Workers' Comp

Vertical Integration of Data and Clinical Services to Improve Physical Medicine Outcomes

December 6, 2024
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Kim Radcliffe, DHA, MHA, PT

Senior Vice President, Product Management

In a sea of claims, workers' comp professionals need help spotting cases headed for risky waters. Does a claimant have comorbidities or preexisting conditions, such as diabetes, which could hamper an injured employee's ability to heal and recover? Are there psychosocial risk factors that can create roadblocks to recovery?

The integration of data analytics and a full range of clinical services is especially important when it comes to physical medicine, where the ability to provide "customizable and actionable insights" across the care continuum is the goal in helping injured parties return to work and life.

In this quarter's Enlyte Executive Insight, Kim Radcliffe, senior vice president, product management, discusses why Enlyte's vast data network and full complement of services combined with its robust Apricus physical medicine program is becoming what some are calling a "game changer" in improving outcomes.

What are some advantages that vertical integration offers in a physical medicine program?

Kim Radcliffe (KR): The first main advantage is use of analytics for predictive analytics and risk identification. Data offers a complete view of claim spend (pharmacy, medical, etc.) and allows better analysis into the overall impact of physical medicine. We're then able to use this data to determine if there are associated services that indicate a higher risk of complications and longer recovery.

Another critical aspect is partnering with case management to improve the transfer of knowledge and coordination of evidence-based care. Integration with case management facilitates a better care continuum particularly with complex claims. Case managers maintain a complete history of a patient's medical, mental, behavioral and diagnostic health that is extremely helpful in guiding the treating therapist in meeting the

individual’s therapeutic outcomes.

When case management and physical therapy services aren’t integrated, it can significantly delay care coordination which often leads to delayed recovery. The case manager also needs timely interaction with the treating physical therapist (PT) and occupational therapist (OT) to help monitor progress and flag any issues which might impact recovery time or necessitate additional interventions. When integrated, all parties have centralized access to all pertinent medical notes needed to maximize collaboration for best outcomes.

What types of data do you look at in terms of improving physical medicine outcomes?

KR: Pharmacy data can be a critical component to help measure the impact of physical therapy and /or red flag possible complications, particularly chronic pain. Use of opioids has obviously been a big concern in the industry, but usually the PT is dependent on the patient’s self-reporting to determine usage history. PT integration with pharmacy medical management allows us to better monitor opioid use. This can help the PT with treatment strategies, as well as alert the case manager of risk factors for chronic pain or recovery delay factors.

Diagnostic history also provides important insight into injury progression and severity assessment to enable the treatment team, adjuster and injured party to develop realistic goals and treatment plans. It can also help with fraud detection. Unusually high frequencies of certain diagnostics might signal deceptive activities, such as unnecessary tests being ordered to inflate claims.

How does this information help improve outcomes?

KR: Predictive analytics gleaned from comprehensive medical claim data helps flag cases that need more oversight, allowing case managers and adjusters to allocate the right resources more effectively and initiate proactive measures to manage these claims.

Combining that intel with integrated care coordination with all treating parties, such as the case manager and therapy provider, allows the treatment team to better ensure appropriate actions are being taken to avoid unnecessary care and services that can delay return to health and drive up costs.



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