



What went wrong?

Common causes of poor claims outcomes – and how to prevent them

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Overview

Common causes of poor claim outcomes and how to prevent them



- What sort of poor outcomes?
 - What went wrong?
- Five key areas of claims operations
 - Common problems
- Strategic case management - The checklist
 - Ten strategies to improve outcomes

Our Insights

- Many 'poor outcome' scenarios
 - are seen across multiple jurisdictions
 - can be traced to common systemic problems



- Many factors are outside your control / influence
- What are the key areas of **claims management** that are critical to optimal outcomes?

What sort of 'poor outcomes' do we mean?

Delayed RTW

- Poor employer engagement?
- GP reluctance? Claimant reluctance?

Unable to upgrade /sustain RTW

- Poor assessment of work demands?
- Unrealistic expectations?

Prolonged rehab

- Passive management?
- Unrealistic goals?

High costs

- Expectations not managed?
- Inefficient / ineffective?

Angry and frustrated claimant?

They expect too much!

Nobody understands how I feel!

Everyone's talking about me!

I feel powerless and manipulated!

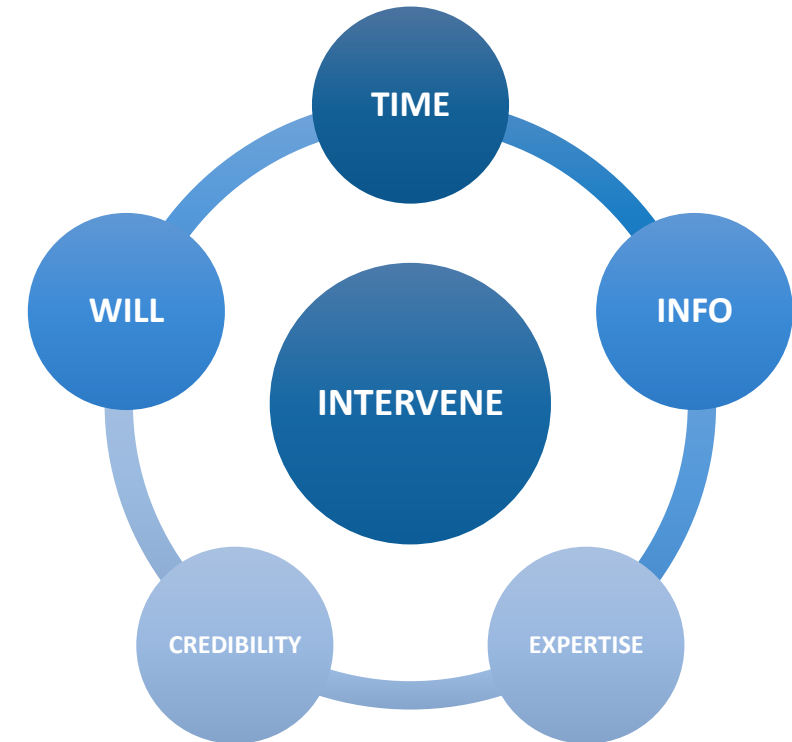
They are talking down to me!

They just want to avoid paying / get rid of me / make money out of me!

I refuse to be pushed around!

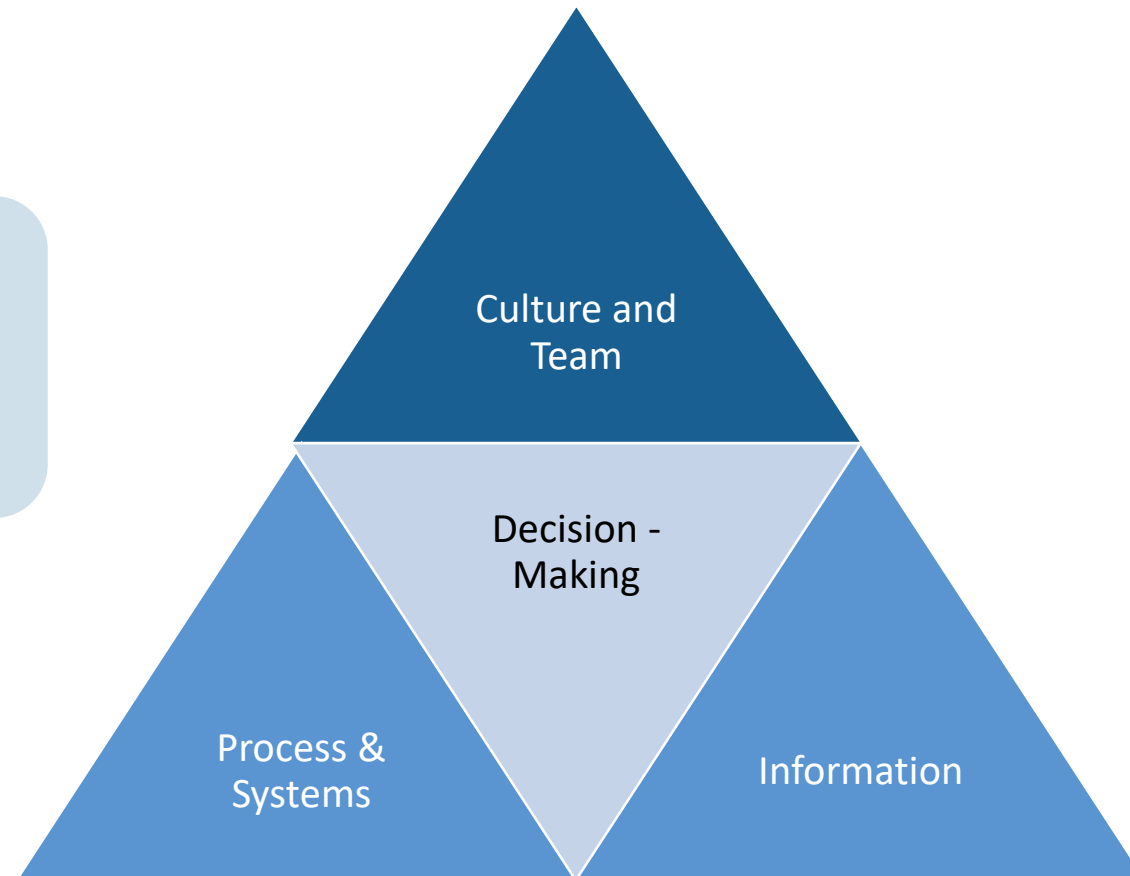
What can be done?

- Can often see why things have gone wrong, but could something have been done to turn the claim around?
- **Effective claims management is difficult!**
- What is needed to reach optimal outcomes?
- Does the claims operation support and facilitate this?

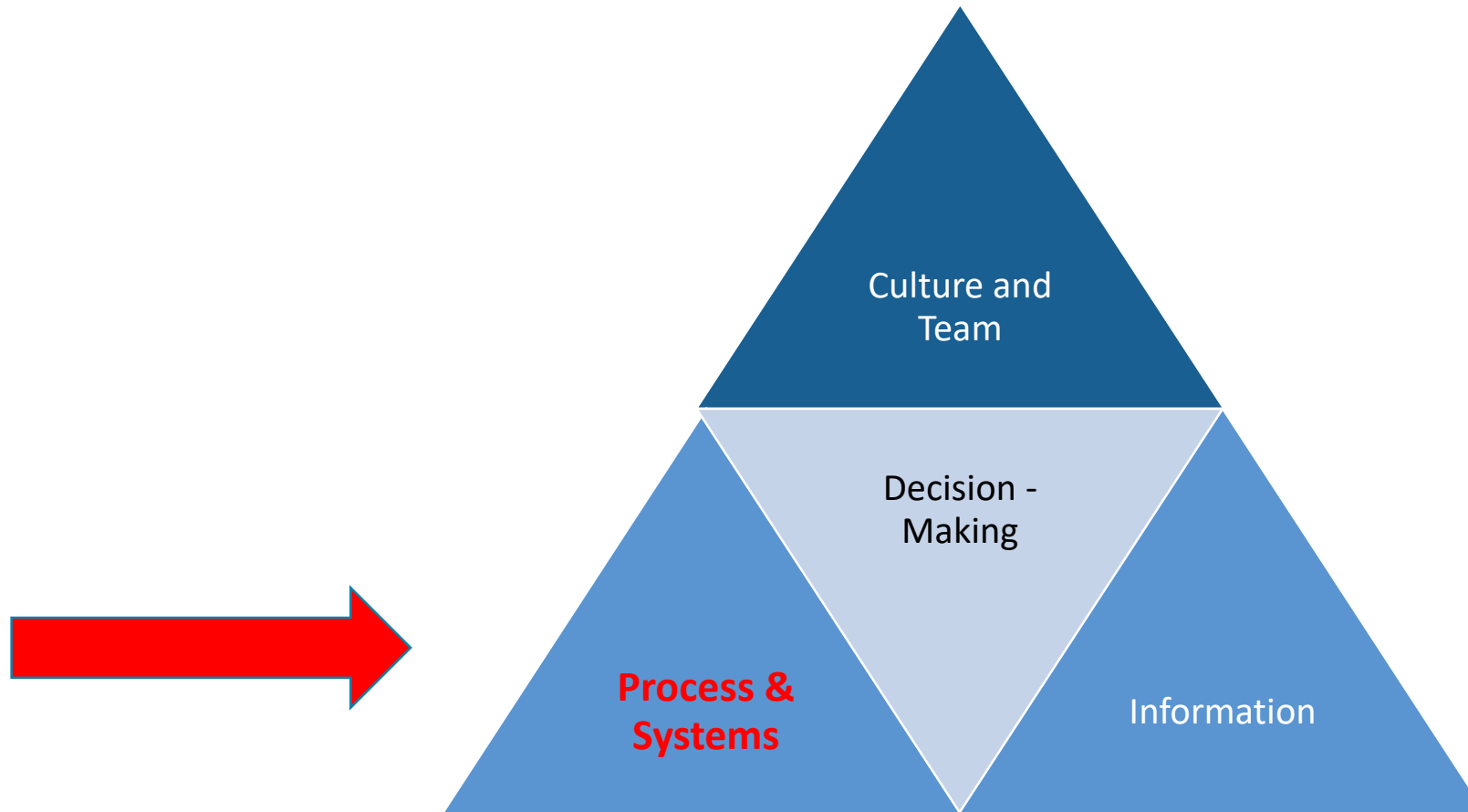


Key aspects of claims management operations

Does the claims operation facilitate optimal claims management?



Key aspects of claims management operations



1. Triage and segmentation

Are the complex / higher risk claims allocated to the right teams?

- Segmentation driven more by workload than needs
- Triage not based on known risk factors
- Triage based on incomplete information
- Emerging risks not picked up
- Reluctance to re-allocate / Poor handover
- Teams managing higher risk claims may not have;
 - More time / lower caseload /different KPIs
 - More expertise / access to expert advice
 - Specific strategies and tools

2. Initial assessment & planning

Are the key risks and barriers identified and addressed?

Plan Templates

- Formulaic
- Tick-a-box approach
- Realistic?

Assessment Reports

- Consider workplace risks and barriers
- Consider bio-psycho-social factors & attitudes
- Consider information from various sources

3. Case management systems

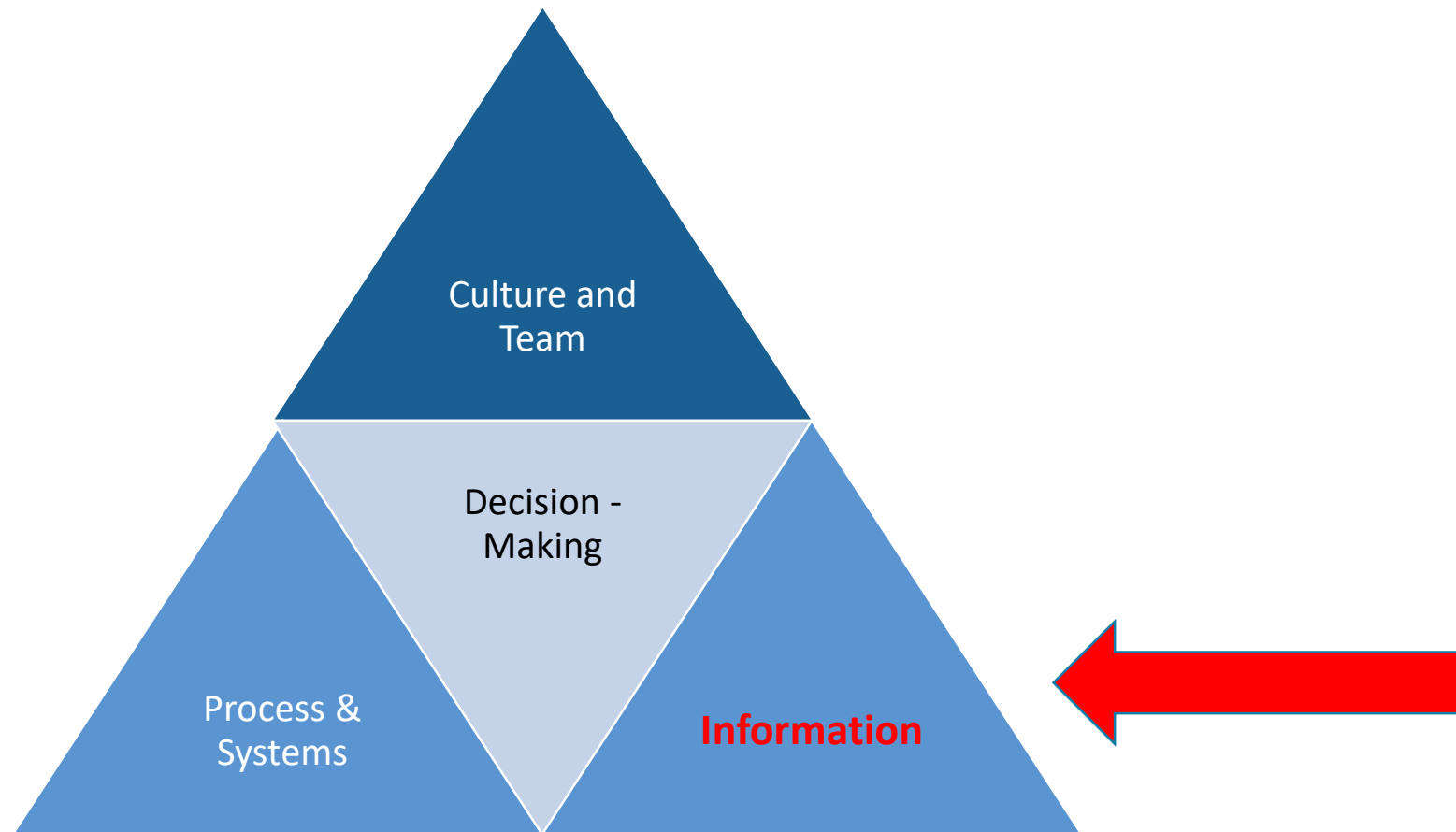
Is the system a help or a hindrance to good management?

- Time consuming
 - multiple screens /systems and requirements
 - over-engineered process limits flexibility

- Not intuitive and user friendly
 - difficult to see a chronology or access key facts

- Key information not captured
 - its all in the file notes!

Key aspects of claims management operations



4. Monitoring

Are you getting the information you need?

➤ Standard reports

- Address the 'what' but not the 'why'
- Do not identify difficulties / barriers and they should best be addressed
- May not be timely – May not tell the whole story

➤ Information overload! Multiple reports – how is it all assimilated?

- Are we on track?
- What new issues have emerged?
- What changes need to be made to the plan?

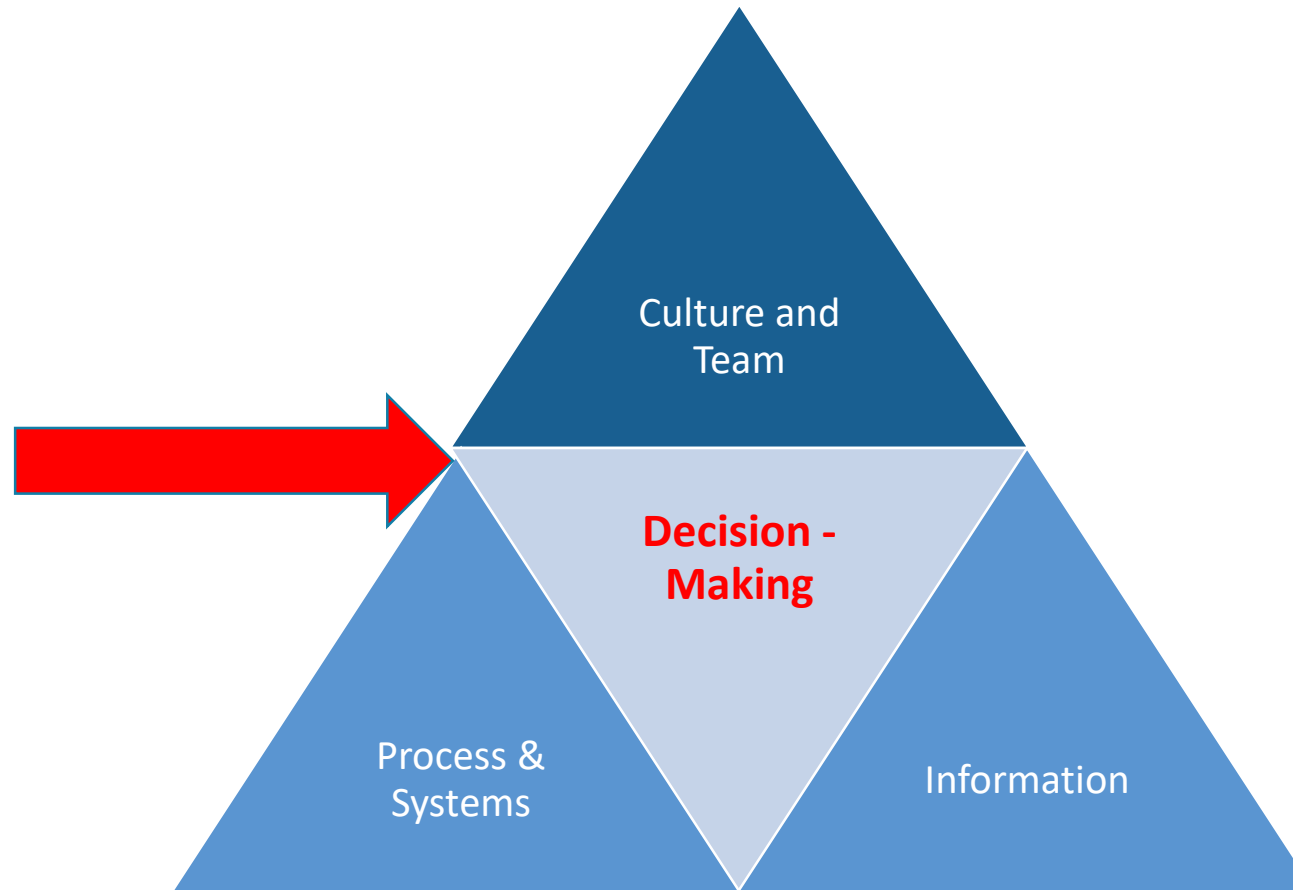
➤ Benchmarking - How does this claim compare to averages / other similar claims?

5. Relationship with key players

Built a trusting relationship with those who have most influence on the claimant?

- Not a collaborative and transparent relationship
- No frequent liaison and discussion
- Do not provide information to them
- Do not ensure that requests for reports are:
 - Minimised
 - Clearly targeted

Key aspects of claims management operations



6. Strategic decision making

Do you know when and how to intervene?

Are you an active or passive stakeholder?

- Targets not met – extend the program!
- Do you have the time, information and the confidence to intervene?
- Identify key decision points
- How can we work together to develop strategies?
 - Why is no progress being made? Is the goal realistic?
 - What additional information can you obtain and provide?
 - What could be a circuit breaker?

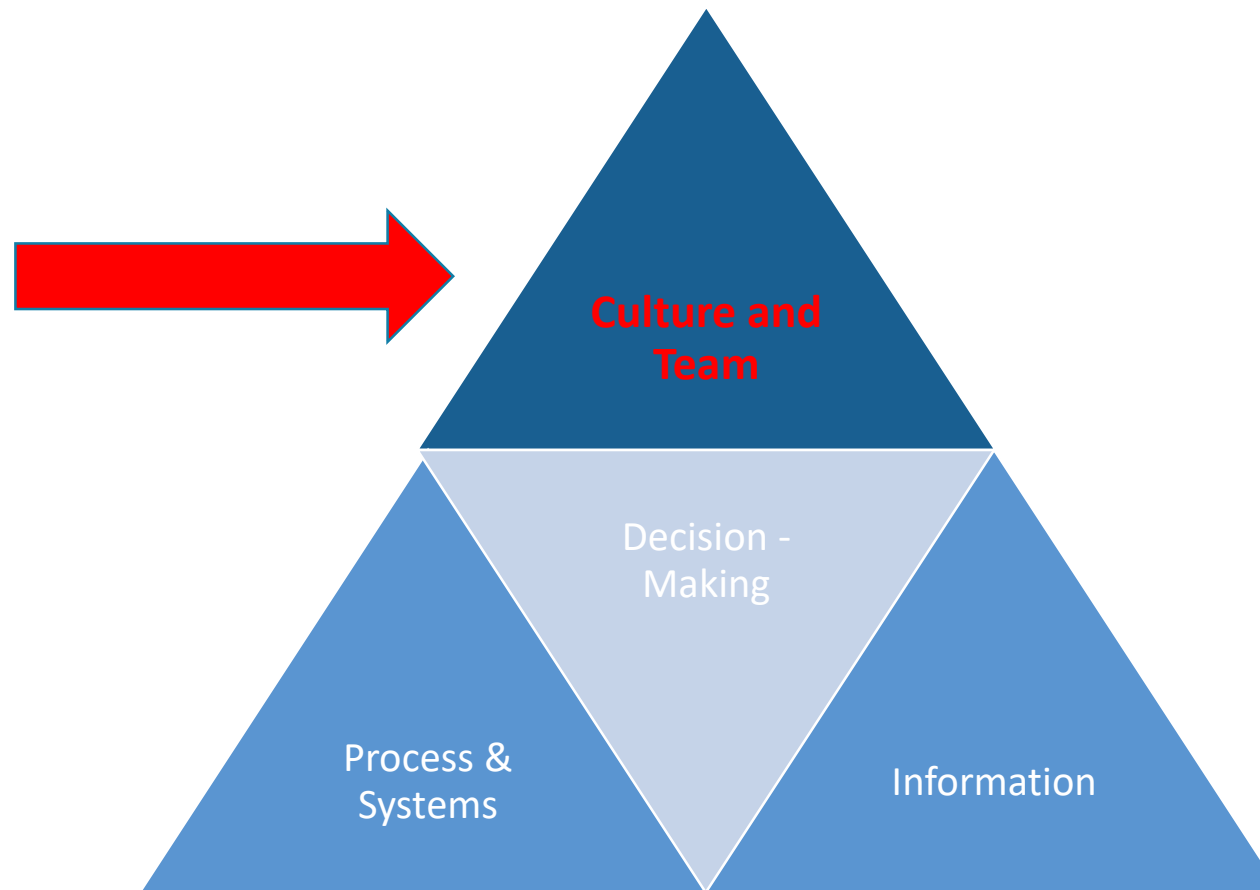
7. Provider management

Are your providers delivering value?

- Poor quality rehab plans & progress reports
 - Reluctance to challenge plans / explore reasons for lack of progress

- Provider performance poorly monitored
 - Do they get feedback from you?
 - Do they give feedback to you?
 - Feedback not collated / shared across the teams
 - Failure to benefit from past experience

Key aspects of claims management operations



8. Team structure and supports

Are teams appropriately supported?

- Inconsistencies between teams
 - Access to experts, tools and strategies
 - Attitudes to developing case strategies
- Successes not acknowledged and shared
 - Internal collaboration not easy
- No access to analytics – what’s working?
- Unreasonable caseloads, not adjusted for complexity / risk
- Skilled people spending time on routine tasks
- Ad hoc approaches to training, mentoring, peer review
- Limited career path; staff turnover

9. Data and analytics

Do we know what our data is telling us?

- At an individual case level
 - Durations, costs, compared to targets / benchmarks
- At a claim segment / claim team / portfolio level
 - Outliers not identified
 - Cost drivers not analysed
 - Strategies not evaluated
- Metrics not shared and discussed at team level

10. Culture and philosophy

How empowered do you feel in your role?

- Are Claims operations valued by the organisation?
- Is there genuine commitment to evidence-based best practice?
- Claims teams not informed and empowered
- Are roles, attitudes and expectations clear?
 - Cynicism: learning by anecdote
- Is there good induction, training, ongoing quality assurance?
- Is there real commitment to continuous improvement?
- Is there a clear claims philosophy and values?



So what is the blueprint for good strategic case management ?

The Checklist

Blueprint... 1

1	THE RIGHT RESOURCES ON THE CASE!	Triage & segmentation	Based on risk assessment; use machine learning to review and improve criteria Tie segmentation to caseloads, expertise and resourcing
2	TAKE ACCOUNT OF WHAT MATTERS MOST!	Initial assessment and planning	Include individual bio-psycho-social factors & attitudes Focus on risks, barriers, and strategies to overcome them Set clear milestones and targets
3	ABLE TO CAPTURE & LOCATE INFORMATION!	Case Management systems	Encourage strategic management, including easy access to key information User-friendly and intuitive design Ensure capture of subjective as well as objective data relevant to evaluation

Blueprint... 2

4	TAKE ACTION AT THE RIGHT TIME!	Monitoring & Milestones	Targeted requests; Set milestones and review points with key providers Tools to assimilate information, identify options Access to benchmarking information
5	NETWORK! BE A TRUSTED PARTNER!	Build relationships with key players	Share and discuss all available information Build trusting and collaborative relationships Help with problem solving
6	BE PROACTIVE!	Strategic decision making	Empower claims staff to be active players Decision tools to help determine when and how to intervene Build expertise, knowledge and confidence Share successes

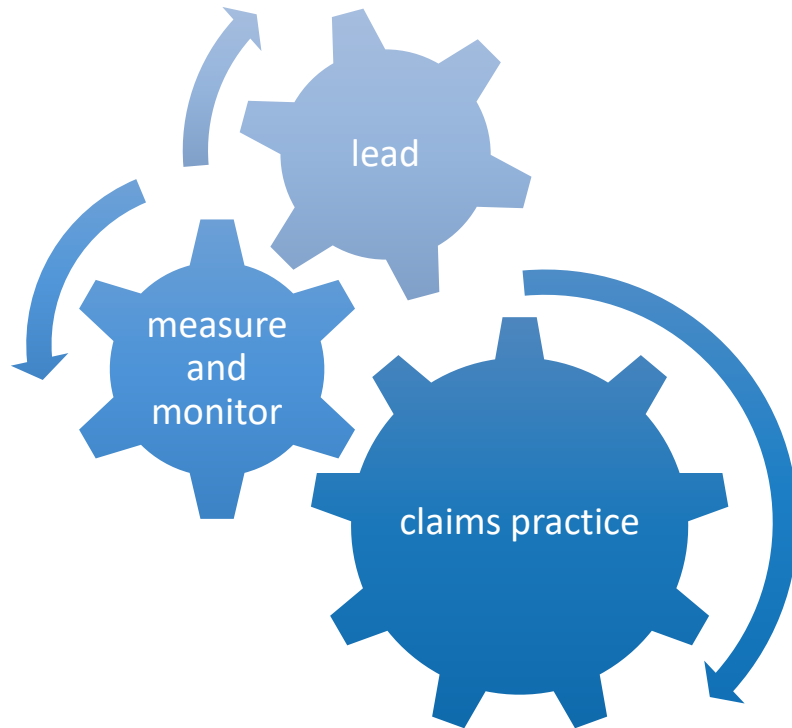
Blueprint.... 3

7	COMMUNICATE WITH PROVIDERS!	Provider management	Outline expectations, provide all available information Discuss, case conference, advise Evaluate & provide feedback Collect and share data
8	BUILD CONFIDENCE, SHARE KNOWLEDGE!	Team Structure and supports	Training, mentoring, buddying Access to experts and peer review Tools and checklists to support decision making Focus on strategy not process Provide moral and administrative support

Blueprint... 4

9	UNDERSTAND THE BIGGER PICTURE!	Data and analysis	Have a clear data strategy, ensure capture and dissemination of key metrics Enable benchmarking and evaluation of performance Share data at team level
10	IDENTIFY WITH THE VALUES OF THE ORGANISATION!	Philosophy and Culture	Clear claims philosophy and values Embedded, promoted and rewarded Holistic view of claimant Emphasis on transparency and collaboration Decision making is informed by evidence & data

Leadership and Management



Good claims management:

- **Starts from the top**, with the way the organisation sees its claims operations
- Is highly dependent on:
 - the over-arching philosophy and values
 - the specific nature of claims processes
 - how claims teams are resourced and supported
- Relies on meaningful analysis and measurement, feeding back into strategy
- Creates an integrated, informed and continually improving system



Questions?

**How does your team or organisation
stack up?**



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