

# What Insurers Want

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# We Want Them to Get Better

- We really want them to improve
- Evidenced based medicine
  - Current, “proven”
  - Faster to certify, software
- Deviation – explain it, we know they are guidelines

# Reports

- Timely – we can't help you otherwise
- Surgery request
  - Physical unchanged?
  - Write what you need to know to make decision (dec sensation, strength, DTRs)
  - Ask for PT at same time

# Return to Work

- Early, sustained return to work and function
- Modified duty – graduate

# Move Case Along

- MMI within 6 months of DOI or surgery
- Track TTD, MMI, case closure

# Psychosocial

- Biggest determinant of outcome for spine surgery. Technically perfect surgery but...
- Take it into consideration
- Listen for clues
  - Last doc no good
  - What are you going to do to fix me?
  - I love my job and want to RTW, but...
- Supplement staff
- Outcomes – ask us

# Office Dispensing

- I supported as DWC Medical Director
- We put in regs for repackaged drugs
- Compounded topicals
- Omeprazole/NDC
- Medical foods
- See bills for \$1200+ one visit
- One large group, only a couple do it

# Opioids

- We expect your specialty to use them
- CWCI and others are collecting data
- Set expectations from start
- Goal – for function
- Long term should be doing contracts, urine drug screens, liver function tests



# Physician Metrics

- Insurers, government collecting data
- Return to work, total medical and claims cost, percentage litigated
- Case mix adjustment
- What would you like to have measured?