



MEDICAL REHABILITATION – IMPROVING CLAIM OUTCOMES

As an industry, what are we doing for our policyholders and clients when it comes to helping them manage their claim outcomes when their employees are injured in the workplace?

In the past invariably and instinctively, when an Employers Liability incident was reported, policyholders and their insurers headed for the trenches and assumed an adversarial position to that of the unfortunate employee. The culture of the 'blame-game' then came into play and the possibility and opportunity for an improved outcome was at risk. Improved outcomes are not only to the benefit of the policyholder and Insurer but are also very much to the benefit of the employee.

So what have we done? We dispensed with that automatic adversarial positioning and now seek to work in collaboration with the injured employee and/or their legal and medical representatives. This is simply achieved through a clear and formalised case management structure around the reported incident which embeds incident reporting and medical rehabilitation within its very core. Insurers, brokers and their respective clients will all have a defined role to play.

Obviously, the injured employee also needs to be fully in agreement with the process. It goes without saying that the vast majority of employees who are suffering from a genuine injury have getting back to health as their first priority. Although obviously important, returning to work and compensation (where applicable), are secondary in their minds.

Where an employee has engaged a solicitor from the outset, it is my experience that the solicitor will generally not obstruct or dilute the role of the case manager. More often than not, the solicitor will support a formalised rehabilitation regime where it can be seen that it is working and will benefit the wellbeing of his client. It will always auger well for the injured employee if they availed of and maintained access to rehabilitation services when they were offered by the case manager on behalf of the employer/policyholder. This is particularly so if their case for compensation ends up in the courts.

Another absolute fundamental to the success of case management and the delivery of rehabilitation services is the unequivocal buy-in of the employer/policyholder. They must fully and completely embrace the concept. It should be seen as a 'must have'. That, in some ways, should be an easy sell. Here are the main headlines as far as the employer/policyholder is concerned;

- There are obvious benefits to be had from having a positive and vibrant workforce. If that exists, it invariably translates into greater productivity which, on the law of averages, should translate into increased turnover – leading potentially to increased profit.
- In the current business climate, the value of their brand integrity is uppermost in the thoughts of employers. So, that gives a great opportunity to employers to enhance their brand – both internally and externally – where employees can practically observe a positive corporate

culture in action. Ideally this culture is non-adversarial but rather collaborative in working with employees to maximise and expedite their earliest return to full health when they suffer an injury in the workplace.

- Through appropriate case management, claims arising from employees who return to work earlier will obviously cost less due to a reduction in lost wages during their period of absence. That translates directly into the loss experience of the policyholder.
- Reduced downtime for the injured employee and reduced disruption to production or the costs of (re)training will all be realised. All a natural outcome of appropriate case management but – most importantly – these are not items which are covered by any insurance policy and will, therefore, have to be borne by the employer/policyholder. Colloquially these items are sometimes unfairly referred to as ‘soft costs’.
- Shorter recovery times following an injury can lead to a better prognosis for general health which can translate into real savings in compensation amounts for general damages should a formal claim be pursued by the employee. Again, these savings feed directly into the loss experience and to the benefit of the policyholder.

Our own analysis of data within the QBE Group underlines the following;

- Early intervention is key to successful outcomes. This effectively means a more swift return to work, which in turn reduces the chances of employees developing anxiety, depression or a long term disability.
- By intervening at an earlier time, there was almost 80% positive return to work outcomes.
- For heavy manual occupations, there was a 29% quicker return to work rate than compared to industry expectations.
- Reduced loss of earnings – very significant at times and dependent upon the type of injury.
- The provision of enhanced management information which can serve as a very effective risk management tool.

In all of this analysis and commentary, we must not lose sight of the fact that we are dealing with real people with real injuries who need the earliest resolution if their condition is to improve. Without the right care at the right time this will not be achieved and might even result in deterioration in their health and wellbeing.

Current research shows that the sooner an injured person returns to work, the more likely they will have a successful recovery from their injuries. Therefore, the core ingredient of case management is a focus on facilitating timely access to treatment and a return to work focus from the outset. Where return to work is not possible due to the extent of the injury, case management should seek to maximise quality of life and independent living.

To deal with the vast array of situations, the case manager needs a toolbox to meet these challenges which ensures fast access to appropriate services. These services must be capable of being tailored to specific needs. This should include – medical liaison, radiological investigations, physiotherapy, psychological counselling, daily living assessments, vocational assessments, functional capacity evaluations and gym based rehabilitation. This list is not exhaustive but merely an example of available services.

Where treatment services are being provided, these ideally should be available as locally as possible. This will assist the employee in attending scheduled visits without having to endure lengthy travel arrangements.

Indeed, there are situations when the case manager may simply need to provide a support telephone service where the employee and/or policyholder can keep in touch and receive the reassurances they need to cope with their injuries which may be sufficient to encourage return to full health and return to the workplace.

So what is the structure/framework which needs to be in place? Certainly, one size does not fit all and a lot depends on the commitment and needs of the policyholder. There are policyholders who would want case management on every incident and would be diligent and disciplined in their commitment to that process. There are others who simply want it to apply in pre-defined circumstances only. We, as insurers and brokers, need to be able to deal with either proposition and be agile in our responses.

Whatever structure is in place, the cornerstone of success will be an early reporting mechanism. If this is aligned to appropriate case management, it is a win-win for all concerned.

In the claims industry, new strategies such as mediation are becoming more utilised. Rehabilitation, in a similar manner should really be regarded as 'mediation of a medical nature'. It would be nice to think so.