Advancing Advocacy in Risk Management is a new way of managing the experience of a claimant to maximize the benefit to all stakeholders. The initial focus is on workers' compensation, but this same mindset can be used for general liability, safety programs, and any other risk management setting where someone is handling a claim. The need for timely, understandable, and empathetic communication has gained traction in the past few years. While an advocacy mindset can include the emotionally intelligent "doing the right thing for the right reasons," this approach also has a financial ROI by reducing litigation, shortening disability, and increasing RTW (return to work) & SAW (stay at work).

A claims advocacy mindset is not yet a wide-spread standard practice within workers' compensation. The resistance can either be cultural or misunderstanding (there is only an emotional, not financial, ROI).

Advocacy is not cookie-cutter or programmatic but highly customized by claims and clinical professionals to fit the needs of the employer and their employees.

This document is a free resource to all stakeholders that hopefully reduces the stigma and provides ideas for implementation. It is a list of best practices vetted by a multi-disciplinary team of experienced professionals. It is not a suggested program but a compilation of tactics that can be adopted ala-carte to either augment existing practices or create from scratch. It is easy to understand and follow to create expected, consistent outcomes.

The idea was birthed in August 2023 at the Georgia SBWC conference and has since come to involve many people and ideas.

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If you have any questions, feedback or suggestions please send them to **Mark Pew** (mpew@WorkCompCollege.com) or **Wendy Sumrell** (wendy_sumrell@gbtpa.com). We view this as a "living document" that will be refined over time with ongoing input from stakeholders.

Advancing Advocacy - Advanced Empathy

General Description: Empathy is defined as "the ability to understand and share the feelings of another." That is different from sympathy, often defined as "the feeling that you care about and are sorry about someone else's trouble, grief, misfortune, etc." Advanced Empathy in workers' compensation requires you to put yourself in the shoes of the injured worker. Imagine yourself having sustained an injury at work which is now impacting your ability to care for yourself and your family; what kinds of stress would this cause? Your personal situation is likely different from that of the injured worker, so apply their situation to your own life. How would you want to be treated? What would make this process more bearable for you? Take the time to answer these questions and apply those answers to every interaction you have with your injured worker to display Advanced Empathy.

Highlights

- **What is empathy and advanced empathy**: Empathy is the ability to understand and share the feelings of another, while advanced empathy is putting oneself in the shoes of an injured worker and imagining their stress and needs.
- **How to engage with employees before and after an injury**: Employers should create a culture of safety and understanding, provide written materials and contact information about the workers' compensation process, and have a plan to coordinate treatment efficiently.
- **How to handle the claim and communicate with the injured worker**: Employers should explain their role and expectations, use the preferred communication method of the injured worker, listen to their concerns and questions, and provide transparency and information throughout the process. If the injured worker does not know who to call for what information, they can either decide to not call (and get confused or frustrated) or call everybody (which frustrates the claims professional).
- **How to return the injured worker to work**: Employers should have job analysis available for the medical provider, prepare a temporary transitional duty offer letter, locate a transitional work vendor if needed, and ensure the employer is adhering to the restrictions.
- **How to use case management and bio-psycho-social model**: Employers should assign a nurse case manager to help the injured worker understand their injury, treatment, and recovery plan, and to address any unrelated medical or social issues that may affect their recovery.

Description	Action Items
(1) Pre-Loss: Engage with your employees before an accident even occurs to ensure that if/when a workers' compensation claim arises so they are set up for success and understanding throughout the claims process. This approach includes supporting a culture of safety. This stage is setting expectations, which is an important component of success throughout claim advocacy.	a) Treating an employee well should start on the day they're hired, even in the interview process. If you treat them empathetically on the date of injury but that is not how they've been treated prior to that, it could come across (and may actually be) disingenuous or hypocritical. Corporate culture is not episodic but endemic. b) Consider having written materials about the WC process for employees. For example, the process can be documented in the employee handbook, on the company intranet, etc. Having a written record of the process (e.g. who to contact and what to do in case they are injured or witness someone becoming injured) provides assurance that what is happening in the claim process is what should be happening. c) If you are in a position in which you interact with employees who have not been (and hopefully won't be) injured or ill, ensure your employees know you are a trusted resource. Trust is built by deeds, not words, so show them you're trustworthy. d) Enact a culture of safety to avoid injuries and embrace a culture of understanding when injuries do arise. e) Where possible, ensure there is one point of contact for your injured workers within your organization. Providing too many points of contact can become confusing and frustrating for employees. i. Alternatively, one point of contact can be extremely problematic for timely claim reporting. At the very least an employer needs to ensure that there is always someone available to begin the claim process so that reporting to the carrier is not delayed. It sends the wrong message to the employee when the clinic has to tell him/ her that the carrier has

	no record of the claim. At the employer, line supervisors and managers may need to be able to start the process even if there is one person who becomes the primary contact later in the process. Line supervisors and managers should be trained in empathy and the process. f) Provide information regarding potential vendors and their roles so the employee knows who may be contacted during the workers' compensation process. g) Set expectations up-front. For example, is telehealth available? This could be helpful in lieu of waiting at the ER for minor injuries. Are there guidelines for not presenting group health card at the provider / ER? Setting these expectations early helps when the injury occurs.
(2) Intake and Triage: There are multiple ways to engage with an injured worker at the time of an accident to ensure they feel supported through their injury. Ensuring an efficient claims reporting process helps to ensure all necessary parties can be informed and assist the injured worker as soon as possible.	a) An employer-to-employee FAQ on the workers' compensation process and key points of contact can be helpful to the employee at the time of the reported event. Because processes and regulations change over time, create a maintenance process so it does not become outdated. i. Employers should train supervisors and managers on the work comp process so they can be prepared to offer guidance after an accident occurs. b) Questions to consider addressing in a FAQ: i. What is workers' compensation? ii. Who handles workers' compensation benefits for the company? e.g. carrier name, TPA name, in-house administration iii. When you are injured on the job, what is the process? iv. What is the return-to-work process? What if I have restrictions? v. What happens if I must be out of work after a work-related injury? vi. Add the Claims Team information (Company) vii. What are my costs for medical treatment?

	viii. How are medical providers selected? ix. What if I don't seek medical treatment right away, but want it later? x. What happens to my paycheck if I am out of work due to a work-related injury? xi. How am I paid when I am out of work due to a compensable work-related injury? xii. What if I need a prescription? xiii. What if I require on-going treatment? xiv. What if I receive medical bills from my treating physician or calls from collection agencies for unpaid bills related to my compensable workers' compensation claim? xv. What if my claim is denied? xvi. Are workers' compensation payments taxed? xvii. Are payroll deductions withheld while receiving workers' compensation benefits? c) Consider preparing an insurance card to give to the injured employee when an injury occurs. This would have billing instructions for the provider. The idea is to prevent any confirmation of reporting requirements from the employer prior to providing care. It also prevents billing errors that may assist the insurance carrier later. d) When an employee is injured, their immediate health and safety are a top priority. If emergency treatment is needed, ensure this treatment is rendered as soon as possible. e) Take active steps to ensure the employee can receive treatment as soon as possible in non-emergency situations. f) Avoid lengthy amounts of time having employees sit in an office to complete accident reporting. When possible, have yourself or another party complete

	internal reporting themselves by asking the injured worker questions and recording the information while coordinating treatment. g) Have a plan in place to coordinate treatment efficiently. If the injury happens in a jurisdiction in which the employer directs medical treatment, have the information for your preferred medical facility or facilities on business cards (or personal copies of panels where applicable) readily accessible to provide to your injured workers. i. Providers change often so ensure there is a robust maintenance process in place (updating and distributing the information) so it is rarely outdated. h) If the injury happens in a jurisdiction in which the employee selects their physician, have business cards with the information for multiple nearby facilities for the employee to select to avoid time spent searching for facilities online if the employee does not immediately have a preferred provider. i) Once any emergency needs are met, answer any questions your injured worker may have about what comes next to the best of your ability. j) If the injured worker has specific questions you aren't equipped to answer (such as how much and when they will receive indemnity benefits), let them know who will be able to answer those questions and include their e-Mail address and phone number. Use an employer-to-employee FAQ, if available, that includes the carrier's contact information. i. Note that many people do not answer a phone call from an unknown or unidentified number. Letting the injured worker know who will be calling, and the number from which they'll be calling, will increase the likelihood of them answering. k) Contact the workers' loved ones if necessary and appropriate.

	l) Understand the bio-psycho-social treatment model that encompasses the whole person. While not everything may be compensable, other aspects of the injured worker's life can impact their ability and willingness to get better. For more information go to www.physio-pedia.com/Biopsychosocial_Model. m) Understand that Social Determinants of Health is important to identify early so their impact will be easier to mitigate. The CDC has helpful information about SDOH at www.cdc.gov/about/sdoh/index.html.
(3) Claim Handling: These actions are focused on the day-to-day claims handling your injured worker is given. These actions should cover the bulk of the work done throughout the life of a workers' compensation claim and cover things such as initiating benefits, following up on doctors' appointments, and facilitating return to work.	a) Set the expectations for the employee's responsibility in the work comp process – it is an active, not passive, role. For example, the injured worker is expected to actively participate in recovering from the injury (i.e. attend appointments, work with your employer to return to work, maintain communication with me and your employer, etc.) Setting those expectations early creates a responsibility for them. b) Make early contact with your injured worker and explain who you are, what your role is, and what they can expect from you throughout the workers' compensation claims process. c) Ask the injured worker which communication method they prefer – email, call, text. Customize, then comply with their preference as much as possible to enhance the possibility they fully understand everything shared with them. For example, some people no longer like to answer their phone from an unknown number. d) However, don't forget that ongoing and open communication is the best way to identify and mitigate issues that can slow recovery. Create a plan (frequency, method) for staying in touch. For example, texting a simple "how did your

	treatment go" after a PT visit or sending a get-well card or flowers after surgery. e) When possible, try to have one of your first conversations with the injured worker be in-person or a phone call instead of email or text message to build a connection with them early. f) When asking investigative questions, avoid phrases such as "investigation," "your statement," or any other words or phrases that might make the injured worker feel uncomfortable or adversarial. i. Using the term "analysis" can be more supportive or let them know you're trying to ensure accuracy for proper claim handling. g) Remember that they have been injured. How would you feel if after you were injured the first thing you heard was someone from our employer telling you they needed to investigate what you were telling them? i. The investigation is not just about confirming compensability but also to review safety issues. The injured worker has a vital role to play in helping ensure the same thing does not happen to someone else. Let them know their involvement can help pay-it-forward to making the workplace safer for their colleagues. This adds extra motivation for them to be honest about what happened. h) Make yourself a resource for your injured worker early and often; when discussing claims concepts such as the process, steps, and resources, avoid trying to explain TTD rates & waiting periods and defer to the claim examiner to discuss specific guidelines). Always use plain language and check in throughout the conversation to ensure understanding. i. NOTE: Unless an employer is self-insured / self-administered, the expert is likely the carrier or TPA.

	i) Make consistent contact but avoid overwhelming your injured workers with phone calls. Ensure your contacts are purposeful and don't feel as if you are prying or invading their privacy. Setting a diary to make contact by providing a reminder of an upcoming appointment and following up after the scheduled medical appointment can be beneficial. i. We cannot stress enough how important it is for the employer to maintain positive contact with the injured worker. The most frequent complaint from injured workers is that they don't hear from their employer. j) Ask your injured worker questions like how they are doing, what resources they need or how you can assist them. Confirm they have the resources they need to recover successfully. This is an opportunity to confirm whether transportation and translation is a need, and whether there may be any future durable medical equipment needs for the injured worker. (reference SDOH above) k) Follow up with your injured worker after physician appointments and ask specific questions about their work status and recommendations which the medical provider gave. Ask them if any treatment orders have been placed so you can be on the lookout for the Request for Authorization to avoid worsening treatment delays. l) Review their prior notes so you can reference the prior visit, asking questions such as "I know last time you said your left knee was feeling a lot worse than your right. How was that today?" This demonstrates that you not only care about how they are progressing but that you are paying attention to their progress every step along the way. m) If your injured worker expresses a complaint or concern regarding the claims process, listen with intent. Let the injured worker complete their thoughts before interjecting then repeat what they've told you to confirm to them you

	were listening to their concerns. If their complaint or concern is something within your control, let them know the specific steps you will be taking to either rectify a problem or address a concern. If what they've expressed is outside of your control, explain what you will be able to do to assist them, including who you will be partnering with for next steps. n) In every interaction, remember that your injured worker is (most likely) not a claims or medical professional. Many of the concepts involved in this process will be unfamiliar and can be very frustrating. Provide as much transparency and information as possible throughout the process; explain why certain things must be done the way they are done. And, most importantly, explain the terms and acronyms you use to ensure they understand. o) The employer should remain engaged with the injured worker even if they may not be able to return to work. p) AI is enhancing decision-making by more quickly, accurately, and consistently identifying injured workers at a heightened risk of delayed recovery. This is not meant to remove humans from the process but make them even more effective (e.g. allow short-staffed companies to maximize efficiency). Understand all of the technology built in / bolted on to the claims process and use it free up time to practice empathy.
(4) Case Management: It is often beneficial for claims professionals to engage Nurse Case Managers to assist with various functions in a workers' compensation claim. Engaging case management should not be a replacement for any of	a) A Nurse Case Manager (NCM) is a patient advocate. While they represent the interests of the employer/carrier/TPA (the party who pays them), their focus is to ensure the injured worker is treated appropriately. Ultimately, everyone's interests align because an injured worker who gets exactly what they need in a timely basis will recover faster, return to work more quickly and control costs. b) When assigning a NCM, the employer representative as well as the adjuster

the tasks of the Adjuster or Employer, but rather an additional resource to be utilized by all stakeholders in the claims process.	should explain the function of the NCM and provide their contact information, if available. The claims adjuster should be sure to introduce the NCM to the injured worker, and possibly their family, as opposed to the NCM just showing up unannounced. c) When interacting with an injured worker, the NCM should listen with intent to the injured worker's concerns, even if they aren't related to the workers' compensation claim. The goal is to establish trust ASAP so when good or bad news is shared, they know you're trying to help them. d) The NCM should work to understand the employee's needs, status, and any concerns as much as is possible in the context of workers' compensation. If the injured worker has unrelated medical concerns, the NCM should assist the injured worker where possible/feasible to obtain the proper resources and document the conversation to potentially direct to other employer resources such as EAP, Group Health, STD / LTD, etc. e) The NCM should help the injured worker understand their injury, restrictions, and treatment and recovery plan. Ask the injured worker to reiterate what the doctor/clinician told them to ensure they truly understand what it going to happen and what their role is in making it happen. f) Ensure the injured worker has realistic expectations for the process and goal of recovery AND their role in that process. If it's possible they will not regain full function, better to let them know as soon as it's suspected so they can prepare for what happens when they attain MMI. g) Provide a pathway for an injured worker to easily be assigned a new NCM if their current NCM is not meeting standards. h) Coordination between the NCM and claims adjuster is key to ensure the injured

	worker knows who to talk with at the appropriate times. At the same time, set clear boundaries so the telephonic NCM does not quasi-replace the adjuster.
(5) Resolution: When a claim is nearing Maximum Medical Improvement (MMI) or conclusion, injured workers may have some additional questions or concerns with how the process works, where to send any outstanding medical bills, etc. Strive to avoid a "closure mentality" (thinking that the only good claim is a closed claim) and instead focus on addressing any outstanding issues or questions before the claim is closed.	a) Injured workers who receive emergency room treatment may often receive medical bills several months following the initial treatment. It is important to be as proactive as possible in these situations, but many bills are lost in the system and delayed. If an injured worker advises you of this, listen to them and ask them to send you the bill ASAP and advise them of the timeline to expect to see a resolution of the issue. i. Unpaid ER bills are a prime reason why injured workers hire lawyers. b) Consider providing the injured worker with the billing address for the carrier / TPA at the time of injury. c) Encourage a coordination of other company benefits, like short term disability for wage loss, if a claim is denied. Other examples: i. Leave of Absence or Family Medical Leave for lost time, job protection and benefit rates. ii. Group Health coverage for medical bills denied under Workers' Compensation. iii. The Americans with Disabilities Act for potential accommodations.
(6) Return to Work: If an injured worker has missed work during their workers' compensation claim, it is crucial that the employer take an active role in returning the employee to work. These steps will help to ensure that a return to work at	a) Important to have job analysis available for the doctor to view when injured colleague goes for treatment. Without a detailed and written definition of the physical demands of the injured worker on the job (e.g. lifts up to 50 pounds above their shoulders throughout the day), clinicians cannot create a reliable roadmap to recovery. This job analysis should not be a secret – it should be shared with the clinicians and the injured worker as early as possible so if there are any discrepancies they can be resolved as treatment begins.

any stage of the claim is handled effectively by all stakeholders.	i. If you don't have detailed job descriptions that are consistently maintained, this can be a good first step to ensure the actual requirements of each job are well understood by all parties. b) Ask the medical provider to outline capabilities / restrictions so the employer can decide on task alignment. c) Prepare a temporary transitional duty offer letter if/when appropriate. Ensure it is written within state guidelines. Consider having a bank of light / transitional duty jobs within other departments to offer injured workers. d) Important things to consider regarding transitional duty jobs: i. A light duty job offer needs to provide for a job within a "reasonable proximity" to the injured worker's residence and should be a "good faith" offer. You cannot require the person to drive much more than they would normally drive to work, and you cannot offer a job you know they won't do (such as offering an employee with a desk job a light duty position of cleaning exterior windows). ii. Examine the employee's restrictions in detail and tailor the offer to conform to the actual restrictions. iii. Ensure that the assigned job duties are within the restrictions, including the number of hours that can be worked per day and the number of days that can be worked in a week. iv. Ensure that light duty offers are updated each time new restrictions are received from the employee's treating physician. v. Clearly outline and specify what the proposed job duties will be and do not use language such as "any other duties that are within the claimant's restrictions." vi. Ensure that the injured worker receives the light duty offer and that you have proof of receipt. Sending the offer via certified mail is often best for this reason.

	vii. Do not include vague or ambiguous language in the offer, and do not attempt a "one size fits all" approach to drafting your light duty offer letters. e) Locate a transitional work vendor to utilize when the location can't accommodate restrictions. f) Coordination with case manager to bridge communication with the medical provider and employee. g) Ensure the employer is adhering to the restrictions. Sometimes RTW involves educating the employer as much as the employee. If a doctor poses a problem to a reasonable release, invite the doctor to tour your facility and remove barriers to reasonable releases.

Advancing Advocacy - Work Comp context

General Description: Most employees who get hurt on the job have no understanding of how the workers' compensation process works. It's possible even their supervisor and colleagues don't either. And if the claims or clinical professionals with whom they interact are not prompt with a clear explanation of what comes next, that injured employee can become very confused and overwhelmed which leads to distrust and seeking an attorney to guide them. Providing context as to the work comp process with a full explanation of benefits quickly will reduce the fear and doubt of being thrust into a very complex system filled with acronyms and words they've never heard before.

Highlights

- **The importance of advocacy in workers' compensation**: Advocacy is the practice of providing clear and timely information to injured workers about the workers' compensation process, their benefits, and their responsibilities. Advocacy can reduce confusion, fear, and distrust among injured workers, and prevent them from seeking legal representation.
- **The role of the employer in advocacy**: The employer should not rely on the claims adjuster or case manager to communicate with the injured worker. The employer should have a dedicated contact who reaches out to the worker within 24 hours of the injury, coordinates medical treatment, secures work status, and explains the availability of return-to-work accommodations. The employer should also maintain regular contact with the worker and show care and concern.
- **The challenges of modified duty and waiting periods**: Injured workers may not understand what modified duty means or how it will affect their work and income. The employer should explain how the accommodations will work and what the employer expects from the worker. If the employer cannot accommodate the restrictions, the worker should be informed about the state waiting period and the indemnity benefits. The employer should also allow the worker to use any paid time off to supplement their income if possible.
- **The issue of emergency room bills**: Injured workers who receive initial medical treatment at an emergency room may receive bills in the mail before the workers' compensation claim is created. This can cause unnecessary stress and frustration for the workers and may lead them to hire an attorney. The employer should explain the billing process to the worker and ensure they know where to send any bills they receive. The employer should also provide the billing address to the worker before the trip to the ER if possible.
- **The injured worker's role in the process**: The injured worker should also be proactive and informed about their role in the workers' compensation process. The worker should understand the severity of their injury, the contact information and

role of the claims and clinical team, the option of getting an attorney, the need to keep a folder with all the medical bills and mileage forms, and the responsibility to communicate with the employer and the carrier.

- **The impact of litigation on advocacy**: Injured workers may decide to get an attorney because they feel anxious or mistreated by the system. This can complicate the communication and collaboration between the worker, the employer, and the carrier. The employer should know what they can or cannot say or do based on the state regulations and the advice of the defense counsel. The employer should also continue to engage the worker as a member of the employer's family and show empathy and support.
- **A Work Comp Guide is useful for everyone**: Injured workers are not experts in work comp, but neither are supervisors or management either. Making an easy-to-ready Guide widely available that explains the work comp process (unique for each employer, unique for each jurisdiction) will help reduce mistakes from misunderstanding and properly set expectations.

Description	Action Items
(1) Advocacy starts with the employer, who should not just outsource that responsibility to their claims adjuster or case manager or clinician.	a) A dedicated employer contact should reach out to the employee within 24 hours of a reported claim to guide them through the early steps of the claims process (coordinating medical treatment, securing work status, etc.) b) Ask the supervisor to reach out to the worker immediately after the injury and periodically thereafter to demonstrate the employer cares about their employees.
(2) When an injured worker is given modified duty restrictions, they may not understand what this means or how it will impact their work.	a) The employer should introduce the availability of return-to-work accommodation prior to injuries. b) If the employer can accommodate restrictions, a dedicated contact should reach out to the injured worker to explain how the accommodations will work (whether they are being temporarily placed in a different job function or having duties reduced or limited) and the employer expectations regarding

	their modified duty work. c) If the employer is unable to accommodate restrictions, a dedicated contact should reach out to the injured worker to explain that they will be considered "off work" since restrictions cannot be accommodated. The contact at the employer should explain any relevant state waiting period at this time and provide information regarding indemnity benefits and RTW options. i. If the employer is in a guaranteed cost program or their contact does not have claims experience, this is better left to the adjuster.
(3) If an injured worker is placed off work for an amount of time less than the state waiting period, they are likely to be confused and even frustrated by their ineligibility for indemnity benefits.	a) If the injured worker has any paid time off available, a best practice is to allow injured workers to use this to supplement time missed from work not eligible for payment under Workers' Compensation. This should be explained to the injured worker in these situations. i. NOTE: An injured worker cannot be required to use accrued benefits. But if it's an option, it should be relayed to them to defray the financial hardship of being out of work. b) It is important to explain to injured workers that the waiting period is not an employer policy but is set by the state's Workers' Compensation statute. c) So many injured employees are living paycheck-to-paycheck, explaining limitation of benefits and the RTW process to dispel as much of the confusion as possible. d) Provide wages to the carrier / TPA timely to facilitate prompt and accurate payment of indemnity benefits.
(4)	a) When the employer contacts the injured worker after Emergency Room

If an injured workers' initial medical treatment for a workplace injury is at an Emergency Room, it is likely they will receive bills in the mail as the treatment often happens before the Workers' Compensation claim has been created with the carrier / TPA.	treatment has been rendered, the employer representative should explain the billing process to the injured worker and ensure they know where to send any bills they receive so that these bills can be paid. This will avoid unnecessary stress and surprises. b) An even better practice – Provide the employee with the billing address prior to the trip to the ER in non-emergency cases. c) Work with the carrier / adjuster to develop a process to ask if an employee paid bills or presented their insurance card. This conversation should be part of the initial contact. The adjuster should try reverse the billing issue if possible. d) Workers often hire attorneys when ER bills are unpaid. Employers / carriers might consider paying the ER bills (in states that do not have pay / prejudice provisions) to reduce the likelihood of litigated claims.
(5) Because the injured employee has likely never been involved in the work comp system before, helping them understand their role in the process will further alleviate their loss of control of their circumstances. Equipping and empowering them with things they can do creates buy-in to the process.	a) Understand the severity of the injury. Is it traumatic, catastrophic or minor? b) Will I return to work soon or will this injury affect me long-term or even permanently? c) Know the contact info and role on the claims and clinical team. If they're not responsive, know to whom issues can be escalated. There should be a primary contact, and request one if not clearly identified. d) If I decide to get an attorney, notify your employer / insurance company immediately. e) Keep a folder with all medical bills or mileage to doctor or PT/ OT appointments. Forward them to your attorney or Case Manager. Bills and other

	reimbursement requests should be forwarded to the adjuster to ensure timely processing.
(6) What happens (for the employer) when an injured worker gets an attorney.	a) Employers are somewhat anxious in dealing with attorneys. Usually, attorneys get involved because the injured worker is anxious in dealing with a system they do not understand and are not receiving an appropriate amount of communication or collaboration from their employer, carrier / TPA, case manager, physician, or others. b) Anxiety leads to fear which leads to assumptions which leads to poorer outcomes due to inaccurate information. c) The goal is to serve injured workers so well that they do not feel compelled to secure an attorney to protect them. d) However, if they do become represented, know what you can / cannot say or do based on state regulations and apprise them of their rights. Limit all discussion to work and their recovery process. Check with defense counsel and/or H/R to identify exactly what topics can be discussed. e) Litigation is not an end to communication. Continue to engage the worker as a member of the employer's family.
(7) There is a lot of paperwork involved in the workers' compensation claims process, and for injured workers who don't typically handle and organize paperwork this can feel overwhelming.	a) Recommend to your injured workers that they maintain a folder with all paperwork related to their claim. b) Recommend they include any communications from the carrier / TPA, doctors' notes, mileage forms, state forms, and the payment stubs from any indemnity benefits they receive.

	c) If possible, provide the employee with a physical folder labeled with their name, the date of their injury, and their claim number for this purpose.
(8) How can employers dispel confusion and apprehension that might lead to an attorney.	a) Continue to engage them and make them feel appreciated and part of the team. Invite them to parties, either in-person or virtual. Supervisors should regularly call and check in. Managers should make an effort. b) A clear explanation of benefits can reduce the need for an attorney unless they're being mistreated. c) So … Don't mistreat them.

Advancing Advocacy - Quality Medical Provider Communication

General Description: Health care providers - doctors, physician assistants and nurse practitioners - caring for injured workers are charged with defining injury based on the mechanism of injury and communicating recommendations for return to work. As a group, health care providers are a frequent bottleneck in this system. Doctors are poorly trained in the nuances of the Worker's Compensation system [1]. In fact, this issue is cited as the number one problem causing delays in return to work [2].

Other frequent issues cited by experts include: [1]

- Problems with patient communication and engagement
- Limited use of evidence-based treatment guidelines
- Failure to incorporate return-to-work practices into the treatment plan

Quality communication is essential to building a sense of advocacy for workers' compensation systems. Advocacy involves communicating more effectively with the injured worker from the very first interaction. It also should include a focus on incorporating transparency into the processes of workers' compensation process. And finally, quality communication in this space should help to frame expectations and make coordination between stakeholders more effective and comprehensive.

Highlights

- **The problem of poor communication in workers' compensation**: Health care providers often lack the skills and knowledge to communicate effectively with injured workers, employers, and claims adjusters, leading to delays and dissatisfaction in the workers' compensation system.
- **The benefits of quality communication and advocacy**: Quality communication can foster a sense of advocacy for the workers' compensation system, by providing clear and timely information, transparency, and expectations to the injured worker. This can improve outcomes, reduce adverse events, and increase customer satisfaction.
- **When an injury benefit claim denial is appropriate**, transition the worker to any other available employer-sponsored benefit programs.

Description	Action Items

(1) Improve the timeliness of communication and ability to share information between all parties. • This focus can help to decrease days of lost work by reducing lapses in communication. Faster, more accessible communication will also help to improve "customer satisfaction" with the process.	a) Utilize technologies such as portals, websites, and push technologies to improve speed of communication and remove points of friction. i. Need to ensure that there is a follow-up mechanism should the adjuster not interact with the technology in a timely manner. Need to be clear about expectations for what is considered "timely." b) Evaluate processes for approval of diagnostic testing / procedures / interventions by claims handlers. Consider using the telephone when trying to address an urgent referral. c) Early Intervention: i. Set expectations with and responsibilities of the injured worker. ii. Provide all contact information for case manager and claims examiner. 1. **Not all files will have case managers nor should they**. The case manager should not be required to be the middleman. It is important that the injured worker have direct access to medical providers. The optics of doing otherwise are not good for any of the stakeholders. It is also important that we keep the adjuster function separate from the case management one. Doing otherwise limits the effectiveness of case managers. iii. Advise the injured worker to call / email with all questions / concerns with the goal being that the case manager can address the issues with the appropriate parties. iv. Case Manager and/or claims examiner responds to injured worker within 24 business hours for non-emergency issues. v. Coordinate with treating provider, claims examiner and employer options for return to work prior to each office visit. vi. Update claims examiner, employer and counsel (if applicable) within 24 hours post appointment with work status and treatment plan.

	vii. Communicate with injured worker the return to work and treatment plans after each office visit. viii. Coordinate return to work with employer and claims examiner once treating provider gives the release to return to work. ix. Provide vocational assistance immediately if released from employment or unable to return to previous job.
(2) Evaluate and improve the quality of communication with the injured worker.	a) Review terminology used in verbal and written communication with the injured employee. i. Avoid terms like "adjusting", "examining" and "investigating." ii. Avoid using industry-specific language or acronyms. iii. Change from the term "light duty" to instead be "temporary transitional duty" … This provides more creativity and openness to what the interim job duties might entail. iv. As the language evolves to something more approachable and transparent, ensure honesty among all parties about what will / will not take place. Being perceived as dishonest does not breed trust. b) Encourage communication from a "non-claims handler" to check in with an injured worker regarding satisfaction and barriers with the process. c) Early communication with the injured worker on what to expect in the process, how to navigate the claim, a specific person to contact with questions at any time. Written or electronic resources can be made widely available. i. Create a goal to have the first call by the employer to the injured worker within 24 hours of the injury. d) An example of templates for early communication is used by the Tennessee BWC. Interestingly, the insurer is required to send this to the injured worker within two business days of receiving notice of a work-related injury. [3]

	e) Case Manager to mail / email introduction letter to injured worker, attorney (if applicable) and treating provider within 24 hours of receipt of the file providing contact information. f) Assess educational level and possible psychological issues at initial assessment to assist with ongoing communication. g) Ensure the injured worker understands the medical terms being used, the treatment plan and the role they play in recovery. Lack of medical literacy can be a problem and going to "Doctor Google" can create more problems than it solves. For example, if they've never had surgery that unknown could be scary. Do not assume they know what PT is, or the concept of prehab or rehab, or the weaning plan for post-surgical pain medications. i. This can be the role of the medical provider, the case manager (as their advocate), and/or even the claims adjuster ("this is what the doctor has said is upcoming, do you have any questions"). ii. After listing what is going to happen, find ways to gauge their level of understanding and buy-in.
(3) Create systems for multidimensional flow of communication, as opposed to authoritative unidirectional communication as has historically been the model. Studies have shown that "efforts to improve the qualities of communication—	a) When an injury benefit claim denial is appropriate, transition the worker to any other available employer-sponsored benefit programs. i. NOTE: Always have a "Plan B." Small employers don't necessarily have other employer sponsored benefits programs. The employer knows what they have available, but the carrier / TPA may not. Discuss all of the various options available for each particular employer and create a customized list of paths available.

towards more interchange, direct contact, placing greater value on the information and opinions of each party involved—have led to improved outcomes, fewer adverse events, and fewer requests for unnecessary services, demonstrated across a range of conditions." [4]	b) Utilize anonymous questionnaires to measure injured worker satisfaction and sense of "psychological safety." c) Review processes to incorporate feedback from questionnaires and responsiveness.
(4) Build awareness of the expectations communicated to injured workers at all stages of care and the return-to-work process. • "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." (Maya Angelou) • Expectations are communicated through verbal and nonverbal communication. • Studies from education research have shown that "Communicating low expectations has more power to limit student achievement than communicating high expectations	a) Work with health care professionals and educate on the power of framing expectations. i. Framing expectations apply to all stakeholders. If an employee knows that his / her employer has a modified duty program before they are injured, modified work should not come as a surprise after injury. If an adjuster outlines what is needed to authorize an MRI and how it will be scheduled, the employee will be reassured about the process. b) Utilize training to improve language used by claims adjusters, managers and organizational points of contact with injured workers to build awareness of expectations and shared goals. c) Adjuster training is not just about language. It's also about accessibility, responsiveness, timeliness, etc. d) Review language used in written communication with injured workers to anchor and frame expectations. e) Is the medical provider helping the injured worker identify and address secondary concerns like smoking cessation, nutrition, weight loss and medications? If not, determine a way to clearly but kindly explain what the injured worker can do for themselves to promote recovery.

has to raise student performance." [5] • "Clinicians influenced their patients' understanding of the source and meaning of symptoms, as well as their prognostic expectations. Such information and advice could continue to influence the beliefs of patients for many years. Many messages from clinicians were interpreted as meaning the back needed to be protected. These messages could result in increased vigilance, worry, guilt when adherence was inadequate, or frustration when protection strategies failed. Clinicians could also provide reassurance, which increased confidence, and advice, which positively influenced the approach to movement and activity." [6]	

Advancing Advocacy - Early and Consistent Engagement

General Description: Early and consistent engagement means ensuring you are taking an active role in your injured workers' claims from start to finish. Early engagement involves not only being in contact with your injured workers quickly after an injury but also being engaged with employees prior to an accident occurring. Consistent engagement means remaining aware of your injured worker's status throughout the claim and checking in with them at crucial touch points throughout the claims process. Note that much of this document is from the employer's perspective, but there are best practices included that can help all stakeholders.

Highlights

- **What is early and consistent engagement**: Early and consistent engagement means taking an active role in the workers' compensation claims of injured workers from start to finish.
- **Why is early and consistent engagement important**: Early and consistent engagement can help employers reduce claim costs, improve injured workers' satisfaction and recovery outcomes, and facilitate return to work.
- **How to engage with employees before an accident occurs**: Employers should ensure that all employees are aware of the incident reporting process, the workers' compensation process, and their expectations and roles in case of an injury. Employers should also provide training and resources to supervisors and managers on how to handle injuries.
- **How to engage with injured workers at the intake and triage stage**: Employers should ensure that they are notified of injuries as soon as possible, provide contact information of the internal workers' compensation contact person and the claims adjuster, and provide billing instructions to the medical provider. Employers should also make telephone contact with the injured worker within 24 hours and determine their preferred communication method.
- **How to engage with injured workers during the claim handling stage**: Employers should follow up with the injured workers after each medical appointment, assist in moving their appointment dates up if needed, reach out to them before long gaps between appointments, and ensure they understand their indemnity benefits and return to work options. Employers should also strive for quick turnaround with injured worker communications and ensure there is a direct line of communication between all parties involved in the claim.
- **How to engage with injured workers at the resolution stage**: Employers should reach out to the injured workers as soon as they are returned to full duty and placed at maximum medical improvement, explain the process and the implications of any permanent partial impairment, and address any questions or concerns they may have.

Description	Action Items
(1) Pre-Loss: Engage with your employees before an accident occurs to ensure that if / when a workers' compensation claim arises, they are set up for success and understanding throughout the claims process.	a) Ensure all employees are aware of the incident reporting process. This training should also incorporate an injured employee's active expectations should an injury occur. The more they hear it, the smoother the process will go. Their job now becomes recovery from injury (attending appointment, participating in home exercise programs, communicating with the employer / adjuster, etc.) b) Address the WC process in employee handbook(s) and on company intranet. Also, consider video or on-demand training as a way to visualize. c) Ensure that supervisors know the process so when an injury occurs, they can swiftly get the process started. Offer training on that process (beyond the document) if appropriate. d) Annual (or more often) training on what to do in case of an injury.
(2) Intake and Triage: There are multiple ways to engage with an injured worker to ensure they feel supported through their injury. Ensuring an efficient claims reporting process helps to ensure all necessary parties are informed and assist the injured worker as soon as possible.	a) Ensure your internal workers' compensation contact person is on any distribution lists for claims reporting to ensure quick notification of injuries. i. Consider using a generic WC email address that can be pointed to the correct contact as employees come and go. b) Identify a backup in case the internal WC contact is absent / unavailable. c) Ensure that telephonic notification takes place in real time on catastrophic losses. d) Provide your internal workers' compensation contact person's information when providing the injured worker with important claim information.

	i. A pre-filled form or business card can help ensure this is quick and easy for the injured worker to use. e) Include billing instructions to the provider to prevent them from requiring contact with employer to verify paid time off or requiring personal insurance card from injured worker before treatment.
(3) Claim Handling: These actions are focused on the day-to-day handling of the workers' compensation claims for your injured workers. These actions should cover the bulk of the work done throughout the life of a workers' compensation claim and cover things such as initiating benefits, following up on doctors' appointments, and facilitating return to work.	a) Make telephone contact with your injured worker within 24 hours of any injury being reported. i. In this conversation, determine the preferred contact method for your injured worker for regular communications. Make note of this so that you can "meet them where they are" and communicate in a method that works for them (text, phone calls, emails, etc.) ii. Provide information in the initial conversation regarding medical evaluation / treatment with an authorized treating physician. iii. Keep in mind that some information may not be appropriate for some forms of communication (e.g. confidential info via e-Mail or text). b) If the employer has an RTW program but the injured employee is unable to work, explain this to them. Let them know the goal is to work with the injured employee to return them back to gainful employment. Let the injured employee know we all (them included) have a role in achieving this goal together and their role is attending appointments, participating in therapy, etc. c) If possible, make contact, preferably telephonically, more quickly for severe losses. If the injured worker is in serious condition, reach out to a family member. d) Follow up with your injured workers after each physician's appointment; ask them how their appointment went and if they have any questions.

	e) If your injured worker has a significant wait between medical appointments, reach out to them one to two weeks before the appointment. This is an opportunity to check in and to remind them of their upcoming appointment. f) Assist in moving the worker's appointment dates up, especially in cases where there is a long wait time to see a specialist. Call the specialist to see if there have been cancellations so that the injured worker can be seen sooner. g) Reach out to your injured workers once any indemnity benefits have been initiated to ensure they have spoken to their claims representative about their benefits (amount, frequency, method of payment, etc.) If they have not had this conversation, answer any questions you are able to and follow up to ensure the claims representative contacts the injured worker. i. Remind them of any RTW accommodations available. ii. NOTE: Waiting until the first indemnity benefits have been paid could be late in the process. First, it assumes that benefits have been started timely and second, it's better to know sooner rather than later that the adjuster has not completed initial contacts timely. Preferably, tie the follow-up contact to the date the claim was reported. h) Strive for quick turnaround with injured worker communications; if they reach out to you, work to make your response a priority within one business day. i) Ensure there is a direct line of communication between all parties involved in the claim (injured worker, adjuster, case manager, medical providers). j) Technology like downloadable apps and self-service bots can be very useful and a way to accelerate the delivery of clear information. However, not everyone (especially injured workers) is willing to download an app or use technology.

	i. Whether technology is available or used, it should never supplant human interaction if that is the most effective or desired method. k) How much and the subject matter of communication between the claims administrator and the injured worker is often dictated by the jurisdiction. However, the employer should not shut down communication because then an injured worker feels ignored or disrespected, they will often seek an attorney to fill that void.
(4) Case Management: It is often beneficial for claims professionals to engage Nurse Case Managers to assist with various functions in a workers' compensation claim. Engaging case management should not be a replacement for any of the tasks of the Adjuster or Employer, but rather an additional resource to be utilized by all stakeholders in the claims process.	a) Regularly follow up with Nurse Case Managers on status of referrals, next office visits, treatment plans, and work status. b) CM is a collaborative process with multiple components and interventions requiring all parties MD, Patient, Claims Representative, Employer and Attorney (if applicable) involved. c) CM initial referral assigned within one business day for task and full medical files. i. Catastrophic files hospital visits same day (no later than 24 hours after assignment) ii. Acute, Subacute or Maintenance d) Initial four-point after each appointment contact includes injured worker, attorney, employer, provider, and adjuster. i. Introduction letter to injured worker / attorney (if presented determine states laws for CM involvement) within 5 business days of assignment. ii. Updates to adjuster after each appointment make a call to update or email what happened at the appointment that day. Updates after each appointment no later than 24 hours. iii. This may need to be addressed with the TPA / carrier. Some TPAs /

	carriers don't allow the CM to follow-up with the employer. This likely needs to be addressed in the special handling instructions. e) Initial report within customer mandated timeframe, 14- or 30-day calendar. f) Progress reports within the mandated timeframe of 7, 14 or 30 days. g) Closure report within 24 hours or at customer mandated timeframe. h) CM to coordinate care with service providers based on Panel of Physician or if no panel, CM to find the appropriate MD to address diagnosis / treatment. i. This should include ancillary providers – PBM, diagnostic network, PT network, DME, etc. It's helpful to provide these contacts along with the panel, if applicable, at the time of the assignment. This can help reduce delays. i) CM to work with claims adjuster and employer to return to work full duty, modified duty or transitional work. j) CM to coordinate with all parties until the injured worker reaches maximum medical improvement (or the term in each state that defines when the injured worker's functional condition has been restored as much as possible). k) If an injured worker has a loss, CM is to coordinate functional capacity evaluation for impairment and workability. This is only applicable if it's ordered by a provider or the carrier / TPA. l) NOTE: FCEs are somewhat subjective based on the level of participation the worker chooses to bring to the evaluation. Do not discount the physician's evaluation, especially if the physician has proven to be competent with fast RTW times.

(5) Resolution: When a claim is "wrapping up," injured workers may have some additional questions or concerns. Strive to avoid a "closure mentality" (or thinking that the only good claim is a closed claim) and instead focus on *resolving* the claim in full and ensuring no unanswered questions remain before the claim is closed.	a) If a claim is resolved by the injured worker being returned to full duty and placed at Maximum Medical Improvement, reach out to them as soon as this determination has been made. Explain your process for returning the employee to full duty work if they have not already returned and advise them the claim has resolved. b) If the injured worker is placed at MMI with any level of impairment but is still returning to full duty work, ensure they understand the concept of permanent partial impairment.
(6) Return to Work: If an injured worker has missed even a single day of work during their workers' compensation claim, it is crucial that the employer take an active role in returning the employee to work. These steps will help to ensure that a return to work at any stage of the claim is handled effectively by all stakeholders.	a) When your injured worker begins losing time from work, immediately explain the jurisdiction waiting period for indemnity benefits and any processes your organization has in place to fill the gap, if applicable. This may be best done by the claims adjuster. b) When your injured worker begins losing time, also explain your organization's return to work process. This should be included within the scope of the WC process documentation as made available in an employee handbook and/or company intranet. c) Once your injured worker is given restrictions that can be accommodated, explain your organization's approach to restricted duty to the injured worker. Provide them with the start date of their restricted duty assignment and their schedule both verbally and in writing. i. This needs to be consistent with any statutory requirements. d) Reach out to your injured worker after their first day of restricted duty and ask them how they felt after completing their shift; address any concerns they may

	have. i. Be aware that some workers don't want to RTW. Encourage them to bring questions to their provider to increase potential buy-in. e) If your injured worker remains on restricted duty but has their restrictions advanced (such as being able to lift heavier amounts or extend their range of motion), reach out to them and explain how this will impact their job function in their restricted duty capacity. f) Once your injured worker is returned to full duty, whether from restricted duty or off-work status, reach out to explain this and ensure any questions are answered. Provide your injured worker with their return-to-work date and schedule, even if it unchanged from their pre-injury schedule, verbally and in writing.

Advancing Advocacy - Eliminate Barriers to Care

The key is focusing all system participants on the common purpose of "recovery from the injury." Each has an active role in this regard, including the injured employee. Eliminating barriers most importantly includes using open and honest communication of resources.

General Description: The barriers to care include:

- Psychological (depression, anxiety, preexisting)
- Co-morbidities
- Education Level / English proficiency
- Severity of injury (catastrophic – psych)
- Impression of employer (perception of risk dept / insurance company)
- Family, Co-workers, Attorney involvement
- Trust

Highlights

- **Types of barriers to care**: There are several barriers to care, such as psychological, co-morbidities, education level, severity of injury, impression of employer, family, co-workers, attorney involvement, and trust.
- **Action items for overcoming barriers**: Using open and honest communication, provide education and resources, identify issues early, coordinate care with appropriate parties, set expectations and accountability, build rapport and trust, and simplify the information and process.
- **Role of a case manager**: To coordinate care between the injured worker and the treating providers, adjuster, attorneys, physicians, therapist and ancillary services. The case manager also provides updates, requests approvals, reviews orders, clarifies medical information, and coordinates return to work.
- **Injured employee handouts**: Employer can provide an FAQ document and state-specific handouts that provides key information to an injured employee after their occupational injury. The information includes what is workers' compensation, what is the process, what are the benefits, how to ask for assistance, and how to contact a member of the advocacy team.

Description	Action Items
(1) Psychological (depression, anxiety, preexisting)	a) Employer process with guiding employee – internal resources. i. EAP, Disability Insurance, Occ Health b) Educate the claims team on all available resources and make them easily accessible. c) Important to communicate early / fully with TPA, carrier, Case Manager d) Identify issues early, coordinate with appropriate dept (HR). i. Create process on how to manage (internally)
(2) Education Level	a) Explanation verbal and written – visual that spells out all details of claim, process, next steps, rights – pictures, videos, or illustrations to help anyone understand. i. Reference "Injured Employee Handout" below b) Communicate in the employee's preferred language. If needed, translate written materials into non-English languages. c) Recognize that empathy may need to be demonstrated differently in other languages or to people from other cultural backgrounds. In the case of monolingual non-English speakers, ensure that not only paperwork is in their native language but everyone with whom they speak is as well. Nothing create distrust faster, creating obstacles, that either not understanding or feeling as though you're not being understood.
(3)	a) Early intervention. Access to the right care at the right time is key to reducing

Catastrophic Injuries	the long-term effects of a catastrophic injury. Recognize the medical needs but also other issues that might impact their effectiveness and ensure all stakeholders are engaged and empowered to move things quickly. b) Identify psychosocial concerns. c) A consistent process is necessary for all claims, especially catastrophic claims. A consistent process assures the injured worker that he/she is not being treated differently than other injured workers.
(4) Impression of employer (perception of risk dept / insurance company)	a) Communication is the key to breaking this barrier. b) Employee guide i. Reference "Injured Employee Handout" below
(5) Family / Co-workers	a) Involve family members in appointments / therapy if the injured worker is willing to include them. Always ask for permission but even the offer can generate goodwill as it will be obvious, you're trying to ensure their needs are met. i. However, be careful not to allow the family member to drive the claim. While their focus should be the wellbeing of their relative, this can bring in other motivations as well. b) Remind system participants of our common goal (recovery from injury). Set expectations, discuss barriers / concerns, and hold all accountable. c) Often, the supervisor and/or co-workers lose contact with this person who, before the injury, was an integral part of work and recreational activities. Encourage the employer, and especially those who are work friends, to stay

	engaged with the injured worker. Letting them know they're still part of the team with a desire for them to return to work as quickly as possible is an easy but important thing to do. d) If the injured worker has an attorney, reach out to them and see if they have any issues with you communicating with them. Some attorneys do not want the worker to speak to the adjuster or NCM.
(6) Trust	a) "Trust takes years to build, seconds to break, and forever to repair." b) Building a level of trust early on … Trust can be won or lost during the initial moments after the injury / illness occurs by how the employer and their claims team / partner responds. c) Ways to build trust … be truthful, forthright, and create an open dialogue. And be timely and complete in responses to inquiries (within one business day if possible). d) Do what you say you are going to do when you say you will do it. And if anything changes, communicate (in the injured worker's preferred manner) early and often to prepare them for the coming alternatives. e) Set expectations for all stakeholders / participants in the recovery from injury and ensure there is follow-through on all commitments (or a detailed explanation for why it changed).
(7) How to overcome objections	a) Identify objections and allow the employee time to fully outline his/her objections. Listen carefully and take notes.

	b) Identify possible solutions. Discuss with the employee and obtain buy-in. c) If the employee wants something that cannot be done / is not addressed by the WC system, tell him/her what is possible to address his/her objection. d) Listen, empathize, and look for win-wins; Build rapport and trust early on with clear, accurate, and trustworthy communication. e) Let your no be no and your yes be yes. Don't flip back and forth, but if you do have to change be sure to clearly explain the reasons behind it so they don't feel as though you're being random in your decision-making process. f) Admit any mistakes and explain the solutions. The easiest way to destroy trust is to try and hide what may have gone wrong.
(8) Simplify the information and process	a) Everything should be written at an 8th grade level. Another option can be video in various languages as some people learn / comprehend better visually than in written form. b) Case Manager (CM) - Role is to coordinate care between IW and treating providers, adjuster, attorneys, physicians, therapist and ancillary services (MRI, X-ray, etc.) to achieve goals and expected outcomes. This may include coordinating care for compensable injury and communicating unrelated conditions with provider and injured worker. c) Initial contact with IW - CM introduces themselves and explains their role as case manager. CM is to schedule appointments, obtain approvals for treatment, provide IW and family/significant other education concerning treatment and diagnosis, oversee plan of care with all providers, serve as an advocate/support in the healthcare system, insurance company and other

	payers. d) CM & Physician - Meet / contact treating providers to determine treatment plan and goals at each appointment. Assess any changes to the plan of care. CM to review orders for treatment and coordinate with all service providers to assure care is received. Clarify medical information, diagnosis and treatment based on guidelines (e.g. ODG). e) CM & Adjuster - Provide updates to all parties to the claim, but especially the claims adjuster, after each appointment within 24 hours. Provide documents obtained from physician visits to adjusters. Request approvals for treatment. Discuss return to work restrictions, referral to vocational services, job analysis. f) CM & Therapy - Physical, Occupational, Speech schedule with service providers, provide orders to facility. Assess to determine if objectives are being made / documented. In some instances, the CM can contact the physician(s) to discuss treatment plan alternatives, if needed. g) CM & Attorney - Make contact within one day of assignment or upon notification of plaintiff counsel involvement. CM to provide Defense and Plaintiff counsel with updates after each visit. h) CM & Employer - Obtain job description from current employer and forward to treating provider and therapist. Provide updates to employer after each appointment / activity or what is documented in the special handling instructions per client. Coordinate return to work full duty, or transitional plan with progressive reduction of physical restrictions until full duty. i) CM & Social Worker / Discharge Planner - IW admitted to hospital for surgical treatment. CM to coordinate discharge plans for DME, Skilled nursing care, Therapy. Coordinate follow-up visits with all treating providers.

(9) Overcoming "systemic" barriers to care	a) When an employee is injured, be able to quickly provide authorization letters for initial treatment to avoid unnecessary delays or frustration. b) If a particular treatment requires review for approval, communicate this to the injured worker and give them an estimated timeframe for a decision. c) If the first choice for a treating physician (when employer is directing care) does not have availability within two weeks (or sooner, based on the medical needs and jurisdictional requirements), research alternative options who may have sooner availability. If availability continues to be a problem, work with the various stakeholders so delay in care does not repeat. d) Avoid unnecessary use of Utilization Review / Management. Note this is very state-specific – some states require UR/UM, others allow and still others do not provide it as an option. Though these can be beneficial, there are often times the treatment requested is clearly documented and reasonable / necessary. e) Beyond the process of UR/UM, use resources to remove all unnecessary barriers to care. Every state has unique regulations but often "real life" ways of creating friction (possibly unintentionally) and making access to care more difficult. f) When utilizing vendors for coordination of care (such as for physical therapy and diagnostics), explain this to the injured worker in advance. Advise them they will receive communications from the vendor(s) regarding their care. i. Provide a list of all vendors involved, with contact info and their specific role, for easy reference. g) Educate employees prior to injuries occurring. Provide a resource card or text

	correspondence to offer upon report of a claim explaining steps to prompt care with billing detail for providers.

Advancing Advocacy - Patient Focused Medicine

General Description: The focus on individual outcomes with patient-focused medicine (as opposed to population outcomes) has been shown to:

1. Improve satisfaction scores among patients and their families
2. Improve resource allocation
3. Reduce expenses across the continuum of care

Follow the advice of William J. Mayo: "The best interest of the patient is the only interest to be considered." All stakeholders in the workers' compensation system can reframe perspectives and actions to patient-focused medicine that promotes healing from the injury / illness. In so doing, "workers' compensation carriers can not only gain a competitive advantage but also play a more integral role in employee health and productivity." [1]

Highlights

- **Patient-focused medicine benefits**: Patient-focused medicine improves satisfaction, resource allocation, and expenses.
- **Transparency and communication**: There should be full transparency and timely delivery of information among all stakeholders, using portals, websites, and push technologies, as well as verbal communication and empathy.
- **Collaborative and accessible care**: Care should be collaborative, coordinated, and accessible, with clear steps to seek authorization and reduce points of friction in the treatment process.
- **Physical and emotional well-being**: Physical comfort and emotional well-being are top priorities, and a psychologically safe work environment can help workers report injuries, cooperate during the claims process, and return to work more quickly.
- **Patient and family involvement**: Patient and family should always be included in decisions and have periodic contact with someone who can check on their progress and answer their questions.
- **Bio-psycho-social treatment model**: The injured worker should be addressed as a whole person, with attention to their broader issues and needs, and the language and attitude used should be approachable and understandable.

Description	Action Items
(1)	

There should be full transparency & timely delivery of information.	a) Encourage utilization of portal-type systems with real-time sharing of documents including physician notes, RTW forms, job description, etc. b) Employers, injured worker, clinician(s) and adjuster / Case Manager should all have access to portals for sharing of information. i. NOTE: Be careful of sharing medical information that is beyond the scope of Work Comp, especially if the injured worker was a patient with this provider / in this portal before the occupational injury. While context can be helpful, a claims adjuster and case manager likely should not have access to information beyond the treatment of the compensable injury / illness. c) Improve communication specifically related to expectations, actions needed, and next steps for recovery from the injury and return to gainful employment in a manner that is easy to grasp and understand. d) The role of the medical provider is key to clarity and consistency. For example, comparing the mechanism of the injury to the symptoms to define the injury. If other conditions exist, the provider needs to set the expectations with the injured worker and help orchestrate the care under the appropriate remedy. A lot of disruption occurs when this step is missed or ignored by the provider which generates disputes, miscommunication, frustration and a lengthy process to remedy. e) Include use of portals, websites, and push technologies to improve the speed of communication. i. If that is not possible for technological or logistical reasons, ensure there are alternative non-tech options for prompt and clear communication among the stakeholders. ii. A human touch is helpful in an advocacy model to eliminate misinterpretation and allow for 2-way conversation to derive solutions.

	While adoption of technology is important for a multitude of reasons, it cannot provide empathy and connection in the same way as a person. f) Consideration should be given to ensuring that the injured worker understands the medical information being delivered. It is important that we confirm understanding and provide the injured worker with the opportunity to ask questions and obtain answers.
(2) Care should be collaborative, coordinated, accessible.	a) Communicate necessary steps to seek authorization with the injured worker. That knowledge eliminates misinterpretation and offers comfort in the injured employee's understanding of timeframes and expectations. b) Review and adjust systems and processes to decrease points of friction in authorization of care that will reduce time waiting for procedures / next medical steps. An outsized contributor to delayed recovery is delayed access to the right treatment. Anything that can be done to expedite review of medical appropriateness (depending upon the jurisdiction) for a faster decision will increase the possibility of return-to-work. c) Encourage use of portals for real-time information sharing. i. Never underestimate the power of the telephone for time urgent matters. Contact info for the claims adjuster and nurse case manager should be readily available to the clinician (desk phone, cellphone, texting). ii. A portal should not replace verbal communication if necessary and warranted. An advocacy model should be adaptable and flexible to the needs of each specific situation. d) Make contact information readily available for stakeholders including the adjuster, employer, clinician(s), case manager, and the injured worker to

	facilitate collaboration.
(3) Physical comfort and emotional well-being are top priorities. Studies have shown that in a "psychologically safe" work environment, workers are more likely to report injuries promptly, cooperate during the claims process, and return to work more quickly.	a) Include measures of "psychological safety" as a key performance indicator for injured workers. i. This can include the use of regular surveys to measure a sense of safety. ii. Anonymous post-interaction surveys can help encourage open and honest feedback. b) For a psychologically safe environment to exist, individuals need to also understand for what they are accountable. For recovery from their injury, employees are now accountable for attending appointments, participating in physical therapy, etc. c) Measure employee satisfaction with the claims process. That includes the medical provider(s), employer, carrier / TPA, case manager … everyone with whom they interact.
(4) Patient & family should always be included in decisions.	a) Periodic contact with the injured worker and family (perhaps, by someone with no benefit claim decision-making authority) to see how they are doing and confirm understanding of the claim process. b) If possible, have ongoing communication be the same person checking in periodically as it decreases confusion on the patient's side and helps build a rapport.
(5) Address the injured worker as a "whole	a) Change the language and attitude used to communicate with injured workers. Be approachable and understandable but not condescending or dismissive (of

person" thru a bio-psycho-social treatment model.	their concerns / lack of understanding). i. Avoid terms, like "adjusting", "examining" and "investigating." b) When an injury benefit claim denial is appropriate, help transition the worker to any other available employer-sponsored benefit programs. c) Claims handlers can check in on broader issues for the injured worker, including financial status, the quality of their relationships, and other stressors in their life that may influence the path towards successful outcomes. d) Train all system participants to approach injured employees like they would a consumer in other business contexts. This focus can help to reframe a focus on creating a positive experience and recovery as opposed to cost containment.

Advancing Advocacy - Measurement

General Description: "You cannot manage what you cannot measure." Organizations must identify the data or metrics that help define success and failure then measure in real-time or at least regular intervals. Remember, data and metrics are often proxies for a successful program. Identifying all the important data that will help measure performance in a real-time and meaningful manner is imperative before launch. No project ever goes as planned, so having a way to measure and adjust will be key to ultimate success. Then at the end, the promises made can be compared to the results delivered in a non-anecdotal manner. Because a claims advocacy culture must be maintained to prevent slippage back to "the old way," keeping watch over time to ensure the process remains relevant and top-of-mind can only be done by reminding everyone of past successes. At a high level, this is the recommended sequence of events:

1. Identify Stakeholders
2. Work together to define success and the roadmap to achieve it
3. Brainstorm measures (objective / subjective) available to monitor
4. Define where data will be housed and who will maintain it
5. Run reports and don't forget to analyze results / adjust as necessary

Highlights

- **The purpose and process of measurement in claims advocacy**: Measurement is essential for advancing advocacy in claims management. Identify, collect, analyze, and report data that can demonstrate the outcomes of a claim's advocacy program.
- **The stakeholders and success criteria in claims advocacy**: Organizations should involve all the areas, vendors, and key stakeholders that are affected by a claim's advocacy program and work together to define success and the roadmap to achieve it. Create a shared vision of success and set targets for each data element that can be compared to the baseline.
- **The types and sources of data for claims advocacy**: Important to distinguish between objective and subjective data. Both types can be used to measure the performance and impact of a claim's advocacy program. Think creatively about new data that may not be currently available and ensure that the data is coded properly and stored in a repository that allows for comparison and reporting.
- **The challenges and best practices of claims advocacy measurement**: Measuring claims advocacy is not easy, and there may be obstacles such as the silo effect, paralysis by analysis, and slippage back to the old way. Keep the group of

stakeholders concise but diverse, avoid large committees, identify roles and responsibilities, to measure and adjust along the way, and to document and communicate the story of success.

Description	Action Items
(1) The most effective way to ensure you capture all the data needed to measure outcomes is by ensuring that everyone in the organization is invited to participate. A large obstacle to success can be the "silo effect" that ensures leadership does not fully understand the Big Picture. Seeking everyone's input not only gains different perspectives but provides wider collaboration and secures buy-in to the project. During this time, create a shared vision of success. **Build with the end in mind**. While how success is measured may not be fully defined until all of the data is identified, having this influential group of stakeholders create a high-level definition of success will be the guiding light for decisions along the way.	a) Identify all areas of the organization that will be touched somehow by a claim advocacy program. b) Identify and include all vendor / service providers that can influence / impact a claims advocacy mindset. c) Identify key stakeholders (influencers, decision-makers, subject matter experts) from each identified area. d) To avoid paralysis by analysis, keep the group as concise but diverse as possible (nothing kills an idea faster than a large committee). e) Identify roles within the group, including the leader who will be tasked with seeing the project to completion. f) When identifying the current data available to track, think creatively about what data would be nice to have that is currently not available. It may be completely new & different data points or how current data is interpreted / combined. If new data is identified, determine how / when it will be collected and who will provide it. g) Identify what is important and a priority for the employer. The carrier / TPA can suggest a starting point but ultimately the definition of success is the employer's responsibility. Document the KPIs (key performance indicators) and build the data acquisition and reporting mechanisms for a clear comparison.

	h) Where risk management is situated in an organization hierarchy can determine what is measured and valued. If the Risk Manager reports to the CFO, they may have different ways to define and measure success than a Risk Manager who reports to Human Resources. Measurement is going to be different for every organization. i) Measuring the success or progress of a claim advocacy program can be complex as there may be many factors involved. For example, a great TPA or an outstanding NCM or a highly functional RTW program may contribute as much as the advocacy tactics. Make room for the skewing of data from outside the advocacy strategy and give credit where credit is due.
(2) Objective data is the best method by which to measure success and progress. Objective means factual (not opinion) but also remains the same so you can compare apples (pre-launch) to apples (once implemented). In some cases, the objective data may already be available while in others it might make sense to build new objective data to serve as that comparison. The optimum approach is to find data that can be generated pre-launch, continue to be measured at periodic intervals (in case adjustments need to be made) then after full implementation (and beyond).	Examples: a) TCOC (total cost of claim) b) RTW %, $s and time c) Overall ULAE & ALAE expenses d) Medical expenses e) Indemnity expenses f) Disability duration g) Litigation % and $s and time h) # and $s of reserve adjustments i) Employee retention rate j) Client retention rate k) Vendor retention rate NOTE: Care should be taken to ensure that payment data from the carrier/ TPA is coded properly. For example, settlement $s may only be coded as indemnity when a portion of each settlement usually is medical. If coded wrong, payment categories may be inflated / under reported.

(3) Subjective data, or information that is assessed by opinion, is obviously subject to bias and siloed perspective. However, qualitative measurements are an extremely helpful counterbalance to quantitative measurements (objective data) because they uncover how people feel, both the measured and measurer. As with Objective data, the goal is to identify in advance what will be measured and then create a baseline, periodical interval check-ins, then after full implementation (and beyond).	Examples: a) Injured worker satisfaction surveys i. Injured worker survey should address both the employer's performance and the carrier / TPA's performance. ii. One example: Sent weekly for every disability or WC claim, totally anonymous, covers their experience with the carrier / TPA throughout the claims process, comment area they could do better / any issues, per location. b) Adjuster satisfaction surveys i. If implementing new processes at a carrier / TPA, the new processes should be audited. c) Medical provider surveys d) Options for survey instruments i. Qualtrixs (www.qualtrics.com/lp/survey-platform) ii. SurveyMonkey (www.surveymonkey.com/templates/net-promoter-score-survey-template) e) Anonymity i. Real and honest answers best come through anonymity. Results and action items can be derived at a macro level. Sometimes knowing who said what is helpful to address specific issues but they may not be as honest about problems if their name is attached. f) Recognize the possibility of self-actualization as a key metric. For example, permanent restrictions did not allow a return to the original job so a temporary

	assignment to transitional work leads them to work at a non-profit. Success is not always fiscal or objective.
(4) The storage of this data in a repository that allows for comparison (which allows for adjustment) is key to success. It could be as simple as an XLS spreadsheet or as complex as a database. Where the data is housed will help determine who updates it and how reporting is accomplished. Best practice would be to have someone / team identified who is responsible for this process ("too many cooks in the kitchen" could produce GIGO, garbage in / garbage out).	a) Where will the objective data be stored? b) Where will the subjective data be stored? c) Who will capture the data (it could come from multiple sources, but the storage needs to be consolidated to one person / team)? d) How often will data be captured, from what source(s) and how will it be transmitted to whomever is responsible for storing it? e) What kind of reporting will be necessary to do comparisons and trends of data over time, especially important if leadership is looking to validate ROI? f) Who will generate reports, how often, and who will receive them?
(5) How will you recognize success? Only if you know what it means to individuals, teams, department, leadership and the entire organization. Even though examination is objective, declaring success will always be somewhat subjective. Identifying, per data element or groups of data elements, the goal that equates to success is important to establish before launch. After all the	a) Starting with the baseline for each data element, identify what should change if claims advocacy is successful (e.g. litigation rates should decline by 20%). b) Identify how often the comparison of actual to target is made, how it's done, who does it and who knows about it. c) If appropriate progress is not being made, identify what remediation process will be used to adjust tactics. Be ready to identify new metrics and discard metrics that are not meaningful.

objective & subjective data has been identified and a baseline established, targets can be established (along the way, ultimately post-implementation) to define success. The process of defining success should include the ENTIRE team, from leadership to supervisors to front-line, so everyone is working towards a common goal.	
(6) Now that the foundation has been laid - who, what, where, when how - it's time to implement. Before launching the initiative, capture baseline data, measure along the way, adjust as necessary, and once the goals are achieved move into maintenance mode.	a) Create a baseline. b) Measure at designated intervals, review progress, adjust as necessary. c) Once fully implemented, perform a full analysis of what happened and document this story of success to all stakeholders that will ease ongoing maintenance (e.g. why would you stop doing x when it reduces Y in a demonstrable way). d) Keep your advocacy actions in scale with the size of your program and team and be prepared to scale for future growth. Calling every injured worker may work today, but is it realistic for the future of your organization? If it's not realistic today, what is?

Advancing Advocacy – Communicating an Employer's Model to your Carrier / TPA

General Description: Once an employer has decided to enact an advocacy-based model in your claims program (whether by taking everything from this resource or bits and pieces), it is important that your Carrier / TPA is aware of your model and expectations so that they can be strong partners in properly handling your workers' compensation claims. This resource will help guide your conversations to ensure everyone involved in your claims program is equipped to advance advocacy through every step of the claims process.

Highlights

- **Advocacy-based model for workers' compensation claims**: An employer can communicate and implement an advocacy-based model for handling workers' compensation claims with their carrier or third-party administrator (TPA).
- **Benefits of advocacy-based model**: An advocacy-based model can improve the claims experience for injured employees, reduce litigation and costs, and foster a more personable and supportive culture.
- **Steps to implement advocacy-based model**: There are four main steps to implement an advocacy-based model: (1) meet with the account executive or representative from the carrier or TPA, (2) train the claims team on the new approach, (3) overcome any objections or roadblocks from the claims team, and (4) following up and measure the success of the model.
- **Tips and examples for advocacy-based model**: Some tips and examples for each step of the implementation process, such as review the best practices and special handling instructions, involve the operational team, create a PowerPoint or a template, set touchpoints and reviews, and emphasize the positive benefits of the model.

Description	Action Items
(1) Starting with your Account Executive	a) Setup a meeting with your account executive / representative from your carrier / TPA. i. At most TPAs, the account executive does not have operational authority. If implementation is going to require changes on the part of the carrier / TPA, there needs to be someone with operational authority

	at the table. Depending on organizational structure, multiple people with operational authority may need to be at the table. ii. The employer should start by looking at the best practices of their carrier / TPA as well as the employer's special handling instructions (SHI) to identify what is / is not consistent with an Advocacy approach. It may be necessary to make changes in the SHI to advance advocacy. iii. On the flip side, the carrier / TPA should understand the employer's requirements and identify gaps that either need to be addressed or explained. Special Account Instructions are one of the keys to ensure consistent compliance, especially when a claims adjuster is likely serving multiple clients in multiple jurisdictions. b) Explain that you are enacting / have enacted an Advocacy-Based Model for your claims handling. i. To seek buy-in from the claims team, approach the meeting with "We would like to find a more personable way of supporting injured employees through the claims process." What things do you think we could implement? This allows the claims team to participate and have ownership in the change rather than it being forced on them. c) Provide examples of the actions you are taking to embrace advocacy within your organization. d) Explain you would like to speak with your claims team regarding your model to prepare them for any changes which may impact them and set any relevant expectations for your account moving forward. e) A site visit by the carrier / TPA could be helpful in fully understanding the dynamics of the workplace, the types of jobs involved, the organizational structure, etc.

(2) Training your Claims Team	a) Setup meeting(s) with your claims team. The goal should be identifying specific ways in which an advocacy model can be operationalized and an associated timeframe and team to lead the implementation. b) Once there is buy-in from the claims / operations team, training should take place with the adjusters. Some examples: i. A PowerPoint (developed by the employer) can be effective in outlining the process and provides a reference tool going forward. ii. A template may be helpful in outlining new questions to be asked and a calendar or a diary process may help with touchpoints. c) To ensure understanding and answer any questions, a meeting or conference call is preferred to email. i. Make sure someone documents the conversation and agreements. This is not only useful for accountability but also to ensure there was no misunderstanding or miscommunication in the meeting itself. d) Training should not be considered a one-and-done concept. A variety of circumstances can change over time that will impact the approach (e.g. state regulations, employer policies, response to outcomes). In some cases, there may need to be in-depth and multiple session discussion / training on particularly complicated subjects (e.g. dispute resolution). e) Explain some of the reasons why you have decided to enact an Advocacy-Based Model for your claims program. f) Explain any relevant internal changes you have made / are making. i. For example, if you have started sending an initial contact email or letter whenever a claim is reported, tell the claims team this is happening and provide an example email if able.

	g) Explain any changes you would like to see in your claims team's handling of your claims and agree upon how they will be held accountable / measured. h) Are there new questions you would like your adjusters to ask? New touchpoints you would like them to make during the claims process? Let them know! i) Confirm the team's understanding of the change and ask for any questions or concerns. j) An employer can dictate that some medical treatments, including alternative treatments, be approved to speed care, relax administrative burden, or provide flexibility as medical practice evolves. If this contradicts what the carrier / TPA typically does, the employer should clarify what is allowed and how bypass the standard process.
(3) Overcoming Objections / Roadblocks	a) You may face objections from your claims team when working to enact your model. They could come from "this is the way we've always done it" to "you can't do that in this state" or maybe even internal processes that unintentionally create roadblocks. b) If the objections are not rooted in a company-specific policy, seek to understand the source of the objection. Is the team concerned about additional work? Is the objection because they aren't ready for change? c) Be patient and really listen to the claims team's concerns. Your team may have some brilliant ideas that weren't considered when incorporating this change. An employer should be adaptable as they listen to advice from their expert partners.

	d) Emphasize the reasons you are embracing this model and the positive benefits you believe it will bring to your program. The employer should have influence if not direct impact on how their claims are processed by a carrier or TPA (certainly if they are self-insured / self-administered). e) Advise your Account Executive of the objections and work with the team to address them. f) Many risk managers, H/R managers, WC coordinators and others at an employer often do not have the resources (time, people, money) to oversee advocacy. That means articulating the values of the employer to your claims administrator, the expectations for compliance & accountability, and clarity on roles are extremely important. Transparent, frequent, and clear communication is a requirement.
(4) Following Up and Measuring Success	a) This is a continuous process. Do not expect to just incorporate advocacy and walk away. Complacency will return you back to the traditional model. Stay tuned in to the claims team and continue to model the expected behavior. b) Set touchpoints for your model roll-out with your carrier / TPA. i. 30-, 60-, and 90-day reviews are standard practice c) An audit process is helpful in determining where the team is in rolling out the advocacy model. Regular town hall meetings with the team would also be helpful. The employer needs to be prepared to present findings, goals, etc. Again – the operational team needs to be involved. d) Review your relevant success metrics at these points to determine whether there has been any movement.

	e) Speak with your claims team to see what's working, what could be improved, and whether there are changes you had requested which haven't been implemented. A process for feedback is very important to establish early and use often to limit assumptions and misunderstandings. f) If the carrier / TPA uses technology (AI, predictive modeling, decision support, etc.) to help identify high risk claims early, ensure that everyone knows the key indicators and algorithm (which may need to be refined over time).