

Specialty Spotlight

Spring 2020

Clinical Connection: Did That Help Your Pain?

The simplicity of this question may actually be unhelpful when pain is complex and chronic. Providers offering a comprehensive, interdisciplinary approach focused on multiple factors in tandem will drive better patient outcomes.

- 1 Pain symptomatology.** Patients, consciously or not, use the subjective Visual Analog Scale (VAS) with “emojis” to express their general dismay, or a 0 to 10 rating. Their rating may include actual physical pain, but also their fear, un-readiness to work, need for a medical lifeline to retain benefits, and other medical maladies. In other words, they know that in the office visit setting, the pain rating is their means of getting what they need from the medical system. Unless providers consider the total set of issues, patients may unintentionally fall deeper into disability. On the horizon: In 2022, the ICD-11 coding system will be the first systematic coding structure for chronic pain.
- 2 Impairment and function.** We often do not adequately evaluate function due to office setting limitations, but there are simple tests for gait, flexibility, grip and strength where we can objectively measure. Some newer pain questionnaires even ask patients what activities they cannot do because of their pain, which they could do before. When patients meet these milestones, they perceive that their quality of life has improved.
- 3 Medical outcomes.** Ineffective drugs with abuse potential should be weaned or discontinued. If interventional care is effective, there should be less need.
- 4 Psychosocial outcomes.** Struggling with personal problems or dealing with other sources of stress and unhappiness unrelated to one’s pain can delay recovery. Waiting for a pain cure to engage in social activities can also exacerbate a patient’s pain. These “cognitive distortions” can be reversed with behavioral therapy to help patients get back to social involvement.

Patients often take a passive approach, but need to play a more active role in their pain management. By being paired with providers who are oriented to functional restoration, clinically meaningful improvement will last beyond the office visit.

Source: Steven Moskowitz, M.D., Senior Medical Director, Paradigm

What major "pain point" have you worked to overcome in 2019?

- ▶ **41%** Finding a treatment plan that seems to work
- ▶ **30%** Finding a way to enjoy life despite my chronic pain
- ▶ **29%** Finding a doctor who understands my complex condition

Source: Practical Pain Management

Call to Action: Workplace Wellbeing



Nearly 20 million adults (and rising) who are of working-age receive mental health services. OSHA indicates that a case involving stress is reportable within six workdays and is usually classified as an illness (versus an injury) because it is caused by a non-instantaneous event or exposure. However, only 16 states accept mental illness claims in the absence of physical injury, and some of those states limit coverage to special populations (such as first responders). As mental illness and its impact on the workforce rises, employers and carriers are seeking new options that offer timely access to services. The ideal model offers a finite treatment timeframe to promote return to work and cost containment, and its core objectives are to identify the work-related stressors to mitigate risk exposure.

Source: Delainne Bond, BSN, RN, CCM, Senior Director of Implementations and Clinical Services, Paradigm Specialty Networks

Watchlist Focus: Implant GPS



For years, implanted medical devices did not have any unique identifiers or “markers” for proper tracking. Consider the related advances made to checked luggage at airports. In the event that these devices malfunctioned and were recalled, there was no way to determine in whom these devices resided. That changed in 2013, when such identifiers were required, however, the FDA did not complete the program’s rollout and countless devices are left untagged. Today, lawmakers are pushing for continued expansion so that hospitals are required to report to the FDA when surgery is required to remove a failed device. What’s at stake? Billions in taxpayer dollars.

Source: Becker’s Hospital Review

Care Coordination: Supporting the Addiction Fight for Injured Workers

When deciding to refer an injured worker for addiction recovery services, you may be grappling with the following questions:

1 Who is truly affected by opioid overuse?

There is no discrimination. For injured workers with a susceptibility to addiction, the problem may have been initiated through no fault of their own; they may be following doctor’s orders.

2 How do I determine a problem exists?

Dependency can be established as early as between the first and fourth week of use. An overview of the type of drug(s) prescribed, dosage increases, frequency, and duration shed valuable light.

3 What services are available for treatment?

- ▶ **Outpatient Counseling** and/or **Intensive Outpatient Programs**. Individual or group therapy sessions designed for maintaining a relatively normal lifestyle while attending counseling, which are typically one-hour sessions.
- ▶ **Partial Hospitalization/Day Treatment** is a more intensive program than a typical outpatient program, with treatment sessions occurring in a recovery center for 3-5 days per week, 4-6 hours per day. This allows the injured worker to return home at night.
- ▶ **Inpatient Detoxification** followed by **Residential Rehabilitation**. Both programs include 24-hour care and may occur in the same facility, but a 3 to 14 day toxin purge from the body requires medical oversight to manage cardiac or other common physical complications associated with withdrawal. It must occur before the patient can be admitted to rehab (for another 21 to 25 days, on average, following detox).

4 Where can I find a suitable addiction recovery facility for my injured worker?

Proximity to one’s home, where pre-established triggers exist, is oftentimes counterproductive to recovery. And this is where Paradigm Specialty Networks is ready to help.

Source: Geoffrey Algin, Provider Specialist, Paradigm Specialty Networks



Ask a Provider: Orthopedic and Spine Insights



With over 30 years' experience as both a clinician and an executive-level operations leader, Lee Levanduski of network partner Florida Orthopaedic Institute (FOI) truly understands the vital role of the orthopedic provider in workers' compensation. We had the opportunity to ask him about the rapidly changing treatment landscape.

Q What sets FOI apart from other large specialty groups?

A In March of 2020, FOI merged with OrthoCare to become the 13th largest privately held Orthopaedic Practice in the country. The combined company now serves five counties in Florida. We deliver care under a vast array of subspecialties including: Total Joints, Hip and Knee, Trauma, Spine, Sports Medicine, Hand and Wrist, Shoulder and Elbow, Foot and Ankle, Interventional Spine, Pain Management, and Chiropractic.

Q How do you see outpatient surgery changing in the short and long term?

A We are currently monitoring state guidance on re-opening elective outpatient surgery due to the COVID-19 pandemic, and look forward to returning to service. Assessing the future, outpatient total joints are certainly more cost effective for payers, and the outcomes are very positive.

Q What are the top spine surgeries currently handled in the ASC, and will the 24-hour format provide more opportunity for patients and your practice?

A To name a few: anterior cervical discectomy and fusion, discectomy, lumbar laminectomy, minimally invasive fusions, and micro-discectomy. The adoption of overnight stay for ASC's is a game changer that benefits the patient and payer most of all.

Q How do you run a responsible, conservative surgical practice?

A Delivering responsible surgical care requires a consistent effort to maintain 100% compliance from top to bottom. There needs to be a system of internal checks and balances requiring strict adherence to policies and procedures.

Q What are your physicians' keys to success when administering treatment for a work comp claim?

A The primary focus of our physicians is to provide excellent patient care while communicating with the case managers in a timely manner. All physicians undergo initial and follow-up training for completion of paperwork and establishment of permanent impairment ratings. We are striving to adopt a policy whereby we treat all of our case managers as a "VIP" of the practice. This is a work-in-progress which we hope to refine over the next 6-12 months.

Q How has the current focus on infectious diseases altered your practice's protocols?

A We have adopted strict guidelines for entry into our clinics that mirror CDC recommendations. All patients and guests are screened prior to entry. We also use telephone and email campaigns to screen patients for symptoms of COVID-19. FOI providers are now performing telemedicine visits for patients who do not need to be in the clinics. **Please join us May 6th for a complimentary webinar that dives into this topic ([Register here](#)).**

Q What evolution do you see taking place for FOI?

A Post merger, we will grow into our shoes and then plan for next steps in the market. We see opportunity for growth locally and state-wide in the near term. We do expect that our volume of workers' compensation will double in the next 12-24 months.

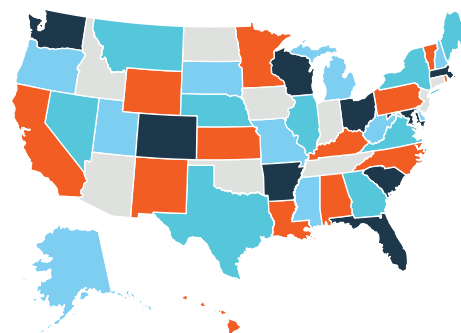
Source: Lee Levanduski, President & COO, Florida Orthopaedic Institute (Tampa, FL)

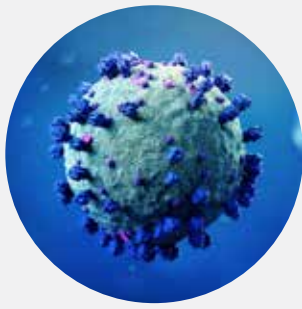
Company News: Provider Welcome!



Paradigm Specialty Networks is proud to announce the addition of the following leading providers to its fold:

- ▶ Summit Orthopedics (Ortho, MO)
- ▶ Arizona Spine Center (Ortho, AZ)
- ▶ Davis Behavioral Health (Behavioral Health, UT)
- ▶ East Suburban Sports Medicine Center (Pain, PA)
- ▶ Great Lakes Interventional Pain Management (Pain, MI)





Global Surroundings: Your PAC Questions Answered on COVID-19

[Click here](#)
to join our
free May 6th
Webinar

Q How do Post-Acute Care (PAC) facilities minimize infections spreading to their current and new patients?

A Even before a viral outbreak occurs, PAC providers have an ongoing institutional Infection Control program in place, operating to the prevailing community standard of care at all times.

Q What do these Infection Control programs look like?

A They are operated through a multidisciplinary team including the institution's Medical Director, Director of Nursing, Infection Control Officer, Administrator and other key clinical staff. Implementations may include enhanced sanitation, patient isolation, surface contact minimization practices, visitor restriction, specific treatment therapies for infected patients, prophylactic treatment for non-infected patients, and widespread patient and staff education.

Q How does the public know if there is a viral outbreak with a PAC provider?

A PAC providers have strict reporting guidelines. An effective Infection Control program will trigger a layered safety net of steps to minimize risk. The very basic components are:

- ▶ Mandated reporting to (and ongoing inspection by) its jurisdictional department of Public Health
- ▶ A self-imposed admissions ban
- ▶ Suspension of patient transfers by healthcare facilities to a specific PAC provider if it has an internal outbreak
- ▶ Actively sought external expertise (CDC, CMS, NIH, State Boards, Accreditation Commissions/Associations, and National Councils)

Source: Stan Smith, Senior Vice President & Licensed PAC Healthcare Administrator, Paradigm Specialty Networks

Statistics Central



- ▶ Outpatient hip and knee joint replacement surgeries are expected to grow **73%** by 2026
- ▶ Approximately **51%** of primary hip and knee joint replacement surgeries will be performed in an outpatient setting by 2026
- ▶ Orthopedic/Spine and Pain providers account for **25%** of **\$32 billion** in medical spend in the workers' comp market
- ▶ Shifting surgical procedures to outpatient settings saves commercial payers **\$38 billion** annually

Sources: Ambulatory Surgery Center Association; Becker's ASC Review; Workers Compensation Research Institute

IT Matters: Protecting What's Important

Paradigm Specialty Networks received SOC 2 Type 2 certification this year from the American Institute of Certified Public Accountants. Passing this stringent audit confirms our division meets service commitments for clients related to security, system availability, processing integrity, confidentiality, and privacy. Our controls and operating effectiveness were thoroughly evaluated and determined to be suitably designed.



Paradigm Cares Corner

As Kids' Chance of America's largest corporate sponsor, Paradigm is proud to have employees who help grow member organizations and provide leadership support. From these educational scholarships to support of the Paralympics, to championing the Arthritis Foundation and SOS Children's Villages, Paradigm is committed to giving back to those we serve. Paradigm is also a proud sponsor of The Alliance of Women in Workers' Compensation.

For more information, please contact:

(844) 443-2792 office
networks@paradigmcorp.com
www.paradigmcorp.com

