

Empowering Evidence-Based Claims Decisions Through Advocacy

Montana State Fund 20th Annual Medical Conference

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Disclosure Statement

- I have no actual or potential conflict of interest in relation to this presentation.
- The opinions expressed in this presentation and on the following slides are solely my own, and not necessarily those of Albertsons Companies.

Session Objectives

1

Understand the role of claims advocacy in worker engagement and empowerment.

2

Identify tools, processes and resources needed to facilitate evidenced based claims decisions and reduce harm.

3

Differentiate claims practices that support evidenced-based decisions and outcomes.

4

Dissect best practices to reduce disability durations and improve health outcomes.

Why are evidenced-based decisions so important?

US Medical Expenditures

- Healthcare is the most expensive benefit for American employers, and is the most costly in the world, accounting for more than **17%** of GDP ...with estimates that percentage will reach 19.6% by 2030.
- National healthcare spending is projected to grow at an average rate of 5.1 percent per year for 2021- 2030 and to reach **\$6.8 trillion by 2030.**

Sources: The Office of the Actuary in the Centers for Medicare & Medicaid Services. (2022). Available: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected>

Factors Influencing US Medical Expenditures

Chronic conditions: heart disease, diabetes, mental health disorders

In-patient care, including unnecessary re-admissions

Overuse of healthcare services

Obesity

Low Quality Care & Risk of Harm

New England Journal of Medicine - patients receive the correct diagnosis and care only 55 percent of the time.

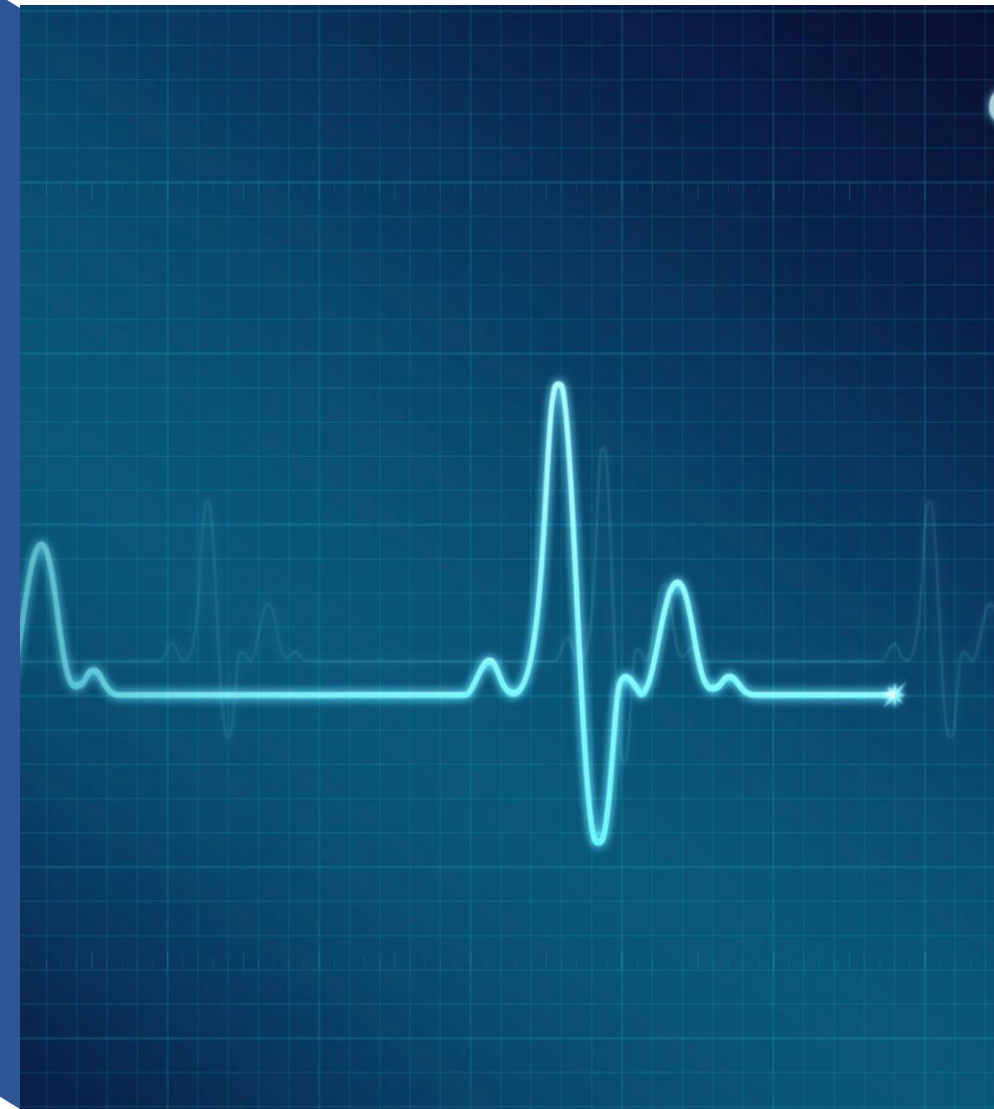
Wide variations in healthcare quality, access, and outcomes continue due to chronic underuse, overuse, and misuse of services.

12 million diagnostic errors per year in the U.S. - with one in three errors causing serious patient harm

Aggregate annual costs to the US healthcare system -- \$500B

Sources: Quality of Health Care Delivered to Adults in the United States Available: N Engl J Med 2003; 349:1866-1868 [November 6, 2003](#) DOI: 10.1056/NEJM200311063491916

Singh H , Schiff GD , Graber ML , et al . The global burden of diagnostic errors in primary care. BMJ Qual Saf 2017; 26:484-94.doi:10.1136/bmjqs-2016-005401

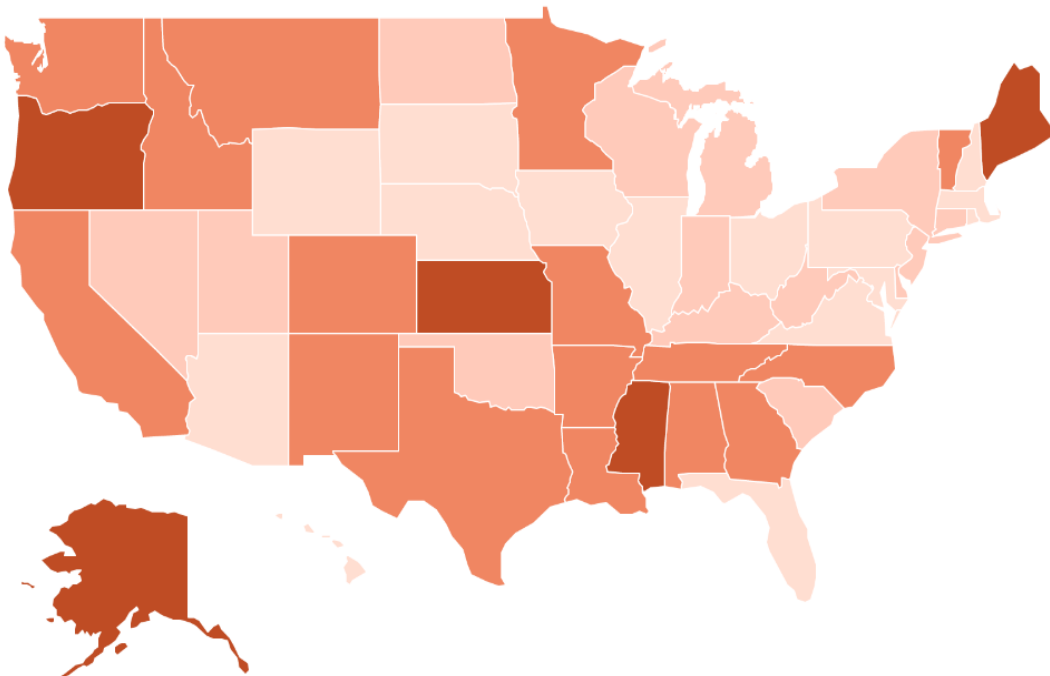


2021, the United States saw a 15% increase in
drug overdose deaths, with nearly 108,000
deaths recorded

This increase follows 2020's 30% increase

Increased Overdose Deaths

Estimated percent change in overdose deaths — Jan.–June 2021 estimated total vs. highest continuous six-month total during 2020



● <0% (15 states) ● 0% to 10% (14 states and D.C.) ● 10% to 20% (16 states) ● 20%+ (5 states)

● **Montana**
19.3%

Estimated overdose deaths, Jan.–June 2021: 99

Largest overdose death total during continuous six-month period in 2020: 83

Opioids accounted for 75% of all overdose deaths

Source: The Commonwealth Fund (2022). Overdose Deaths Surged in the First Half of 2021, Underscoring Urgent Need for Action. Available: <https://www.commonwealthfund.org/blog/2022/overdose-deaths-surged-first-half-2021-underscoring-urgent-need-action#1>

By 3rd day of opioid use, some patients are on the path to OAD

Source: Patient & Physician Risk Communications: An Important Step Before Writing That Opioid Script.
Available: <https://www.benefitspro.com/2017/05/31/patient-physician-risk-communications-an-important/>

NCCI – Opioid Use in Workers' Compensation

- NCCI reports the drug share of medical costs increased in 2020 partly driven by opioid experience.
- The use of opioids previously declined at roughly 3 percent per quarter since 2018. However, opioid use was up by **10%** in the second quarter of 2020.

American Academy of Orthopaedic Surgeons:

“Avoid routine use of opioids for treatment of knee osteoarthritis, hip osteoarthritis, low back pain, or rotator cuff injury”

- The use of opioids is not recommended without a thorough evaluation, consideration of alternative medications and treatments, review of all current medications, and discussions of risks of opioid therapy and potential interactions with current medications for other conditions.
- Other treatment modalities are effective and avoid the risks associated with the use of opioids.
- Opioid prescriptions should be for a limited period with the lowest effective dose that provides meaningful pain relief and improved function with manageable side effects.

Source: Krebs EE, Gravely A, Nugent S, et al. Effect of opioid vs nonopioid medications on pain-related function in patients with chronic back pain or hip or knee osteoarthritis pain: the SPACE randomized clinical trial. JAMA. 2018;319(9):872-882.

Poor-Quality Care -- RAND Study 2018

- **Quality concerns.** Widespread concern among study participants about poor quality of care provided in workers' compensation systems
- **Fragmented care.** Health care for injured workers is often fragmented and of low quality and is not designed to reward worker outcomes.
- **Significant problems remain in disability management and medical treatment.** "Medical care provided to injured workers is often of low quality despite increasing levels of spending, leading to avoidable disability and loss of function or harms, such as opioid addiction and death".
- **Risk of harm.** Health care delivery in workers' compensation was not coordinated with the rest of the health care system and that the provision of poor-quality care in isolation from the rest of health care severely harmed workers

Evidence Based Medicine (EBM)

Evidence-based medicine: Use of best evidence available in making decisions about the care of the individual patient, gained from the scientific method of medical decision-making and includes use of techniques from science, engineering, and statistics, such as randomized controlled trials (RCTs), meta-analysis of medical literature, integration of individual clinical expertise with the best available external clinical evidence from systematic research, **and a risk-benefit analysis of treatment (including lack of treatment).**

The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

Rule: 24.29.1601 <https://rules.mt.gov/gateway/ruleno.asp?RN=24%2E29%2E1601#:~:text=Printer%20Friendly%20Version-,24.29.1601%C2%A0,-DEFINITIONS>

Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS. 1996. **Evidence based medicine: what it is and what it isn't.** BMJ 312: 71–2

EBM Use - Principles

Cost containment should NOT be the primary driving principle!

Primary Goal: Provision of expedient, appropriate health care – right care to the right patient at the right time

Secondary Benefits: Decreased unnecessary resource utilization and reduced total cost of care are benefits of the primary goal

Guidelines – EBM in Montana



Montana Guidelines establish evidence-based utilization and treatment guidelines for primary and secondary medical treatment



All insurers shall routinely and regularly review claims to ensure that care is consistent with the Montana Guidelines



FUNCTIONAL IMPROVEMENT GOALS should be consistently addressed. Positive patient response results are defined primarily as functional gains that can be objectively measured

Functional Improvement - Important!

Functional Improvement - Either a clinically significant improvement in ADLs or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the medical evaluation and treatment; and a reduction in the dependency on continued medical treatment.



ACOEM Focus on Function

- In an American College of Occupational and Environmental Medicine (ACOEM) joint guidance document, stakeholders outline that evaluating and optimizing patient function should be a central focus of all clinical encounters.
- “To improve the quality of patients’ lives and well-being, there must be more focus on the use of functional outcome measurements including **participation in work, home life, and society** – all major elements of a patient-centered model.”

Source: Mueller et al, Recommendations From the 2019 Symposium on Including Functional Status Measurement in Standard Patient Care, Journal of Occupational and Environmental Medicine: August 2020 - Volume 62 - Issue 8 - p e457-e466.

Connecting EBM & Advocacy-Based Claims Practices

Empower injured workers to be informed health care consumers.

Education through case management programs on health care literacy, EBM.

Leverage shared decision-making and choice awareness —encouraging injured workers to play a role in the medical decisions that affect their health.

Active listening, and compassionate communication.

Advocacy- Based / Employee Centric Claims Model

Defined as an employee-centric, customer service claims model that focuses on employee engagement during the injury recovery process. Such models remove adversarial obstacles, make access to benefits simple, build trust, and hold the organization accountable to metrics that go beyond cost containment.

Advancing Advocacy-Based Claims Models

HIGH PERFORMANCE DIFFERENTIATOR

Do you know what an advocacy-based claims model is?

	2020	2019	2017
Answer	Claims Leaders	Frontline Claims Professionals	Claims Leaders
Yes	80%	28%	50%
No	20%	72%	50%

Responses Segmented by Claims Closure Ratio / Claims Resolution

Answer	Lower Performance (≤ 100%)	Higher Performance (≥ 101%)
Yes	73%	89%
No	27%	11%

Key to Success - Engaging Frontline Claims Professionals

HIGH PERFORMANCE DIFFERENTIATOR

The 2019 survey of frontline claims professionals identified many do not know what an advocacy-based claims model is. What actions has your organization undertaken to engage frontline staff in advocacy-based claims management?

Responses Segmented by Claims Closure Ratio / Claims Resolution

Answer	Lower Performance (≤ 100%)	Higher Performance (≥ 101%)
None/Not Applicable	41%	22%
Communicate/reiterate leadership’s commitment to an advocacy-based claims model	47%	62%
Implement training focused on advocacy	29%	44%
Engage frontline claims professionals in the design and/or implementation of an advocacy-based claims model	22%	27%
Seek frontline claims professionals’ feedback on advocacy-based claims model	22%	20%

Key Claims Practices Important to Advocacy

HIGH PERFORMANCE DIFFERENTIATOR

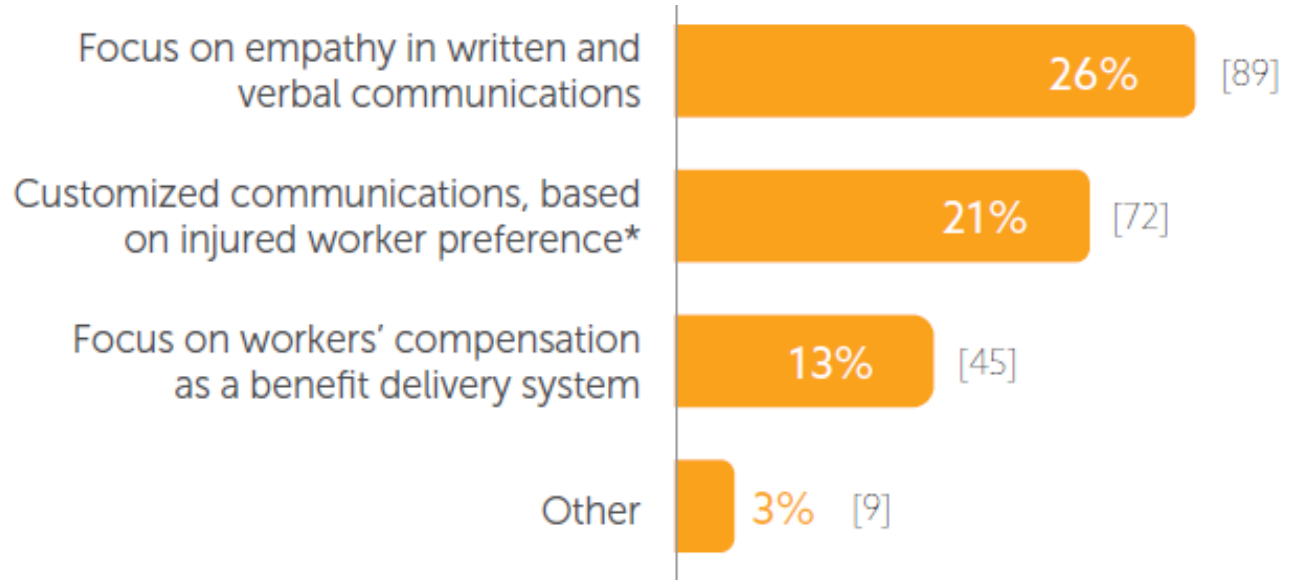
**What claims practices have changed in your organization
as a result of an advocacy-based claims model?**

Responses Segmented by Claims Closure Ratio / Claims Resolution

Answer	Lower Performance ($\leq 100\%$)	Higher Performance ($\geq 101\%$)
None/Not Applicable	36%	16%
Communication with injured workers	59%	73%
Disability/Return-to-Work (RTW) management	44%	50%
Frontline claims professional training	33%	51%
Claim resolution/ Settlement strategy	34%	47%
Compensability investigations	24%	33%

Key Claims Practices

- How has communication with injured workers changed most as a result of an advocacy-based claims model?

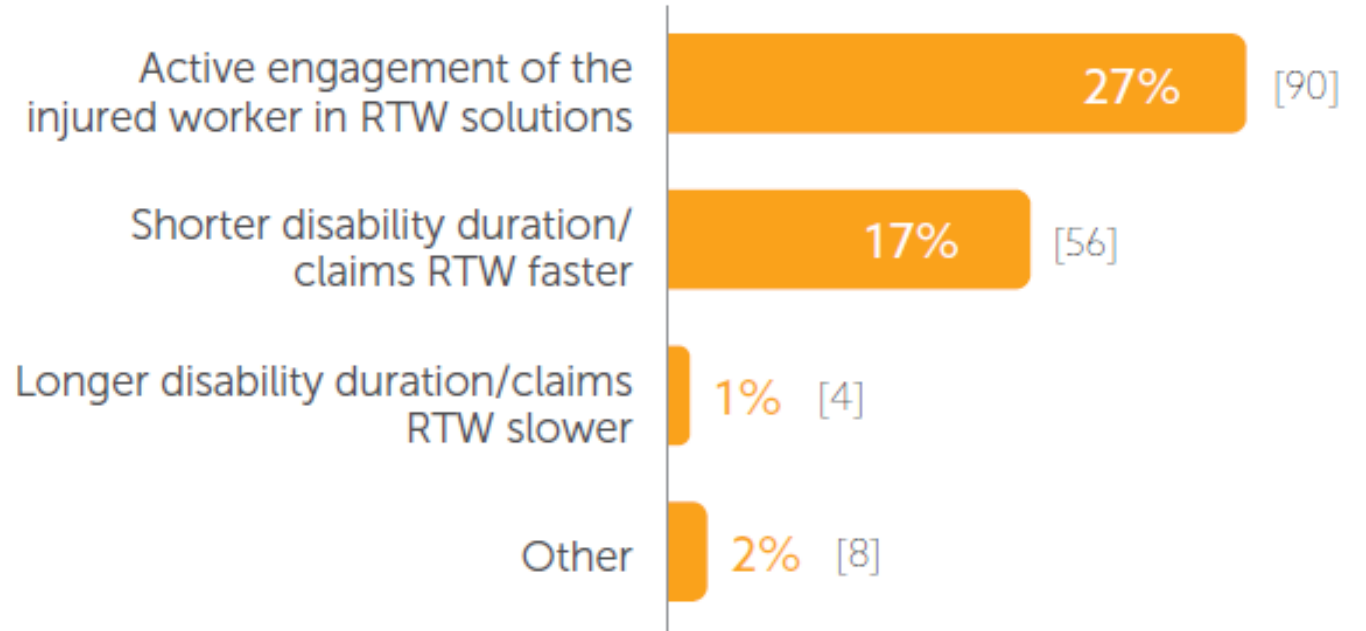


Note: Response data is calculated as a percentage of the entire response sample.

* i.e., use of text messaging, email, smart phone app and/or voice-to-voice communication

Key Claims Practices

- How has disability/return-to-work (RTW) management changed most as a result of an advocacy-based claims model?



Note: Response data is calculated as a percentage of the entire response sample.

Key Claims Practices

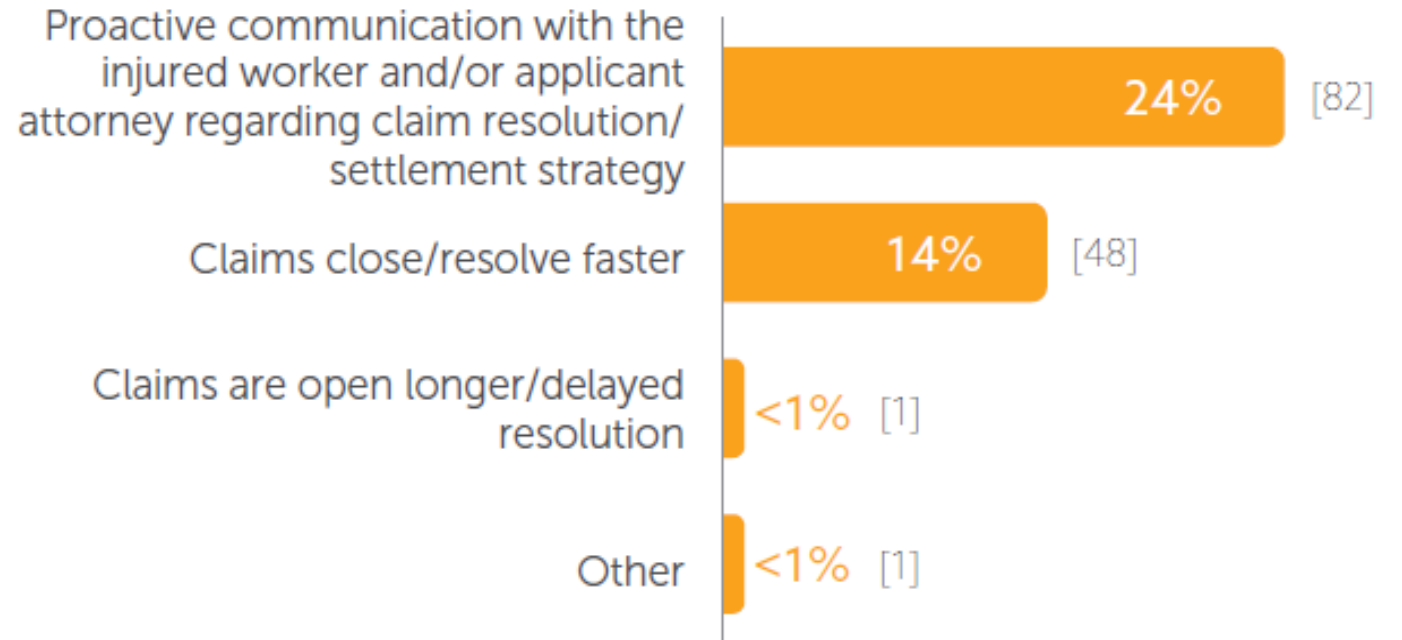
- How has frontline claims professional training changed most as a result of an advocacy-based claims model?



Note: Response data is calculated as a percentage of the entire response sample.

Key Claims Practices

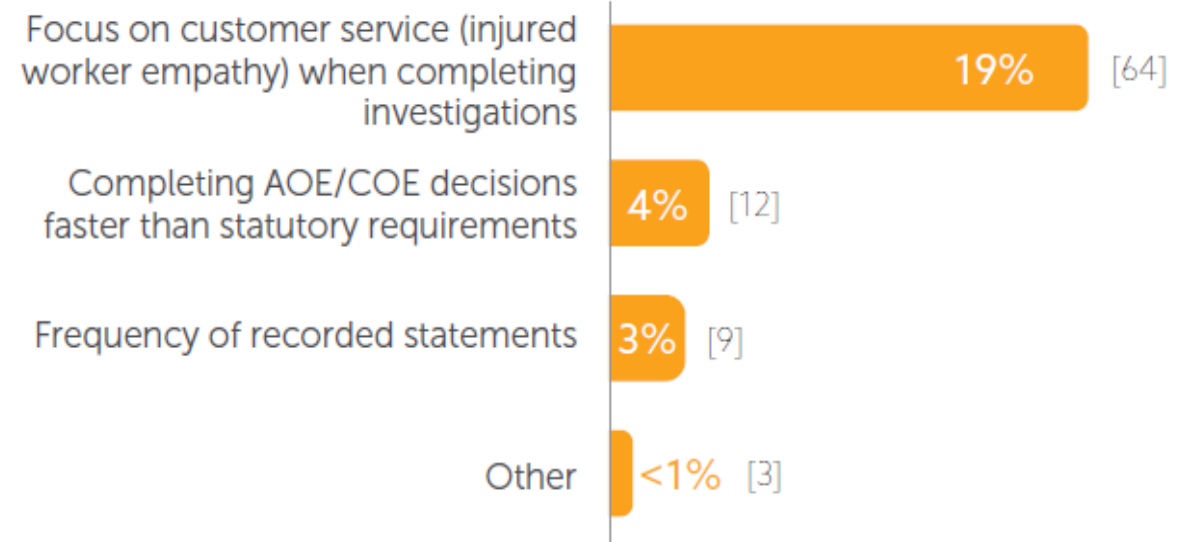
- How has claim resolution/ settlement strategy changed most as a result of an advocacy-based claims model?



Note: Response data is calculated as a percentage of the entire response sample.

Key Claims Practices

How have compensability investigations changed most as a result of an advocacy-based claims model?



Note: Response data is calculated as a percentage of the entire response sample.

Applying Quality and Outcome Measures in WC

RTW outcomes

Adherence to EBM

Functional improvement

Zero never events, or serious reportable events as defined by the National Quality Forum

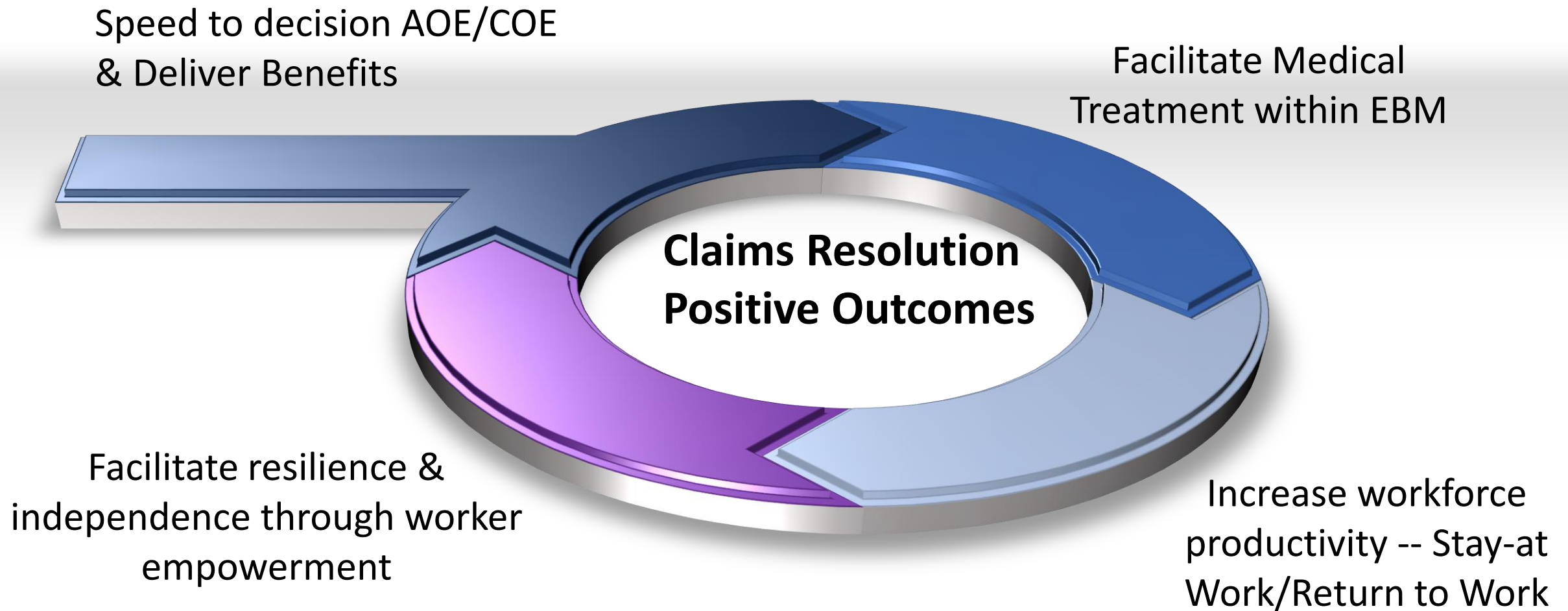
Risk of harm - intended or unintended physical or psychiatric injury resulting from/contributed to by health care services

Source: http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/advances-in-patient-safety-2/vol1/advances-west_102.pdf

<http://www.ahrq.gov/research/findings/nhqrdr/nhqr13/chap4.html>

<http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-01030>

Claims Management Best Practices – Goals of Advocacy & Evidenced Based Claims Decisions





Thank you

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