



# Ten Terrific Tips to Improve DoD Workers' Compensation Outcomes

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**UNCLASSIFIED**



## BRIEFING OUTLINE

**PURPOSE:** To provide best practices as “take aways” for local implementation to reduce workers' compensation costs and lost work-day rates.

1. Identify Presidential Safety, Health and Return-to-Employment (SHARE) goals.
2. Analyze DoD's progress toward meeting SHARE goals.
3. Evaluate initiatives (tips) to improve outcomes where gaps and shortfalls exist.



# TIP #1

## KNOW APPLICABLE LAWS, REGULATIONS, POLICIES AND POLITICS.



# Federal Employee Compensation Act (FECA) Claims are adjudicated by the

- A. Occupational Safety & Health Administration (OSHA)
- B. Office of Workers' Compensation Programs (OWCP)
- C. Bureau of Labor Statistics (BLS)
- D. Employee Benefits Security Administration (EBSA)



## Which DoD Agency Has Management Authority for FECA?

- Memo from Dr. David Chu, Under Secretary of Defense for Personnel and Readiness, dated June 13, 2003:
  - Citing DoD Directive 1400.25, “. . . management authority for the injury compensation program is assigned to the Civilian Personnel Offices.”
- DoD level: Civilian Personnel Management Service (CPMS)
- Local level: Injury Compensation Program Administrator (ICPA) located in Civilian Personnel/Human Resource Office
- Controlling Regulation: DoD 1400.25-M, Subchapter 830, Injury Compensation



# TIP #2

## Establish a baseline, analyze data, and set goals.

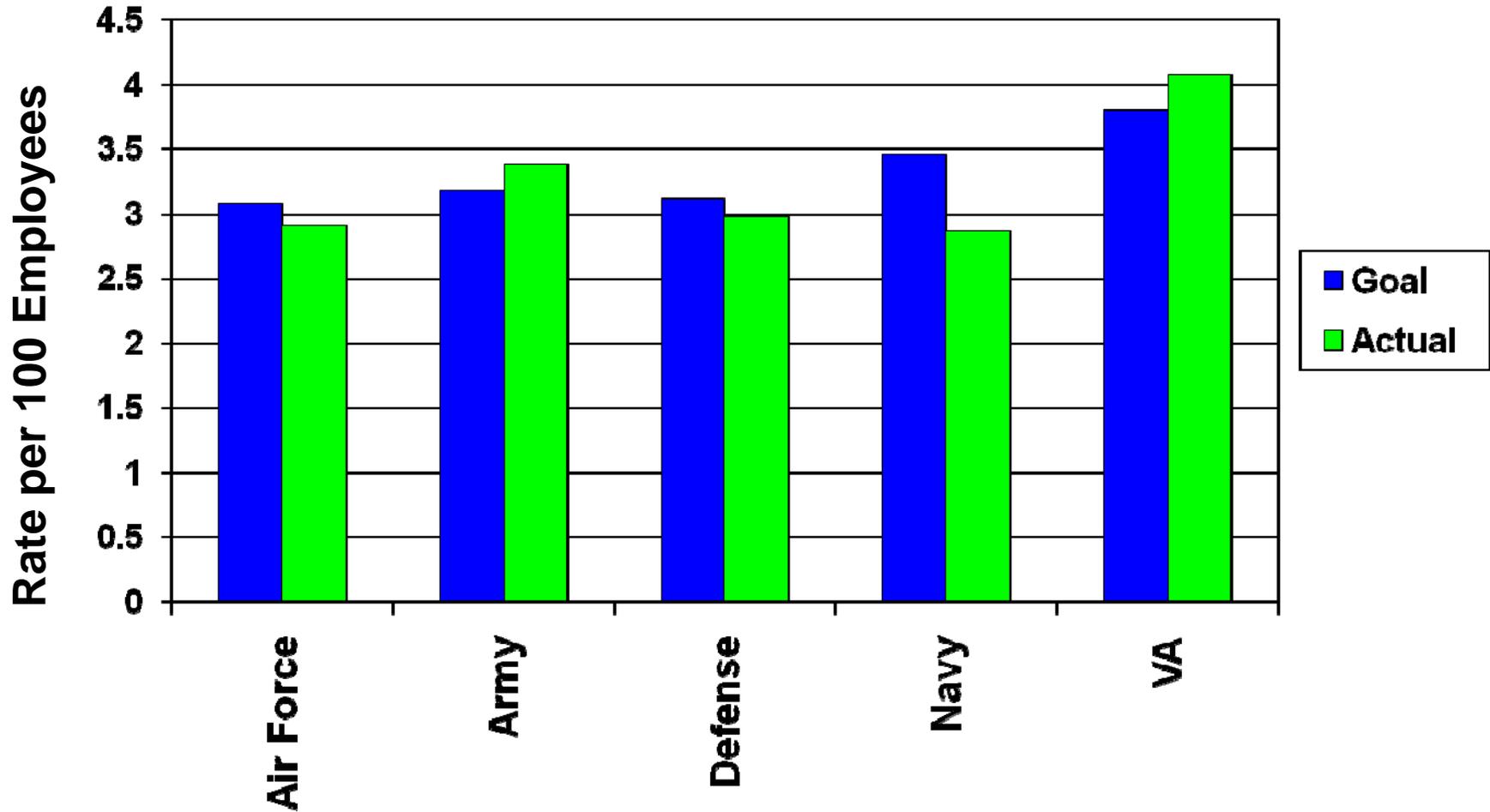


# Safety, Health, & Return-to-Employment (SHARE) Presidential Initiative

- Goal 1: Reduce total case rates by at least 3% each year
- Goal 2: Reduce lost time case rates by at least 3% each year
- Goal 3: Increase timely filing of injury and illness claims by 5% each year
- Goal 4: Reduce lost production day rates due to injuries and illnesses by 1% each year



# Goal #1: Total Case Rate (-3%) DoD Agencies, Services, VA FY08 Goal vs. Actual



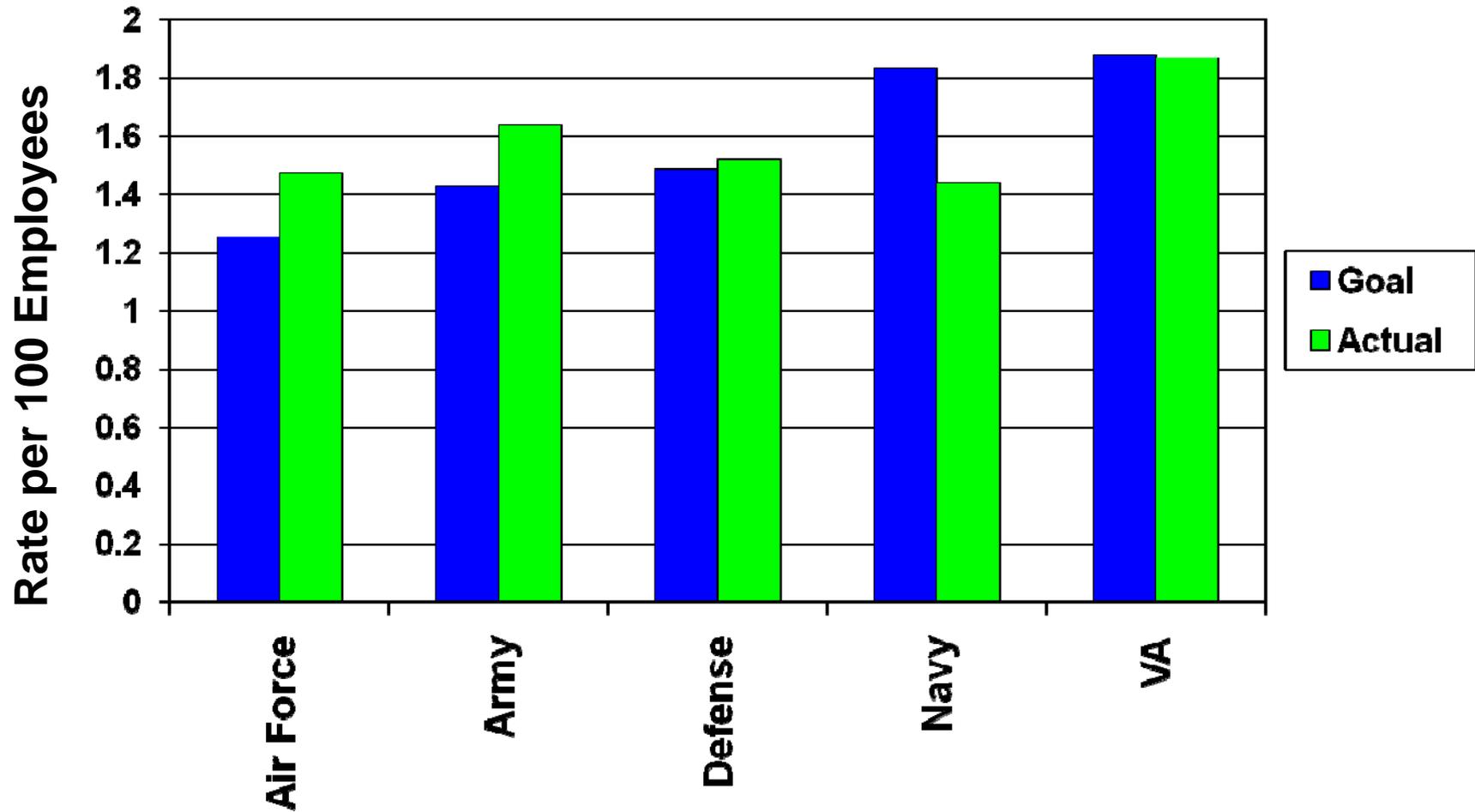
Data Source: DOL, ESA, OWCP, DFEC, SHARE webpage



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# Goal #2: Lost Time Case Rate (-3%) *DoD Agencies, Services, VA* FY08 Goal vs. Actual



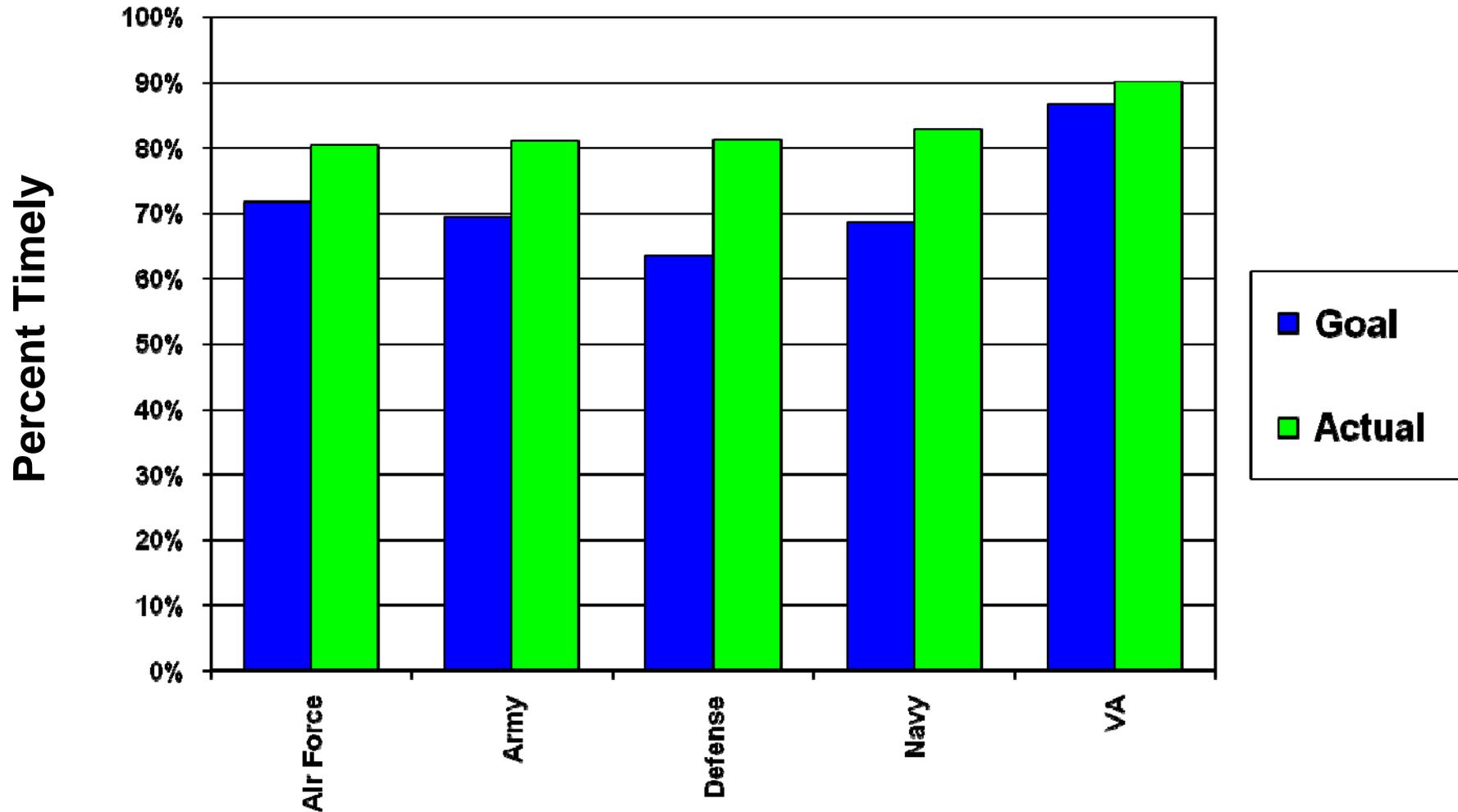
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### *Goal #3 : Timely Filing of Claims (+5%)* *DoD Agencies, Services, VA* **FY08 Goal vs. Actual**



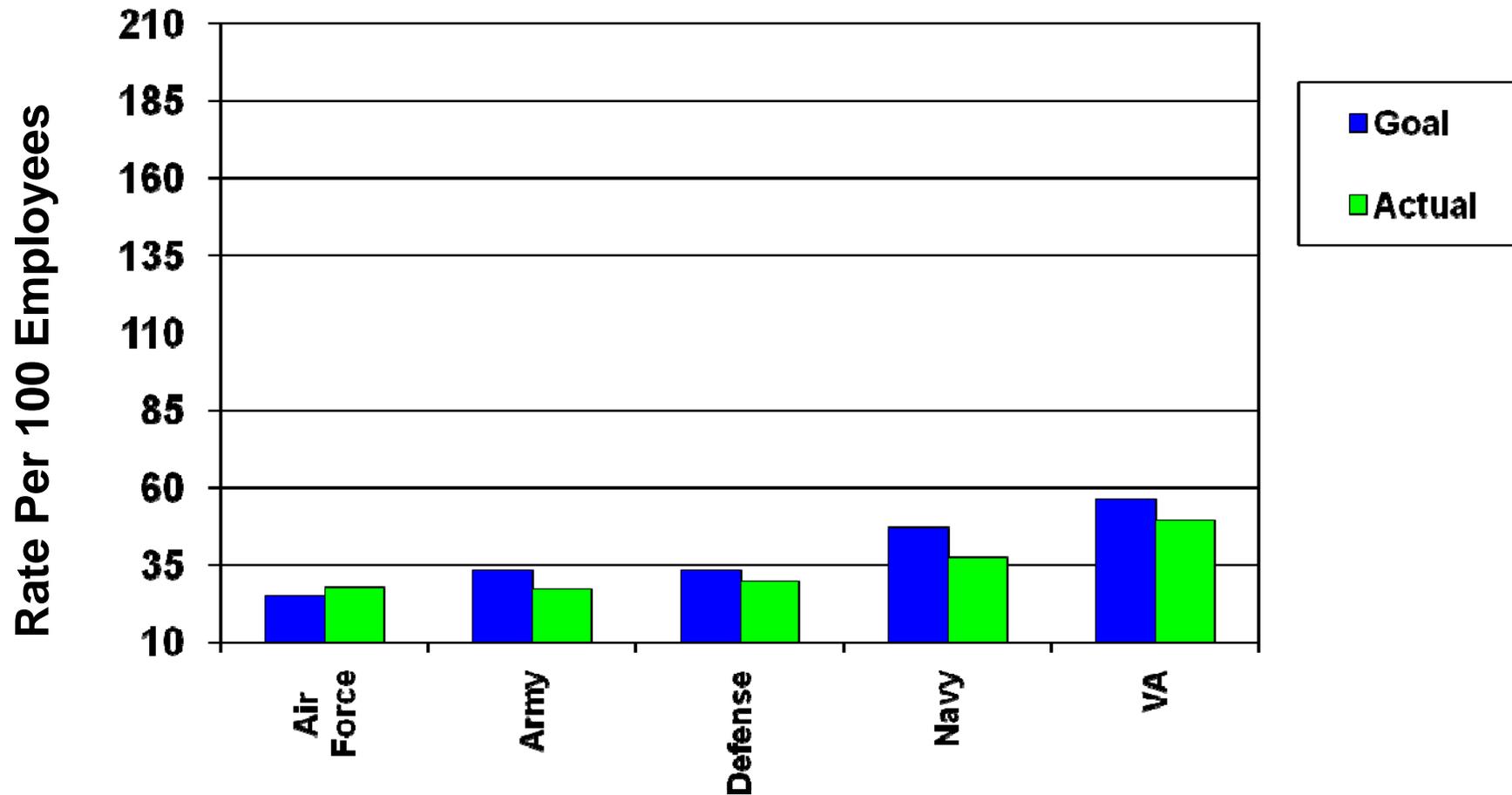
Data Source: DOL, ESA, OWCP, DFEC, SHARE webpage



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### *Goal #4: Lost Production Days (-1%)* *DoD Agencies, Services, VA* **FY08 Goal vs. Actual**



Data Source: DOL, ESA, OWCP, DFEC, SHARE webpage



# TIP #3

## Identify and correct the cause of employee injuries and illnesses.



# Expand and Compare Data Sources

- **Defense Portal Analysis Center (DefPAC)**
  - **Aggregate Data Reporting**
    - Password Protected
    - Claim counts, costs, nature, cause of injury
    - Limitations: No tracking of individuals
  
- **Defense Safety Enterprise System (DSES)**
  - **Civilian Lost Day Rates**
    - Password Protected
    - Civilian lost time reports from DMDC
    - Discussions w/CPMS to import DefPAC 'cause' data



# Expand and Compare Data Sources

## ➤ Occupational Health Program Status Report

- Annual Survey since 2003
  - OH Clinics respond to questions
  - Track ICPA requests for support/type of support requested. See DoD 1400.25-M, SC 810.3.5 *et seq.*
  - Track physician participation in FECA Working Groups + onsite care requirements



# TIP #4

**Develop and implement  
employee, supervisory,  
and responsible party  
safety awareness  
programs.**



## OSHA Data

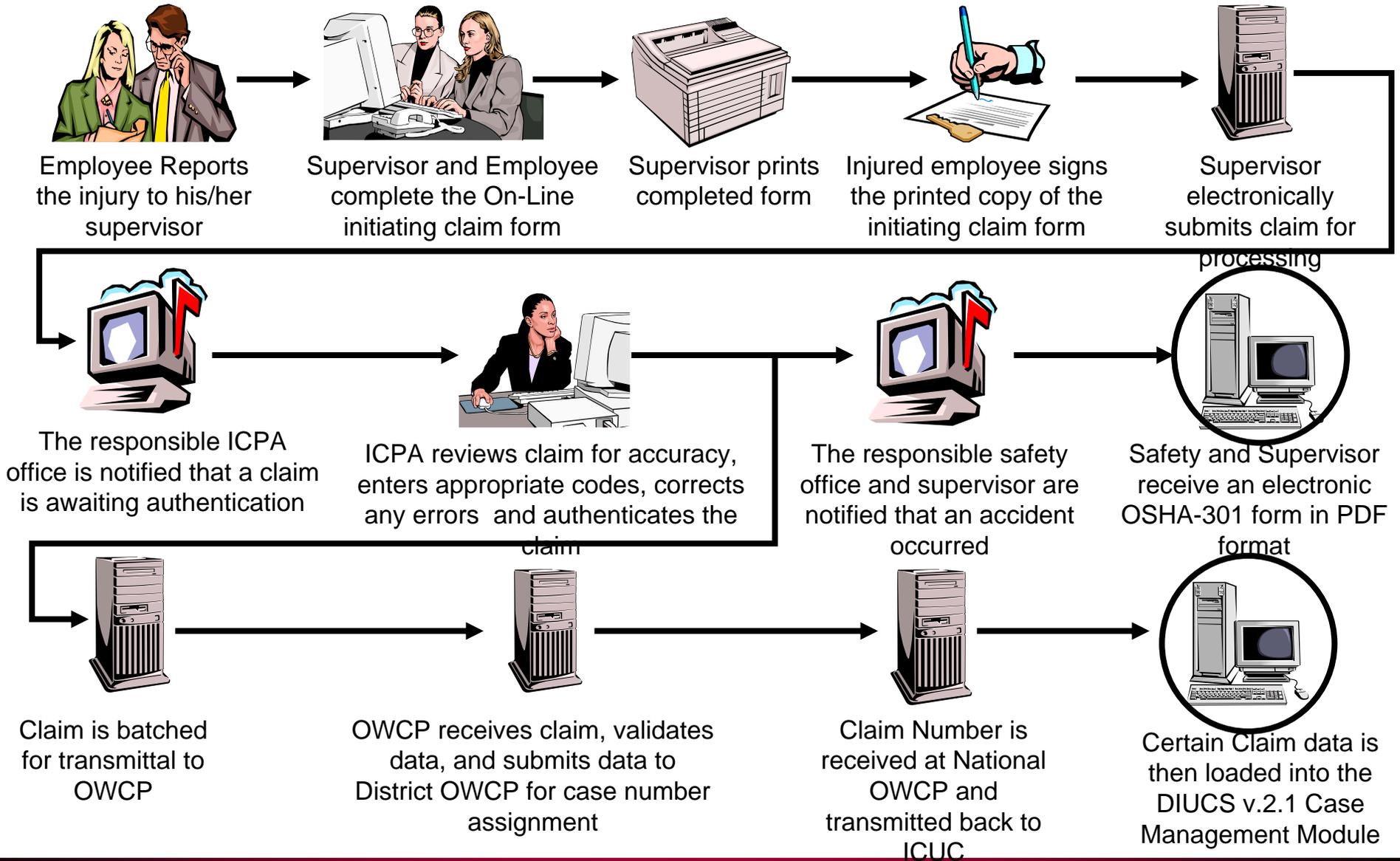
- Supervisors may complete an OSHA 301 form for every new work related injury or illness
- Utilize DoD Safety First Event Reporting (SaFER) initial notification reports
  - Initiate record, analyze and abate hazardous conditions



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## How does this work?





# Army Center for Health Promotion and Preventive Medicine (CHPPM) Initiatives

## ➤ Education

- ✓ Force Health Protection Conference
- ✓ Uniformed Services University of Health Sciences
- ✓ Fundamentals of Occupational Medicine Course
- ✓ Intermediate Industrial Hygiene Course
- ✓ Navy & Marine Corps Public Health Conference
- ✓ American Occupational Health Conference

## ➤ Studies:

- ✓ Injured and Aging Civilian Workers in DoD
- ✓ Hearing Conservation and Vision Studies



## TIP #5

**Identify and manage  
direct and indirect  
costs associated with  
workplace injuries and  
illnesses.**



# Who is the bill payer?

- The Department of Labor, Office of Workers' Compensation (OWCP), pays the costs of workers' compensation from a reimbursable fund. Agencies 'pay back' the costs at the end of DOL's chargeback year (July 1 of previous year - June 30 of current year).
- Q – If costs are not passed on to the individual installations, what is the incentive to control costs?



## And the beat goes on... Payment of Death Benefits

- Work-related death benefits may be paid to eligible survivors:
  - Widow, widower
  - Unmarried children <18 or >18 if incapable of self support due to disability
  - Child 18 – 23 in *undergraduate* school
  - Parent, sibling, grandparent, grandchild dependent in whole or part on deceased

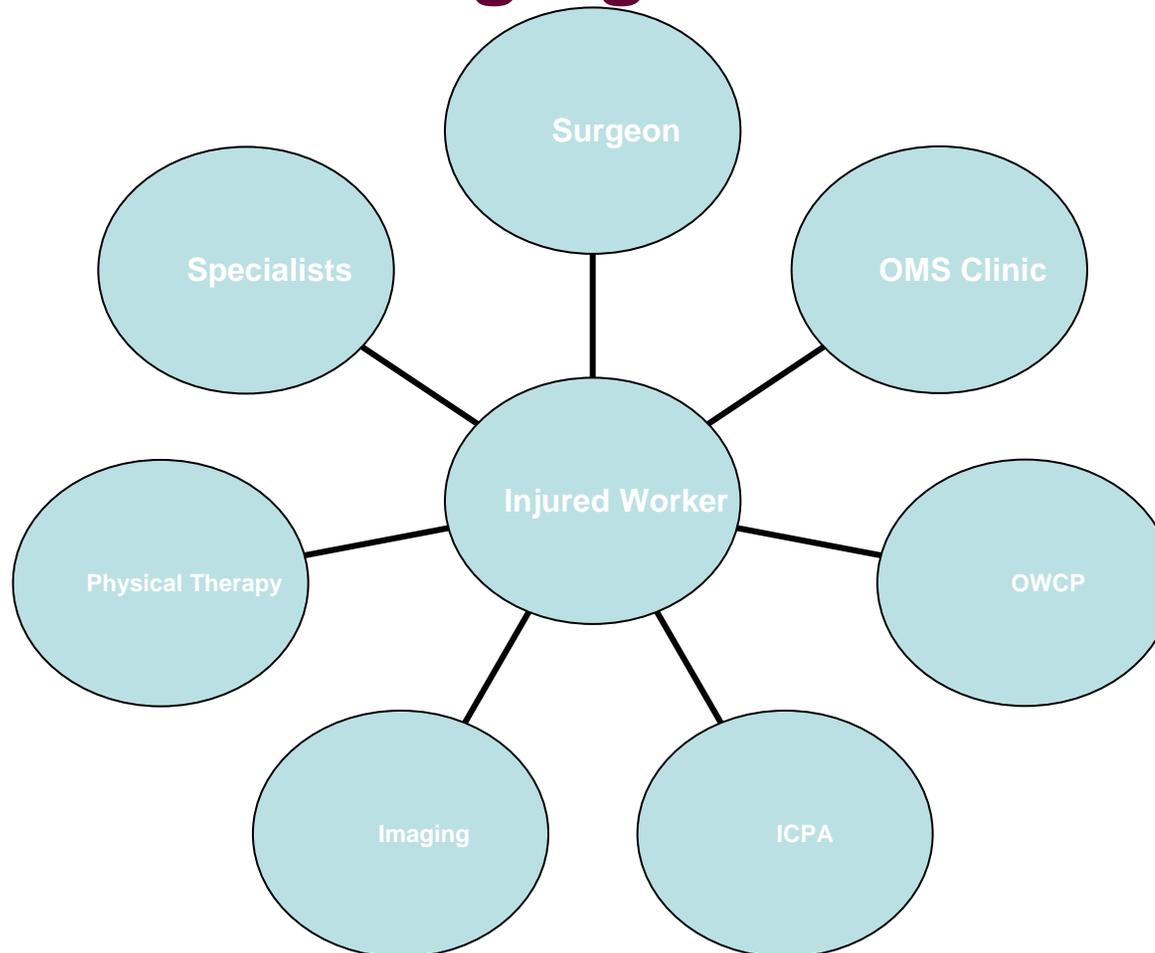


# TIP #6

# AGGRESSIVELY MANAGE CASES AS A TEAM.



# Hill Air Force Base Model for Managing Claims



Source: Dr. Doug Fuller, MD, MPH, Medical Director, Hill AFB, UT.  
Presented on tri-service panel with Connie Fox-Samson at the AOHC, 15 April 2008.



## Expand and Compare Data Sources

- **Participate in Cross-Functional/Cross-Organizational Working Groups**
  - ❖ Assistant Secretaries of the Army for Environment, Safety, & Occupational Health and Manpower & Reserve Affairs (Eastin-James Memo) – Refines roles/responsibilities for FECA Working Groups
  - ❖ HQDA Lean Six Sigma working group meets regularly to discuss standardizing communications between HR and Safety; appropriate metrics for reporting to HQDA level



## Army Policy Memoranda

- Army Office of the Surgeon General Memo - Mandates OH physician support of ICPA; places senior installation commander in OH rating chain
- Army Medical Command (MEDCOM) Chief of Staff Memo – Mandates MEDCOM tenant activities participate in installation FECA Working Groups
- Army Materiel Command (AMC), Medical Command (MEDCOM), Civilian Human Resource Agency (CHRA) Memorandum of Agreement – Revises roles/responsibilities
- Army Equal Employment Opportunity & Civil Rights Office – Establishes first-ever (draft) *Procedures for Providing Reasonable Accommodation for Individuals with Disabilities*



# TIP #7

## Choose Your Battles.



# Controvert/Challenge Claims

- An agency's refusal to pay Continuation of Pay (COP) is called controversion.
- Challenging and controverting are sometimes used interchangeably.
- Controverting by the agency usually occurs at the time a claim is filed.
- Investigate 'red flag' claims.



# TIP #8

## Establish In-House Medical Expertise.



## DoD Policy: 1400.25-M, SC810, *Injury Compensation*

- **SC810.3.5.1**
- **Medical Officers.** Medical officers review all reported cases of occupational illness and take or recommend action. **Upon the ICPA's request**, they:
  - SC810.3.5.1.1. Provide medical information to be sent to OWCP to support or to controvert a claim for an occupational illness or work-related injury.
  - SC810.3.5.1.2. **Communicate with the employee's personal physician, in writing, to clarify medical evidence when ICPA's attempts fail;**
  - SC810.3.5.1.3. Conduct a medical review of controversial and complex cases;
  - SC810.3.5.1.4. With the treating physician's recommendations, participate with the CPO/HRO in returning employees to duty as soon as medically feasible;



# 1400.25-M, SC810 (cont.)

- SC810.3.5.1.5. Assist the ICPA in informing the local medical community of FECA program and problems being experienced;
- SC810.3.5.1.6. **Review, evaluate, and recommend light-duty assignments and make recommendations on employee placements involving work limitations;**
- SC810.3.5.1.7. Advise the attending physician, in writing, that the medical facility may give supportive treatment such as physical therapy, under his or her direction (arrangements should be made with the concurrence of the employee and attending physician); and,
- SC810.3.5.1.8. Provide a representative to actively participate in the activity FECA Working Group.



**The causal relationship  
between a work-related exposure/injury and  
medical condition is established by what type of  
evidence?**

- A. Witness statements
- B. Medical information published in peer-reviewed articles
- C. Medical evidence
- D. Supervisor statements



# Navy Bureau of Medicine (BUMED) Initiative

- **Sending Agency medical opinion letters for OWCP review**
- **Medical opinions for the record...Why bother?**
  - Provides ICPAs with one more tool to help them manage troublesome claims
  - Gives the Agency's position to counter the medical opinion of the Claimant's physician when there appears to be a weak causal link
    - **OWCP rules allow only physicians to interpret medical information**
  - Evidence that the opinions are considered and can change outcomes
    - **OWCP claims examiners and ECAB judges read the reports and note the influence on the case**

Source: Navy CDR Mark Hammett, MD MPH. AOHC Tri-Service Panel with Connie Fox-Samson, 15 April 2008.



## Army Initiative

- **Memorandum of Agreement between CHPPM and the Army G-1, Civilian Personnel, Workers' Compensation Program Manager, to provide ICPAs option to send *redacted* medical info for medical review**



# Navy Tips: Writing Effective Medical Reports for the Record

- **Know your audience**
  - ✓ **OWCP claims examiner**
  - ✓ **Physicians**
    - ✓ **District Medical Advisor**
    - ✓ **Second opinion physician or a referee**
    - ✓ **Treating physician**
  - ✓ **Judges/Attorneys – Employees Compensation Appeal Board (ECAB)**

Source: Navy CDR Mark Hammett, MD MPH. AOHC Tri-Service Panel with Connie Fox-Samson, 15 April 2008.



# Medical Reports for the Record

- **OWCP criteria for weighing medical reports**
  - **Physician qualifications: Specialists in the area are better than non-specialist**
  - **Medical rational: Opinion supported by a medical explanation**
  - **Accuracy and completeness: Nothing left out of the analysis, and facts stated agree with written records**
  - **Comprehensiveness: Reflects that all testing and analysis**
  - **Consistency: Physical findings must substantiate the medical opinion**
  - **Decisiveness: No equivocating...yes or no, NOT MAYBE**



# Air Force Occupational Medicine Services Action Plan

- Review all medical records when they arrive to see if worker restrictions are appropriate
- Update permanent work restrictions frequently thereby shifting the worker to the Permanently Disabled Program (PDP) where they can be accommodated for their injuries or removed from service
- Work with the SHARE Group to find work for workers on Limited Duty; update supervisors about their workers frequently and make sure they are not overextending on their limitations—supervisors frequently make injured workers do their main jobs

Source: Dr. Doug Fuller, MD, MPH, Medical Director, Hill AFB, UT. Presented on tri-service panel with Connie Fox-Samson at the AOHC, 15 April 2008.



## Utilize the DoD Pipeline Reemployment Program –

- Re-employment initiative
  - Provides overhire authority
  - Funding for salary & benefits for one year
  
- Since 2005, 607 claimants off rolls
  
- Lifetime cost avoidance: \$437M

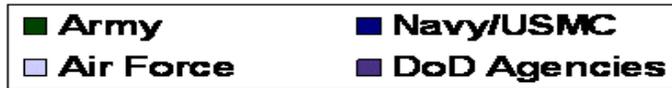
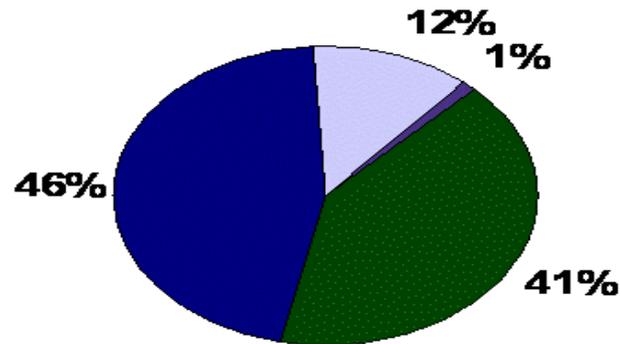
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# Pipeline Program



FECA COMPENSATION POTENTIAL  
LIFE TIME COST AVOIDANCE FY 08



Source: [http://www.cpms.osd.mil/pipeline/pipeline\\_metrics.aspx](http://www.cpms.osd.mil/pipeline/pipeline_metrics.aspx)



# TIP #9

## Utilize Outside Medical Expertise



## DOL Initiatives

- OWCP – “Reinventing COP-Nurse Intervention”
- Claims examiner decides
- Agency may request
- Usually not for occupational illnesses
- Assignment occurs after COP (first 45 days after injury)
- If OWCP field nurse assigned, no onsite medical case management by occupational health nurse



# TIP #10

## In and Over, Around, and Through.



# Federal Workers' Compensation Challenges

- Filing a CA-1 *accurately* on EDI
- Obtaining a case number, approvals for imaging procedures, or surgery
- Finding providers willing to file forms & accept OWCP payments
- Obtaining useful feedback from treating physicians
- Communicating with DoD liaison, OWCP CE, and local ICPAs
- Poor care and poor surgical outcome delaying worker recovery
- Some injuries are aggravated and become totally disabling



## Questions ?

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