

# Door-to-door

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# Door-to-door

*Making doctor visits to improve prescribing practices*

BY **TERESA BARTLETT, M.D.**  
SVP, Medical Quality, Sedgwick

There are times in our lives when a phone call, text or email just won't do. Whether it is related to our family, our friends or our daily job responsibilities, some conversations are better face to face. That may include discussions with doctors whose questionable prescribing practices could be harmful for our clients' employees.

In the workers' compensation and managed care industries, the primary objective is to help injured employees find the appropriate care so they can get healthy again and return to work. One way to help ensure this is by having systematic rules-based triggers identifying negative prescribing patterns, along with a team of skilled medical professionals who are trained to intervene with alternative treatment recommendations.

Sedgwick's complex pharmacy management program includes high-level round table discussions with our physicians, nurses, pharmacists and claims examiners. We review the worst of the worst cases client by client. With these cases, sometimes there is a trend: the same prescribers associated with the same bad outcomes.

## ADDRESSING CONCERNS IN CALIFORNIA

When we reviewed prescribers in California who were not following guidelines, we found prescription patterns that included dosage levels that were very high and dangerous drug combinations. Many cases included a combination of a pain killer, a muscle relaxer, a tranquilizer and a hypnotic, which is like a sleeping pill. When patients take these four types of drugs for long periods of time, the consequences can be devastating. These four types of drugs are intended to be used for short-term needs and can cause significant impairments when used long-term. When taken in combination, they can cause the injured employee to have difficulty breathing, or become sleepy or groggy all the time and unable to leave the house. Unknowingly adding a common over the counter allergy pill can lead to a tragic outcome.

We decided to take a different approach with the doctors associated with these cases and traveled to their offices to visit with them face to face to see if we could make a difference and bring about positive changes in their prescribing habits. We found that many of the doctors, who were among the top narcotics prescribers in California, seemed overly comfortable with the dangerous combinations. We encountered both positive and negative responses when we reminded them of the California pain guidelines and the Centers for Disease Control and Prevention statistics about prescription drug overdoses. In addition, some of the doctors were only prescribing brand name drugs and some were using a lot

of expensive topicals that are not recommended by the Food and Drug Administration (FDA). They were also reminded about patient education regarding driving on controlled substances and storing medications safely.

We took the time to have professional discussions with the doctors; consistently emphasizing areas of concern while focusing on:

- Laws, state guidelines and best practices
- Suggestions for alternative medications and reduced dosage levels
- FDA recommendations for pain management and monitoring such as risk assessments, opioid agreements and urine drug screenings



We also discussed problems discovered with the urine drug screenings, which are intended to confirm a patient's drug usage. Beyond their aberrant prescribing patterns, we learned that many of the doctors were not completing drug screenings because their staff was not trained to do them or they did not have easy access to a lab that performs specialized drug testing. In addition, the urine drug screen may not have reflected an injured employee's true usage because they could take the medications on the way to the lab or simply not go to the lab at all. Therefore, pre-scheduled drug screens are not effective. We offered the doctors a cost-effective way to complete the screenings in the office using test kits provided by one of our partners. The kits are then mailed back and reports are sent to the physician and to Sedgwick.

## THE RESULTS

In California, our visits prompted many of these offices to take a closer look at their prescribing practices and some agreed to make changes to ensure they are following guidelines. We hope for improved results like we saw after visiting with doctors in West Virginia. In that state, we saw a 30% decrease in opioid prescriptions following our face-to-face interventions with physicians. We also spent some time talking with select doctors in Texas for one of our clients and just knowing we were monitoring their prescribing patterns resulted in improved compliance.

Cross-team participation in the complex pharmacy management evaluation, including our claims examiners, physicians, pharmacists and nurses, allows Sedgwick to identify and address trends that cause concern. Programs that have disconnected points of service don't allow all of the stakeholders to see the big picture. Through our integrated program, we are broadening the evaluation of prescription drug use to mitigate adverse trends that delay recovery and jeopardize employee well-being and productivity or public safety. Our approach puts the injured employee's health first – it's at the heart of everything we do.

## ADDITIONAL RESOURCES

### Sedgwick Connection blog:

#### **Why are doctors resistant to change?**

<http://blog.sedgwick.com/2015/07/30/why-are-doctors-resistant-to-change/>

### Sedgwick Connection blog:

#### **Hot topic - prescription drug management**

<http://blog.sedgwick.com/?s=prescription+drug>

### **White paper: Provider benchmarking**

<https://www.sedgwick.com/news/Pages/providerbenchmarkingstudy.aspx>





# Exclusive remedy and opt-out update

BY **EDWARD E. CANAVAN, AIC, ARM**

*VP, Workers' Compensation Practice and Compliance, Sedgwick*

With the exception of a few states, most employers today do not have an alternative when it comes to the workers' compensation benefits they provide for their employees. This lack of competition in the traditional workers' compensation environment can be detrimental to the employers' ability to provide optimal solutions and impact the benefits injured employees receive. Alternatively, healthy competition can breed innovation and productivity – and ultimately benefit all parties involved.

Texas is a prime example of how two benefit systems can result in competition, innovation and a winning option for consumers. In 2008, 49% of employers that had opted out of the traditional workers' compensation system ("non-subscribers") noted that premiums for workers' compensation were too high as compared to 23% in 2012, according to a study conducted by Texas A&M University. Currently, 33% of the employers in Texas are non-subscribers, as reported by the Texas Department of Insurance. Texas has demonstrated urgency and innovation relating to the traditional workers' compensation system. This approach helps in competing with the non-subscriber program, improving both options for Texas employers.

Some examples include a closed pharmacy formulary and leaving utilization review disputes with medical professionals through the independent medical review process. Looking at workers' compensation costs, Texas moved from being the 17<sup>th</sup> most expensive state\* in the nation in 2008 to 36<sup>th</sup> in 2014.

Oklahoma, which is ranked the 6<sup>th</sup> most expensive state in the nation in workers' compensation costs, has followed suit by proposing and passing a reform package that gives employers the ability to construct an alternative benefits plan. Most Oklahoma employers have opted to stay with the traditional workers' compensation act to see how the 2013 reforms impact their overall cost of risk. However, they will always have the choice to opt out and develop an alternative ERISA-based benefits plan.

Tennessee and South Carolina are considering bills allowing employers to set up a benefits plan that would be an alternative to the traditional workers' compensation system in their state. South Carolina's proposal borrows from the Oklahoma option maintaining exclusive remedy, while the Tennessee proposal builds upon the Texas non-subscription program with no exclusive remedy protections. The Tennessee legislature voted to defer their alternative bill until 2016. A bill was also introduced in California that would exempt agricultural employers from being required to purchase workers' compensation coverage. Instead, employer funds would establish the Care of Agricultural Workers Fund, which would provide medical care for work related and non-work related health needs.



## RECENT COURT DECISIONS

There have been constitutional challenges against Oklahoma's recent legislative effort. The Oklahoma Supreme Court recently refused to hear the cases of Judy Pilkington and Kim Lee. Both were arguing that the new Oklahoma alternative option is unconstitutional, stating it prohibits due process<sup>1</sup>. One Oklahoma District Court Judge recently handed down an order to allow a workplace injury case to be heard in the civil arena. The judge is taking a literal interpretation of the recently passed reform, noting that the definition of injury does not include the word "foreseeable" so any foreseeable injury is not covered under the traditional workers' compensation act. If this Oklahoma employer had selected to pursue an alternative ERISA-based benefits plan, disputes would be handled differently and the District Court would have had a more difficult time allowing the case to be pursued in the civil arena.

In Florida, a trial court judge in the Padgett case<sup>2</sup> noted that the benefit levels in the state have declined so dramatically over the past ten years that injured employees must have an alternative to the traditional workers' compensation system and the ability to sue their employers for negligence in the civil arena. This decision was recently reversed by the Florida 3rd District Court of Appeals due to procedural issues.



## KEEPING YOU INFORMED

Sedgwick's experienced team closely monitors state reforms and continues to keep our clients updated as changes occur that could impact their programs.

\* 2008 Oregon premium ranking study

## ADDITIONAL RESOURCES

### Employer Participation in the Texas Workers' Compensation System

<http://www.tdi.texas.gov/reports/wcreg/documents/nonsub.pdf>

### Texas Association of Responsible Nonsubscribers

<http://www.txans.org/questions.htm>

### South Carolina Legislature

<http://www.scstatehouse.gov/billsearch.php>

### Tennessee General Assembly

<http://wapp.capitol.tn.gov/apps/BillInfo/default.aspx?BillNumber=SB0721&GA=109>

### Association for Responsible Alternatives to Workers' Compensation

<http://www.arawc.org>

### <sup>1</sup> Pilkington v. State of Oklahoma,

ex rel. Doak, File No. PR-113662 (Apr. 27, 2015) [File No. PR-113662 (Apr. 27, 2015)]

### <sup>2</sup> Padgett case

[http://www.partnersource.com/media/24503/amicus brief of state chamber \(pilkington lee v. oklahoma\) \(4.10.15\)\(final\).pdf](http://www.partnersource.com/media/24503/amicus%20brief%20of%20state%20chamber%20(pilkington%20lee%20v.%20oklahoma)%20(4.10.15)(final).pdf)





# Culture of health: The productivity summit

*Improving behavioral health and well-being in the workplace*

BY **KIMBERLY GEORGE**

*SVP, Corporate Development, M&A,  
and Healthcare, Sedgwick*

In late May, the Carter Center's Mental Health Program hosted the productivity summit with support from its partners, Sedgwick and Pacific Resources. Summit participants included some of the nation's leading employers, academics and mental health experts. During the two-day event, we shared our experiences and recommendations with a common goal in mind – achieve healthy, sustainable individual and organizational performance through the optimization of behavioral health and well-being.

Mental health conditions in the workplace cost U.S. employers \$80–\$100 billion in medical expenses and productivity losses annually.<sup>1</sup> The emotional and psychological impact of mental health conditions on employees, their family members and the community, coupled with a lack of knowledge and willingness to address the issue, makes it a significant concern.

Before the summit, participants were surveyed to gain insights on their thoughts and experiences, and the success (or failure) of existing programs. The survey results put a spotlight on the ongoing need for proven, effective mental health programs that offer evidence to support the value of workplace interventions, which is required to secure support and funding from leadership.

## POSSIBLE SOLUTIONS

Healthcare spending today is \$3.8 trillion<sup>2</sup> compared to \$179 billion<sup>3</sup> for mental health. In today's workforce, most knowledge-based employees are dealing with job insecurity because of outsourcing, downsizing and layoffs, combined with increasing pressures to innovate and produce. The resulting stress and anxiety can translate into higher medical costs and diminished productivity for employers.

The importance of employee health and well-being is clear, but corporate leaders need proof that investing in mental health issues will pay off in areas such as benefit costs, productivity and employee satisfaction.

Productivity summit participants explored several areas such as how to keep the employee well, how to create a program that can be implemented quickly, what evidence shows the relationship between mental health and corporate success, and what is the best information to present to leadership. Suggestions included linking the benefits of good mental health to what matters to the organization, such as quality and safety; using terminology that resonates with employees; and focusing on creating a culture of well-being.

We agreed that the key attributes of a successful program should include:

- Creating a culture of health and well-being that incorporates respect, support, positivity, meaningful work, career progression and life balance
- Developing emotional and social intelligence in leaders
- Encouraging supervisor awareness, and early intervention with Employee Assistance Programs (EAPs) with better internal and external integration
- Providing training in secondary prevention techniques such as mindfulness
- Reducing stigma



*Productivity summit participants included some of the nation's leading employers, academics and mental health experts, joining together to impact behavioral health and well-being in the workplace.*



EAPs are commonly used to address mental health concerns, but they have often had poor support and success rates, making it difficult to create or deliver anything new. During the summit, the concept of moving from reactive to proactive was discussed, and some of the questions revolved around how to transform the workplace culture, how to make mental health as important as physical well-being and how to prevent mental health conditions. Recommendations included positioning comments related to mental health in terms of performance, providing annual mental health checkups and recognizing the need to address underlying factors, such as lack of workplace control or stability to help prevent employee depression.

The need to de-stigmatize the full range of mental health conditions must also be a priority. Participants posed questions about establishing common terminology, implementing programs to help retain talent and explored what vendors can offer. We discussed using terminology such as “mastering life skills” rather than “depression” or “stress” to allow employees to enter programs without the mental health label; developing

programs that emphasize life skills, resiliency and respect for others to gain greater acceptance and participation; improving the way behavioral health is integrated into primary care; and engaging in creative partnerships with other companies, local government and the community at large.

The following items are needed:

- Strategies and a framework for programs
- Resources to address the challenges surrounding detection
- Science on well-being and workplace mental health in general
- Evidence-based metrics, benchmarks and universally accepted measurements
- More resources that translate research-based evidence into real-world advice
- Better tools for environmental assessments
- Ways to help business see good mental health as an imperative
- A common language when addressing mental health conditions and programs in the workplace



## ADDITIONAL RESOURCES

### **Carter Center Productivity Summit Summary**

<https://www.sedgwick.com/news/documents/studies/Carter%20Center%20Productivity%20Summit%20Summary.pdf>

### **Research summary: Stress in the workplace study**

<http://www.sedgwick.com/news/Pages/stresssummary.aspx>

### **Sedgwick Connection blog: Carter Symposium: Opportunities for transforming mental health care**

<http://blog.sedgwick.com/2014/12/11/carter-symposium-opportunities-for-transforming-mental-health-care>

### **Sedgwick Connection blog: Mental health series**

<http://blog.sedgwick.com/tag/mental-health>

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### **<sup>1</sup>Partnership for Workplace Mental Health**

<http://www.workplacementalhealth.org/Business-Case.aspx>

### **<sup>2</sup>Forbes: Annual U.S. Healthcare Spending Hits \$3.8 Trillion**

<http://www.forbes.com/sites/danmunro/2014/02/02/annual-u-s-healthcare-spending-hits-3-8-trillion>

### **<sup>3</sup>Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010-2020**

<http://store.samhsa.gov/shin/content/SMA14-4883/SMA14-4883.pdf>

## HELPING EMPLOYERS SUCCEED

Developing an approach that works for employers begins with creating viable models to implement and use as road maps for success. To address questions about cost, research goals, resources and managing cultural differences, participants recommended the following:

- Ensure that we are leveraging the knowledge and resources we do have
- Generate funding for research with trade associations, government entities, etc.
- Develop and promote a core set of research-based behavioral health benchmarks and metrics
- Build coalitions and bring together outside organizations, including community and faith-based organizations

The most important conclusion was the immediate need to create an innovative program for employers to pilot to help employees, families and companies, and advance the science behind the behavioral health issues. In addition, the team came away with some key deliverables such as developing short- and long-term value propositions for the support of mental health programs; promoting the development of implementation metrics and benchmarks that can become a foundation for programs nationally; identifying tools, resources and best practices currently available; and developing systems and processes to share them.

Sedgwick has partnered with the Carter Center in its ongoing efforts to create meaningful programs to help employers establish a more proactive approach to mental health conditions. We understand the value and importance of addressing mental health issues for our clients' employees with workers' compensation, disability and leave claims. Our team provides key healthcare services to help them deal with these issues, overcome the challenges and return to work sooner.



# When civil unrest breaks out

*Businesses run the risk of property damage and so much more*

BY **ROBERT D. JONES**

CFE, CBM, P.I.

Executive General Adjuster,

VeriClaim, a Sedgwick company

Events like the riots in Baltimore and Ferguson can sometimes be difficult to predict, but businesses can shield themselves from the potential financial risks by securing a comprehensive property insurance policy. Coverage that extends beyond the building and its contents (real property) can help businesses manage other possible losses resulting from civil unrest. If a business incurs a loss during a riot and must close, a policy that includes time element coverage can help replace lost income and cover continuing expenses such as mortgage or rent payments, taxes and employee wages.

## BEING PREPARED

When selecting a policy, it can be a challenge to think through all of the possible events a business would need coverage for, but taking the time to do this puts you in a better position should a loss occur. When claims are filed, each loss is carefully measured and valued using various details related to the business. Whether the claim is for lost income resulting from a fire or other property damage, the claims adjuster will do a thorough investigation to determine the coverage.

Business income claims are only paid when certain events occur and the coverage is based on how the policy is written. Key items to take into account include:

- Physical damage – Business income coverage is triggered when property is damaged from an event such as a fire, hurricane or flood, and the business can no longer operate
- Vendor losses – If you are dependent on a vendor that incurs a loss that impacts your income and you have contingent business income insurance, then your business would be covered for the loss

- Civil authority implications – When local government officials impose a curfew, the resulting income loss may be covered if there is a civil authority clause in the policy
- Ingress/egress issues – If road closures prevent customers and suppliers from getting to your business, coverage for the lost income may be triggered for a limited time

In most policies, when triggered by direct physical loss, the coverage seeks to replace the income that a business would have earned had no events shut it down. For example, if a small store is robbed and set on fire during a riot, their property insurance policy may provide replacement coverage for the building, the store's inventory and other covered property; because they can't operate as they normally would, they will need business interruption coverage to replace the income that is lost, and pay employee wages and other expenses while the business is closed during the "period of restoration."





## TAKING A CLOSER LOOK AT BUSINESS INCOME LOSSES

Forecasting business income in these uncertain economic times can be tricky. Like economists and accountants, insurance professionals do not use a crystal ball. Instead, they must consider the historical operating results to project the impact of an interruption on a business' income stream.

A business income loss calculation measures the policyholder's lost profit and continuing expenses during the period of interruption. Therefore, the claims adjuster focuses their attention on the revenue, expense and resulting net profit. It is crucial to present a projection that falls within a reasonable range – and reflects what the business would have done as opposed to what it could have done. The data needed is contingent upon the length of the loss period and other components. The total value is based on a comparison of the same months from the prior year, and includes information such as sales projections for the upcoming year, utility bills and any services purchased from outside companies. If a company continued to pay its employees while the business was closed, that would be a continuing expense. If a building is burned to the ground, the utilities are going to stop – making them non-continuing expenses.

Factors to consider:

- Number of locations – Five locations with \$20 million each in sales will have a lower risk of a large loss and higher probability of more frequent losses than one location with \$100 million in sales
- Overlap and interdependency between locations or vertically integrated supply chains – A loss can be greater if one insured location receives work-in-process or components from another insured location; the loss could be mitigated if the different locations produce the same products
- Realistic assessment of the repair time – A facility with complex construction and intricate machinery may take years to complete repairs and resume operations; a basic warehouse and assembly operation may resume operations in a few months; companies with detailed drawings of equipment, operations and buildings can expedite repair times

## MANAGING THE RISKS

A key step toward reducing the risk is to understand what is and is not covered. An agent or broker can be a valuable resource, but it is critical for a business owner to thoroughly understand the policy including the coverages and exclusions, and what co-insurance is. The policy should cover the projected business income value for 12 months – businesses that are underinsured may carry more of the exposure. Understanding all of the exclusions and clauses can reduce surprises when the insurance valuation is completed and the final statement of loss is rendered.

Other key tips to help businesses manage risks and reduce losses:

- Review your business continuity plan every six months – If important elements of the business are in one area, having a planned redundancy or outsourced functionality (i.e. computer servers, supply chain) is critical; ensure employees have the ability to work remotely when curfews are imposed or roads are blocked; when there are ingress/egress rules restricting traffic to and from certain areas by civil authority, or local government officials impose a curfew and businesses have to close, the time element coverage for losses caused by civil authority would come into effect and it is often available for 14 days



- Consider purchasing a mandatory evacuation policy – This would offset these types of risk exposures addressing ingress and egress to physical locations
  - Event cancellation policies are available to protect costs associated with conventions, concerts, movie productions, etc.
  - Add dependent properties coverage – In a situation where a retail chain is receiving goods or a manufacturer is receiving raw materials through a shipping port that is shut down, that can impact future sales – the only way a business will be covered for that time element loss that happened miles away is through dependent properties coverage; when a business depends on a provider whose operations are interrupted, the business can file claims for future losses in sales if they have this type of coverage
  - Have a disaster recovery plan – This may include workaround options for obtaining power and water, a back-up plan for protecting and replacing items valuable to the business such as a computer program, a mold or a special process; backing up data and powering down computer servers before outages; and having emergency services and salvage companies lined up in advance
  - Keep copies of your policy, drawings and important records on site and off site – If there is fire or water damage, you will be able to access these copies
- When a business is physically damaged and financial losses occur due to civil unrest, severe weather or other catastrophic events, it is important to have the appropriate amount of insurance to cover continuing business expenses and get up and running again. Sedgwick provides property adjusting and investigations through its subsidiaries – VeriClaim, an independent adjusting firm, and Unified Investigations & Sciences, a multidisciplinary forensic engineering firm that provides independent forensic analyses and origin-and-cause investigations. Both have extensive experience assisting businesses with these types of losses.



#brand

@business

YOUR  
LOGO  
HERE

@customer

#brand

# Protecting your brand

BY **SCOTT ROGERS**

*EVP, Casualty Operations, Sedgwick*

Whether it is a product recall, cyber attack or customer accident, companies work hard to protect their brands. They want to make sure that everything communicated and shared with their marketplace – customers, employees, investors and media – can stand strong through good and bad times.

Most companies know how they want their brands to be perceived in good times, but how a company reacts in a crisis situation can make or break a reputation. Are you prepared to protect your brand?

If there is a product recall or some sort of brand-related situation, customer service and compassion are the two primary factors – first and foremost. A company's response must include a risk management element that involves analyzing and funding the losses, but it is vital to ensure the customer has the best possible experience no matter what the situation involves. Having a high-end customer service program that handles problems efficiently for your customers in a way that is compassionate to their needs and concerns can turn a potentially negative situation into a positive brand experience.



## ENSURING A POSITIVE CUSTOMER EXPERIENCE

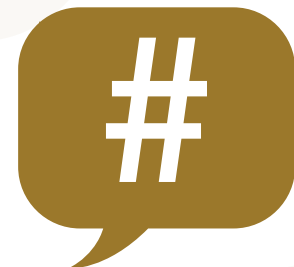
An organization has to show compassion toward the situation when a brand-damaging event occurs, whether they directly caused it or were at the center of an unfortunate accident. By being there for their customers, a company can improve retention and loyalty, reduce the noise on social media, reduce litigation – and ultimately retain that relationship.



A company wants to address individual concerns as quickly as possible to avoid exacerbating the situation with communication delays. If customers feel as though their issues are not being addressed, the potential for litigation can increase. Ten years ago, a product recall or other brand-related event had to make the news before we knew about it. In today's social media culture, it takes only minutes to gain international attention.



When a product recall occurs, it is important to work with an experienced team that can help put a plan in place, settle the claims promptly and help maintain control of the situation. For example, a food manufacturer dealing with a salmonella incident may want to set up specific criteria and an action plan for each type of claim. To ensure claims are settled properly, this may include gathering details such as whether or not the claimant got sick or went to the hospital. The best claim is a closed claim and the best time to settle a claim of this nature is on the first call. A closed claim with a satisfied customer who feels they were treated fairly won't become a costly litigated claim.



## A WORD ABOUT SOCIAL MEDIA

Social media can enhance a brand, but it can also destroy it. Whether addressing a product recall, cyber attack or customer accident, it all boils down to brand protection vs. brand destruction. It is important to closely monitor social media to see if the event is being mentioned and respond to concerns. Some issues may be out of our control, and individuals may not be happy. The good news is a company can control its response to these individuals and turn it into a positive situation.

Having partners that understand the company message and brand protocols – and treat your brand like their own – can make a difference. At Sedgwick, we advocate for our clients, and their employees and customers every day by doing the right thing. We know that when we help a client, our service quality reflects on them. We are not only acting as an extension of their brand – we are helping them protect it.

## ADDITIONAL RESOURCES

Sedgwick Connection blog:  
**Social media and risk managers**  
[http://blog.sedgwick.com/2015/04/28/  
social-media-and-risk-managers](http://blog.sedgwick.com/2015/04/28/social-media-and-risk-managers)



# Expert view

Q&A with Darryl Hammann  
EVP, Disability Operations, Sedgwick

The “Expert view” column presents a wide range of claims management topics offering valuable insights and information for clients.

**edge:**

*What is Sedgwick working on right now that will have an impact on our customers in the near future?*

**Darryl:**

We have started to roll out mobile technology from a disability and absence perspective using responsive design, so all of the features available in viaOne® express will be accessible in a mobile format, giving users even more functionality than the prior mobile app version provided. All clients that use viaOne express will have the mobile technology option by the end of the year. This summer, clients using the

redesigned version of viaOne express had the opportunity to start using the camera feature on their phones to take pictures of claim-related information and upload documents through their computer that go directly into Sedgwick’s claims management system.

Also, through our acquisition of Absentys, we will continue to offer a software solution to assist employers with the rules and regulations associated with the Americans with Disabilities Act and ADA Amendments Act (ADA/ADAAA). They can now use our system to handle their own process for ADA/ADAAA cases.

**DARRYL HAMMANN**

*Hammann joined Sedgwick in 1993 and has held progressively responsible positions in the company including national integrated disability management/disability practice leader, disability business development director and disability product development director. In his current role, he assumes overall operational, account management and product delivery responsibilities for the business group. Darryl also worked as benefits manager for a Fortune 500 company. For two years, he managed their FMLA, workers’ compensation and disability programs, overseeing the transition from a coordinated to an integrated program. He was later promoted to corporate healthcare manager with responsibility for the strategy and design of healthcare benefits and the enrollment process.*

In addition, we are talking with clients about an enhanced fast track model that provides an opportunity for basic medical procedures, minor surgeries and maternity claims to be approved quickly to help improve turnaround time and employee satisfaction.

**edge:**

*What else is on the horizon for absence and disability solutions?*

**Darryl:**

We have received great feedback on the text and email options available for claim updates and we are looking at expanding this service. There are currently a handful of claim events that trigger automatic notifications. We are looking at adding more of them along with new functionality that will allow us to send manual texts. We're also planning to enhance our reporting capabilities, and provide an even greater level of integrated reporting across workers' compensation, disability and leave programs. This is a big strategic initiative for next year and we're excited about it.

**edge:**

*How has technology improved the claims process for employees on disability and leave?*

**Darryl:**

Our text and email options have enhanced communications with claimants. It's not unusual for them to select text or email as their preferred mode of communication. It seems to improve the user experience. As I mentioned, we're looking at adding more events in the claims process where we can use text and email. For example, some of our clients that tend to have a lot of pregnancy cases have asked if we can send a text after we receive confirmation of the birth to remind the employee to update their benefits. Also, the redesign of viaOne express gives clients and employees the ability to report claims and intermittent absences through an easy to navigate form available from their computer, smartphone or tablet.

**edge:**

*Are there areas that Sedgwick is enhancing or changing to respond to trends that we are seeing with our clients?*

**Darryl:**

A hot topic right now is finding ways to better integrate our services with our clients' health plans. One specific area is integrating healthcare and

disability when it comes to behavioral health conditions. This would include helping employees get back on track after they go out on disability or leave. We're seeing an increase in behavioral health needs and we are working with clients on processes to help them get their employees the medical care they need through their employer's health plan or an advocate company that can assist them.

If an employee has existing psychosocial issues that are not acknowledged and dealt with, they can significantly impact lost time and medical costs in a claim. If one of our nurse case managers notices possible mental health concerns, they will engage our dedicated behavioral health specialist (BHS). The BHS will help the employee address mental health issues, and overcome the challenges associated with a work-related injury, disability or absence.

## ADDITIONAL RESOURCES

**edge issue 001: Treating the whole person**  
[http://edge.sedgwick.com/issue\\_001/treating-the-whole-person](http://edge.sedgwick.com/issue_001/treating-the-whole-person)

# Edging up

*Short takes on emerging industry issues – from topical compounds to responsive design technology*

## Topical compounds: amazing promises, high costs and unimpressive results *Are we in Oz?*

BY **PAUL PEAK, PHARM D**

*Director, Clinical Pharmacy, Complex Pharmacy Management, Sedgwick*

I was recently reminded of that famous moment in the Wizard of Oz and the line, “Pay no attention to that man behind the curtain.” Behind all the smoke and noise, the main characters find only a man behind a curtain whose power is pretend and whose promises are empty.

As many are aware, topical compounds are being touted as the new way to treat pain. With this new trend of mixing together multiple medications, most of which have never been shown to be effective when given topically, physicians and pharmacists are pushing products that lack any real studies on efficacy or safety. While FDA-approved medications go through incredible scrutiny to prove their effectiveness and safety, compounded products do not fall under the same oversight. Yet, the incredible claims made

regarding their benefits are only exceeded by their costs. Workers’ compensation, group health and government-sponsored plan administrators are realizing the impact of this new trend. From 2013 to 2014, workers’ compensation drug spend on these products increased by 80% as utilization went up by more than 40% during the same period, according to the 2015 Workers’ Compensation Drug Trends Report from Helios.<sup>1</sup> Recently, Tricare, which is the government-owned healthcare system for the military, announced their monthly spend on topical compounds increased from \$42 million in 2014 to \$335 million in 2015.<sup>2</sup>

However, these numbers don’t tell us the whole story. A few months ago, I received a phone call from a local physician who treats workers’ compensation patients.

The physician had recently been approached by a pharmaceutical company that promised amazing financial benefits in return for his promise to prescribe these compounds for his patients. The doctor was told that in exchange for prescribing the topical compounds (which cost \$2,000 to \$3,000 per month) he would receive \$800 per prescription along with ownership shares in the company. The physician was so alarmed by such a notion he felt compelled to reach out. Behind all the amazing promises and high costs, these topical compounds are just another way to abuse the system and make a buck. When inappropriate drugs like these are prescribed, our system is set up to send alerts to our claims and managed care teams. At Sedgwick, we can see behind the curtain and we are paying attention.



## FMLA and same-sex marriage legislative update

BY **SHARON ANDRUS**

*Director, National Technical Compliance, Disability, Sedgwick*

The Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons. In June, the United States Supreme Court ruled in a 5-4 decision that same-sex couples have the right to marry anywhere in the United States and have that marriage recognized as legal. As a result, multiple statutory definitions

and processes will need to expand to treat same-sex marriages the same as a marriage between people of the opposite sex. Specifically for the purposes of this discussion, after the Supreme Court's decision in *Obergefell v. Hodges*, the FMLA definition of spouse can be applied uniformly regardless of where same-sex couples were married or reside.

Employees can now take FMLA leave to care for their same-sex spouse with a serious health condition, for qualifying exigency leave if the spouse is being deployed and for other qualifying reasons. This change does not impact state leave laws that provide leave for Domestic Partners or Civil Union partners; while the employee would not be eligible to take leave under the

FMLA (only applies to legal same-sex marriages), they still may be allowed leave under state law.

Employers are encouraged to review their FMLA policies and verify that the definition of a spouse is up to date. In addition, we advise that you use caution in requiring proof of same-sex marriage if you do not require proof of marriage for opposite-sex spouses for purposes of taking leave. Finally, we recommend that you train supervisors or anyone involved in the FMLA process on these changes as some employees will be entitled to FMLA protection where they were not in the past. *Read more on the Sedgwick Connection blog at <http://blog.sedgwick.com/2015/06/26/same-sex-marriage-action-steps-for-employers>.*

## Sedgwick introduces the next generation of viaOne® express

BY **JARROD MAGAN**

*VP, Client Technology Services, Sedgwick*

Sedgwick is proud to announce the release of the next dynamic version of viaOne express. The latest generation includes responsive design technology and a new document upload feature.

The new version of viaOne express can be accessed from any web browser and offers a consistent user experience, regardless of the device being used. In addition, it gives users the ability to upload photos taken with their smartphones or upload files from their personal computers, then send them directly to Sedgwick's claims management system. The new functionality simplifies the submission of required documentation and offers

an efficient, convenient way for clients and their employees to correspond with the Sedgwick team handling their claims.

All viaOne express users will be transitioned to the new web-based platform over the remainder of the year. This version of viaOne express also includes:

- User-defined dashboards landing page, providing quick and easy access to the information each user needs the most
- Customizable messaging and intake screen
- The ability to customize notification preferences online, including adding alternate contact person or preferences during a leave
- Enhanced search widgets that provide quick access to top level search results

The award-winning viaOne express module is part of a suite of cloud-based tools that provide Sedgwick's clients and their employees with 24/7 access to real-time claims information. The module allows users to check the status of claims and cases, view payment history, report intermittent absence time, securely communicate with their claims representative, report treatment and return-to-work dates, contact support for technical assistance and opt-in to receive automatic status updates via text or email throughout the process.

### ADDITIONAL RESOURCES

#### <sup>1</sup>Workers' compensation drug trends report 2015

<http://www.helioscomp.com/docs/default-source/Drug-Trend-Report-Files/dtr-2015-33015-single.pdf?sfvrsn=2>

#### <sup>2</sup>CBS News - Feds open investigations into compounding pharmacies

<http://www.cbsnews.com/news/feds-open-investigations-into-compounding-pharmacies>

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