

CO-MORBIDITIES: HOW ARE THEY TRULY AFFECTING YOUR CLAIM?



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Co-morbidities are pre-existing conditions that are simultaneously present with an injured worker's diagnosis and can affect their overall health. Co-morbidities include diabetes, mental health, obesity, heart disease, and drug and substance abuse. At Kingstree, we address co-morbidities early in the claim one of many factors we evaluate for our claims resolution strategies.

Diabetes



Diabetes is the body's inability to produce insulin or to effectively utilize the insulin being produced by the body, which can cause elevated blood sugar that can directly impact an individual's claim. In February 2020, the CDC reported that 1 in 10 Americans have diabetes; this is around 34.2 million people. Approximately 1 in 3 Americans, 88 million to be exact, have pre-diabetes which results in an increase in spend for claims.

Early identification is especially important for an injured worker with diabetes. At Kingstree, there is a specific process during triage to identify diabetes as a co-morbidity and adjust

the treatment plan accordingly. The focus is on diet to improve overall blood sugar levels during the injured worker's claim.

Risk and Claims professionals are frequently presented with a high number of diabetic injured workers, both diagnosed or undiagnosed, these claims may have increased recovery time, delayed healing, along with an increased risk of infection. These factors impact the length of disability and increases claim reserves.

Obesity



Obesity is defined medically by a Body Mass Index (BMI) of 30 or more. The prevalence of obesity in the U.S. was 42.4% in 2017 and 2018; this number continues to rise. In 2019, a study was conducted by Harvard T.H. Chan School of Public Health indicating more than half of the U.S. population will be obese and a quarter will be severely obese by the year 2030.

In 2018, the NCCI cited that it was not uncommon for an obese person's claim to be 4 to 5 times more costly than those who are not. The early identification of obesity will have significant impact on how the case is managed to include recognition of additional needs, such as special more costly equipment and potentially alternative prescription needs. An NCCI research brief noted that the medical cost for obesity claims is growing rapidly with emphasis on physical therapy or other therapies, complex surgery and prescription drugs cited as the three highest cost drivers.

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At Kingstree the nurse case manager identifies these treatment issues upon referral and works with not only the medical providers but also the injured worker.

Heart Disease



Heart disease refers to several types of heart conditions, including coronary artery disease (CAD) and hypertension. About 80% of the American population works in a job that requires little to no activity. Sedentary work coupled with unhealthy diets and obesity can become a lethal diagnosis. In fact, a lack of regular physical exercise and poor eating habits can lead to the development of coronary artery disease, which is the most common type of heart disease.

Approximately 48% of the U.S. population has hypertension, often having minimal to no symptoms. Only about 24% of the population have their hypertension under control. During the Kingstree triage process, the nurse assesses the injured worker's past medical history to include specific identification of hypertension which will impact

the treatment. Without this early identification, the claim may become more complex and require extended treatment.

Mental Health



Major depressive disorder, chronic mild depression and anxiety disorders are examples of mental health conditions that can affect claims. Approximately 1 in 5 adults, as young as 18 years old, suffer from a diagnosable mental health disorder. People dealing with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population.

In response to COVID-19, the CDC conducted a study in July 2021 that found 53% of public healthcare workers polled had at least one mental health issue. Further it was found to be more prevalent in individuals who worked

greater than 40 hours a week and worked directly with COVID response teams or direct patient care on the units that were dedicated to COVID. Employers should consider adding mental health questions specific to COVID-19 to the triage process to quickly identify potential long-term impact on claims. This data will be helpful as employers determine the impact COVID-19 will have on their overall claims cost.

The World Health Organization (WHO) noted in an earlier study that every \$1 USD spent on scaled up mental health treatment, there was \$4 USD returned on improved health and productivity. The burnout from quarantining, inactivity, ever-changing policies per state/federal government, along with the feeling of the unknown, have been contributing factors in recovery, resulting in increased injury costs.

Drug and Substance Abuse



Drug addiction is considered a mental health issue because it changes the brain in fundamental ways. It is changing a person's normal needs and desires, while replacing them with new priorities. Drug use can affect productivity and normal everyday work functions, leaning towards at-risk work situations.

Researchers estimate that \$81 billion dollars is spent on drug abuse in the workplace, specifically because of absenteeism, healthcare costs and lost productivity. Another \$25 billion additionally is spent on the healthcare costs associated with drug

addiction per year. It is important to include a prescription management plan as part of the overall injured workers treatment.

Alcohol

Approximately 16% of emergency room patients who are injured at work have alcohol present in their system. Over 26% of employed adults are dealing with substance abuse or addiction in their family. More than 42% of these employees felt their productivity suffered due to addiction. Injured workers who deal with alcohol addiction experience slow healing and often are more non-compliant with their treatment plan, which impacts the claim.

Smoking and Vaping

Tobacco consumption is the second leading cause of death in the United States. Smoking delays healing, especially when surgery involving nerves is required; an example of this is carpal tunnel syndrome. Vaping affects the lung capacity and could potentially have a direct impact on injured individuals who require general anesthesia for surgical procedures. Impact on the length of disability should be assessed on an ongoing basis.

Review of Impacts Due to Co-Morbidities

Co-morbidities create higher overall medical costs by as much as 300%+, causing higher medical reserves. Recovery time is increased extending the Official Disability Guidelines (ODG) by as much as 80%. Co-morbidities also can generate increased surgical rates, higher litigation rates, increased absenteeism, and loss in productivity. Employers must tailor their triage and case management process based on their industry. Employers should begin to assess the data from their claims with co-morbid factors to explore potential changes at the work site to include vending machines with healthy options, along with health initiatives. Some employers have instituted weight loss programs, nutritional consultation and incentives to their employees for healthy lifestyle changes in order to improve overall workforce.

How Employers Can Help



There are certainly many ways that employers can help drive those costs down and keep a healthy workforce. Employers can start by engaging a triage process or program that will keep individuals, who can self-treat, working to expedite the necessary treatment for those in need of it while, at the same time, identifying the existing co-morbidities.

If properly identified, psych-social factors that impact your costs can be addressed early along with the injury treatment protocol, giving you optimal results. In this article, we did not delve too deeply into the psych- social

factors that impact your costs, but they exist and if properly identified can be addressed early along with the injury treatment protocol, giving you optimal results. To get an injured individual on the road to recovery, a true bio-psychosocial approach with an aggressive management team that includes the payor, stakeholder, and a comprehensive group of medical management resources, is critical. The medical management team must be adept to accessing and effectively utilizing the tools available, while engaging the injured worker in his or her treatment program.

Active engagement is not only essential but is sometimes the most difficult part of recovery. Helping an injured worker understand the facets of their recovery, including diets, activities beyond passive treatments, will create a more engaged injured worker. This is a crucial factor in eliminating the barriers to recovery.

Employer health and wellness programs, along with EAP programs, are essential if properly incorporated. Working as a team, utilizing evidence-based treatment programs and planning to support and facilitate claim resolution. Utilize case management or managed care to ensure that all medical and employer initiatives work seamlessly to achieve reduction in length of disability, exposure and claim spend.

For more information on how Kingstree can assist you evaluate the co-morbidity issues and tailor a case management program, please contact Eric F. Patten RN, BSN at epatten@kingstree.net

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