Workers' Comp

It Starts With the Scan: How Specialty Networks Improve RTW

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Tom Kerr (TK): Diagnostic imaging services play a crucial role in workers' compensation by providing essential insights into the nature and severity of an injury. Today, Jim Begg, vice president at Apricus joins us to talk about the unique role specialty networks play in meeting today's challenges in diagnostic imaging.

So, let's jump in. What are some of the key challenges workers' comp faces when it comes to diagnostics?

Jim Begg (JB): Well, it usually comes in a couple different forms. We know that coming out of the pandemic that a lot of providers cut back on staff, including radiology. As a result of that, it extended the continuum of a referral to delivery confirmation.

The other thing that we're seeing that's a continuing challenge is a lack of credentialed radiologists in the space, and it's causing some providers to go offshore to get those resources. A recent study indicated that over 55

percent of radiologists are specialized to review three or more scan types, whether it be MRI or other diagnostic testing, and 85 percent do two or more.

So, it used to be that a general radiologist would review everything. Now radiologists are more specialized. So, there are a couple of general trends that were exacerbated by the pandemic. Staffing is slowly coming back, but it's something that you have to be aware of.

TK: So, when you say some of this work is going offshore, are you talking about professionals viewing the images there?

JB: Yeah, it's the providers doing the scans here, but they're taking advantage of the radiologists reviewing the scans both onshore and offshore.

TK: Can that cause a problem in terms of delaying return to work or delaying diagnosis?

JB: Absolutely. It creates a practical problem because there are some buyers that don't want their work to go offshore. So, we have to be responsive to that. Secondly, the longer it takes to get the injured employee scheduled, scanned and have confirmation of delivery, the longer it causes delays in sharing the right information with the claims professional.

So, therefore, they can't make some informed decisions that could impact when that injured employee decides, based on what is transpiring, to have the surgery and then have the PT that goes along with it after the fact, thereby lengthening the amount of time he or she potentially could go back to work.

TK: In terms of some of the other challenges you had mentioned, how do these problems affect return to work?

JB: It's really an efficiency issue, Tom, there is a certain commoditization of radiologists reviewing the scans. Also, the actual quality of the scans is very important and something that we continuously discuss with our customers.

And the final part is the consistency … that the payer understands that you're going to be able to deliver. Adjusters are making decisions like, "Hey, X, Y. I had a great experience with X, Y, Z. They always deliver what they said. I can get the throughput in say two weeks just for discussion." That consistency allows them to continually use the partners in the space they'd like to buy from.

TK: Great, Jim. And what are some good strategies to address these issues that you mentioned?

JB: Well, I think if you acknowledge that radiology diagnostic scheduling is somewhat commoditized, then you have to focus on efficiency. So, having a scalable network size in this business is vital.

No one wants to purchase a diagnostic scan from someone and have their injured employee have to drive 55 miles to a location. One of our customers, a major retail operation, did an independent study of our imaging services. When they looked at our coverage, they found that 92 percent had a location within 25 miles of 100 percent of their facilities. So that validated that we're on the right track when we're adding additional providers to improve the scope of our services. So size, scale, and depth are very important.

The other thing that's happening is imaging center slots in a given provider community have shrunk to the point that staff has not totally caught up to what it was pre-pandemic. So, to ensure our customers have coverage there, we'll sometimes go to those facilities in a concentration and buy and pay a premium to ensure they're part of our network. That way we know we can get injured employees scheduled quickly to that point that we made earlier about trying to shorten the duration.

And then the other thing, too, is we're always looking to add to our provider network. Because having upwards of 8,000 providers in the network or locations is good. If we want to continue to be scalable, we're going to have to continue to add to that.

TK: How can a good specialty partner ensure that diagnostic goals are being achieved?

JB: Well, I think you have to have an agreement as to what you're going to measure, right? Is it going to be time-to-referral to time-to-scheduling? Time-of-referral to type of scan? Time-of-referral to when the delivery confirmation is made where we actually share the data with the claims professional?

We have to continually look at these things and share those results with the payer. So that is one thing. And then you actually use that data and have a robust oversight practice to say, "OK, this is what they're telling us is important to helping boost return to work." And get it down to almost the jurisdictional and urban location. So you can say, "OK, we're doing a great job in Florida, but, you know, in New York it seems like we're not doing as good a job as we might've done three months ago, six months ago" so really take a look as to what has changed. And then you want to have that agreement to say, "These are the things that we're going to measure."

What I found in the last three to four years, almost every payer has an individual scorecard that they want to be kept up to date with how things are going from that efficiency perspective. I very rarely hear that the quality of the scan wasn't good. We don't have to do a lot of rereads. We don't hear feedback from the radiology readers that they couldn't determine the extent of the injury due to scan quality.

The feedback that we hear is about the efficiency and the consistency of what we do. And then the other thing, Tom, is we look at the credential providers. We have 2,500 fellowed providers in our network. The expectation is the more credential providers you have, the more schooling they went through, the better analyses of scans you will receive to help claims adjusters make more definitive and better decisions.

So, there's three or four things that we try to do. And we've heard from our customers that they expect oversight, and it starts with having the ability to have scale, depth of coverage, and then measuring what you agreed to measure consistency, and delivering the scan at the interval you agreed to.

TK: And when you look at quality of scans and having the right people read them, I would think it's really important because for most workers' comp injuries, everything starts with that image in terms of determining what the diagnosis is and getting the return-to-work plan started.

So, this is really a case if you don't get it right the first time, it could cause a host of problems down the line, right?

JB: Absolutely. You framed it in a perfect way, Tom. You have to get the injured employee scheduled quickly. It's not just how good your analysis of the scan is. So that's one point you want to hit a home run on. Secondly, if you can't get them scheduled and then get the report to the claims professional in a timely manner, then they can't evaluate it.

And then lastly, regarding your point earlier about the type of scans that are done and the equipment, we have a requirement of all of our facilities to have equipment that delivers 1.5 tesla or above image ability. And that cuts down on rereads tremendously. It's a standard today that used to be "a nice to have." Now it's a condition of employment to have that 1.5 or above tesla rating.

So, all those things impact the early road to recovery. We're a conduit. The claims professional comes to us and says, "Hey, we need to get this injured worker in MRI with contrast to the shoulder so we can make some claims

decisions down the line.” If we make a mistake in any of those categories, then the throughput doesn’t work and we’re not delivering what the payer expects.

For more information, check out our new eBook: *“Workers’ Compensation Beyond the Surface: A Deeper Look into Diagnostic Imaging.”* This comprehensive guide is designed to provide you with invaluable insights, strategies and best practices to optimize your workers’ compensation specialty services program and ultimately drive better outcomes for your organization.



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