

The Gold Standard for Musculoskeletal Risk Assessment & Cost Management...

Before you can truly begin to control MS costs, you must...



- Accept the fact that MS conditions account for significant costs (direct & indirect) in both your workman's compensation and general health financial systems. Shifting the blame from one system to the other is a poor strategy.
- Accept the fact that only a minimal number of these claims can be traced back to "true" disease &/or pathologies like muscular dystrophy, multiple sclerosis, etc., even though we try to label each case with a disease category.
- Accept the fact that the overwhelming majority of the MS conditions are simply caused by inappropriate movement & force patterns that exceed the bodies ability to adapt to this "stress or stimulus".
- Accept the fact that the human MS system is NOT a static system. In other words, each and every employee does things on a daily basis (at work and at home) that are improving or tearing down their MS system! What are your employees doing?
- Accept the fact that once the MS System begins to tear itself down, there are three options:
 - ◇ Ignore it & watch the condition get worse, because it will!
 - ◇ Seek help from the current healthcare system, which is focused on disease & pathology, utilizes medication, physical restrictions, & surgery to address these conditions, and watch your costs rise!
 - ◇ Seek help from musculoskeletal movement specialists, properly trained physical therapists, athletic trainers & exercise specialists, thereby terminating the progression of &/or reversing the dysfunction from these conditions. In other words, approach these conditions in a different manner and control your costs!

If you can Accept items 1–5 above, you could be well on your way to understanding and implementing "**The HCE Gold Standard to MS Risk Management & Cost Control.**" To maximize the benefits of this type of approach, you must fully comprehend the legal, clinical and administrative aspects of implementing such a program. The balance of this newsletter is dedicated to helping you begin your journey!

Complimentary
Registration

A Revolutionary Approach to MS Health

An Employer Meeting in Lancaster, PA

November 5, 2016: 7:15—10:30 am
Double Tree Resort, Willow Street, PA

Presented by: HCE & The Rehab Center

Call / RSVP: Jancie at 866-398-9169, ext 703
or jancien@health-connections.us

David M. Hatrel, PT, MTC, DPT,
President / CEO of HCE will discuss the faults of the current approach to MS conditions, and explain the merits of the Revolutionary Approach advocated by HCE. He will use actual patient case examples to compare and contrast the differences in the two systems.

By attending this presentation, you will also learn how this new approach will provide you with improved benefits from various prevention strategies as well as properly manage current MS cases to minimize disability, suffering and costs.

We will address legal, clinical and operational considerations to the MS dilemma!



Legal / Administrative Overview: The ADA & EEOC

Understanding Your Rights As An Employer Under the Law!

In 2009, new legislation went into effect regarding the Americans with Disability Act (ADA). We have summarized the impact of this legislation on employers and discussed how it relates to the Equal Employment Opportunity Commission (EEOC):

- The new ADA legislation passed in 2008, and implemented in 2009 sought to clarify, and thereby broadened, WHO was covered by the ADA. Essentially, the question of WHO is covered based upon a “disability” has become of minimal importance, since just about anyone is covered, for most any reason. People with IBS, asthma, or just about any other clinical condition can easily be considered covered under the ADA.
- The focus of the new ADA legislation has shifted to employers being able to demonstrate that they have had a discussion with an employee regarding “reasonable accommodations,” if / when a “covered” condition is documented for a given employee/ applicant.
- However, this broadening of the coverage of the ADA does not mean that employers are forced to hire anyone that walks in the door, or suffer an ADA / EEOC penalty / fine.
 - All applicants must still be able to meet the “essential demands” of the job, with or without accommodations.
 - All applicants must be able to perform the “essential demands” of the job, without significant risk of harm to themselves or a co-worker.
 - All applicants must be able to meet “essential” operational needs of the employer, such as productivity standards or job rotation standards.

It becomes critical to work with functional experts that can measure both your true “essential job demands,” as well as, the “maximum safe physical abilities” of each and every applicant or worker that you offer jobs to or employ. HCE has or can find/train quality physical rehabilitation providers (PT/OT) to perform these services for you. ***Be proactive, be prepared!***

Truths or Myths...

Over Utilization & Cost: Opposition to the HCE Model tries to generate **FEAR** in several different ways. One such concept is that physical therapy cost and utilization will sky rocket if the public can go directly to physical therapists and are not “policed” by physicians.

Nothing could be further from the truth. In a study* of over 11,000 cases, direct access to physical therapy care resulted in sixty-percent FEWER physical therapy office visits AND more than half the cost (\$1,004 VS \$2,236).

*Mitchell, J M, de Lissovoy, G. A comparison of re-source use and cost in direct access versus physician referral episodes of physical therapy. *Phys Ther.* 1997;77:10-18.

(For a list of additional citations, please email info@health-connections.us and state your specific request.)



Clinical Risk Assessments: “Harm to self or others?”

In order to protect your employees from harm, and your P&L from unnecessary costs, you need to partner with the right “EXPERTS!” In the past, employers have looked to physicians of various clinical specialties to help them determine “risk of harm to self or others.” Most employers have expressed frustration with the results of this relationship. Many times, employers point out reported clinical conditions an employee / applicant may have, provide the essential job demands, and express their concern that the employee could be at risk; only to have the physi-

cian “clear” the employee to work. It is NOT an uncommon story to hear these same employees getting hurt in short order. **How is this possible?**

The simple fact of the matter is this: **PHYSICIANS ARE NOT EXPERTS WHEN IT COMES TO MAKING FUNCTIONAL RISK ASSESSMENTS!**

Physicians ARE experts in disease and pathology, and can certainly be very helpful in this category of “risk assessment,” but that is not the typical case. Typically, employers are faced with a clinical impairment of an employee or appli-

cant, and need the following questions answered:

1) Is it safe for this employee / applicant to perform this job, in both the short-term and long-term?

2) Will the performance of this job, make their clinical impairment worse and therefore create an undue risk of harm to the employee or other employees?

In order to answer these questions accurately, you need a healthcare expert that is also a functional expert. This would be a properly trained and supervised physical therapists from HCE!