Tailored Work Comp Interventions

10:15 – 11:15 a.m., Monday, October 7

Todd Greer, SVP, Illinois Counties Risk Management Trust
Christian Summers, Risk Services Program Manager, PERMA
Kimberly Gaston MD, DC Clinical Field Service Director
Goals

Share our pools’ experiences, insight on:

- How/Why we created specialized workers comp programs
- Share interventions that reduce claim frequency, cost
- The value of Enhanced Case Management
- Building support from a governing body
- Fostering change through communication, policy, training
We will look at:

- Successful intervention methods
- Why PERMA selected these interventions
- How the pool built board support
- Show results – How claims costs decreased
- Discuss successful staffing models
- Share “what’s next” in PERMA’s work
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
- Hand to Hand– situational awareness
Public Works Interventions

- Motor vehicle accidents
- Lifting manhole covers
- Getting in and out of large vehicles
- Same level slips, trips and falls
- High risk movement – Sensor Technology Pilot
5 Specific Intervention Methods

- Communication
- Policy & Procedure
- Training
- Equipment
- Incentives
Why These Interventions

- Police was our highest risk group for claims severity.
- Public Works was the highest Risk Group for Severity
- These areas represent the highest averages in lost time claims within our pool.
- 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</td>
<td>PERMA Direct Costs: Estimated not to exceed $10,000 from within existing budget.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Training</td>
<td>PERMA Indirect Costs: Current staff resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Member Costs: time to attend training.</td>
</tr>
<tr>
<td>Motor Vehicle Accidents</td>
<td>$142,527</td>
<td>- Communication</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</td>
<td>PERMA Indirect Costs: Current staff resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Training</td>
<td>Member Costs: Likely staff time for training, only.</td>
</tr>
<tr>
<td>EMS and Fire Assists</td>
<td>$114,237</td>
<td>- Communication</td>
<td>PERMA Direct Costs: Expected to be minimal, but within existing budget.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Policy and Procedure</td>
<td>PERMA Indirect Costs: Current staff resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Training</td>
<td>Member Costs: Likely staff time for training, only.</td>
</tr>
<tr>
<td>Crossing Guard/Traffic Control</td>
<td>$90,556</td>
<td>- Communication</td>
<td>PERMA Direct Costs: Anticipated costs dependent on partnership with potential vendor(s).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Training</td>
<td>PERMA Indirect Costs: Current staff resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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</td>
<td>PERMA Direct Costs: None anticipated at this time.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Policy and Procedure</td>
<td>PERMA Indirect Costs: Current staff resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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</td>
<td>PERMA Direct Costs: Estimated not to exceed $10,000 from within existing budget.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Equipment</td>
<td>PERMA Indirect Costs: Current staff resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Member Costs: No cost, if the member seeks available reimbursement. Time commitment from participants to communicate results.</td>
</tr>
<tr>
<td>Hand to Hand</td>
<td>$43,000</td>
<td>- Communication</td>
<td>PERMA Direct Costs: Estimated not to exceed $2,500 from within existing budget.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Policy and Procedure</td>
<td>PERMA Indirect Costs: Current staff resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Training</td>
<td>Member Costs: Likely staff time for training, only.</td>
</tr>
<tr>
<td>Planned Intervention</td>
<td>Avg Cost of Claim</td>
<td>Initiative</td>
<td>Est. Cost of Intervention</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-------------------</td>
<td>------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Motor Vehicle Accidents</td>
<td>$73,000</td>
<td>- Communication - Policy and Procedure - Training</td>
<td>PERMA Direct Costs: Estimated not to exceed $5,000 from within existing budget. PERMA Indirect Costs: Current staff resources. Member Costs: Time to attend full day training.</td>
</tr>
<tr>
<td>Lifting Manhole Covers</td>
<td>$47,000</td>
<td>- Communication - Policy and Procedure - Training - Equipment</td>
<td>PERMA Direct Costs: Estimated not to exceed $10,000 from within existing budget. PERMA Indirect Costs: Current staff resources. Member Costs: Likely staff time for training, only.</td>
</tr>
<tr>
<td>Getting In/Out of Large Vehicles</td>
<td>$40,613</td>
<td>- Communication - Policy and Procedure - Training</td>
<td>PERMA Direct Costs: Estimated not to exceed $5,000 from within existing budget. PERMA Indirect Costs: Current staff resources. Member Costs: Time to attend training.</td>
</tr>
<tr>
<td>Same Level Slips Trips and Falls</td>
<td>$46,000</td>
<td>- Communication - Training</td>
<td>PERMA Direct Costs: Estimated not to exceed $10,000 from within existing budget. PERMA Indirect Costs: Current staff resources. Member Costs: Staff time for full day training.</td>
</tr>
<tr>
<td>High Risk Movement Re-engineering</td>
<td>$44,000</td>
<td>- Communication - Policy and Procedure - Training - Equipment</td>
<td>PERMA Direct Costs: Estimated not to exceed $10,000 from within existing budget (replacing Kinetic budget). PERMA Indirect Costs: Current staff resources. Member Costs: Staff time for initial job assessment and additional one day workshop for task re-engineering.</td>
</tr>
</tbody>
</table>
**Results**

Police Interventions
Avg. Lost Time Claims Cost Results

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

Public Works Interventions
Avg. Lost Time Claims Cost Results

*Current avg. claim cost represents those trained or participating in a pilot project
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.
PERMA 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, unions and culture play a role.
- Any and all feedback is valuable.
What’s Next for PERMA

- Areas in Development
  - Bailout Training within Fire
  - Heat Exhaustion Awareness within Fire
  - Soft Tissue Injuries Pool wide
  - Lower Body Injury Reduction– Insole Pilot
  - De–Escalation Training for Schools
Todd Greer – SVP, Illinois Counties Risk Management Trust
Kimberly Gaston MD, DC Clinical Field Service Director
Goals

• Provide an overview of trends faced by the pool
• Share two case studies to highlight how IPMG addresses claims through Enhanced Case Management approach
• Share outcomes of IPMG’s tailored work comp programs
  • Significant claims cost reduction for the pool
  • Improved overall health for claimants and quicker return to work
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
Every state ranked by healthiness, 2018

Rank based on behaviors, environmental factors, policies, medical care, and outcomes

Most healthy — Least healthy

Source: United Health Foundation

Insider Inc.
IPMG approach

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

- Diabetes
- Hypertension
- Opioids > 90 days
- Depression/PTSD/Anxiety – Other mental nervous, as relevant
- Substance abuse diagnosis or treatment
- Surgery or hospital stay to same body part
- Surgery or hospital stay within 6 months of date of injury
- Obesity
- Treatment to same body part or opposite extremity

- Chronic Pain Syndrome
- Diseases of Nervous System & Sense Organs (Meningitis, MS, ALS, RSD, CRPS, Epilepsy, CTS)
- Diseases of the Circulatory System (TIA, CVA, MI, DVT)
- Diseases of Respiratory System (COPD, Asthma)
- Infectious & Parasitic Diseases (HIV, MRSA, TB, Meningitis, Lyme Disease, hepatitis)
- Oncology
- Musculoskeletal System and Connective Tissue (RA, Lupus, osteomyelitis, refer to body part triggers)
- Renal disease (ESRD, Transplant, acute renal failure)
- Liver disease (Chronic, Hepatitis, Transplant)
Knee Injury Mechanism and Prevention

Ergonomics: stress on knee with squatting, prolonged standing, going up and down stairs
- Identify risks on the job: employee job descriptions, prolonged sitting/standing, uneven walk ways, going up and down stairs

Physical Conditioning: Muscles surrounding knee: hamstring, gastrocnemius, quadriceps
- Must be strong
- Must be flexible
Tommy

- 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.
Tommy December 2017

- 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.
Bus Driver Case

- 54 YO Female bus driver injured knee stepping out of bus. Had knee arthroscopic surgery. Complications with healing and recovery.
- Case reviewed: Comorbidities include lost time, Hypertension, obesity, and depression.
- Received SIR approval and attorney approval
- Pt. Engaged in physician prescribed weight loss program and working with a personal trainer
Bus Driver Case

- Patient was fully engaged.
- Lost 43 lbs and reduced hypertension and antidepressant meds.
- Returned to work full duty. PT was able to return to work 6 months earlier than projected.
Bus Driver Case

- $112,087—total incurred.
- $46,852—Payments.
- Savings Total $65,235
  - $3295 expense
  - $50,782 indemnity
  - $11,158 medical

$3467 Enhanced case management total expense
$2366 IPMG billable hours
$1101 vendors
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 too Eat on the Beat”
  • Functional Fitness
  • Injury Prevention
  • Stress awareness, control, and management
Cost vs Savings
Referral Breakdown Totals

• 701 referrals since program inception 2/25/2015
• 487 Identified as candidates for ECM – 69%
• 129 Engaged in program – 26% (excludes 37 currently pending)
• 3 Repeaters post ECM completion

Cost to Operate Program

• All Claims – $253,167
  o $173,206 Staff Billing Time
  o $79,961 Vendor Services

• Successfully Completed (63 Closed Claims) – $161,071
  o $89,339 Staff Billing Time
  o $71,732 Vendor Services

Reserve Take Down after completion of program

• 63 closed claims – $2,442,587
What IPMG covered today:

- Proven ways to add value to your member services
- Interventions you can model that reduce frequency and cost of claims through:
  - Enhanced Case Management
  - Communication, policies, training
  - Board support
PERMA and IPMG Lessons Learned

Reducing claims cost and frequency is a proven way to add value to member services.

Factors that play a role in supporting interventions include:
- Communication: One-to-one is best
- Data: Adds credibility
- Success measures: Well-defined interventions are measurable
- Enhanced Case Management: Quicker return-to-work, healthier
- Board support
- Policies
- Training

Wild cards:
- Free resources may or may not impact participation
- Politics, unions and culture play a role
Questions

Kimberly Gaston, MD, DC  
IPMG  
kgaston@creo-fit.com  
630-945-4237

Todd Greer  
IPMG  
Todd.greer@ipmg.com  
630-485-5869

Christian Summers  
PERMA  
csummers@neami.com  
518-220-0353