

# 2024 Workers' Comp Industry Insights Survey Report



Delivered by Healthesystems Powered by Risk & Insurance®

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#### Introduction

The sixth annual Workers' Compensation Industry Insights Survey was conducted in person at the National Comp conference and online through the end of October 2023. Follow-up interviews with approximately five percent of survey respondents were conducted during December.

In partnership with Risk & Insurance<sup>™</sup> and with the helpful participation of over 500 industry stakeholders, we continue to glean valuable insights about industry trends in general, and workers' comp medical benefits management in particular. Technology is also an important focus and it's always interesting to see how technological advances and priorities evolve. This report highlights some key findings, as well as detailed survey results broken down by various perspectives.

### Major Findings

#### Industry Seeking Solutions for Worker Shortages

Qualified employees are in short supply for key positions in both the healthcare and insurance industries, causing continuing concerns for workers' comp stakeholders. For the second consecutive year, healthcare worker shortages was the top challenge for survey participants. Over half of participating claims professionals reported that limited or inadequate in-network options for medical services was an obstacle to facilitating care. Telemedicine is once again rated one of the most important technologies for the industry, presumably to help alleviate access to care issues caused by healthcare worker shortages. Unfortunately, less than a third of participants reported beneficial expansion of medical services and telemedicine over the past two to three years. So, we still see a gap between what stakeholders say needs to be done and what is getting done in this area.

is also a concern for the insurance industry and 50% of industry stakeholders see it as a top challenge. The insurance industry has been facing the threat of serious worker shortages for years and many organizations expect technology to be a big part of the solution. Fifty-five percent think that chatbots and virtual assistants will be the most likely use of advanced analytics and artificial intelligence for the industry, and 68% say claims process automation is the most important technology for their programs over the next 3-5 years.

Workforce retention, recruitment, and succession

#### Healthcare provider and service

shortage was the #1 industry challenge

for the second consecutive year

"We've definitely seen access to providers is a bigger problem over the last five years.

Claims Leader | Insurance Carrier



say claims

process automation is the most important technology for their programs over the next 3-5 years.



#### 65%

see healthcare provider/service shortage as major challenge

of claims leaders

### 54%

#### of claims professionals

say limited in-network options is an obstacle to facilitating medical care

#### Claims Staff Shortages



#### 68%

say claims process automation is most important industry technology

50% say wo

#### say workforce recruiting,

retention, and succession is major challenge

"... adjuster turnover, caseloads are too high. So many things fall through the cracks.

Occupational Health Director Employer

### Major Findings

#### Comorbidities and Mental Health Concerns Loom Large

Injured workers' underlying health issues can complicate treatment and delay recovery. As chronic conditions such as diabetes and hypertension have become more common in the general population, they have also become more common in workers' comp. Comorbidities topped the list of barriers to injured worker recovery for 65% of survey participants. In recent years, mental health concerns have been a significant issue in workers' comp. In some cases, such as PTSD for first responders, a mental health condition might be a primary diagnosis. More commonly, conditions such as depression and anxiety can be contributing factors that affect injured workers' physical health and recovery. Sixty-five percent of respondents said that mental health conditions are a concerning claim complexity, followed closely by the 63% who cited comorbidities as a concerning claim complexity. Mental health conditions ranked third on the list of challenges the industry is facing as 52% of survey participants consider it concerning, whereas comorbidities are seen as a top challenge by 46%.

Mental Health Conditions

#1 most concerning claim complexity



# 3 industry challenge



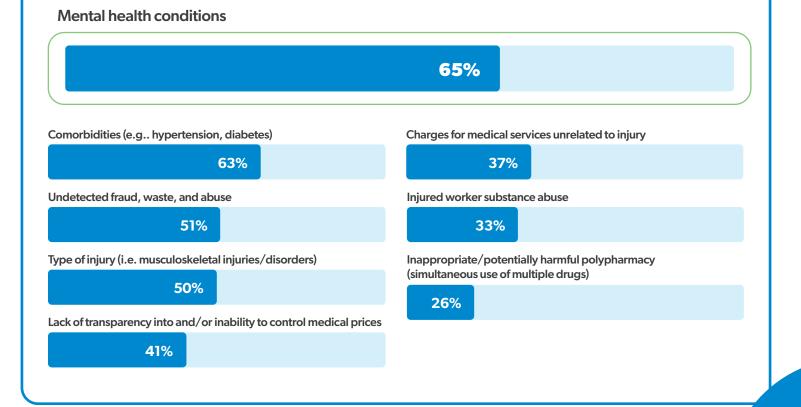
barrier to injured worker recovery 2 most concerning

"When you're laid up and you can't get back to work, it definitely affects your mental health. Especially, if you're in pain and you're not getting better, and you don't know what the future holds.

Medical Program Manager | Government Agency

Comorbidities and mental health conditions are complicating factors that can be difficult to address because claims professionals, nurse case managers, and others who are facilitating care may not even be aware that patients suffer from these conditions. This is an area where advanced analytics and artificial intelligence tools may help by rapidly extracting relevant details from reams of medical records to guide treatment and avoid further complications, such as inappropriate polypharmacy. Remote patient monitoring through wearables and mobile patient engagement can also help keep patients on track.

#### Most Concerning Health-Related Claim Complexities



"A lot of times with these frontline workers, they're going to have comorbidity, mental health, included.

Occupational Health Director | Employer

### Major Findings

#### Al Impact on Workers' Comp Remains to Be Seen

Artificial intelligence appears to be spreading like wildfire in some industries, but exactly how to make the best use of advanced analytics and Al tools such as machine learning is still being explored in workers' compensation. Only 29% of survey respondents think that Al will be an important technology for the industry in the next 3-5 years. That is possibly because workers' compensation has lagged behind some other industries in adopting new technologies and there is likely an opportunity for a deeper understanding of Al's potential in the application of key industry needs, such as claims process automation.

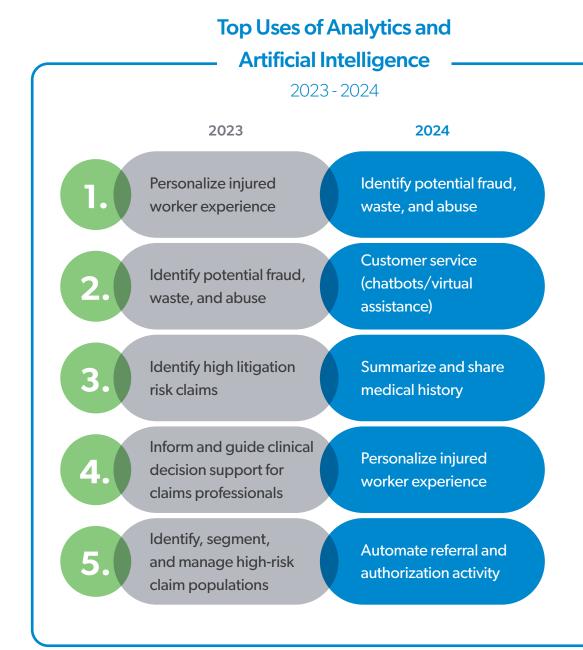
When asked in what advanced analytics and AI are likely to be most applicable, 60% said detecting fraud waste and abuse, and 59% thought the best use would be in customer service, using chatbots and virtual assistants. However, only 23% thought that chatbots and virtual assistants would be a technical priority in the next 3-5 years. The third most relevant application of AI was to summarize and share medical records, selected by 53% of participants.

"My hope is that it (AI) will recognize treatment patterns and things of that nature. Being able to utilize the AI in some form to gather that data among an entire claim set. I think that's definitely a possibility.

Workers' Compensation Program Manager | Insurance Carrier

Last year, 49% of survey participants thought that AI would be used to manage high-risk populations, but that number fell to 32% overall in this year's survey. A notable exception was medical program managers, 70% of whom thought that high-risk population management would be a good use of Al. Reported investment in Al tools was moderate at 25% and it will be interesting to learn more details about where those investments are going in future surveys.





66

Major

Findings

Analytics are great, but we cannot just rely on analytics and forget about the people involved. We have to realize that every bit of that data represents people and people don't always fit into patterns."

Executive Leader | Risk Management Consultant

### Major Findings

#### Easy Information Sharing Key for Claims and Medical Professionals

Problems and priorities can take on more or less importance depending on where one sits. The flow (or lack thereof) of information is, perhaps unsurprisingly, a bigger issue for front-line claims and clinical professionals than for other industry stakeholders. For example, interoperability and data sharing between payers, providers, and vendors was seen as important by 37% of survey participants overall, but 52% of claims leaders. Improving provider outreach and education was a pharmacy program goal for 35% of total survey Summarizing/sharing medical history was a top anticipated use of AI and analytics for:

53% OVERALL



participants, while 52% of healthcare providers said it was a priority. Summarizing and sharing medical history data was an anticipated use of Al and analytics for 53% of participants in general, as compared to 66% of claims professionals and 59% of clinical managers. And 73% of claims professionals said that difficulty obtaining information from medical providers was their top obstacle to facilitating care.

"

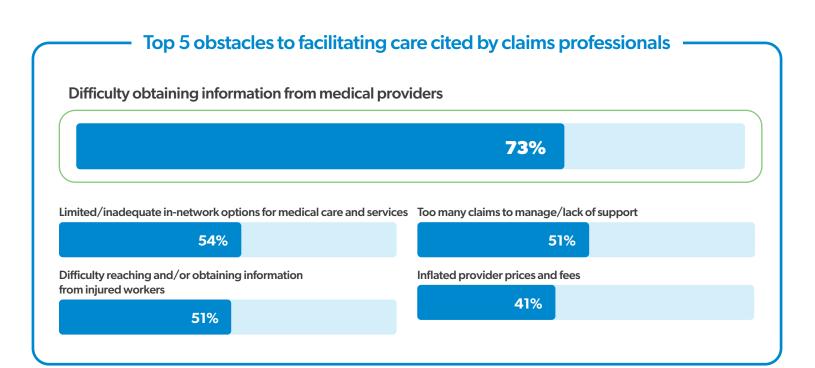
One of my main wish list items is to be able to export all of that information with a click of a button."

Senor Claims Adjustor | Self-Insured Fund

The frustrations of these front-line workers take on even greater significance in light of the fact that they are in short supply and low job satisfaction could lead to greater attrition. They are also the people who have the greatest impact on the injured workers' experience, so it behooves us as an industry to develop solutions that will make their jobs easier.

"There's always challenges getting information from doctor's offices to us.

Director of Claims for Workers' Compensation | Insurance Carrier





73% of claim professionals cite difficulty obtaining information from medical providers as an obstacle to facilitating care.

### Major Findings

#### Different Perspectives Drive Variable Pharmacy Goals

Workers' comp pharmacy costs, as a percentage of total medical costs, have steadily decreased over the past several years. But containing costs is still the top pharmacy program goal for 57% of survey participants. Vigilance is warranted as we see new prescribing patterns, such as more prescriptions for gabapentinoids and private label topicals (PLTs), as well as alternative dispensing channels, such as directly through medical practices and third-party mail order. Not to mention that opioids are likely always to be a factor in workers' comp where treating pain is essential. Managing opioids is still considered a top priority by 52% of survey participants. For 57% of claims leaders, opioid management is still the most important pharmacy goal, while 55% percent of medical program managers said decreasing the use of PLTs is their #1 goal (tied with opioid management). We also saw differences in pharmacy priorities according to organization type. For example, government



agencies made improving provider outreach their #1 pharmacy program goal with 51%, while containing costs was down at the #4 priority with 43%. TPAs prioritized opioid and substance abuse management by a wide margin over containing costs with 68% and 45%, respectively.

"

We're not seeing the volume we did years ago in terms of this issue (opioids). It's definitely something that's on our radar, but thankfully it's not taking up as much of our bandwidth as it probably did a decade ago."

Workers' Compensation Program Manager | Insurance Carrier

As noted earlier, workers' comp pharmacy costs have gone down, due in no small part to better opioid management. But we are seeing increases in utilizations and costs for other drugs, including some that pose risks, such as benzodiazepines, and others that come with high price tags and questionable clinical benefits, such as compound dermatologicals. Keeping pharmacy costs down and keeping injured workers safe are usually complimentary goals that can both be accomplished with a tight focus on effective and appropriate treatment.

#### Opioid and substance abuse management was the #1 pharmacy program goal for:





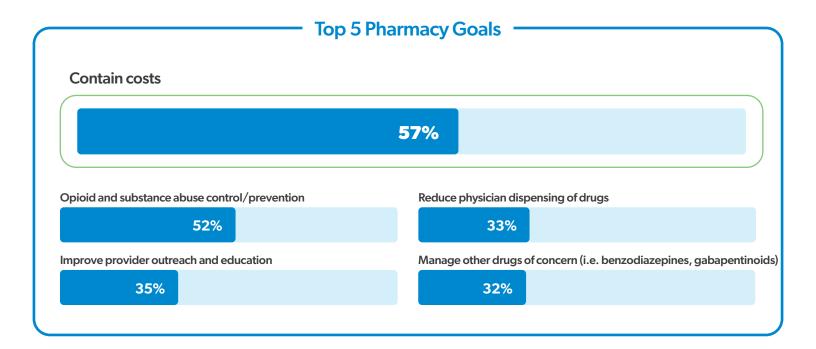
case managers



leaders



Claims Professionals



A different place of concern would be the topicals . . . The exceeding cost of those drugs does not match the outcome."

Medical Program Manager | PBM

### What a Difference a Year Makes

Each year the annual Workers' Compensation Industry Insights Survey brings new findings and insights regarding current priorities and challenges. We also observe changes from one year to the next, which often confirm the findings from the previous year. We definitely saw some of that this year, but we also saw some year-overyear changes that indicate some deviation in concerns and opinions since our 2023 report.

Medical price inflation was the #2 industry challenge last year, very nearly tying with the #1 challenge of healthcare provider/service shortages. But this year, while healthcare shortages remained the top concern, medical price inflation fell from #4 to #7, losing a full 14% of participants who saw it as a major challenge. This could mean that workers' comp professionals are not seeing the anticipated rise in medical prices that usually follows general inflation - at least not yet. Similarly, increasingly complex claims, the number three challenge in 2023, selected by 56% of survey participants, came in as the seventh challenge this year with 45%. Possibly some of the factors that complicate claims are stabilizing, or possibly other challenges are more urgent at this time.

Discrepancies in medical management program priorities since last year were also notable. Managing comorbidities took a rather dramatic fall from the #1 priority for 71% of participants last year to the #3 position with only 35% of Medical price inflation was a top concern for 58% of survey participants last year, but only 44% cited it as a concern for 2024

respondents citing is as a top priority. This is in contrast to other areas of the survey which indicate a lot of concern about comorbidities. In addition, only 31% of respondents said implementing mental health programs was a priority, as compared to 52% who said so last year. And the percentage of participants who said that increasing use of in-network providers is a priority was halved from 60% in 2023 to 30% in 2024. Lending credibility to the idea that medical program priorities are indeed changing is the fact that, when we isolate responses from medical program managers themselves, these responses are consistent with the overall survey.

We also saw some significant change in what industry stakeholders think about technological advances, but technology changes quickly and it is not surprising that opinions about it fluctuate. The consistent prioritization of claims

### What a Difference a Year Makes

process automation over the past three years is a clear trend that is only made stronger by shifts in opinion about other emerging technologies, such as advanced analytics and artificial intelligence (AI). We also see great consistency in stakeholders' hopes for telemedicine as a solution to help alleviate problems associated with the healthcare professional shortage.

It's interesting to note that the dominant top two pharmacy program goals – containing costs and managing opioids – are quite traditional. This is probably because these are fundamental priorities that are unlikely ever to become unimportant, although some emerging and concerning prescribing trends are likely to begin getting more attention.

Taking the long view of the survey over the last six years, this year's key findings were fairly predictable. The shortage of workers in the acute healthcare and insurance industries has been pending for years and we can now see more movement toward solutions. Comorbidities and mental health concerns have also been steadily increasing and, although solutions to these problems are more challenging, much work is being done to address these conditions. Effective information sharing has long been a goal for workers' comp healthcare and it is one that is all the more important in light of worker shortages. We also have more relevant and accurate information to share, thanks to advances in data analytics. Artificial intelligence may well turn out to be part of the solution, but exactly how remains to be seen.

We see notable variations in the annual survey because the workers' comp industry evolves in response to economic, political, and cultural changes. Challenges surface and become priorities and those priorities eventually lead to solutions. The 2024 Workers Compensation Industry Insights Survey is reflective of that adaptive process.



Containing costs and managing opioids remain priorities for pharmacy management programs

### Survey Results

The sixth annual Workers' Comp Industry Insights Survey was conducted in collaboration with Risk & Insurance<sup>®</sup> magazine, in person at the National Comp conference and online through October 2023, followed by follow-up telephone interviews with approximately 5% of survey participants.



## Participant Demographics

Then and Now

		<sup>2019</sup> 512	2020 669	<sup>2021</sup> 602
Par	ticipant	2022	2023	2024
	Totals	<b>498</b>	<b>503</b>	<b>500</b>

Organization Type	Percentage 2022/23	Percentage 2023/24	Change
Employer	23%	24%	11%
State/Government Agency	5%	9%	1+4%
Insurance Carrier	21%	22%	11%
Healthcare Provider	11%	19%	-2%
Third Party Administrator	5%	5%	
Brokerage	6%	9%	1+3%
Managed Care Organization	4%	1%	-3%
Consultancy	6%	4%	<b>-2%</b>
Law Firm	3%	3%	
Other	16%	14%	-2%

### Participant Demographics

Then and Now

Professional Role	Percentage 2022/23	Percentage 2023/24	Change
Executive Leadership	25%	19%	-6%
Claims Leadership	14%	13%	-1%
Risk Management	15%	15%	$\bigcirc$
Broker/Agent	6%	5%	-1%
Clinical Case Management	8%	6%	<b>-2%</b>
Claims Professional/Adjuster	7%	10%	<b>()</b> +3%
Medical Program Management	3%	3%	
Legal/Regulatory	3%	6%	<b>()</b> +3%
Healthcare Provider	3%	2%	-1%
Procurement	0%	1%	11%
Workplace, Environmental, Health & Safety		6%	New
Disability/Absence Specialist		1%	New
RTW Specialist		1%	New

# **Industry Challenges**

What challenges facing the workers' comp industry most concern you today?



1.	Healthcare provider/ service shortages	57%	
2.	Other workplace safety challenges (communicable disease, remote work, marijuana, violence)	52%	
3.	Mental health conditions and coverage	52%	
4.	Workforce recruiting, retention, and succession	50%	
5.	Workers' comp litigation	47%	
6.	Poor worker health/comorbidities	46%	
7.	Increasingly complex claims	45%	
8.	Medical/pharmacy price inflation	44%	
9.	Increasing regulation and/or expanding coverage requirements	31%	
10.	Operational and technical efficiency	29%	
11.	Climate change impact on work conditions and occupational health	21%	
12.	Rapid technological change	19%	



**Participant Perspective** 

For executive leaders, workforce recruiting, retention and succession was the #1 challenge.



Sixty percent of claims leaders also said workforce recruiting, retention, and succession was a major challenge. Like executive leaders, they are personally affected by the challenge of maintaining a quality workforce.

# **Beneficial Programs**

What programs implemented by your organization over the past 2-3 years have been the most beneficial to your worker's comp program/claims outcomes?

1.	Claims process improvements/operational efficiency	61%
2.	Initiatives to improve the injured workers' experience	46%
3.	Implementation of virtual/remote/digital technologies for workplace safety/ monitoring/ meetings	38%
4.	Employee retention and recruitment	36%
5.	Expanding integration with partners and providers	34%
6.	Expansion of/access to medical services for injured workers	31%
7.	Remote and/or digital therapeutics (i.e. telehealth, wearables)	29%
8.	Analytics and/or artificial intelligence investment	25%

**Participant Perspective** 

Healthcare provider organizations differed from the majority of organization types on this question, selecting initiatives to improve the injured worker experience as their most beneficial initiative.



Claims process improvement/operational efficiency was #1 beneficial program in 2022 but with a smaller 54% reporting improvements.

# **Medical Program Priorities**

What are the top priorities for your workers' comp medical management program?



1.	Align with RTW goals	54%
2.	Solutions to support front-line claims decisions and efficiency	44%
3.	Manage individual patient chronic conditions/comorbidities	35%
4.	Implement mental/behavioral health programs	31%
5.	Increase use of in-network providers	30%
6.	ldentify and manage social determinants of health (substance abuse, language barriers, social isolation)	30%
7.	Injured worker population segmentation and management	29%
8.	Clinical outreach/intervention programs	23%
9.	Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors	21%



Clinical outreach/intervention programs was the #1 priority for medical program managers.



Post-survey interviews indicate that medical program priorities are largely in alignment with return to work goals, so this is an important, but not aspirational, priority.

# Pharmacy Program Goals

What are the most pressing goals for your workers' compensation pharmacy management program?



1.	Contain costs	57%
2.	Opioid and substance abuse control/prevention	52%
3.	Improve provider outreach and education	35%
4.	Reduce physician dispensing of drugs	33%
5.	Manage other drugs of concern (i.e. benzodiazepines, gabapentinoids)	32%
6.	Increase processing efficiency	30%
7.	Increase network penetration	23%
8.	Improve specialty drug program management	20%
9.	Decrease usage of private label topicals	17%



**Participant Perspective** 

Opioid and substance abuse prevention was the top priority for TPAs with 68%.



Dermatologicals' comprise 20% or workers' comp drug costs and high-prices private label topicals (PLTs) contribute to those costs, which makes it a little surprising that decreasing PLT usage is not a higher priority.

# **Recovery Barriers**

What do you feel are the biggest barriers to injured worker recovery?



1.	Comorbidities/poor worker health	65%
2.	Injured worker engagement	48%
3.	Limited availability of transitional duty/return to work options	47%
4.	Psychosocial/mental/behavioral health concerns	47%
5.	Care coordination/communication challenges	36%
6.	Access to timely/quality care	35%
7.	Negative interactions with claims staff and/or treating providers	34%
8.	Medical history and/or other relevant information unavailable to payers or providers	32%
9.	Worker fear of re-injury	26%
10.	Language/cultural barriers	26%
-8	Participant Perspective	Healthe Insight

All job roles selected comorbidities as the #1 barrier to recovery except medical program managers who ranked psychosocial/mental/behavioral health concerns as #1.

We note a disconnect between comorbidities being the top barrier to recovery, but managing comorbidities is a medical program priority for only 35% of respondents.

# Technology

Which technological advances will be most important to your workers' comp medical management program in the next 3-5 years?



1.	Claims process automation (i.e. using analytics to segment and drive claims along appropriate path)	68%
2.	Telemedicine/virtual technologies	55%
3.	Mobile technologies	43%
4.	Interoperability and data sharing between payers, providers & vendors	37%
5.	Predictive/prescriptive analytics	37%
6.	Wearables/virtual reality/digital medicine/smart devices	32%
7.	Artificial intelligence/machine learning (i.e. foundational and generative models: ChatGPT/GPT-4, etc.)	29%
8.	Virtual assistant/chatbotpayers or providers	23%

Participant Perspective

73% of claims professionals said that claims process automation is the most important technology.



Claims process automation and telemedicine were also the #1 and 2 technologies in last year's survey.

# **Analytics and Al**

For which areas do you expect to find advanced analytics and artificial intelligence tools (i.e. machine learning, ChatGPT) most applicable?



1.	Identifying potential fraud, waste, and abuse	60%
2.	Customer service (i.e. chatbots, virtual assistants)	59%
3.	Summarizing and sharing medical records/history	53%
4.	Personalizing the injured worker experience	42%
5.	Automated referral and authorization activity	42%
6.	Vendor/provider performance benchmarking and management	39%
7.	Analyzing/capturing adjuster best practices	39%
8.	ldentification, segmentation, and management of high-risk patient populations	32%
9.	Legal contract review	17%

Participant Perspective

Claims leaders put customer service (i.e. chatbots) ahead of identifying FWA with 67%.



#### **Healthe Insight**

Last year personalizing the injured worker experience was seen as the best use for analytics and Al. Possibly it slipped down to #4 because many organizations are already moving forward with technology to improve the injured worker experience, as indicated by the 46% who cited this as a beneficial initiative.

# **Claim Complexity**

Which types of medical/health related claim complexities most concern you?



1.	Mental health conditions	65%
2.	Comorbidities (i.e. hypertension, diabetes)	63%
3.	Undetected fraud, waste, and abuse	51%
4.	Type of injury (i.e. musculoskeletal injuries/disorders)	50%
5.	Lack of transparency into and/or inability to control medical prices	41%
6.	Charges for medical services unrelated to injury	37%
7.	Injured worker substance abuse	33%
8.	Inappropriate/potentially harmful polypharmacy (simultaneous use of multiple drugs)	26%

**Participant Perspective** 

Comorbidities was #1 concerning claims complexity for both employers and insurance carriers.



Physical comorbidities and mental health conditions pose similar challenges in adversely affecting injured worker recovery, whether they are compensable injuries or pre-existing conditions.

# Claims Professional Perspective

If you are a claims professional or adjuster, what obstacles do you face when facilitating medical care for injured workers?

1.	Difficulty obtaining information from medical providers	73%
2.	Limited/inadequate in-network options for medical care and services	54%
3.	Difficulty reaching and/or obtaining information from injured workers	51%
4.	Too many claims to manage/lack of support	51%
5.	Inflated provider prices and fees	41%
6.	Lack of reliable and accessible clinical decision support information	37%
7.	Outdated or inadequate claims processing system	29%
8.	Working between multiple systems and communication channels	22%
9.	Legislative/regulatory requirements	20%
10.	Visibility into the progression of medical care	20%

**Participant Perspective** 

Claims professionals at government agencies cited limited network options for medical care as their #1 obstacle.

Healthe Insight

Providing care may become a bigger obstacle in the future as the shortage of healthcare professionals continues, making it even more difficult to help injured workers find in-network care.

#### **Industry Challenges**

Executive Leaders	Claims Leaders	Clinical/Case Managers	Medical Program Managers	Risk Managers	Claims Professionals
<ol> <li>Workforce recruiting, retention, and</li> </ol>	<ol> <li>Healthcare provider/ service shortages</li> </ol>	<ol> <li>Healthcare provider/ service shortages</li> </ol>	<ol> <li>Healthcare provider/ service shortages</li> </ol>	<ol> <li>Other workplace safety challenges</li> </ol>	<ol> <li>Healthcare provider/ service shortages</li> </ol>
succession 2. Other workplace	<ol> <li>Workforce recruiting, retention, and succession</li> </ol>	2. Poor worker health/ comorbidities	2. Medical/pharmacy price inflation	2. Poor worker health/ comorbidities	2. Mental health conditions and
<ul><li>safety challenges</li><li>Healthcare provider/ service shortages</li></ul>	<ul><li>3. Workers' comp litigation</li></ul>	<ol> <li>Mental health conditions and coverage</li> </ol>	<ol> <li>Workforce recruiting, retention, and succession</li> </ol>	<ol> <li>Mental health conditions and coverage</li> </ol>	coverage 3. Increasingly complex claims
<b>4.</b> Mental health conditions and	<ol> <li>Other workplace safety challenges</li> </ol>	4. Increasingly complex claims	4. Mental health conditions and	<ol> <li>Workers' comp litigation</li> </ol>	<ol> <li>Poor worker health/ comorbidities</li> </ol>
coverage 5. Medical/pharmacy	5. Medical/pharmacy price inflation	5. Workers' comp litigation	coverage 5. Operational and	5. Medical/pharmacy price inflation	5. Workers' comp litigation
price inflation 6. Operational and	6. Increasingly complex claims	<ol> <li>Other workplace safety challenges</li> </ol>	technical efficiency 6. Increasingly complex	<ol> <li>Workforce recruiting, retention, and</li> </ol>	<ol> <li>Medical/pharmacy price inflation</li> </ol>
<ul><li>technical efficiency</li><li>7. Increasing regulation and/or</li></ul>	7. Poor worker health/ comorbidities	<ol> <li>Workforce recruiting, retention, and succession</li> </ol>	claims 7. Other workplace safety challenges	succession 7. Healthcare provider/ service shortages	7. Other workplace safety challenges
expanding coverage requirements	<ol> <li>Mental health conditions and coverage</li> </ol>	<ol> <li>Medical/pharmacy price inflation</li> </ol>	<ol> <li>Poor worker health/ comorbidities</li> </ol>	<ol> <li>Increasingly complex claims</li> </ol>	<ol> <li>Workforce recruiting, retention, and succession</li> </ol>
8. Workers' comp litigation	<ol> <li>Increasing regulation and/or</li> </ol>	<ol> <li>Increasing regulation and/or</li> </ol>	<ol> <li>Increasing regulation and/or</li> </ol>	<ol> <li>Increasing regulation and/or</li> </ol>	<ol> <li>Increasing regulation and/or</li> </ol>
<ol> <li>Increasingly complex claims</li> </ol>	expanding coverage requirements	expanding coverage requirements	expanding coverage requirements	expanding coverage requirements	expanding coverage requirements
<ol> <li>Poor worker health/ comorbidities</li> </ol>	<ol> <li>Operational and technical efficiency</li> </ol>	<ol> <li>Climate change impact on work</li> </ol>	<ol> <li>Workers' comp litigation</li> </ol>	<ol> <li>Climate change impact on work</li> </ol>	<ol> <li>Rapid technological change</li> </ol>
<ol> <li>Rapid technological change</li> </ol>	<ol> <li>Climate change impact on work</li> </ol>	conditions and occupational health	<ol> <li>Climate change impact on work</li> </ol>	conditions and occupational health	<ol> <li>Climate change impact on work</li> </ol>
12.Climate change impact on work	12.Rapid technological change	<ol> <li>Operational and technical efficiency</li> </ol>	conditions and occupational health	<ol> <li>Operational and technical efficiency</li> </ol>	conditions and occupational health
conditions and occupational health	č	12.Rapid technological change	12.Rapid technological change	12.Rapid technological change	12.Operational and technical efficiency

#### **Beneficial Programs**

Executive Leaders	Claims Leaders	Clinical/Case Managers	Medical Program Managers	Risk Managers	Claims Professionals
<ol> <li>Claims process improvements/ operational efficiency</li> </ol>	<ol> <li>Claims process improvements/ operational efficiency</li> </ol>	<ol> <li>Employee retention and recruitment</li> <li>Expansion of/access</li> </ol>	<ol> <li>Initiatives to improve the injured workers' experience</li> </ol>	<ol> <li>Claims process improvements/ operational efficiency</li> </ol>	<ol> <li>Claims process improvements/ operational efficiency</li> </ol>
<ol> <li>Initiatives to improve the injured workers' experience</li> </ol>	2. Initiatives to improve the injured workers' experience	<ul> <li>to medical services for injured workers</li> <li>Claims process</li> </ul>	2. Claims process improvements/ operational efficiency	2. Initiatives to improve the injured workers' experience	2. Initiatives to improve the injured workers' experience
3. Employee retention and recruitment	<ol> <li>Employee retention and recruitment</li> </ol>	improvements/ operational efficiency	3. Implementation of virtual/remote/ digital technologies	3. Expanding integration with partners and providers	3. Implementation of virtual/remote/ digital technologies
<ol> <li>Implementation of virtual/remote/ digital technologies</li> </ol>	<ol> <li>Implementation of virtual/remote/ digital technologies</li> </ol>	<ol> <li>Initiatives to improve the injured workers' experience</li> </ol>	for workplace safety/ monitoring/ meetings	<ol> <li>Employee retention and recruitment</li> </ol>	for workplace safety/ monitoring/ meetings
for workplace safety/ monitoring/ meetings	for workplace safety/ monitoring/ meetings	<ul> <li>5. Remote and/or digital therapeutics</li> </ul>	<ol> <li>Analytics and/or artificial intelligence investment</li> </ol>	<b>5.</b> Remote and/or digital therapeutics	<b>4.</b> Employee retention and recruitment
<ol> <li>Expanding integration with partners and providers</li> </ol>	<ol> <li>Analytics and/or artificial intelligence investment</li> </ol>	6. Expanding integration with partners and providers	<b>5.</b> Expanding integration with partners and	<ol> <li>Implementation of virtual/remote/ digital technologies</li> </ol>	<ol> <li>Expanding integration with partners and providers</li> </ol>
<ol> <li>Expansion of/access to medical services for injured workers</li> </ol>	<ol> <li>Expanding integration with partners and providers</li> </ol>	<ul> <li>Implementation of virtual/remote/</li> </ul>	<ul><li>providers</li><li>6. Employee retention and recruitment</li></ul>	for workplace safety/ monitoring/ meetings	<ol> <li>Expansion of/access to medical services for injured workers</li> </ol>
<ol> <li>Remote and/or digital therapeutics</li> </ol>	7. Remote and/or digital therapeutics	digital technologies for workplace safety/ monitoring/ meetings	7. Expansion of/access to medical services for	<ol> <li>Analytics and/or artificial intelligence investment</li> </ol>	<ol> <li>Remote and/or digital therapeutics (i.e.</li> </ol>
<ol> <li>Analytics and/or artificial intelligence investment</li> </ol>	<ol> <li>Expansion of/access to medical services for injured workers</li> </ol>	8. Analytics and/or artificial intelligence investment	<ul> <li>injured workers</li> <li>8. Remote and/or digital therapeutics (i.e. telehealth, wearables)</li> </ul>	<ol> <li>Expansion of/access to medical services for injured workers</li> </ol>	telehealth, wearables) 8. Analytics and/or artificial intelligence investment

#### **Medical Management Priorities**

Executive Leaders	Claims Leaders	Clinical/Case Managers	Medical Program Managers	Risk Managers	Claims Professionals
<ol> <li>Solutions to support front-line claims decisions and efficiency</li> <li>Manage individual patient chronic conditions/ comorbidities</li> <li>Identify and manage social determinants of health (substance abuse, language</li> </ol>	<ol> <li>Align with RTW goals</li> <li>Solutions to support front-line claims decisions and efficiency</li> <li>Increase use of in- network providers</li> <li>Pharmacy strategies to optimize care and identify/ limit concerning prescribing behaviors</li> </ol>	<ol> <li>Align with RTW goals</li> <li>Solutions to support front-line claims decisions and efficiency</li> <li>Injured worker population segmentation and management</li> <li>Manage individual patient chronic conditions/</li> </ol>	<ol> <li>Clinical outreach/ intervention programs</li> <li>Implement mental/ behavioral health programs</li> <li>Pharmacy strategies to optimize care and identify/ limit concerning prescribing behaviors</li> <li>Manage individual patient chronic</li> </ol>	<ol> <li>Align with RTW goals</li> <li>Implement mental/ behavioral health programs</li> <li>Injured worker population segmentation and management</li> <li>Solutions to support front-line claims decisions and efficiency</li> </ol>	<ol> <li>Align with RTW goals</li> <li>Manage individual patient chronic conditions/ comorbidities</li> <li>Increase use of in- network providers</li> <li>Injured worker population segmentation and management</li> </ol>
<ul> <li>barriers, social isolation)</li> <li>4. Implement mental/ behavioral health programs</li> <li>5. Align with RTW goals</li> <li>6. Increase use of in- network providers</li> <li>7. Clinical outreach/</li> </ul>	<ul> <li>5. Manage individual patient chronic conditions/ comorbidities</li> <li>6. Identify and manage social determinants of health (substance abuse, language barriers, social</li> </ul>	<ul> <li>comorbidities</li> <li>5. Increase use of innetwork providers</li> <li>6. Clinical outreach/intervention programs</li> <li>7. Pharmacy strategies to optimize care and identify/limit concerning</li> </ul>	<ul> <li>conditions/ comorbidities</li> <li><b>5.</b> Solutions to support front-line claims decisions and efficiency</li> <li><b>6.</b> Injured worker population segmentation and</li> </ul>	<ol> <li>Manage individual patient chronic conditions/ comorbidities</li> <li>Identify and manage social determinants of health (substance abuse, language barriers, social</li> </ol>	<ol> <li>Solutions to support front-line claims decisions and efficiency</li> <li>Identify and manage social determinants of health (substance abuse, language barriers, social isolation)</li> </ol>
<ul> <li>Clinical outleach/ intervention programs</li> <li>8. Injured worker population segmentation and management</li> <li>9. Pharmacy strategies to optimize care and identify/ limit concerning prescribing behaviors</li> </ul>	<ul> <li>isolation)</li> <li>7. Injured worker population segmentation and management</li> <li>8. Implement mental/ behavioral health programs</li> <li>9. Clinical outreach/ intervention programs</li> </ul>	<ul> <li>prescribing behaviors</li> <li>8. Implement mental/ behavioral health programs</li> <li>9. Identify and manage social determinants of health (substance abuse, language barriers, social isolation)</li> </ul>	<ul> <li>management</li> <li>7. Align with RTW goals</li> <li>8. Increase use of innetwork providers</li> <li>9. Identify and manage social determinants of health (substance abuse, language barriers, social isolation)</li> </ul>	<ul> <li>isolation)</li> <li>7. Increase use of innetwork providers</li> <li>8. Clinical outreach/intervention programs</li> <li>9. Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors</li> </ul>	<ol> <li>Implement mental/ behavioral health programs</li> <li>Pharmacy strategies to optimize care and identify/ limit concerning prescribing behaviors</li> <li>Clinical outreach/ intervention programs</li> </ol>

#### Pharmacy Management Goals

Executive Leader	Claims Leader	Clinical/Case Manager	Medical Program Manager	Risk Managers	Claims Professional
<ol> <li>Contain costs</li> <li>Improve provider outreach and</li> </ol>	1. Opioid and substance abuse control/ prevention	<ol> <li>Opioid and substance abuse control/ prevention</li> </ol>	1. Opioid and substance abuse control/ prevention	1. Opioid and substance abuse control/ prevention	1. Opioid and substance abuse control/ prevention
education	2. Contain costs	2. Contain costs	2. Decrease usage of	2. Contain costs	2. Contain costs
3. Increase processing/ authorization efficiency	3. Manage other drugs of concern (i.e. benzodiazepines,	3. Manage other drugs of concern (i.e. benzodiazepines,	private label topicals 3. Reduce physician dispensing of drugs	3. Reduce physician dispensing of drugs	3. Reduce physician dispensing of drugs
<ol> <li>Opioid and substance abuse control/</li> </ol>	gabapentinoids) 4. Reduce physician	gabapentinoids) 4. Increase processing/	4. Contain costs	<ol> <li>Manage other drugs of concern (i.e. benzodiazepines,</li> </ol>	<ol> <li>Improve specialty drug program management</li> </ol>
prevention 5. Manage other drugs	dispensing of drugs 5. Increase processing/	authorization efficiency	<ol> <li>Improve specialty drug program management</li> </ol>	gabapentinoids) 5. Improve provider	5. Improve provider outreach and
of concern (i.e. benzodiazepines, gabapentinoids)	authorization efficiency 6. Decrease usage of	<ol> <li>Increase network penetration</li> <li>Reduce physician</li> </ol>	6. Improve provider outreach and education	outreach and education 6. Increase network	education 6. Decrease usage of private label topicals
<b>6.</b> Increase network penetration	<ul><li>private label topicals</li><li>7. Improve provider</li></ul>	dispensing of drugs 7. Improve provider	<ol> <li>Manage other drugs of concern (i.e.</li> </ol>	<ul><li>penetration</li><li>Increase processing/</li></ul>	<ol> <li>Manage other drugs of concern (i.e.</li> </ol>
<ol> <li>Reduce physician dispensing of drugs</li> </ol>	outreach and education	outreach and education	outreach and outreach and benzodiazepines,	authorization efficiency	benzodiazepines, gabapentinoids)
<ol> <li>Improve specialty drug program</li> </ol>	<ol> <li>Increase network penetration</li> </ol>	8. Decrease usage of private label topicals	<ol> <li>Increase network penetration</li> </ol>	<ol> <li>Decrease usage of private label topicals</li> </ol>	8. Increase processing/ authorization
<ul><li>management</li><li>9. Decrease usage of private label topicals</li></ul>	<ol> <li>Improve specialty drug program management</li> </ol>	<ol> <li>Improve specialty drug program management</li> </ol>	<ol> <li>Increase processing/ authorization efficiency</li> </ol>	<ol> <li>Improve specialty drug program management</li> </ol>	efficiency 9. Increase network penetration

#### **Barriers to Recovery**

Executive Leader	Claims Leader	Clinical/Case Manager	Medical Program Manager	Risk Managers	Claims Professional
1. Comorbidities/poor worker health	<ol> <li>Comorbidities/poor worker health</li> </ol>	<ol> <li>Comorbidities/poor worker health</li> </ol>	<ol> <li>Psychosocial/mental/ behavioral health</li> </ol>	<ol> <li>Comorbidities/poor worker health</li> </ol>	<ol> <li>Comorbidities/poor worker health</li> </ol>
2. Injured worker engagement	2. Psychosocial/mental/ behavioral health	2. Limited availability of transitional duty/	concerns 2. Comorbidities/poor	2. Injured worker engagement	2. Limited availability of transitional duty/
3. Limited availability of transitional duty/ return to work options	<ul> <li>concerns</li> <li>Limited availability of transitional duty/ return to work options</li> </ul>	<ul> <li>return to work options</li> <li>Psychosocial/mental/ behavioral health</li> </ul>	<ul> <li>worker health</li> <li>Limited availability of transitional duty/ return to work options</li> </ul>	3. Limited availability of transitional duty/ return to work options	<ul> <li>return to work options</li> <li><b>3.</b> Psychosocial/mental/ behavioral health</li> </ul>
4. Psychosocial/mental/ behavioral health concerns	<ul><li>4. Injured worker engagement</li></ul>	concerns 4. Injured worker engagement	4. Care coordination/ communication	<ol> <li>Care coordination/ communication challenges</li> </ol>	concerns 4. Worker fear of re- injury
<ol> <li>Access to timely/ quality care</li> </ol>	5. Care coordination/ communication	5. Care coordination/ communication	challenges 5. Injured worker	5. Psychosocial/mental/ behavioral health	5. Injured worker engagement
6. Care coordination/ communication challenges	challenges 6. Medical history and/or other	challenges 6. Language/cultural barriers	engagement 6. Negative interactions with claims staff and/	concerns 6. Access to timely/ quality care	<ol> <li>Care coordination/ communication challenges</li> </ol>
7. Negative interactions with claims staff and/ or treating providers	relevant information unavailable to payers or providers	7. Negative interactions with claims staff and/ or treating providers	or treating providers 7. Worker fear of re- injury	7. Negative interactions with claims staff and/ or treating providers	7. Negative interactions with claims staff and/ or treating providers
<ol> <li>Medical history and/or other</li> </ol>	<ol> <li>Negative interactions with claims staff and/ or treating providers</li> </ol>	<ol> <li>Worker fear of re- injury</li> </ol>	8. Language/cultural barriers	<ol> <li>Medical history and/or other</li> </ol>	8. Medical history and/or other
relevant information unavailable to payers or providers	<ol> <li>Language/cultural barriers</li> </ol>	<ol> <li>Medical history and/or other relevant information</li> </ol>	<ol> <li>Access to timely/ quality care</li> </ol>	relevant information unavailable to payers or providers	relevant information unavailable to payers or providers
9. Worker fear of re- injury	<ol> <li>Access to timely/ quality care</li> </ol>	unavailable to payers or providers	<ol> <li>Medical history and/or other relevant information</li> </ol>	<ol> <li>Language/cultural barriers</li> </ol>	9. Access to timely/ quality care
<ol> <li>Language/cultural barriers</li> </ol>	<b>10.</b> .Worker fear of re- injury	<b>10.</b> .Access to timely/ quality care	unavailable to payers or providers	<b>10.</b> Worker fear of re- injury	<ol> <li>Language/cultural barriers</li> </ol>

### Results by Featured Job Roles

#### Technology

	Executive Leader	Claims Leader	Clinical/Case Manager	Medical Program Manager	Risk Managers	Claims Professional
aı ar ar	Claims process utomation (i.e. using nalytics to segment nd drive claims along ppropriate path)	<ol> <li>Claims process automation (i.e. using analytics to segment and drive claims along appropriate path)</li> </ol>	<ol> <li>Telemedicine/virtual technologies</li> <li>Claims process automation (i.e. using analytics to segment</li> </ol>	<ol> <li>Telemedicine/virtual technologies</li> <li>Claims process automation (i.e. using analytics to segment</li> </ol>	<ol> <li>Claims process automation (i.e. using analytics to segment and drive claims along appropriate path)</li> </ol>	<ol> <li>Claims process automation (i.e. using analytics to segment and drive claims along appropriate path)</li> </ol>
	elemedicine/virtual echnologies	2. Interoperability and data sharing between	and drive claims along appropriate path)	and drive claims along appropriate path)	<ol> <li>Telemedicine/virtual technologies</li> </ol>	2. Telemedicine/virtual technologies
	nteroperability and ata sharing between	payers, providers & vendors	3. Predictive/ prescriptive analytics	<ol> <li>Predictive/ prescriptive analytics</li> </ol>	3. Mobile technologies	<ol> <li>Wearables/virtual reality/digital</li> </ol>
	ayers, providers & endors	<ol> <li>Telemedicine/virtual technologies</li> </ol>	4. Mobile technologies	4. Interoperability and data sharing between	<ol> <li>Predictive/ prescriptive analytics</li> </ol>	medicine/ smart devices
	redictive/ rescriptive analytics	4. Predictive/ prescriptive analytics	5. Artificial intelligence/ machine learning	payers, providers & vendors	<ol> <li>Wearables/ virtual reality/ digital</li> </ol>	4. Mobile technologies
5. N	Nobile technologies	5. Mobile technologies	(i.e. foundational and generative models:	5. Mobile technologies	medicine/ smart devices	<ol> <li>Predictive/ prescriptive analytics</li> </ol>
m (i. gʻ	ntificial intelligence/ nachine learning .e. foundational and enerative models: ChatGPT/GPT- etc.)	<ol> <li>Artificial intelligence/ machine learning (i.e. foundational and generative models: ChatGPT/GPT- etc.)</li> </ol>	<ul> <li>ChatGPT/GPT- etc.)</li> <li>Interoperability and data sharing between payers, providers &amp; vendors</li> </ul>	<ol> <li>Artificial intelligence/ machine learning (i.e. foundational and generative models: ChatGPT/GPT- etc.)</li> </ol>	<ol> <li>Interoperability and data sharing between payers, providers &amp; vendors</li> <li>Artificial intelligence/</li> </ol>	<ol> <li>6. Virtual assistant/ chatbot</li> <li>7. Interoperability and data sharing between payers, providers &amp;</li> </ol>
re m	Vearables/ virtual eality/ digital nedicine/ smart evices	<ol> <li>Virtual assistant/ chatbot</li> <li>Wearables/ virtual reality/ digital</li> </ol>	<ol> <li>Wearables/virtual reality/digital medicine/smart devices</li> </ol>	<ol> <li>Wearables/virtual reality/digital medicine/smart devices</li> </ol>	(i.e. foundational and generative models: ChatGPT/GPT- etc.)	<ul> <li>vendors</li> <li>8. Artificial intelligence/ machine learning (i.e. foundational and</li> </ul>
	irtual assistant/ hatbot	medicine/ smart devices	<ol> <li>Virtual assistant/ chatbot</li> </ol>	8. Virtual assistant/ chatbot	8. Virtual assistant/ chatbot	generative models: ChatGPT/GPT- etc.)

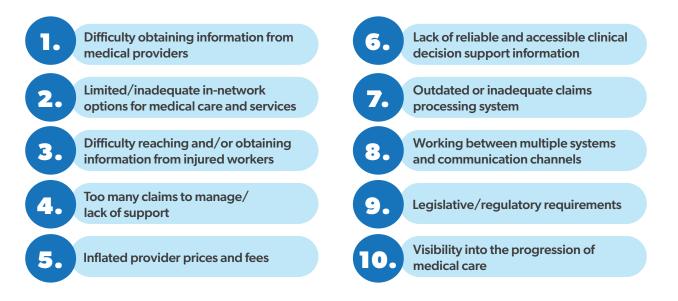
#### Analytics and Al

Executive	Claims	Clinical/Case	Medical Program	Risk	Claims
Leader	Leader	Manager	Manager	Managers	Professional
<ol> <li>Identifying potential</li></ol>	<ol> <li>Customer service</li></ol>	<ol> <li>Customer service</li></ol>	<ol> <li>Identification,</li></ol>	<ol> <li>Identifying potential</li></ol>	<ol> <li>Summarizing and</li></ol>
fraud, waste, and	(i.e. chatbots, virtual	(i.e. chatbots, virtual	segmentation, and	fraud, waste, and	sharing medical
abuse	assistants)	assistants)	management of	abuse	records/history
<ol> <li>Customer service</li></ol>	<ol> <li>Identifying potential</li></ol>	<ol> <li>Summarizing and</li></ol>	high-risk patient	2. Customer service	2. Identifying potential fraud, waste, and abuse
(i.e. chatbots, virtual	fraud, waste, and	sharing medical	populations	(i.e. chatbots, virtual	
assistants)	abuse	records/history	2. Identifying potential	assistants)	
<ol> <li>Summarizing and</li></ol>	<ol> <li>Summarizing and</li></ol>	<ol> <li>Identifying potential</li></ol>	fraud, waste, and	<ol> <li>Summarizing and</li></ol>	<ol> <li>Customer service</li></ol>
sharing medical	sharing medical	fraud, waste, and	abuse	sharing medical	(i.e. chatbots, virtual
records/history	records/history	abuse	3. Analyzing/capturing	records/history	assistants)
<ol> <li>Automated referral and authorization activity</li> </ol>	<ol> <li>Analyzing/capturing adjuster best practices</li> <li>Identification.</li> </ol>	<ol> <li>Vendor/provider performance benchmarking and</li> </ol>	<ul><li>adjuster best practices</li><li>4. Vendor/provider performance</li></ul>	<ol> <li>Personalizing the injured worker experience</li> </ol>	<ol> <li>Automated referral and authorization activity</li> </ol>
5. Personalizing the	segmentation, and	management	<ul><li>benchmarking and management</li><li>5. Customer service</li></ul>	5. Vendor/provider	5. Vendor/provider
injured worker	management of	5. Automated referral		performance	performance
experience	high-risk patient	and authorization		benchmarking and	benchmarking and
<ol> <li>Vendor/provider performance benchmarking and management</li> </ol>	populations 6. Personalizing the injured worker experience	activity <b>6.</b> Personalizing the injured worker experience	<ul><li>(i.e. chatbots, virtual assistants)</li><li>6. Automated referral and authorization</li></ul>	<ul><li>management</li><li>6. Analyzing/capturing adjuster best practices</li></ul>	<ul> <li>management</li> <li>6. Personalizing the injured worker experience</li> </ul>
7. Analyzing/capturing adjuster best practices	7. Vendor/provider performance	7. Analyzing/capturing adjuster best practices	activity 7. Summarizing and	<ol> <li>Automated referral and authorization activity</li> </ol>	7. Analyzing/capturing adjuster best practices
<ol> <li>Identification,</li></ol>	benchmarking and	<ol> <li>Identification,</li></ol>	<ul><li>sharing medical records/history</li><li>8. Personalizing the injured worker experience</li></ul>	<ol> <li>Identification,</li></ol>	<ol> <li>Identification,</li></ol>
segmentation, and	management	segmentation, and		segmentation, and	segmentation, and
management of	8. Automated referral	management of		management of	management of
high-risk patient	and authorization	high-risk patient		high-risk patient	high-risk patient
populations	activity	populations		populations	populations
9. Legal contract review	9. Legal contract review	9. Legal contract review	9. Legal contract review	9. Legal contract review	9. Legal contract review

#### **Claim Complexities**

	Executive Leader	Claims Leader	Clinical/Case Manager	Medical Program Manager	Risk Managers	Claims Professional
	Mental health conditions Comorbidities	<ol> <li>Comorbidities         <ol> <li>(i.e. hypertension, diabetes)</li> </ol> </li> </ol>	<ol> <li>Comorbidities         <ol> <li>(i.e. hypertension, diabetes)</li> </ol> </li> </ol>	1. Lack of transparency into and/or inability to control medical prices	<ol> <li>Comorbidities         <ol> <li>(i.e. hypertension, diabetes)</li> </ol> </li> </ol>	<ol> <li>Mental health conditions</li> <li>Comorbidities</li> </ol>
۷.	(i.e. hypertension, diabetes)	2. Mental health conditions	2. Mental health conditions	2. Comorbidities (i.e. hypertension,	2. Mental health conditions	(i.e. hypertension, diabetes)
3.	Undetected fraud, waste, and abuse	<ol> <li>Undetected fraud, waste, and abuse</li> </ol>	3. Type of injury (i.e. musculoskeletal	diabetes) 3. Mental health	3. Type of injury (i.e. musculoskeletal	3. Undetected fraud, waste, and abuse
4.	Type of injury (i.e. musculoskeletal injuries/disorders)	<b>4.</b> Lack of transparency into and/or inability to control medical prices	injuries/disorders) 4. Undetected fraud, waste, and abuse	conditions 4. Type of injury (i.e. musculoskeletal	<ul><li>injuries/disorders)</li><li>4. Undetected fraud, waste, and abuse</li></ul>	<b>4.</b> Lack of transparency into and/or inability to control medical prices
5.	Charges for medical services unrelated to injury	<ol> <li>Type of injury (i.e. musculoskeletal injuries/disorders)</li> </ol>	5. Injured worker substance abuse	<ul><li>injuries/disorders)</li><li>5. Charges for medical services unrelated to</li></ul>	<ol> <li>Charges for medical services unrelated to injury</li> </ol>	<ol> <li>Type of injury (i.e. musculoskeletal injuries/disorders)</li> </ol>
6.	Lack of transparency into and/or inability to	<b>6.</b> Charges for medical services unrelated to	<ol> <li>Charges for medical services unrelated to injury</li> </ol>	injury 6. Undetected fraud,	6. Injured worker substance abuse	6. Injured worker substance abuse
7.	control medical prices Inappropriate/ potentially harmful	injury 7. Injured worker substance abuse	7. Lack of transparency into and/or inability to control medical prices	<ul><li>waste, and abuse</li><li>7. Injured worker substance abuse</li></ul>	7. Lack of transparency into and/or inability to control medical prices	<ol> <li>Inappropriate/ potentially harmful polypharmacy</li> </ol>
	polypharmacy (simultaneous use of multiple drugs)	<ol> <li>Inappropriate/ potentially harmful polypharmacy</li> </ol>	<ol> <li>Inappropriate/ potentially harmful polypharmacy</li> </ol>	<ol> <li>Inappropriate/ potentially harmful polypharmacy</li> </ol>	<ol> <li>Inappropriate/ potentially harmful polypharmacy</li> </ol>	(simultaneous use of multiple drugs) 8. Charges for medical
8.	Injured worker substance abuse	(simultaneous use of multiple drugs)	(simultaneous use of multiple drugs)	(simultaneous use of multiple drugs)	(simultaneous use of multiple drugs)	services unrelated to injury

#### **Claims Professionals' Obstacles**





#### Industry Challenges

Insurance Carriers	Employers	TPAs	Government Agencies	MCOs	Healthcare Providers
<ol> <li>Healthcare provider/ service shortages</li> </ol>	1. Poor worker health/ comorbidities	<ol> <li>Healthcare provider/ service shortages</li> </ol>	1. Mental health conditions and	<ol> <li>Healthcare provider/ service shortages</li> </ol>	<ol> <li>Healthcare provider/ service shortages</li> </ol>
2. Workforce recruiting, retention, and succession	2. Other workplace safety challenges (communicable	2. Mental health conditions and coverage	coverage 2. Other workplace safety challenges	2. Other workplace safety challenges (communicable	2. Workforce recruiting, retention, and succession
3. Medical/pharmacy price inflation	disease, remote work, marijuana, violence)	3. Workforce recruiting, retention, and	(communicable disease, remote work, marijuana, violence)	disease, remote work, marijuana, violence)	3. Medical/pharmacy price inflation
<b>4.</b> Mental health conditions and	3. Workers' comp litigation	succession 4. Poor worker health/	<ol> <li>Healthcare provider/ service shortages</li> </ol>	<ol> <li>Operational and technical efficiency</li> </ol>	<ol> <li>Operational and technical efficiency</li> </ol>
coverage 5. Other workplace	<ol> <li>Healthcare provider/ service shortages</li> </ol>	comorbidities 5. Increasingly complex	<ol> <li>Workforce recruiting, retention, and</li> </ol>	<ol> <li>Mental health conditions and coverage</li> </ol>	5. Mental health conditions and
safety challenges (communicable disease, remote work,	5. Mental health conditions and coverage	claims 6. Other workplace safety challenges	succession 5. Increasingly complex	<ol> <li>Increasing regulation and/or</li> </ol>	coverage 6. Increasingly complex claims
<ul><li>marijuana, violence)</li><li>6. Increasingly complex claims</li></ul>	<ol> <li>Workforce recruiting, retention, and succession</li> </ol>	(communicable disease, remote work, marijuana, violence)	<ul><li>claims</li><li>6. Operational and technical efficiency</li></ul>	expanding coverage requirements 6. Increasingly complex	7. Increasing regulation and/or
7. Workers' comp litigation	<ol> <li>Medical/pharmacy price inflation</li> </ol>	7. Workers' comp litigation	<ol> <li>Workers' comp litigation</li> </ol>	claims 7. Workforce recruiting,	expanding coverage requirements
<ol> <li>Poor worker health/ comorbidities</li> </ol>	<ul> <li>Increasingly complex claims</li> </ul>	<ol> <li>Medical/pharmacy price inflation</li> </ol>	<ol> <li>Medical/pharmacy price inflation</li> </ol>	retention, and succession	<ol> <li>Other workplace safety challenges (communicable</li> </ol>
<ol> <li>Operational and technical efficiency</li> </ol>	<ol> <li>Increasing regulation and/or</li> </ol>	<ol> <li>Increasing regulation and/or</li> </ol>	9. Poor worker health/ comorbidities	<ol> <li>Climate change impact on work conditions and</li> </ol>	disease, remote work marijuana, violence)
<ol> <li>Increasing regulation and/or</li> </ol>	expanding coverage requirements	expanding coverage requirements	<b>10.</b> Increasing regulation and/or	occupational health	<ol> <li>Workers' comp litigation</li> </ol>
expanding coverage requirements	<b>10.</b> Operational and technical efficiency	<b>10.</b> Operational and technical efficiency	expanding coverage requirements	price inflation	10.Poor worker health/ comorbidities
<ol> <li>Climate change impact on work conditions and</li> </ol>	<ol> <li>Climate change impact on work conditions and</li> </ol>	<ol> <li>Climate change impact on work conditions and</li> </ol>	<ol> <li>Rapid technological change</li> </ol>	comorbidities	<ol> <li>Climate change impact on work conditions and</li> </ol>
occupational health	occupational health	occupational health	12. Climate change impact on work	<ol> <li>Rapid technological change</li> <li>Markers' access</li> </ol>	occupational health
12.Rapid technological change	<b>12.</b> Rapid technological change	12.Rapid technological change	conditions and occupational health	12.Workers' comp litigation	12.Rapid technological change



#### **Beneficial Programs**

Insurance Carriers	Employers	TPAs	Government Agencies	MCOs	Healthcare Providers
<ol> <li>Claims process improvements/ operational efficiency</li> </ol>	<ol> <li>Claims process improvements/ operational efficiency</li> </ol>	<ol> <li>Claims process improvements/ operational efficiency</li> </ol>	<ol> <li>Claims process improvements/ operational efficiency</li> </ol>	<ol> <li>Expanding integration with partners and providers</li> </ol>	<ol> <li>Initiatives to improve the injured workers' experience</li> </ol>
2. Employee retention and recruitment	2. Initiatives to improve the injured workers' experience	2. Implementation of virtual/remote/ digital technologies	2. Implementation of virtual/remote/ digital technologies	2. Remote and/or digital therapeutics (i.e. telehealth, wearables)	2. Expansion of/access to medical services for injured workers
<ol> <li>Implementation of virtual/remote/ digital technologies for workplace safety/</li> </ol>	<ol> <li>Expanding integration with partners and providers</li> </ol>	for workplace safety/ monitoring/ meetings 3. Initiatives to improve	for workplace safety/ monitoring/ meetings 3. Employee retention	<ol> <li>Initiatives to improve the injured workers' experience</li> </ol>	<ul> <li>Claims process improvements/ operational efficiency</li> </ul>
<ul> <li>4. Initiatives to improve the injured workers'</li> </ul>	4. Employee retention and recruitment	<ul> <li>the injured workers' experience</li> <li>Expansion of/access</li> </ul>	<ul> <li>and recruitment</li> <li>Initiatives to improve the injured workers'</li> </ul>	<ol> <li>Experience</li> <li>Expansion of/access to medical services for injured workers</li> </ol>	<ul> <li>Implementation of virtual/remote/ digital technologies</li> </ul>
experience 5. Expanding integration with partners and	5. Remote and/or digital therapeutics (i.e. telehealth, wearables)	to medical services for injured workers 5. Employee retention	experience 5. Expanding integration with partners and	<ol> <li>Claims process improvements/ operational efficiency</li> </ol>	for workplace safety/ monitoring/ meetings 5. Analytics and/or
providers 6. Analytics and/or artificial intelligence	6. Implementation of virtual/remote/ digital technologies for workplace safety/	<ul><li>and recruitment</li><li>6. Expanding integration with partners and</li></ul>	providers 6. Expansion of/access to medical services for	6. Analytics and/or artificial intelligence investment	artificial intelligence investment 6. Employee retention
investment 7. Remote and/or digital therapeutics (i.e.	<ul><li>monitoring/ meetings</li><li>7. Expansion of/access to medical services for</li></ul>	providers 7. Analytics and/or artificial intelligence	<ul><li>injured workers</li><li>7. Remote and/or digital therapeutics (i.e.</li></ul>	7. Implementation of virtual/remote/ digital technologies	<ul><li>and recruitment</li><li>7. Expanding integration with partners and</li></ul>
<ul><li>telehealth, wearables)</li><li>8. Expansion of/access to medical services for</li></ul>	<ul><li>injured workers</li><li>8. Analytics and/or artificial intelligence</li></ul>	<ul> <li>and intelligence investment</li> <li>8. Remote and/or digital therapeutics (i.e.</li> </ul>	<ul><li>telehealth, wearables)</li><li>8. Analytics and/or artificial intelligence</li></ul>	for workplace safety/ monitoring/ meetings 8. Employee retention	<ul><li>8. Remote and/or digital therapeutics (i.e.</li></ul>
injured workers	investment	telehealth, wearables)	investment	and recruitment	telehealth, wearables)



#### **Medical Management Priorities**

Insurance Carriers	Employers	TPAs	Government Agencies	MCOs	Healthcare Providers
<ol> <li>Solutions to support front-line claims decisions and efficiency</li> <li>Align with RTW goals</li> </ol>	<ol> <li>Align with RTW goals</li> <li>Manage individual patient chronic conditions/ comorbidities</li> </ol>	<ol> <li>Solutions to support front-line claims decisions and efficiency</li> <li>Align with RTW goals</li> </ol>	<ol> <li>Align with RTW goals</li> <li>Solutions to support front-line claims decisions and efficiency</li> </ol>	<ol> <li>Clinical outreach/ intervention programs</li> <li>Increase use of in- network providers</li> </ol>	<ol> <li>Clinical outreach/ intervention programs</li> <li>Implement mental/ behavioral health programs</li> </ol>
<ol> <li>Increase use of innetwork providers</li> <li>Manage individual patient chronic</li> </ol>	3. Injured worker population segmentation and management	<ol> <li>Increase use of innetwork providers</li> <li>Clinical outreach/ intervention programs</li> </ol>	3. Manage individual patient chronic conditions/ comorbidities	<ol> <li>Implement mental/ behavioral health programs</li> <li>Solutions to support front-line claims</li> </ol>	3. Solutions to support front-line claims decisions and efficiency
conditions/ comorbidities 5. Injured worker population	<ol> <li>Solutions to support front-line claims decisions and efficiency</li> </ol>	<ol> <li>Implement mental/ behavioral health programs</li> <li>Injured worker</li> </ol>	<ol> <li>Injured worker population segmentation and management</li> </ol>	decisions and efficiency 5. Align with RTW goals 6. Identify and manage	<ol> <li>Align with RTW goals</li> <li>Manage individual patient chronic conditions/</li> </ol>
<ul> <li>segmentation and management</li> <li>6. Pharmacy strategies to optimize care and identify/</li> </ul>	<ol> <li>Identify and manage social determinants of health (substance abuse, language barriers, social isolation)</li> </ol>	<ul> <li>population segmentation and management</li> <li>Manage individual patient chronic</li> </ul>	<ol> <li>Implement mental/ behavioral health programs</li> <li>Identify and manage social determinants</li> </ol>	social determinants of health (substance abuse, language barriers, social isolation)	<ul> <li>comorbidities</li> <li>6. Identify and manage social determinants of health (substance abuse, language</li> </ul>
<ul><li>limit concerning prescribing behaviors</li><li>7. Identify and manage social determinants of health (substance</li></ul>	<ol> <li>Implement mental/ behavioral health programs</li> <li>Increase use of in-</li> </ol>	<ul> <li>conditions/ comorbidities</li> <li>8. Identify and manage social determinants of health (substance</li> </ul>	of health (substance abuse, language barriers, social isolation) 7. Increase use of in-	<ol> <li>Pharmacy strategies to optimize care and identify/ limit concerning prescribing behaviors</li> </ol>	<ul> <li>barriers, social isolation)</li> <li>7. Increase use of in- network providers</li> <li>8. Injured worker</li> </ul>
abuse, language barriers, social isolation) 8. Implement mental/ behavioral health	<ul> <li>network providers</li> <li>8. Clinical outreach/ intervention programs</li> <li>9. Pharmacy strategies</li> </ul>	<ul> <li>abuse, language barriers, social isolation)</li> <li>Pharmacy strategies</li> </ul>	<ul> <li>network providers</li> <li>8. Pharmacy strategies to optimize care and identify/ limit concerning</li> </ul>	8. Injured worker population segmentation and management	<ul> <li>population segmentation and management</li> <li>Pharmacy strategies</li> </ul>
<ul><li>9. Clinical outreach/ intervention programs</li></ul>	to optimize care and identify/ limit concerning prescribing behaviors	to optimize care and identify/ limit concerning prescribing behaviors	<ul><li>9. Clinical outreach/ intervention programs</li></ul>	<ol> <li>Manage individual patient chronic conditions/ comorbidities</li> </ol>	to optimize care and identify/ limit concerning prescribing behaviors



#### Pharmacy Program Goals

Insuran Carrie	Employers	TPAs	Government Agencies	MCOs	Healthcare Providers
1. Contain cost	<b>1.</b> Contain costs	1. Opioid and substance	1. Improve provider	1. Opioid and substance	1. Contain costs
2. Opioid and s abuse contro	1	e abuse control/ prevention	outreach and education	abuse control/ prevention	2. Improve provider outreach and
prevention	prevention	2. Contain costs	2. Increase processing/	2. Reduce physician	education
3. Reduce physical dispensing c	1 5	<ol> <li>Manage other drugs of concern (i.e.</li> </ol>	authorization efficiency	dispensing of drugs 3. Manage other drugs	3. Opioid and substance abuse control/
4. Improve prov	5 1 5 5	benzodiazepines,	3. Opioid and substance	of concern (i.e.	prevention
outreach and education	5 5	gabapentinoids) 4. Reduce physician	abuse control/ prevention	benzodiazepines, gabapentinoids)	4. Increase processing/ authorization
<ol> <li>Manage other</li> </ol>	(appanentinoids)	dispensing of drugs	4. Contain costs	4. Decrease usage of	efficiency
of concern (i.	e. <b>5.</b> Improve provider	5. Decrease usage of	5. Manage other drugs of concern (i.e.	private label topicals	5. Manage other drugs of concern (i.e.
benzodiazep gabapentinc		private label topicals	benzodiazepines,	penetration	benzodiazepines,
6. Decrease usa	ae of <b>6.</b> Increase network	<ol> <li>Improve specialty drug program</li> </ol>	gabapentinoids)	6. Improve provider	gabapentinoids)
private label		management	6. Reduce physician	outreach and	6. Reduce physician
7. Improve spe	cialty <b>7.</b> Increase processing/	7. Improve provider	dispensing of drugs	education	dispensing of drugs
drug prograr managemen		outreach and education	<ol> <li>Decrease usage of private label topicals</li> </ol>	<ol> <li>Increase processing/ authorization</li> </ol>	<ol> <li>Increase network penetration</li> </ol>
8. Increase net	vork 8. Improve specialty	8. Increase processing/	8. Increase network	efficiency	8. Improve specialty
penetration	drug program	authorization	penetration	8. Contain costs	drug program
9. Increase pro	5.	efficiency	<ol> <li>Improve specialty</li> </ol>	9. Improve specialty	management
authorizatior efficiency	9. Decrease usage of private label topicals	<ol> <li>Increase network penetration</li> </ol>	drug program management	drug program management	<ol> <li>Decrease usage of private label topicals</li> </ol>



#### **Barriers to Recovery**

Insurance Carriers	Employers	TPAs	Government Agencies	MCOs	Healthcare Providers
<ol> <li>Comorbidities/poor worker health</li> </ol>	<ol> <li>Comorbidities/poor worker health</li> </ol>	1. Comorbidities/poor worker health	<ol> <li>Comorbidities/poor worker health</li> </ol>	1. Access to timely/ quality care	1. Comorbidities/poor worker health
2. Psychosocial/mental/ behavioral health concerns	2. Injured worker engagement	2. Limited availability of transitional duty/ return to work options	<ol> <li>Injured worker engagement</li> </ol>	2. Psychosocial/mental/ behavioral health concerns	2. Psychosocial/mental/ behavioral health concerns
3. Limited availability of transitional duty/	3. Limited availability of transitional duty/ return to work options	3. Psychosocial/mental/ behavioral health	3. Psychosocial/mental/ behavioral health concerns	3. Language/cultural barriers	3. Access to timely/ quality care
return to work options 4. Injured worker engagement	<ol> <li>Care coordination/ communication challenges</li> </ol>	<ul> <li>concerns</li> <li>4. Negative interactions with claims staff and/</li> </ul>	4. Access to timely/ quality care	4. Comorbidities/poor worker health	<ol> <li>Limited availability of transitional duty/ return to work options</li> </ol>
<ol> <li>Access to timely/ quality care</li> </ol>	<ol> <li>Medical history and/or other</li> </ol>	or treating providers 5. Care coordination/	<ol> <li>5. Worker fear of re- injury</li> <li>6. Limited availability</li> </ol>	<ol> <li>Limited availability of transitional duty/ return to work options</li> </ol>	5. Injured worker engagement
6. Negative interactions with claims staff and/ or treating providers	relevant information unavailable to payers or providers	communication challenges 6. Injured worker	of transitional duty/ return to work options	6. Care coordination/ communication challenges	<ol> <li>Negative interactions with claims staff and/ or treating providers</li> </ol>
<ol> <li>Medical history and/or other</li> </ol>	<ol> <li>Psychosocial/mental/ behavioral health concerns</li> </ol>	engagement 7. Medical history	7. Care coordination/ communication challenges	<ol> <li>Negative interactions with claims staff and/</li> </ol>	7. Care coordination/ communication
relevant information unavailable to payers or providers	<ol> <li>Negative interactions with claims staff and/ or treating providers</li> </ol>	and/or other relevant information unavailable to payers	<ol> <li>Medical history and/or other relevant information</li> </ol>	or treating providers 8. Injured worker engagement	challenges 8. Worker fear of re- injury
<ol> <li>Language/cultural barriers</li> </ol>	8. Access to timely/	or providers 8. Access to timely/	unavailable to payers or providers	<ol> <li>Worker fear of re- injury</li> </ol>	<ol> <li>Medical history and/or other</li> </ol>
<ol> <li>Care coordination/ communication challenges</li> </ol>	quality care 9. Language/cultural barriers	quality care 9. Worker fear of re- injury	9. Negative interactions with claims staff and/ or treating providers	10. Medical history and/or other relevant information	relevant information unavailable to payers or providers
<b>10.</b> Worker fear of re- injury	<b>10.</b> Worker fear of re- injury	10.Language/cultural barriers	10.Language/cultural barriers	unavailable to payers or providers	<ol> <li>Language/cultural barriers</li> </ol>



#### Technology

	Insurance Carriers	Employers	TPAs	Government Agencies	MCOs	Healthcare Providers
	Claims process automation (i.e. using analytics to segment and drive claims along appropriate path)	<ol> <li>Claims process automation (i.e. using analytics to segment and drive claims along appropriate path)</li> </ol>	<ol> <li>Telemedicine/virtual technologies</li> <li>Claims process automation (i.e. using analytics to segment</li> </ol>	<ol> <li>Claims process automation (i.e. using analytics to segment and drive claims along appropriate path)</li> </ol>	<ol> <li>Interoperability and data sharing between payers, providers &amp; vendors</li> <li>Predictive/</li> </ol>	<ol> <li>Claims process automation (i.e. using analytics to segment and drive claims along appropriate path)</li> </ol>
2.	Telemedicine/virtual technologies	2. Telemedicine/virtual technologies	and drive claims along appropriate path)	2. Telemedicine/virtual technologies	<ul><li>a. Telemedicine/virtual</li></ul>	2. Interoperability and data sharing between payers, providers &
	Mobile technologies Predictive/	<ol> <li>Predictive/ prescriptive analytics</li> </ol>	<ol> <li>Interoperability and data sharing between</li> </ol>	<ol> <li>Mobile technologies</li> <li>Virtual assistant/</li> </ol>	technologies 4. Claims process	vendors
	prescriptive analytics	4. Interoperability and data sharing between	payers, providers & vendors	chatbot	automation (i.e. using analytics to segment	3. Telemedicine/virtual technologies
	Artificial intelligence/ machine learning (i.e. foundational and generative models:	payers, providers & vendors 5. Mobile technologies	<ol> <li>Mobile technologies</li> <li>Wearables/ virtual reality/ digital</li> </ol>	<ol> <li>5. Predictive/ prescriptive analytics</li> <li>6. Wearables/ virtual</li> </ol>	and drive claims along appropriate path) 5. Mobile technologies	4. Artificial intelligence/ machine learning (i.e. foundational and
6.	ChatGPT/GPT-4, etc.) Wearables/virtual	<ol> <li>Wearables/ virtual reality/ digital</li> </ol>	medicine/ smart devices	reality/ digital medicine/ smart devices	<ol> <li>6. Wearables/ virtual reality/ digital</li> </ol>	generative models: ChatGPT/GPT-4, etc.) 5. Predictive/
	reality/ digital medicine/ smart	medicine/ smart devices	<ol> <li>Predictive/ prescriptive analytics</li> </ol>	7. Artificial intelligence/ machine learning	medicine/ smart devices	prescriptive analytics
7.	devices Interoperability and data sharing between payers, providers &	<ol> <li>Artificial intelligence/ machine learning (i.e. foundational and generative models:</li> </ol>	<ol> <li>Artificial intelligence/ machine learning (i.e. foundational and generative models:</li> </ol>	(i.e. foundational and generative models: ChatGPT/GPT-4, etc.)	<ol> <li>Artificial intelligence/ machine learning (i.e. foundational and generative models;</li> </ol>	<ol> <li>Wearables/virtual reality/digital medicine/smart devices</li> </ol>
	vendors	ChatGPT/GPT-4, etc.)	ChatGPT/GPT-4, etc.)	<ol> <li>Interoperability and data sharing between</li> </ol>	ChatGPT/GPT-4, etc.)	7. Mobile technologies
8.	Virtual assistant/ chatbot	<ol> <li>Virtual assistant/ chatbot</li> </ol>	<ol> <li>8. Virtual assistant/ chatbot</li> </ol>	payers, providers & vendors	<ol> <li>Virtual assistant/ chatbot</li> </ol>	<ol> <li>Virtual assistant/ chatbot</li> </ol>



#### **Analytics and Al**

Insurance Carriers	Employers	TPAs	Government Agencies	MCOs	Healthcare Providers
<ol> <li>Identifying potential fraud, waste, and abuse</li> </ol>	<ol> <li>Identifying potential fraud, waste, and abuse</li> </ol>	<ol> <li>Customer service (i.e. chatbots, virtual assistants)</li> </ol>	<ol> <li>Customer service (i.e. chatbots, virtual assistants)</li> </ol>	<ol> <li>Identifying potential fraud, waste, and abuse</li> </ol>	<ol> <li>Customer service (i.e. chatbots, virtual assistants)</li> </ol>
<ol> <li>Customer service (i.e. chatbots, virtual assistants)</li> </ol>	<ol> <li>Customer service (i.e. chatbots, virtual assistants)</li> </ol>	2. Identifying potential fraud, waste, and abuse	<ol> <li>Summarizing and sharing medical records/history</li> </ol>	<ol> <li>Customer service (i.e. chatbots, virtual assistants)</li> </ol>	<ol> <li>Automated referral and authorization activity</li> </ol>
<ol> <li>Summarizing and sharing medical records/history</li> </ol>	<ol> <li>Summarizing and sharing medical records/history</li> </ol>	<ol> <li>Summarizing and sharing medical records/history</li> </ol>	<ol> <li>Identifying potential fraud, waste, and abuse</li> </ol>	3. Identification, segmentation, and management of	<ol> <li>Identifying potential fraud, waste, and abuse</li> </ol>
<ol> <li>Analyzing/capturing adjuster best practices</li> <li>Vendor/provider</li> </ol>	<ol> <li>Personalizing the injured worker experience</li> </ol>	<ol> <li>Automated referral and authorization activity</li> </ol>	<ol> <li>Personalizing the injured worker experience</li> </ol>	high-risk patient populations 4. Legal contract review	<ol> <li>Personalizing the injured worker experience</li> </ol>
performance benchmarking and management	<ol> <li>Analyzing/capturing adjuster best practices</li> <li>Automated referral</li> </ol>	<ol> <li>Identification, segmentation, and management of</li> </ol>	5. Automated referral and authorization activity	<ol> <li>Summarizing and sharing medical records/history</li> </ol>	<ol> <li>Summarizing and sharing medical records/history</li> </ol>
6. Personalizing the injured worker	and authorization activity	high-risk patient populations	6. Identification, segmentation, and	6. Personalizing the injured worker	6. Analyzing/capturing adjuster best practices
experience 7. Automated referral and authorization activity	7. Vendor/provider performance benchmarking and management	<ol> <li>Analyzing/capturing adjuster best practices</li> <li>Personalizing the injured worker</li> </ol>	management of high-risk patient populations 7. Analyzing/capturing	experience 7. Analyzing/capturing adjuster best practices 8. Automated referral	7. Vendor/provider performance benchmarking and management
<ol> <li>Identification, segmentation, and management of high-risk patient populations</li> <li>Legal contract review</li> </ol>	<ol> <li>8. Identification, segmentation, and management of high-risk patient populations</li> <li>9. Legal contract review</li> </ol>	experience 8. Vendor/provider performance benchmarking and management 9. Legal contract review	<ul> <li>adjuster best practices</li> <li>8. Vendor/provider performance benchmarking and management</li> <li>9. Legal contract review</li> </ul>	<ul> <li>Automated reternal and authorization activity</li> <li>Vendor/provider performance benchmarking and management</li> </ul>	<ol> <li>Identification, segmentation, and management of high-risk patient populations</li> <li>Legal contract review</li> </ol>



#### **Claim Complexity**

Insurance Carriers	Employers	TPAs	Government Agencies	MCOs	Healthcare Providers
1. Comorbidities (i.e. hypertension,	1. Comorbidities (i.e. hypertension,	1. Mental health conditions	1. Mental health conditions	1. Mental health conditions	1. Mental health conditions
diabetes) 2. Mental health conditions	diabetes) 2. Type of injury (i.e. musculoskeletal	<ol> <li>Comorbidities (i.e. hypertension, diabetes)</li> </ol>	<ol> <li>Comorbidities (i.e. hypertension, diabetes)</li> </ol>	<ol> <li>Undetected fraud, waste, and abuse</li> <li>Iniurad worker</li> </ol>	<ol> <li>Type of injury (i.e. musculoskeletal injuries/disorders)</li> </ol>
3. Undetected fraud, waste, and abuse	injuries/disorders) 3. Mental health	<ol> <li>Undetected fraud, waste, and abuse</li> </ol>	<b>3.</b> Type of injury (i.e. musculoskeletal	<ol> <li>Injured worker substance abuse</li> <li>Comorbidities</li> </ol>	3. Comorbidities (i.e. hypertension,
<b>4.</b> Lack of transparency into and/or inability to control medical prices	conditions 4. Undetected fraud, waste, and abuse	<ol> <li>Inappropriate/ potentially harmful polypharmacy</li> </ol>	injuries/disorders) 4. Undetected fraud, waste, and abuse	(i.e. hypertension, diabetes)	diabetes) 4. Injured worker substance abuse
<ol> <li>Type of injury (i.e. musculoskeletal</li> </ol>	<ol> <li>Charges for medical services unrelated to</li> </ol>	(simultaneous use of multiple drugs)	<ol> <li>Charges for medical services unrelated to</li> </ol>	<ol> <li>Type of injury (i.e. musculoskeletal injuries/disorders)</li> </ol>	<ol> <li>Inappropriate/ potentially harmful</li> </ol>
<ul><li>injuries/disorders)</li><li>6. Injured worker substance abuse</li></ul>	injury 6. Lack of transparency into and/or inability to	<ol> <li>Type of injury (i.e. musculoskeletal injuries/disorders)</li> </ol>	injury 6. Injured worker substance abuse	<b>6.</b> Lack of transparency into and/or inability to control medical prices	polypharmacy (simultaneous use of multiple drugs)
<ol> <li>Charges for medical services unrelated to</li> </ol>	control medical prices 7. Injured worker	<b>6.</b> Lack of transparency into and/or inability to control medical prices	<ol> <li>Lack of transparency into and/or inability to</li> </ol>	<ol> <li>Charges for medical services unrelated to</li> </ol>	<ol> <li>Charges for medical services unrelated to injury</li> </ol>
<ul> <li>injury</li> <li>8. Inappropriate/ potentially harmful polypharmacy</li> </ul>	substance abuse 8. Inappropriate/ potentially harmful polypharmacy	<ol> <li>Charges for medical services unrelated to injury</li> </ol>	control medical prices 8. Inappropriate/ potentially harmful polypharmacy	injury 8. Inappropriate/ potentially harmful polypharmacy	<ul> <li>Lack of transparency into and/or inability to control medical prices</li> </ul>
(simultaneous use of multiple drugs)	(simultaneous use of multiple drugs)	<ol> <li>Injured worker substance abuse</li> </ol>	(simultaneous use of multiple drugs)	(simultaneous use of multiple drugs)	<ol> <li>Undetected fraud, waste, and abuse</li> </ol>



#### Claims Professionals' Obstacles

Insurance Carriers	Employers	TPAs	Government Agencies
<ol> <li>Difficulty obtaining information from medical providers</li> </ol>	<ol> <li>Difficulty obtaining information from medical providers</li> </ol>	<ol> <li>Too many claims to manage/lack of support</li> </ol>	<ol> <li>Limited/inadequate in-network options for medical care and</li> </ol>
2. Too many claims to manage/lack of support	<ol> <li>Limited/inadequate in-network options for medical care and services</li> </ol>	<ol> <li>Limited/inadequate in-network options for medical care and services</li> </ol>	services 2. Difficulty obtaining information from medical providers
<ol> <li>Inflated provider prices and fees</li> <li>Difficulty reaching and/or obtaining</li> </ol>	<ol> <li>Difficulty reaching and/or obtaining information from</li> </ol>	3. Difficulty obtaining information from medical providers	3. Difficulty reaching and/or obtaining information from
information from injured workers	<ul><li>injured workers</li><li>4. Difficulty reaching and/or obtaining</li></ul>		injured workers <b>4.</b> Lack of reliable and accessible clinical
<ol> <li>Limited/inadequate in-network options for medical care and services</li> </ol>	decision support information 5. Visibility into the	<ul><li>injured workers</li><li>5. Outdated or inadequate claims</li></ul>	decision support information 5. Outdated or
<ol> <li>Lack of reliable and accessible clinical decision support information</li> </ol>	progression of medical care	processing system 6. Lack of reliable and accessible clinical decision support	inadequate claims processing system
7. Working between multiple systems and communication		:	information 7. Inflated provider prices and fees
channels 8. Visibility into the progression of		<ol> <li>Legislative/regulatory requirements</li> </ol>	
medical care 9. Legislative/regulatory requirements		<ol> <li>Visibility into the progression of medical care</li> </ol>	
<ul> <li>Outdated or</li> <li>inadequate claims</li> <li>processing system</li> </ul>		<ol> <li>Working between multiple systems and communication channels</li> </ol>	

### Related Resources

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