

# **"Occupational Services You Make a Difference"**

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2008 NASA Occupational Health Conference  
Baltimore, Maryland  
July 7, 2008**

# OEM MISSION

- Occupational and environmental medicine is devoted to the prevention and management of occupational and environmental injury, illness and disability and the promotion of health and productivity of workers, their families and communities.

# Team Members

- Occupational Physicians
- Occupational Health Nurses
- Physician Assistants/Nurse Practitioners
- Industrial Hygienists
- Ergonomists
- Industrial Engineers/Safety Professionals

# Contribution

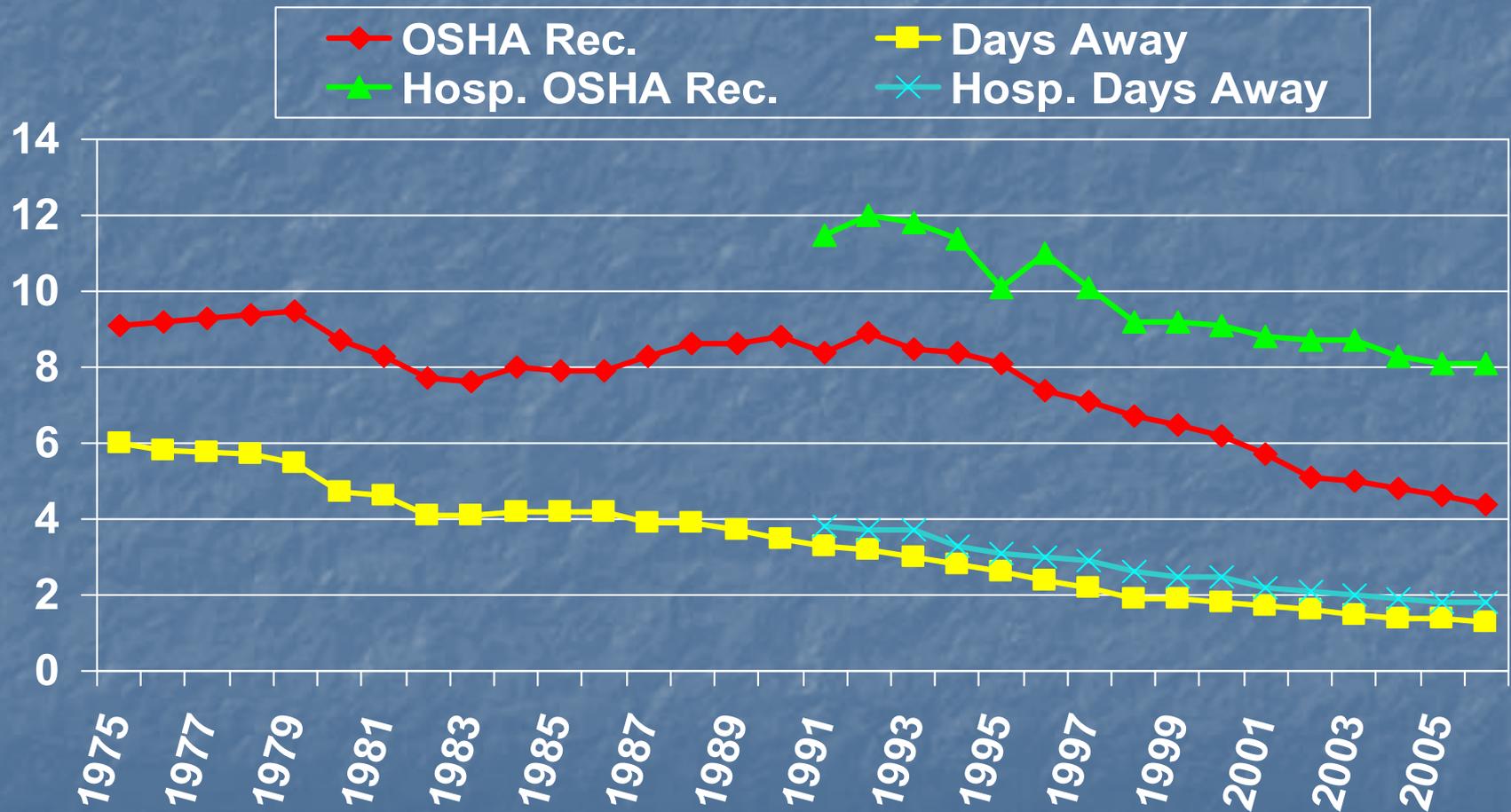
- **Organization** – the reduction in the cost of accidents/disease and increase in productivity.
- **Society** – the reduction in the frequency of injuries, illnesses and disability in working individuals.

# Measured Outcomes

- Decrease in illness, injury and disability frequency/rates.
- Decrease in costs (i.e., increased productivity).
- Increase in process efficiencies of delivered occupational medical services.

# **Occupational Injury and Illness in the United States**

# Incidence Rates of Occupational Injuries Illnesses (per 100 full-time workers)



Source: Bureau of Labor Statistics, 2008

# Number of Workers' Compensation Claims per 100,000 Insured Workers Private Carriers in 39 Jurisdictions

Policy Period	Temporary Total	Permanent Partial	Total (including medical only)
1992	1,358	694	8,504
1993	1,331	644	8,279
1994	1,300	565	7,875
1995	1,217	459	7,377
1996	1,124	419	6,837
1997	1,070	414	6,725
1998	977	452	6,474
1999	858	434	5,933
2000	855	424	5,856
2001	797	417	5,431
2002	762	414	5,114
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% Chg, 1992-2002	-43.9	-40.3	-39.9

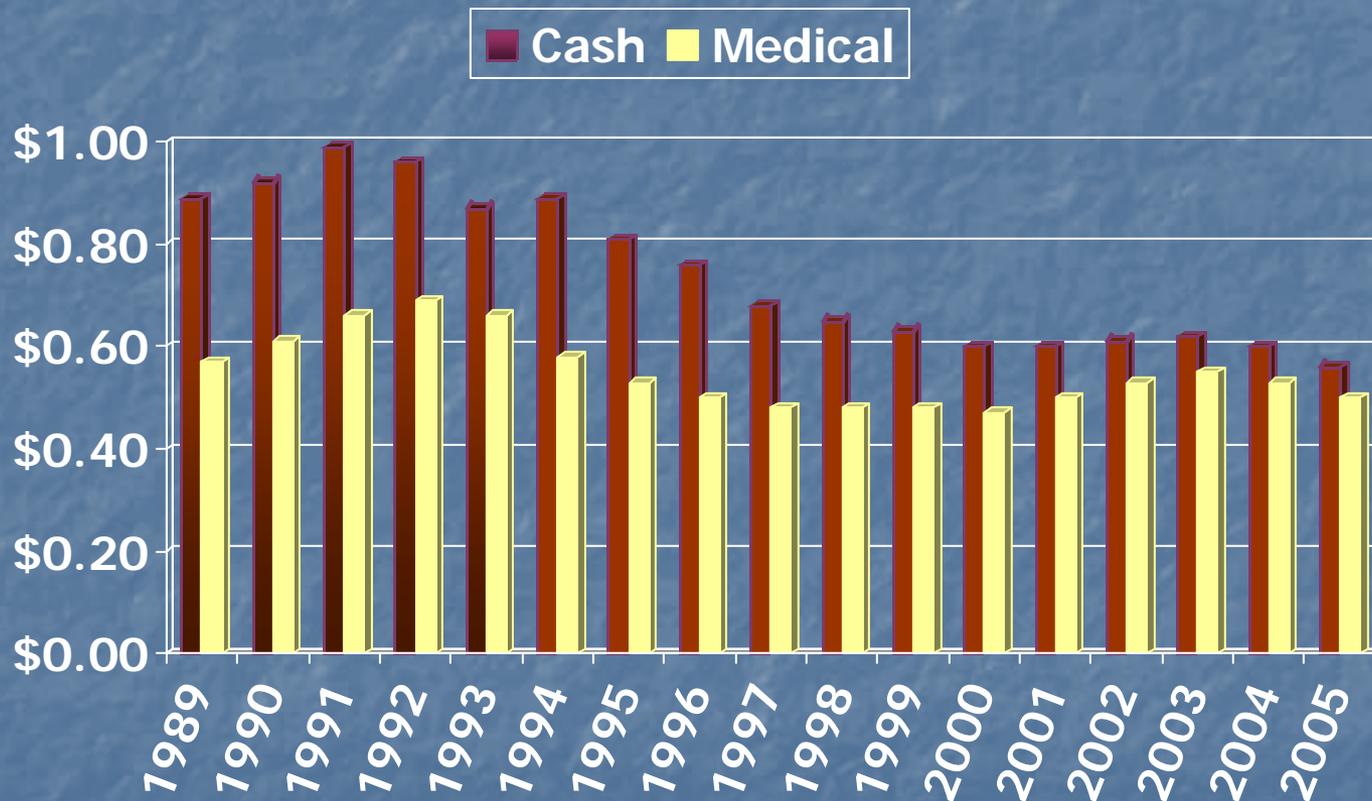
Source: National Academy of Social Insurance 2007

# Employer Costs for Workers' Compensation by Type of Insurer, 1987 - 2005

Year	Total	% Chg.	Private Carriers		State Funds		Federal		Self-Insureds	
			Total	% of Total	Total	% of Total	Total	% of Total	Total	% of Total
1995	57,089	-5.7	31,554	55.3	10,512	18.4	2,556	4.5	12,467	21.8
1996	55,293	-3.1	30,452	55.1	10,190	18.4	2,601	4.7	12,049	21.8
1997	53,544	-3.2	29,862	55.8	8,021	15.0	3,358	6.3	12,303	23.0
1998	53,431	-0.2	30,377	56.9	7,926	14.8	3,471	6.5	11,657	21.8
1999	55,835	4.5	33,422	59.9	7,484	13.4	3,496	6.3	11,433	20.5
2000	60,065	7.6	35,673	59.4	8,823	14.7	3,620	6.0	11,949	19.9
2001	66,642	10.9	37,768	56.7	11,534	17.3	3,778	5.7	13,561	20.3
2002	73,446	10.2	41,370	56.3	14,625	19.9	3,898	5.3	13,552	18.5
2003	82,047	11.7	45,345	55.3	17,788	21.7	3,970	4.8	14,945	18.2
2004	86,849	5.9	47,951	55.2	19,072	22.0	4,073	4.7	15,753	18.1
2005	88,832	2.3	50,876	57.3	18,202	20.5	4,096	4.6	15,657	17.6

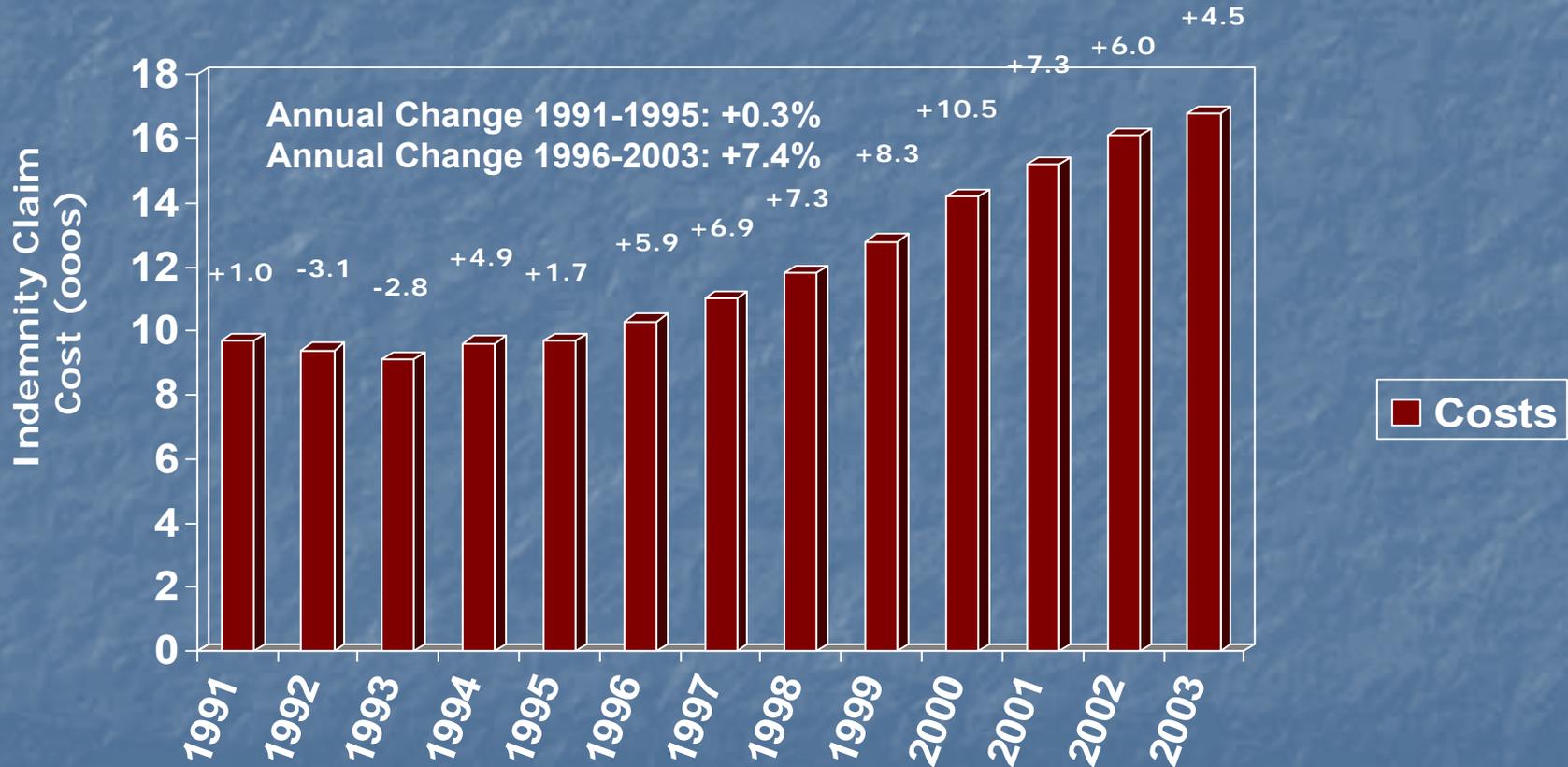
Source: Workers' Compensation: Benefits, Coverage and Costs, 2007

# Workers' Compensation Medical and Cash Benefits per \$100 of Covered Wages, 1989-2005



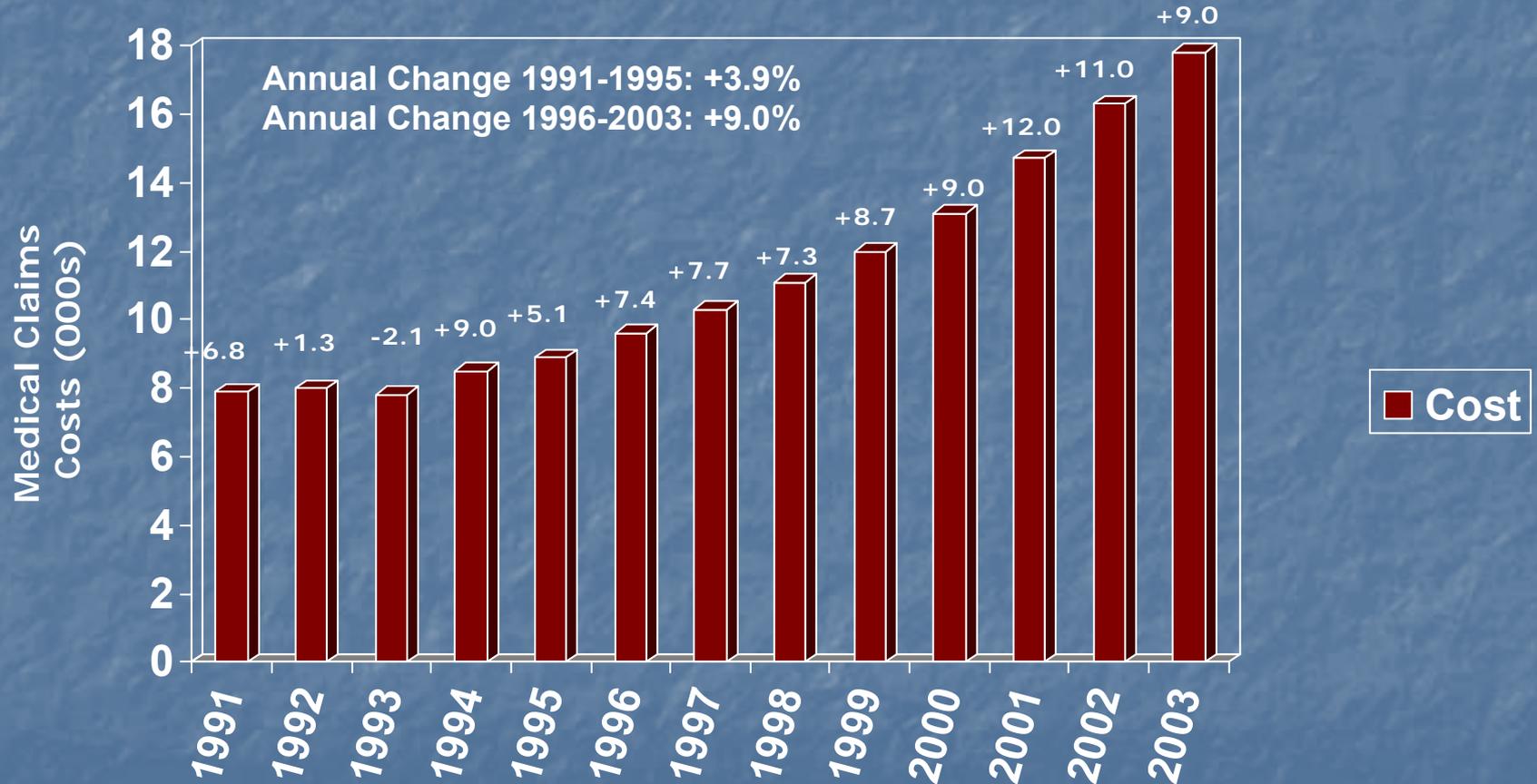
Source: National Academy of Social Insurance estimates, 2008

# Workers' Compensation Indemnity Claim Cost Severity (valued to ultimate) and Percent Change Per Year



Source: State of the Line, 2005, NCCI

# Workers' Compensation Medical Claim Cost Severity (valued to ultimate) and Percent Change Per Year



Source: State of the Line, 2005, NCCI

# Factors Influencing Incidence, Disability Duration and Costs

Parameter	Incidence	Duration of Disability	Costs
Industrial Class	√√√√	√√√√	√√√√
State Mandated Benefit Levels	√√√√	√√√√	√√√√
Age	√√	√√√	√√√
Medical Guidelines		√√√	√√√√
Provider Networks		√√√√	√√√√
Experience of Medical Provider		√√√	√√√√
HMO Coverage	√	√√	√√√√
Attorney Involvement	√	√√√√	√√√√√

Source; Thompson, T., et. al. Workers' Compensation, WE Upjohn Inst., 2001

# Interventions

- **Maintain a safe working environment (identify and correct unsafe conditions)**
- **Hire employees capable of physically performing job tasks**
- **Continuously assess workers for physiologic deficits related to employment**
- **Direct injured workers to physicians experienced in workers' compensation who possess excellent clinical and interpersonal skills**
- **Utilize medical guidelines to decrease variability in medical care**
- **Return injured workers back to gainful employment as soon as possible**

# **Johns Hopkins Workers' Compensation Program Components**

**Safety and Industrial Hygiene**

**Healthcare Provider Network**

**In-House Case Management**

**In-House Claims Payment and  
Management**

**Integration of Components Utilizing  
Web Based Software**

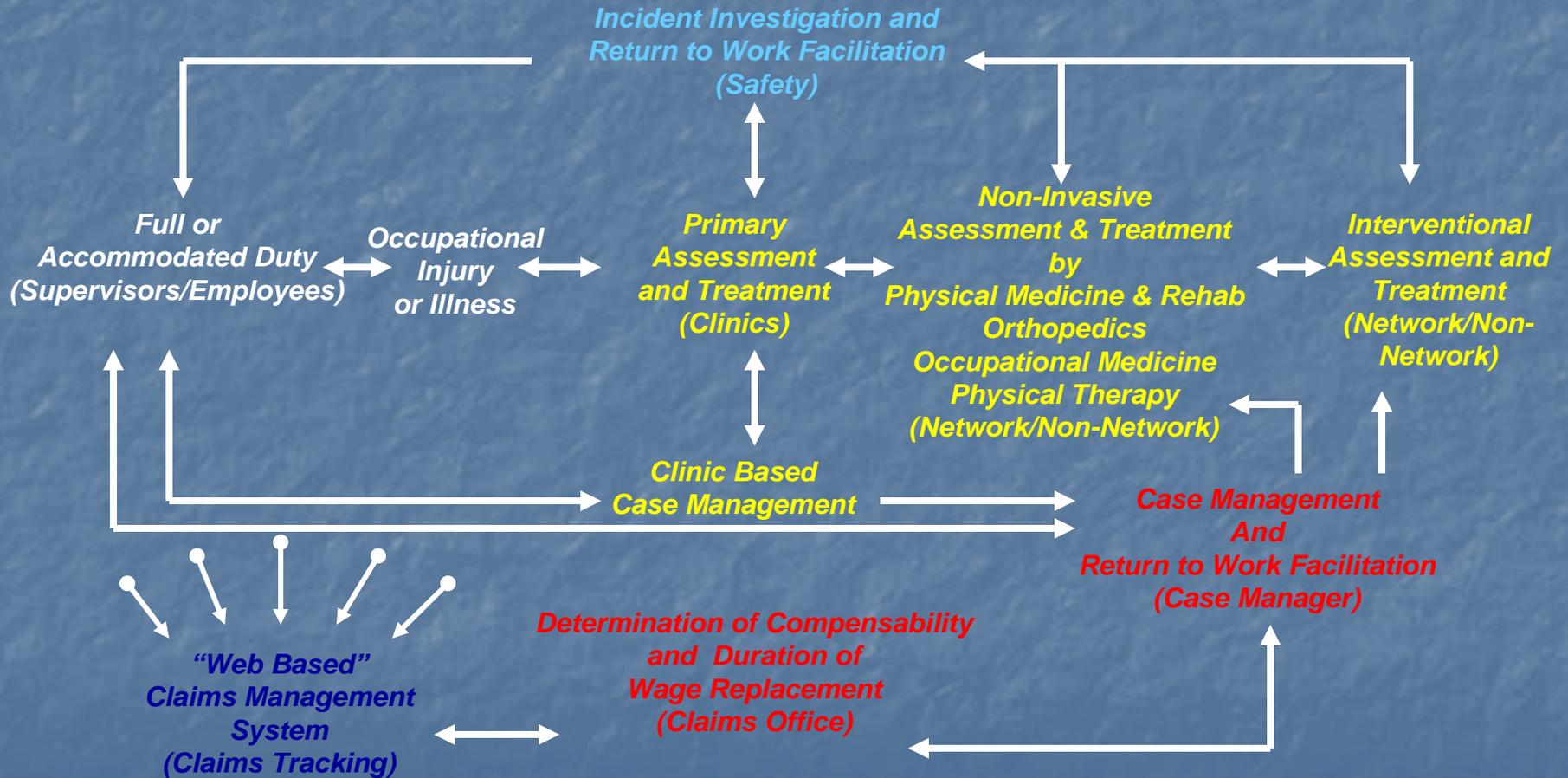
# Implementation

- Environmental monitoring/surveillance program established
- A small network (6+) of clinically skilled OEM and surgical specialists with knowledge of the workers' compensation system was developed
- Nurse case manager (NCM) hired to facilitate the diagnostic and treatment process
- Insure information transfer between physicians, safety professionals, nurse case manager and supervisors via meetings and a claims management software system (ICMS)
- Case Manager insures claim status known at all times

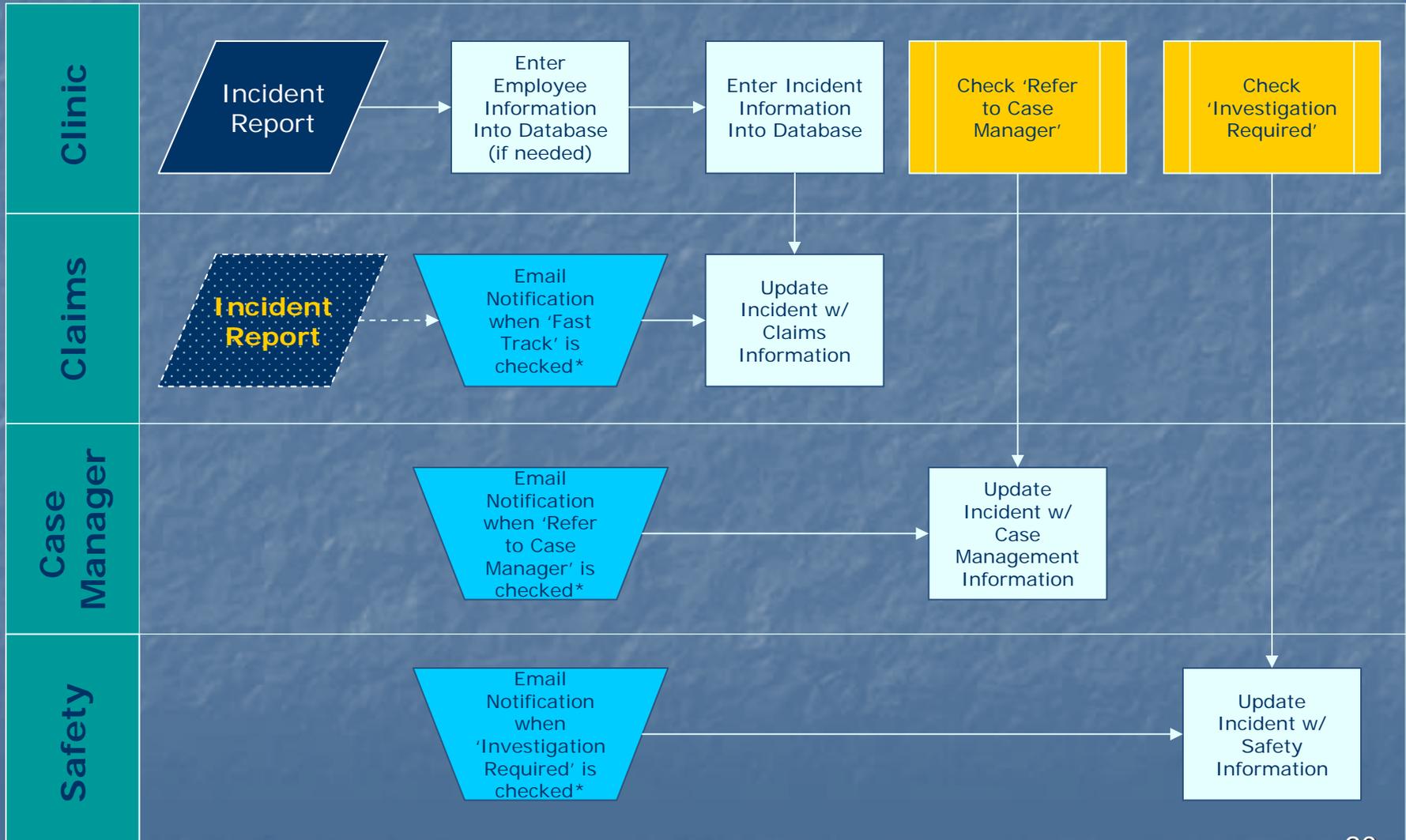
# Implementation (cont'd)

- Transitional Duty Pool Created
- Case Manager and Software System supports, rather than hinders, physician's ability to diagnose, treat and return individuals to productive work
- All participants facilitate the continuous assessment and correction of work areas where accidents occur (accident investigation)
- Preoccupation with timely payments to claimants and physicians

# INTEGRATED SYSTEM



# Integrated Claims Management System Workflow



\* Claims, Case Manger, and Safety roles can also query the application for newly entered incidents at any time.

## NON-FATAL OCCUPATIONAL INCIDENCE RATES (100 FT WORKERS) 1991 – 2004 (BLS & JHH)

Category Year	All OSHA Recordable		Cases With Days Away		Cases with Lost Workdays	
	Rate	% Diff.	Rate	% Diff.	Rate	% Diff.
<u>Private Industry</u>						
1991	8.4	-32%	3.8	-42%	3.9	-28%
2003	5.0		1.5		2.6	
<u>Manufacturing</u>						
1991	12.7	-46%	3.9	-59%	5.6	-32%
2003	6.8		1.6		3.8	
<u>Hospital</u>						
1991	11.5	-16%	3.8	-39%	4.3	-5%
2004	9.7		2.3		4.1	
<u>JHH</u>						
1991	10.8	-49%	4.1	-61%	5.6	-29%
2004	5.5		1.6		3.0	

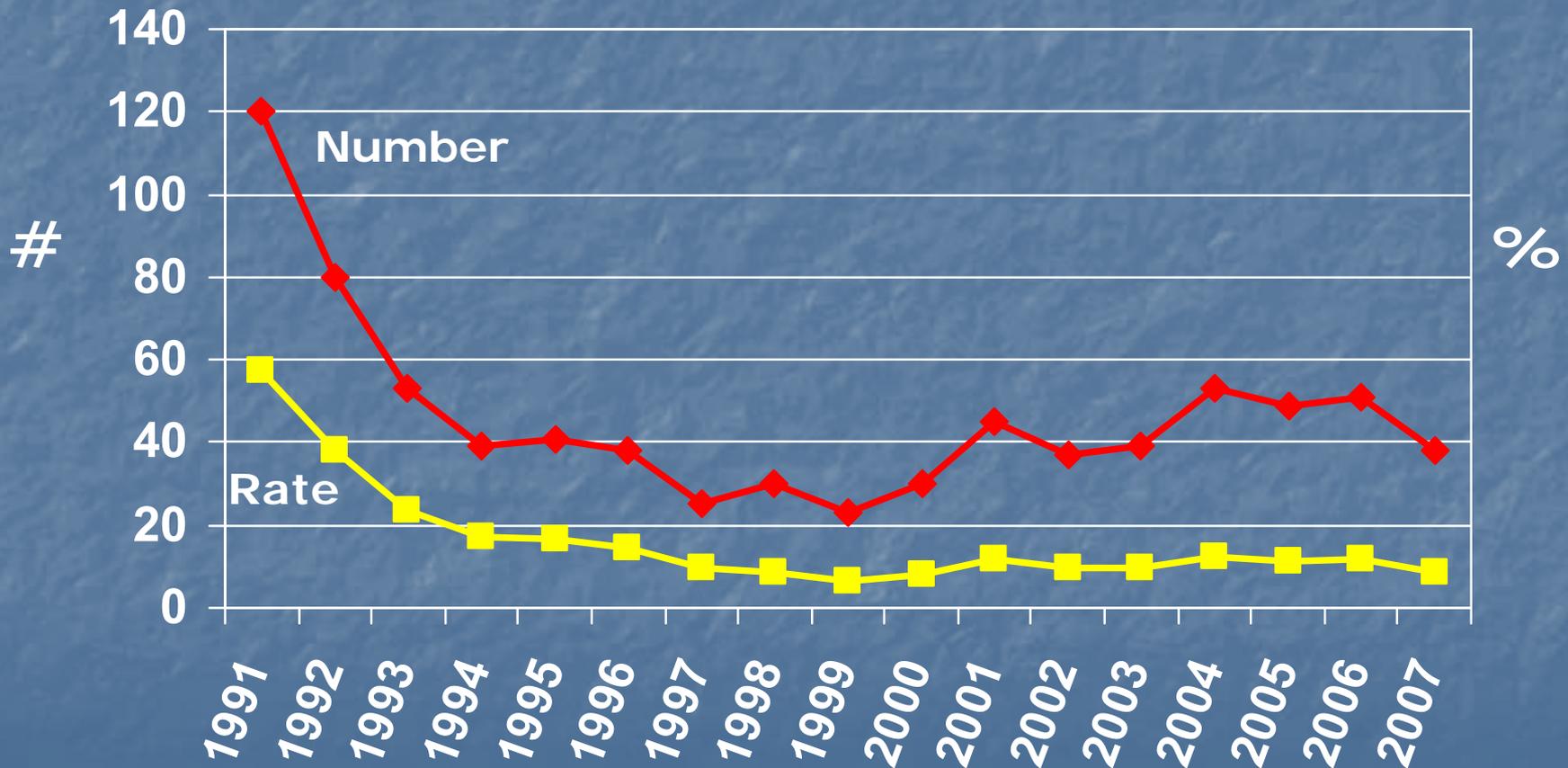
# Losses by Category

Fiscal Year	Payroll	Medical Losses	T/T	P/P	Admin. Costs	Total	Losses Per \$100 Payroll
1992	\$624,889,378	\$1,707,567	\$1,112,765	\$1,208,773	\$1,027,371	\$5,056,476	0.81
1993	\$655,360,985	\$1,764,155	\$832,088	\$1,197,494	\$1,138,724	\$4,922,461	0.75
1994	\$723,606,618	\$1,573,290	\$702,375	\$1,381,305	\$1,197,931	\$4,854,901	0.67
1995	\$759,084,383	\$1,508,764	\$670,646	\$1,249,700	\$1,149,051	\$4,578,151	0.60
1996	\$833,092,219	\$1,471,688	\$561,852	\$1,176,013	\$1,002,102	\$4,211,655	0.51
1997	\$858,431,824	\$1,094,419	\$502,208	\$1,258,586	\$1,104,684	\$3,959,923	0.46
1998	\$891,191,842	\$1,076,949	\$534,118	\$1,224,326	\$1,118,210	\$3,963,673	0.44
1999	\$1,025,793,894	\$1,332,163	\$605,065	\$917,258	\$1,092,045	\$3,946,531	0.38
2000	\$1,159,292,841	\$1,250,517	\$732,081	\$1,331,580	\$1,169,687	\$4,483,865	0.39
2001	\$1,256,083,492	\$1,732,033	\$1,012,403	\$1,387,539	\$1,221,462	\$5,353,437	0.43
2002	\$1,360,557,178	\$2,015,443	\$890,850	\$965,372	\$1,166,715	\$5,059,886	0.37
2003	\$1,541,421,151	\$1,802,232	\$875,299	\$1,084,510	\$1,540,627	\$5,302,668	0.34
2004	\$1,513,425,736	\$2,101,896	\$1,114,172	\$1,644,791	\$2,049,701	\$7,001,276	0.46
2005	\$1,733,604,244	\$2,374,905	\$1,335,845	\$1,695,012	\$1,969,323	\$7,375,085	0.43
2006	\$1,819,620,068	\$2,676,924	\$1,076,636	\$1,729,653	\$2,284,125	\$7,767,338	0.43
2007	\$1,936,431,124	\$2,576,109	\$895,811	\$1,875,401	\$2,212,296	\$7,559,617	0.39

# Workers' Compensation Claims Frequency and Hearing Rates (per 100 employees) and TT Days Paid by Year

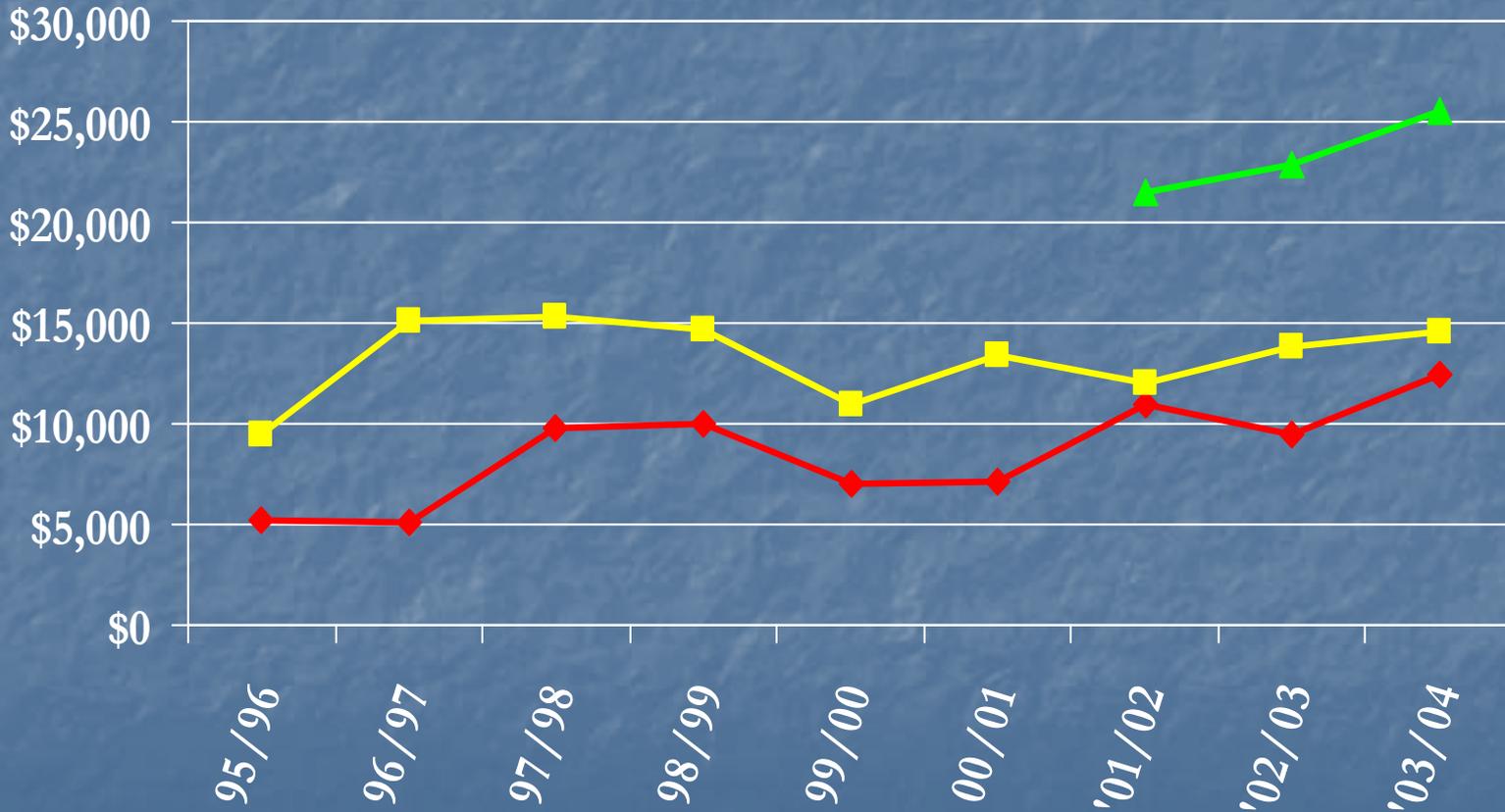
Fiscal Year	# of Employees	Type of Claims			T/T Days Paid
		Lost Time	Medical Only	Scheduled Hearings	
1992	20,969	2.1 (457)	15.5 (3,255)	.5 (112)	34,191
1993	22,506	1.3 (290)	13.9 (3,123)	.6 (133)	18,155
1994	23,039	1.2 (272)	12.0 (2,763)	1.0 (230)	16,086
1995	24,486	1.4 (336)	9.6 (2,355)	.7 (170)	16,543
1996	25,763	1.1 (275)	10.4 (2,682)	.7 (171)	15,074
1997	26,621	.9 (228)	9.3 (2,468)	.6 (150)	9,997
1998	34,844	.5 (181)	7.4 (2,572)	.3 (98)	11,779
1999	35,283	.7 (245)	7.9 (2,781)	.4 (130)	12,253
2000	37,483	.7 (259)	6.9 (2,599)	.3 (126)	12,941
2001	38,131	.7 (266)	6.7 (2,540)	.3 (118)	18,060
2002	39,063	.6 (195)	6.1 (2,397)	.2 (98)	14,469
2003	41,560	.6 (236)	5.7 (2,386)	.3 (114)	14,687
2004	42,592	.5 (192)	6.6 (2,802)	.3 (121)	20,331
2005	43,848	.6 (246)	6.5 (2,871)	.4 (175)	17,761
2006	43,447	.5 (230)	5.9 (2,567)	.2 (107)	18,564
2007	45,152	.5 (237)	5.6 (2,522)	.2 (98)	13,897

# Average Number of Employees and Rate (x 10,000) of Employees Receiving TT Benefits Per Day



# JHU & JHH Medical and Indemnity Severity (Claims) at 30 Months

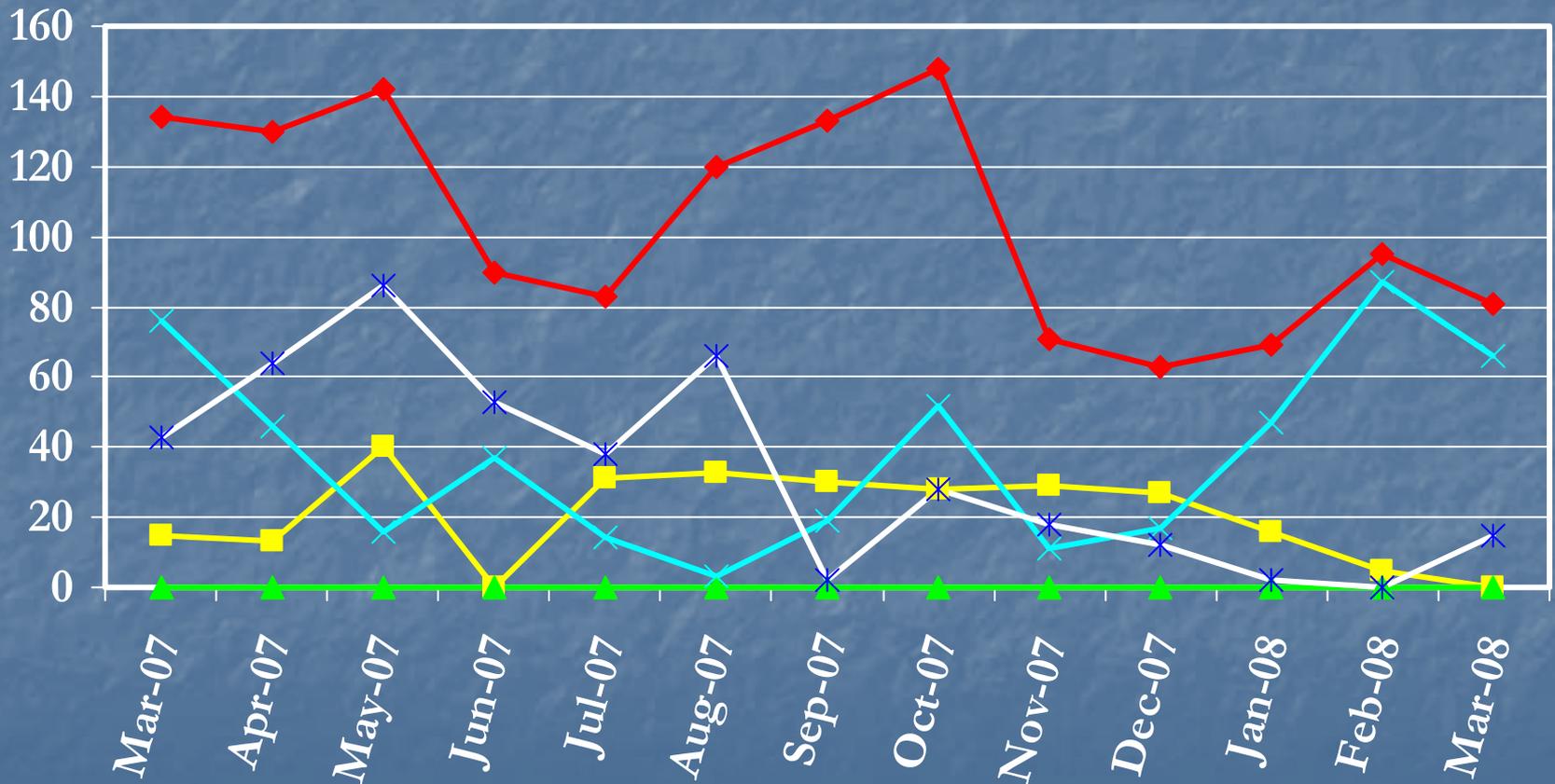
◆ JHH ■ JHU ▲ 14-State Median



Source: Johns Hopkins University 2006

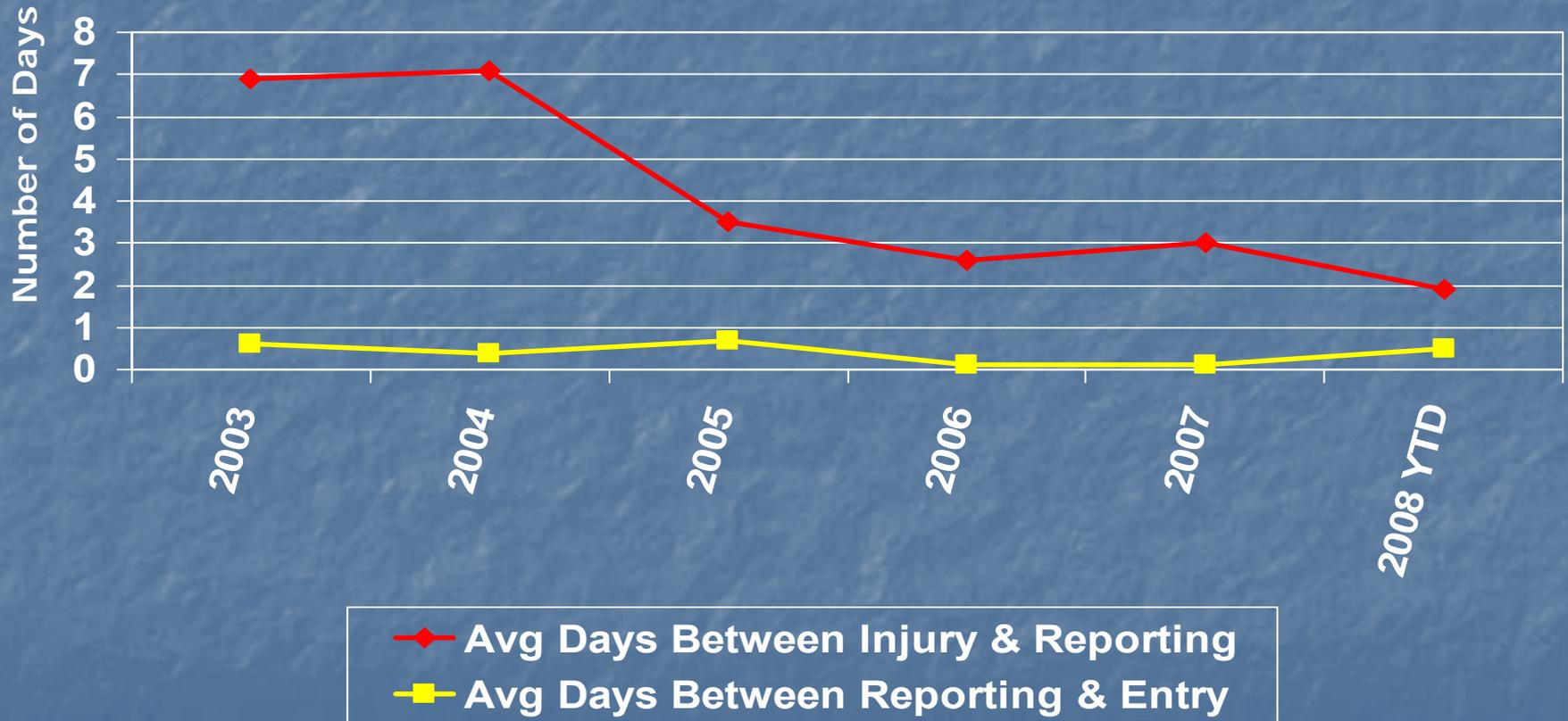
# OSHA Days Restricted Not Accommodated

◆ Total 
 ■ BSI 
 ▲ JHHS 
 ✕ JHH 
 ✱ JHU

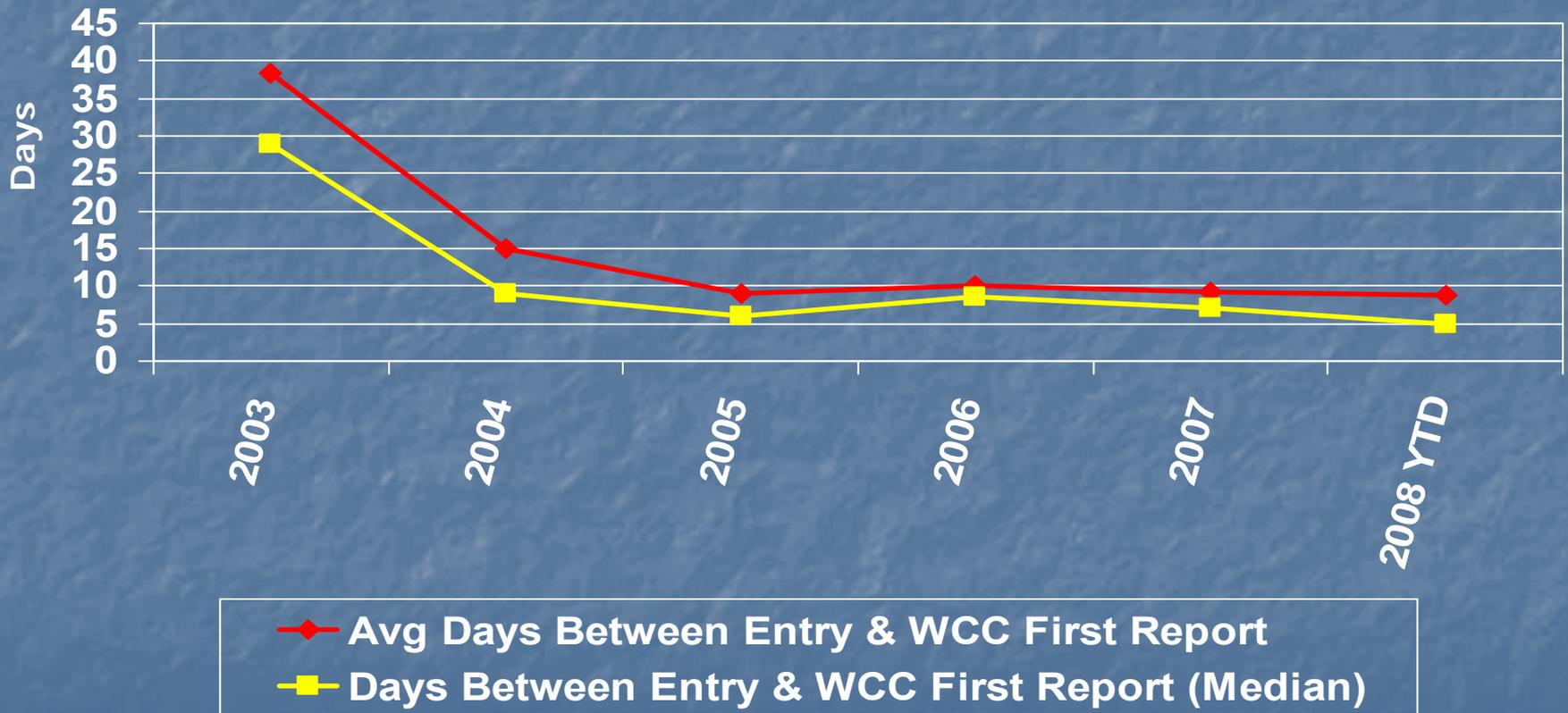


90 Days – temporary duty pool

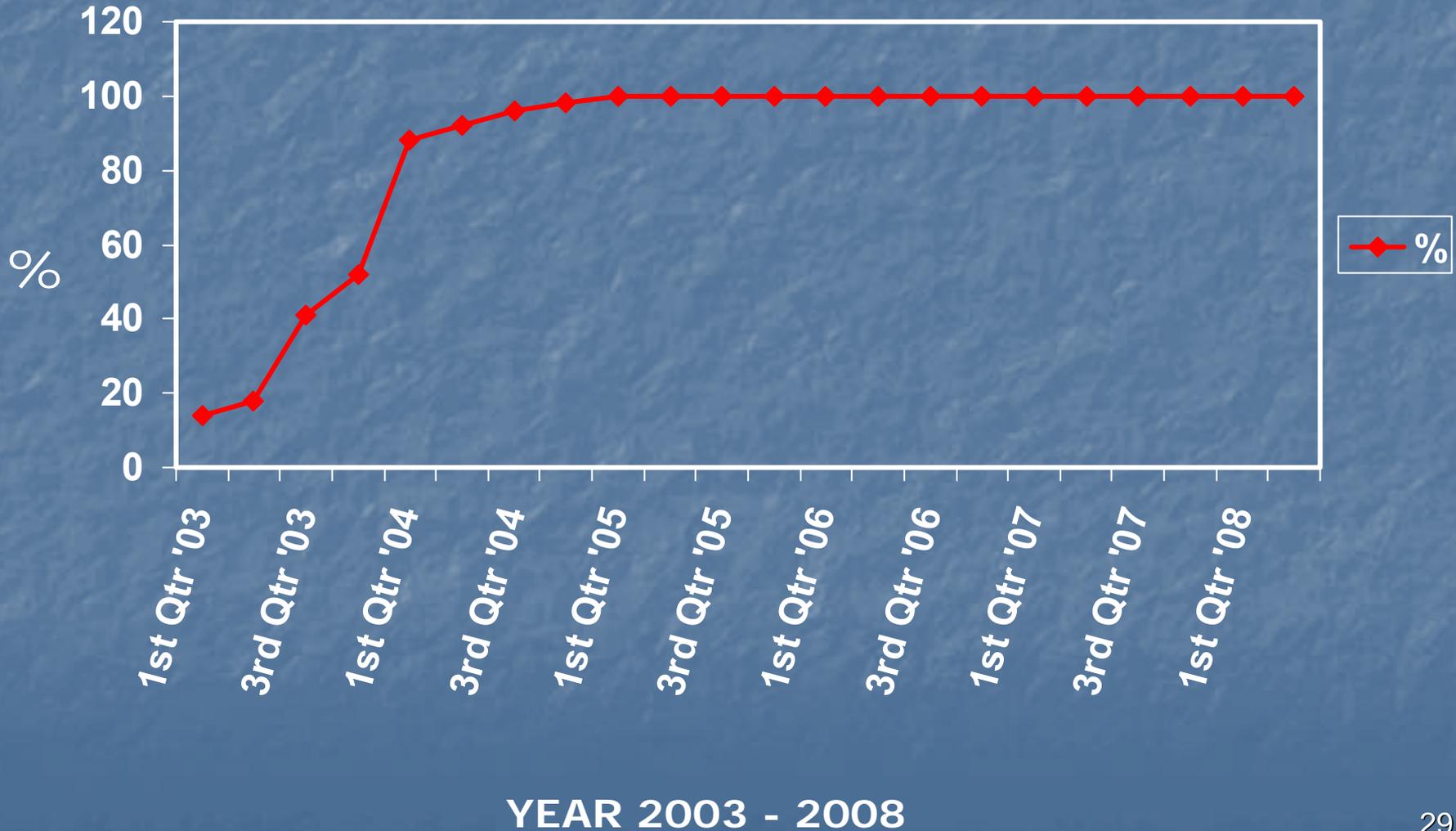
# Average Days Between Injury and Reporting and Entry Into ICMS – Claims Only 2003 – 2008



# Average Days Between Entry Into ICMS and Report to the WCC - Claims Only 2003 – 2008



# Johns Hopkins Percent of OSHA Recordable Injuries Investigated



# ON-SITE CLINICS

# East Coast Wellness Centers – ROI Calculations for 2007

Location	# of Visits	Total Costs	Total Savings	ROI
Albany, NY	1,443	\$107,692	\$104,154	0.97
Atlanta, GA	962	\$81,442	\$94,332	1.16
Baltimore, MD	2,442	\$116,923	\$195,853	1.68
Burnsville, MN	2,006	\$142,308	\$203,729	1.43
Detroit, MI	1,737	\$138,462	\$212,249	1.53
McKees Rocks, PA	1,978	\$128,462	\$157,094	1.22
Orlando, FL	1,637	\$115,606	\$161,377	1.40
Philadelphia, PA	1,256	\$133,077	\$123,816	0.93
Piscataway, NJ	2,606	\$135,692	\$222,629	1.64
Stone Mountain, GA	592	\$54,292	\$71,216	1.31
Winston-Salem, NC	1,854	\$46,154	\$106,005	2.30

# West Coast Wellness Center – ROI Calculations for 2007

Location	# of Visits	Total Cost	Total Savings	ROI
Buena Park, CA	2,318	\$142,308	\$212,696	1.49
Denver, CO	2,892	\$138,462	\$227,574	1.64
Hayward, CA	1,918	\$142,308	\$310,279	2.18
Houston, TX	2,022	\$134,615	\$149,703	1.11
Mesquite, TX	2,538	\$134,615	\$234,316	1.74
Phoenix, AZ	1,484	\$146,154	\$129,844	0.89
Riverside, CA	1,947	\$142,308	\$213,287	1.50
Sacramento, CA	890	\$38,462	\$84,830	2.21
San Diego, CA	2,210	\$145,542	\$309,537	2.13
Tulsa, OK	615	\$69,231	\$55,880	0.81

# ROI Methodology - Occupational

- **Initial and Follow-up office visit**
  - Savings when employee uses on-site versus off site; use Staywell Case Management System (SCMS) state data
- **Physical Therapy**
  - Savings when outside PT avoided; use SCMS state data
- **Temporary Total**
  - Savings when employee would have lost any time or more time if he/she used outside clinic
  - Use location history of TT days and state maximums for TT payments
- **Temporary Partial**
  - Savings when employee would have been put or kept on TD longer if he/she used outside clinic
  - Use location historical data and state maximums for TP payments
- **Replacement Labor**
  - Savings if replacement labor would have been used if employee lost days
  - Location driven for past practice & average pay rates; used conservatively
- **Procedures/Supplies/Meds**
  - Savings when procedures, supplies & meds were dispensed; use JHU standard costs
- **TPA Handling Fees**
  - Savings if injury would have caused a lost time or medical only workers' comp claim
  - Use location history and SCMS standard pricing per claim

# ROI Methodology – Non-Occupational

- **DOT Physical Certs & Re-certs**
  - Savings for exam costs; use \$95 as a national average
  - May include labor savings depending on contract and location practice
- **Drug Testing (random & PP)**
  - Savings for collection fee; use \$33 as national average
  - May include labor savings depending on contract and location practice
- **Breath Alcohol Test (BAT)**
  - Savings for collection fee; use \$33 as national average
  - May include labor savings depending on contract and location practice
- **Ergo Pre-Placements**
  - Savings for test; use \$33 as national average
- **Office Visit (code 99213)**
  - Savings for office visit; use Medstat's avg. office visit cost per state

# ROI – What is not included in Calculation

- ❑ Reduction in non-occupational absenteeism due to treatment on-site and monitoring of STD
- ❑ Savings in health care cost due to early diagnosis, prevention, intervention
- ❑ Increased business productivity
  - Employee remains on-site
  - On-duty and drive times for DOT drivers is reduced
- ❑ Employee convenience/moral
- ❑ Future positive trends in actuarial data due to reduction in WC claims and LT days

# **Facilitated Early Return to Work Program**

# Program Flow

- Return to duty/medical restriction form completed by physician
- Form reviewed by nurse case manager and injured employee
- Restrictions reviewed by supervisor – restrictions accommodated or not accommodated
- If restrictions cannot be accommodated, a formal job analysis is conducted (identify physical demands of job and alternative work assignments)
- Placement accomplished or not accomplished
- Administrative reviews conducted twice monthly on the status of individuals who are out on temporary/total disability or work restrictions

# Population, Number and Rate of Lost Workday Cases by Year

Fiscal Year	No. of Employees	No. of Lost Workday Cases	Rate*
Before return to work program			
1989	16,212	313	19.3
1990	16,851	325	19.3
1991	17,022	340	20.0
1992	17,136	352	20.5
After return to work program			
1993	17,771	171	9.6+
1994	18,282	165	9.0+
1995	19,585	223	11.4+
1996	20,921	226	10.8+
1997	21,016	224	10.7+
1998	22,156	231	10.4+
1999	28,518	248	8.7+

•Rate per 1,000 emp.+ Differs significantly from 1992 with Bonferroni procedure adjustment

# Comparison of OSHA-Recordable Events Before and After Implementation of Return to Work Program

Years	Lost Work-day Cases		Lost Workdays		Restricted Duty Days		Non-Lost Workday Cases	
	N	Rate*	N	Avg.+	N	Avg.+	N	Rate*
1989-1992	1,330	19.8	17,684	26.3	426	0.63	376	5.6
1993-1999	1,488	10.0	17,792	12.0	22,148	13.4	894	6.0

•Per 1000 employees

•+Per 100 employees

# Placement Outcomes of Job Analyses

Year	Job Analyses Requested*	Cannot Meet Restrictions		Can Accommodate With/without Job Modification		Not Conducted+	
	N	N	%	N	%	N	%
1995	14	1	7	12	86	1	7
1996	22	3	14	16	73	3	14
1997	39	22	56	14	36	3	8
1998	52	17	33	28	54	7	13
1999	41	12	29	20	49	9	22
Total	168	55	33	90	54	23	14

\*Job analyses are requested in the following cases: (1) management needs assistance in determining accommodation, (2) management not accommodating restrictions, (3) employee's perception of assignment not within outlined restriction, (4) permanent restrictions imposed by specialty physician or medical director

+Unsuccessful attempt to conduct job analysis due to transfers, layoffs, resignations, etc.

# Outcome of Employee Requests for Job Analyses

	Job Analyses Initiated/ Requested by Employee (n)	Assignment Meets Restrictions (n)	Further Accommodations Made (n)	% Meeting Restrictions
1995	0	0	0	-
1996	15	12	3	80
1997	8	8	0	100
1998	2	2	0	100
1999	1	1	0	100
Totals	26	23	3	88

**WORKERS COMPENSATION  
PHYSICIAN NETWORK  
OMNET GOLD**

**“Quality medical management aggressively applied by empowered, yet, accountable physicians trained and disciplined in common occupational care management methods and unencumbered by pre-certification requirements, will minimize cost and disability”**

# GOAL

- LWCC's goal in creating Omnet Gold (OG) was to permit health care providers to use the appropriate diagnostic and treatment regimens at the time they are indicated, *not when they are approved by LWCC.*

# DESIGN

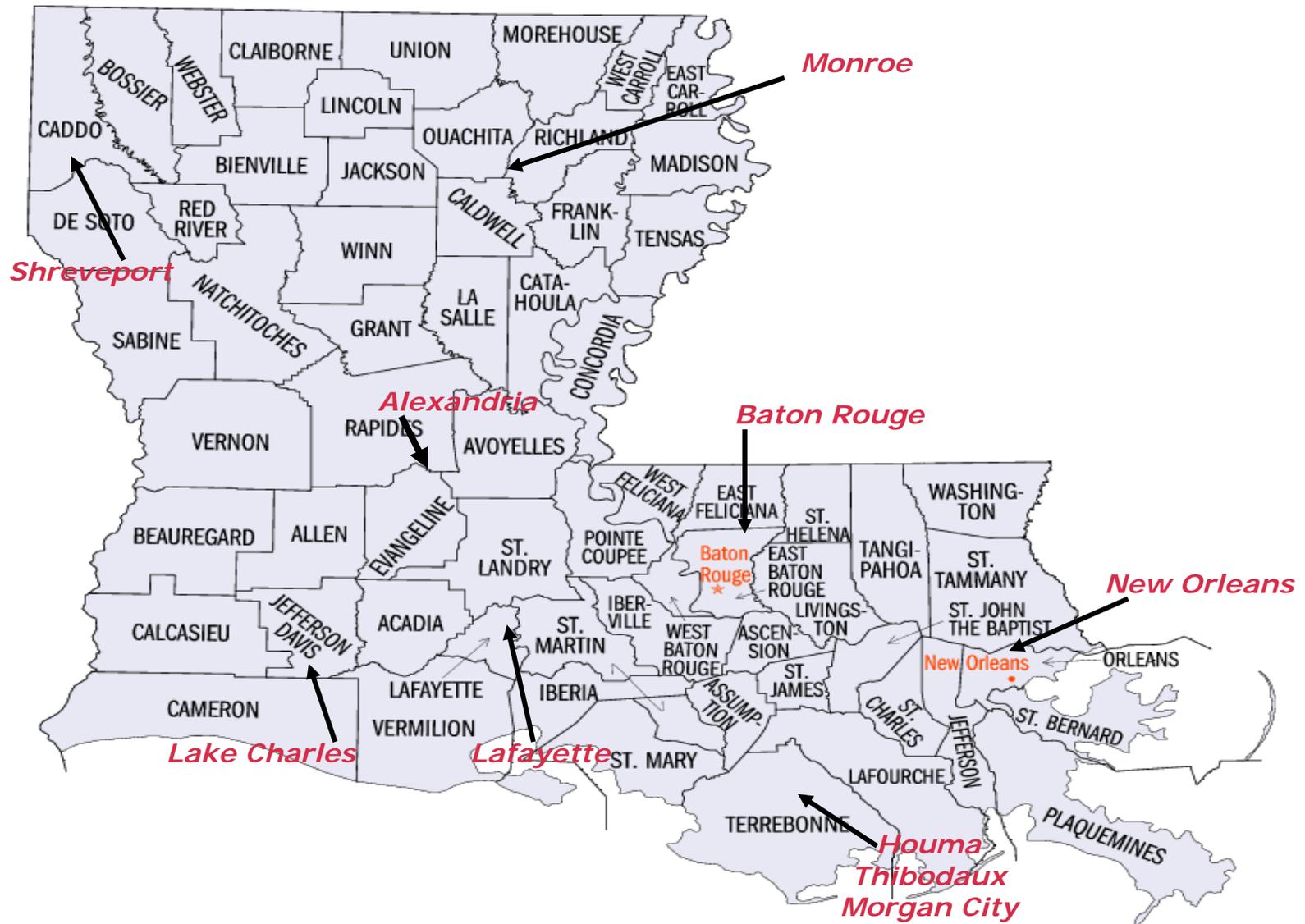
- **Managing Care Physician (MCPs) make up the core of OG**
  - **initial treatment**
  - **track medical care**

# DESIGN (cont.)

- MCPs are occupational medicine practitioners
- Supporting healthcare providers are orthopedic surgeons, neurosurgeons, physiatrists, chiropractors and physical therapists.

# Selection of OG Healthcare Providers

- 200 policy holders with largest number of claims
- Occupational medicine providers treating the greatest number of LWCC claimants
- Occupational medicine providers located near 200 largest insureds
- Occupational medicine providers name practitioners in referral network



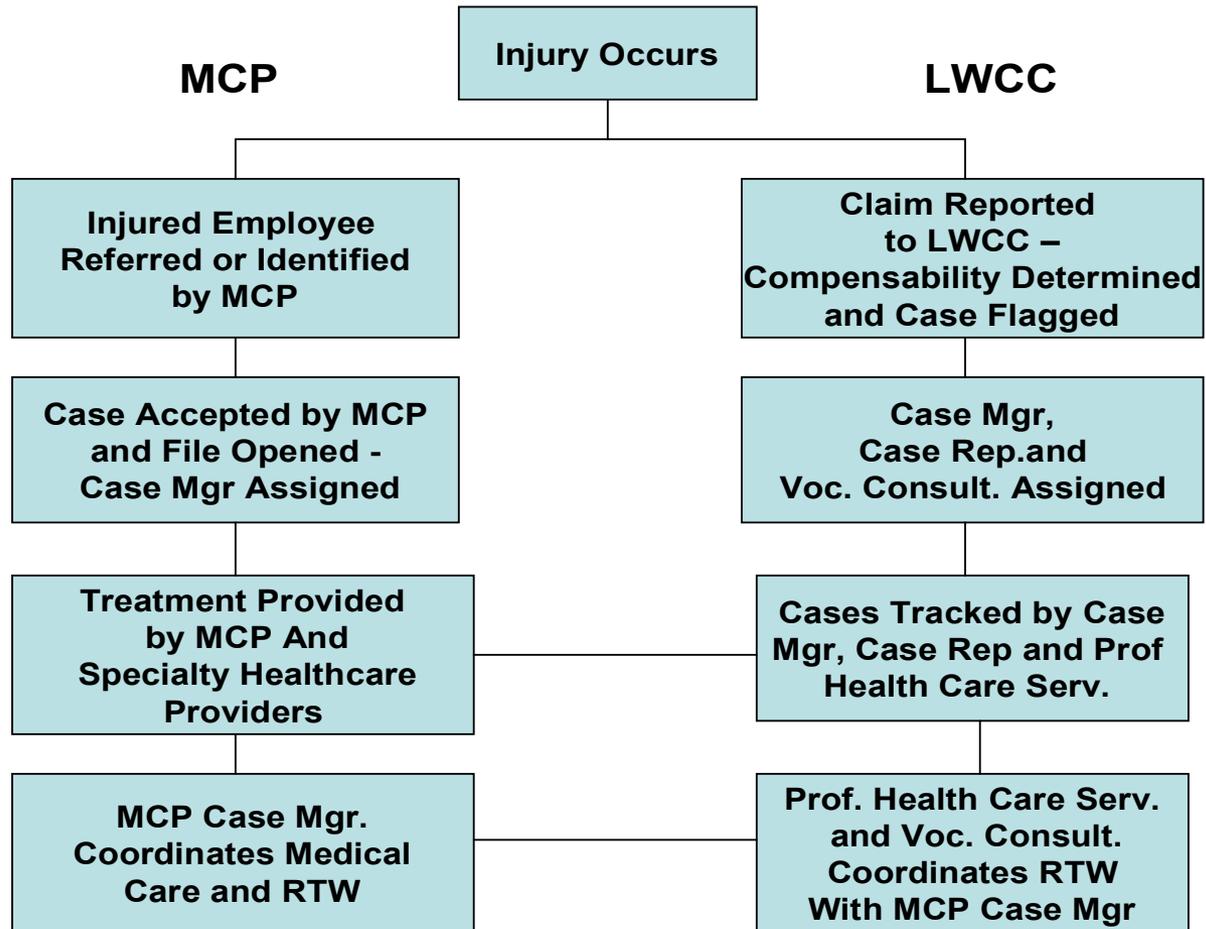
# Training of OG Healthcare Providers

- Two-day didactic presentation
- Curriculum
  1. Workers' compensation law in Louisiana
  2. Description of Omnet Gold Network
  3. Role of MCP and other healthcare providers
  4. Physical demands of common occupations
  5. Fundamentals of case management
  6. Psycho-social aspect of work and disability
  7. Physical demands of the workplace and accommodations
  8. Return to work programming
  9. Optimizing patient/physician interactions

# **Training of OG Healthcare Providers (con't)**

- **Workshops**
  1. **Case management techniques**
  2. **Accommodating the injured worker to restricted work**
  3. **Optimizing patient/provider interactions**

# Omnet Gold Claims Processing



# Number of Claims and Paid Losses OG versus Non-OG August 1, 2003 – July 31, 2004

Indicator	Non-OG	OG	Total	% Non-OG	% OG
# of Claims	6,343	586	6,929	91.5	8.5
# of Lost-Time Claims	1,323	158	1,481	89.3	10.7
Total Losses	\$22.5 M	\$1.4 M	\$24.0 M	93.8	6.2
Losses for Lost-time Claims	\$16.6 M	\$1.1 M	\$17.7 M	94.0	6.0

## Number of Claims, Median and Mean Lost Time Days, Medical, Indemnity and Other Losses for Claimants OG versus Non-OG

	Non-OG (1323)		OG (158)		P Value	Diff.		% Diff.	
	Median	Mean	Median	Mean		Mean	Median	Mean	Median
LT Days	58	95.0	34	53.4	0.00	41.6	24	43.8	41.4
Medical Losses	\$3,446	\$7,875	\$1,816	\$3,868	0.01	\$4,007	\$1,630	50.9	47.3
Indemnity Losses	\$2,501	\$4,421	\$1,420	\$2,573	0.00	\$1,848	\$1,081	41.8	43.2
Other Losses**	\$86	\$246	\$260	\$308	0.21	-\$61.80	-\$174	-25.2	-200.0
Total Losses	\$6,940	\$12,542	\$3,925	\$6,749	0.00	\$5,793	\$3,015	46.2	43.4

• 95%

•\*\* Adm., Mgt., Fee, Legal, etc.

# FREQUENCY AND MEAN COST OF CLAIMS BY TOP TWENTY-FIVE ICD-9 CODES OG VERSUS NON-OG

Disease/Injury/Procedure	ICD-9	Non-OG		OG		Difference
		Mean	N	Mean	N	
Cervical Disc Displacement	722.0	\$31,200	8	\$19,030	2	\$12,170
Laboratory Examination	V72.6	\$29,756	1	\$9,913	1	\$19,843
Brachial Neuritis NOS	723.4	\$25,220	3	\$6,424	1	\$18,796
Torn Meniscus	836.2	\$22,969	3	\$7,053	1	\$15,917
Lumbar Disc Displacement	722.10	\$20,911	20	\$5,808	1	\$15,104
Lumbar Disc Dis W Mylopathy	722.73	\$20,439	5	\$5,828	1	\$14,611
Sprain of Foot NOS	845.10	\$19,959	7	\$1,945	1	\$18,014
Contusion of Hip	923.03	\$19,646	2	\$3,562	2	\$16,084
Joint Pain-Shoulder	799.9	\$18,530	4	\$5,874	1	\$12,655
Electric Shock	924.01	\$18,133	4	\$1,057	1	\$17,074
Fracture Calcaneus-Close	719.41	\$17,618	19	\$10,821	1	\$6,796
Joint Pain-L/Leg	994.80	\$16,889	1	\$9,559	1	\$7,331

# FREQUENCY AND MEAN COST OF CLAIMS BY TOP TWENTY-FIVE ICD-9 CODES OG VERSUS NON-OG (cont.)

Disease/Injury/Procedure	ICD-9	Non-OG		OG		Difference
		Mean	N	Mean	N	
Sprain Supraspinatus	840.6	\$15,153	12	\$5,782	7	\$9,371
Tenosynovitis Hand/Wrist Nec	727.05	\$14,381	1	\$3,184	1	\$11,197
Cervicalgia	723.1	\$14,368	21	\$4,808	2	\$9,560
FX Metacarpal NOS-Closed	815.00	\$14,340	6	\$11,506	1	\$2,833
Open Wound Finger W Tendon	883.2	\$13,416	8	\$1,244	1	\$12,172
Backache NOS	724.5	\$12,815	115	\$7,645	1	\$5,170
Lumbago	724.2	\$12,317	53	\$5,225	2	\$7,092
Contusion of Knee	924.11	\$11,846	13	\$8,126	2	\$3,719
Bite with Skin Intact	924.9	\$11,207	1	\$2,760	1	\$8,447
Sprain Lumbar Region	847.2	\$11,097	99	\$4,625	17	\$6,471
Lumbosac Disc Degen	722.52	\$11,054	13	\$2,438	2	\$8,616
<b>Total</b>		<b>\$14,498</b>	<b>342</b>	<b>\$6,183</b>	<b>56</b>	<b>\$8,316</b>

# Characteristics of OG

- Experienced physicians and other healthcare providers in an MCP network who are familiar with working with each other and who were trained in common case management methods
- MCPs coordinating medical care
- LWCC case managers and other claims personnel initiating their activities when the claim is created, not when problems emerge and follow these cases closely to resolution
- Diagnostic and treatment initiated when indicated, not when approved by a third party

**The direction of medical care to regional networks of healthcare providers may have an effect on the duration of lost time and workers' compensation costs.**

# Wrap Up

Occupational medical services have an impact on corporate and societal costs for occupational injuries and illnesses. This has been demonstrated by four initiatives.

- Total system safety management aimed at preventing injuries, managing post-injury medical care costs, lost time and resolving claims as rapidly as possible
- Onsite medical clinics
- Early return to work programming
- Physician networks