

2025

WORKERS' COMP INDUSTRY INSIGHTS SURVEY REPORT

Delivered by Healthesystems
Powered by Risk & Insurance®





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Introduction

The seventh annual Workers' Compensation Industry Insights Survey was conducted in person at the National Comp conference and online through the end of November 2024. Follow-up interviews with volunteer survey respondents were conducted during December. In partnership with Risk & Insurance® and with the helpful participation of 515 industry stakeholders, we continue to gain valuable insights about industry concerns each year, as well as tracking trends over time. Our survey covers general industry topics with special focus on medical programs and technological utilization and priorities. This report highlights some key findings and insights, as well as detailed survey results in aggregate and broken down by various organizational and individual job roles perspectives.

KEY FINDINGS

1.

Rising Litigation Concern

This year's top challenge, according to 61% of all survey participants, is workers' comp litigation, a departure from the healthcare-related challenges we have seen at the top over the past few years. This was a significant increase over the 47% who said that workers' comp litigation was a top challenge last year, and it is the highest ranking since litigation came in as the #4 challenge back in 2022. The belief that litigation drives up claims costs is widely held in the industry and one that was recently confirmed by a large study from WCRI. Using data from almost a million claims, the WCRI authors found that payments increase by \$7,700 - \$12,400 for claims with attorney involvement.¹ In our survey, some post-survey interview subjects also expressed their belief that higher numbers of injured workers are hiring attorneys. More research is needed to determine if this is true, as well as why attorneys become involved and how to prevent it. Once attorneys are involved, they certainly increase complexity in resolving claims, making it more difficult to communicate and coordinate care for injured workers, and usually increasing claim duration, as

well as payments. Over 50% of survey participants see complex/high dollar claims as a challenge for the industry, and the issues of litigation and claim complexity are clearly intertwined. But litigation alone does not explain increasingly complex claims. Poor worker health and expanding coverage for mental health are examples of other factors that play a role in complexity. For workers' compensation payers, analyzing all of the factors that complicate and extend claims, as well as the reasons injured workers hire attorneys, may be key first steps to reducing costs.

“Not all employees have attorneys, but it seems like the more complex claims generally are marked by attorney involvement.”



Workers' Compensation Program Manager | State insurance fund

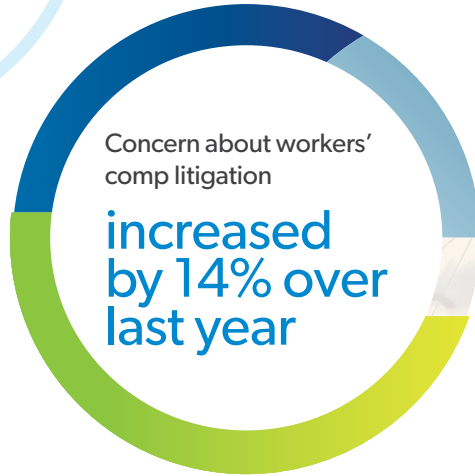


“I litigate 1 to 2 claims a year total. It's not a lot, but those take up 90% of my time.”

WC Program Manager | Employer

1. Rising Litigation Concern

Workers' comp litigation is
#1 industry challenge



69%

of claims leaders ranked workers' comp litigation as their #1 challenge

Top 5 Industry Challenges

Workers' comp litigation

61%

Healthcare provider/ service shortages

58%

Mental health conditions and coverage

53%

Poor worker health/comorbidities/social determinants of health

58%

Medical/pharmacy price inflation

51%



“Nobody wants to sue their boss who they love, right? It’s all about building those connections and relationships.”

Occupational Health Director | Employer

KEY FINDINGS

2.

No Simple Solutions for Claim Complexities

Comorbidities, including mental health conditions, have been a concerning issue in workers' comp for some time now and there are few, if any, signs of abatement in this year's survey. As in past years, physical comorbidities and mental health conditions were ranked as the #1 and #2 most concerning claims complexities. They are also consistently ranked as top barriers to injured worker recovery. In fact, comorbidities ranked as the #1 barrier to recovery this year overall and by every individual job role demographic except executive leaders, who ranked it a very close #2 by less than 1%. Efforts to manage comorbidities and mental health conditions do not appear to be keeping pace, however. As indicated by the chart below, the portion of industry stakeholders who are concerned about these conditions significantly outnumber those who say that managing them is a priority for their medical programs. This is understandable as workers' compensation is meant to treat work related/acquired injuries and illnesses, as opposed to overall health. In addition, some workers' comp care managers may not have access to the injured worker's full medical record and may not even be aware of other, concurrent medical conditions. But the increasing prevalence of comorbidities in the worker population, along with greater awareness of mental health conditions and how they impact physical health, is making it more difficult to treat work injuries and illnesses in isolation. For this reason, we are seeing – and expect to see even more – advanced analytic/AI tools and other solutions to manage the whole patient in the interest of facilitating a full and timely recovery.

Comorbidities ranked as:

#1 barrier to injured worker recovery

#1 most concerning claim complexity

#3 industry challenge

51% say complex/high dollar claims are a top challenge

60% say mental health conditions are a concerning claim complexity



“Most work comp systems will not address mental health because once mental health is accepted on a claim, the thought is the claim will never close.”

National Product Manager
Insurance Carrier

2.

No Simple Solutions for Claim Complexities

Claim Complexity Concerns vs. Medical Program Priorities

Most Concerning Claims Complexities

VS

Medical Program Priorities

Survey participants overall:

Comorbidities (hypertension, diabetes, etc.)

60%

Mental health conditions

60%

Manage patient comorbidities

44%

Implement mental/behavioral health programs

30%



Claims Leaders:

Comorbidities (hypertension, diabetes, etc.)

76%

Mental health conditions

62%

33%

Manage patient comorbidities

22%

Implement mental/behavioral health programs



Medical Program Managers:

Comorbidities (hypertension, diabetes, etc.)

73%

Mental health conditions

67%

38%

Manage patient comorbidities

44%

Implement mental/behavioral health programs



Clinical Case Managers:

Comorbidities (hypertension, diabetes, etc.)

83%

Mental health conditions

66%

50%

Manage patient comorbidities

20%

Implement mental/behavioral health programs

KEY FINDINGS

3.

Technology's Value in Eye of Beholder

Technologies to assist with claims processing and injured worker care seem to evolve and expand faster than many organizations can assess or implement them. But more workers' comp organizations are relying on technological solutions and this year, and 44% of survey participants reported that their organizations had invested in beneficial new or improved technology. That's an increase of 6% over last year's 38%, but still lower than the 50% who reported such investment in our 2023 survey. Interestingly, the portion of survey participants who report beneficial investment and usage of AI and analytics has decreased slightly over the past few years, going from 28% in 2023 to 25% in 2024, and 24% this year. Understanding different types of technology, what they can do, and how important they are can vary considerably from person to person, however. A deeper analysis of survey responses according to organization type and individual job roles reveals some important distinctions. For example, insurance carriers (54%) and managed care organizations (64%) reported higher success with investment in new and improved technology. And some organizations reported more beneficial investment in AI than the survey average, including insurance carriers (32%), TPAs (43%) and MCOs (50%). While 36% of survey respondents overall said that AI is an important technology for the industry, 43% of executive leaders and 46% of claims leaders said so. Executive and claims leaders at insurance carriers are even more bullish on AI, with 46% and 53% respectively saying that AI is important to the workers' comp industry. These different perspectives on AI might be due to the expected uses of it. Customer service/chat bots was selected as a useful application of AI by 66% of claims professionals, making it their #2 choice, as compared to 51% of claims leaders (#5) and 31% of medical program managers (#7). Some technologies have clearly demonstrated their value to the industry. Claims process automation and telemedicine, for example, have consistently been ranked the #1 and #2 most important technologies for the past four years. For newer and more versatile technologies, like AI, the best uses and overall value likely depends on where you sit.

55% of insurance carriers say predictive analytics is most important technology

#1 use of AI for medical program managers = vendor performance benchmarking and management

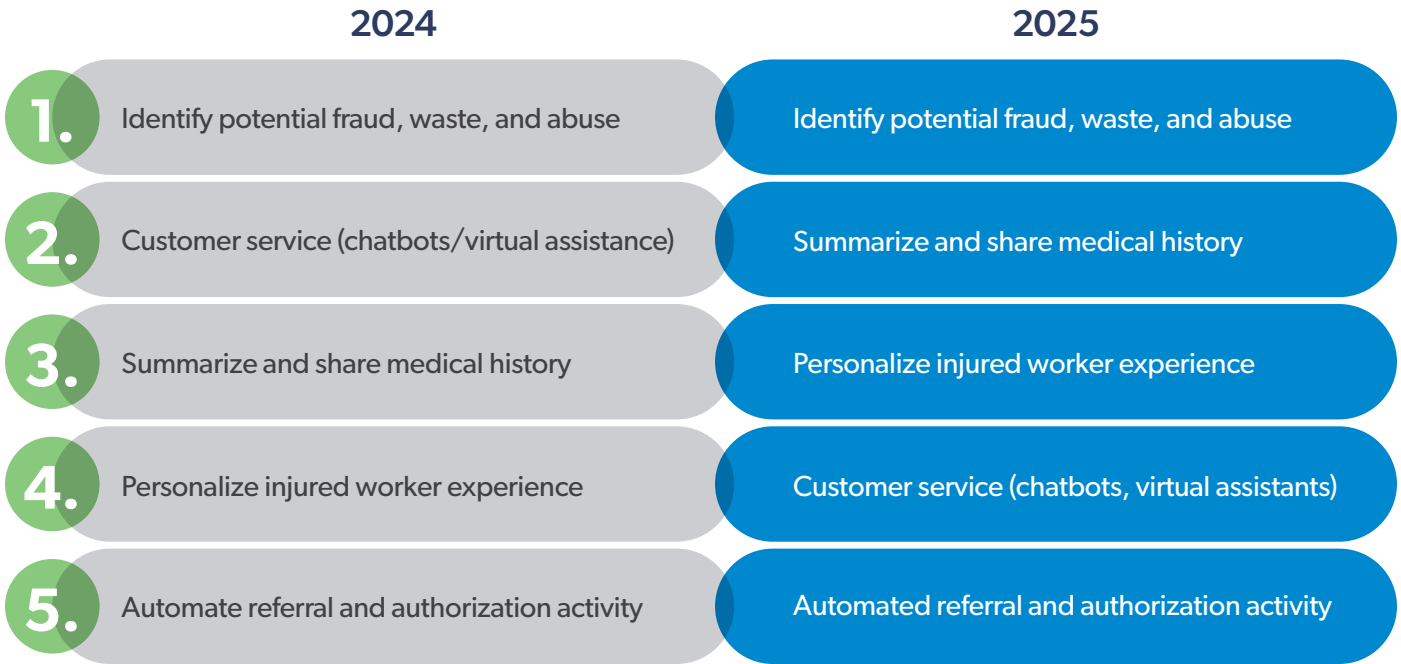
66% of clinical/case managers say summarizing and sharing medical records is best use of AI



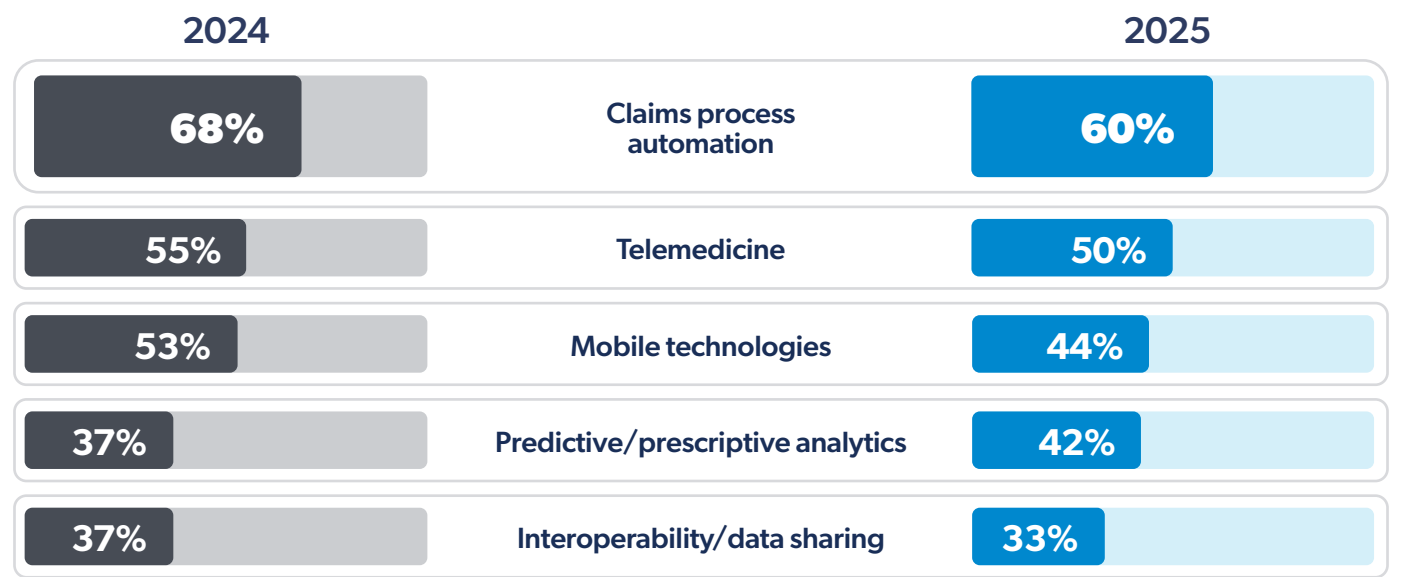
"I think the future is harnessing this AI technology to do a lot of that burdensome administrative work and free up the team to be able to do that more important work of moving the claim along and connecting with all stakeholders involved."

Director of Occupational Health Employer

Most Applicable Uses of AI for Workers' Comp Industry



Top 5 Technologies



KEY FINDINGS

4.

Pharmacy Goals Align to Increase Safety and Reduce Costs

There is a general sense that the opioid crisis is behind us in workers' compensation, where opioid utilization has indeed decreased dramatically. However, when asked what their pharmacy program goals are for the next 2-3 years, 47% of respondents said opioid and substance abuse control/prevention, which made it the number one goal by an 8% margin. Of course, widespread opioid abuse is not a problem we want to see repeated, and vigilance in this regard is well warranted. Healthsystems advocates for active opioid management as a staple of any pharmacy program. The #2 and #3 pharmacy goals are decreasing the use of private label topicals (39.03%) and reducing physician/third party dispensing (38.80%). These goals are separated by a much smaller margin and there is in fact some overlap between these two issues, as PLTs are often physician dispensed. Concern about PLTs has increased by over 20% since last year when only 17% of survey participants said it was a priority. The percentage of respondents who said reducing physician dispensing is a goal also increased, but by a more modest 5%. Increased attention to PLTs and physician dispensing is a positive development, as both are cost drivers and potential safety hazards.

Dermatological topical costs per claim grew by 96% from 2012 – 2023² and PLTs are not subject to clinical studies or FDA approval to ensure safety and efficacy. Physician dispensed drugs cost anywhere between 60% and 300% more for workers' comp patients than drugs dispensed through a pharmacy.² In addition, when drugs are dispensed by a physician, they bypass the pharmacist who acts as a second line of defense against errors and potential safety issues, as well as a central location to keep track of all a patient's medications. All three of the top pharmacy goals are worthy ones and have the potential to increase patient safety while reducing costs when successfully executed.

70% of claims leaders want to reduce physician and third-party dispensing

Concern about private label topicals (PLTs) increased over **20%** since 2024

4.

Pharmacy Goals Align to Increase Safety and Reduce Costs

Top 3 Pharmacy Goals

2024

2025

1.

Contain costs

Opioid and substance abuse control and prevention

2.

Opioid and substance abuse control and prevention

Decrease usage of high-priced PLTs

3.

Improve provider outreach and education

Reduce physician and third-party dispensing

54%

of insurance leaders
want to increase pharmacy
network penetration



It's All Connected

Each year's survey reveals one top challenge that reflects a current concern for industry stakeholders. This year, that challenge is litigation and, as noted, there is good reason to be concerned about the costs and complexities that come with legal action. But looking at litigation – or any challenge – in isolation will probably not lead to a solution. Interestingly, the challenges that follow litigation (61%) in the rankings are some of the issues that may make litigation more likely. For example, the #2 challenge is healthcare provider/service shortages (58%) and #3 is poor worker health/comorbidities/social determinants of health (58%). Delays in care due to healthcare provider shortages and existing chronic conditions that complicate treatment contribute to claim complexity, attorney involvement, and higher costs. Comorbidities (60%) and mental health conditions (59%) are persistently the top two most concerning claim complexities. and whether and how to treat them often raises some thorny legal, medical, and business questions that can only be answered on a case-by-case basis.

The workers' compensation insurance industry is also dealing with its own worker shortages and 47% of survey participants are concerned about workforce recruitment and retention. Prevailing opinion about the solution to these worker shortages is technological automation, as evidenced by the 60% of participants who see claims process automation as the most important technology, the 56% who report success with programs to improve claims processing and operational efficiency, and the 55% who say that solutions to support front line claims professionals is their #1 medical program management goal.



"It's all about building those connections and relationships."

Claims Leader | TPA

IT'S ALL CONNECTED

Generally speaking, automation provides significant gains in efficiency and cost reduction. But automation is only valuable in the long term if it drives better decisions that benefit injured workers and does not compromise effective communication and outreach. An ill-informed and alienated injured worker who is not receiving timely and appropriate care is more likely to seek assistance from an attorney.

Providing appropriate and affordable care has itself become more challenging. Expanding coverage for infectious diseases, cancers, and mental health conditions is likely to increase the quantity of complex claims that drive up medical costs, which are already high, as noted by over 50% of industry stakeholders who say that medical/pharmacy price inflation is a major challenge. Containing costs is a driving concern for payers, and rightly so. Every dollar spent on

ineffective care or increasingly high legal costs is a dollar that could be spent helping injured workers recover and return to work.

Judging by our research and experience at Healthsystems, today's workers' compensation leaders understand that investment in quality medical care and effective communication with injured workers is an excellent defense against claim complexity and litigation. Striking the right balance between providing that care and containing costs is a constant industry goal, destined to be faced with an array of evolving challenges.



References

1. Savych, B. and Neumark, D. Impact of Attorney Representation on Workers' Compensation Payments. September, 2024. Workers' Compensation Research Institute (WCRI). <https://www.wcrinet.org/reports/impact-of-attorney-representation-on-workers-compensation-payments>
2. Healthsystems. High Prices, High Impact: Meet the Drugs Driving Up Claim Costs in Workers' Comp. 2024. RxInformer Magazine. <https://healthsystems.com/rxi-articles/high-prices-high-impact-meet-the-drugs-driving-up-claim-costs-in-workers-comp/>

Survey Results

The seventh annual Workers' Comp Industry Insights Survey was conducted in collaboration with *Risk & Insurance*® magazine, in person at the National Comp conference and online through November 2024. This survey continues to reveal important insights and challenges. The full survey results are included below.



Participant Demographics

Then and Now

Participant Totals

2019	2020	2021	
512	669	602	
2022	2023	2024	2025
498	503	500	515

Organization Type	Percentage 2023/24	Percentage 2024/25	Change
Employer	23%	26%	+3%
Insurance Carrier	21%	25%	+4%
Healthcare Provider	11%	12%	+1%
Insurance Brokerage	6%	7%	+1%
State/Government Agency	5%	7%	+2%
Third Party Administrator (TPA)	5%	5%	
Law Firm	3%	3%	
Managed Care Organization (MCO)	4%	3%	-1%
Other	16%	12%	-4%

Participant Demographics

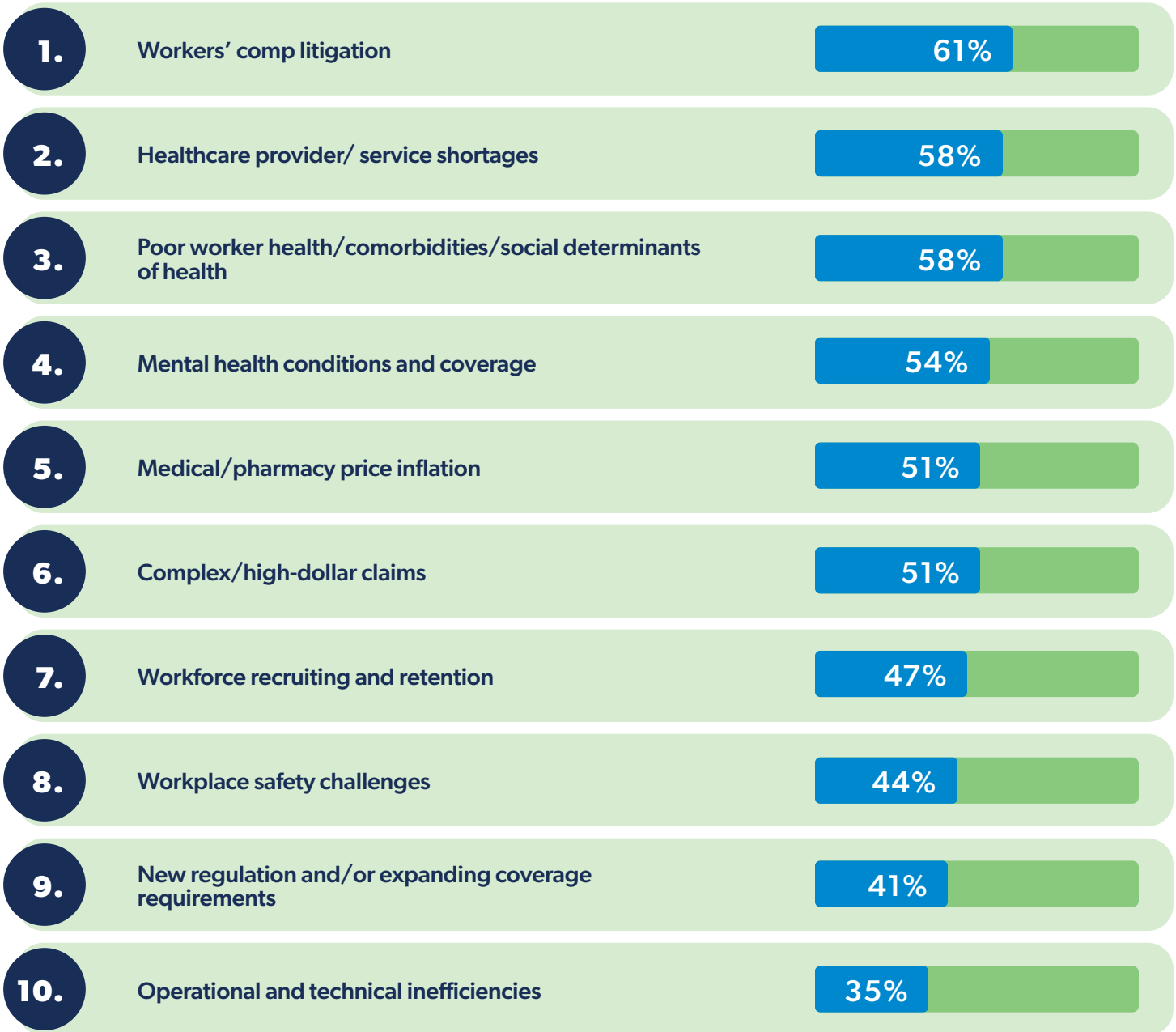
Then and Now



Job Role	Percentage 2023/24	Percentage 2024/25	Percentage 2024/25
Executive Leadership	19	19	↔
Risk Management	15	15	↔
Claims Leadership	13	12	↓ -1%
Claims Professional/Adjuster	7	8	↑ +1%
Workplace Health and Safety	6	7	↑ +1%
Clinical/Case Management	6	6	↔
Legal/Regulatory	6	4	↓ -2%
Broker/Agent	5	4	↓ -1%
Medical Program Management	3	4	↑ +1%
Healthcare Provider	2	3	↑ +1%
Disability/Absence Specialist	1	2	↑ +1%
RTW Specialist	1	1	↔
Procurement	1	1	↔
Other	12	14	↑ +2%

Industry Challenges

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



Participant Perspective



For executive leaders, workforce recruitment and retention is the #1 challenge and workers' comp litigation is #6.

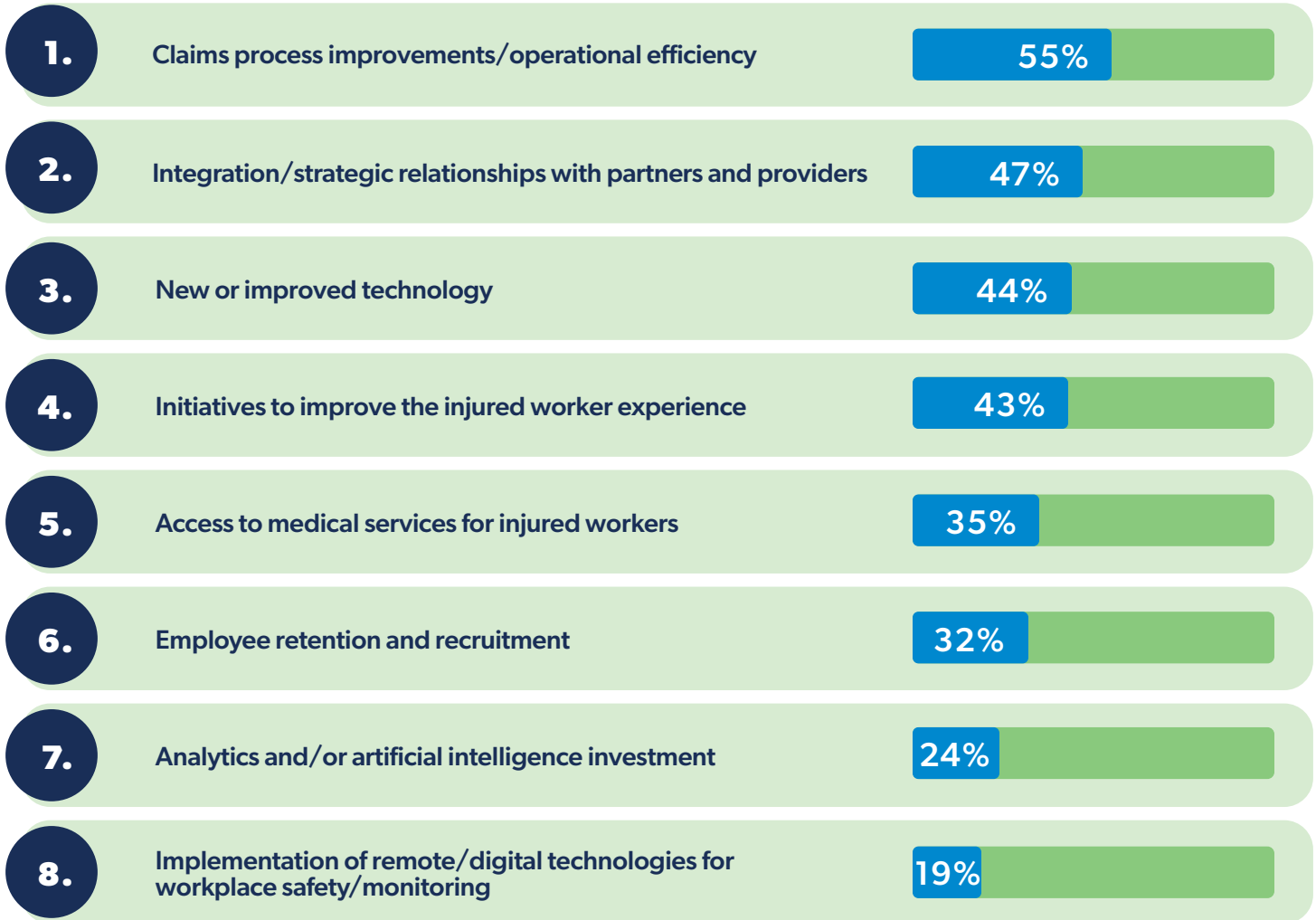
Healthe Insight



Healthcare provider/service shortages has consistently been a top 3 challenge and resulting delays in care may be one reason injured workers hire attorneys.

Beneficial Programs

Which programs implemented by your organization over the past 2-3 years have been the most beneficial to your workers' comp program?



Participant Perspective



The #1 beneficial program for state and government agencies is initiatives to improve the injured worker experience.

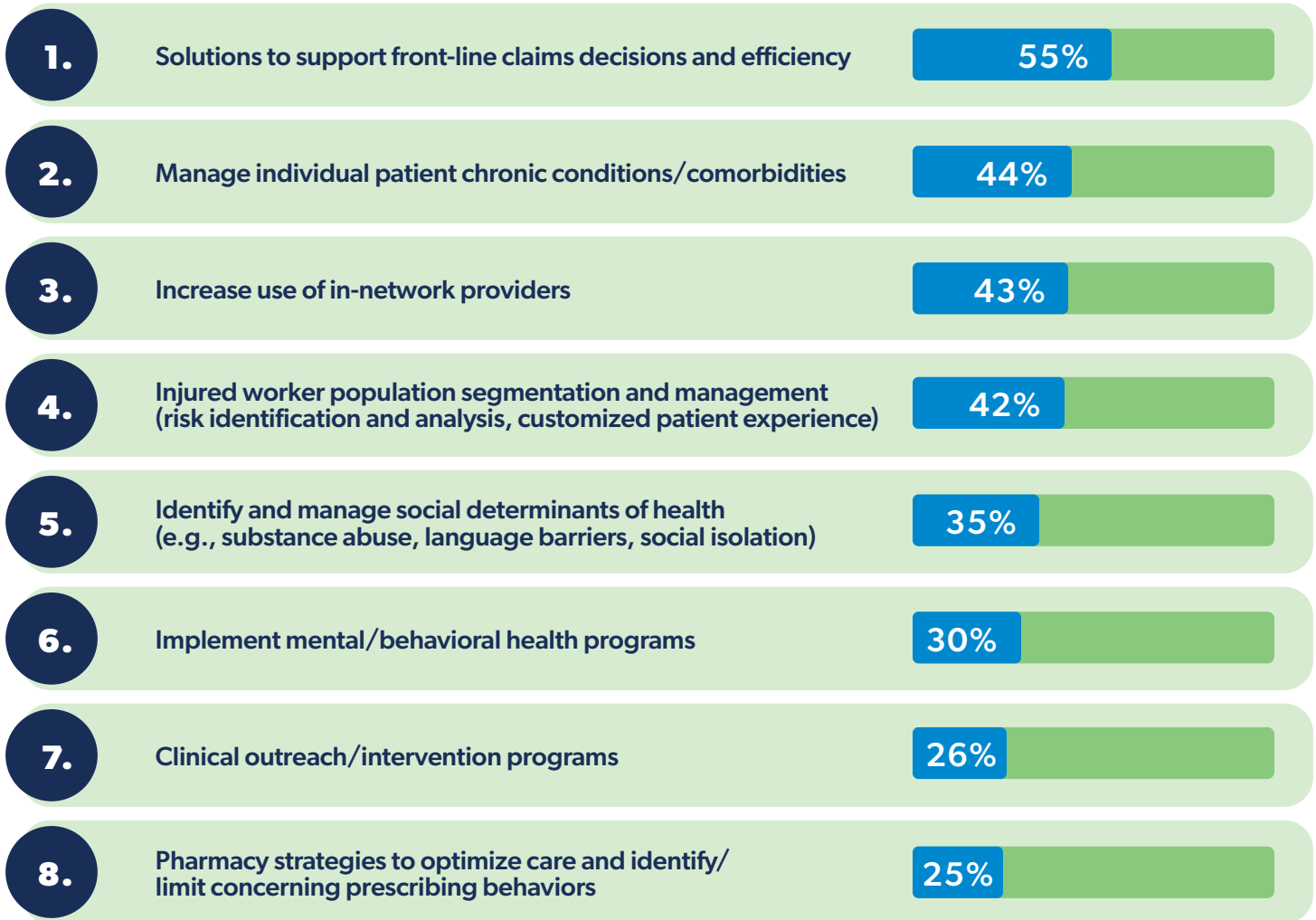
Healthe Insight



Post-survey interviews reveal that most new integrations with partners and providers are technological.

Medical Program Priorities

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



Participant Perspective



Medical program managers had a 3-way tie for their #1 priority: pharmacy strategies to optimize care and limit concerning prescribing; increase use of in-network providers; implement mental/behavioral health programs.

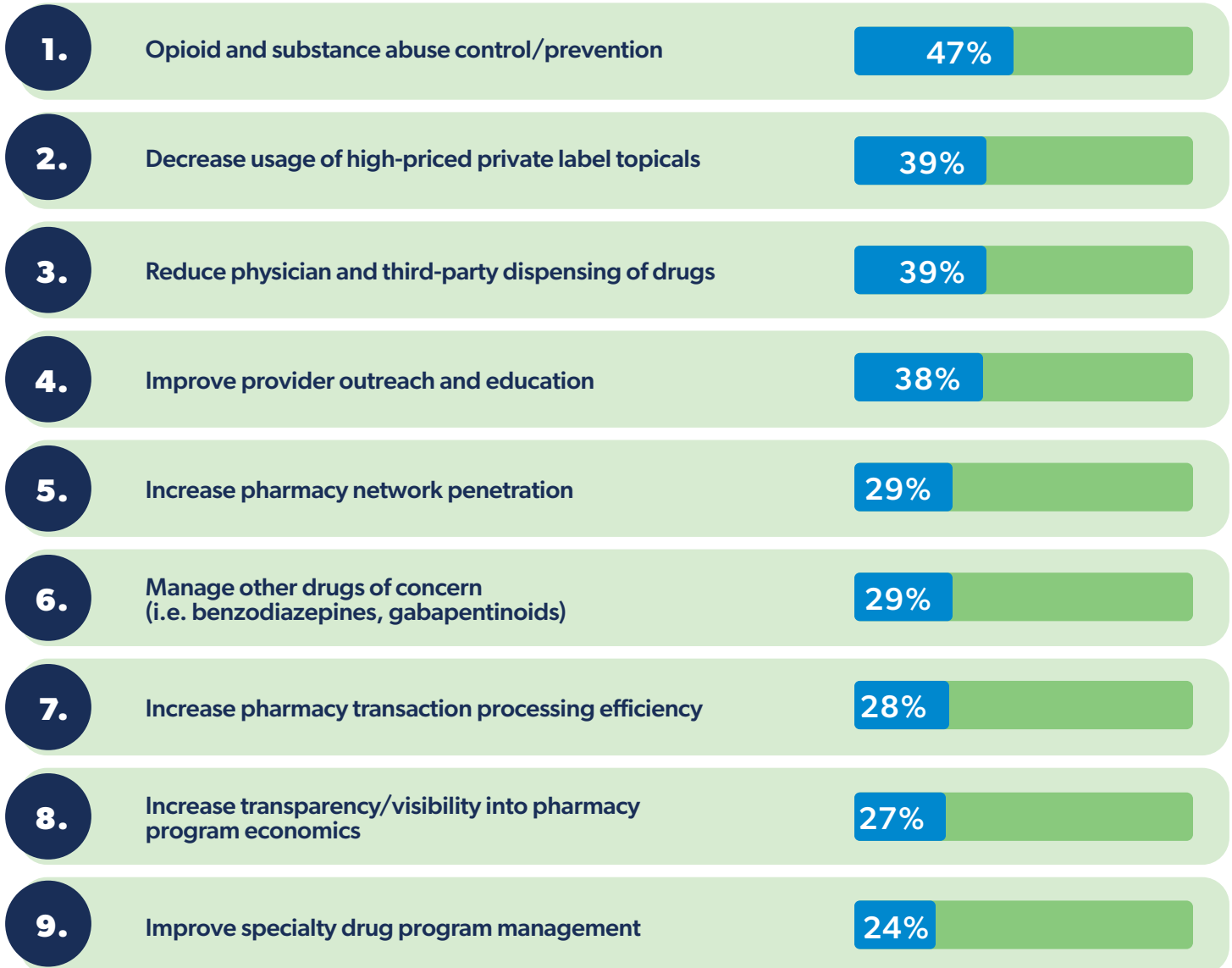
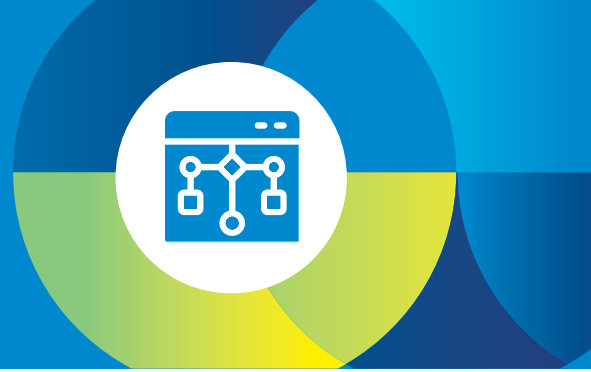
Healthe Insight



Clinical/case managers and healthcare provider roles, who work more closely with patients, ranked managing patient comorbidities as their #1 priority.

Pharmacy Program Goals

What are the goals for your workers' compensation pharmacy management program in the next 2-3 years?



Participant Perspective



Claims leaders ranked both reducing physician dispensing and decreasing usage of PLTs by a 10% margin over opioid and substance abuse/prevention.

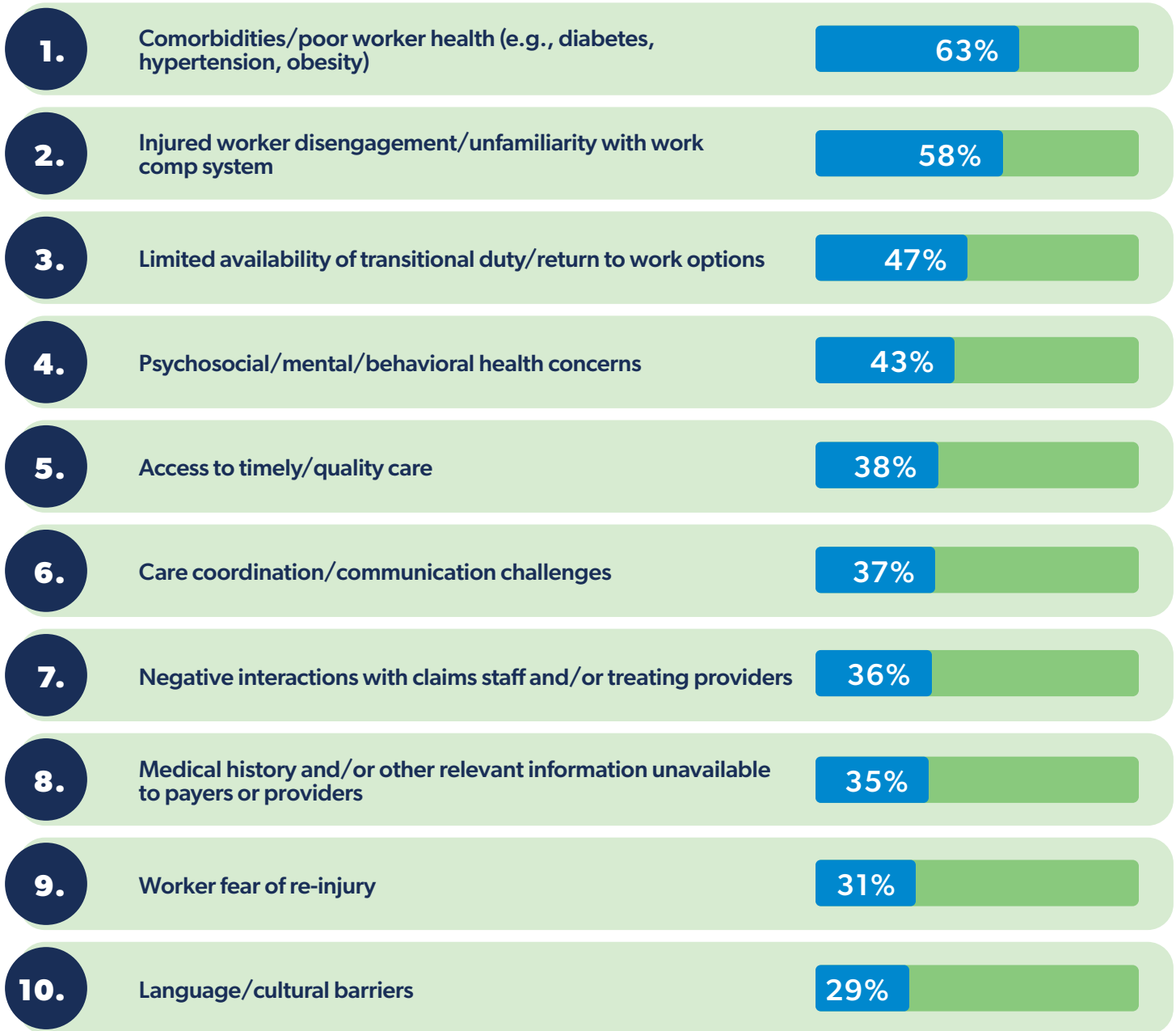
Healthe Insight



Dermatologicals/topicals currently account for 22% of pharmaceutical spending in workers' compensation.

Recovery Barriers

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



Participant Perspective



Executive leaders and healthcare providers ranked injured worker disengagement and unfamiliarity with the work comp system as the #1 barrier to recovery.

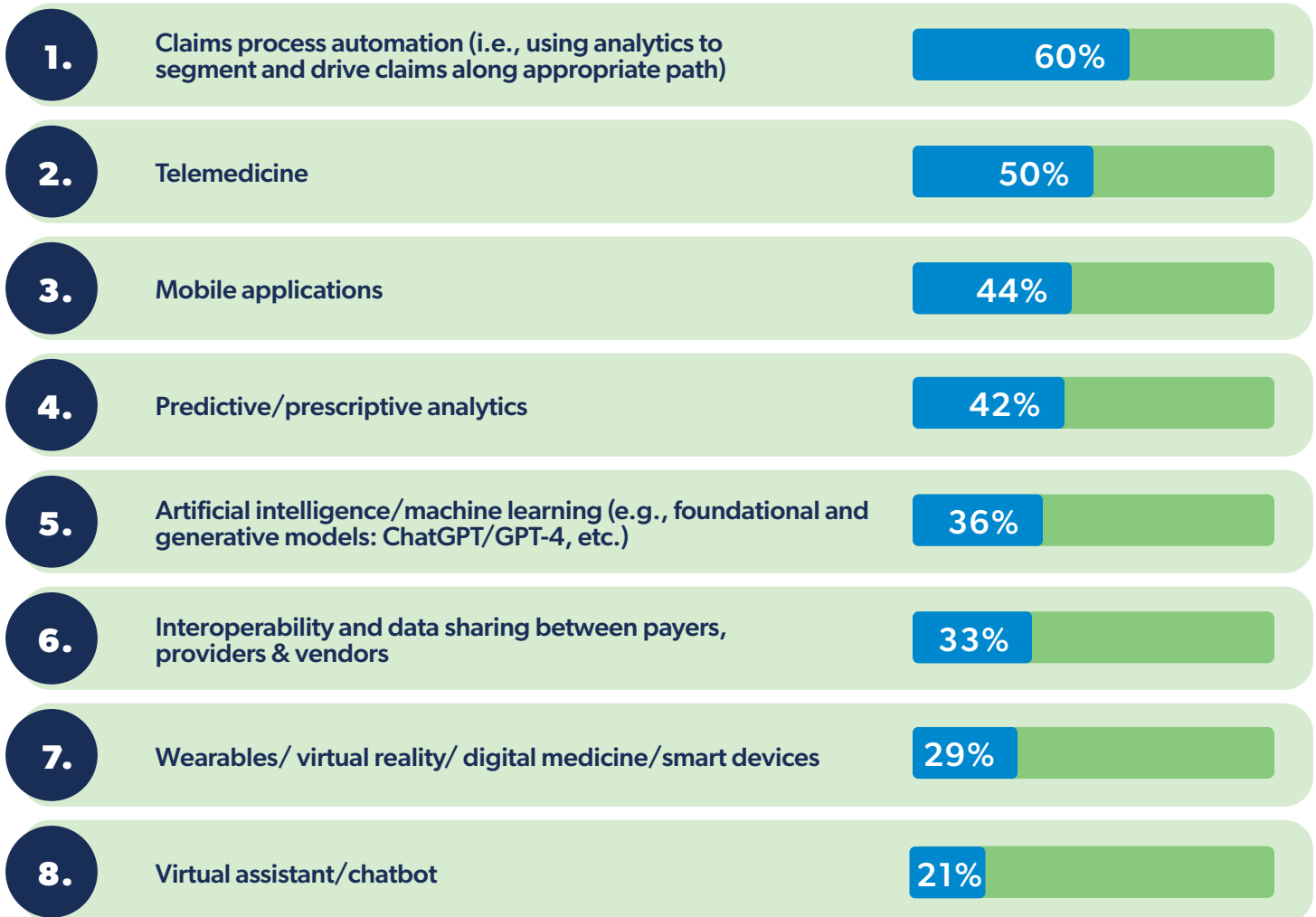
Healthe Insight



Previous HealtheSystems research has found that injured workers need more information about how to navigate the workers' comp system but there is no clear designation of responsibility for educating them.

Technology

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



Participant Perspective



Workplace health and safety professionals stood out by ranking telemedicine above claims process automation by a 16% margin.

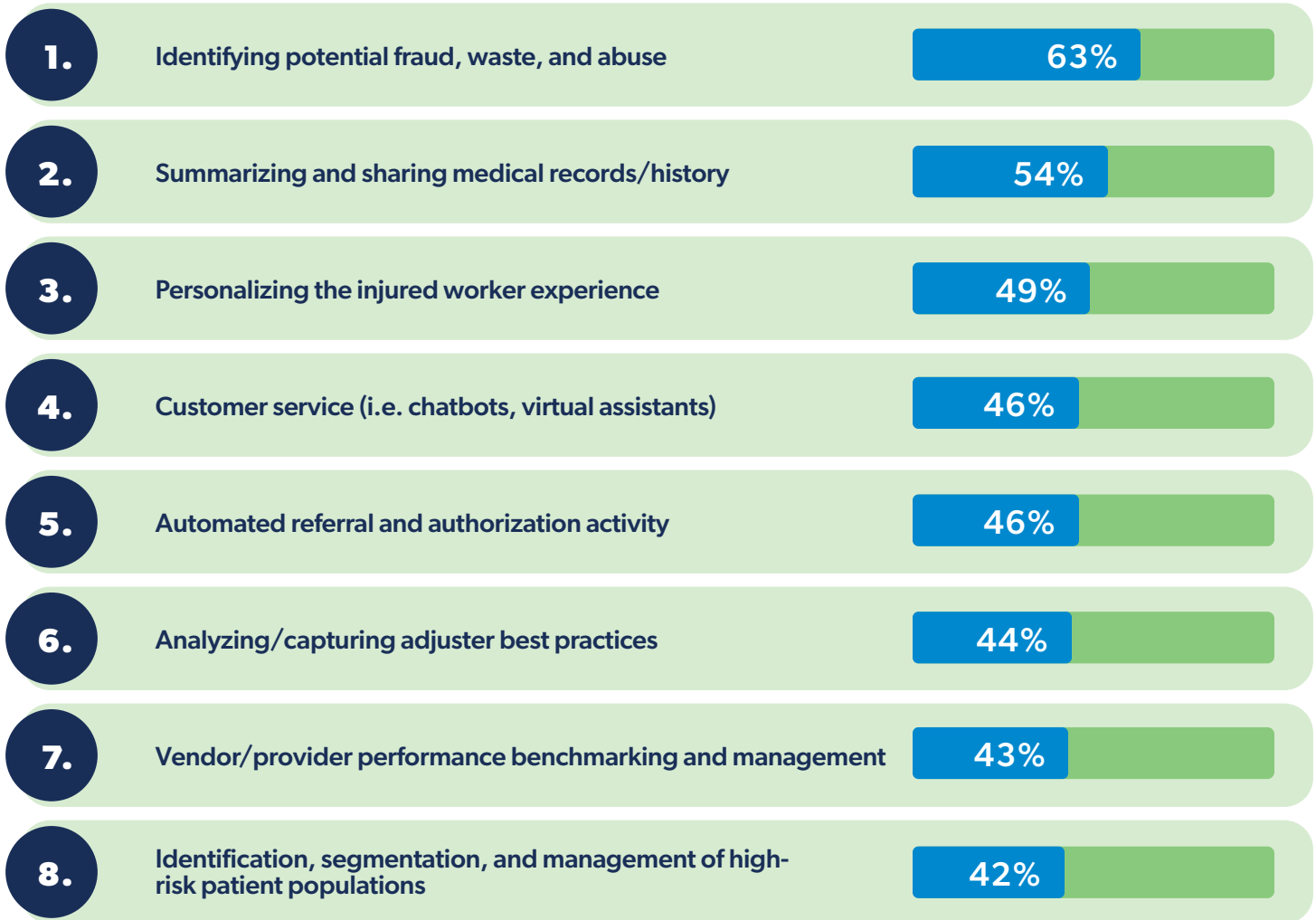
Healthe Insight



The greatest value of increased automation for routine claims is the additional time gained for claims professionals to focus on higher-risk claims that require more personal attention.

Analytics and AI

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



Participant Perspective



Claims leaders at insurance carriers selected summarizing and sharing medical history and analyzing adjuster best practices as top potential uses of AI.

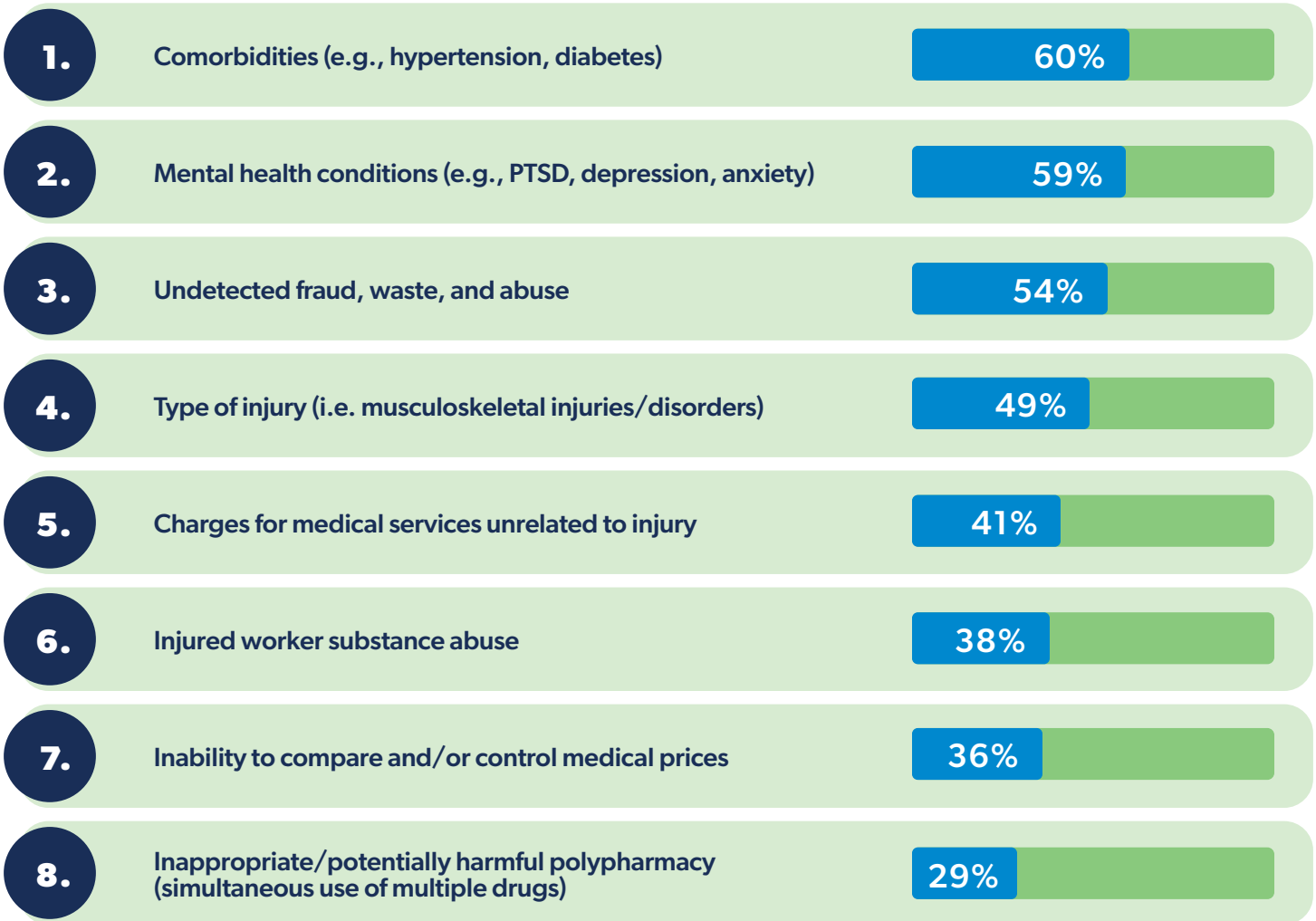
Healthe Insight



AI-assisted detection of healthcare FWA is a burgeoning industry that could lead to significant cost savings for workers' comp payers in the future.

Claim Complexity

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



Participant Perspective



Employers agreed that comorbidities is the #1 concerning claim complexity, but they ranked type of injury as #2 and mental health conditions #5.

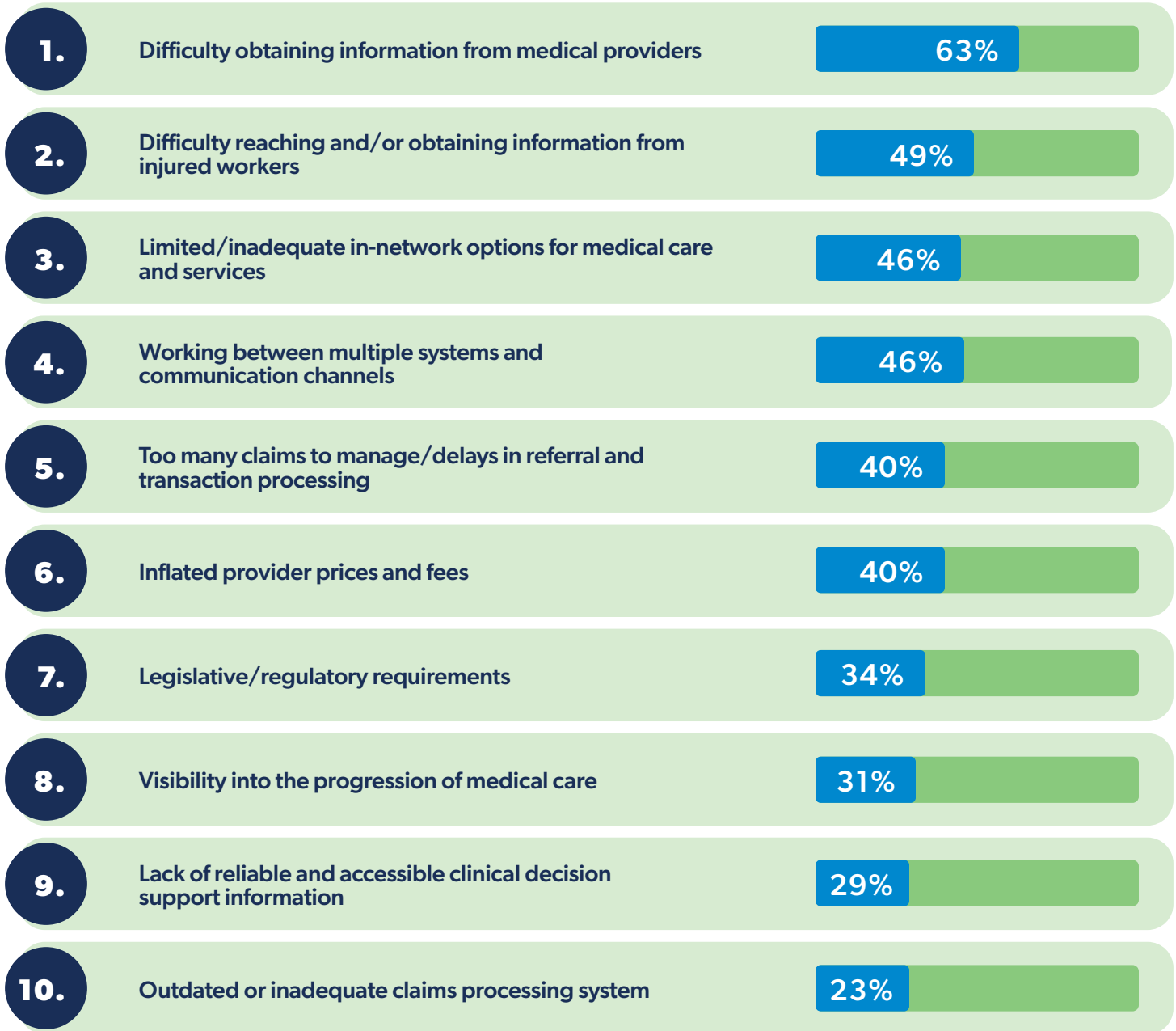
Healthe Insight



Identification and management of high-risk populations was ranked last of potential AI applications, but AI can provide important information to identify health risks and cost drivers.

Claims Professional Perspective

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



Participant Perspective



Claims professionals who work for insurance carriers said that working between multiple systems and communication channels is their biggest obstacle to facilitating care.

Healthe Insight



Working between multiple systems likely contributes to the difficulty claims professional experience obtaining information from medical providers and injured workers, which could potentially be reduced by data and technology integration.



Results by Featured Job Roles

Industry Challenges

Executive Leaders	Claims Leaders	Clinical/Case Managers	Medical Program Managers	Risk Managers	Claims Professionals
1. Workforce recruiting and retention	1. Workers' comp litigation	1. Healthcare provider/service shortages	1. Healthcare provider/service shortages	1. Workers' comp litigation	1. Complex/high-dollar claims
2. Healthcare provider/service shortages	2. Poor worker health/comorbidities/social determinants of health	2. Medical/pharmacy price inflation	2. Medical/pharmacy price inflation	2. Poor worker health/comorbidities/social determinants of health	2. Healthcare provider/service shortages
3. Mental health conditions and coverage	3. Complex/high-dollar claims	3. Workplace safety challenges	3. Mental health conditions and coverage	3. Healthcare provider/service shortages	3. Workers' comp litigation
4. Poor worker health/comorbidities/social determinants of health	4. Medical/pharmacy price inflation	4. Mental health conditions and coverage	4. Poor worker health/comorbidities/social determinants of health	4. Workplace safety challenges	4. Poor worker health/comorbidities/social determinants of health
5. Medical/pharmacy price inflation	5. Mental health conditions and coverage	5. Workforce recruiting and retention	5. Workers' comp litigation	5. Complex/high-dollar claims	5. Medical/pharmacy price inflation
6. Workers' comp litigation	6. Healthcare provider/service shortages	6. Workers' comp litigation	6. Operational and technical inefficiencies	6. Medical/pharmacy price inflation	6. Mental health conditions and coverage
7. Complex/high-dollar claims	7. Workforce recruiting and retention	7. Poor worker health/comorbidities/social determinants of health	7. Complex/high-dollar claims	7. Mental health conditions and coverage	7. New regulation and/or expanding coverage requirements
8. New regulation and/or expanding coverage requirements	8. Operational and technical inefficiencies	8. New regulation and/or expanding coverage requirements	8. New regulation and/or expanding coverage requirements	8. Workforce recruiting and retention	8. Workforce recruiting and retention
9. Operational and technical inefficiencies	9. Workplace safety challenges	9. Operational and technical inefficiencies	9. Workforce recruiting and retention	9. New regulation and/or expanding coverage requirements	9. Operational and technical inefficiencies
10. Workplace safety challenges	10. New regulation and/or expanding coverage requirements	10. Complex/high-dollar claims	10. Workplace safety challenges	10. Operational and technical inefficiencies	10. Workplace safety challenges



Results by Featured Job Roles

Beneficial Programs

Executive Leaders	Claims Leaders	Clinical/Case Managers	Medical Program Managers	Risk Managers	Claims Professionals
1. Integration/strategic relationships with partners and providers	1. Claims process improvements/operational efficiency	1. Claims process improvements/operational efficiency	1. New or improved technology	1. Claims process improvements/operational efficiency	1. Claims process improvements/operational efficiency
2. Claims process improvements/operational efficiency	2. Initiatives to improve the injured worker experience	2. Initiatives to improve the injured worker experience	2. Integration/strategic relationships with partners and providers	2. Initiatives to improve the injured worker experience	2. Access to medical services for injured workers
3. New or improved technology	3. Integration/strategic relationships with partners and providers	3. Implementation of remote/digital technologies for workplace safety/monitoring	3. Claims process improvements/operational efficiency	3. Integration/strategic relationships with partners and providers	3. Integration/strategic relationships with partners and providers
4. Employee retention and recruitment	4. Analytics and/or artificial intelligence investment	4. Employee retention and recruitment	4. Initiatives to improve the injured worker experience	4. Access to medical services for injured workers	4. Initiatives to improve the injured worker experience
5. Initiatives to improve the injured worker experience	5. New or improved technology	5. Access to medical services for injured workers	5. Access to medical services for injured workers	5. New or improved technology	5. New or improved technology
6. Access to medical services for injured workers	6. Employee retention and recruitment	6. Integration/strategic relationships with partners and providers	6. Employee retention and recruitment	6. Employee retention and recruitment	6. Employee retention and recruitment
7. Analytics and/or artificial intelligence investment	7. Access to medical services for injured workers	7. Integration/strategic relationships with partners and providers	7. Analytics and/or artificial intelligence investment	7. Analytics and/or artificial intelligence investment	7. Implementation of remote/digital technologies for workplace safety/monitoring
8. Implementation of remote/digital technologies for workplace safety/monitoring	8. Implementation of remote/digital technologies for workplace safety/monitoring	7. Analytics and/or artificial intelligence investment	8. Implementation of remote/digital technologies for workplace safety/monitoring	8. Implementation of remote/digital technologies for workplace safety/monitoring	8. Analytics and/or artificial intelligence investment
		8. New or improved technology			



Results by Featured Job Roles

Medical Management Priorities

Executive Leaders	Claims Leaders	Clinical/Case Managers	Medical Program Managers	Risk Managers	Claims Professionals
<ol style="list-style-type: none"> 1. Solutions to support front-line claims decisions and efficiency 2. Manage individual patient chronic conditions/ comorbidities 3. Increase use of in-network providers 4. Injured worker population segmentation and management (risk identification and analysis, customized patient experience) 5. Identify and manage social determinants of health (e.g., substance abuse, language barriers, social isolation) 6. Implement mental/ behavioral health programs 7. Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors 8. Clinical outreach/ intervention programs 	<ol style="list-style-type: none"> 1. Solutions to support front-line claims decisions and efficiency 2. Increase use of in-network providers 3. Manage individual patient chronic conditions/ comorbidities 4. Injured worker population segmentation and management (risk identification and analysis, customized patient experience) 5. Clinical outreach/ intervention programs 6. Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors 7. Implement mental/ behavioral health programs 8. Identify and manage social determinants of health (e.g., substance abuse, language barriers, social isolation) 	<ol style="list-style-type: none"> 1. Manage individual patient chronic conditions/ comorbidities 2. Solutions to support front-line claims decisions and efficiency 3. Identify and manage social determinants of health (e.g., substance abuse, language barriers, social isolation) 4. Injured worker population segmentation and management (risk identification and analysis, customized patient experience) 5. Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors 6. Increase use of in-network providers 7. Implement mental/ behavioral health programs 8. Clinical outreach/ intervention programs 	<ol style="list-style-type: none"> 1. Implement mental/ behavioral health programs 2. Increase use of in-network providers 3. Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors 4. Solutions to support front-line claims decisions and efficiency 5. Manage individual patient chronic conditions/ comorbidities 6. Identify and manage social determinants of health (e.g., substance abuse, language barriers, social isolation) 7. Injured worker population segmentation and management (risk identification and analysis, customized patient experience) 8. Clinical outreach/ intervention programs 	<ol style="list-style-type: none"> 1. Solutions to support front-line claims decisions and efficiency 2. Injured worker population segmentation and management (risk identification and analysis, customized patient experience) 3. Increase use of in-network providers 4. Manage individual patient chronic conditions/ comorbidities 5. Implement mental/ behavioral health programs 6. Identify and manage social determinants of health (e.g., substance abuse, language barriers, social isolation) 7. Clinical outreach/ intervention programs 8. Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors 	<ol style="list-style-type: none"> 1. Manage individual patient chronic conditions/ comorbidities 2. Solutions to support front-line claims decisions and efficiency 3. Increase use of in-network providers 4. Identify and manage social determinants of health (e.g., substance abuse, language barriers, social isolation) 5. Implement mental/ behavioral health programs 6. Injured worker population segmentation and management (risk identification and analysis, customized patient experience) 7. Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors 8. Clinical outreach/ intervention programs



Results by Featured Job Roles

Pharmacy Management Goals

Executive Leaders	Claims Leaders	Clinical/Case Managers	Medical Program Managers	Risk Managers	Claims Professionals
1. Improve provider outreach and education	1. Reduce physician and third-party dispensing of drugs	1. Reduce physician and third-party dispensing of drugs	1. Improve specialty drug program management	1. Opioid and substance abuse control/prevention	1. Opioid and substance abuse control/prevention
2. Increase pharmacy transaction processing efficiency	2. Decrease usage of high-priced private label topicals	2. Decrease usage of high-priced private label topicals	2. Reduce physician and third-party dispensing of drugs	2. Decrease usage of high-priced private label topicals	2. Decrease usage of high-priced private label topicals
3. Opioid and substance abuse control/prevention	3. Opioid and substance abuse control/prevention	3. Increase pharmacy transaction processing efficiency	3. Opioid and substance abuse control/prevention	3. Improve provider outreach and education	3. Reduce physician and third-party dispensing of drugs
4. Reduce physician and third-party dispensing of drugs	4. Increase pharmacy network penetration	4. Opioid and substance abuse control/prevention	4. Decrease usage of high-priced private label topicals	4. Increase transparency/visibility into pharmacy program economics	4. Increase pharmacy network penetration
5. Increase transparency/visibility into pharmacy program economics	5. Increase pharmacy transaction processing efficiency	5. Increase pharmacy network penetration	5. Improve provider outreach and education	5. Reduce physician and third-party dispensing of drugs	5. Increase pharmacy transaction processing efficiency
6. Increase pharmacy network penetration	6. Improve provider outreach and education	6. Improve provider outreach and education	6. Manage other drugs of concern (i.e. benzodiazepines, gabapentinoids)	6. Increase pharmacy transaction processing efficiency	6. Improve provider outreach and education
7. Manage other drugs of concern (i.e. benzodiazepines, gabapentinoids)	7. Manage other drugs of concern (i.e. benzodiazepines, gabapentinoids)	7. Improve specialty drug program management	7. Increase transparency/visibility into pharmacy program economics	7. Increase pharmacy network penetration	7. Manage other drugs of concern (i.e. benzodiazepines, gabapentinoids)
8. Decrease usage of high-priced private label topicals	8. Increase transparency/visibility into pharmacy program economics	8. Manage other drugs of concern (i.e. benzodiazepines, gabapentinoids)	8. Increase pharmacy network penetration	8. Manage other drugs of concern (i.e. benzodiazepines, gabapentinoids)	8. Improve specialty drug program management
9. Improve specialty drug program management	9. Improve specialty drug program management	9. Increase transparency/visibility into pharmacy program economics	9. Increase pharmacy transaction processing efficiency	9. Improve specialty drug program management	9. Increase transparency/visibility into pharmacy program economics



Results by Featured Job Roles

Barriers to Recovery

Executive Leaders	Claims Leaders	Clinical/Case Managers	Medical Program Managers	Risk Managers	Claims Professionals
1. Injured worker disengagement/unfamiliarity with work comp system	1. Comorbidities/poor worker health (e.g., diabetes, hypertension, obesity)	1. Comorbidities/poor worker health (e.g., diabetes, hypertension, obesity)	1. Comorbidities/poor worker health (e.g., diabetes, hypertension, obesity)	1. Comorbidities/poor worker health (e.g., diabetes, hypertension, obesity)	1. Comorbidities/poor worker health (e.g., diabetes, hypertension, obesity)
2. Comorbidities/poor worker health (e.g., diabetes, hypertension, obesity)	2. Injured worker disengagement/unfamiliarity with work comp system	2. Injured worker disengagement/unfamiliarity with work comp system	2. Psychosocial/mental/behavioral health concerns	2. Injured worker disengagement/unfamiliarity with work comp system	2. Limited availability of transitional duty/return to work options
3. Psychosocial/mental/behavioral health concerns	3. Psychosocial/mental/behavioral health concerns	3. Limited availability of transitional duty/return to work options	3. Injured worker disengagement/unfamiliarity with work comp system	3. Limited availability of transitional duty/return to work options	3. Psychosocial/mental/behavioral health concerns
4. Limited availability of transitional duty/return to work options	4. Limited availability of transitional duty/return to work options	4. Psychosocial/mental/behavioral health concerns	4. Limited availability of transitional duty/return to work options	4. Psychosocial/mental/behavioral health concerns	4. Injured worker disengagement/unfamiliarity with work comp system
5. Access to timely/quality care	5. Access to timely/quality care	5. Care coordination/communication challenges	5. Medical history and/or other relevant information unavailable to payers or providers	5. Negative interactions with claims staff and/or treating providers	5. Care coordination/communication challenges
6. Care coordination/communication challenges	6. Negative interactions with claims staff and/or treating providers	6. Access to timely/quality care	6. Worker fear of re-injury	6. Care coordination/communication challenges	6. Negative interactions with claims staff and/or treating providers
7. Negative interactions with claims staff and/or treating providers	7. Care coordination/communication challenges	7. Negative interactions with claims staff and/or treating providers	7. Language/cultural barriers	7. Worker fear of re-injury	7. Worker fear of re-injury
8. Medical history and/or other relevant information unavailable to payers or providers	8. Medical history and/or other relevant information unavailable to payers or providers	8. Medical history and/or other relevant information unavailable to payers or providers	8. Access to timely/quality care	8. Medical history and/or other relevant information unavailable to payers or providers	8. Access to timely/quality care
9. Worker fear of re-injury	9. Worker fear of re-injury	9. Worker fear of re-injury	9. Negative interactions with claims staff and/or treating providers	9. Access to timely/quality care	9. Language/cultural barriers
10. Language/cultural barriers	10. Language/cultural barriers	10. Language/cultural barriers	10. Care coordination/communication challenges	10. Language/cultural barriers	10. Medical history and/or other relevant information unavailable to payers or providers



Results by Featured Job Roles

Technology

Executive Leaders	Claims Leaders	Clinical/Case Managers	Medical Program Managers	Risk Managers	Claims Professionals
1. Claims process automation (i.e., using analytics to segment and drive claims along appropriate path)	1. Claims process automation (i.e., using analytics to segment and drive claims along appropriate path)	1. Claims process automation (i.e., using analytics to segment and drive claims along appropriate path)	1. Telemedicine	1. Claims process automation (i.e., using analytics to segment and drive claims along appropriate path)	1. Claims process automation (i.e., using analytics to segment and drive claims along appropriate path)
2. Telemedicine	2. Mobile applications	2. Telemedicine	2. Predictive/prescriptive analytics	2. Telemedicine	2. Mobile applications
3. Predictive/prescriptive analytics	3. Predictive/prescriptive analytics	3. Mobile applications	3. Claims process automation (i.e., using analytics to segment and drive claims along appropriate path)	3. Mobile applications	3. Telemedicine
4. Artificial intelligence/machine learning (e.g., foundational and generative models: ChatGPT/GPT-4, etc.)	4. Artificial intelligence/machine learning (e.g., foundational and generative models: ChatGPT/GPT-4, etc.)	4. Interoperability and data sharing between payers, providers & vendors	4. Artificial intelligence/machine learning (e.g., foundational and generative models: ChatGPT/GPT-4, etc.)	4. Predictive/prescriptive analytics	4. Interoperability and data sharing between payers, providers & vendors
5. Mobile applications	5. Telemedicine	5. Predictive/prescriptive analytics	5. Mobile applications	5. Interoperability and data sharing between payers, providers & vendors	5. Predictive/prescriptive analytics
6. Interoperability and data sharing between payers, providers & vendors	6. Interoperability and data sharing between payers, providers & vendors	6. Wearables/ virtual reality/ digital medicine/ smart devices	6. Interoperability and data sharing between payers, providers & vendors	6. Wearables/ virtual reality/ digital medicine/ smart devices	6. Artificial intelligence/machine learning (e.g., foundational and generative models: ChatGPT/GPT-4, etc.)
7. Wearables/ virtual reality/ digital medicine/ smart devices	7. Virtual assistant/chatbot	7. Artificial intelligence/machine learning (e.g., foundational and generative models: ChatGPT/GPT-4, etc.)	7. Wearables/ virtual reality/ digital medicine/ smart devices	7. Artificial intelligence/machine learning (e.g., foundational and generative models: ChatGPT/GPT-4, etc.)	7. Wearables/ virtual reality/ digital medicine/ smart devices
8. Virtual assistant/chatbot	8. Wearables/ virtual reality/ digital medicine/ smart devices	8. Virtual assistant/chatbot	8. Virtual assistant/chatbot	8. Virtual assistant/chatbot	8. Virtual assistant/chatbot



Results by Featured Job Roles

Analytics and AI

Executive Leaders	Claims Leaders	Clinical/Case Managers	Medical Program Managers	Risk Managers	Claims Professionals
1. Identifying potential fraud, waste, and abuse	1. Identifying potential fraud, waste, and abuse	1. Summarizing and sharing medical records/history	1. Vendor/provider performance benchmarking and management	1. Identifying potential fraud, waste, and abuse	1. Identifying potential fraud, waste, and abuse
2. Summarizing and sharing medical records/history	2. Personalizing the injured worker experience	2. Identifying potential fraud, waste, and abuse	2. Personalizing the injured worker experience	2. Personalizing the injured worker experience	2. Customer service (i.e. chatbots, virtual assistants)
3. Personalizing the injured worker experience	3. Summarizing and sharing medical records/history	3. Personalizing the injured worker experience	3. Summarizing and sharing medical records/history	3. Analyzing/capturing adjuster best practices	3. Summarizing and sharing medical records/history
4. Automated referral and authorization activity	4. Automated referral and authorization activity	4. Automated referral and authorization activity	4. Analyzing/capturing adjuster best practices	4. Summarizing and sharing medical records/history	4. Automated referral and authorization activity
5. Customer service (i.e. chatbots, virtual assistants)	5. Customer service (i.e. chatbots, virtual assistants)	5. Vendor/provider performance benchmarking and management	5. Identifying potential fraud, waste, and abuse	5. Identification, segmentation, and management of high-risk patient populations	5. Vendor/provider performance benchmarking and management
6. Identification, segmentation, and management of high-risk patient populations	6. Analyzing/capturing adjuster best practices	6. Customer service (i.e. chatbots, virtual assistants)	6. Identification, segmentation, and management of high-risk patient populations	6. Vendor/provider performance benchmarking and management	6. Analyzing/capturing adjuster best practices
7. Vendor/provider performance benchmarking and management	7. Vendor/provider performance benchmarking and management	7. Analyzing/capturing adjuster best practices	7. Customer service (i.e. chatbots, virtual assistants)	7. Customer service (i.e. chatbots, virtual assistants)	7. Personalizing the injured worker experience
8. Analyzing/capturing adjuster best practices	8. Identification, segmentation, and management of high-risk patient populations	8. Identification, segmentation, and management of high-risk patient populations	8. Automated referral and authorization activity	8. Automated referral and authorization activity	8. Identification, segmentation, and management of high-risk patient populations



Results by Featured Job Roles

Claim Complexities

Executive Leaders	Claims Leaders	Clinical/Case Managers	Medical Program Managers	Risk Managers	Claims Professionals
1. Mental health conditions (e.g., PTSD, depression, anxiety)	1. Comorbidities (e.g., hypertension, diabetes)	1. Comorbidities (e.g., hypertension, diabetes)	1. Comorbidities (e.g., hypertension, diabetes)	1. Undetected medical fraud, waste, and abuse	1. Mental health conditions (e.g., PTSD, depression, anxiety)
2. Undetected medical fraud, waste, and abuse	2. Mental health conditions (e.g., PTSD, depression, anxiety)	2. Mental health conditions (e.g., PTSD, depression, anxiety)	2. Mental health conditions (e.g., PTSD, depression, anxiety)	2. Comorbidities (e.g., hypertension, diabetes)	2. Comorbidities (e.g., hypertension, diabetes)
3. Comorbidities (e.g., hypertension, diabetes)	3. Undetected medical fraud, waste, and abuse	3. Type of injury (e.g., musculoskeletal injuries/disorders)	3. Inappropriate/potentially harmful polypharmacy (simultaneous use of multiple drugs)	3. Mental health conditions (e.g., PTSD, depression, anxiety)	3. Type of injury (e.g., musculoskeletal injuries/disorders)
4. Charges for medical services unrelated to injury	4. Charges for medical services unrelated to injury	4. Inability to compare and/or control medical prices	4. Undetected medical fraud, waste, and abuse	4. Type of injury (e.g., musculoskeletal injuries/disorders)	4. Undetected medical fraud, waste, and abuse
5. Type of injury (e.g., musculoskeletal injuries/disorders)	5. Type of injury (e.g., musculoskeletal injuries/disorders)	5. Undetected medical fraud, waste, and abuse	5. Inability to compare and/or control medical prices	5. Charges for medical services unrelated to injury	5. Charges for medical services unrelated to injury
6. Injured worker substance abuse	6. Inability to compare and/or control medical prices	6. Injured worker substance abuse	6. Charges for medical services unrelated to injury	6. Inability to compare and/or control medical prices	6. Injured worker substance abuse
7. Inability to compare and/or control medical prices	7. Injured worker substance abuse	7. Charges for medical services unrelated to injury	7. Injured worker substance abuse	7. Injured worker substance abuse	7. Inappropriate/potentially harmful polypharmacy (simultaneous use of multiple drugs)
8. Inappropriate/potentially harmful polypharmacy (simultaneous use of multiple drugs)	8. Inappropriate/potentially harmful polypharmacy (simultaneous use of multiple drugs)	8. Inappropriate/potentially harmful polypharmacy (simultaneous use of multiple drugs)	8. Type of injury (e.g., musculoskeletal injuries/disorders)	8. Inappropriate/potentially harmful polypharmacy (simultaneous use of multiple drugs)	8. Inability to compare and/or control medical prices

Claims Professionals' Obstacles

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



Results by Featured Organization Types

Industry Challenges

Employers	Insurance Carriers	State/Government Agencies	TPAs	MCOs	Healthcare Providers
1. Workers' comp litigation	1. Medical/pharmacy price inflation	1. Healthcare provider/service shortages	1. Workforce recruiting and retention	1. Complex/high-dollar claims	1. Healthcare provider/service shortages
2. Poor worker health/comorbidities/social determinants of health	2. Workers' comp litigation	2. Workplace safety challenges	2. Workers' comp litigation	2. Poor worker health/comorbidities/social determinants of health	2. Mental health conditions and coverage
3. Healthcare provider/service shortages	3. Poor worker health/comorbidities/social determinants of health	3. Poor worker health/comorbidities/social determinants of health	3. New regulation and/or expanding coverage requirements	3. Healthcare provider/service shortages	3. Poor worker health/comorbidities/social determinants of health
4. Complex/high-dollar claims	4. Healthcare provider/service shortages	4. New regulation and/or expanding coverage requirements	4. Poor worker health/comorbidities/social determinants of health	4. Medical/pharmacy price inflation	4. Medical/pharmacy price inflation
5. Workplace safety challenges	5. Mental health conditions and coverage	5. Mental health conditions and coverage	5. Operational and technical inefficiencies	5. Workforce recruiting and retention	5. Workers' comp litigation
6. Workforce recruiting and retention	6. Complex/high-dollar claims	6. Workforce recruiting and retention	6. Complex/high-dollar claims	6. Workers' comp litigation	6. Workplace safety challenges
7. Mental health conditions and coverage	7. New regulation and/or expanding coverage requirements	7. Workers' comp litigation	7. Workplace safety challenges	7. Mental health conditions and coverage	7. Workforce recruiting and retention
8. Medical/pharmacy price inflation	8. Workforce recruiting and retention	8. Medical/pharmacy price inflation	8. Mental health conditions and coverage	8. Operational and technical inefficiencies	8. New regulation and/or expanding coverage requirements
9. New regulation and/or expanding coverage requirements	9. Operational and technical inefficiencies	9. Operational and technical inefficiencies	9. Healthcare provider/service shortages	9. New regulation and/or expanding coverage requirements	9. Operational and technical inefficiencies
10. Operational and technical inefficiencies	10. Workplace safety challenges	10. Complex/high-dollar claims	10. Medical/pharmacy price inflation	10. Workplace safety challenges	10. Complex/high-dollar claims



Results by Featured Organization Types

Beneficial Programs

Employers	Insurance Carriers	State/Government Agencies	TPAs	MCOs	Healthcare Providers
1. Claims process improvements/operational efficiency	1. Claims process improvements/operational efficiency	1. Initiatives to improve the injured worker experience	1. Claims process improvements/operational efficiency	1. Integration/strategic relationships with partners and providers	1. Access to medical services for injured workers
2. Integration/strategic relationships with partners and providers	2. New or improved technology	2. Claims process improvements/operational efficiency	2. Initiatives to improve the injured worker experience	2. New or improved technology	2. Integration/strategic relationships with partners and providers
3. Initiatives to improve the injured worker experience	3. Integration/strategic relationships with partners and providers	3. Employee retention and recruitment	3. Access to medical services for injured workers	3. Initiatives to improve the injured worker experience	3. New or improved technology
4. Access to medical services for injured workers	4. Initiatives to improve the injured worker experience	4. Access to medical services for injured workers	4. Integration/strategic relationships with partners and providers	4. Claims process improvements/operational efficiency	4. Initiatives to improve the injured worker experience
5. New or improved technology	5. Employee retention and recruitment	5. Integration/strategic relationships with partners and providers	5. Analytics and/or artificial intelligence investment	5. Analytics and/or artificial intelligence investment	5. Claims process improvements/operational efficiency
6. Employee retention and recruitment	6. Analytics and/or artificial intelligence investment	6. New or improved technology	6. Employee retention and recruitment	6. Implementation of remote/digital technologies for workplace safety/monitoring	6. Employee retention and recruitment
7. Analytics and/or artificial intelligence investment	7. Access to medical services for injured workers	7. Implementation of remote/digital technologies for workplace safety/monitoring	7. New or improved technology	7. Employee retention and recruitment	7. Implementation of remote/digital technologies for workplace safety/monitoring
8. Implementation of remote/digital technologies for workplace safety/monitoring	8. Implementation of remote/digital technologies for workplace safety/monitoring	8. Analytics and/or artificial intelligence investment	8. Implementation of remote/digital technologies for workplace safety/monitoring	8. Access to medical services for injured workers	8. Analytics and/or artificial intelligence investment



Results by Featured Organization Types

Medical Management Priorities

Employers	Insurance Carriers	State/Government Agencies	TPAs	MCOs	Healthcare Providers
1. Solutions to support front-line claims decisions and efficiency	1. Solutions to support front-line claims decisions and efficiency	1. Solutions to support front-line claims decisions and efficiency	1. Manage individual patient chronic conditions/comorbidities	1. Manage individual patient chronic conditions/comorbidities	1. Manage individual patient chronic conditions/comorbidities
2. Injured worker population segmentation and management (risk identification and analysis, customized patient experience)	2. Increase use of in-network providers	2. Manage individual patient chronic conditions/comorbidities	2. Solutions to support front-line claims decisions and efficiency	2. Solutions to support front-line claims decisions and efficiency	2. Injured worker population segmentation and management (risk identification and analysis, customized patient experience)
3. Increase use of in-network providers	3. Manage individual patient chronic conditions/comorbidities	3. Clinical outreach/intervention programs	3. Injured worker population segmentation and management (risk identification and analysis, customized patient experience)	3. Identify and manage social determinants of health (e.g., substance abuse, language barriers, social isolation)	3. Clinical outreach/intervention programs
4. Manage individual patient chronic conditions/comorbidities	4. Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors	4. Increase use of in-network providers	4. Increase use of in-network providers	4. Injured worker population segmentation and management (risk identification and analysis, customized patient experience)	4. Solutions to support front-line claims decisions and efficiency
5. Identify and manage social determinants of health (e.g., substance abuse, language barriers, social isolation)	5. Injured worker population segmentation and management (risk identification and analysis, customized patient experience)	5. Injured worker population segmentation and management (risk identification and analysis, customized patient experience)	5. Identify and manage social determinants of health (e.g., substance abuse, language barriers, social isolation)	5. Implement mental/behavioral health programs	5. Increase use of in-network providers
6. Clinical outreach/intervention programs	6. Identify and manage social determinants of health (e.g., substance abuse, language barriers, social isolation)	6. Implement mental/behavioral health programs	6. Implement mental/behavioral health programs	6. Increase use of in-network providers	6. Identify and manage social determinants of health (e.g., substance abuse, language barriers, social isolation)
7. Implement mental/behavioral health programs	7. Implement mental/behavioral health programs	7. Identify and manage social determinants of health (e.g., substance abuse, language barriers, social isolation)	7. Clinical outreach/intervention programs	7. Clinical outreach/intervention programs	7. Implement mental/behavioral health programs
8. Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors	8. Clinical outreach/intervention programs	8. Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors	8. Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors	8. Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors	8. Pharmacy strategies to optimize care and identify/limit concerning prescribing behaviors



Results by Featured Organization Types

Pharmacy Management Goals

Employers	Insurance Carriers	State/Government Agencies	TPAs	MCOs	Healthcare Providers
1. Improve provider outreach and education	1. Reduce physician and third-party dispensing of drugs	1. Opioid and substance abuse control/prevention	1. Increase pharmacy network penetration	1. Opioid and substance abuse control/prevention	1. Opioid and substance abuse control/prevention
2. Opioid and substance abuse control/prevention	2. Opioid and substance abuse control/prevention	2. Decrease usage of high-priced private label topicals	2. Decrease usage of high-priced private label topicals	2. Increase pharmacy network penetration	2. Improve provider outreach and education
3. Reduce physician and third-party dispensing of drugs	3. Decrease usage of high-priced private label topicals	3. Improve provider outreach and education	3. Increase pharmacy transaction processing efficiency	3. Reduce physician and third-party dispensing of drugs	3. Decrease usage of high-priced private label topicals
4. Decrease usage of high-priced private label topicals	4. Increase pharmacy network penetration	4. Increase transparency/visibility into pharmacy program economics	4. Increase transparency/visibility into pharmacy program economics	4. Decrease usage of high-priced private label topicals	4. Manage other drugs of concern (i.e. benzodiazepines, gabapentinoids)
5. Increase transparency/visibility into pharmacy program economics	5. Improve provider outreach and education	5. Improve specialty drug program management	5. Opioid and substance abuse control/prevention	5. Increase transparency/visibility into pharmacy program economics	5. Reduce physician and third-party dispensing of drugs
6. Manage other drugs of concern (i.e. benzodiazepines, gabapentinoids)	6. Manage other drugs of concern (i.e. benzodiazepines, gabapentinoids)	6. Increase pharmacy transaction processing efficiency	6. Reduce physician and third-party dispensing of drugs	6. Manage other drugs of concern (i.e. benzodiazepines, gabapentinoids)	6. Improve specialty drug program management
7. Increase pharmacy transaction processing efficiency	7. Increase pharmacy transaction processing efficiency	7. Reduce physician and third-party dispensing of drugs	7. Improve provider outreach and education	7. Improve provider outreach and education	7. Increase transparency/visibility into pharmacy program economics
8. Increase pharmacy network penetration	8. Improve specialty drug program management	8. Manage other drugs of concern (i.e. benzodiazepines, gabapentinoids)	8. Manage other drugs of concern (i.e. benzodiazepines, gabapentinoids)	8. Improve specialty drug program management	8. Increase pharmacy transaction processing efficiency
9. Improve specialty drug program management	9. Increase transparency/visibility into pharmacy program economics	9. Increase pharmacy network penetration	9. Improve specialty drug program management	9. Increase pharmacy transaction processing efficiency	9. Increase pharmacy network penetration



Results by Featured Organization Types

Barriers to Recovery

Employers	Insurance Carriers	State/Government Agencies	TPAs	MCOs	Healthcare Providers
1. Comorbidities/poor worker health (e.g., diabetes, hypertension, obesity)	1. Comorbidities/poor worker health (e.g., diabetes, hypertension, obesity)	1. Injured worker disengagement/unfamiliarity with work comp system	1. Comorbidities/poor worker health (e.g., diabetes, hypertension, obesity)	1. Comorbidities/poor worker health (e.g., diabetes, hypertension, obesity)	1. Injured worker disengagement/unfamiliarity with work comp system
2. Injured worker disengagement/unfamiliarity with work comp system	2. Injured worker disengagement/unfamiliarity with work comp system	2. Negative interactions with claims staff and/or treating providers	2. Injured worker disengagement/unfamiliarity with work comp system	2. Injured worker disengagement/unfamiliarity with work comp system	2. Comorbidities/poor worker health (e.g., diabetes, hypertension, obesity)
3. Psychosocial/mental/behavioral health concerns	3. Limited availability of transitional duty/return to work options	3. Access to timely/quality care	3. Psychosocial/mental/behavioral health concerns	3. Access to timely/quality care	3. Care coordination/communication challenges
4. Medical history and/or other relevant information unavailable to payers or providers	4. Psychosocial/mental/behavioral health concerns	4. Comorbidities/poor worker health (e.g., diabetes, hypertension, obesity)	4. Limited availability of transitional duty/return to work options	4. Limited availability of transitional duty/return to work options	4. Limited availability of transitional duty/return to work options
5. Care coordination/communication challenges	5. Access to timely/quality care	5. Limited availability of transitional duty/return to work options	5. Medical history and/or other relevant information unavailable to payers or providers	5. Psychosocial/mental/behavioral health concerns	5. Psychosocial/mental/behavioral health concerns
6. Limited availability of transitional duty/return to work options	6. Negative interactions with claims staff and/or treating providers	6. Psychosocial/mental/behavioral health concerns	6. Care coordination/communication challenges	6. Language/cultural barriers	6. Access to timely/quality care
7. Negative interactions with claims staff and/or treating providers	7. Worker fear of re-injury	7. Care coordination/communication challenges	7. Access to timely/quality care	7. Care coordination/communication challenges	7. Worker fear of re-injury
8. Access to timely/quality care	8. Medical history and/or other relevant information unavailable to payers or providers	8. Worker fear of re-injury	8. Worker fear of re-injury	8. Medical history and/or other relevant information unavailable to payers or providers	8. Language/cultural barriers
9. Language/cultural barriers	9. Language/cultural barriers	9. Medical history and/or other relevant information unavailable to payers or providers	9. Negative interactions with claims staff and/or treating providers	9. Negative interactions with claims staff and/or treating providers	9. Medical history and/or other relevant information unavailable to payers or providers
10. Worker fear of re-injury	10. Care coordination/communication challenges	10. Language/cultural barriers	10. Language/cultural barriers	10. Worker fear of re-injury	10. Negative interactions with claims staff and/or treating providers



Results by Featured Organization Types

Technology

Employers	Insurance Carriers	State/Government Agencies	TPAs	MCOs	Healthcare Providers
1. Claims process automation (i.e., using analytics to segment and drive claims along appropriate path)	1. Claims process automation (i.e., using analytics to segment and drive claims along appropriate path)	1. Claims process automation (i.e., using analytics to segment and drive claims along appropriate path)	1. Claims process automation (i.e., using analytics to segment and drive claims along appropriate path)	1. Claims process automation (i.e., using analytics to segment and drive claims along appropriate path)	1. Telemedicine
2. Mobile applications	2. Predictive/prescriptive analytics	2. Interoperability and data sharing between payers, providers & vendors	2. Mobile applications	2. Interoperability and data sharing between payers, providers & vendors	2. Claims process automation (i.e., using analytics to segment and drive claims along appropriate path)
3. Telemedicine	3. Telemedicine	3. Telemedicine	3. Predictive/prescriptive analytics	3. Predictive/prescriptive analytics	3. Interoperability and data sharing between payers, providers & vendors
4. Predictive/prescriptive analytics	4. Mobile applications	4. Predictive/prescriptive analytics	4. Artificial intelligence/machine learning (e.g., foundational and generative models: ChatGPT/GPT-4, etc.)	4. Artificial intelligence/machine learning (e.g., foundational and generative models: ChatGPT/GPT-4, etc.)	4. Mobile applications
5. Interoperability and data sharing between payers, providers & vendors	5. Artificial intelligence/machine learning (e.g., foundational and generative models: ChatGPT/GPT-4, etc.)	5. Mobile applications	5. Telemedicine	5. Telemedicine	5. Predictive/prescriptive analytics
6. Artificial intelligence/machine learning (e.g., foundational and generative models: ChatGPT/GPT-4, etc.)	6. Interoperability and data sharing between payers, providers & vendors	6. Artificial intelligence/machine learning (e.g., foundational and generative models: ChatGPT/GPT-4, etc.)	6. Interoperability and data sharing between payers, providers & vendors	6. Mobile applications	6. Artificial intelligence/machine learning (e.g., foundational and generative models: ChatGPT/GPT-4, etc.)
7. Wearables/ virtual reality/ digital medicine/ smart devices	7. Wearables/ virtual reality/ digital medicine/ smart devices	7. Virtual assistant/chatbot	7. Wearables/ virtual reality/ digital medicine/ smart devices	7. Wearables/ virtual reality/ digital medicine/ smart devices	7. Wearables/ virtual reality/ digital medicine/ smart devices
8. Virtual assistant/chatbot	8. Virtual assistant/chatbot	8. Wearables/ virtual reality/ digital medicine/ smart devices	8. Virtual assistant/chatbot	8. Virtual assistant/chatbot	8. Virtual assistant/chatbot



Results by Featured Organization Types

Analytics and AI

Employers	Insurance Carriers	State/Government Agencies	TPAs	MCOs	Healthcare Providers
1. Identifying potential fraud, waste, and abuse	1. Identifying potential fraud, waste, and abuse	1. Identifying potential fraud, waste, and abuse	1. Identifying potential fraud, waste, and abuse	1. Summarizing and sharing medical records/history	1. Identifying potential fraud, waste, and abuse
2. Vendor/provider performance benchmarking and management	2. Customer service (i.e. chatbots, virtual assistants)	2. Personalizing the injured worker experience	2. Automated referral and authorization activity	2. Identifying potential fraud, waste, and abuse	2. Summarizing and sharing medical records/history
3. Summarizing and sharing medical records/history	3. Summarizing and sharing medical records/history	3. Summarizing and sharing medical records/history	3. Analyzing/capturing adjuster best practices	3. Vendor/provider performance benchmarking and management	3. Personalizing the injured worker experience
4. Analyzing/capturing adjuster best practices	4. Personalizing the injured worker experience	4. Customer service (i.e. chatbots, virtual assistants)	4. Identification, segmentation, and management of high-risk patient populations	4. Personalizing the injured worker experience	4. Automated referral and authorization activity
5. Personalizing the injured worker experience	5. Analyzing/capturing adjuster best practices	5. Analyzing/capturing adjuster best practices	5. Summarizing and sharing medical records/history	5. Automated referral and authorization activity	5. Identification, segmentation, and management of high-risk patient populations
6. Automated referral and authorization activity	6. Automated referral and authorization activity	6. Automated referral and authorization activity	6. Vendor/provider performance benchmarking and management	6. Customer service (i.e. chatbots, virtual assistants)	6. Vendor/provider performance benchmarking and management
7. Identification, segmentation, and management of high-risk patient populations	7. Vendor/provider performance benchmarking and management	7. Identification, segmentation, and management of high-risk patient populations	7. Personalizing the injured worker experience	7. Identification, segmentation, and management of high-risk patient populations	7. Customer service (i.e. chatbots, virtual assistants)
8. Customer service (i.e. chatbots, virtual assistants)	8. Identification, segmentation, and management of high-risk patient populations	8. Vendor/provider performance benchmarking and management	8. Customer service (i.e. chatbots, virtual assistants)	8. Analyzing/capturing adjuster best practices	8. Analyzing/capturing adjuster best practices



Results by Featured Organization Types

Claim Complexity

Employers	Insurance Carriers	State/Government Agencies	TPAs	MCOs	Healthcare Providers
1. Comorbidities (e.g., hypertension, diabetes)	1. Mental health conditions (e.g., PTSD, depression, anxiety)	1. Mental health conditions (e.g., PTSD, depression, anxiety)	1. Mental health conditions (e.g., PTSD, depression, anxiety)	1. Mental health conditions (e.g., PTSD, depression, anxiety)	1. Mental health conditions (e.g., PTSD, depression, anxiety)
2. Type of injury (e.g., musculoskeletal injuries/disorders)	2. Comorbidities (e.g., hypertension, diabetes)	2. Undetected medical fraud, waste, and abuse	2. Comorbidities (e.g., hypertension, diabetes)	2. Comorbidities (e.g., hypertension, diabetes)	2. Comorbidities (e.g., hypertension, diabetes)
3. Undetected medical fraud, waste, and abuse	3. Undetected medical fraud, waste, and abuse	3. Type of injury (e.g., musculoskeletal injuries/disorders)	3. Undetected medical fraud, waste, and abuse	3. Undetected medical fraud, waste, and abuse	3. Type of injury (e.g., musculoskeletal injuries/disorders)
4. Charges for medical services unrelated to injury	4. Inability to compare and/or control medical prices	4. Comorbidities (e.g., hypertension, diabetes)	4. Charges for medical services unrelated to injury	4. Inappropriate/potentially harmful polypharmacy (simultaneous use of multiple drugs)	4. Injured worker substance abuse
5. Mental health conditions (e.g., PTSD, depression, anxiety)	5. Charges for medical services unrelated to injury	5. Inability to compare and/or control medical prices	5. Type of injury (e.g., musculoskeletal injuries/disorders)	5. Charges for medical services unrelated to injury	5. Undetected medical fraud, waste, and abuse
6. Inability to compare and/or control medical prices	6. Injured worker substance abuse	6. Charges for medical services unrelated to injury	6. Inability to compare and/or control medical prices	6. Injured worker substance abuse	6. Inappropriate/potentially harmful polypharmacy (simultaneous use of multiple drugs)
7. Injured worker substance abuse	7. Type of injury (e.g., musculoskeletal injuries/disorders)	7. Injured worker substance abuse	7. Injured worker substance abuse	7. Type of injury (e.g., musculoskeletal injuries/disorders)	7. Inability to compare and/or control medical prices
8. Inappropriate/potentially harmful polypharmacy (simultaneous use of multiple drugs)	8. Inappropriate/potentially harmful polypharmacy (simultaneous use of multiple drugs)	8. Inappropriate/potentially harmful polypharmacy (simultaneous use of multiple drugs)	8. Inappropriate/potentially harmful polypharmacy (simultaneous use of multiple drugs)	8. Inability to compare and/or control medical prices	8. Charges for medical services unrelated to injury



Results by Featured Organization Types

Claims Professionals' Obstacles

Employers	Insurance Carriers	State/Government Agencies	TPAs	MCOs	Healthcare Providers
<ol style="list-style-type: none"> 1. Difficulty obtaining information from medical providers 2. Difficulty reaching and/or obtaining information from injured workers 3. Visibility into the progression of medical care 4. Limited/inadequate in-network options for medical care and services 5. Outdated or inadequate claims processing system 6. Legislative/regulatory requirements 7. Too many claims to manage/delays in referral and transaction processing 8. Working between multiple systems and communication channels 	<ol style="list-style-type: none"> 1. Working between multiple systems and communication channels 2. Difficulty obtaining information from medical providers 3. Inflated provider prices and fees 4. Limited/inadequate in-network options for medical care and services 5. Difficulty reaching and/or obtaining information from injured workers 6. Too many claims to manage/delays in referral and transaction processing 7. Lack of reliable and accessible clinical decision support information 8. Legislative/regulatory requirements 9. Visibility into the progression of medical care 10. Outdated or inadequate claims processing system 	<ol style="list-style-type: none"> 1. Difficulty obtaining information from medical providers 2. Inflated provider prices and fees 3. Too many claims to manage/delays in referral and transaction processing 4. Lack of reliable and accessible clinical decision support information 5. Limited/inadequate in-network options for medical care and services 6. Difficulty reaching and/or obtaining information from injured workers 7. Legislative/regulatory requirements 8. Outdated or inadequate claims processing system 9. Working between multiple systems and communication channels 10. Visibility into the progression of medical care 	<ol style="list-style-type: none"> 1. Difficulty obtaining information from medical providers 2. Too many claims to manage/delays in referral and transaction processing 3. Outdated or inadequate claims processing system 4. Working between multiple systems and communication channels 5. Difficulty reaching and/or obtaining information from injured workers 6. Inflated provider prices and fees 7. Lack of reliable and accessible clinical decision support information 8. Legislative/regulatory requirements 9. Visibility into the progression of medical care 	NA	<ol style="list-style-type: none"> 1. Limited/inadequate in-network options for medical care and services 2. Too many claims to manage/delays in referral and transaction processing 3. Lack of reliable and accessible clinical decision support information 4. Working between multiple systems and communication channels 5. Legislative/regulatory requirements 6. Visibility into the progression of medical care



Related Resources

From Healthsystems:

High Prices, High Impact: Meet the Drugs Driving Up Claim Costs in Workers' Comp

High-impact drugs, including topicals and compounds, represent proportionately low utilization compared to opioids or NSAIDs, but they can increase pharmacy spend exponentially on impacted claims.

<https://healthsystems.com/rxi-articles/high-prices-high-impact-meet-the-drugs-driving-up-claim-costs-in-workers-comp>

Removing Barriers to Recovery: A Primer on Psychosocial Treatments for Injured Workers

Psychosocial factors impacting injured workers' mental and behavioral health can be a barrier to recovery. But addressing any concerns early with the appropriate psychosocial treatments can positively affect a claim and health outcomes.

<https://healthsystems.com/rxi-articles/removing-barriers-to-recovery-a-primer-on-psychosocial-treatments-for-injured-workers>

The Real Promise of Artificial Intelligence in Healthcare and Workers' Comp

Artificial intelligence capabilities are advancing rapidly, with new applications becoming available for healthcare and workers' comp, along with new privacy and regulatory issues.

<https://healthsystems.com/rxi-articles/the-real-promise-of-artificial-intelligence-in-healthcare-and-workers-comp>

Triple Threat: Healthcare Fraud, Waste and Abuse in Workers' Comp

The range of medical products and services needed for injured worker recovery is broad and the opportunities for fraud, waste, and abuse in workers' comp healthcare are many. AI may prove to be a valuable detection tool, and we already have some effective solutions.

<https://healthsystems.com/rxi-articles/triple-threat-healthcare-fraud-waste-and-abuse-in-workers-comp>

Beyond Opioids: Drugs of Concern in Workers' Compensation

While the opioid trend is positive, some more nuanced, but still concerning, prescribing patterns bear watching.

<https://healthsystems.com/rxi-articles/beyond-opioids-drugs-of-concern-in-workers-compensation>

A New Routine: The Growth of Complex Claims and How to Manage Them

Workers' comp professionals are concerned about increasingly complex claims. Routine claims can escalate for a variety of reasons, but it is possible to anticipate and mitigate some of the risks.

<https://healthsystems.com/rxi-articles/a-new-routine-the-growth-of-complex-claims-and-how-to-manage-them>



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Workers' compensation claims greater than \$2 million surge in frequency and cost, despite representing less than 0.1% of total claims, study finds.

<https://riskandinsurance.com/workers-comp-mega-claims-rise-across-industries>

To Reduce Litigation in Workers' Comp, Start with the Injured Worker Experience

Thoughts on why injured workers hire attorney.

<https://riskandinsurance.com/to-reduce-litigation-in-workers-comp-start-with-the-injured-worker-experience>

7 Current and Evolving Drug Trends in Workers' Comp Medical Management

The decline in opioid prescribing is reshaping pharmacy costs in workers' comp, allowing a more diverse range of concerns to come to the fore.

<https://riskandinsurance.com/7-current-and-evolving-drug-trends-in-workers-comp-medical-management>

5 Best Practices for Managing Complex Workers' Comp Cases

Catastrophic injuries can have lasting effects on workers' physical and mental health, making recovery a long and often complicated process. Following these best practices gives case managers the best chance of delivering optimal outcomes for all stakeholders.

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As workers' comp challenges grow, Healthsystems' Kristine Kennedy lists the vital features to look for in benefit management solutions.

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