



INSIGHTS

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BY: MEDICAL & LIFE CARE CONSULTING

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CARING IN THE MIDST OF A CRISIS

RE-EXAMINING WORKERS' COMPENSATION CASE MANAGEMENT DURING COVID-19

In the wake of COVID-19 healthcare professionals worldwide are experiencing drastic changes in how they work and care for their patients – changes which not only impact hospital and acute care professionals, but changes with rippling impacts to health care providers in varying fields including nurse case management. Whether facing a global pandemic, or an equally significant crisis, the ability to adapt is critical for patient recovery and care. After more than a month of shelter-in-place protocols, MLCC takes a moment to re-examine workers' compensation nurse case management and how we're ensuring our patients continue to receive the attention and care they need for recovery.

As workers' compensation, or field nurse case managers, our primary role is not direct care. Instead we are commissioned to

ARTICLE HIGHLIGHTS

- WORKERS' COMPENSATION CASE MANAGEMENT IN THE MIDST OF COVID-19

assess, plan, facilitate, coordinate care, evaluate and advocate options and services to meet an individual's and family's comprehensive health needs.^[i]

During a crisis our mission does not change yet, how we deliver and manage our cases just might. Within workers' compensation we're often treating individuals with emergent injuries or illnesses, and elective treatments may not appear critical in the face of those directly affected by the crisis. However, our goals remain focused on the improvement and healing of our patients and here's how we're doing it:

1) FINDING ALTERNATIVE METHODS OF TREATMENT

Our patients and the care they need is our priority. When customary modes of treatment are not available, nurse case managers must find alternative solutions such as replacing in-office provider visits with telehealth visits and video appointments. Physicians, physical and occupational therapist are still able to provide orders, update treatment plans,

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provide treatment, and more through video conferencing features of telehealth software platforms.



2) FINDING ALTERNATIVE CARE PROVIDERS AND ALTERNATIVE METHODS OF CARE DELIVERY

As nurse case managers within workers' compensation, finding alternative care providers and alternative methods of care delivery is something we do every day in practice. When one door is closed there is always another that is open. At MLCC, once regional shelter-in-place and stay at home orders were executed we immediately developed an evolving list of providers that were open and confirmed the level of services they had available. If certain caregivers were closed and unavailable, alternative treatment sites and treatment providers were identified.

For our existing patients, we immediately reassessed diagnosis and whether any new complications, or risk for complications were identified while continuing

treatments put in place by their care providers through video appointments and telehealth conference calls.

When new patients were referred, with new or evolving injuries/illnesses, physicians were identified, and visits facilitated as needed. As with all patient visits during this time of crisis, appointments were completed in person with appropriate personal protective equipment (PPE) or through telehealth platforms and video conferencing until the pandemic is under control.

3) EXPLORING VARYING OPTIONS FOR TESTING

During times of crisis usual and customary standards of care and case management may not be available. In the Northeast region we found that provider offices may be closed for patients, but open for specific services, or even transformed into COVID-19 testing centers. As case managers we rely on our relationships with our providers and are consistently exploring the varying options available to our patients.

Let's consider an example case where a patient who's been diagnosed with a fracture and is due for an evaluation of the injury. The evaluation has been delayed due to the shutdown of offices but can no longer be postponed. Even though the physician's office is closed, their x-ray office may be open, and their treating physician is requesting an x-ray.

However, amid the current crises the x-ray department is now a known COVID-19 evaluation and treatment center. That patient, who is severely compromised, may be put at risk in that center. An alternate site would be found, orders facilitated, and the treatment scheduled by the nurse case manager to decrease risk of the patient contracting COVID-19.

Having the ability to continue managing our cases and securing varying options is the responsibility of the nurse and by doing so decreases the anxiety the patient may have around their treatments and care.

4) CONNECTING PATIENTS WITH THE APPROPRIATE RESOURCES

As health care professionals, our focus always includes the prevention of further complications, or contamination in the case of COVID-19, of patients and their families while getting them resources and services they need for recovery. In the wake of the current pandemic this includes nurses wearing appropriate PPE's and taking precautions during patient visits, at therapy appointments, or out in the community. It also means connecting our patients with protective equipment, masks and gloves, when attending appointments in their physician's or provider's office. Continuing to educate and provide supplies goes a long way in minimizing risk of possible contamination.

5) ADDRESSING PATIENT RISK FACTORS FOR EXPOSURE AND CONTRACTION OF COVID-19

Often our patients share their homes with family, and even extended family, meaning the risk for exposure and contraction of COVID-19 may increase based on the behaviors of those they live with. As nurses assigned to their workers' compensation case, we are constantly working to mitigate the level of risk for complications, which now includes COVID-19. This now includes providing PPE (whether it be hospital grade PPE or resourcing what is available in the community, e.g. cloth masks) and education about protection to family members. The good news is more and more individuals are being tested and diagnosed, and individual commitment to self-quarantine, even with in the home, protects families and reduces risk to our patients.

6) EXPANDING OUR ROLE IN TIMES OF NEED

As nurse case managers our focus is not on the original injury but on the entire person and their road to recovery. Whether we're sourcing and supporting alternative approaches to treatment (telehealth, video conferencing), attaining access to services, testing, and alternative methods of care, doing what we can to protect our patients from COVID-19, or assisting them if they contract it – times of crisis call for action.



WHAT ABOUT THOSE SEVERELY AND CATASTROPHICALLY INJURED?

At MLCC our caseloads span from mild and moderate to severe and catastrophic. During a crisis, severe and catastrophic cases can become the most vulnerable and at risk for infection and of a disruption of their care.

Are their home health providers practicing appropriate patient protection protocol? Are their home health agencies still able to send care providers to the home? Are these patients still able to receive the treatments and services their lives depend on? The ability to answer these questions and ensure minimal to zero disruption is a key when managing

high-risk cases in the midst of a crisis. Managing the care of this population requires agility and flexibility.

1) IMMEDIATELY CONNECT WITH CARE PROVIDERS TO CONFIRM CONTINUATION OF SERVICES

Connect with the patient's family and home care providers to ensure patient protection protocols are set in place and adhered to. Expand the managing and monitoring the health systems beyond the patient by including their caregivers and families to prevent complications.

2) RESPONDING TO THE PATIENTS NEEDS WHEN NORMAL CARE PROVIDERS ARE UNABLE TO RESPOND

The suddenness and chaos caused by COVID-19 left many caregivers unable to go to work, whether childcare became an issue, they found themselves sick, or knew that they'd been in contact with someone who'd contracted the virus. Communicating with families on care management and how to reduce the risk of exposure is critical. When medical personnel are not available to address or treat patients as needed or outlined in their plan of care, nurse case managers may be the ones to step in and provide that necessary care. Minimizing risk for exposure by preventing/avoiding trips to the emergency room is key in maintaining health for these challenged patients. Staying calm in the face of an ever-changing environment and stressful situation is key.

3) MAINTAIN COMMUNICATION

Most important for the severely injured and catastrophic cases is communication. Keep the patient, their families, the caregivers, and treatment providers informed. Clear and calm communication reduces anxieties and provides an element of comfort in stressful situations such as COVID-19.

Nursing roles have evolved over time, becoming more technical and complicated as medicine has evolved, but the basic premise of keeping our patients safe and facilitating maximum health and quality of life remains the same in every situation.

With COVID-19, MLCC Nurse Case Managers continue to remain dedicated to providing our patients with all they need to maintain maximum health and well-being, as they continue to recover from their injuries or illnesses in this challenging time.

REFERENCES

^[i]What Is A Case Manager - Case Management Society of America. (2017). Case Management Society of America. <https://www.cmsa.org/who-we-are/what-is-a-case-manager/>