



Making a Strong Case for Case Management

By Jackie Payne

Vice President, Medical Management Services
Casualty Solutions

A Mitchell Whitepaper

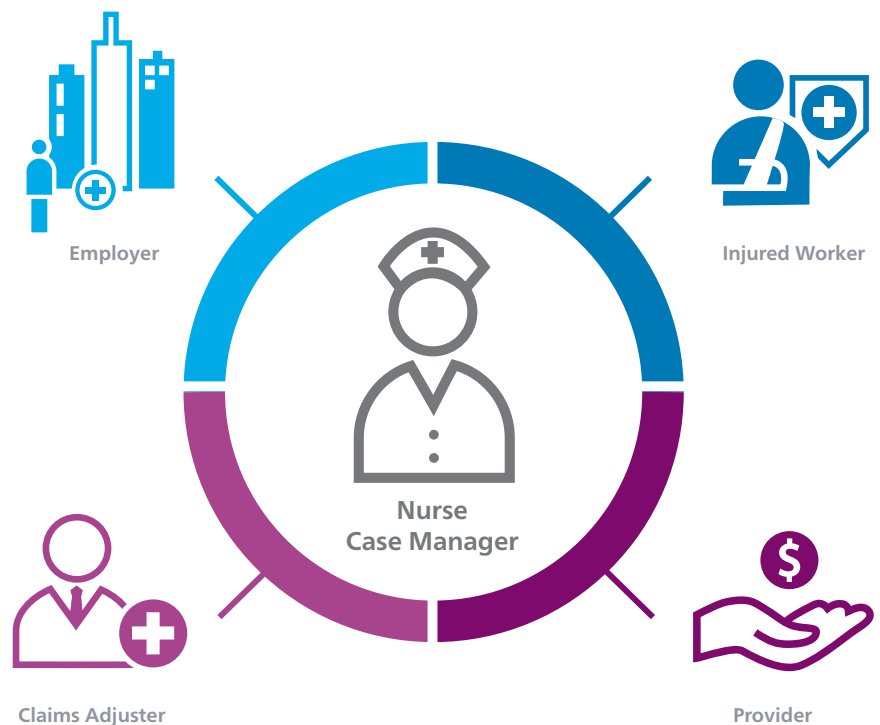
Introduction

Companies in the workers' compensation industry share a common goal to deliver the highest quality care while continuing to improve their cost containment. In this white paper, we uncover the specific benefits that nurse case managers bring to workers' compensation claims to create new business value to companies in the industry. We also touch on the principle that healthcare was founded upon: that care for people should be prioritized first. Additionally, we outline how executing case management services at the right time during the claims process, combined with technological data integration, helps combat delays and can lead to better outcomes for all.

Advancing a People-First Approach

One of the biggest challenges that the workers' compensation industry faces today is the continuous rise in medical costs. As a result, the industry fights for improved efficiencies and cost containment, and injured workers can often get lost in the shuffle. Until now, most employers have focused on containing costs and reducing days lost, representing a more transaction-centric approach. However, experts now say that changing the primary focus to supporting the injured worker can improve outcomes for all parties involved in a claim.ⁱ

By focusing on the injured worker and the improvement of their health and wellness, employers can shift their focus back to their most important goal: making people healthy again. Behind every claim is an injured worker seeking to get better. If a nurse case manager is engaged in a workers' compensation claim, they have the opportunity to deliver multiple benefits and build trust with the injured worker to ultimately support a timely recovery. In order to be an advocate in an injured worker's journey to recovery, a nurse case manager will facilitate their medical needs and ensure a continuous flow of communication between them, the injured worker, the provider, claim adjuster and the employer.



Serving as an injured worker’s advocate by placing the injured worker first not only empowers the worker throughout the claims process, but it also reinforces the “people first” philosophy manifested in the “advocacy-based” claims model – a catch-phrase that is growing in popularity within the industry.

In short, as an industry, we need to realign ourselves with the principle that healthcare was founded upon: protecting the interest of the patient, prioritizing them first. The primary purpose of workers’ compensation is to get injured workers back to work as quickly as possible and ensure appropriate care is rendered at the appropriate time. When that fundamental principle is the focus, reduced costs generally follow.

Nurse Case Management Can Deliver Multiple Benefits to Injured Workers:



Nurse Case Manager

- Medical knowledge to address health and wellness issues →
- Encouragement and guidance to injured employees →
- Assistance in facilitating timely recovery and locating quality care →
- Guidance in navigating a complex medical environment →



Injured Worker

Moving Toward Better Timing to Address the Challenge Sooner

In 2015, the U.S. Bureau of Labor Statistics reported 2.9 million nonfatal workplace injuries occurred that year. Of this, over 50 percent of the injured workers experienced time lost from work.ⁱⁱ

10%
of U.S. workers'
compensation claims
are utilizing nurse case
managers.

Consequently, when expert analysis is done, the findings approximate that 75 percent of employees return to work after 12 weeks of lost work time, but only 20 percent return after a year. Based off these numbers, the observation turns out to be: *the longer an injured worker is out of commission, then the more likely it is that they don't return to work at all.* As a result, there is an imperative to helping injured workers avoid long delays in return to work. According to industry statistics, only about 10 percent of U.S. workers' compensation claims are utilizing nurse case managers.ⁱⁱⁱ Although case management may not be necessary for all workers' compensation claims, utilizing a nurse case manager in the right instances can avert delays in a timely return to work.

The most critical point in time to effect the outcomes in medical care, claim costs, and return to optimum function and work is immediately after injury. Proactively assigning a nurse case manager to help guide the injured worker early in the claims process can empower and accelerate a return-to-work plan to avoid delays in progress.

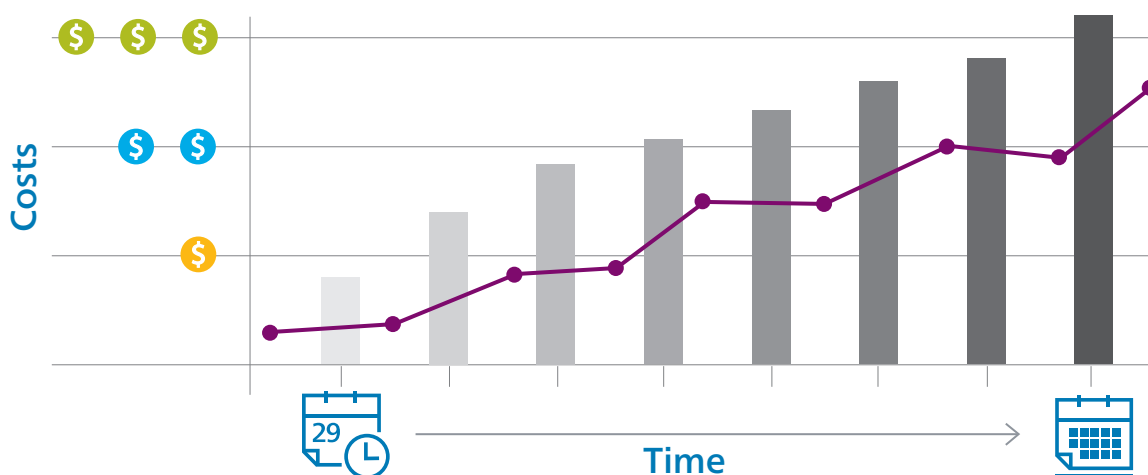
In addition, there is the potential opportunity to realize cost efficiencies on medical spend should a case be referred to case management in a timely manner. Engaging a nurse case manager on a claim can save an average of \$6,100 in medical and indemnity costs, resulting in an 8:1 ROI.^{iv}

\$6,100

Engaging a nurse case manager
on a claim can save an average of
\$6,100 in medical and indemnity
costs, resulting in an 8:1 ROI.

Time delays in referring a claim to case management have been found to increase claim costs 18 percent on cases reported at two weeks, as opposed to those reported at one week.^v

Time delays in referring a claim to case management have found to increase claim costs.



Combating Costs

In an ideal world, First Reports of Injury (FROI) or the first notice of treatment of an injured worker should be forwarded to the medical management organization for case management triage. Realizing that not every case warrants a nurse at the beginning, employers and carriers benefit from having a “trigger” list of injuries on which it would be advantageous to enlist early case management. The key to cost containment is not to prohibit workers from care or provide less desirable care, but rather to ensure the right care is provided at the right time. Early case management facilitates treatment:

- Provided within networks, if applicable
- Provided within evidenced based guidelines
- Education to the worker informing them of successful outcome expectations, including return to work (RTW) time points

Employees who are injured on the job tend to withdraw from their co-workers and supervisors when they are off work. Whether it be television advertisements about attorneys or the worker speaking to a neighbor, many injured workers seek legal advice and representation during the course of their rehabilitation, potentially adding significant costs and delays to the case. Early case management intervention promotes healthier relationships between all parties because the worker feels that they have someone to advocate for them. The nurse can explain the treatment in layman’s terms, facilitate earlier appointments, and collaborate with the physician resulting in more timely treatment, which typically results in a shorten time for which a claim is open.

Many times case management is compared to a train. If the nurse gets on at the beginning of the trip the case is far less likely to derail. If a nurse is assigned to a case months or years after the injury there is often little to do but pick up the pieces and attempt to move to resolution. Cost containment should commence at the beginning of the trip to help maximize the realization of positive outcomes. Collaboration with other units within the organization such as utilization review and bill review, as well as access to external claims systems are important components of this trip. Nurse case managers depend on documentation from these units to aid them in compiling a complete picture of the case.

Smarter Data Integration Offers Fuller Visibility into the Claim

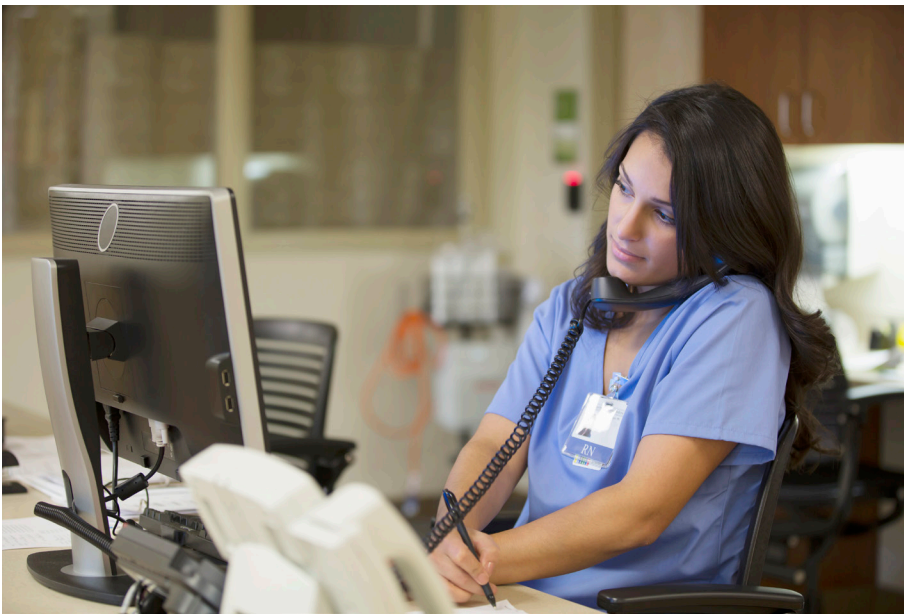
Integration between bill review and managed care is an important component of effective case management. Not all claims will warrant a nurse case manager, but among those that do, advanced claims software technology solutions can help provide visibility into scenarios where a workers' compensation claim may benefit from medical professional guidance. Claims should be evaluated for case management intervention using multiple triggers. Collaborations between bill review and managed care, two typically "siloe" work streams, can provide insights into an "at-risk" claim. If an insurer has access to a staff of nurses with years of certified medical experience, not only can they identify and address clinical issues an injured worker may be facing, but they can also successfully intervene with case management services to make sure the injured worker reaches optimal medical improvement.

These critical synergies support employers and payors to proactively monitor and identify suboptimal pathways throughout the claims journey. As a result, cost and process efficiencies are shown to improve for all stakeholders involved.

Promoting the Relationship Between Nurse Case Manager and Injured Worker

An issue that stakeholders face in workers' compensation claims is building trust with the injured worker. A lack of trust can create barriers to nurse case managers in providing ongoing care, which results in stagnating productivity in return to work. One of the most influential duties nurse case managers perform is gaining the trust of the injured worker. Once established, that trust empowers injured workers with patient-centric solutions that can positively affect their perception on their quality of life, which tends to influence their satisfaction and maximize medical improvement as it relates to their return to work.

The following story illustrates the importance of focusing on the injured worker and how a strong relationship between the worker and the nurse case manager can positively impact the worker's overall wellness and engagement, ultimately translating into cost-efficiencies that benefit all.



Take Brenda, a 57-year-old female, who experienced a workplace injury to her right arm/shoulder in September 2016. She was working on the floor at her job when she slipped in water and broke her fall with her right hand, instantly feeling pain in her shoulder. She immediately alerted her employer at the time of the injury, but unfortunately, the line of communication ended there, and as a result, there was a failure to provide timely direction and appropriate care. Lacking an

understanding of the required steps to take with her employer, Brenda sought treatment with her own private medical doctor who arranged surgery to be done to repair her impingement and rotator cuff tear. Confused as to why she was asked to pay out of pocket, Brenda circled back with her employer and was asked to fill out a proper incident report, at which point her initial surgery got canceled. She was now three months post injury and was still experiencing pain in her shoulder. After much frustration in the lines of communication with the claims adjuster on her case, Brenda harbored concerns and didn't think anyone had her best interest in mind. As a result, Brenda considered that her best bet may be to turn to litigation – the potential costliest outcome for the employer.

But things took a turn for the better when the adjuster involved case management. While keeping the injured worker at the center of the claim, Brenda's nurse case manager made sure to be available to assist with any questions Brenda had. The nurse case manager communicated with Brenda in familiar terms to ensure any nuances or procedures associated with her case could be easily understood, something Brenda originally found difficult and frustrating with the claims process. This helped remove barriers that often impact an injured workers' experience in a negative manner.

This is an example of advancing the people-first approach to gain improved outcomes for all. The nurse case manager assigned to Brenda's case fostered such a profound relationship with her that it helped lessen Brenda's uncertainties and anxieties. She developed trust and offered an ear for venting, and together, the two built a plan for optimal recovery. The outcome for Brenda was being able to return to work after only a month of recovery post (rescheduled) surgery.

[Click here to read the full Case Study](#)



Mitchell Medical Management Services
Managed Care

SURGERY CONCIERGESM

Case Study

Brenda, a 57-year-old female, experienced a right arm/shoulder injury in September 2016. She was working on the floor at her job when she slipped in water and broke her fall with her right hand and instantly felt pain in her shoulder. She immediately alerted her employer at the time of the injury, but unfortunately, the line of communication ended there, as a result, there was failure to provide timely direction and appropriate care for her appropriately. Lacking an understanding of the required steps to take with her employer, Brenda sought treatment with her own private medical doctor who arranged surgery to be done to repair her impingement and rotator cuff tear. Confused as to why she was asked to pay out of pocket, Brenda circled back with her employer and was asked to fill out a proper incident report, at which point her initial surgery got canceled. She was now three months post injury and was still experiencing pain in her shoulder.

Brenda filled out the appropriate incident report and requested that her surgery be rescheduled. After much frustration in the lines of communication with the claims adjuster on her case, and many back and forth, Brenda harbored concerns and didn't think anyone had her best interest in mind. As a result, Brenda,

But things took a turn for the better when the adjuster involved Mitchell's Case Management service: Surgery Concierge.

considered that her best bet may be to turn to litigation – the potential costliest outcome for the employer. But things took a turn for the better when the adjuster involved Mitchell's Case Management service: Surgery Concierge. The Surgery Concierge nurse assigned to Brenda's case immediately reached out to her to discuss the situation and to ensure that Brenda knew that she would be available to assist with any questions she had. The Surgery Concierge nurse communicated with Brenda in familiar terms to ensure any nuances or procedures associated with her case could be easily understood, something Brenda originally found difficult and frustrating with her claims adjuster. This helped remove barriers that often impact an injured workers' experience in a negative manner.

Summary and Conclusion

While the constantly changing nature of healthcare continues to evolve to drive new solutions to address the many challenges within the workers' compensation industry, the goals remain the same for nurse case managers – to provide high quality care and cost-effective solutions to injured workers. By achieving these goals, nurse case managers can empower them to see improved value in their life at work and at home. When workers' compensation carriers begin to programmatically utilize nurse case managers, it can start an integrated system of delivering high quality patient care along with cost-containing claims efficiencies, allowing them to provide more trusting services and drive better outcomes.

Sources

- i "Study Finds Nurse Case Managers Add Value to Workers' Comp Claims." Claims Journal. N.p., 31 July 2015. Web. 21 Mar. 2017
- ii "UNITED STATES DEPARTMENT OF LABOR." Occupational Safety and Health Administration. N.p., n.d. Web. 21 Mar. 2017.
- iii "Wojcik, Joanne. "Careful Use of Nurse Case Managers Can Improve Outcomes." Business Insurance. N.p., 25 Mar. 2011. Web. 21 Mar. 2017.
- iv "Study Finds Nurse Case Managers Add Value to Workers' Comp Claims." Claims Journal. N.p., 31 July 2015. Web. 21 Mar. 2017
- v Wojcik, Joanne. "Careful Use of Nurse Case Managers Can Improve Outcomes." Business Insurance. N.p., 25 Mar. 2011. Web. 21 Mar. 2017.

Creating An Advocacy-Based Claims Model. Rep. The Alliance Of Women In Workers' Compensation, n.d. Web.

Shafer, Rebecca. "Role of the Nurse Case Manager in Workers Compensation Claims." Work Comp Roundup. N.p., 2010. Web. 21 Mar. 2017.

How Mitchell Can Help



About Mitchell Medical Management Services Managed Care

Case Management

Managing an injured worker's timely rehabilitation and return to work is a team effort. Mitchell Case Management is a critical component in the success of any return to work program. Our qualified medical nurse professionals act as patient advocates, and help protect the interests of all parties by coordinating the efforts of healthcare providers, insurance claims adjusters, the employer and the injured worker.

Services include:

Telephonic Case Management

- Early Intervention
- Surgery ConciergeSM
- Pharmacy Intervention

Field Case Management

Mitchell Field Case Management extends your claim management expertise to face-to-face meetings with claimants at designated medical events ranging from doctor visits to surgeries and treatments. Clients who have adopted Field Case Management have seen simplified solutions for their adjusters and significant overall cost savings.

Mitchell Medical Management Services and managed care offerings represent an integral extension to our bill review services for our customers. Integration between bill review and managed care is an important component of effective case management and can support a single workflow for all claims processing needs. Our approach to providing end-to-end solutions enhances the ability to provide full visibility into claims.

For more information, please visit Mitchell.com or contact us at 1.800.421.6705.

6220 Greenwich Drive • San Diego, CA 92122 • 800.238.9111 • www.mitchell.com

All trademarks used in this document are trademarks or registered trademarks of their respective companies.
All Mitchell products are trademarks or registered trademarks of Mitchell International, Inc. ©2017
Mitchell International, Inc. All rights reserved.
CSGWP0517

A Mitchell White Paper



©2017 Mitchell International, Inc. All rights reserved.