

Catastrophic Injury

What's Next?

Presentation by

Michael D Gordon, Sr Claims Analyst

and

James Vita, Regional Account Manager

Objectives

- Is it reportable
- Learn the nature of catastrophic injury
- Understand reporting requirements
- Review best practices in handling catastrophic injury
- Learn what services are available to assist employers and claims professionals
- Present a team approach case study

INNOVATION | STRENGTH | PARTNERSHIP | SERVICE | BEST PRACTICES



Is It Reportable?

MECC Case Study

Case: 51 year-old male teacher trips over instrument case and falls into orchestra pit, sustaining a concussion injury

YES

MECC Case Study

Case: Fatality involving 70 yr old worker with no immediate family nor dependents

YES

MECC Case Study

Case: A permanent total disability by statute

YES

MECC Case Study

Case: Back injury with surgical complications.
Total incurred of \$ 275,000

MAYBE

MECC Case Study

Case: Three employees injured in a work related
automobile accident

YES

MECC Case Study

Case: Injured employee out of work for 1 ½ years:
claim is being contested

YES

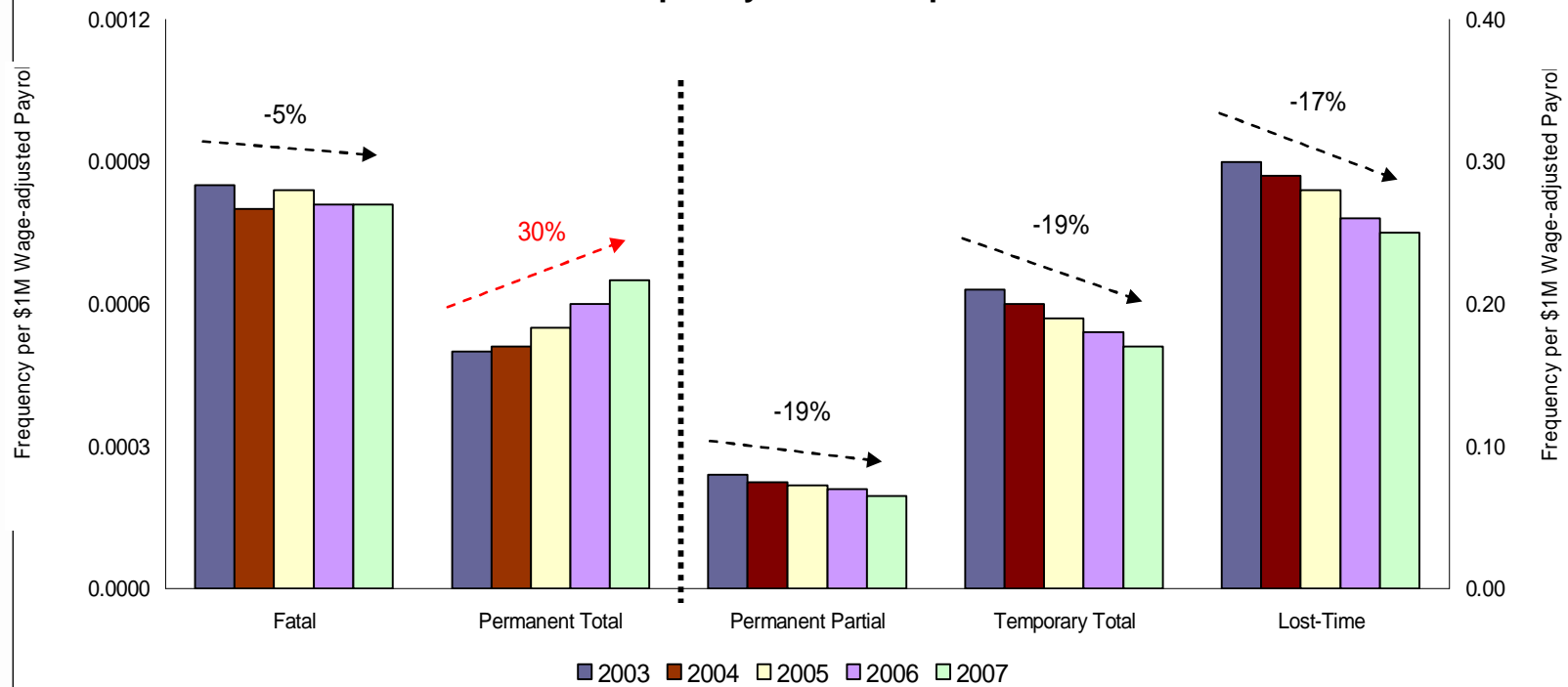
MECC Case Study

Case: Amputation of index finger at first joint from machine related injury

NO

Declines in Claim Frequency Are Consistent for All Injury Types Except Permanent Total

Frequency at First Report



All NCCI States

Contains information obtained from NCCI, used with permission

"But we've never experienced a claim above our retention"

Example of an actual excess claim



On August 28, Michael tripped and fell head first down a set of stairs while carrying a box of files. He was diagnosed with a spinal cord injury and quadriplegia.

Claimant: Michael A.

DOB: March 13, 1953

Status: Divorced with no children

Occupation: Teacher

Direct Claim Cost: \$1,931,547

Annual Medical Cost	Annual Indemnity Cost	Claim Duration
\$76,410	\$33,979	21+ years

Nature of a Catastrophic Injury

- Traumatic Brain Injury (TBI)
- Spinal Cord Injury (SCI)
- Severe burns
- Traumatic amputations



Evolution of Injury Survival Pre 1970

- Pre 1970
 - Neurosurgeon
 - Registered Nurse and staff
 - Physical Therapist

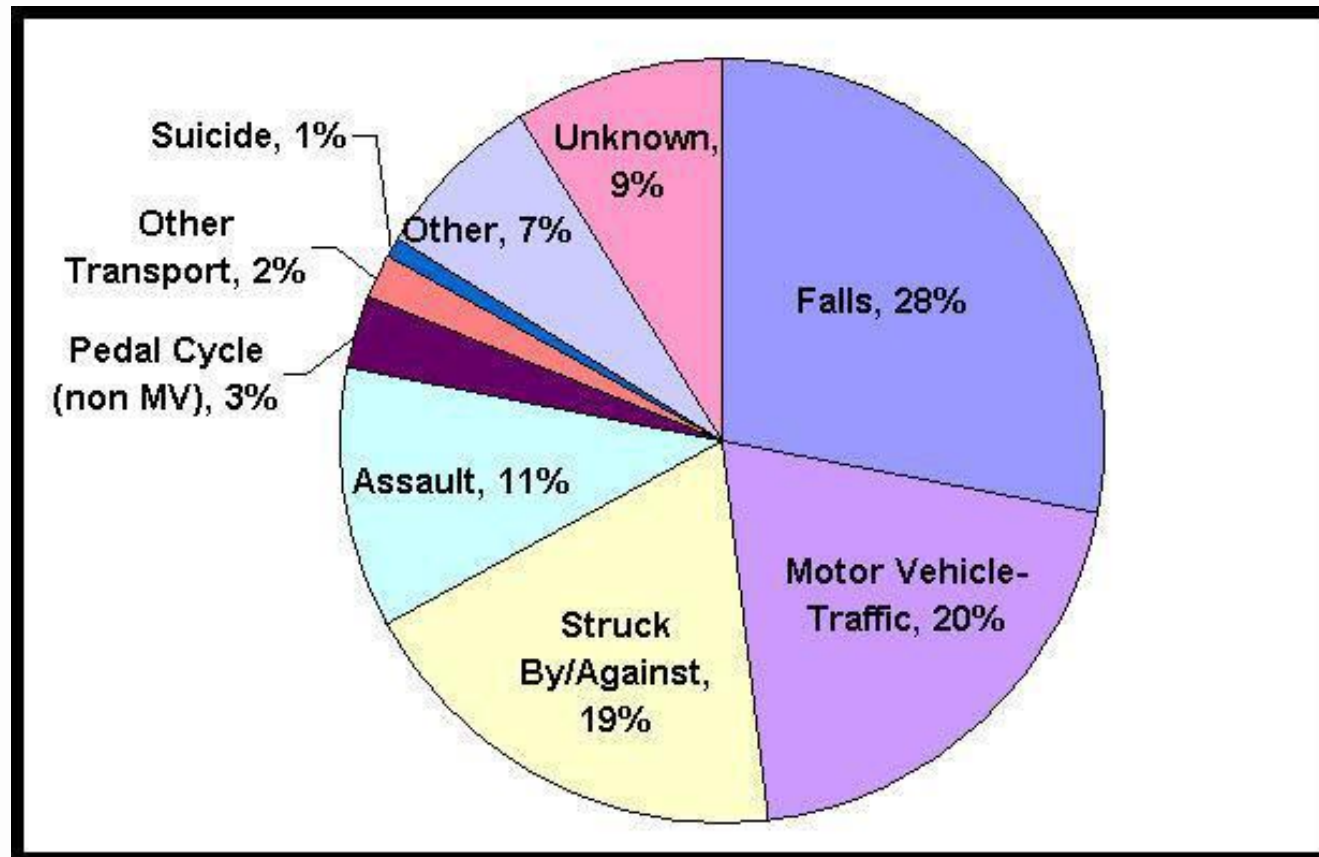


Evolution of Injury Survival Post 1970

- Trauma Surgeon
- Neurosurgeon
- Neurologist
- Orthopedist
- Psychiatrist
- Physiatrist
- Pulmonologist
- Oto-laryngologist
- Ophthalmologist
- Plastic Surgeon
- Rehabilitation nurse
- Physical therapist
- Occupational therapist
- Speech pathologist
- Neuro-psychologist
- Clinical psychologist
- Social worker
- Recreational therapist
- Dietician
- Vocational Counselor

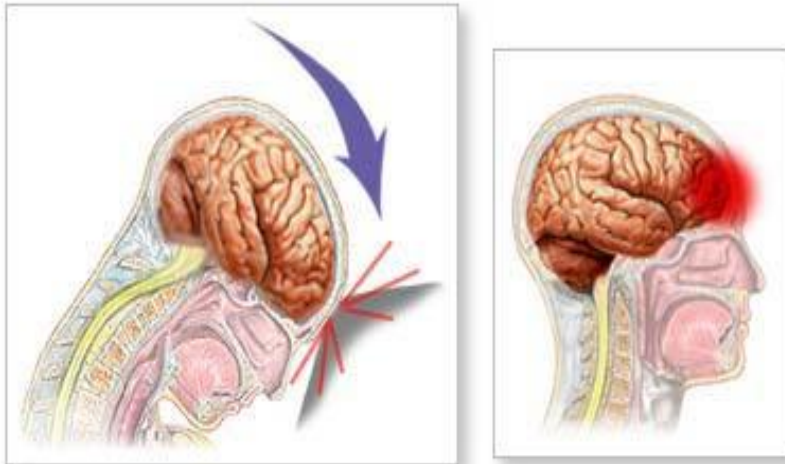
Traumatic Brain Injury

Causes of TBI



Injury Overview: Traumatic Brain Injury

A concussion is a violent jarring or shaking that results in a disturbance of brain function

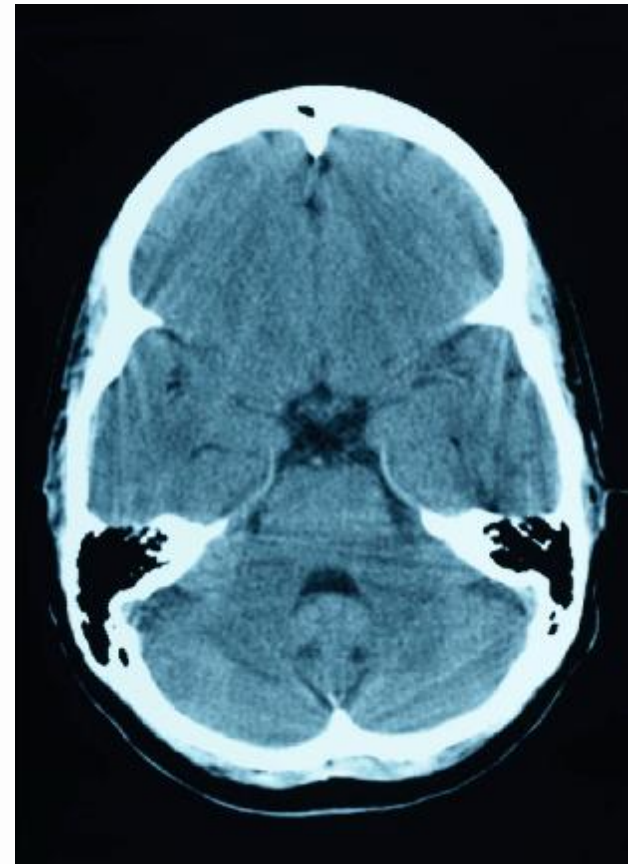


- **TBI:** insult to brain caused by external physical force to produce altered state of consciousness; cognitive, physical, and/or behavioral deficits may result.



Brain Trauma Physical Deficits

- Speech
- Vision
- Hearing
- Other sensory or motor deficits
- Headaches
- Seizure disorders
- Spasticity of muscles
- Impaired coordination
- Paralysis



Brain Trauma Cognitive Deficits

- Decreased attention
- Impaired concentration
- Decreased carryover of learning
- Disorientation
- Executive function impairment
- Inflexibility or rigidity in thinking
- Short-term memory problems



Brain Trauma Behavioral Deficits

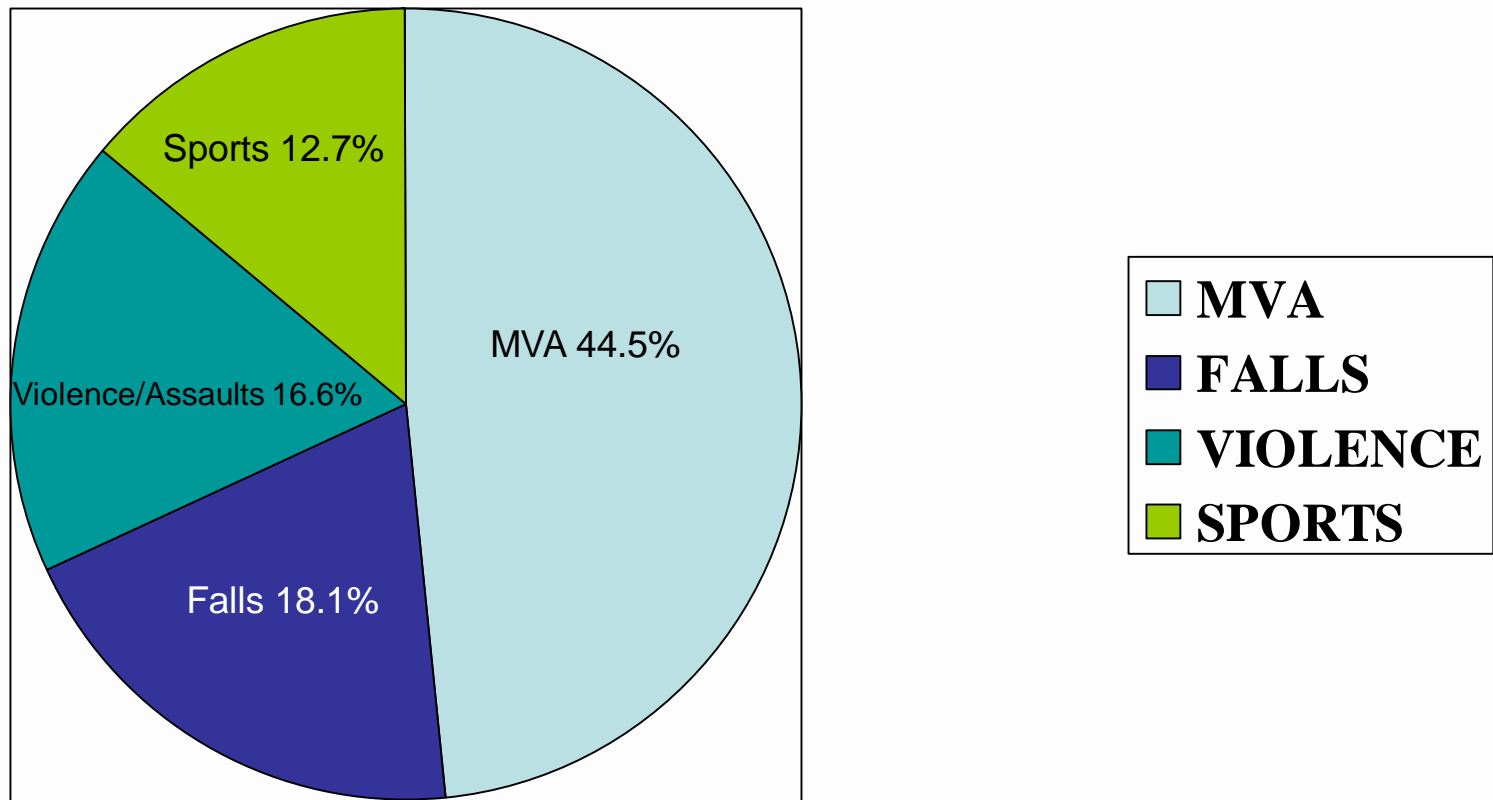
- Agitation/Lethargy
- Combativeness-either physical or verbal
- Delayed or impulsive responses
- Restlessness
- Sleep disturbance
- Social inappropriateness
- Verbal &/or motor perseveration
- Wandering



- Anger
- Anxiety
- Disinhibition
- Euphoria
- Flat affect
- Frustration
- Guilt
- Labile emotion
- Inconsistency

Spinal Cord Injury

Causes of Spinal Cord Injuries



Injury Overview: Spinal Cord Injuries



- **SCI:** insult to spinal cord from pressure, overstretching or tearing, swelling, or reduced blood supply; (transection of the cord is rare); loss of neurologic function is either complete or incomplete.

Spinal Cord Impairments and Disabilities: below the level of injury

- Sensation
- Motor function
 - Breathing
 - Hand function
 - Walking
- Urination
- Bowel function
- Sexual function
- Autonomic function
 - Blood pressure regulation
 - Temperature
 - Sweat
 - Inability of body to correct for changes in position, temperature, stress, distension

Serious Burns

Injury Overview: Burns

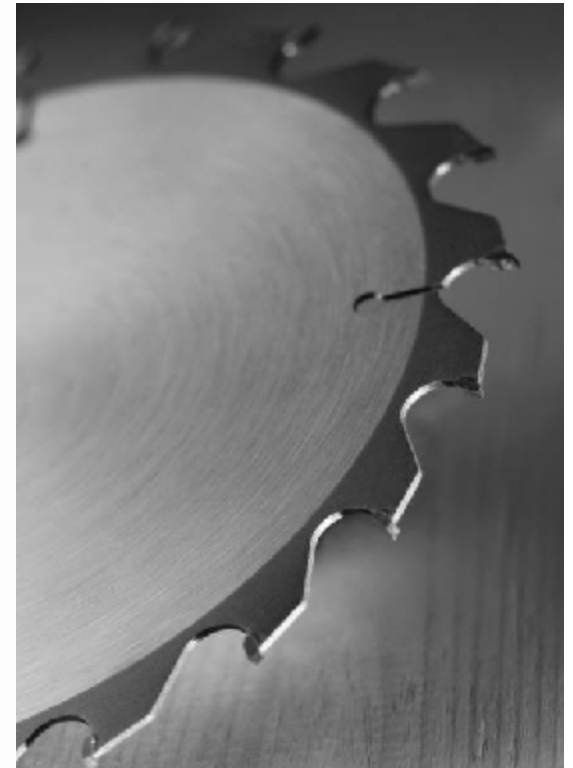
- Second most frequent cause of accidental death in U.S.
 - 500,00 ER visits annually
 - 50,000 acute admissions
 - 20,000 burn unit admissions
- 12,000 deaths will result
- Types of burns
 - Fire/Flame 64%
 - Electricity 7%
 - Work related 22%



Traumatic Amputations

Injury Overview: Traumatic Amputations

- Accidental severing of some or all of a body part
- 50,000 occur in U.S. annually
- 1/3 due to trauma
- 80% experience phantom pain for over 4 years
- Prosthetics for major limbs are continually evolving
 - Example myoelectric arm=\$110,000



Can we really control costs when injuries are so severe?



Be Prepared

- Assure employer guidelines are in place
 - Steps to be taken
 - Know how to communicate 911 needs
 - Verify employee data is current, especially emergency contacts
 - Never short cut safety guidelines/procedures/instruction
 - Know how to immediately report to your TPA or insurer

Ultimate responsibility of reporting is with EMPLOYER



911

Assessing Client Resources

- Previous experience with CAT injury type
- Nurse case manager resources
- Cost containment arrangements
- Open to assistance by carrier
- Retention level does not matter

A Catastrophic Injury Occurs

Immediate thoughts are for the employee
and their family

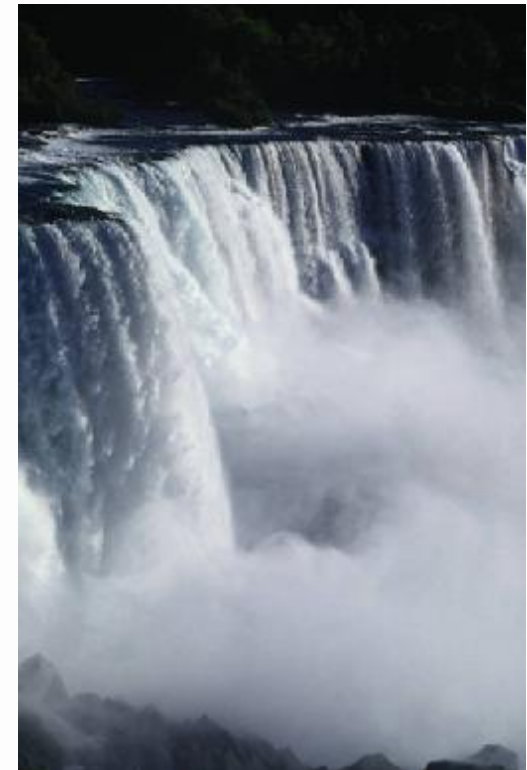


Team Approach -Medical Management



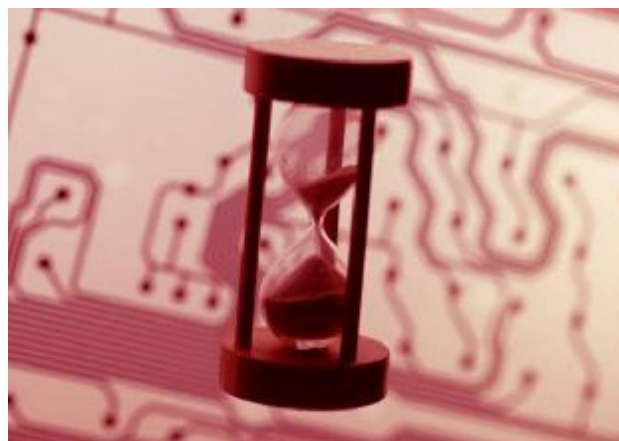
Consultative Claims Team to Improve Outcomes

- Recommend CAT experienced
 - medical case managers
 - centers of excellence
 - key providers
- Ongoing review of resources
- Monitor quality of care
- Confer with designated insured contacts
- Confer with provider resources
- Assist in long term planning
- Medical cost projections
- Assist in structured settlements
- Medicare Set-Aside trusts



Post-injury Claims Management

- First 24 hours in managing the loss are the most critical
- Investigation of the accident immediately
 - Compensability
 - Third party recovery possibilities
- Nurse case manager skilled in catastrophic injuries



Catastrophic Claim Reporting

- Immediately notify TPA of the severe injury
 - By telephone
 - Don't wait!
- TPA should notify the excess carrier
 - By telephone
 - Don't wait!



Approach to Managing Care & Costs of CAT Injuries

- Claim analyst and medical manager respond
- Assessment made of the injury and insured's resources
- Troubleshoot issues
- Review plan of action
- Assist with cost projections
- Provide education, recommend key resources
 - Expert nurse case managers
 - Centers of excellence
 - Cost management approaches

Nurse Case Manager Selection

- Licensure/certification
- Clinical background
 - Type and years of catastrophic injury experience
- Communication skills: lynch-pin for team
- Knowledge of appropriate resources
- Pro-active intervention
- Outcome focus
- Reporting



Role of the Nurse Case Manager

- Coordinator
- Consultant
- Facilitator
- Monitor
- Problem Solver
- GATEKEEPER
- Advocate
- Counselor
- Resource Finder
- Communicator
- Evaluator/Assessor
- ADVOCATE

Centers of Excellence: Acute Care

- Level I Trauma Centers
- Provide expert live-saving care
- Specialists available
- Contact for your nurse case manager
- Timely transfer of patients to acute rehabilitation



Centers of Excellence: Rehabilitation

- Accreditation, i.e., CARF for SCI/TBI
- Dedicated team for specific injury
- Early transfer from acute care to rehab
- Prevention of secondary complications
- Comprehensive educational programs
- Team focus
- Community reintegration focus
- Expert injury specific MD's/Physiatrist (PM&R)

Rehabilitation: Activities of Daily Living

- Eating
- Dressing
- Grooming
- Toileting
- Homemaking
- Driving
- Public transportation
- Wheelchair transfers
- Ambulation
- Communications
- Bed Transfers
- Sexual functioning
- Vocational

Brain Injury Model Systems for Rehabilitation

- Univ. Alabama
- Santa Clara Valley(CA)
- Craig (CO)
- Spaulding (MA)
- Mayo Clinic (MN)
- Rehab Institute (MI)
- JFK-Johnson (NJ)
- Mt. Sinai (NY)
- Charlotte Institute (NC)
- Ohio State
- Moss (PA)
- Pitt (PA)
- Univ. TX-Baylor
- VA Commonwealth
- University Washington

Spinal Cord Injury Model Systems for Rehabilitation

Santa Clara Valley(CA)

Craig (CO)

National Rehab (D.C.)

Univ. Miami (FL)

Shepherd (GA)

Rehab Institute Chicago

Spaulding (MA)

Univ. Michigan

- Missouri
- Kessler (NJ)
- Case Western Reserve
- Thomas Jefferson(PA)
- Univ. Pittsburgh
- VA Commonwealth
- TIRR (Texas)
- Univ. Washington

Burn Rehab Model Centers

- University of Washington
- University of Texas Southwestern
- Johns Hopkins
- University of Colorado
- Galveston Shriners

Reserving a CAT Claim: Things to Consider

- Jurisdiction
- Age
- Education/Transferable skills
- Statutory Rules
- Medical
 - Acute Medical
 - Annual Recurring Medical

Reserving a CAT Claim: Medical

Acute:

- Hospital/surgical
- Inpatient rehabilitation
- Outpatient rehabilitation
- Home modifications
- Equipment
- Transportation
- Medical Case Management

Annual Recurring:

- Physician
- Attendants/Facility
- Pharmacy/Supplies
- Therapies/Diagnostics
- Durable Medical
- Transportation
- Hospitalization

Acute Cost Example: Home Modifications

- Meet reasonable and necessary standard; state statute
- Enable injured worker to be independent in their environment
- Meet building codes
- Utilize experts
- Average home modification cost \$57,000

Note: therapists do not know construction

Annually Recurring Cost Example: Attendant/Facility Care

- Highest category amount for recurring costs
- Represents about 2/3 of annual medical cost
- Dealing with home health agencies
- Facilities for long term placement



MECC Case Study

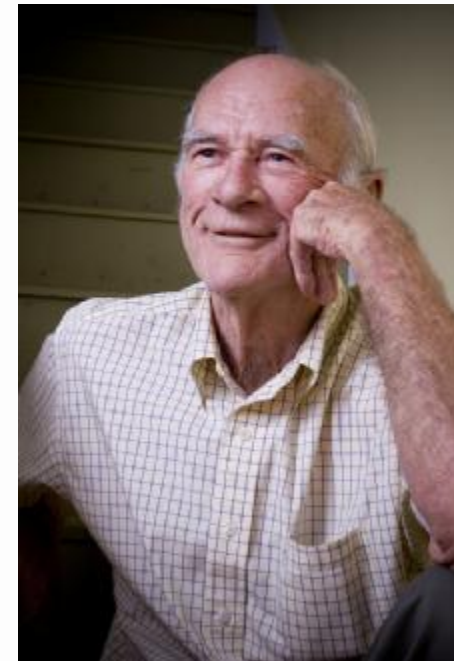
Case: 64 year-old divorced male who fell from back of truck on 1/30/09 and sustained cervical fractures and spinal cord injury; reported to MECC 2/10/09. He had no family. Vietnam Veteran with Masters degree.

MECC Recommendations and Actions

- Transferred to Center of Excellence
 - Nursing care and resources inadequate at current rehab center
 - MECC provided recommended resource
 - Negotiated rate for employer
 - New Cat NCM
- Guidance on approval for air transfer
- Coordinated team rehab conference

MECC Recommendations and Actions

- MECC met with injured worker
 - Depressed
 - Isolated
 - Suicidal.
- Encouraged VA recreational resources
- Patient responds positively
- Greeter for new patients



Outcome for Employee & Employer

- Discharged home with community based rehab and attendant care
- Refuses a power chair and uses his manual chair
- Convinced he will walk
- Rejoins community
- Progresses to ambulating with a special walker
- Scheduled for adaptive vehicle driving
- Participating in vocational rehabilitation
- Successful cost outcome

MECC Case Study Outcome

Today, he lives independently without attendant care, uses adaptive equipment as needed, and follows up with needed lifelong medical care. With the resources provided through a team approach and his own decision to make the best of his circumstances, he is a productive member of the community again.

Summary

- Catastrophic injuries involve potential life-threatening conditions
- Be prepared and caring
- Timely report to all parties
- Develop a best practice plan for managing
- Utilize key resources
- Reduce loss costs
- Reserve for the life of the claim

Q
u
e
s
t
i
o
n
s

Answers

Thank you for
your
questions!