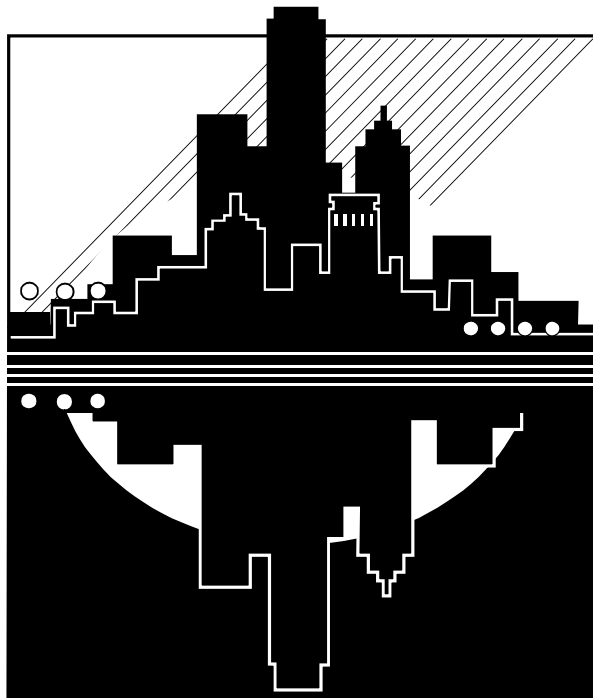


# Minnesota Health Partnership

## Test Employer Guide

(Revised on 10/99)



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- ◆ Overview
  - ◆ Key Benefits
    - ◆ Activity Plan
      - ◆ MHP Model Comparison
        - ◆ Questions & Answers
          - ◆ Checklist

## What is the Minnesota Health Partnership (MHP) ?

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### Overview

The spiraling costs of employees' group health benefits and workers' compensation insurance have created an urgent demand for a new high quality, cost effective, consumer driven health care delivery system. In

response to this demand, a Minnesota partnership representing private industry, state government and the medical community is developing and implementing a coordinated benefits health care delivery model that blends the best of traditional employee health care and workers' compensation medical coverage. A coordinated benefits health care delivery model would allow an employee who breaks her leg at home to receive medical care through the same health care delivery system, with the same treatment and disability management, as she would if she had broken her leg work.

The low unemployment rate in Minnesota makes this project timely. Due to the labor shortage, employers are more eager to accommodate employees. This project has 4 phases: development, pilot site implementation, additional test site implementation and evaluation. Once developed, the coordinated benefits model will be tested at a single clinic site. During this initial period, this Activity Plan approach to the delivery of employee health care will be refined. During the test site implementation phase, the model will be introduced and observed at additional clinic sites in the Twin Cities area and in greater Minnesota.

### **Mission**

The Minnesota Health Partnership is committed to improving the quality of health care. We believe that patient-physician communication is at the heart of good medical care. We are committed to developing and evaluating a new model of health care delivery that provides better patient education, promotes personal responsibility for one's health care, and allows for the continuity of health care.

### **Partners**

Allina Health System, Blue Cross Blue Shield of Minnesota, Fairview Health Services, HealthEast Care, HealthPartners, HealthSystem Minnesota, Buyers Health Care Action Group (BHCAG) -Test Employers- Dayton's, Reliant Energy Minnegasco, 3M, Wells/Norwest, Rosemount Inc., and the State of Minnesota Department of Employee Relations.

### **Timeline**

1997 - Development & Planning  
1998 - First pilot clinic starts  
Additional test clinics begin  
1999-2002 – Evaluation



## EVALUATION ANALYSES

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**Coordinated Health Care and Disability Prevention (CHCDM) Evaluation Question:** “Does Coordinated Health Care and Disability Prevention improve patient functional activity at acceptable cost while preserving the quality of medical care and maintaining or improving patient, employer and provider satisfaction?”

There are four components within the evaluation: (1) organizational; (2) costs; (3) satisfaction, and (4) clinical outcomes. The *a priori* hypotheses are that CHCDM will: (A) improve patient functional status without adversely affecting clinical outcome and quality of care; (B) enhance patient and employer satisfaction without adversely affecting provider satisfaction; and, (C) reduce overall societal cost of illness as a consequence of improved functional outcomes.

Organizational analysis will be a broad based evaluation of implementation and operational issues. It will describe the evolution from concept to operational status; assess the impact on employers, health care organizations, and health plans; and document the CHCDM impact on the economic relationships between providers, health plans, and employers.

Cost analysis will answer the question, “Does CHCDM add to or reduce health care costs?” The cost study will evaluate both group and individual costs associated with CHCDM. The analysis will address how CHCDM affected health care and disability costs, who benefited financially from CHCDM and who did not, and what barriers this may represent to broader implementation. Costs will be evaluated for both general and workers’ compensation health care. Objectives: Document the “start-up” costs associated with CHCDM; document the ongoing administrative costs associated with CHCDM; document employer cost impact from changes in lost work time attributable to CHCDM; and document changes in costs of providing medical care due to CHCDM.

Clinical Outcomes analysis will answer the question, “Is health care quality affected by CHCDM?” Pertinent *a priori* hypotheses state that health care will not be adversely affected. However, cohort-and cross-sectional techniques will be combined to assess the impact of CHCDM on clinical outcomes. The patient population will consist of employees age eighteen years and above. Data will be obtained using patient surveys and medical record reviews. Objectives: assess the impact of CHCDM on the functional status of the general patient population, and assess the impact of CHCDM on populations with specific tracer conditions.

Satisfaction measures will answer the question, “Is satisfaction with health care and the health care process affected by CHCDM?” Cross sectional techniques will be employed to assess the impact of CHCDM on patient, provider, and employer satisfaction. Objectives: assess the impact of CHCDM on patient satisfaction; assess the impact of CHCDM on employer satisfaction; and assess the impact of CHCDM on provider satisfaction.



## MHP PARTICIPATING CLINICS

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### Who are Participating Clinics?

Participating clinics are *test* and *control* clinics. In evaluating the impact of the MHP model on the quality of care, costs and satisfaction, a comparison will be made between providers who are implementing the MHP model (*test* clinics) and providers who are providing a baseline comparison (*control* clinics). Employees of participating employers who access medical services at participating clinics will be included for purposes of the evaluation.

#### Test Clinic Sites

- Park Nicollet Clinic, Burnsville
- HealthPartners St. Paul Clinic
- Central Minnesota Group Health Plan, St. Cloud
- Aspen Medical Group, Bloomington
- Fairview Northland Clinics (Elk River, Milaca, Zimmerman, Princeton, St. Michael)
- Fairview Cedar Ridge, Apple Valley
- HealthEast –Family Practitioners – Cottage Grove

#### Control Clinic Sites

- Park Nicollet Clinic, St. Louis Park
- Park Nicollet Clinic, Minneapolis
- Park Nicollet Clinic, Carlson Parkway
- Aspen Medical Group, Hopkins
- Fairview Oxboro, Bloomington
- Allina – Coon Rapids Medical Center
- HealthPartners – Como
- Health East - Woodwinds - Woodbury

### What will Participating Clinics need to do?

*Both control and test clinics will:*

1. Identify MHP participants at the time of scheduling patient visits.
2. Ask MHP participants to complete a 1-page screening survey at the front desk that will ask patients for permission to contact them regarding a research project the clinic is participating in.
3. Send MHP all screening forms within a week the patient completes it.

*In addition, Test Clinics will:*

1. Attach an Activity Plan to the patient's medical chart for each patient visit.
2. Physicians will have a dialogue with their patient regarding function and communicate functional ability at every visit completing the Activity Plan as the written communication tool.

Copy 1            patient chart

Copies 2-3      patient

Copy 4            study

3. Staff and physicians participate in research surveys / interviews as requested and—if possible—attend any training modules on research procedures and the care model.
4. Participating clinics will be asked to provide the study copy of Activity Plans from each MHP patient visit. A MHP representative will collect these from the clinic site on a periodic basis.
5. Complete a provider satisfaction survey at the end of year 1 and year 2.



## MHP PARTICIPATING EMPLOYERS

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### Who are Participating Employers?

Participating employers are *pilot* and *control* employers. In evaluating the impact of the MHP model on the quality of care, costs and satisfaction, a comparison will be made between employers who are implementing the MHP CHCDP model (*pilot* employers) and employers who are providing a baseline comparison (*control* employers). Employees of participating employers who access medical services at participating clinic sites will be included for purposes of the evaluation.

#### Pilot Employers

- State of Minnesota Department of Employee Relations
- Blue Cross Blue Shield of Minnesota
- Buyers Health Care Action Group
- Marshall Field's formerly Dayton's
- Reliant Energy Minnegasco
- Wells Fargo formerly Norwest
- Rosemount Inc.
- 3M

#### Control Employers

- Land O'Lakes
- SUPERVALU INC.
- Jostens
- Cargill
- Carlson Companies

### What information will Participating Employers need to provide?

Information concerning costs, lost time data and other information from the pilot and control employers in order to allow a comparison between work and non-work related medical conditions. More specifically, participating employers will be asked to provide the following information on a quarterly basis from July 1, 1998 through December 31, 2001:

- Employer name/work comp and/or disability TPA name
- Date of injury or disability
- Co-pay / deductibles
- Actual lost time (STD, LTD, WC)
- Actual restricted or light duty time (if available)
- Average wage weekly
- Employment status (i.e. 5 FTE)
- Seasonal, casual employees
- Available data on disability costs
- Available medical care costs (employer premium payment)
- Available data on legal costs
- Disability management costs
- Wage replacement for lost time
  - payments under disability benefits for lost time

Employees of Participating Employers may also be surveyed about the care they received, satisfaction and clinical outcomes. Employers may also be surveyed about satisfaction and interviewed to obtain more qualitative information.



What's different about this model?

### *Employees*

- Are strongly encouraged to see their primary care physician for work related injuries/conditions
- Are responsible to provide copies of the ACTIVITY PLAN to third parties

### *Providers*

- Provide education about activity abilities Activity Plan appropriate to the patient's diagnosis regardless of causation
- Complete an Activity Plan (ACTIVITY PLAN) that will replace all other workability forms
- Create a seamless delivery system up through the physician encounter

### *Employers*

- Provide comparable disability prevention and management for both work & non-work related injuries or illnesses.
- Provides job accommodations for both work-related and non-work related injuries or illnesses when possible.
- Accept the Activity Plan in lieu of other workability/certification forms

### **What is BHCAG's long term vision for the Integrated Benefits Project?**

The model will move toward integration of the currently diverse Activity Plan approaches in managing medical and disability costs associated with work and non-work injuries / illnesses. This integration may include the following: (1) Activity Plan application of identical "best practice" Activity Plan approaches to treatment of illness and injury whether work-related or not; streamlined administration; (2) data collection (including productivity measures); (3) common reimbursement for providers; (4) alignment of economic incentives; and (5) a focus on total disability costs (including impact on productivity). Ultimately the vision is to pursue common benefit levels which would result in a truly seamless system from an employer's perspective.



## What are the key benefits of participating in MHP ?

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- ◆ Provide employees the ability to seek medical treatment with their primary care provider for all health care.
- ◆ Maintain continuity of healthcare.
- ◆ Promote compliance with all medical treatment recommendations conveyed on the Activity Plan.
- ◆ Prevent animosity between employee, employer and provider.
- ◆ Receive clear activity recommendations via the Activity Plan regardless of cause.
- ◆ Streamline communication through use of a common form for Health/STD/LTD/Workers' Compensation/FMLA documentation.
- ◆ Promote return to work through a good faith effort to accommodate employees with activity limitations.

## What are some of the opportunities?

- ◆ Participating in a project that has the potential to become a national integrated benefits, 24 hour-care model.
- ◆ Assisting in efforts to significantly decrease disability costs (workers' compensation, short-term disability, sick leave).
- ◆ Promoting early return to work philosophies.
- ◆ Furthering of the BHCAG vision to improve the delivery and quality of health care.
- ◆ Promoting individual responsibility for one's health care.
- ◆ Gaining information regarding employees' health and satisfaction.



### What is an Activity Plan?

The Activity Plan is a written communication tool intended to help facilitate communication to a patient about their functional abilities as well as other treatment recommendations that affect the patient's ability to perform normal daily activities. The Activity Plan is to be completed for all visits of patients identified. Administration is streamlined by having the Activity Plan be accepted by test employers in lieu of all other workability forms. Also, it is the patient's responsibility to return the form to the employer or any third party requestor if accommodations are needed. The clinic will not be responsible to fax or send the form to test employers.

Input from both employer, consumer and physician focus groups and from a 1-week test drive of the form by 5 primary care physicians from different care systems was obtained as part of the development of the Activity Plan. It is impossible to create one form to meet all needs, so we have created a form to meet most needs. **The Activity Plan is a work in progress.** We will further refine this form based on your feedback.

### How will the provider know when to fill it out?

The receptionist/administrative staff will identify MHP patients per the protocol, and will attach an Activity Plan to the patient's chart. The Activity Plan is completed for every MHP patient at every visit. The majority of patients will not require any limitations; therefore, in completing the form, all the provider needs to do is check the box labeled "normal activities", and sign the bottom of the form.

What happens to the ACTIVITY PLAN after it is completed?

- |             |   |
|-------------|---|
| Copy #1     | The original top copy will stay with the patient's chart as a medical record.   |
| Copies #2-3 | Both the patient's copy and the 3 <sup>rd</sup> party copy are given to the patient. The patient's copy is for their own use. The 3 <sup>rd</sup> copy has confidential information blocked out and the patient may choose to give it to a school, coach, employer, etc. if they are unable to perform their normal activities and may need accommodations. |
| Copy #4     | The study copy, which also has the patient name blocked out, stays at the clinic until it is sent to the MHP office on a monthly basis.   |



## **Advantages to employers in using the Activity Plan**

- Clearer communication between employee, physician, and employer.
- Increased ability to accommodate employees' needs based on the Activity Plan.
- Functionality dialogue at every visit.
- Patient education that activity is beneficial to recovery.
- Reduced misinterpretation or misunderstanding of physician recommendations.
- Decreased lost time and increased productivity.
- Promotion of employee responsibility.
- Streamlined administration by replacing other work ability forms.
- Improved employee health outcomes.
- Return to work becomes an expectation.
- Decreased number of follow-up medical visits due to increased treatment compliance.



### MHP Model

- Injury / illness occurs.
- Employee reports to employer.
- Employee seeks treatment from primary care provider.
  - ⇒ Provider discusses / assesses functionality with patients at all visits regardless of causation.
  - ⇒ Employee receives a copy of the Activity Plan.
- Employee is responsible to provide Activity Plan to employer.
- Employer completes First Report of Injury and notifies third party administrator (TPA).
- Employer provides disability management.
- Employer makes a good faith effort to provide job accommodations and return to work (RTW).

### Current Work Comp Model

- Injury / illness occurs.
- Employee reports to employer.
- Employee seeks treatment per company protocol (MCO, PPO)
  - ⇒ Provider outlines work restrictions.
  - ⇒ Employer/employee receives a report of work ability form.
- Employee is required to provide report of work ability form to employer.
- Employer completes First Report of Injury and notifies third party administrator (TPA).
- Employer *may* provide disability management.
- Employer *may* provide accommodations.



How does the MHP model compare to our current non-work related injury / illness model?

MHP Model

Current Non-Work Related Injury / Illness Model

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Injury / illness occurs.</li> <li>• Employee seeks treatment from primary care provider.             <ul style="list-style-type: none"> <li>⇒ Provider discusses / assesses functionality with patients at all visits regardless of causation.</li> <li>⇒ Employee receives copies of the Activity Plan.</li> </ul> </li> <li>• Employee is responsible to provide Activity Plan to employer if work is affected.</li> <li>• Employee reports to employer if unable to work, or work is affected.</li> <li>• Employer provides disability management.</li> <li>• Employer makes a good faith effort to provide job accommodations and RTW.</li> </ul> | <ul style="list-style-type: none"> <li>• Injury / illness occurs</li> <li>• Employee seeks treatment based on rules of their health plan.             <ul style="list-style-type: none"> <li>⇒ No formal discussion of functionality is required by the provider.</li> <li>⇒ Written documentation may or may not be provided.</li> </ul> </li> <li>• Employee may provide physician note if work is affected.</li> <li>• Employee notifies employer if unable to work, or work is affected.</li> <li>• Employer <i>may or may not</i> provide disability management.</li> <li>• Employer <i>may</i> provide accommodation, or employee stays off work</li> </ul> |
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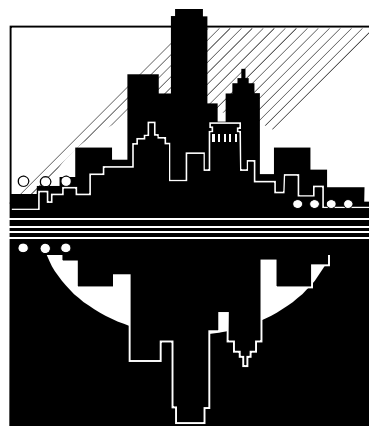
# Questions & Answers

**Q** Why is it important for employees to seek treatment from the primary care provider?

**A:** The primary care provider knows the patient's medical history which promotes continuity of care.

**Q** What do I do if the employee does not want to go to their primary care provider?

**A:** Employees usually have ultimate choice of provider. You can strongly encourage employees to go to their primary care provider, but under current workers' compensation laws, employees may have the option to go to their provider of choice.



**COORDINATED HEALTH  
CARE & DISABILITY  
PREVENTION**

**Q** What if an employee refuses to return their ACTIVITY PLAN when their activities are limited?

**A:** Employees may not receive accommodations / benefits without providing documentation that their abilities are limited.

**Q** What do I do with the ACTIVITY PLAN?

**A:** Follow the recommendations on the ACTIVITY PLAN, provide job accommodations and forward the ACTIVITY PLAN to designated company contact if benefits are payable.

**Q** Why will I receive only limited information from the ACTIVITY PLAN?

**A:** Patient confidential information is blocked out on the 3<sup>rd</sup> party. You (as a line supervisor/manager) should only receive information needed to accommodate the employee. If the employee is requesting benefits, your company (benefits or worker's compensation department will need the patient copy of the Activity Plan to determine benefit eligibility.

**Q What is disability management within the MHP project?**

**A:** Disability management is the coordination of programs & services to assist injured or ill employees in returning to functional and productive work. The disability manager communicates with the employees and their providers, and facilitates Activity Plan recommendations,

Strategies for accomplishing this objective include:

- 1) Commitment to use the Activity Plan form in lieu of other work ability forms.
- 2) Commitment to make a good faith effort to safely accommodate activity recommendations as set forth in the Activity Plan for all employees regardless of the origins of their injuries or illnesses.
- 3) Commitment to embrace the philosophy that employees' return to a productive lifestyle (including work) as therapeutic to their medical recovery and long term health.
- 4) Commitment to accept the responsibility for effectively managing the return-to-work process by ensuring particular job requirements fit with the recommendations contained in the Activity Plan.

**Q Are there any potential down sides to implementing the MHP model?**

**A:** There are 3 potential downsides: (1) There may or may not be possible increases in the allocation of resources (both financial and staff) for accommodations and disability management; (2) There is the potential for more time away from work due to increased travel time for appointments (assuming the primary care clinic is closer to home than work); and (3) depending upon health plan access requirements, the patient may need two appointments instead of one (seeing Primary Care first) in order to see a specialist.

**Q Will benefit plans and reporting requirements change?**

**A:** No. Benefit plans, state/federal reporting requirements, or absence pay policies, will not be affected by this model.





What to do when . . .

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- An employee reports an injury/illness
  
- An employee provides an Activity Plan
  
- An employee requests accommodations
  
- An employee requests FMLA
  
- An employee asks which provider they should see for treatment

**Resources**

- Who can I call with questions?
  
- Where do I send the bills?





**An employee reports an injury/illness**

When an employee reports an injury or illness, tell the employee to seek treatment from their primary care clinic. If the employee indicates that the injury or illness is due to his/her work activities, contact \_\_\_\_\_ for completion of injury reporting. Be sure to indicate any time missed on the appropriate non-productive hours segment of the employee's time sheet. Include FMLA reporting if appropriate.

**An employee provides an Activity Plan**

If an employee presents a completed Activity Plan, review the form to see if the employee has any limitations from his/her job activities or requires time off from work. Discuss any work limitations with the employee to determine how you can accommodate the limitations. Keep a copy of the Activity Plan in the employee's personnel file.

**An employee requests job accommodations**

When an employee asks to have job accommodations, ask them if they have received an Activity Plan from the employee's doctor. The Activity Plan will help both you and the employee determine the needed job accommodations. If the employee does not have an Activity Plan, have them contact his/her doctor for written instructions for job accommodation. Based on the specific limitations, work with the employee to determine which job tasks can safely be performed or which must be modified.

**An employee requests FMLA**

If an employee requests FMLA, have them submit the patient's copy of the Activity Plan. If they request FMLA for a family member, the employee's name must be on the form. Forward completed Activity Plans to Human Resources route \_\_\_\_\_.

**An employee asks which provider they should see for treatment**

Refer employees to their primary care clinics. Technically, employees can see any provider, but our preference is that they see their primary care provider/physician.

