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Employer Satisfaction With an Injured Employee's Health Care

How Does It Affect the Selection of an Occupational Health Care Provider?

Myra P. Keleher, MSN, RN, NEA-BC, and Marietta P. Stanton, PhD, RN, NEA-BC, CCM

ABSTRACT

Purpose/Objectives: The purpose of this article is to explore the most important factors that an employer utilizes in selecting an occupational health care provider for their employees injured on the job.

Primary Practice Setting(s): The primary practice setting is the attending physician's office who is an occupational health care provider.

Findings/Conclusions: The responding employers deemed "work restrictions given after each office visit" as their most important factor in selecting an occupational health care provider, with a score of 43. This was followed in order in the "very important" category by communication, appointment availability, employee return to work within nationally recognized guidelines, tied were medical provider professionalism and courtesy with diagnostics ordered timely, next was staff professionalism and courtesy, and tied with 20 responses in the "very important" category were wait time and accurate billing by the provider.

The selection of an occupational health care provider in the realm of workers' compensation plays a monumental role in the life of a claim for the employer. Safe and timely return to work is in the best interest of the employer and their injured employee. For the employer, it can represent hard dollars saved in indemnity payments and insurance premiums when the employee can return to some form of work. For the injured employee, it can have a positive impact on their attitude of going back to work as they will feel they are a valued asset to their employer.

Implications for Case Management Practice: The case managers, who are the "eyes and ears" for the employer in the field of workers' compensation, have a valuable role in a successful outcome of dollars saved and appropriate care rendered for the employees' on the job injury. The employers in the study were looking for case managers who could ensure their employees received quality care but that this care is cost-effective. The case manager can be instrumental in assisting the employer in developing and monitoring a "stay-at-work" program, thereby reducing the financial exposure for the employer.

Key words: *employer satisfaction, occupational health clinics, patient satisfaction, patient satisfaction survey tools, return-to-work philosophy, satisfaction, satisfaction audit tools, workers' compensation clinics, workers' compensation quality of care*

Measuring employer satisfaction in the field of workers' compensation is, at its best, nonexistent. A literature search using CINAHL database conducted over the course of approximately 12 months yielded five articles addressing this topic. Employers, who were canvassed before the actual development and implementation of the survey tool, indicated that appointment availability, return-to-work philosophy, timely ordering of diagnostics tests, and procedures were all very important in determining their selection of an occupational health care provider.

Occupational health is very unique in its delivery of care as it identifies the role of the occupational health care provider as an expert in their field as well as a mediator for both the employer and the employee. The mediator role requires balancing what is best for the injured workers with the best interests of the employers (Gwozdz & Morang, 2014). Having the occupational health care provider understand, as

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well as act on, an aggressive yet safe return-to-work philosophy is in the best interest of all involved—the employer, the injured employee, and the provider.

Employers are keenly attuned to the quality of care, return to work, and cost-containment aspects as key components utilized, when they select an occupational health care provider (WCRI, 2012). An employer satisfaction survey is one way to measure the employers' idea of the value of the services and outcomes rendered during the care of their injured employees. The selection of a provider can influence whether a worker is eligible for benefits, the nature and cost of the treatment rendered, the disability rating resulting in the total indemnity, and medical benefits paid on a claim (Gwozdz & Morang, 2014). Employers are challenged with choosing the right occupational health care provider who have the training and credentials to treat work-related injuries, as well as promoting an injury prevention program for the employers (Neumark, Barth, & Victor, 2007). The employer is the catalyst to presenting a successful strategy to the occupational health care provider, outlining a pathway for good outcomes for everyone by having either an informal or formal return-to-work process (Washington State Department of Labor and Industries: Workers' Compensation Services, 2015).

Several theories attempt to define satisfaction, such as Herzberg's two-factor theory (Stello, 2013), the attitude theory, the discrepancy theory, the equity theory, and the fulfillment theory (Linder-Pelz, 1982; Sitzia & Wood, 1997). The use of satisfaction surveys has emerged as one of the primary means for evaluating perceptions of quality and outcomes. An employer satisfaction survey will not only allow the nurses and physicians to know whether the injured workers are satisfied with their care, but also validate the care and outcomes achieved to their employers.

Customer satisfaction, at its best, is an ambiguous and abstract concept, with the actual manifestation of the state of satisfaction varying from person to person and service to service (Buck & Curley, 2010). As a rule of thumb, satisfaction involves a general sense that all of one's expectations have been met.

The University of Alabama (UA) Institutional Review Board approved this capstone scholarly project. A consent statement was included in each survey packet informing recipients that consent was implied by responding to the survey. The consent form also included a contact at the UA if the recipient had any questions about their rights as a participant in the study.

Literature Review

A review of the literature was conducted from May 2014 through December 2014 utilizing the universities' library system and electronic journals as well as the World Wide Web. The databases accessed were Ovid, CINAHL, PubMed, and Medline. The key words used for the computer-based searches were satisfaction, employer satisfaction, patient satisfaction, patient satisfaction survey tools, occupational health clinics, workers' compensation clinics, and satisfaction audit tools. The search resulted in 36 relevant articles, which were selected for review. Of those 36 articles, only 12 met the inclusion criteria. In addition, references from these articles were reviewed for possible further investigation as experts in the field of patient and/or employer satisfaction. The principal investigator identified a practice gap in the available research in workers' compensation employer satisfaction with selecting their occupational health care provider.

Methodology

An initial web search conducted by the principal investigator consisted of Florida municipalities with populations over 6,000, which yielded over 700 possibilities for the survey. The possible participant search was narrowed to municipalities over 20,000 in population, which dropped the number of possibilities to 178, plus three large self-insured employers who are based in Florida. In the process of determining the appropriate contact persons and mailing addresses for the 178 municipalities, it was discovered 76 of them were "municipalities" classified as either unincorporated or census populated designations, which resulted in exclusion criteria from the study. The three large self-insured employers who had agreed to participate in the study are based in Florida but with multistate representations. The end result, after all exclusions, was 102 possible participants representing an inclusion percentage of 57.3%.

A targeted selection of 99 Florida municipalities with populations over 20,000 as well as three large self-insured employers was mailed a packet consisting of an Employer Introduction letter (Appendix 1), Consent Form (Appendix 2), and Employer Satisfaction questionnaire (Appendix 3) as well as a self-addressed stamped envelope for ease of response.

An extensive search was conducted by the principal investigator to explore any examples of an employer satisfaction survey tool. One such example was found in an article published in the *AAOHN Journal* by Dr. Buck and Dr. Curley (2010). The resultant design of the survey tool the principal investigator created was a hybrid of several tools identified utilizing a concept of a theory of self-administered questionnaire design (Jenkins & Dillman, 1995) incorporating a series of short questions and one open-ended question at the conclusion of the survey.

Validity and reliability are always a concern for any survey, especially one that deals with satisfaction. Validity in a satisfaction survey measures the respondents' opinions, which are susceptible to perceptions, feelings, and attitudes. The employer survey addressed these components of validity. Reliability measures the consistency of the responses if the survey is repeated. For this survey, the researcher was not afforded the luxury of repeated attempts to obtain the information from the employers secondary to time restraints.

The employer satisfaction survey tool consisted of 11 questions for the employer to answer, 10 closed-end questions, and one open-ended question. The survey tool consisted of a horizontal Likert scale consisting of five elements ranging from "very important" to "unimportant" along with a single open-ended question asking what they consider the *most* important factor in their selection of an occupational health care provider.

The questionnaire contained graphic information incorporated throughout, presented in a logical sequence, with mutually exclusive answers. The format was in English with a top-down progression of questions. The motivational aspects for the employer to complete the survey included a survey that required little time and effort to complete, the use of check boxes with a clear description of the contents, and how the survey would provide a benefit to the respondents. The survey tool was made available to the employers through a mass mail-out via the United States Postal Service (USPS). The employer survey questionnaires were marked with corresponding numerals in an effort to aid the investigator in identifying which employers responded to the first mailing. Four weeks after the initial mailing, 64 survey packets were again mailed to the employers who had not responded after the initial mailing. At the end of the eighth week, if no response was received, the responder was considered a "nonresponder."

In order to protect the confidentiality of the responders, the listing with the contact names and addresses was kept in a locked cabinet in the principal investigator's office. The list consisted of the responder identifier number, the mailing address, and, if available, the contact name, the dates of the surveys, and reminder was mailed. Only the principal investigator had access to the list.

Results

Validity and reliability are always a concern for any survey, especially one that deals with satisfaction. Validity in a satisfaction survey measures the respondents' opinions, which are susceptible to perceptions, feelings, and attitudes. The employer survey addressed these components of validity. Reliability measures the consistency of the responses if the survey is repeated. For this survey, the researcher was not afforded the luxury of repeated attempts to obtain the information from the employers secondary to time restraints for completion.

Before implementing the survey, the researcher established an anticipated response rate of 30%, based on historical data of customer satisfaction surveys returned to the principal investigator's employer. The actual response rate was 53%, which exceeded the expectations of the principal investigator based on a mailed survey through the USPS.

The responding employers deemed "work restrictions given after each office visit" as their most important factor in selecting an occupational health care provider, with a score of 43. This was followed in order in the "very important" category by communication, appointment availability, employee return to work within nationally recognized guidelines, tied were medical provider professionalism and courtesy with diagnostics ordered timely, next was staff professionalism and courtesy, and tied with 20 responses in the "very important" category were wait time and accurate billing by the provider (see Figure 1 and Table 1).

Of note, there are missing responses on each data element as represented by the employer not marking a response. This could be indicative of either it being missed when the employer was completing the survey or there being uncertainty by the employer in that the survey did not contain a "no response" column. This exclusionary data was not used in the calculations of the responses as the majority was zeroes with a few one and two responses. There was one additional response received after the research had been concluded on June 16, 2015, and therefore, was an exclusionary response.

Discussion

The end result of this project was to develop a survey that would be able to measure the most important factors an employer uses in selecting an occupational

health care provider for their injured employees. The data gathered from the survey will be shared with nonparticipatory employers at an annual educational conference. The principal investigator decided to distribute the survey through a mass mail out in lieu of an electronic survey due to the inability to collect viable e-mail addresses in a timely manner.

The number one *most* important factor for the employers was addressing return-to-work after each office visit. The injured employee's experience with return to work may be influenced by the employer's perception of the necessity of medical treatment, time away from the job secondary to the injury, and the extent to which work modifications must be accommodated (Kyes, Wickizer, & Franklin, 2003). Returning an injured employee to work offers advantages to both the employee and the employer. Keeping an employee connected with their workplace is both good medicine and good business. Research has shown that effective return-to-work strategies promote a faster recovery and prevent a downward spiral into disability (Jenkins & Dillman, 1995). The benefits of an employer who has established a vigorous return-to-work program are numerous. The injured worker feels that they are valued as an employee. The injured worker can be returned to their job or a similar job safely and in a timely manner. It can reduce the cost of retraining replacements for the injured worker. And, most importantly, it includes the employer in the recovery process (WorkBeSafe, 2015).

By providing return-to-work options to the injured employee, the employer can realize a positive impact on their workers' compensation premiums. It also provides the employee with a purpose and a chance to focus on being a productive member of the team.

Occupational health care providers oftentimes feel as though they are being pressured by the employers to return employees to work too early (Baroni & Shields, 2003). In order to effectively and safely return an employee to some form of work, the occupational health care provider needs, as a minimum, the physical requirements such as a functional job description or a job analysis for the position along with alternative placement options. Employers who have developed either an informal or formal return-to-work program and who have identified a "return-to-work" lead to assist the injured employee through the entire process are successful (Washington State Department of Labor and Industries: Workers' Compensation Services, 2015).

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The employers indicated that communication between themselves and the occupational health care provider was the second most important factor in returning their injured employees to some form of work. It is apparent from the respondents' ranking this factor so high that their perception of open lines of communication could be improved.

Appointment availability ranked third as the most important category for the employers in selecting an occupational health care provider. If the injured employee is referred by the attending physician to an occupational health care provider in a specific specialty, and, if there is no appointment availability for weeks and sometimes months, this will factor into the length of time the injured employee is potentially out of work. This type of scenario costs the employer in both hard dollars for the delay in treatment and the injured employee's mindset of not going back to work.

The employers indicated in their free-form responses to the open-ended question "Overall, what is the *most* important factor you use to select a treating occupational health care provider?" that open lines of communication were paramount in their ability to return the injured worker to some form of work in a safe manner. Employers also stressed the importance of quality care for their injured employees, as well as timely return to work as quickly and safely as possible, either to full duty or within the physician's functional restrictions. Employers expressed interest in the occupational health care provider having the expertise and knowledge base to be qualified to treat their employees. The location of the health care provider can have an impact on the injured employee's compliance with their treatment plan. Employers stressed the important of having experienced nurse case managers handling the medical portion for their injured employees. If the injured employee has to travel over 50 miles or over an hour for treatment, most likely there will be compliance issues (Appendix 4).

Implications for Case Management Practice

A definite practice gap was identified during the literature search whereby fewer than 10 workers'

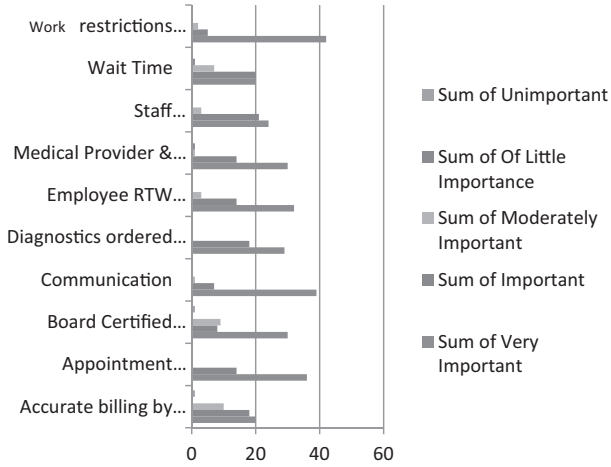

FIGURE 1
End results of workers' compensation review.

compensation-related journal articles were deemed relevant to this investigator's research. The Workers Compensation Research Institute has associated employer choice of occupational medical provider has been linked to reduced cost as well as better return-to-work outcomes. Employer selection of an occupational medical provider is a crucial component to the employee/return-to-work equation. Health care providers in workers' compensation can influence whether or not the employee is eligible for benefits along with the nature and cost of care, the disability rating resulting in the amount of income benefit payments, and the timing of return to gainful employment (Neumark et al., 2007).

A case manager has often been referred to as the "captain of the ship," as their role is designed to provide both leadership and management to the injured worker's care plans. They are the coordinators of patient care delivery, as well as the patient advocate and quality and costs experts of the health care team. Overall, the role includes the care components of patient assessment, planning of care, coordinating and facilitating care plans for patients, working within and across the continuum of care, evaluating care provided, reassessing, mapping of care, evaluation, cost and quality containment strategies, and patient advocacy (American Institute of Health Care Professionals, 2015). The role is most often undertaken by registered nurses and social workers. The role is very broad today in health care delivery as the role is really defined more by the needs and goals of individual employers versus one consistent role model of case management practice. The mission of the organization drives the details of the role model of care management. The case managers, who are the "eyes and ears" for the employer in the field of workers' compensation, have a valuable role in a successful outcome of dollars saved and appropriate care rendered for the employees' on-the-job injury.

Because case management efforts assist in all aspects of the claim, it is a proven fact that effective case management results in better control of overall health care costs and leads to a reduction in disability rates (Guzik, 2013). Although the primary purpose of this project was to assess the qualities of health care providers most important to employers, these findings have direct application to the role of the workers' compensation case manager as well.

Work Restrictions

Essential to effective case management is the ability to maintain productivity of the worker. The case manager can coach the health care provider in determining only medically appropriate work restrictions and limitations, and assist the employer representative in assigning work within the scope of the work restrictions. A company with support for return to work will provide reasonable accommodations for restricted duty, thus maintaining productivity of the

TABLE 1
End Results: Responses Received/Number of Responses by Scale/Percentage

Question	Very Important	Important	Moderately Important
Work restrictions (%)	54/43 (80%)	54/5 (9%)	54/2 (3%)
Communication (%)	54/40 (74%)	54/7 (13%)	54/1 (2%)
Appointment availability (%)	54/36 (67%)	54/15 (28%)	54/0 (0%)
Employee RTW (%)	54/33 (61%)	54/14 (26%)	54/3 (5%)
Board certified occupational medicine provider (%)	54/31 (57%)	54/8 (15%)	54/9 (17%)
Medical provider professionalism (%)	54/30 (56%)	54/15 (3%)	54/1 (2%)
Diagnostics (%)	54/30 (56%)	54/18 (33%)	54/0 (0%)
Staff professionalism (%)	54/24 (44%)	5422 (41%)	54/3 (5%)
Wait time (%)	54/20 (37%)	54/21 (39%)	54/7 (13%)
Accurate billing (%)	54/20 (37%)	54/19 (35%)	54/10 (19%)

Note. RTW = return to work.

injured worker. The case manager can be instrumental in assisting the employer in developing and monitoring a "stay-at-work" program, thereby reducing the financial exposure for the employer. This is a key concept that influences reduction in lost work time and reduced claims cost.

Taking the injured worker off work, when not medically necessary, supports an illness model and creates a distance between the employer and the injured worker. The role of the case manager in meeting the expectations of the employer is to communicate the availability of modified duty with the health care professionals involved in the case, to educate the employer about the importance of offering modified work assignments and keeping the injured worker at work, and evaluating the injured workers' tolerance of the assigned work (Guzik, 2013).

Communication

The case manager communicates through various individuals to establish a plan for recovery and return to maximum medical improvement: with the injured worker, the employer, the adjuster, and the health care providers. The case manager coordinates information, provides authorization for services in a timely manner, assures appropriate medical care, and maintains a focus on intended outcome in managing the case to closure. Communication is the hallmark of this role. The case manager works together with the injured worker and the health care providers to determine the plan of treatment and facilitates a plan for return to work. In the event the injured worker is being treated by more than one medical specialist, the case manager aggregates all medical information and coordinates care among the providers. Effective communication skills are a must. The case manager must be able to discuss the case at a professional level with health care providers and effectively translate that information to the employer and the injured worker.

Appointments in Timely Manner

The sense of timeliness reflects the need to deal with the needs of the injured worker in a suitable manner to avoid establishing disabling behavior. Delays in treatment may lead to increase psychosocial issues and promote delayed recovery. Employers look to health care providers who will provide care in a timely manner in hopes this may convey a positive message to the injured worker that their well-being is of prime importance (Guzik, 2013).

The role of the case manager is to assure timely authorization for requested treatments, diagnostics and services in order to keep the claim going in a positive direction, and to assure the injured workers' compliance with prescribed treatment. This is of critical importance to the case manager who works in occupational health. The employers in the study were looking for case managers who could ensure their employees received quality care but that this care is cost-effective. The emphasis on outcomes and resource management on the part of employers alerts case managers that to be financially successful in this type of case management, the case manager must be able to produce results. By applying the findings of this project to the case management role, the impact of an effective case manager on workers' compensation cases cannot be undervalued.

Conclusion

The selection of an occupational health care provider in the realm of workers' compensation plays a monumental role in the life of a claim for the employer. Safe and timely return to work is in the best interest of the employer and their injured employee. For the employer, it can represent hard dollars saved in indemnity payments and insurance premiums when the employee can return to some form of work. For the injured employee, it can have a positive impact on their attitude of going back to work as they will feel they are a valued asset to their employer. Aggressive return-to-work programs as well as up-to-date job functionalities, which are shared with the occupational health care provider, will facilitate a positive outcome for all.

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Appendix 1

October 27, 2015
Frank W. Martz II, City Manager
City of Altamonte Springs
225 Newburyport Avenue
Altamonte Springs, Florida 32701

Dear Mr. Martz:

As part of a research project for completion of my Doctor of Nursing Practice (DNP) at The University of Alabama, I am soliciting your determining factors with which you choose the occupational health care providers who treat your injured employees.

You have been provided a packet consisting of a Consent Form for Participation, an Introductory Letter, an employer satisfaction survey, and a self-addressed stamped envelope to facilitate ease of returning the completed survey. As the principal investigator, I am the only person who will have access to the results. Your responses will be kept confidential.

Thank you for your very valuable participation in my effort to determine the most important factors in choosing an occupational health care provider. My end goal is to publish the results in an industry journal.

Respectfully yours,

Myra P. Keleher, MSN, RN, NEA-BC (DNP student, The University of Alabama)
2850 River Front Trail
Geneva, Florida 32732
Enclosures:
Consent Form for Participation
Employer Satisfaction Survey Questionnaire
Stamped, Self-Addressed Envelope

Appendix 2

The University of Alabama
Human Research Protections Program
Consent for a Mailed Survey

Myra P. Keleher, Principal Investigator from The University of Alabama, is conducting a study called "Employer Satisfaction: How Does This Affect Occupational Health care Selection in Workers' Compensation?" She wishes to find out what are the most important factors/determinants an employer utilizes in the selection of an occupational health care provider for their injured employees.

Taking part in this study involves completing a mailed survey that will take about 15 minutes. This survey contains questions about appointment availability, wait times, return to work efforts by the provider, professionalism of the staff, and the provider.

There will be no direct benefits to you. The findings will be useful to employers in assisting them in their best choice for an occupational health care provider based on the outcome of the response to the survey.

The chief risk is that some of the questions may make you uncomfortable. You may skip any questions you do not wish to answer.

If you have any questions about this study, please contact Myra P. Keleher, by e-mail, mpkeleher@crimson.ua.edu. If you have questions about your rights as a research participant, please contact Ms. Tanta Myles, the University Compliance officer, at 205-348-8461 or toll free at 1-877-820-3066. If you have complaints or concerns about this study, file them through the UA IRB outreach website at http://osp.ua.edu/site/PRCO_Welcome.html. Also, if you participate, you are encouraged to complete the short Survey for Research Participants online at this website. This helps the UA improve its protection of human research participants.

Your participation is completely voluntary. You are free not to participate or stop participating any time before you submit your answers.

If you understand the statements above, are at least 19 years old, and freely consent to be in this study, please complete the survey and return it in the self-addressed stamped envelope.

Agree __Yes __No _____ _____

Signature Date
Thank you for your time.

Appendix 3

Employer Satisfaction Questionnaire					
I am soliciting your opinion on what you consider the most important attributes/factors in selecting the primary occupational health care provider who treats your injured workers. Please indicate your preferences by using a checkmark in the appropriate box.					
All responses will be kept confidential. Thank you in advance for taking time to answer these questions.					
Question	Very Important	Important	Moderately Important	Of Little Importance	Unimportant
Appointment availability					
Wait time					
Staff professionalism and courtesy					
Medical provider professionalism and courtesy					
Communication					
Diagnostics ordered timely					
Work restrictions given after each office visit					
Employee return to work within nationally recognized guidelines					
Accurate billing by the provider					
Board certified occupational health careprovider					
Overall, what is *the most* important factor you use to select a treating occupational health care provider?					

Comments:

Appendix 4

Employer Satisfaction Survey Comments

Overall, what is the most important factor you use to select a treating occupational health care provider? These are employer direct quotes from the survey.

1. How quickly the physician can get the employee back to work full duty.
2. The provider communicates with us on employee issues and responds timely on medical evaluations.
3. Our employees are very valuable, so we want good quality care without delay.
4. Of the list provided above, we would consider wait time and accurate billing to be most important. Cost and productivity are two areas that are critical to the finances of the city. Overall, each of these categories is crucial in the overall program. I have rank-ordered to be helpful in identifying which would come first to last in the "Very Important," category 5.

5. Quality medical care, open/frequent communication with employer, cost, customer satisfaction.
6. Understanding that effective management of the on-the-job injury is the result of the collaborative efforts between the provider-patient-claims adjuster-employer.
7. Ethical—considers well-being of employees, but also needs of the organization. Also look for providers that are near the employee.
8. Accessibility to the city.
9. Completion of Florida mandated DWC-25 form completely, accurately, and promptly. Failure by a provider to successfully fulfill any one of these parameters would be reason to reconsider. Poor billing practice is not acceptable even with the best customer service.
10. Returning injured workers to work as quickly as possible. Even if an injured employee has restrictions, there is always some way to accommodate and the employee usually appreciates it.
11. Timely and accurate communication.
12. Objectivity—the provider able to set treatment plans based on objective medical findings; able to communicate diagnosis/plans to both the injured worker and the employer.
13. We do not choose—we send employees where our workers compensation carrier tells us to send them.
14. Communication of expected treatment, time out of work, expected recovery, and up-to-date restrictions as progress continues.
15. Timeliness of all aspects from appointments to diagnosis, to return to work, or treatment plan.
16. Ability to treat our employees in a timely manner and moving them on to specialist if need be.
17. All factors play a role in my decision.
18. Medical provider professionalism and courtesy.
19. Having the provider qualified to treat our employees. Wait time and appointment availability is extremely important.
20. Appropriate diagnosis and treatment of injured worker. Inappropriate diagnosis and treatment can delay return to work and possibly cause further injury to employees.
21. Ability for the employer to communicate directly with the medical provider.
22. Skill set, professionalism, impartial, considerations of employee and employer, all of the above.
23. Professionalism and courtesy.
24. Timeliness.
25. The provider makes contact following every office visit.
26. Good customer service and providing work status timely.
27. Communication.
28. Medical provider professionalism and courtesy. All factors combine to the most important aspect quality care of our personnel.
29. Provider location and wait time factor very heavily as time away from work adds expense. We have struggled to find providers that perform the occupational health services in the way we would like. Multiple primary care visit before referral is an ongoing issue. The appearance is the Primary Care Physician is"milking" the claim before referring. It is for this reason we are strongly considering an employee health clinic. Over and above the benefits to the employees form a general health side, the ability to triage, evaluate, and refer occupational health cases from our own clinic could provide significant cost savings. In addition, the ability to lower costs on drug screens, pre-employment physicals, and return to work physicals could possibly result in even more cost savings.
30. Certification and proximity.
31. Communication.
32. Open lines of communication. Best care for our employees.
33. Appointment availability and communication.
34. Location in proximity to the workplace.
35. The City of Ocoee, Florida, has their own health care center/clinic, which handles our medical care for the injured employee.
36. Quality of outcomes—historical success.

Excellence in case management with long-term experience by case managers. Returning our phone calls/e-mails when we make contact. Excellence within the vendors' legal team when attorneys come into play. Reasonable cost to contract with the vendor relevant to claims data. (We do not push the doctors but we follow closely). (Claims provider follows this—accurate billing). (Vendor credentials the network).

37. That I am kept informed. I do not need an employee on workers' compensation out gallivanting around when they could be working.
38. In Florida, the workers' compensation insurance carrier is the one who selects the provider. If the employer is self-insured, they are able to designate the medial provider. The provider's reputation in their field is probably the most important factor in selecting providers for employees. The question to ask would be, who do I want to treat this person if they were my mother? Who will provide the *best* care and care we can *afford*?
39. Communication—we have the provider's office fax US work restrictions directly after each visit.
40. Work restrictions given after each office visit.
41. Availability and accuracy of the medical team. Also, the distance an employee has to travel is important because we are a small employer. When one team member is out for long periods, it affects operations.
42. We do not choose. We send employees where our workers' compensation carrier tells us to send them.
43. The City of Tarpon Springs is under contract with the Florida League of Cities (FLC) to provide workers' compensation coverage. As such, the City uses an approved provider list furnished by FLC and does not select its own occupational health care providers.
44. Our providers are part of a network, which are selected by our third-party administrator, which handles our claims. Therefore, we would be unable to provide you with data for your research.
45. All categories are very important, but one that stands out is communication. It is vital that the health care provider communicates well on various issues so that us, as the client, can best serve our employee's needs.
46. Location.