**How to Use Nurse Case Management to Improve**

**Outcomes and Lower WC Costs**

**Introduction: (5 minutes)**

* Welcome to WC Mastery training
  + NCM most often used, also most often misunderstood
  + Plaintiff Attorneys
    - “Always insist upon a private examination w/o NCM; never forget nurse works for insurance company”
  + Belief Overcharged
  + Tension between adjusters and case managers
  + Use Service to Your Advantage
* Introduce 3 Main Points:
  + What, When, & Why of NCM
  + Proven NCM Best Practices
  + Implement NCM In Your Program

**Main Point #1: What, When, & Why of NCM (20 minutes)**

* **What is Nurse Case Management**
  + Patient advocate *(person is confused, NCM can guide treatment and why, help to coordinate care; case manager can direct where to go, anticipate what is going on)*
    - Injury not normal way would treat
    - Where go for PT
    - Roadmap of medical, coordinate
    - More than adjuster
    - Communicate with employer closely
    - **80% education**
    - Facilitate hospital release
    - Arrange RTW
      * **Communicate with the employer/adjuster as to what is going on and is aware**
      * **Develop trust** with NCM, help to understand what to do
      * **Reduce Litigation**
    - Ensure better compliance with treatment; accountability
  + Qualifications of NCM
    - Not fresh RN grads
    - 10+ years experience
    - Certified as a case manager
* **When to Use NCM**
  + ***“Like salt in a dish, you want to use the right amount”***
  + Clearly defined trigger for referral
    - * “we’re not using it unless the claim gets really bad”
      * Varying triggers for referrals among adjusters, inconistency
      * AI & Data analytics can help, but not a silver bullet
    - Lost time
    - **If there is going to be a surgery, ALWAYS**
    - RTW issues
      * Doctor not releasing to work
    - Multiple providers, “doctor shopping”, non-compliance
    - State Jurisdictional requirements
    - Unclear diagnosis / questionable treatment plan
    - Multiple claims
    - Repeat surgical procedure to same body part
    - Co-morbid condition
    - Hospitalization – medical or surgical condition
  + **Telephonic Case Management (TCM) vs Field Case Management (FCM)**
    - TCM
      * Everything going well, conversation and coordination
    - FCM
      * More complex
      * Any noncompliance
      * Need boots on the ground
        + Talk to doctor, employer, etc.
      * Large injury
        + Coordinate with family, coordinate with employer
      * RTW
        + Accomodation, light duty
      * Limited Assignment
        + State Jurisdictional requirements
        + Ergonomic evaluation to facilitate RTW
        + Job analysis to facilitate transitional or full duty RTW
        + Uncooperative treating provider
        + Symptom magnification inconsistent with objective findings
      * Full Field Assignment
        + Catastrophic Claim
        + Issues that cannot be resolved telephonically
  + Additional Points:
    - American Airlines is referring every lost time claim
    - Predictive analytics, automated referrals
    - Use in SF-12 form for catastrophic claims screening
    - Consider when getting first TTD check
    - Employer Tips:
      * Not sure what is going on, want more info
      * In area where not familiar with treating physicians
    - **If there is a lack of trust in the NCM, then you’ve waited too long for the nurse to get involved.**
* When NOT to Use NCM
  + Shouldn’t be used on all claims, know when not needed
    - positive employer-employee relationship
    - injury not severe enough, co-morbidities
      * RTW is progressing, not needed
    - only following up on work status
    - no longer guiding the IW through WC system
    - **monitoring vs managing**
      * adjuster or employer can monitor, NCM should be actively monitoring
      * NCM should be educating
    - Treating physician or facility is actively managing case
  + Based your triggers on the quality of your injury response plan
    - Communication, RTW, supervisor training, etc.
* When to STOP Using NCM
  + - When the IW back at work and tolerating work
      * if back and work and hurting, may need it;
      * progressing
    - If back at work for > week – 10 days; wrap up
      * confirm with employer and IW that following restrictions at home, **“if have questions can call, I’m not officially on your case anyone”**
    - IW not coming up with solutions to get back to work, time to ask if you have the right case manager
* **Why – NCM Results**
  + Helmsman Management Services
    - 42,000 claims to 4,000 homogenous claims
      * 16% lower future medical
      * 15% overall costs
      * 12% faster claims resolutions
  + Liberty Mutual Study
    - 8-1 ROI
    - $6,100 savings average
  + Medstar Medical Management
    - 33% litigation rate reduction
    - 50% reduction in duration
  + Home Depot
    - 12% average total cost reduction
    - 28% reduction in medical cost
    - 54% reduction in lost work days
  + Zurich Data:
    - Referral Early (< 30 Days )vs Late (31-90 days)
      * $6,000 savings
    - Referral (< 30 Days) vs Extremely Late (> 90 days)
      * $26,000
        + Avoid Catastrophic Thinking
  + Broadspire Data
    - WC Vocational ROI: 7.88-1
    - WC Medical ROI: 4.16 – 1
    - Overall: 4.63 – 1
  + **EARLY REFERRAL is KEY**
    - Want to keep the horse in the barn
  + Data evaluation
    - How do you define your savings?
    - How do you quantify?
      * Days
      * Medical
      * Litigation
  + Evaluate Your Own Program
    - ASK injured workers
    - ASK supervisors
      * Should be interacting & adding value
    - Patient & Employer best interest at heart

**Main Point #2: Proven NCM Best Practices (15 minutes)**

* Identify GAPs in your Program
* URAC’s Case Management Standards / Proven Best Practices:
  + Extension of Adjuster
    - Perform Separate 3 point contact
  + Assess medical aspects
  + Correspond with treating physicians
  + Arrange referral to specialists
  + Follow evidence-based medicine
  + Liaison between medical provider, employer, employee
  + Consider all factors affecting RTW
  + Establish clear roles & responsibilities
  + Develops patient centric goals
  + Ensure effective and safe transitions of care
  + Physician available for consultation
* Nurse Case Manager As Employer Partner
  + Ask & get feedback from supervisor
    - If supervisor doesn’t know NCM, have a problem
  + Ask the employee, what did you think about your case manager?
    - If not glowing response, then have a problem.
  + Visit employer site at least once / year
* Additional Uses of NCM
  + **Coordination with peer reviewer/ medical advisor**
    - Liaison recommendation for when referral benefiscial
  + Pain management
  + Psychosocial screening
    - SF-12 creeping catatrophic screening
    - Cognitive Behavioral Therapy
    - If pysch component, then ensure managing the costs for the specific injury and it doesn’t expand
* Employer Best Practices
  + Be generally interested in their employee
  + Be ready with work restrictions,
    - can’t expect to be fully ready to go fully back to work
  + Have an aggressive return to work programs
  + Lack of trust in NCM indicates lack of trust in Employer
    - if the IW is not happy to have someone help them, then you’ve waited too long for referral

**Main Point #3: Implement NCM In Your Program (15 minutes)**

* Step 1: Evaluate current use of NCM
  + What are the needs of your company?
    - Spanish speaking
    - Geographic area
  + What do Account Handling Instructions say?
  + Perform audit on sample of NCM cases
    - evaluate cost savings and effectiveness
  + Evaluate Fee Structure
    - By hour vs flat rate
      * Flat rate generally more expensive
        + $110 - $150 / hour vs $500 flat rate
      * Hourly less, especially with proative management
        + Has to do with your level of trust in your provider
    - Ask provider for average days on a claim
    - Evaluate based on your workforce
  + NCM Employees vs Contractors
  + Integration of services
    - Bundled vs unbundeled services
* Step 2: Identify Gaps
  + Identify improvement points
* Step 3: Ask questions, Define Plan
* Step 4: Implement
  + Develop pilot program