Top 10 factors in the successful management of high-risk claims

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White paper

As a physician who has worked in the workers' compensation and auto no-fault industries for years, I have seen a large number of patients with catastrophic and high-risk injuries. Each of these patients has a unique situation — a complex synthesis of medical history, current injuries, and environmental, social, and behavioral factors — that can influence their treatment and recovery.

Patients who are severely injured can feel like nothing is going right. They may become mired in negative thinking and fixated on "bad luck." While all patients deserve to have their insurance claim handled efficiently and compassionately, it is even more important with patients who are badly injured. Any complexities, delays, and barriers can deepen negative sentiment that will ultimately magnify other symptoms. Pain becomes worse, depression more severe, anger and resentment more prevalent.

When managing a catastrophic injury claim, it is critically important to focus not only on the injured person and their specific injuries, but also on the larger picture of the patient's recovery at a medical facility, getting back home, and continuing with their recovery. By managing all components of care proactively and efficiently, the insurer and claims team can improve the quality of life for the injured person and their family, in turn boosting the patient's recovery prospects and helping them make it through a difficult time.

The importance of claims professionals in managing holistic support for patients

While there are many factors involved in managing a high-risk claim, effective management of certain factors is critical. Knowing which of these factors need to be addressed early in the claim, and having specific questions to ask as the claim progresses, can allow claims professionals to offer a preventative approach to keeping the injured person safe and their claim on track.

10 critical areas of focus in managing high-risk claims

1. Medications
2. Comorbid conditions
3. Durable medical equipment (DME)
4. Home health
5. Prosthetic devices
6. Wheelchairs
7. Hospital discharge
8. Home and vehicle modifications
9. Transportation and translation
10. Professional involvement and communication

1. Medications

Medication safety can be one of the most challenging aspects of high-risk claims. During prolonged hospitalization and inpatient rehabilitation stays, a patient's medications and dosages may change dramatically. It's important to start with an accurate accounting of the medications the patient was taking when they came into the hospital. This information is usually listed in the hospital admission records; if not, it can be obtained from the primary care provider's office.

Remember that the patient may be returning home to a cabinet full of medicine they were taking before their injury. Ensuring that their list of medications is up to date will help minimize the risk of accidental drug overdose and drug-drug interactions, which can happen if they take "old" medications along with "new" medications. It's also important to confirm that their local pharmacy has all new medications in stock before the patient leaves the hospital.

New routes of medication administration can be a challenge in getting the patient the medications they need. For example, if the patient has been prescribed an injectable medication, such as insulin or a blood thinner, they or their caregiver will need to be trained on how to provide the injection. A patient with a severe head injury that resulted in a swallowing disorder may need their medications ground up and placed in applesauce or provided through a feeding tube. In both cases, the same question arises: do the care providers know how to administer the medications?

It's also important to have measures in place so that controlled substances are not overutilized or abused – either by the patient, caregiver, or acquaintances who have access to the patient's home. To prevent abuse, controlled medications should be routinely inventoried and secured using a medication lock box.

Questions to ask

Medication reconciliation
Has the patient been advised on which home medications should be changed or discontinued?

Medication administration
Has the patient (or caregiver) been trained to administer injection medications?

Does the patient have a swallowing disorder that will change how medications are taken?

Medication availability
Does the local pharmacy have the patient's new medications in stock?

Controlled substances
Is there a medication lock box and inventory process in place for controlled substances?

2. Comorbid conditions

Comorbid (pre-existing) medical conditions, such as diabetes, heart disease, and arthritis, can be problematic during the healing of injuries. Both the care and claim management teams must pay careful attention to the management of these underlying health conditions.

Throughout the injury recovery phase, comorbid conditions can directly affect the health of the injured person by further worsening the injury itself. A surgical wound, for instance, may be slow to heal as the result of high blood sugar from uncontrolled diabetes.

In addition to potential negative effects on a recovering injury, comorbid conditions can also interfere with and limit the patient's level of function. For example, an injured person with severe asthma may be unable to perform the strengthening exercises needed to recover from a hip replacement surgery.

Questions to ask

Comorbid conditions
Does the patient have comorbid conditions? Are they being managed effectively?

Impact of comorbid conditions on patient's health
Are the patient's comorbid conditions affecting their health and/or injury?

Impact of comorbid conditions on patient's function
Are the patient's comorbid conditions affecting their level of function?

3. Durable medical equipment (DME)

Check recent documentation of the patient's current height and weight to make sure the assistive devices selected are appropriate for the patient's size.

Evaluate whether the patient will be able to safely use the prescribed DME in their home. It's helpful to have either an occupational therapist (OT) or physical therapist (PT) weigh in on this, possibly through a home safety evaluation. Scheduling the evaluation as early as possible makes it more likely the evaluation will be completed before the patient returns home from the hospital. It's also important to make sure the patient and family are trained on how to use the DME before the patient begins using devices such as wheelchairs, slide boards, and patient lift systems.

Also, determine the plan for delivering and assembling the DME. If the DME is delivered to the hospital before the patient goes home, the hospital staff can train the patient and caregivers on safe use. However, if DME will be delivered to the patient's home, it should arrive at least one day before the patient's hospital discharge so there is time for installation and assembly.

Questions to ask

Home safety evaluation
Does a home safety evaluation need to be completed before the patient returns home?

Appropriate size(s)
Have recent height and weight measurements for the patient been obtained?

Training
Has the patient been trained by an OT or PT on the safe use of the DME?

Delivery, assembly, and installation
Where will the DME be delivered?

Will DME be assembled and/or installed before the patient returns home?

4. Home health

A significant shortage of home health care providers has developed over the past several years, most likely due to COVID-19 and the aging population in the U.S. This shortfall is felt most deeply in remote areas of the country and when specialized home health nursing services are needed, such as ventilator and complex wound management. Understandably, home health workers also become ill and have emergencies of their own, resulting in call-offs and missed work shifts. Altogether, these home health staffing challenges make early planning and scheduling of home health care services even more critical for high-risk patients.

The complexity of medical conditions being treated at home is continually increasing — requiring home health care teams to have a skilled, and often advanced, level of clinical training to safely manage care needs in the home. From a clinical scope of practice standpoint, it may be necessary to consult the individual state licensing boards to determine if the level of care provided by a home health worker (for example, home health aide or licensed practical nurse) falls within their discipline's respective scope of practice rules.

Questions to ask

Home health staff availability
Have home health services been secured in advance of the patient coming home?

Backup plan(s) for staffing
Are there backup plans in place for home health staff call-offs?

Scope of practice
Do the home health providers have proficiency with managing complex medical conditions?

Are the home health care providers following their state's scope of practice rules for their clinical discipline?

5. Prosthetic devices

Managing an amputation claim requires attention to more than just the prosthetic device. For most amputations, consideration and care for other injury-related conditions will be needed. These conditions can be physical in nature, such as an unhealing surgical wound, or psychological, such as post-traumatic stress disorder (PTSD). In all cases, it is imperative to focus care on the whole injured person and not solely their limb loss.

To arrive at the right prosthetic device, start by determining how functional the amputee is likely to be with a prosthesis. A high level of function pre-injury supports a high degree of function post-injury. Note that underlying comorbid conditions, such as asthma, heart disease, or osteoarthritis, can affect an amputee's potential function. Other factors, such as obesity and impaired cognition, can also make it difficult to successfully use a prosthetic limb.

Prosthetic limbs usually require a large financial investment from the payer. For this reason, once the amputee's prosthetic needs have been identified and a prosthesis has been prescribed, it is entirely reasonable to obtain a second opinion from an independent, licensed prosthetist concerning the appropriateness of the prescribed prosthesis. In some cases, prosthetic coding irregularities, including unbundling and duplication of prosthetic codes (L-Codes), may also be identified.

Questions to ask

Additional medical conditions
Does the amputee have additional medical needs beyond the prosthetic limb?

Prosthetic device appropriateness
Is the amputee reasonably expected to be able to successfully utilize the prescribed prosthesis?

Independent prosthetic review
Would an independent prosthetic review be helpful in confirming the appropriateness of the prescribed prosthesis and its cost?

6. Wheelchairs

When an injured person is unable to walk, it's important to figure out if their need for a wheelchair is going to be temporary or permanent. Joint replacement surgeries, fractures, and other orthopedic conditions involving the legs and feet that result in temporary non-weight-bearing status may call for the short-term use of a wheelchair. The same holds true for an amputee who is waiting for their prosthetic limb to be fabricated. In these situations, a rental wheelchair is entirely reasonable. On the other hand, a patient with paraplegia from a spinal cord injury will require more permanent use of a wheelchair, which would best be purchased.

If wheelchair use is likely permanent, decide whether the injured person should have a manual or power wheelchair. Typically, when arm and upper body strength is relatively intact, a manual wheelchair is the better option. Manual wheelchairs allow the user to maintain a degree of aerobic and strengthening activity by propelling the wheelchair, which benefits the upper limbs and can help prevent deconditioning and weight gain. Manual wheelchairs are also lighter and more portable than power wheelchairs. In cases where it is unlikely the patient will be able to self-propel, such as a severe cervical spinal cord injury, a power wheelchair is the best choice.

For injured persons with decreased or absent sensation below the waist, it's critical to select a wheelchair cushion that provides adequate pressure relief for the skin. This helps prevent the development of pressure wounds or skin breakdown. In very high-risk individuals, pressure mapping for wheelchair seating can be extremely valuable in the prevention of pressure-related skin complications.

Questions to ask

Duration of wheelchair use
Based on the patient's injury and prognosis, is wheelchair use expected to be temporary or permanent?

Type of wheelchair
Is a manual or power wheelchair more appropriate for the patient's functional level?

Skin protection
Does pressure mapping of the wheelchair seating need to be performed to maximize skin protection?

7. Hospital discharge

For complex and high-risk patients, the hospital discharge can be a stressful time for all stakeholders: the injured person, their family, the hospital staff, and the claims management team. A detailed discharge plan will make this transition period feel safer and more structured. The discharge plan is usually outlined in the patient's discharge instructions* and should be available before the patient leaves the hospital.

Effective discharge planning can start early in the patient's hospitalization. However, claims professionals and providers need to be sensitive and cautious when discussing discharge needs with patients and their families soon after the injury. A beneficial conversation about personal support systems might begin with "As we help you recover from your injury, I would like to learn more about where you are from and the people in your life."

Timing is another aspect of successful hospital discharge. It's best to avoid Friday, weekend, and holiday discharges. If issues develop when the patient arrives at home, or if the patient simply has questions, it can be it can be more difficult to resolve these over weekends and holidays.

Questions to ask

Availability of discharge instructions
Will the patient's discharge instructions be available before they leave the hospital?

Accuracy of discharge instructions
Are the hospital discharge instructions up-to-date with the most current information?

Timing of discharge discussion
Can the patient be discharged to home Monday through Thursday rather than Friday, the weekend, or a holiday?

* Accurate and complete hospital discharge instructions are a standard of care in healthcare.

8. Home and vehicle modifications

Home and vehicle modifications can be one of the most time-consuming and costly aspects of high-risk and catastrophic claims. Planning for home modifications starts with an evaluation of the injured person's home, usually by an OT with knowledge and training in home accessibility.

When specific modifications are recommended – whether to the home, vehicle, or both – it's important to confirm they are needed for the injured person's safety and function, as opposed to non-essential upgrades. This can be proactively addressed with the OT before their evaluation of the home or vehicle.

Once the OT has offered final recommendations for modifications, the next step is to obtain estimates from one or more contractors and review these for cost and time needed for project completion. Because this process can take weeks to months to finish, it should be started as soon as the decision has been made that the patient will be returning to their own home after hospital discharge or rehabilitation.

Questions to ask

Home evaluation
Has an evaluation been completed by a health care professional (OT), with experience in home and/or vehicle accessibility?

Modification recommendations
Are the recommended modifications to the home and/or vehicle medically necessary?

Estimated completion time for modifications
Is the estimated completion time for home and/or vehicle modifications acceptable?

9. Transportation and translation

When a patient is discharged from the hospital, the complexity of the hospital discharge plan can sometimes overshadow aspects of the transportation to home. Arranging safe transport should start with early scheduling of the transportation services. The service provider will most likely ask a series of questions: Is a wheelchair van or ambulance required? Will the patient be able to sit in a wheelchair for the trip home or do they need a stretcher bed? What is the patient's weight? What level of help (number of transport professionals) is needed? Do caregivers and transport professionals need more instruction or training to get the patient safely into their home? Does the patient's home have stairs or complex barriers to entry (for example, winding staircases)?

Once the patient is home, ongoing transportation planning may be needed. It's reasonable to expect that many of the medical specialists who provided care in the hospital will continue to see the patient after discharge. As recovery continues, the injured person will most likely have a number of follow-up appointments for various medical needs and follow-up testing, such as head CTs, MRIs, X-rays, and lab work.

Non-English speaking patients may require translation services, which now include convenient and cost-effective options such as remote translation technology.

Questions to ask

Getting home from hospital
What care needs are required to safely transport the patient home from the hospital at the time of discharge?

Follow-up appointments and testing
Does the patient require additional transportation for follow-up appointments and radiographic testing or lab work?

Translation technology
Is the patient non-English speaking and dependent on translation services for their care?

10. Professional involvement and communication

I've outlined the importance of defining high-risk claims and injuries, identifying potential pitfalls, and managing the injury appropriately to limit the chances of additional complications and setbacks. As a claims professional, this is where you serve as a valuable and critical part of the process.

With your knowledge of the injured person and the claim, be inquisitive and engaged. Act as a liaison between involved parties. Check that the injured person has all required medications and DME, their home health care needs have been met, and they have follow-up appointments once they leave the hospital. Your actions, along with a well-structured and focused hospital discharge plan, will make a significant contribution to the patient's overall health and safety once they get home.

> As a claims professional, you serve as a valuable and critical part of the recovery process.

Questions to ask

Be proactive
Have discharge planning discussions been started?

Anticipate challenges and complications
What challenges and/or complications are common with this injury?

Maintain communication with the injured person, caregivers, and health care providers
Are all stakeholders being kept informed of the patient's hospital discharge plan and follow-up needs?

The end result of effective claims management: A perspective from the bedside

After many years of working directly with a wide range of injured patients, not much surprises me. But an experience with one injured person both surprised me and validated what I have come to believe about the difference a compassionate professional can make in the life of a severely injured person.

During my hospital rounds a few years ago, I met a workers' compensation patient undergoing acute inpatient rehabilitation. Scanning through his medical chart, I saw that he was a truck driver who had been in a serious accident. His truck had been smashed. Not surprisingly, he had suffered fractures in his arms and legs, and had internal injuries to his spleen, liver, and lungs. As I entered his room, I was prepared for the worst.

I walked in to see him propped up in bed, looking comfortable and content, holding the remote to flip through channels on his TV. I wondered if I had visited the correct room, but I could see that his casts and bandaging were consistent with the injuries I had read about.

He actually seemed happy. We chatted for a few minutes and then I asked, "How is your workers' comp claim going?" He responded, "Great. My case manager has done everything I need her to do. I've gotten everything I've needed." He had no worries. His only focus was on getting his body better; everything else had either been done or arranged for him.

> My case manager has taken care of everything. I've gotten everything I need.

The medical, physical, and psychological benefits of providing injured persons what they need, when they need it are real and dramatic. One person can make all the difference in the world.

About the author

Dr. Robert Hall advises Optum workers' compensation and auto clients on evidence-based clinical and rehabilitation guidelines that optimize their pharmacy, home health, and durable medical equipment programs, as well as promoting better outcomes for injured persons. He also offers clinical counsel to clients and employees on processes and procedures designed to identify and reduce prescription medication misuse and abuse.

A practicing, board-certified physical medicine and rehabilitation physician, Dr. Hall has 17 years of experience in workers' compensation and auto no-fault, ranging from reviewing claims for the Ohio Bureau of Workers' Compensation (BWC) and providing medical care to injured persons, to serving as the corporate medical director for the Optum Workers' Compensation and Auto No-Fault division for the past 13 years. He is a member of the Ohio BWC Disability Evaluators Panel and is board-certified in physical medicine and rehabilitation, a specialty that focuses on treating all levels of disability and promoting restoration of function.

Dr. Hall has treated patients in private practice, private and state-run hospitals, and outpatient clinics. His areas of focus include electromyography, pain management, musculoskeletal medicine, and stroke rehabilitation.

After receiving his Bachelor of Science degree in Electrical Engineering at The Ohio State University, he continued with his medical school training and served as chief resident in physical medicine and rehabilitation at the university's medical center. He has been awarded the distinction of "Best Doctors in America®" multiple times since 2009.

About Optum Workers' Compensation and Auto No-Fault Solutions

Optum Workers' Compensation and Auto No-Fault Solutions collaborates with clients to lower costs while improving health outcomes for the injured persons we serve. Our comprehensive pharmacy, ancillary, managed care services, and settlement solutions, combine data, analytics, and extensive clinical expertise with innovative technology to ensure injured persons receive safe, appropriate and cost-effective care throughout the lifecycle of a claim. For more information, email us at expectmore@optum.com.