Tailored Work Comp Interventions

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The Trend

- A growing % of all indemnity claims were impacted by employee health
- The health concerns increased the duration and cost of the claim
- More lost work days increased overtime costs for entities and reduced productivity
- ICRMT was not alone, this is a societal issue
Comorbidity Impact

- Influencing factor in work comp claims
- University of Michigan: Employees with high health risks have highest work comp costs
- Xerox Co: Over a four year study, work comp costs increased for employees whose health risks were increasing or high already (smoking, physical inactivity, hypertension, high cholesterol, etc.)

May 2014

University of California Systems WorkStrong Presentation

System of health management services for WC injuries: Eligible employees with 2 or more WC claims in previous 2 years

Overall, claims after WorkStrong were approximately $1.15 million, **which is 56% below expected cost of $2.65 million**

WC costs were $1.5 million less than expected.

- Initial program 3 years to improve personal health and functional fitness
- Provided resources in fundamental nutrition, functional fitness, nicotine cessation, and other related health management services
- Saw very few subsequent WC claims over the 3 year follow up
ICRMT’s approach

- Nutrition
- Function Fitness
- Stress Control
- Mental and emotional support
- Opioid intervention

Initial Enhanced Case Management Criteria

System Triggers
- Opioids past 90 days
- Lost time past 30 days
- 2 or more comorbidities
- 2 or more repeat WC claims

WC Roundtable
- Multi-discipline team of insurance professionals, clinicians and, at times, counsel
Challenges to Success

• Changing adjuster attitude to invest in the claim rather than focus on expense reduction. *Now driven by Data Analytics*

• Union acceptance

• Petitioner attorney

• Client understanding

• Employee willing to embrace a lifestyle change

Employee Outreach

• After review by the IPMG panel to determine eligibility outreach is made to the employee

• Employee is contacted and introduced to who we are and the purpose of the outreach

• Explain the process and discuss health goals

• Give examples and develop a plan for success
Engagement vs. Declined – Selling the Program

- Authorization
- Individualized Program
- Periodic outreach and follow-up
- Continued work with Trainer/Dietician, etc. for 12 more weeks
- Maintenance Program
- Unsuccessful Engagement – Document Case File

Staffing & Workflow

- Analytics or adjuster flags a claim based on set criteria
- Nurse case management evaluates the case to determine eligibility
- If deemed eligible the case is reviewed by the director of field clinical services who performs the employee outreach
- Administrative staff coordinates with vendors near employee to set up personal trainer, gym membership, weight loss program / nutrition and if necessary mental health counselor
13 Year Police Officer stepped in a hole walking through a grassy area while on duty causing injury to his right knee Oct 2015.

- On and off work for the next 3 months. Each time he returned his knee worsened.
- Placed on TTD December 2015.
- Received PT and injections that failed until July 2016 when his doctor recommended surgery.
- Knee did not respond favorably to surgery.
- December of 2016 his doctor recommended a 2nd surgery however refused to do the surgery until Tommy lost 100lbs.
- Tommy was at a loss. Went on a series of yo-yo diets that failed.
- Knee injury combined with poor health and inability to work......he suffered emotionally, mentally, and physically.

March of 2017 he officially started the program at 353lbs.
- Lost 25 lbs within the first month.
- May 22, 2017 he weighed 295lbs (58lbs lost)... I yelled at him for too rapid weight loss (he ignored me).
- He convinced his surgeon that he was feeling so much better so his surgeon allowed him to return to work.
- June 30, 2017 weighing 288 lbs (down 62 lbs) I suggested he follow up with his surgeon to schedule the surgery.
- When he went to his physician to schedule, he was evaluated and the surgery was cancelled.
- Tommy continued with his new life style. He messaged me in March 2018 (1 year from the date he started) and informed me that he had hit the 100lbs weight loss.
Cost vs Savings

- 590 referrals since program inception
- 382 moved to client outreach – 65% of claims identified
- 113 employees agree to enter the program – 30% of those contacted

Costs allocated to the claim - $205,222
- $123,408 Staff billing
- $81,814 Vendor billing

Reserve Take Down after engagement
- 45 closed claims - $2,275,523
- 68 in progress - $3,980,456
- **Total Reserve Reduction $6,255,979**
Why Wait for the Claim Badge of Health

• One on one health consultations with all employees
• Chronic condition coaching and physician based weight loss program for those who qualify
• Education: Knowledge is Power
  - Knowing Your Numbers and Understanding Lab Results
  - Nutrition “How to Eat on the Beat”
  - Functional Fitness
  - Injury Prevention
• Stress awareness, control, and management

Why Wait for the Claim (cont.)

• Exercise program implementation
• Job descriptions that include essential physical demands
• Assistance with developing agency essential function testing
Police Interventions

- PTSD Awareness - mental stress and trauma
- Crossing guard traffic control
- EMS and fire assists – lifting injuries
- Training-related injuries
- Motor vehicle accidents
- Equipment vest pilot - low back injuries
5 Specific Intervention Methods

- Communication
- Policy & Procedure
- Training
- Equipment
- Incentives

Why These Interventions

- Police was our highest risk group for claims severity
- These 6 areas represented the highest averages in lost time claims within this risk group
- Cost vs. benefit of implementation
- The likelihood of success to truly impact claims experience and the overall cost curve
Gaining Board and Member Support

- Presenting a clear outline of the issue
- An action plan
- Expected cost of each method being used
- How we planned to measure results
- Frequent and regular communication with the membership to gauge interest

<table>
<thead>
<tr>
<th>Planned Intervention</th>
<th>Avg Cost of Claim</th>
<th>Initiative</th>
<th>Est. Cost of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Stress/Trauma</td>
<td>$149,439</td>
<td>• Communication - Training</td>
<td>PERMA Direct Costs: Estimated not to exceed $10,000 from within existing budget.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Policy and Procedure - Training</td>
<td>PERMA Indirect Costs: Current staff resources. Member Costs: time to attend training.</td>
</tr>
<tr>
<td>Motor Vehicle Accidents</td>
<td>$142,527</td>
<td>• Communication - Training</td>
<td>PERMA Direct Costs: Unknown at this time, but anticipated to be within existing budget.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Policy and Procedure - Training</td>
<td>PERMA Indirect Costs: Current staff resources. Member Costs: Likely staff time for training, only.</td>
</tr>
<tr>
<td>EMS and Fire Assists</td>
<td>$114,337</td>
<td>• Communication - Training</td>
<td>PERMA Direct Costs: Expected to be minimal, but within existing budget.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Policy and Procedure - Training</td>
<td>PERMA Indirect Costs: Current staff resources. Member Costs: Likely staff time for training, only.</td>
</tr>
<tr>
<td>Crossing Guard/Traffic Control</td>
<td>$90,156</td>
<td>• Communication - Training</td>
<td>PERMA Direct Costs: Anticipated costs dependent on partnership with potential vendor(s).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Policy and Procedure - Training</td>
<td>PERMA Indirect Costs: Current staff resources. Member Costs: Anticipated member cost of $50 per attendee and time to attend.</td>
</tr>
<tr>
<td>Training Related Injuries</td>
<td>$80,951</td>
<td>• Communication - Training</td>
<td>PERMA Direct Costs: None anticipated at this time.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Policy and Procedure - Training</td>
<td>PERMA Indirect Costs: Current staff resources. Member Costs: Municipal hiring decisions notwithstanding, anticipated costs should be minimal.</td>
</tr>
<tr>
<td>Low Back Injury Reduction</td>
<td>$84,000</td>
<td>• Communication - Equipment</td>
<td>PERMA Direct Costs: Estimated not to exceed $10,000 from within existing budget.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PERMA Indirect Costs: Current staff resources. Member Costs: No cost, if the member seeks available reimbursement. Time commitment from participants to communicate results.</td>
</tr>
</tbody>
</table>
Successful Staffing Model

- Specialists in the risk areas that you are looking to target
- Experts with first hand knowledge
- Immediately able to identify with targeted members and speak their language
- Ability to still staff for general risk assessments and compliance training

*Current avg. claim cost represents those trained or participating in a pilot project
Lessons Learned

• Communication before introducing the intervention is key - One-on-one is best
• Use of data adds credibility to proposed interventions
• Success measures (data) are critical; well-defined interventions are easier to measure
• Offering free resources may or may not impact participation
• Politics plays a role
• Any and all feedback is valuable

What’s Next

Targeted Interventions in DPW

• Motor vehicle accidents
• Lifting manhole covers
• Getting in/out of large vehicles
• Same level slips/trips/falls
• High risk movement re-engineering
What’s Next

Areas in Development

- Bailout training within fire
- Heat exhaustion awareness within fire
- Hand to hand within police

Questions

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