**How to Identify Early Indicators**

**of Creeping Catastrophic Claims**

**Introduction (5 Minutes):**

* Welcome to WC Mastery training
  + Interesting & Impactful topic
  + Hindsight is 20/20
  + Accurate Foresight is Priceless
  + Predict problems consistently and accurately
* 3 Main Points:
  + The COST and CAUSE of Expensive Claims
  + Accurate Claim Screen Techniques
  + Intervention Strategies & Implementation

**Main Point #1: The COST and CAUSE of Expensive Claims (10 minutes)**

* Cost:
  + Reverse Pyramid
    - 80% of claims are Medical Only / 5% of Costs
    - 15% of claims are Indemnity / 15% of costs
    - 5% of claims are catastrophic / 80% of costs

|  |  |
| --- | --- |
| % Claims Impacted | Cost Savings |
| 1% | 16% |
| 2% | 32% |
| 3% | 48% |
| 4% | 64% |

* + Quantify YOUR Claim Costs on Loss Run
    - Identify 5 most expensive claims – what percentage of total?
  + Up to 50% of these costs can be contained with minimal intervention.
* Cause - What is Driving Expensive Claims?
  + Catastrophic vs Creeping Catastrophic
    - Catastrophic:
      * Amputations
      * Head Injuries
      * Severe Burns
      * Total Loss of Vision
      * Heart Conditions
      * Spinal Injuries
    - Creeping Catastrophic
      * Shoulder injury
      * Low back pain
      * Neck pain
      * Knee injury
      * RSD/CRPS
    - 2 Paths – Sliding Doors
      * Jane & John - Back injury
        + Jane – doctors says common, stretch & ibuprofen
        + John – ER, MRI, physician dispensing, frustrated with adjuster, IME, attorney
  + Biopsychosocial vs biomedical
    - Biomedical: pain is a result of physical injury
    - Biopsychosocial: biological, psychological, personality, social, and economic circumstances of an individual
      * ODG of MD Injury Duration Guidelines
        + Compare your claim vs guidelines
  + Needless Disability
    - 60% to 80% of lost work days not medically necessary. (*Jurisic M, et al.* JOEM. 2017)
    - 2/3 of claims that go over $1m started off as routine.

**Main Point #2: Accurate Claim Screen Techniques (15 minutes)**

***Assumption for this section: Claim is compensable and you are following claim management best practice fundamentals***

**Informal Screening *(courtesy of Chris Brigham – Book Living Abled)***

|  |  |  |
| --- | --- | --- |
|  | Low Risk | High Risk |
| Emotion | Employee is generally grateful | Employee is easily angered |
| Excuses | Rarely gives excuses | Gives many excuses |
| Honesty | Is always honest | You often question their honesty |
| Problems | Faces problems head on | Problems are barriers to progress |
| Resiliency | Easily bounces back | Has significant difficulty moving past challenges |
| Attitude | Positive | Poor |
| Lifestyle | Healthy and productive | Unhealthy and challenged |
| Job Satisfaction | Satisfied | Dislikes job and supervisor |

* Characteristics & causes
  + Is person connected to workforce?
    - Hiring practices
    - Poor Employer Employee Relationship
  + Comorbidities
    - Age of Employee (Close to Retirement Age)
    - Obesity
    - High Blood Pressure
    - Smoking
  + Catastrophic thinking
    - A history of anxiety or depression
    - Anger and perceived injustice about their plight
  + Family Issues
    - Childcare
    - Dependent Parents
    - High Debt
    - Divorce
  + An external locus of control
  + Minimal resilience
  + **SICK ROLE**
  + **PARTICIATION IS EARLIEST MEASURABLE EVENT**
    - Delayed claim reporting
    - Missing appointments
    - Resisting reasonable transitional duty
    - Employees Lack of Confidence in Treating Physician
* **Employer knows these characteristics of their employees**
  + Resolved through claims management best practices
    - Weekly claims meetings
      * EE & Adjuster
      * Plan of Action
        + NCM
        + Peer Review
    - Communication with Adjuster
    - RTW
  + Connection is best way to increase resiliency
    - Communication best practices
    - Neuroplasticity
* Employer needs to hold up their end of bargain
  + Provide return to work
  + Fear of being fired
  + Proper communication

**Formal Screening**

* Goal
  + Goal is 90+ % accurately identified within first six weeks
* Psychosocial Screen
  + Several different types
* Orebro Pain Screening Questionnaire
  + Predicts long-term disability & failure to RTW
    - Quickly predict (with 95% accuracy)
    - Just 6-minutes to administer
    - Can be administered by Adjuster, Case Manager, 3rd Party Vendor
  + Questions on
    - Pain
    - Thoughts & Feelings
    - Physical Abilities
  + SF12 - Sample Questions: (Rate 0-10)
    - <https://www.workcover.wa.gov.au/wp-content/uploads/sites/2/2015/07/orebro_musculoskeletal_screening_questionnaire_short_form.pdf>
    - Rate how much of a burden it is to perform all the things you need to do in a normal day.
    - During the past 2-3 days, rate how tense or anxious you have felt.
    - Physical activity makes my pain or problem worse
    - I manage my daily routine and social activities (e.g. shopping or transport or see friends).
* Results:
  + Level of Risk:
    - Low
    - Moderate
    - High
  + 12-13% are High
* Questions:
  + Does it really work?
    - Very predictable & linear
  + **Does it create a psych claim?**
    - Medical Necessity
      * (CPT Code 96150) Health and Behavior Assessment
      * (CPT Code 96152) Intervention Service individual to modify the psychological, behavioral, cognitive, and social factors affecting the patient’s physical health and well being
        + is considered reasonable and necessary for the patient
        + Reason to believe that a biopsychosocial factor may be significantly affecting recovery
  + What does it cost?
    - Free
* Who Administers Screening Questions?
  + Adjuster
  + NCM
  + 3rd Party Vendor
* When Is Test Administered?
  + Typically 2-4 weeks into claim
  + Not yet returned to work OR Modified Duty
  + Advanced Data Analytics
    - Connect with TPA/Carrier
  + Outside Injury Duration Guidelines
  + Anxiety or Depression
  + Other informal screening red flags
* Case Study: Safeway – Albertsons
  + IMCS Group
    - 290k employees, 3k locations
  + Pilot initially
  + 11,000+ screenings
  + Claim Costs:
    - Low Risk: $2,683
    - High Risk: $36,765
  + Results
    - Not referred to CBT $73k
    - Participated in CBT: $36k

**Claims Analytics & Big Data**

* Good information comes from good information
  + Verify the source and quality of the data making the determinations.

**Main Point #3: Intervention Strategies & Implementation (15 Minutes)**

**Cognitive Behavioral Therapy**

* + Cognitive Behavioral Therapy
    - What it is
      * Cognitive-behavioral therapy (CBT) is a practical, short-term form of psychotherapy. It helps people to develop skills and strategies for becoming and staying healthy.
      * CBT focuses on the here-and-now—on the problems that come up in day-to-day life.
      * CBT helps people to examine how they make sense of what is happening around them and how these perceptions affect the way they feel.
    - CBT:
      * is structured
      * is time-limited (usually 6-20 sessions)
      * is problem-focused and goal-oriented
      * teaches strategies and skills
      * is based on a proactive, shared therapeutic relationship between therapist and client
    - “Focusing on the Yucky Stuff”
      * High 5 Game
      * Getting Over Hurdle
    - Length of Treatment
      * Typically 4-10 sessions
* Peer-Reviewed Study
  + 157 Injured Workers OOW 10 months on average
  + 99% RTW average of 6.7 weeks after initial evaluation
    - Only 2 had restrictions or accommodations

**Treatment Optimization & Education**

* PGAP – Progressive Goal Attainment Program
  + 10 Week Evidence Based Treatment Program
* Medication optimization
  + Opioid Management
  + Drug testing
* Physical restorative therapies
* Clinician counseling & health/pain education
* Education and Psychosocial Focus
  + Referral needed from treating physician for CBT
  + Education of EE, ER, NCM, Adjuster

**ALL INTERVENTION STARTS WITH THE FUNDAMENTALS!**

* Return to Work
* Injury Response
* Communication
* Supervisor Response to Injury
* Injury Triage
* Nurse Case Management
* Peer Review – Medical Management