



“Ask Dr. J”



The “Ask Dr. J” columns are authored monthly by Jennifer Christian, MD, MPH, President of Webility Corporation. See previous columns at www.webility.md.

Dr. J’s columns also appear in the monthly Bulletin of the Disability Management Employer Coalition (DMEC). To purchase a book of Dr. J’s collected columns, go to www.dmec.org.

The columns often summarize issues discussed by the Work Fitness and Disability Roundtable, a free, multi-disciplinary e-mail discussion group moderated by Dr. Christian. Apply to join the Roundtable at www.webility.md.

March 2007 – Interventions for Inadequate or Inappropriate Care

Dear Dr. J:

As a claim manager, it makes me very sad to watch people develop chronic pain syndromes because their physicians are providing inadequate or inappropriate medical care. What can I do?

Samantha in San Francisco

Dear Samantha:

It is very hard to see people going from bad to worse due to poor medical care, isn’t it? The quality of medical care is very uneven in the US today, and in many communities there simply aren’t any doctors who understand how to prevent or treat chronic pain conditions effectively. Here are a few ideas for simple things you can offer to people that will “beef up” or supplement the care they are getting from their own provider.

1. Since information is power, make sure your claimants get a good education about their own medical conditions, how to treat them, and what they can do for themselves. Why not establish a standard operating practice to offer good health education resources to them? Ask a healthcare professional to find you some high quality websites that deal with the kind of medical problems your claimants are dealing with – and then refer your claimants to those websites. And then, make a date to talk with them about what they read (so they’ll actually do it). If you’re not sure you know enough to talk with them about the material yourself, ask one of your nurse consultants or nurse case managers to do this for you.

2. Encourage the claimant to explore the other benefits or resources they may have available. If the claimant has healthcare coverage, does the health plan offer a disease management program? Does the claimant’s employer have an EAP? Encourage the claimant to take advantage of these things – and then follow-up to show you really are interested and really do think they should take action.

3. Get a medical case manager involved, or better yet a physician with expertise in functional restoration / disability management. Ask them to work with the treating physician around a “big picture” patient management strategy, instead of arguing about a particular treatment or decision. Oftentimes, the treating physician simply doesn’t know what to do with this problematic patient and feels very uncomfortable. A credible expert who calls, expresses empathy for the treating physician’s position, and then offers help and concrete suggestions instead of criticism may find a warm welcome.

4. Are you aware of the American Chronic Pain Association (ACPA)? You should be encouraging all of your claimants who have chronic pain to take advantage of what ACPA offers. It is a non-profit self-help group whose goal is to provide education to help people better manage their pain and live more satisfying, productive lives. ACPA has an informative website (<http://www.theacpa.org>) and excellent printed materials. They also have hundreds of support groups that are meeting throughout the USA. Founded by Penny Cowan, herself a person living with pain and a graduate of the Cleveland Clinic’s multi-disciplinary pain program, ACPA’s purpose is to offer support and information for people with chronic pain by:

- Facilitating peer support and education for individuals with chronic pain and their families so that these individuals may live more fully in spite of their pain.
- Raising awareness among the health care community, policy makers, and the public at large about issues of living with chronic pain.

I joined the board of ACPA because I think the way they approach the issue of living with chronic pain is very good, and because I want to help connect them with employers and insurers like you -- who every day see people who could benefit from ACPA’s resources and support.

5. Provide the claimant with another medical professional’s perspective. Find a reasonable excuse to send the claimant for a second opinion or independent medical examination – for example a request for treatment authorization or for continuing work disability. DON’T communicate about this in an adversarial way. Instead, tell the claimant that they don’t seem to be doing as well as other people you’ve seen with the same problem. Say that you want a second pair of expert eyes to look at their situation and decide whether (a) this treatment or (b) this continuing disability is really the best for them. Select the examining physician carefully – find someone with a “good bedside manner” and expertise in functional recovery / chronic pain management / work disability prevention. Ask the examining physician to do more than consider that single issue. Ask them to comment on the entire treatment plan to date and to educate (or even persuade) the claimant about potential alternate and more effective strategies and approaches for future treatment. One employer I know sends people who are thinking about spine fusion surgery to an expert orthopedist for an “informed consent” session. He charges \$500 for spending the time with the patient to fully educate them on the medical literature about the risks and benefits of the surgery and alternative treatments, and to explore with them what their life will be like with a fused spine. Very few patients still want the surgery after that appointment.

Samantha, I hope these ideas prove useful. In particular, I think that your willingness to offer specific suggestions of where to go for help – and your follow-up to discuss what they find – will really make a difference.

Smiling,
Dr. J

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