We are very excited to announce that First Rehabilitation Resources, Inc. has been awarded Case Management Accreditation from URAC, an independent, nonprofit healthcare accrediting organization dedicated to promoting healthcare quality through accreditation, education and measurement.

First Rehabilitation Resources is a Medical and Vocational Case Management Company with over 24 years of demonstrated expertise in the areas of State Workers’ Compensation and Federal Longshore, short- & long-term disability, liability, FMLA, trauma response and medical malpractice. Quality, cost-effective services are delivered to insurance companies, TPAs, municipalities, self-insured corporations, law firms, case management networks, and individual families.

The URAC accreditation process demonstrates a commitment to quality services and serves as a framework to improve business processes through benchmarking organizations against nationally recognized standards.

“First Rehabilitation Resources, Inc. should be commended for meeting strict quality standards,” said URAC President and CEO Kylanne Green. “It is critically important for healthcare organizations to make a commitment to quality and accountability. URAC accreditation is a demonstration of that commitment.

For more information contact Samantha Kieley, Vice President at First Rehabilitation Resources, Inc. at 301-980-9392 or skieley@1strehab.com.

Would You Like to Win a Starbucks Gift Card?
Here’s How!

FRR recently joined Facebook and Linkedin. Go online and ‘like’ our Facebook or ‘follow’ us on Linkedin and you’ll be entered to win a Starbucks gift card!

If you have already liked our pages you will automatically be entered to win.

We use our social media to share interesting articles and industry insights that might be helpful or entertaining. Plus, check every Monday for a motivational quote to get your week started on a positive note!

Deadline: 2/1/2015
Camilla has been with FRR for over 13 years after beginning as a Vocational Case Manager intern in 2001. With a Bachelor’s degree in Rehabilitation Counseling from University of Maryland Eastern Shore and Master's Degrees in Healthcare Administration and Business Administration from University of Maryland University College, she has a wealth of knowledge to bring to vocational counseling. Camilla’s specialties include Expert Testimony, Job Placement, Labor Market Surveys, Earning Capacity Assessments and Vocational Assessments. Camilla’s degrees enhance her practical, managerial, communication and business decision-making capabilities as well as client relations skills. Her territories are in the DC metro area, Anne Arundel County, Montgomery County, Prince George’s County, Howard County, Baltimore and the Eastern Shore.

When not working and studying, Camilla enjoys international travel, including Italy, Canada, Caribbean Islands and Central American Countries, as well as her family’s native countries of Jamaica and Panama. She enjoys spending time with family and friends, and also her cat, Sonny. Camilla loves listening to all kinds of music, dancing, working out and watching sports, especially the NFL to support her area Washington Redskins.

FRR Specialty Services
Trauma Response Program:
Crisis Intervention and Systematic Desensitization

When a traumatic event occurs in the workplace, Trauma Response reduces the effects of the event and helps an individual or group return to work in a healthy mental state.

Crisis Intervention
FRR’s Team of Medical and Vocational Case Managers coordinate and conduct a supportive group meeting during a period of extreme or potentially extreme distress, designed to mitigate the impact of exposure to crises/trauma and enhance coping abilities, by targeting the response not the event.

Systematic Desensitization
The Case Manager conducts a series of meetings with the individual who has been involved in a traumatic event to generally include a return to the site of the event, equalizing the impact, with the goal of enhancing a successful return to work.

The FRR Trauma Response Team is trained and experienced to respond immediately to your needs. For questions or additional information, please contact our Sr. Account Managers, Dora Morris (dmorris@1strehab.com) or Jan Norwood (jnorwood@1strehab.com).

Kimberly is FRR’s newest Nurse Case Manager and has joined us as a combination Telephonic and Field Case Manager in Southern Delaware. She is an RN with an Associate’s Degree from the Beebe School of Nursing. Although new to FRR, Kimberly’s experiences include working in critical care, being a Staff Development Director in a Long Term Care Facility, a Cardiac Charge Nurse in a step down unit, several years nursing in Oncology and as an Emergency Room on-call Sexual Assault Nurse Examiner with a Certification from the University of Pennsylvania.

Kimberly’s territory will include Delaware and the Eastern Shore of Maryland.

When not busy working, Kim is spending time with her husband and three sons, ages 7, 4 and 3 months at the beach near their home!

FRR is on Google Plus!

Google Plus is one more place for you to catch up on the latest FRR news! If you’re on Google Plus, Follow us! If not, you can still benefit. Let’s say you forget our telephone number, website or address, search us on Google and our information will be right there without having to navigate to another page. Search on your smart phone and call or get directions directly from the web!
FRR’s mission: ‘To never be satisfied with yesterday’s results! To continue to provide and strive to perfect cost-effective, results-oriented solutions to our clients’ ever-changing case management needs.’

We are committed to fulfilling our mission every day. Therefore, we are utilizing Survey Monkey to track your satisfaction to ensure we are meeting your needs. The survey can be found in every FRR staff member’s email signature:

Did I exceed your expectations today?
Click Here to tell us about your experience.

In addition, by clicking on the Survey Monkey logo seen on the Home Page or the Contact Page of our website, you will automatically be directed to the survey. It takes five minutes to complete the survey and all feedback is most welcome!

When is Telehealth the Right Option?

Excerpts taken from McKnight’s ‘When is Telehealth the Right Option’ by Kristy Brown.

As the industry looks for more cost-effective ways to provide health care, some are turning to telehealth as an option. Telehealth involves using electronic communication to provide healthcare information and services to a remote location. Telehealth includes telemedicine consultations with physicians and nurses, and telerehab consultations with physical, occupational and speech therapists.

Telehealth has the potential to enhance healthcare delivery and support using telecommunication devices. The cost of bringing therapists to rural areas or asking patients to travel long distances to find therapy services can be astronomical but telehealth may help reduce costs. A recent article in the Journal of Bone Joint Surgery shows patients who received knee surgery increased compliance with rehabilitation instructions when telehealth was a factor in their recoveries. It could take a few years to become a common practice but is worth the wait if it helps accommodate more patients in need of care.

Telehealth, however is not always appropriate. Patients need to be able to readily access a computer and have an understanding of the technology. They should also have the cognitive capability to follow directions provided by therapists.

Workers Compensation presents a unique situation to ‘telehealth,’ one which has not yet been advertised as tested. Awareness and reflection on the topic may help form its future in our industry; considerations include cost effectiveness, program compliance and progress monitoring.

Opioid Abuse and Work Comp: How to Tackle a Growing Problem

Excerpts from a Business Insurance White Paper

One rising concern of workers’ compensation managers is an increase in claims involving opioid use—and misuse. Too often, opioid abuse results in extended disability and additional medical concerns for claimants and employer costs increase while workplace productivity decreases. Misunderstandings around opioids exist throughout the medical care chain. In this environment, how can workers’ compensation managers monitor opioid usage among claimants to prevent inappropriate use?

For injured workers, chronic pain can mean a dramatic change in their physical abilities—and possibly the end of their job. The Boca Raton, Fla.-based National Council on Compensation Insurance Inc., which maintains the nation’s largest database of workers’ compensation insurance information, found narcotics
prescriptions account for one fourth of all workers’ compensation prescription drug costs nationwide.

Several trends have emerged: Some doctors are inappropriately prescribing medications, and some patients are doctor-shopping, looking for doctors who will give them the opioid prescriptions they want or believe they need. Additionally, workers’ compensation managers must ensure their workers who have legitimate prescriptions for opioids are adhering to their use and not sharing the medication.

If opioids are prescribed or consumed inappropriately: medical costs skyrocket, workers are impaired, fraud becomes inherent with opioid misuse, and side effects create more costs and problems.

Monitoring or managing opioid abuse is a key step for workers’ compensation managers. Case managers can review claims and follow up with doctors whose prescription patterns do not follow opioid prescription guidelines. It is a good idea to look for ‘red flags,’ including extended use of an opioid, or a particularly high dosage of an opioid. Another option is to look at prescribing doctors. A peer review doctor can reach out to the prescribing physician to discuss the claim and either ensure the appropriateness of opioid use or recommend alternative therapies. Considering that, in some instances, a small minority of doctors is responsible for a large number of opioid prescriptions, peer review might be an effective tool in helping to educate those prescribing physicians.

Drug testing by employers is another option available to curb opioid abuse. When workers are required to be clear and coherent—to avoid accidents while operating heavy machinery, for example—urine tests can screen out workers taking opioids for both medical and non-medical use.

Proactive strategies such as confirming workers can handle the physical demands of their jobs, and ensuring good ergonomics in new and existing equipment, work-area designs and work processes can also be effective.

On the other side of the spectrum, if addiction already has occurred, an employer needs to act, in part to manage costs but also to help the patient avoid a catastrophic outcome such as overdose or death. Having a clear return to work plan, even with modified job duties can be crucial in helping a worker avoid opioid abuse.

Prescriptions for opioids are increasing in all dimensions, from numbers of prescriptions to duration of prescriptions to strength of the medication prescribed. Workers’ compensation managers can use the above tactics to ensure the health of injured workers.

We hope you have enjoyed this issue!
Happy New Year!