



RISK★TEX

INTERAGENCY COMMUNICATION FROM THE STATE OFFICE of RISK MANAGEMENT ★ JAN. 2002



NEW E-MAIL ADDRESSES

Effective Jan. 2, 2002, e-mail addresses at SORM have changed from `firstname.lastname@oag.state.tx.us` to `firstname.lastname@sorm.state.tx.us`. For example, John Doe's new e-mail address would be `john.doe@sorm.state.tx.us`.

SORM TIP OF THE DAY

If an injured employee who is off work refuses a light-duty job offer and the physician agrees that the employee is able to perform the job, send a copy of the bona fide job offer letter and the completed TWCC-73 form from the doctor to the SORM adjuster handling the claim. It is possible that temporary income benefits may be discontinued.

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Developing an effective return-to-work program

By Mary Loza

Effective loss prevention is the first step in controlling workers' compensation costs. However, even after a worker has been injured, there are ways to contain costs. One effective technique involves developing a program that allows an injured employee to return to work as soon as possible. This article will suggest guidelines for developing your own return-to-work program.

Allowing workers to return to work on modified or alternate duty translates into potentially large savings. Getting workers back to the

workplace to perform modified duties while they recover fully can substantially reduce the cost of your workers' compensation claims. The financial burden of paying for workers' compensation claims is not the only expense that agencies must bear. There are indirect costs, such as lost productivity, employee replacement, and diminished employee morale.

An effective, return-to-work program involves establishing agency procedures and communicating with the injured employee, health profes-

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Protocols help agencies respond to emergencies

By Sam Arant

Emergency response protocols for use by state agencies are now located at SORM's website, `www.sorm.state.tx.us`. These protocols are simple, step-by-step procedures that can be tailored to the specific needs and requirements of your agency. Emergency response protocols currently found on the SORM website are: anthrax; building evacuation; fire emergencies; medical emergencies; severe weather; and, bomb threats.

Future emergency response protocols may include: smallpox and other biological agents; saran gas and other chemical agents; and, "dirty bombs" and other forms of nuclear terrorism.

Once you have tailored these emergency response protocols to your agency or location, it is recommended that all employees be trained in the details of each protocol. Copies of the emergency protocols should be posted on area bul-

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Reports available for agencies

By Patricia O'Hara

State agencies currently receive various types of reports from SORM.

Ad Hoc Reports

Several agencies have asked SORM's Information Resources section for special reports about their agency claims. Examples of reports that are currently available are:

- List of medical providers for an agency, listing claimants using each provider, plus the costs paid to that provider;
- Medical and/or indemnity payments made during a month or quarter;
- List of costs by claim for physical therapy; and,
- List of claims with beneficiaries, such as attorneys or dependents.

If a report would assist you in risk assessment or claim management, please contact the Information Resources section with your request. The reports are available as text documents or (in most cases) spread-

sheets. Data files can be created on a limited basis.

System Reports

SORM's Accounting division mails out several reports that are generated from a mainframe. There are several of these: some are monthly information; some are fiscal year-to-date sums, either summary or by claim.

Quarterly Reports

There are four quarterly reports issued to agencies from SORM's Information Resources section. The first three reports are summary agency information by nature of injury, cause of injury, and the body part involved. The fourth report reflects the agency Injury Frequency Rate (IFR) for various time periods.

Annual Report

A report is prepared on an annual basis that is a comparison of the "top 25" agencies with statewide information for certain factors, medical

and indemnity payments made in the last 10 fiscal years, medical and indemnity payments made to claims based on the year of injury, and IFR. The report contains statewide data on accepted and denied claims. It was created for Sen. Kenneth "Kim" Brimer.

Future Plans

The Information Resources section hopes to make available a system that would allow agencies to request their own reports via the Internet, without calling SORM for the reports. The data would be updated on a nightly basis, and agencies could specify the parameters of their own report: payments for a date range; body part; range of cause of injury; by claimant; etc.

For more information, contact Patricia O'Hara in the Information Resources section at (512) 936-1500 or at patricia.o'hara@sorm.state.tx.us.

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Decherd focuses on new programs

Editor's Note: David Decherd has joined SORM as a specialist in the Gateway Doctor Program and return-to-work program. Here's a brief introduction to one of the newest additions to SORM's Risk Assessment and Loss Prevention section.



David Decherd

I am a native Austinite, graduated from Baylor University in 1987 with a bachelor's degree in business administration in 1987, majoring in management, and received a master's degree in healthcare administration from Southwest Texas State University in 1992. I worked in the healthcare industry from 1990 to 1997. At Southwest General Hospital in San Antonio, I served as the director of managed care, negotiating and executing more than 25 contracts. I then helped manage a return-to-work program based out of its emergency department. It was there that I was first exposed to the many benefits of getting employees back to work after occupational injuries. I then transferred with the parent company to Austin to assist its newly purchased home health agency with marketing initiatives.

Gateway Doctor Program and Return to Work

SORM is working on two very important initiatives for the State. Both have great potential and, once implemented comprehensively, could mean substantial savings in workers' compensation claims and lost employee time. Once in place, the Gateway Doctor Program will work in tandem with each agency's return-to-work program. A request for proposal is in the process of being put out to bid for a third-party company to bid on the contract. The contract will be to set up physician networks in every region of the State, and ensure that the physicians within the network comply with the various return-to-work guidelines that can expedite an employee's returning to work. The goal of the return-to-work process is to gain cooperation between the return-to-work coordinator, supervisor, and doctor. By gaining active participation in the process and opening effective lines of communication, return-to-work coordinators will become more proactive in assuring that employees receive the high-quality care they deserve, and returning them to active employment as soon as they are physically ready.

Marketing posters, as well as training and education and implementation measures that need to be taken, are just a few of the steps that can make the process more efficient. One of the key services that we can provide State agencies is training with regards to the return-to-work process, the various forms that are necessary, and the responsibilities of key employees integral to its success. Our role will be to assist the agencies on their return-to-work process and the growing pains that inevitably occur with the newly established doctor networks. We will also work with the Gateway doctors and their offices with the return-to-work initiatives.

As far as potential savings, we are exploring new territory. Last fiscal year, the State Employees Workers' Compensation Program spent almost \$66 million on workers' compensation claims (medical and income benefits). Upon implementation of both programs, substantial savings could be realized. More importantly, if an efficient program and process is put into place and managed and monitored effectively, the potential savings and positive outcomes are far-reaching. We must not lose sight, however, that quality health care administration for State employees is still our top priority. I am working closely with Mary Loza on these projects and am very enthusiastic about the positive difference these initiatives can make for the State and its employees.

Modified-duty jobs help get employees back to work

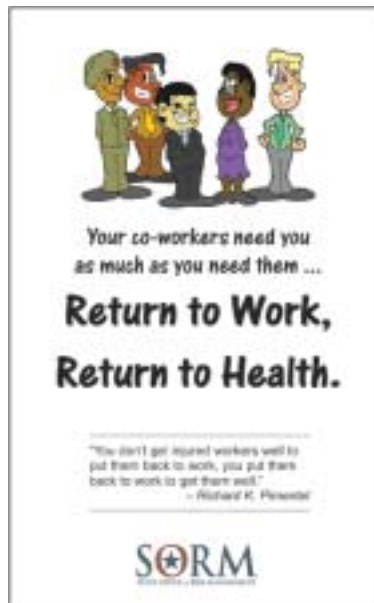
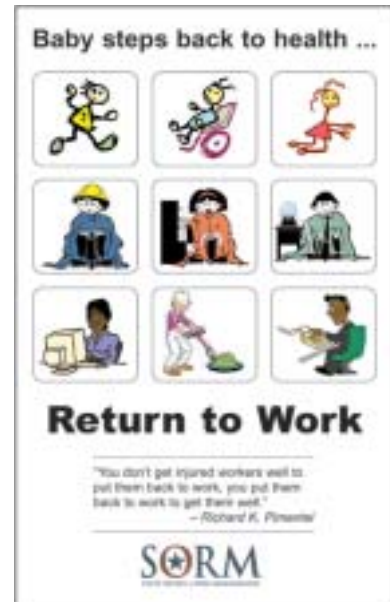
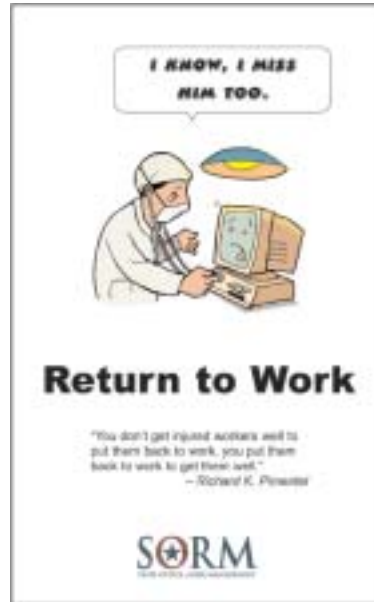
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sional and adjuster, as well designing temporary modified-duty assignments and implementing and monitoring each modified-duty case. The following steps are key ingredients for a model return-to-work program.

1. Agency procedures should include standardized reporting and record keeping of all workers' compensation injuries. Any injury, even a seemingly minor one, can result in a workers' compensation claim. The procedure should require employee reporting of all work-related injuries and illnesses as soon as possible, regardless of the severity. Internal procedures should be clearly communicated to employees and supervisors, explaining their responsibilities when a claim occurs.

2. When an injury or illness occurs, supervisors should accompany the employee to the doctor, if at all possible. Utilize in-house medical facilities, if available.

3. Injured workers should be contacted as soon as possible at home or in the hospital through phone calls and personal visits. Prior communication of the agency's return-to-work policy and post-injury demonstrations of concern and caring reduces time lost from work, reduces attorney involvement, and increases the employee's satisfaction with every aspect of his/her worker's compensation experience. One recent study found that the longer the injured employee was away from work, the less likely they were contacted by their employer. Simple human touches, such as visiting the injured worker, sending a card, or keeping in touch



These posters are among those developed by SORM for return-to-work programs. Agencies can request the posters by contacting Mary Loza at (512) 936-1569 or David Decherd at (512) 936-1563.

can determine if the injured employee is able to perform the tasks listed in the description.

5. Upon receipt of the TWCC-73 form (Work Status Report) from the doctor showing the job restrictions, complete a job analysis of the temporary, modified duty. If the doctor keeps the employee off work completely, the agency should ensure regular contact with the doctor.

6. Modified-duty assignments can be designed around an injured employee's physical limitations by modifying the normal job, by reducing the job's regular hours, or by selecting a job from other tasks that need to be done in your agency. This should be done before any injuries are reported. Make supervisors alternate-duty assignments. Always place time limits on modified-duty assignments. This prevents modified-duty assignments from becoming "permanent" jobs that may fall under the

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by telephone, have a significant, positive impact on the injured employee.

4. The employee's doctor should be informed that a modified-duty position can be designed to meet the employee's limitations. A new form (SORM-85) has been designed to give providers information on the return-to-work policy of the agency and agency contact information, as well as general workers' compensation information. Provide a copy of the employee's job description to the treating doctor so that the physician

New preauthorization rules

By Robin Cline

As a result of the passage of HB 2600, preauthorization as we know it has dramatically changed. Effective Jan. 1, 2002, injured workers no longer have to wait through the second opinion spinal surgery process. Instead, spinal surgery becomes part of the preauthorization process. The list of services requiring preauthorization also includes:

- all chemonucleolysis;
- all external and implantable bone growth stimulators;
- all psychological testing and psychotherapy;
- outpatient surgical or ambulatory surgical services;
- inpatient hospital admissions;
- all myelograms, discograms, or surface electromyograms;
- work hardening/conditioning provided by a facility that has not

been CARF accredited;

- rehabilitation programs, including pain management;
- all durable medical in excess of \$500 per item and all TENS units;
- nursing home, convalescent, residential, and all home health care services and treatments, chemical dependency, or weight loss programs; and,
- any investigational or experimental service or device.

The amended Texas Workers' Compensation Commission rule also deletes several categories of treatment requiring preauthorization, such as physical medicine.

Concurrent review is a new concept added to the preauthorization process. This review is now required for an extension of previously approved services, which include inpatient length of stay; work hard-

ening/conditioning services; investigational or experimental services of use of devices; rehabilitation programs; nursing homes; convalescent, residential, and home health care services; and, chemical dependency or weight loss programs.

TWCC believes these changes will help to achieve the statutory purposes of timely delivery of appropriate medical care and effective cost containment.

For additional information pertaining to the new TWCC 134.600, titled "Preauthorization, Concurrent Review and Voluntary Certification of Health Care," go to the Insurance Council of Texas website at www.insurancecouncil.org. This short report was developed from Issue No. 2001-08 of the same title by Steve Nichols, manager of workers' compensation services.

Returning employees to work is key

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jurisdiction of the Americans with Disabilities Act. There is no long-term value to modified-duty assignments as most injuries fully resolve in 60 to 90 days.

7. Discuss the assignment with the injured employee, clarifying the assignment duties and the worker's physical limitations. Ask the employee to keep you informed on his or her recovery while working on the temporary assignment. If the employee cannot be reached by phone, send a written, formal job offer by certified mail. Make sure you detail the duties, hours, rate of pay, and duration of the assignment, including the TWCC-73 showing the doctor's statement of permission to return to modified duty.

8. If the employee refuses the job offer and the physician agrees that the person is able to perform the assignment, send a copy of the job offer and TWCC-73 to the SORM adjuster handling the claim. It is possible that temporary income benefits may be discontinued.

Studies show marked differences between injured workers who return to modified work as soon as possible and those who stay home.

- The longer a worker is off work, the less likely he or she will ever be able to return to work. Employees who return to modified duty are likely to recover more quickly with less impairment.
- Employees offered modified duty are less likely to become treatment-dependent and will maintain higher

levels of self-esteem. Workers who are offered an opportunity to return to the workplace as soon after their injury as possible will feel better physically and mentally.

An environment of trust and goodwill is a key element to any successful return-to-work program. To achieve that, agencies must develop effective training programs that will build awareness and reinforce the agency's commitment to health and safety.

Contact Mary Loza at (512) 936-1569 or mary.loza@sorm.state.tx.us or David Decherd at (512) 936-1563 or david.decherd@sorm.state.tx.us for assistance in setting up training classes on return to work or for posters, checklists, and other resources for designing your return-to-work program.

State task force studying terrorism

By Curt Krill

Within weeks of the Sept. 11 terrorist attacks, Gov. Rick Perry established a Texas Task Force For Homeland Defense. The task force is comprised of 19 members representing the State Legislature, as well as a variety of agencies and disciplines from across the State. In addition, there are three specially selected, ex-officio task force members with knowledge and experience in the key areas of law enforcement and emergency management who will provide extensive guidance.

Gov. Perry has charged the task force with:

- Assuring Texans of State and local preparedness to respond to threats;
- Assessing the ability of State and local government agencies to respond to threats and to effectively provide victim assistance;
- Aiding coordination among federal, State, and local efforts; and,
- Developing recommendations on how to improve Texas' ability to detect, deter, and coordinate

response to any terrorist events.

In simple terms, this means the task force is required to see what has already been done, what is in the process of being done, and what remains to be done with regards to preparedness, deterrence, and emergency response to terrorist incidents within the State of Texas.

To begin its process, the task force is holding a series of hearings in communities across the State in an effort to compile data and learn where Texas now stands with its emergency preparedness. Various newspapers have covered these hearings from the viewpoint of what is lacking or hasn't been done. This article will describe some of the existing programs that were presented to the task force and will highlight a portion of what is already in place regarding terrorist incident response.

The Texas Department of Public Safety's Division of Emergency Management (DEM) has developed a practical Terrorism Emergency Preparedness Program for municipi-

palities. The program calls for the development of operational plans, procedures, and documents for a chosen entity (city, county, or major airport) for appropriate response to a terrorist act or incident involving weapons of mass destruction. The written plans are then delivered via training to the necessary segments of the municipality, and the plan is then put to the test via practical exercises. When the exercise is completed, after-action assessments are conducted, corrections made, and the plan is tested again. In the DEM model, Plan-Train-Exercise-Repeat is the standard mantra.

To date, a total of seven major Texas urban areas have utilized this opportunity to implement and test their emergency response preparedness, and an additional 13 are scheduled to begin the process or test their programs in 2002.

An extensive amount of planning, preparation, and hard work has been put into this program, and the
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Emergency protocols are new to website



The protocols are a series of quick reference pages.

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letin boards and given to supervisors, the security office and/or receptionist, and the emergency coordinator(s) of your agency or location.

It is also recommended that supervisors and emergency coordinators keep copies of all emergency response protocols with them at all times, including emergency contact names and phone numbers.

Finally, it is recommended that regularly scheduled drills (at a minimum annually) of all emergency response protocols be conducted at your agency or location.

Ideas for additional emergency response protocols and comments regarding published protocols are welcome. Please send your ideas or comments to Samuel "Sam" Arant at (512) 936-2926 or samuel.arant@sorm.state.tx.us.

Civil Support Team responds to threats

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Division of Emergency Management, as well as the cooperating municipalities, deserve some recognition for their efforts.

Another response mechanism that Texans may not be fully aware of are the federally funded and state-operated Civil Support Teams. At present, there are a total of 10 Civil Support Teams stationed throughout the United States in designated Federal Emergency Management Administration (FEMA) controlled regions. Future plans call for expansion of this capability by creating a total of 22 such teams across the nation. One of these 10 teams, the sixth, is located in Texas.

Implemented in 1999, the 6th Civil Support Team (CST) is a rapidly deployable Texas National Guard unit designed to provide immediate response to terrorist incidents involving weapons of mass destruction, as well as natural and man-made disasters. The 6th CST is comprised of 22 active duty guardsmen, 15 of whom remain on active alert 24 hours a day, 7 days a week.

The Weapons of Mass Destruction Civil Support Team mission statement is to:

- Assess a suspected nuclear, biological, chemical, or radiological event in support of the local incident commander;
- Advise civilian responders regarding appropriate actions; and,
- Facilitate requests for assistance to expedite arrival of additional state and Department of Defense assets to help save lives, prevent human suffering, and mitigate great property damage.

Although it is federally funded, the 6th CST is considered a state asset, operating under command and control of the governor, but, upon arrival at an emergency scene, will

provide direct support at the direction of the local (civilian) incident commander. The team supports all local emergency responders (police, fire, EMS), as well as state and federal agencies (FEMA, Environmental Protection Agency, FBI, Texas Natural Resources Conservation Commission, etc.).

Based adjacent to the Austin-Bergstrom International Airport, the 6th CST is trained (and ready) to deploy by ground or air within one hour of notification. The goal is to arrive on-scene within four hours of notification, depending on distance. The team and all of its response equipment will fit into an Air Force C-130 aircraft for fast deployment if the situation requires.

Among the 6th CST mobile capabilities are:

- State-of-the-art communication equipment and information technology resources;
- A comprehensive analytical lab that provides immediate analysis of chemical, biological, or radiological samples taken from the incident site; and,
- Decontamination facilities to support its ongoing assessments without delay.

The 6th CST is available for emergency response ONLY. For 6th CST assistance, contact your local representative of the Department of Public Safety or the Texas Division of Emergency Management.

After hearing about the capabilities of this unit, the task force immediately inquired what steps and costs would be necessary to establish a second team within the state. It was estimated that, with appropriate funding (federal and state), it would take approximately two years to properly equip, train, and bring another fully functional CST online.

The governor's Task Force For

Homeland Defense is not intended to be a standard government entity (i.e., slow). Positive results from its efforts are of significant importance. This is a monumental task. A variety of working groups and sub-task forces are planned to focus on specific topics of urgency. Attempts to interface with other large states and federal efforts, to gain information and share successes, are expected as well.

The initial hearings have revealed some alarming, statewide shortcomings. For example, the state lacked a dependable, centralized clearinghouse for reporting and evaluating unusual medical conditions. Statewide, all doctors were not in the habit of forwarding information (unusual cases or concerns) to the Texas Department of Health. However, the anthrax incidents quickly changed that attitude and the TDH 24-hour reporting hotline is available and known to medical professionals.

In recent weeks/months there has been an impressive outburst of excellent information sources related to biological terrorism and appropriate responses. Many of these are from Texas state agencies and can be readily accessed via the Internet on their various websites. Some good sources are TDH, Texas Medical Association, Texas Department of Public Safety, the Task Force for Homeland Defense (<http://texassecure.homestead.com/taskforce.html>), and, of course, SORM (see related article on page 1).

The terrorism threat to Texas and the nation remains a primary concern. Fortunately, there are many fine professionals working to address our issues of concern, protect us as much as possible, and prepare us for appropriate action if (or when) the need arises.

Address Correction Requested

Appeals court ruling

Hartford Underwriters Insurance Company v. Burdine, 34 S.W.3d 700 (Tex.App.—Fort Worth 2001, no writ) Jean Burdine injured her back on the job in July 1989. Her injury was diagnosed as lumbosacral disk disease affecting L4/5 and L5/S1, with radiculopathy. Burdine also suffered from footdrop caused by nerve root injuries. Her doctor testified that she sustained total and permanent loss of use of her legs and feet at or above the ankles and that she was unable to get and keep employment requiring the use of her legs, even though she did not sustain

a direct injury to her legs or feet. Hartford paid 401 weeks of benefits, ending in August 1997. Burdine then sought lifetime income benefits, which the Texas Workers' Compensation Commission denied in its award in December 1997. Burdine sued to set aside TWCC's decision. The court of appeals affirms a trial court decision awarding her lifetime income benefits based on her loss of use of her legs and feet. We can expect to see more claims for lifetime income benefits due to this broad reading of the statute.

— from *The H&G Report*,
Hammerman & Gainer, Inc.

Training update

SORM's Agency Outreach & Training unit is having a busy fiscal year. With the addition of new courses this year, including the popular Mail Handling Safety class, student enrollment has skyrocketed. So far this fiscal year, almost twice as many state employees have attended SORM training than in previous years during the same period.

Also, more and more agencies are discovering the convenience of agency-specific training. SORM trainers can customize existing courses to fit your needs and conduct the training at your location. For information about these courses, contact Audrea Spakes at (512) 936-1564 or audrea.spakes@sorm.state.tx.us.

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