Avoiding 10 Common Pitfalls in Injury Management

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OVERVIEW

• Recognize 10 Pitfalls of Injury/Illness Management
• Identify Weaknesses in Your Injury Management System
• Recognize ‘Medicalization’ and Delayed Recovery Mindset
• Improve Outcomes
Pitfall #1: Not Understanding Workers’ Comp Industry

Need deep dive into insurance coverage and claims management fundamentals

Manage insurers and benefits administrators as you would any other aspect of your business
Avoiding Pitfall #1

- Study workers’ compensation compensability rules
- Understand costs, e.g., wage replacement, medical, legal, personal surveillance, reserve levels
- Has injury “arisen out of and during the course of employment” or from another cause?
Avoiding Pitfall #1

• Understand leave & work accommodation laws (FMLA, ADA)
• Leverage relationships with insurers and third party administrators (TPAs)
• Investigate all claims; some may not be work-related
Pitfall #2: Operational Silos

Lack of integration can derail well-intended benefits

Top-performers collaborate and use standard metrics to compare internal/external best practices, processes and procedures
Avoiding Pitfall #2

• What do you want to measure? Use leading and lagging indicators

• Incorporate company culture in metrics, e.g. facility variability, workforce demographics, HR policies

• Develop dashboard using standardized methodology and an automated system

• Create categories to identify at-risk and high-cost areas
Avoiding Pitfall #2

• Track activities related to each incident, e.g., recordability, medical treatment, diagnostics, PT, surgery, prescription medications
• Calculate related costs per injury
• When allocating resources, use collective findings to project value of interventions
Pitfall #3: Not Using Qualified Occupational Health Providers

Routine treatment in ER, urgent care clinic or by family practitioner diminishes likelihood of positive outcomes

May compromise workers’ critical connection to workplace

Employees’ trust increases when employers develop relationships with qualified providers
Avoiding Pitfall #3

- Align with occupational health specialists
- Make it easy for employees to choose qualified provider
- Seek outside expertise when necessary
- Manage specialty referrals
- Providers should be oriented to RTW and full function
Pitfall #4: Not Using Standardized Protocols

Lack of standardization leads to treatment variability

Employees with similar conditions may have very different outcomes depending on provider or jurisdiction

Higher utilization of expensive diagnostic tests, pain mgt. interventions does not necessarily correlate with better results
Avoiding Pitfall #4

• Use providers who adhere to evidence-based guidelines and can explain outliers (Refer to ACOEM, MDGuidelines, Official Disability Guidelines)

• Offer reassurance - in most cases RTW is safe & therapeutic

• Providers should apply bio-psychosocial medical injury treatment model
Pitfall #5: Unsupportive Company Culture, Unhealthy Workers

Sincerely caring about employees’ well-being impacts their behavior

Leadership commitment to health and safety culture linked to productivity, brand & image, medical and legal expenditures

Chronic conditions demand our attention
Avoiding Pitfall #5

- Encourage early reporting of injuries and near-misses; investigate
- Identify determinants of “accident-proneness”
- Consider impact of job tasks, environment on worker health
- Be open to accommodating workers with temporary restrictions and disabilities
Pitfall #6: Not Recognizing Medicalization & Delayed Recovery

Delayed recovery/disability can be anticipated and prevented

Challenges arise when non-medical, psycho-social issues are defined as medical problems
Avoiding Pitfall #6

• Encourage providers to address warning signs such as depression, poor performance, frequent absence
• Support collaborative, cross-disciplinary approach to care
• Tap HR expertise
• Provide on-the-job recovery and transitional work programs
Pitfall #7: Allowing Unrealistic Expectations, Abuse or Fraud to Dictate Results

Fraud/abuse occurs among all parties in workers’ compensation system

Workers with unrealistic expectations about recovery, compensation and leave benefits are major cost drivers
Avoiding Pitfall #7

• Explain workers’ legal rights
• Monitor provider activities, patient outcomes and red flags for fraud/abuse
• When warranted, seek second opinions
• Carefully manage FMLA and ADA requests
• Consult experts on chronic conditions and fitness-for-duty issues
Pitfall #8: Not Planning for Return to Work

Safe work promotes recovery

Injured employees who receive reassurance from a trusted source often elect self-care and quickly return to work

Providers recommend restrictions; employers find meaningful work
Avoiding Pitfall #8

• Consistently apply a RTW policy; educate employees about meaning and purpose
• Analyze job tasks; give providers written descriptions of essential functions and physical requirements
• RTW plan should be finite; permanent restrictions are disability accommodation
Pitfall #9: Ineffective Use of Case Management

Case management critical link in continuum of recovery

“Air traffic controllers” monitoring treatment & progress

Prevent lost work time and spiral into disability
Avoiding Pitfall #9

- Recognize warning signs for delayed recovery
- Act during “Golden Hour” following report of injury or illness
- Focus on function and work ability
- Facilitate cross-disciplinary consultation
Pitfall #10: Absence of Innovation

Requires being receptive to new ways of thinking

What do short- and long-term solutions mean to you and your organization?
Avoiding Pitfall #10

• Approach work injury management as holistic process
• Encourage employee input and provide education
• Consider behavioral health component
• Offer wellness programs; focus on at-risk populations
Traditional Approach

An employee gets hurt and reports to his/her supervisor

The supervisor, who has no medical training, makes a clinical decision:

“Go to the clinic”

*What is wrong with this scenario?*

It leads to overutilization of medical services
Supervisor Serves as Treating Physician

“The Overachiever”
Traditional Approach

Workers’ Compensation:

- Care not standardized
- Regulations vary by region
- Considered cost of doing business
- Worker entitlement mentality
- Overly complex process resulting in overutilization, higher costs
Bio-psychosocial Model

Psychosocial factors significantly influence costs

Factors contributing to pain:
- Pathophysiology
- Psychological state
- Cultural background/belief system
- Relationship/interactions with environment
- Workplace, home, disability system and health care providers
"Setting early return-to-work expectations can positively affect physical and psychological healing."

- Peter P. Greaney, MD, President/CEO, WorkCare
S.P.I.C.E.

- **Simplicity** – when treated in a complicated fashion, simple, benign conditions become complicated
- **Proximity** – keep the worker associated with the workplace by building morale and support of employees
- **Immediacy** – the need to deal with minor complaints in a timely manner
- **Centrality** – all parties involved with workers share a common philosophy and goal of returning the individual back to employment as quickly as possible
- **Expectancy** – individuals often fulfill expectations placed on them
Incident Intervention - All

Call Volume

- 2014: 9,186 Actual, 9,186 Projected
- 2013: 11,246 Actual
- 2012: 8,701 Actual
- 2011: 5,016 Actual
- 2010: 3,662 Actual
- 2009: 2,732 Actual
- 2008: 1,667 Actual
- 2007: 1,115 Actual

2014: 18,372 Total Cases
Incident Intervention - All

% Self-care Cases

2009: 71%
2010: 71%
2011: 71%
2012: 75%
2013: 74%
2014 YTD: 72%
Engineering Company

Total Workers’ Compensation Cost

Pre-implementation Year 0: 16%
Post-implementation Year 1: -29%
Post-implementation Year 2: -36%
Engineering Company

12 Month Rolling Average Employee Incident Incident Rates

- **Company - TRR**
- **Company - DART**
- **BLS - DART**
- **BLS - TRR**

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Incident Rate vs. Year: 2008 to 2012
Gasoline Retail Company

Workers’ Compensation Case Type Proportions

- % Claim vs Incident Only
- % Indemnity vs. Medical Only

Year 0: Pre-Implementation
- 35%

Year 1: Post-Implementation
- 38%
- 26%

Year 2: Post-Implementation
- 26%
- 21%
Gasoline Retail Company

**Trends in Workers’ Compensation Case Rates**

- Medical Only Cases per 1,000 Employees
- Indemnity Cases per 1,000 Employees

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