physicians need to be trained in how to handle the Workers' Compensation process

RESPONSE: the weighted response was 3.13 (neither agree nor disagree). Additional responses:

- Jurisdictional verbiage when addressing Causality, MMI, etc...*
- Especially related to Return to Work*

2) Physicians should be able to set appointments within 24 hours (48 max) for a WC claim

RESPONSE: the weighted response was 3.84 (Agree). Additional responses:

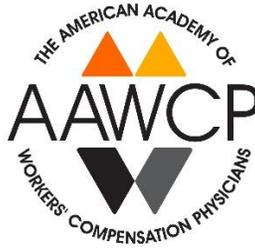
- At least for the first visit*
- Immediacy is key to limit migrating injuries*
- Only for new injuries ..not changes or consultations.*
- For new acute injuries – strongly agree.*

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3) The Physician should always take a thorough medical history at the beginning of a WC claim

RESPONSE: weighted response was 4.59 (Strongly Agree). Additional responses:

- Medical history, prior surgery, accidents, etc... is essential.
- Especially including hobbies, sports and prior injury.
- This starts at the Occupational Medical Center. Get the details.
- If the PT or the carrier provides the medicals.
- Only related to the nature of the injury ...then if underlying conditions.
- Too often, the Physician's history taking is awful and often neglects to include that an injury or disease occurred at work or on the job...creating huge obstacles to a worker obtaining benefits in a timely manner. Listening and spending a few minutes to take and write down an accurate history can result in unnecessary litigation, unwarranted hardship on the injured worker and his/her family, and more work for the treating Physicians.

4) The Physician's office should have a dedicated Workers' Compensation Coordinator

RESPONSE: weighted average 4.35 (Agree). Additional responses:

- Yes...point of contact for appointments, meds and results
- One person should be designated as the coordinator with cross training to another person in case of vacation, sickness, etc...
- Strongly agree - Absolutely

5) Direct Physician communication is important in a Workers' Compensation claim

RESPONSE: weighted average 4.35 (Agree). Additional responses:

- Physician needs to build rapport with adjusters and case managers.
- Only if PT has multiple injuries for claim.

6) The Physician should return Quick Notes and Return-To-Work directives the same day (24 hrs max)

RESPONSE: weighted average 4.35 (Agree). Additional responses:

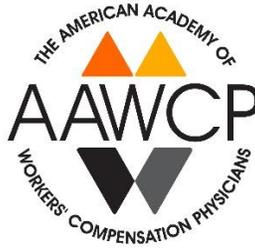
- Very important so that the Employer and Adjuster know return-to-work status.
- Important for the Adjuster to address lost time and set reserves.
- Strongly agree.

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7) **The Physician should limit their evaluation to the injured body part in a WC claim**

RESPONSE: weighted average of 3.65 (Agree). Additional responses:

- Physician should note any pre-existing injuries in the HPI but only treat the Work Comp-related injury.
- Yes, if underlying conditions are not due to the case, it should be noted.
- However, there may also be Psycho-Social factors involved, together with other residual injuries to other body parts.

8) **The Physician should treat the injured worker impartially in a Workers' Compensation claim and not be swayed by input from outside parties when it comes to treatment or back-to-work protocols, etc...**

RESPONSE: weighted average of 4.53 (Strongly Agree). Additional responses:

- Advocate for neither side.
- Providers may not be aware of other work options...collaboration is important.
- Yes, Physician decides what is "medically best" for patient.

9) **The Physician should be thorough in reviewing the mechanism of injury, prior injury to the same body part and activities outside of work that might have contributed to a work-related injury.**

RESPONSE: weighted average of 4.59 (Strongly Agree). Additional responses:

- Should also note prior injuries to other body parts.
- As long as patient is forthcoming of medical history.
- Strongly agree.

If you have any questions, comments or suggestions on the above (or on thoughts you might have for the Academy and our offerings), please contact us at info@wcdctors.com or at 844-304-4367.

Thank you,

The American Academy of Workers' Compensation Physicians

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