***How to Use Injury Triage to Reduce Workers’ Comp Costs***

**Introduction: (5 minutes)**

* No time that want to spend more money on WC Claims, No time that want to cause a poor outcome for IW
* Using Injury Triage is a core fundamental topic for WC management best practices
  + Certified Master of WC – Return to Work
  + Certified Master of WC – Insurance Advisor
  + Certified Master of WC – Fraud, Investigation, Litigation
  + Certified Master of WC – Best in Class Program
* What you will learn to do:
  + Respond effectively, immediately following an injury.
  + Get your injured worker to the right level of medical treatment for every injury.
  + Maximize the ROI of Injury Triage
  + Set up the treating physician relationship and systems to obtain needed medical information.
  + Improve return to work with consistent injury response
* 3 Major Points of Session:
  + Employer Teeing Up Success
  + Injury Triage Supporting RTW
  + Removing Barriers to RTW w/ Medical Restrictions

Notes:

**Main Point #1: Employer Teeing Up Success (20-25 minutes)**

* + Timely & Consistent Injury Response
    - WC is complex, core is how well respond to injuries
      * No time more important than moments & days following injury
    - Goal is 95% injured employees back to work in 0-4 days
      1. Injury notification
      2. Get medical care
      3. Report the claim
      4. Return to Work
    - RIMS Benchmark Survey
      1. 60% of companies follow consistent injury response
      2. 28% of companies get majority back to work in 0-4 days
  + What is Triage?
  + 3 Categories of Employer Responsibility
    - Trust, Care, Rapport (how would you like spouse, best friend to be treated)
    - Expectation & Communication
    - Creativity & Accountability
  + Best Practices of Employer Responsibility

1. **Have a policy of when to call triage line**
   1. “worse than a band-aid and less than an ambulance”
   2. 10-15 minutes following injury
   3. Educate employees
   4. Leverage wallet card, lanyard with instructions
   5. Supervisor Training
      1. RIMS Benchmark:
         1. 30% hold supervisor training
      2. Liberty Mutual
         1. 40% cost reduction
         2. 58% in duration
2. **Triage calls are time sensitive**
   1. Emotion, lag time
   2. NCCI Research brief: attorney involvement
      1. No lag: 12.8%
      2. 1 week, 15.7; 23% increase
      3. 2 weeks, 17.8%, 39% increase
      4. 3 weeks 19.9%, 55% increase
      5. 4 weeks, 23.9%, 87% increase
      6. > 4 weeks, 31.7%, 148% increase
3. **Employers need private place to conduce triage call and first aid**
   1. It’s the little things that make all the difference
   2. ACOEM: “the fundamental reason for most lost workdays is not medical necessity”
4. **Don’t triage the triage**
   1. Supervisor is not trained medical professional
5. **Employers needs a Secure Place to Send Self-Care Instructions**
   1. Self-care recommended 30-45% of time
6. **Have a Plan & Process to Transport Injured Worker to Receive Treatment**
   1. 55-70% referred for medical treatment
   2. Manager, supervisor, or other designated individual
   3. ***Telemedicine Option:***
      1. Offer option to connect to telemedicine doctor
   * Employer Custom Instructions
     + Remind supervisors/EEs of special instructions

**Triage Questions:**

* Who initiates the call to the triage line?
* What is the average cost of an injury triage call?
* Does Injury Triage Only Work for Large Deductible Clients?
* Should you report all injury triage calls to your TPA/carrier?
* How do first aid claims affect OSHA reporting?

Notes:

**Main Point #2: Injury Triage Supporting RTW**

* Injury Triage to Support ER RTW:
  + **43% of injured EEs do not leave worksite**
    - Eliminate unnecessary absences
  + **Direct EEs to right level of care**
    - Avoid ER
    - Appropriate provider for treatment
  + **Pre-load ERs preferred network**
    - Develop relationship with providers
    - 98% agreement when directing people to providers
  + **Provide ER Information to Medical Provider & Stakeholders**
    - Send medical information to doctors office
      * Medical Provider Brochure
      * Job description
    - Notify claims support team, insurance broker
  + **Learn the Truth About What Really Happened**
    - Immediately following injury is best time to obtain accurate information
      * Reduce exaggeration of injury
    - Mechanism of injury, when did this happen, the injury context
      * Good data from the triage provider that goes back to the employer
    - Recording of call

Notes:

**Main Point #3: Removing Barriers to RTW w/ Medical Restrictions – (10 minutes**

* + RIMS Survey
    - 21% of employers consistently get medical restrictions on FIRST visit
    - 28% returning vast majority of IWs in 0-4 days
  + Items needed from doctor: ACOEM Guide to Needless Disability
    - Functional information
      * What can, what can’t, what shouldn’t
      * *“what part of your job can you do today?”*
    - What Can:
      * what can he do today? Has the infection made him so sick he simply can’t function at all?
      * If not, what can he do in his current condition?
    - What Can’t:
      * what can’t the worker do now that he normally could?
      * makes it uncomfortable to wear regular shoes and conduct activities that require being one’s feet
    - What Shouldn’t:
      * what should he not do lest to avoid medical harm? Would walking, standing, and being on his feet all day actually worsen the infection or delay healing?
  + Execute RTW
    1. Understand current capacity
    2. Evaluate demands of job
       1. *“what part of your job can you do today?*
    3. Match capacity with job demands.
* Ability to Work Form Sections:
  + **Critical Basic Information:**
    - Employee Information
    - Injury Type
      * type of exam, body part injured, diagnosis
    - Injury Location
      * Body bubble
  + **Ability to Work:** 
    - What Can
    - What Can’t
    - What Shouldn’t
  + **What’s Next:**
    - Treatment
      * Treatment plan, medications prescribed, etc
    - Next appointment date
      * Date, time, and place of next appointment
    - Medical provider signature
      * Treating physicians name, clinic, date, and signature

Notes: