

A Collaborative Workers' Compensation Approach Can Save You More



Do employees understand the workers' compensation system if they're injured? Do they know how their claims progress? Historically, the answer has been: Not really.

But many employers in recent years have come to see the benefits of a more collaborative and transparent workers' compensation process. The rationale is simple: Showing that you care about injured employees and communicating with them about their claims can contribute to better outcomes – including faster recovery for employees and lower costs for employers.

The traditional focus for employers in workers' compensation has been on keeping costs down – specifically, on reducing the number of days that injured workers would be away from the job and controlling medical expenses. But it's often become adversarial – and litigious.

So, over time, many employers have shifted to a more employee-centric advocacy model, which is defined by caring for employees and educating them on their safety and rights. The result: less contentious relationships between employees, employers, and claims adjusters, fewer instances of injured workers hiring attorneys, and lower claims costs.

There is no single element that defines a successful claims advocacy approach. But effective ones typically focus on three areas.

1. COMMUNICATION

Share information with employees well before the time of any injury. Make sure that if something happens, an employee knows how to report a claim, and stay in contact with that employee until the claim is closed. This can help ease an employee's stress following an injury and make the process less contentious. Communication methods can include phone calls, emails, get-well cards, letters, web portals, automated phone systems, and smartphone apps.

It's especially important to contact an injured or ill employee within 24 hours of an injury. Establishing early contact demonstrates that employers are genuinely concerned about their employees' well-being. Choosing simple and easy-to-understand language in all standard communications can ensure that the information provided is helpful. It also reinforces the message that employers care about injured employees.



2. EDUCATION

Start with frontline supervisors; in many cases, the person whom an employee tends to trust the most is his or her immediate manager. Make sure these supervisors know what to do in case of an injury.

Take the time to help key medical providers understand your return-to-work programs and make sure physicians receive copies of employees' pre-injury job descriptions. Also share with physicians descriptions of potential tasks employees may complete in transitional duty assignments they're given during their recovery.

Meanwhile, set the right tone with your claims handler, ensuring they understand how you want them to communicate with your injured workers.

And following an occupational injury, explain to an injured employee how the workers' compensation system works. Demystifying the roles of adjusters, nurse case managers, employers, and employees can be invaluable.

3. TRANSPARENCY

Keep injured workers updated about how their claims are progressing, which can be done in a variety of ways. For example, some employers use mobile apps to help workers understand how their claims are progressing.

STEPS EMPLOYERS CAN TAKE

Formal training for managers and supervisors can help make the workers' compensation process more collaborative between employer and employee. This training should help managers understand the cost and financial impact of losses or accidents, post-injury response, roles and responsibilities, reporting processes, medical management intervention, and return-to-work programs. Training should be conducted regularly, with periodic updates.

An employer should also get preferred medical providers involved. Occupational specialists often treat a significant portion of injured employees, so it's imperative that they be familiar with the workers' compensation system, reporting requirements, and return-to-work opportunities. A third-party administrator (TPA) or insurer can help identify preferred medical providers within approved networks and update them on return-to-work opportunities that are available to injured workers.

Many employers have realized significant benefits through a 24/7 nurse triage model, in which a nurse is available around the clock to help assess workplace injuries. Triage nurses, under this system, can help employees describe with precision how their injuries occurred. They ask questions that are easy to understand and answer. Using a combination of professional experience and sophisticated algorithms, nurses are better positioned than employees and supervisors to determine the level of care required. They can determine whether 911 calls should be made, if treatment by medical providers is required, or if self-care protocols such as ice and elevation are appropriate. If medical care is needed, nurses can also determine whether telemedicine is a viable option.

Although it's not necessarily a new concept for all employers, greater collaboration between employers and employees can contribute to better workers' compensation outcomes for both.

ADVOCATING FOR INJURED EMPLOYEES AT CENTURYLINK

Since 2016, CenturyLink has used an advocacy model that provides injured employees with the care they need and returns them to pre-injury status as quickly as possible. Ultimately, CenturyLink seeks to return these employees to work and physically restore their bodies to their status before their injuries.

An important component of CenturyLink's program is its full-time dedicated advocate, who makes contact with all injured workers on a regular basis. The advocate serves as a key point of contact for injured employees who have questions, including some that they don't feel comfortable asking claims examiners. In addition to improved employee satisfaction, a tangible benefit of this program has been a 70% to 80% reduction in litigation rates in the first 12 months.

CenturyLink's Advocacy Model in Action

An example of how CenturyLink's approach can contribute to better outcomes involves a 58-year-old technician who strained his back after slipping on a customer's stairs. Almost immediately after the injury, the employee was deemed unable to work; he ultimately was unable to work for 166 days while he underwent extensive physical therapy. CenturyLink's advocate stayed in contact with him throughout the claim and he eventually returned to full-time work.

According to the employee, "just getting calls from [the advocate], who is someone from CenturyLink, was priceless." He commended not only the advocate for her help, but also the entire team: the TPA, nurse case manager, and his supervisor.

While the technician had worked for other companies before, he had never had a positive experience like the one he had with the CenturyLink workers' compensation team. The injury changed his life in a positive way by helping him gain muscle strength in his abdomen and lose weight. Although he was anxious when the claim began, he was ultimately happy with the direction his recuperation took. In the end, the claim cost about \$43,000 and the employee did not hire an attorney.

ABOUT THIS BRIEFING

This report was prepared by Marsh's Workers' Compensation Center of Excellence.

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For more information on claims advocacy models, listen to the replay of our recent Workers' Compensation Center of Excellence webcast, [Adopting an Advocacy-Based Approach to Claims](#), or contact:

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