

# The Seven Magic Ways---A Consultant Can Save His Employer Money

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The Congress of Chiropractic Consultants has been actively teaching consultants for about three years. One of their natural questions is, "How can we profit from our additional education?"

Well, first you render a valuable service to someone who is willing to pay for that service. No one needs us more than industry but how can consultants help?

*The seven magic ways--- a consultant can save employers money*

## 1. Pre-employment/Placement Physical Examinations

Out of every 100 applicants the employer sees 100 smiling faces each of which is eager to work. But an examination will reveal that 46% of your prospective employees are high risk or very high risks for certain job descriptions. Eliminate the risks by placing them in jobs they can physically handle and you do two things: (a) reduce frequency of injuries, and, (b) reduce severity of the injuries that do occur.

## 2. On-Site Risk Hazard Analysis

The prediction of injuries at a work site based on anatomy, motion study and known factors that produce injury. Detection of employees that are "working hurt." Detection of work sites (or situations) which are high risk for potential injury. (This is the most exciting thing for employers to be introduced in decades.)

## 3. Classes for Employees

a. Teach lifting techniques.

b. Teach do's and don'ts of day-to-day activities, whether at work or at home. It doesn't matter if the accident is at work or at home, it's still expense to the employer.

c. Motivate away from litigation, especially workmen's compensation litigation which is often avoidable and rarely in the best interests of the employee if his company sticks behind him against unfair practices by the insurance carrier.

d. Instill "safety mindedness" by showing it to be in the employee's interest. The mere fact it will save the company money is much less important than personal pain and hardship. And if low back injuries are a multi-billion dollar national problem, who cares? But the fact that a mere sprain to my ligaments could cost me for years and may even force me to change occupations---now, that's important.

e. Provide data according to employee needs. The details of injury, its consequences and how it's

treated---answers to questions. What to do, and what to avoid are vital considerations.

#### 4. Accident investigation

The employer will save money by investigating the details of every accident. What will it do?

- a. It detects trends, such as when several employees may be utilizing the same attorney, receiving the same instructions, being referred to the same orthopedist and all filing similar litigations in situations which are suspect.
- b. Discover an unsafe work site---and, no less important,
- c. Employees will be much less inclined to take advantage of the system for trivial reasons if they know their "excuse" will be investigated.

These investigations may provide a safe, legal reason for discharge of abusers of the company. But, they must always be properly done. The investigation must never become an oppressive device, always a positive one, lest employee morale become involved.

#### 5. Employer Consult

- a. Information re cumulative trauma. They are w/c compensable but 98% are litigated (because neither employers nor carriers understand the basic nature of the problem). They are among the most expensive injuries for industry, but, at the same time, the most predictable and the most preventable.
- b. Getting employees back to work early without causing havoc in the case of protracted treatment. (Expand into a temporary vacuum.)
- c. The five biggest causes of litigation, which is one of the most expensive steps an employee can take. The total settlement will usually be larger but the attorney doesn't work for altruistic reasons, thus the employee's final settlement is seldom that much better for him.

Much, if not most, litigation is avoidable.

- d. The physical positionings assumed by employees as they work can often be dangerous. These easily recognizable positionings can be taught to supervisors, and to be observant for them should be a part of their daily duties. They must be taught in a competent safety program.
- e. Safety programs: Some are effective, some are not. Most err on the side of exaggeration of dangers that do not exist, or reach conclusions that are productive of information that cannot be used. Some can be downright dangerous.

Evaluating your existing safety program or putting a new one in place is an art.

#### 6. General Inspection

Where is your emergency equipment located? Who is qualified to use it? Is it in usable condition? In case of heart attack who is trained in CPR? Do management policies encourage a "work hurt" atmosphere to preserve what they think is a "safety record," which, in fact, has already been broken? Does your insurance company provide safety help? (By law, they are required to.)

Have you taken advantage of CPR classes by local schools or Red Cross at minimal cost?

Do your line supervisors follow company policy in cases of "light duty" returns to work? (Perhaps you'd be surprised at the number of line supervisors who ignore the company policy while establishing their own standards regarding who is hurt and the jobs they can perform. This identifies another frequent cause of litigation.)

We do not try to replace ergonomists or engineers. But, with our information they can be more proficient in their jobs. They cannot handily correct a problem until it is properly identified.

A real tragedy occurs when an expensive "corrective action" fails to eliminate a hazardous work site because the information relied upon as identifying the dangerous problem was not addressing the correct features.

7. Independent Chiropractic Examinations to:

- a. Verify injury. Give reasonable diagnosis and prognosis.
- b. Identify those abusing the system.
- c. Diagnose injury not seen or appreciated by others.

A failure of a treating doctor or insurance doctor to properly diagnose followed by the accusation or mere hint of malingering will get you litigation almost 100% of the time.

Authorities in the field agree that it is rare for people to fake back injuries; however, it is not rare for some degree of exaggeration to occur during the course of treatment of an injury. At least some of the exaggeration comes from frustrated patients trying to impress disinterested doctors that they really are injured. How these are handled are delicate and critical matters. If a patient becomes revengeful because of what he perceives as insurance or employer abuse, his ability to be an expense is very high in many instances.

Few appreciate the indignation of truly injured patients when faced with doctors who are (especially in musculoskeletal injuries) not well trained, or, because of their relationship with insurance carriers, are blind to the realities of the injury and assume they can bluff or intimidate the patient.

Note that none of the above steps involve the treatment of injured employees. The highest percentage of savings of healthcare costs has been at Viracon, Inc. which report a 70.3% reduction over a five-year span under the direction of Dr. Joseph Sweere.

Most companies can reasonably expect a 15% to 18% savings in healthcare costs as these plans are implemented the first year or two---at least, that is what we base our estimates on. The number of reported incidences of injury is the greatest factor, much more important in the computation of rates than the aggregate value of all injuries.

Since luck, fortune, acts of God and numerous unpredictable factors can come into the forefront at any time, we cannot make rash promises or guarantees. But, like good poker players who rely on the certainty of the mathematics of odds, if you play the game properly, you have every reason to expect good results. (If you eliminate 46% of high risk new hires, that step alone will eventually produce good results.)

8. Chiropractic treatment of musculoskeletal injuries within their field of practice has, for 20 years:

Returned injured workers back to the job in about half the time, at half the cost, with half the residual injuries as compared to their medical counterparts.

And this record did not rely on any of the first seven items mentioned above, each of which has a record of success independent of the others.

See California study, Utah study, Oregon study, Florida studies, New Zealand report, Australia Report, Swedish Report, Kennedy-Kirkaldy Willis Research Report and numerous others.

Some few companies have provided treatment facilities on their grounds, paying all expenses and encouraging all that need treatment to come. These privileges have a history of not being abused and the companies involved have generally been well satisfied---their employees see the doctor on company time, which is a few minutes, compared to taking off a whole day to do the same thing.

Most companies, however, have preferred to have a chiropractor teach classes, thereby making an acquaintance with their workers, from which his practice grows and the company's expenses are slowly lowered. The company's and the chiropractor's motivation and attitude become the same toward his patients and their employees.

Chiropractors belong in the work place. Employers and employees both profit when they utilize chiropractic services.

That's called a win, win, win situation. The insurance carriers also win, usually over loud objections.

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