

Sedgwick is proud to provide the tenth issue of the **edge**, our publication dedicated to shining a light on leading-edge topics that shape our industry's collective future.

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## Engaging employees throughout their recovery

### BY SCOTT ROGERS

President, Client Services, Sedgwick

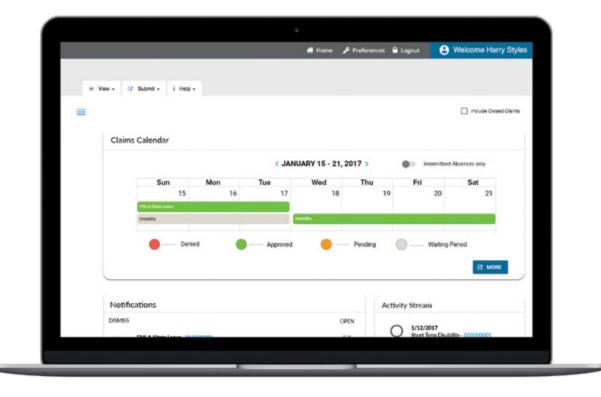
Using online, self-service tools to pay bills, make flight reservations, schedule medical appointments, and support many other activities has become part of our everyday reality. These tools provide helpful, time-saving options in our busy lives. When it comes to the claims industry, self-service technology offers more than just convenience. It can help keep employees engaged in the claims process and in their recovery while they are away from work.



Whether the employee has a workers' compensation or disability claim, a self-service tool can give them quick and easy access to claim information, and help make a complex system easier to understand.

Coupled with communications from their claims team, self-service tools can be valuable resources for employees. Immediately after the injury occurs or after a disability is reported, it is important to have a conversation with the employee to help them understand the company's return to work policy and each person's role. Throughout the claims process, having a self-service tool can provide employees with the ability to view claim and payment status, and complete other activities such as email their claims team, update return to work dates, or sign up for direct deposit.

Research shows that employees recover faster and more fully from an injury or illness when they feel connected to their workplace and their community. And the less time injured employees are off work, the higher the chances are that they will go back to work. Ongoing communications and access to self-service tools can help employees stay involved every step of the way. These tools can be personalized using configurable features that make the process more user-friendly, creating a more positive experience for the employee.





Consumers with workers' compensation or disability claims need functionality that simplifies the process of submitting the required documentation and offers an efficient, convenient way to correspond with the team handling their claims. Having an advanced system that allows employees to complete forms and upload required claim documents can improve efficiency and help ensure accuracy. In addition, a push technology option can send key claim and payment updates via text, email or automated phone call to keep employees up to date on the status of their claims, offering another way for them to stay engaged in the process.

### Important points for employers to consider

Self-service tools that are easy for employees to access can improve their overall claims experience. Here are some key points that can help make these tools more user-friendly:

- Offer a simple, secure login process
- Build in flexibility that allows employees to use the tools on multiple devices including desktop and laptop computers, tablets and smartphones
- Include frequently asked questions and instructions for common claims activities
- Offer automated updates that employees can choose to receive via text, email or phone throughout the claims process
- Partner with an expert team that has experience implementing self-service tools for employees with workers' compensation and disability claims

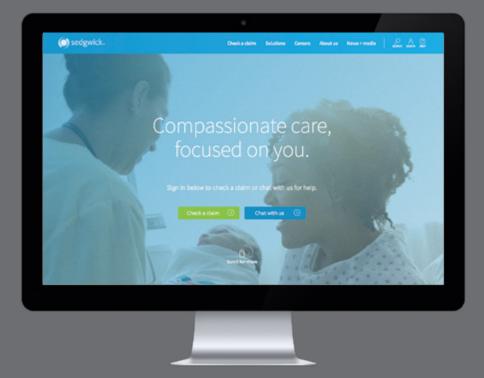
## New website design offers an enhanced user experience

### BY KATHY TAZIC

Managing Director, Client Services, Sedgwick

Sedgwick recently launched a new website design that intuitively guides visitors to information and support resources, and more accurately reflects our consumer-focused approach. Our self-service tool, mySedgwick, is accessible on the website and it offers consumers quick access to claims information. The website also includes automated customer service, educational resources, and details on our career opportunities and leading-edge solutions.

To check out the new features of our website, visit www.sedgwick.com.
If you have questions, please contact your Sedgwick client services director.



### Key enhancements:

- mySedgwick With mySedgwick, previously called viaOne® express, consumers can view details about their claim or case. Key features include configurable dashboards, alerts and push communications options. Users can easily update information and keep the process moving forward, using web or mobile access to confirm return to work dates, securely interact with their claims professional, report new claims or intermittent absences, sign up for direct deposit, search for a medical provider specializing in occupational injuries in select states, securely upload claim or medical documents, information or images, view and complete medical authorization and medical history release forms, and much more. mySedgwick offers responsive design, which adapts to any device and offers full functionality on personal computers, tablets or smartphones.
- Automated customer service Carey is our new 24/7 virtual customer service tool that directs consumers, job seekers and other users to targeted resources based on the information they provide via chat.
- Educational resources Consumers will find helpful descriptions of the primary types of claims and cases we administer. We have also produced a brief video showing what injured employees can anticipate in the workers' compensation process including provider selection, benefit payments, prescriptions, completing medical authorization forms, staying in touch with their examiner, and returning to work.



## Alternatives for pain management

BY DR. TERESA BARTLETT

SVP, Senior Medical Officer, Sedgwick

Opioid use continues to be a significant problem, but we are seeing success in mitigating the use of these addictive drugs through complex pharmacy management and the utilization review (UR) process. Along with pharmacy and UR efforts, there are key areas along the continuum of care where our industry can guide consumers and help them explore alternatives for managing pain following an injury at work.



Prescription pain relievers and synthetic opioids, such as fentanyl, are contributing factors to the current opioid epidemic. It has been reported that every day, more than 115 Americans die from overdosing on opioids. More than three out of five drug overdose deaths involve an opioid. The economic burden of prescription opioid misuse in the United States is \$78.5 billion a year. This includes healthcare, lost productivity, addiction treatment and criminal justice involvement.

A key area that we are focusing on is monitoring and investigating second fill opioid prescriptions. According to Sedgwick's data, we are seeing that after that first opioid prescription, 60-70% of the patients never get another fill. It is that second fill that is the trigger. According to the Centers for Disease Control and Prevention, if the first fill exceeds a six-day supply of opioids, then 15% of the people taking them are going to be on them in a year. Some states have put rules in place to ensure the initial scripts do not exceed a six-day supply. States should also create limitations for second fills.

Sedgwick evaluated claim data and found that overall cost and duration increased exponentially with each additional opioid prescription for non-surgery claims. We compared claims with two prescription opioid fills and claims with five or more opioid fills and found the average claim duration was 88% higher for claims with five or more refills. In addition, our data showed that the average total paid on the claims with five or more refills was 191% more. In fact, non-surgical claim duration exceeded major surgery claim average duration by 4.4% when five or more opioid refills were prescribed. Early pharmacy clinician intervention is critically important for controlling claim costs and ensuring employee safety.

Prescription drugs for chronic pain are dangerous and long-term use damages vital organs and diminishes quality of life. Once a person is addicted, it can be devastating and extremely difficult to stop. Chronic pain has to be addressed in multiple ways and cannot be stopped by a pill or procedure. Intervention is important. A long-term opioid user should be weaned from medication following a weaning plan coordinated with the physician by a pharmacist or peer physician.



By putting together the managed care and pharmacy data after a claim is reported and connecting the dots, we can take our efforts a step further to control the use of opioids, and ensure injured employees are recovering as quickly and safely as possible.

### Innovative approaches to reducing opioid use

As summarized below, some of the new areas to help control the use of opioids include adding pain management discussions before surgery and exploring other alternatives to help patients manage pain.

### ■ Pre-surgery discussions

We are looking at surgeries across the country and pre-certifying them. If we have a nurse case manager involved, they will have a dialogue with the surgeon and explain what the opioid management protocols should be. It is also important for a nurse to preemptively prepare the patient. They will discuss pain management before the surgery, explaining the dangers of opioids and how they should expect some pain after surgery. The clinician will also gauge the anxiety the patient may be feeling about the procedure and post-operative pain. Comorbidities and use of prescription drugs for other conditions are confirmed and considered as the nurse coordinates a care plan with the treating physician. A nurse will proactively inform the patient that the most important thing to do after surgery is make the decision to take ownership of their own health and care. Whether that means getting the needed rest, eating a healthy diet, or engaging in the recommended physical therapy or exercise routine, it's important to remind the patient that the more they own their recovery, the better the outcome.

### ■ Pain coaching, behavioral health or psychological support

- Claims administrators will secure information about potential behavioral health issues, such as a history of addiction or treatment for depression, during the initial investigation of a claim. Pre-existing health conditions and medications taken prior to the injury are also obtained.
- Nurse case managers trained to provide pain coaching will assist with opioid weaning and pain management. These nurses are trained specifically in techniques and strategies to help the injured worker overcome the mental and physical aspects of the injury and avoid possible addiction. The nurses

One of the best things a patient can do is keep their mind on getting back to their normal activities and talk with their doctor about setting the right goals.

- act as advocates, active listeners, motivators and clinical experts. They help with goal setting for achievements in areas such as diet, exercise, medication, positive reinforcement, shifting pain perception and physical stress techniques.
- Claims examiners and nurses helping injured employees should also be provided clear pathways to engage behavioral health specialists or psychologists experienced in occupational injury care for more severe pain management needs. For those cases, cognitive behavioral therapy (CBT) can address employees' experiences and perceptions of severe or chronic pain. Through CBT, they can develop and maintain coping skills to address severe or chronic pain and restore a sense of normalcy.

### Alternatives

In response to the opioid epidemic, doctors are considering other options for pain relief such as over-the-counter (OTC) medications and alternative therapies.

OTC options - A study published by the American Medical Association found that OTC painkillers offer similar pain relief to opioids in some emergency department patients. They compared 400 mg ibuprofen and 1000 mg acetaminophen to 5 mg oxycodone and 325 mg acetaminophen, 5 mg hydrocodone and 300 mg acetaminophen, or 30 mg codeine and 300 mg acetaminophen on acute arm or leg pain. None of the differences between the four groups were statistically significant. In addition, a group of surgeons at the University of Michigan have begun an initiative to curb the opioid epidemic by prescribing fewer opioids post-surgery. Acetaminophen and ibuprofen were used instead. The team used the findings to create new hospital guidelines that cut back on the standard opioid prescription for gallbladder surgeries. This study highlighted the fact that patients do not always need a month's supply of tablets post-surgery and found, on average, patients only used six out of 50 tablets prescribed.



Sedgwick evaluated claim data and found that overall cost and duration increased exponentially with each additional opioid prescription for nonsurgery claims.

• Alternative therapies – Other possible paths to pain relief in place of opioids may include mindfulness, acupuncture, CBT, massage, yoga and exercise, as well as aqua, schema and biofeedback therapies. While these options are starting to be considered, it is important to be proactive and build in the protocols and criteria to determine when they would be used and why to remove concern for employers. For example, the criteria may include a trial with two to four visits over two weeks and the therapy must show functional, demonstrated improvement to continue. These parameters provide objective evidence that it is actually helping and not just adding costs. Like acute and short-term pain, chronic pain can be managed through alternative therapies such as these.

It is important to educate patients on what pain is, how the brain interprets it and what influences that – whether it is anxiety, stress, and positive or negative thoughts. One of the best things a patient can do is keep their mind on getting back to their normal activities and talk with their doctor about setting the right goals. Focusing on avoiding pain at all costs is not helpful and it prioritizes fear over function. Patients should be also taught to be an active participant in their own pain management.

### WE ARE HERE TO HELP

Sedgwick's managed care team understands the ongoing challenges associated with opioid use. We continue to look for ways to help employers address these issues and improve the health and safety of their employees.

### **REFERENCES**

National Institutes of Health. Opioid Overdose Crisis. February 2018. https://www.drugabuse.gov/drugsabuse/opioids/opioid-overdose-crisis

Centers for Disease Control and Prevention. Opioid Overdose. August 30, 2017. https://www.cdc.gov/drugoverdose/epidemic/index.html

### **RESOURCES**

Chang, A. K., Bijur, P. E., Esses D., Barnaby, D. P., Baer, J. Effect of a Single Dose of Oral Opioid and Nonopioid Analgesics on Acute Extremity Pain in the Emergency Department, A Randomized Clinical Trial. American Medical Association. JAMA Volume 318, Number 17. November 7, 2017.

Reduction in Opioid Prescribing Through Evidence-Based Prescribing Guidelines. JAMA Surgery. December 6, 2017.



# Common misconceptions in integrated disability and absonce management

### BY BRYON BASS

SVP, Disability and Absence Practice & Compliance, Sedgwick

In the disability and absence management industry, there are some common misconceptions related to the Family and Medical Leave Act (FMLA), statutory disability and leave, and the Americans with Disabilities Act (ADA). Each one includes rules and regulations for employers that can be difficult to navigate. This article explores key issues in each area to help shed light on complex topics related to disability and leave.

### **FMLA**

When it comes to managing benefits under the FMLA, some of the primary challenges for employers include dealing with intermittent leave, understanding how specific regulations apply to their company, and responding to employee requests. Below, we outline some FMLA myths and questions and help clarify the rules associated with them.



Employees are required to expressly request FMLA leave.

FALSE There are no magic words employees must use when requesting a leave under the FMLA and they are not required to specifically mention FMLA in their request. Employers are responsible for seeking information at the time of the request to determine if the leave is due to a qualifying reason. As a reminder, when an employee requests a leave under the FMLA, employers only have five business days to provide them with the Eligibility and Rights and Responsibilities Notice. If in doubt, provide the required notice and certification requirement.



Employers do not have to allow intermittent or reduced-schedule leave if it disrupts the workplace.

FALSE There is no undue hardship provision within the FMLA. If the certification supports the need for leave on an intermittent or reduced schedule basis, it must be granted. FMLA regulations support a transfer to an alternate position for foreseeable planned medical treatment. This does not include leave for illness/flare-ups.

### TRUE OR X FALSE?

The Department of Labor only requires employers with 50 or more employees within a 75-mile radius to display the FMLA poster at the worksite.

FALSE The requirement is that all covered employers are required to display the poster at each worksite regardless of the number of employees. The 50/75 rule is an eligibility requirement, not a posting requirement. Private sector employers are covered by the FMLA if they employed 50 or more employees in 20 or more workweeks in the current or previous calendar year.

### Statutory disability/paid family leave

There are many state-specific rules related to disability and leave benefits and the various regulations can cause challenges for employers. With different rules applying in California, New Jersey, New York and other states, questions and myths abound on topics from California State Disability Insurance (SDI) and the waiting period for paid family leave, to temporary disability benefits and light duty work in New Jersey, to the guidelines around insurance for statutory disability benefits and beyond.



In California, new regulations require that the SDI and Voluntary Plans (VP) eliminate the waiting period for paid family leave, but a seven-day waiting period is always required before the disability benefits can be paid.

FALSE An employer that establishes a VP as an alternative to SDI has the option to require a disability benefit waiting period that is less than seven days or eliminate the waiting period altogether.



New Jersey temporary disability benefits allow for a wage loss calculation if the employee is not able to perform all the duties of his or her employment, but can perform light duty work.

FALSE The employee who is not able to perform his or her regular job is considered disabled and cannot be denied based on the refusal to accept light duty work.



Not all states with mandated disability/paid family leave allow employers to insure their programs.

TRUE Rhode Island does not allow employers to insure or self-insure Temporary Disability Insurance or Temporary Caregiver Insurance. These benefits are only administered by the state's Temporary Disability Insurance Division, which is part of the state government.

### **ADA**

Key areas of the ADA that can cause concern for employers include hiring requirements, and understanding and allowing accommodations. The information below highlights some of the myths associated with ADA rules and regulations, and helps clarify common compliance-related questions.



Under the ADA, employers must give people with disabilities special privileges.

FALSE Accommodations are not special privileges. Reasonable accommodations are intended to ensure that qualified individuals with disabilities have rights in employment equal to, not superior to, those of individuals without disabilities. A reasonable accommodation is a modification to a job, work environment or the way work is performed that allows an individual with a disability to apply for a job, perform the essential functions of the job, and enjoy equal access to benefits available to other individuals in the workplace.



If you give an accommodation to one employee, you have to allow it for everyone.

FALSE If you give an accommodation to one person, you do not have to allow it for all. A reasonable accommodation is provided to an individual who has a mental or physical impairment that substantially limits one or more major life activities and these limitations prevent them from performing the essential functions of their job. Each request for an accommodation must be accompanied by an individualized assessment to determine the needs of the employee as well as the business. For example, an employee with diabetes may sometimes need to eat while working. You can allow her to do that and not allow any other employees the same privilege.



Providing accommodations for people with disabilities is expensive.

**EX FALSE** The majority of workers with disabilities do not need accommodations to perform their jobs, and for those who do, the cost is usually minimal. According to the Job Accommodation Network (JAN), a service from the U.S. Department of Labor's Office of Disability Employment Policy, 57% of accommodations cost absolutely nothing to make, while the rest typically cost only \$500. Moreover, tax incentives are available to help employers cover the costs of accommodations, as well as modifications required to make their businesses accessible to persons with disabilities.

If you have questions or need additional information on the FMLA, statutory disability and leave benefits or the ADA, please see the resources listed at the end of this article.

For questions related to your disability and absence program at Sedgwick, please contact your client services director.



### **RESOURCES**

Webinar

http://online.dmec.org/e/123092/play-id-1fvgzk/2cc9th/208748030

Presentation

http://online.dmec.org/e/123092/ ion-Post-webinar-Final-pdfpdf/2cc9tk/208748030

**FMLA** 

https://www.dol.gov/general/topic/benefits-leave/fmla

CA paid family leave benefits http://www.edd.ca.gov/Disability/ About\_PFL.htm

CA AB908

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?billid=201520160AB908

CUIC 2627 b

http://www.edd.ca.gov/about\_edd/pdf/prisor2706-1.pdf

NJ temporary disability benefits http://www.nj.gov/labor/tdi/tdihome. html

NJAC Section 43:21-27 (g) http://nj.gov/labor/uimod/pdfs/UI.pdf

New York Paid Family Leave https://www.ny.gov/programs/newyork-state-paid-family-leave

NYCRR 380-2.5 http://www.wcb.ny.gov/PFL/pfl-regstext.jsp

ADA

https://www.ada.gov/

Job Accommodation Network (JAN) <a href="https://askjan.org/">https://askjan.org/</a>



### BY TOM SIMONCIC

President, Property, Americas, Sedgwick With the impact of 2017's extreme weather, we have seen how vital it is to be ready to respond quickly. The weather pattern that brought multiple Category 4 hurricanes in August and September is not something you would expect to see. These events continue to test underwriting performance, stretch resources in restoring disrupted supply chains, and impact timelines for rebuilding infrastructures. For businesses and property owners worldwide, having the right partners and a catastrophe plan in place helps ensure they have the necessary resources to respond when hurricanes, storms and other weather-related disasters happen.





When property damage occurs as the result of extreme weather or another type of disaster, businesses need experienced claims partners that can respond quickly and offer the flexibility to meet their needs throughout the entire process. The best partners understand that they are doing more than managing claims; they are helping customers and policyholders restore their lives, homes and businesses. In addition, partners with expertise managing specific types of losses can offer additional insight for businesses. To ensure your organization is in the best position to respond when a weather-related disaster occurs, it is critical to have partners that excel in each of these areas.

### PLANNING AHEAD WITH THE RIGHT RESOURCES

In a previous edge article, Tim Wirth, national general adjuster with Vericlaim, explained that when businesses are physically damaged and financial losses occur due to severe weather, it is important to have the resources needed to get up and running again as quickly as possible.

An experienced claims management company that provides loss adjusting services can help insurance carriers by measuring the scope of the loss, communicating with service providers, reaching agreements regarding the evaluation and ultimately making payment recommendations. They will handle several responsibilities such as coordinating with engineers, accountants and architects, and ensuring all parties remain informed throughout the process.

Wirth also discussed the importance of having a business continuity plan. Many of these plans include steps to take if damage occurs to the building and they cover aspects of the operation such as the supply chain, manufacturing capabilities and repairs and restoration. Here are some key items to consider in these areas:

- **Supply chain** If businesses are able to identify other facilities that can produce the same products, or help with production activities and distribution, it can minimize the impact on customers and help keep things moving during the restoration process.
- Manufacturing capabilities A basic warehouse or assembly operation may resume operations in a few months, but a facility with intricate machinery may take years to complete repairs. Even more important your employees' ability to return to work after a weather-related disaster. As Wirth explained, if your employees suffered damages of their own, it may impact their ability to complete their normal day-to-day operations. They may not be able to be at work for a period of time so you may need to bring in a temporary workforce until your employees are able to return.

■ Repairs and restoration – If your building is damaged, having the right resources to assist with repairs, demolition and mitigation activities will help your business get up and running again. Vericlaim Repair Solutions, a Sedgwick company, is a managed repair network with contractors that provide a broad range of services to help clients with property loss claims.

### **PICKING UP THE PIECES**

Ed Reis, President of Vericlaim Repair Solutions, shared the following post-storm tips in a Sedgwick blog article after Hurricane Harvey.

- **Protect your property** Take reasonable steps to protect your property from further damage. This could mean boarding up windows and salvaging undamaged items. Your insurance company can tell you what they will pay in order for you or a contractor to further mitigate damage.
- **Start the cleanup** Always be careful when entering a damaged structure. If there appear to be serious structural issues, don't enter, but rather contact local officials or professional

contractors to assess the premises. Temporary repairs should focus on creating a safe environment and preventing additional damage. Cover broken windows, damaged roofs and walls to minimize further destruction. Save receipts for supplies and materials you purchase. Keep damaged items or portions of them until the claim adjuster has visited, and consider photographing or videotaping the damage to document your claim.

■ Select a contractor to help with recovery and repairs – You should talk with your insurance company about the coverage for your loss and available resources for repairs. When selecting a contractor for emergency services, water mitigation and rebuilding, you should be careful to select a reliable, licensed and bonded contractor with experience in the specific type of work. Vericlaim Repair Solutions can assist clients with finding certified contractors in their local area.

### PROVIDING THE EXPERTISE AND RESOURCES BUSINESSES NEED

Vericlaim, a Sedgwick company, is a global loss adjusting and claims management company with extensive experience assisting businesses with weather-related property losses. Vericlaim Repair Solutions' managed repair network includes only certified, licensed and insured contractors that meet our high standards. They identify, deploy, and manage certified contractors throughout the restoration process. Together, our expert team works to streamline the process and ensure the best possible outcomes for our customers.

### RESOURCES

When weather-related disasters strike.

ttp://edge.sedgwick.com/issue 007/ hen-weather-related-disasters-strike

e- and post-hurricane preparedness.

September 7, 2017.

ttt<mark>ps://www.sedgwick.com/</mark>

log/2017/09/07/pre-post-hurricane-

reparedness

Three powerful hurricanes - one

extraordinary team. edge 9.

edge.sedgwick.com/issue 009/

powerful-hurricanes-one-

extraordinary-team/



### BY ROBIN BUSH

VP, Medical Networks, Sedgwick

Technology is making connections easier for patients. Recently, Sedgwick introduced two new online managed care services designed to help patients keep their appointments, minimize the burden of transit, and streamline their recovery process.



### **RIDESHARE TOOL**

Often, limited access to reliable transportation is the reason medical appointments are missed. When injured employees miss medical appointments, it can impede their progress and complicate their recovery. In addition, missed appointments cost the U.S. healthcare system more than \$150 billion each year. Sedgwick's new rideshare service provides easy access to reliable transportation and ensures injured employees keep their appointments.

Our rideshare solution offers direct access to over half a million drivers nationwide. After a Sedgwick colleague makes a referral, the active trip can be monitored in real time. The injured employee will receive a text 10 minutes ahead of their pick-up time and they can send a text back to request a return ride after their appointment. There is no cost to the injured employee and a post-ride survey ensures satisfaction. The rideshare information including the ride details and related billing are applied to the claim electronically.

This new rideshare tool leverages the on-demand capabilities of our transportation network, connecting users with all possible options to ensure they

stay on schedule with their medical appointments.

### **TELEPT SERVICES**

In some states, an injured employee who needs physical therapy (PT) can complete their appointments from the comfort of their home using telePT services. Sedgwick now offers telePT in Florida, Georgia, New Jersey and North Carolina. Throughout the next year, we plan to expand the service to several states including Arizona, California, Indiana, Nebraska and Pennsylvania.

Depending on their diagnosis, an injured employee who has been prescribed PT can choose to see a physical therapist for follow-up appointments via telePT. Similar to telemedicine, our telePT service gives the injured employee access to onscreen guidance to help them recover. The service is provided by licensed physical therapists who are specially trained in telePT. Sessions are scheduled outside the workplace and at a time and place that is convenient for the employee.

Employees learn correct exercises, appropriate muscle use, posture and positioning. TelePT also helps employees with strengthening and endurance even after they have returned to work. The service includes educational materials



and video demonstrations of exercises to foster recovery. If the employee is expected to have more than two telePT visits, they may receive a packet of tools, such as a foam roller or elastic bands for strengthening exercises. A primary objective of telePT is to help injured employees correctly perform exercises independently and help them reduce the chance of re-injury.

TelePT is one of several managed care solutions we provide that use technology to connect patients with licensed providers for healthcare that does not require an in-person visit. Additional telehealth and telemedicine services provided by Sedgwick include clinical consultation, telephonic case management, utilization review (UR), complex pharmacy management, pharmacy UR and behavioral health.



The "Expert view" column presents a wide range of topics offering valuable insights and information for customers.

### edge:

With your own background, starting as a claims professional and progressing your career with Sedgwick, what advice do you give to those considering a career in our industry?

### Jay:

The industry has evolved so much over the years and continues to evolve today, which is also true for the talent populating the industry. As they say, necessity is the mother of invention; the idea of an industry-wide talent shortage, particularly experienced talent, has led us to look for potential colleagues in places

that have traditionally been underrepresented in our industry and to think about the ways we develop and retain professionals.

While some see this as a crisis, I believe it has led to very positive developments. For example, the work we do has evolved from what I would consider a process



orientation that sometimes led to adversarial positions to, now, the idea that our industry is focused on very meaningful work. As we say, helping people is at the heart of everything we do. Within Sedgwick, it's caused us to develop our caring counts philosophy and our diversity and inclusion (D&I) program. Refocusing on advocacy and care - for the people we care for, as well as our own colleagues - has helped us become a more attractive place for people to work. The same principles make our industry a more attractive option for those looking for a meaningful career path.

### edge:

How have you seen the role of the adjuster change over the years? How are we adapting our training to meet the current and future needs of our clients and consumers?

### Jay:

At a time, it was enough to provide our examiners with technical expertise to handle the tactical aspects of their job. While that is still important and compliance is essential, there's also a much larger component. On the consumer side, we've talked about principles of care, helping people navigate the system and overcome often challenging and unfamiliar situations. On the colleague

side, we have created our Industry Advancement Program and other career development opportunities to give our talent a more comprehensive understanding of the job, our culture, what they can expect and what we have to offer. Sedgwick gives colleagues a broad career track beyond the training they may be receiving at the time - whether in disability and absence management or the opportunities we are seeing in property loss adjusting and beyond as a result of our increasing global footprint.

The business has become more complex and specialized. We've seen the differences in claims approach, handling, and interaction - our claims teams must adopt a new view of the landscape and understand how their actions impact biggerpicture results for the client, carrier and consumer. The process has evolved from what we'd done for the historical Sedgwick client. In response, we have incorporated more carrier-focused awareness in our training, given examiners more of an understanding of the carrier environment, and placed special emphasis on the accuracy of data and coding for carrier programs. We also are preparing examiners to be better attuned to the nuances of each program, often inviting clients to participate in education for our teams to give them a glimpse into more than just the requirements of the program, but also on their unique environment and culture.

As we look to the future, we all must be open to change and the demands that come from an innovative culture. At Sedgwick, we're constantly improving our processes, technology and communication to be more efficient and effective. Our new website is a living, breathing example. The idea of creating a website that is designed to improve access to the system - inviting clients and consumers into the process like never before and making it as user-friendly as possible, incorporating self-service technology - is a very significant development and very different from the industry's approach in recent years.

### edge:

How have principles of diversity and inclusion impacted the claims environment?

### Jay:

D&I has certainly evolved along with the industry and it's been an interesting journey to follow. We've focused on our own D&I initiative for about five years now. When we first started, we struggled with the idea of defining D&I for ourselves

and making sure we didn't just stop at demographic diversity (representation). You can be very demographically diverse "by accident," so we placed special emphasis on inclusion – creating a culture of belonging where our colleagues feel included regardless of their background, perspective and experiences.

We've come to a point where we have moved beyond building awareness about D&I and we're now focusing on action. For us, inclusion is an action - inclusive behaviors that are tangible and demonstrate caring. At Sedgwick, our caring begins at home. Through our robust D&I strategy, we're building up our leadership's cultural competency and teaching them how to be authentic, caring leaders. Authenticity is important for both our leaders and our colleagues. In addition, recognizing and celebrating uniqueness is one way we build connection between employer and employee. This concept is transforming our company.

Although we don't yet directly bring our clients into our D&I initiatives, I think there is tremendous opportunity to meld our cultures in a way that impacts their most important resource – their employees and policyholders, our consumers. Most of our clients have their

own successful D&I initiatives in place; I can envision working together to share success stories and to find new ways to achieve our shared goals. We know that, as the demographics of the workforce shift, we must adapt our practices to accommodate and support differences for those we serve, finding ways to personalize their experience and meet their unique needs. There is transformative power in coming together, being more open to each other, and finding ways to address these workforce changes.

### edge:

What other changes are you seeing in the work environment that will impact our colleagues and clients?

### Jay:

The kind of work environment we create for people who entrust their work lives to us is part of the bargain in place between employees and employers - and employees now expect more from their relationship with their employer. Wellness alternatives are one area of rapid change. We see our clients incorporating new wellness-related aspects in their workplaces - things like sit/stand desks - but also things that improve the atmosphere within the office - like more ambient,

open spaces and light, more communal and collaborative spaces for colleagues to share ideas. These are all amenities that make coming to work more pleasant and rewarding and encourage a healthier environment overall.

Sedgwick is starting to incorporate more of these concepts in our own office development, but I love to see the ideas of some of our more innovative and successful clients, whose environments are designed to improve their connections with the people who work for them. Some of our clients allow people to bring their pets to work and weave that into their culture, and then find it paying off in reduced stress and a growing sense of community - things which can certainly impact health and wellness. Many of them incorporate flexible hours, meditation rooms and other workplace features designed to fit the needs of their employee populations. The idea of being employee-centric has such value. It's all about investing in your employees and seeing how that can pay dividends.



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At Sedgwick, we are committed to the communities where our colleagues and clients live and operate. Throughout the year, we engage with charitable organizations that are meaningful to our customers, community and colleagues.

Caring counts at Sedgwick, and we partner with and contribute to organizations that provide sustainable solutions for the social, health and educational needs of our communities.

These efforts would not be possible without the dedication and commitment of our colleagues. As a reflection of our caring counts spirit, we are pleased to spotlight a few stories from offices around the world.

### **JUVENILE DIABETES RESEARCH FOUNDATION**

Our Eden Prairie, Minnesota office kicked off 2018 by raising money for the Juvenile Diabetes Research Foundation (JDRF) Minnesota One Walk. Over 20 colleagues participated in the one-hour walk inside the Mall of America on February 24.

This is the fourth year the office has partnered with the JDRF Minnesota Chapter. This is a familiar cause to them, as many Sedgwick colleagues or their family members have been affected by the disease. Team Sedgwick supported the JDRF in a variety of ways – participating on our One Walk team, volunteering at the event and collectively raising nearly \$2,000.

JDRF One Walk has one goal – to create a world without type 1 diabetes (T1D). Each year, JDRF One Walk brings together more than 900,000 people across the country to change the future for everyone living with T1D. The walk at the Mall of America is the largest walk in the country, with about 20,000 people walking each year. By helping to raise money for the JDRF, millions of children, adults and families challenged by T1D every single day will benefit because the money raised will help fund research to find better ways of treating the disease and eventually lead to finding a cure.

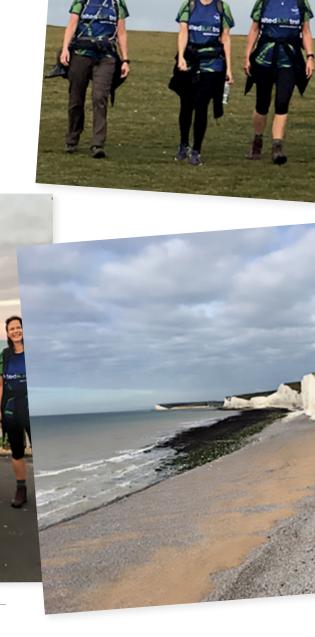


### 24-MILE WALK FOR INSURANCE UNITED AGAINST DEMENTIA

Vericlaim UK colleagues and clients supported Insurance United Against Dementia (IUAD), a part of the Alzheimer's Society, by participating in a walk to raise money for dementia research. Vericlaim colleagues and clients united from across the UK to bravely walk 24 miles along the Seven Sisters in East Sussex, England. The Seven Sisters are a series of chalk cliffs overlooking the English Channel.

Vericlaim is proud to raise awareness about our corporate social responsibility and encourage our teams to participate in raising money for charity. This charity is near and dear to those who participated, as they all have personal experience of relatives living with Alzheimer's. After speaking to some of our clients, the team was formed and cause was chosen.

IUAD is an initiative that was launched last summer through the Alzheimer's Society, uniting leaders in the insurance industry to increase awareness and funds for dementia research. Vericlaim's team was led by Neil Baldwin, business development director at Vericlaim UK, who hopes to make this an annual event.



Vericlaim colleagues and clients united from across the UK to bravely walk 24 miles along the Seven Sisters in East Sussex, England.

### **MAKE-A-WISH FOUNDATION**

Colleagues in Sedgwick's Southfield, Michigan office chose the Make-A-Wish Foundation of Michigan as their charity of choice for 2017. Throughout the year, the office hosted numerous fundraisers with the goal of raising money to grant a wish and share joy with a child. Nearly every month of 2017, colleagues in Southfield came together to host a unique fundraiser to support Make-A-Wish Michigan.

Some of their fundraising efforts included: Valentine's Candy-Grams and bake sale, "Pi" Day event, raffle ticket sales, Make-A-Wish "STAR" sales, managers' pie-face event, social hour picnic fundraiser and various volunteer activities throughout the community.

Their unique approach was a huge success, as they were able to grant not one but two wishes! They were able to make a little girl's wish come true with a trip to Walt Disney World in Orlando, FL and grant a little boy's wish with a trip to Legoland California.

Make-A-Wish Michigan grants about one wish per day for a child with a critical illness in Michigan communities. They believe that a wish experience can be a game-changer and that belief guides them in everything they do.





### **OPERATION SNOWBALL**

OSG Vericlaim colleagues in Ireland partnered with Operation Snowball to help people in need. All eight offices across Ireland participated in this initiative supported by their local activities committees.

They not only collected items to donate to Operation Snowball, but they also volunteered their time by acting as a central dropoff point for additional items. The day was a huge success – many of the colleagues' families attended and they collected essential items needed to create care packages for those in need and gathered gifts from Santa. The idea to partner with this organization came directly from the recommendations of colleagues and they plan to continue supporting Operation Snowball throughout the year with food, clothing and toy donations.

Operation Snowball is an international alcohol, tobacco and other drug-use prevention program focusing on leadership development to empower youth to lead drug-free lives. The name originates from the idea that having a positive impact on an individual can "snowball" into positive results for an entire community and beyond.





Short takes on emerging industry issues – state legislative changes, OSHA regulations and drug safety concerns

## WA adding paid family and medical leave benefits

BY BRYON BASS

SVP, Disability and Absence Practice & Compliance, Sedgwick

Beginning January 1, 2020, the state of Washington will offer paid family and medical leave benefits for employees. The program will be administered by the Employment Security Department (ESD) and funded by premiums paid by employees and employers. With this new program, Washington will

become the fifth state in the nation to offer paid family and medical leave benefits.
California, New Jersey, New York and Rhode Island currently offer various types of paid family leave programs.

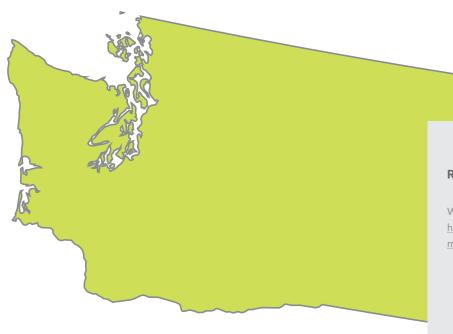


Under Washington's new program, eligible employees will receive up to 12 weeks of paid family and medical leave annually for:

- Bonding after the birth or placement of a child
- A family member's serious health condition
- The employee's own serious health conditions, as defined in the federal Family and Medical Leave Act
- Certain military assignments such as leave for short notice deployments, military events and post-deployment activities

The benefits will be a percentage of the employee's average weekly wages during the two highest quarters in the qualifying period and the maximum weekly benefit amount will be \$1,000. Employees will be eligible for benefits after working at least 820 hours during the qualifying period. The initial premium rate will be 0.4% of wages and premium assessment will begin January 1, 2019. Employers may deduct 100% of the premiums for family leave and up to 45% of the premiums for medical leave from the employees' wages.

The ESD is in the first phase of the rulemaking process for this new law. For more details on the program, please see the Washington ESD website. Currently, Washington ESD estimates rules to be final on June 1, 2018. Keep an eye out for ongoing updates from Sedgwick regarding the WA paid family and medical leave and areas of consideration for affected clients.



### RESOURCE

Washington ESD website: https://www.esd.wa.gov/paid-familymedical-leave

## Florida passes legislation with key workers' compensation changes

BY EDWARD E. CANAVAN AIC, ARM

VP, Workers' Compensation Practice & Compliance, Sedgwick

### Benefits for first responders with PTSD

The Florida Legislature unanimously passed a measure to expand workers' compensation benefits to first responders who suffer job-related post-traumatic stress disorder (PTSD). This is the focus of Senate Bill 376, which was signed by Florida Governor Rick Scott on March 27, 2018. Under the bill, PTSD suffered by firefighters, paramedics, emergency medical technicians and law enforcement officers acting within the course of their employment is an occupational disease compensable under workers' compensation. A physical injury is not required if diagnosed by a licensed psychiatrist who is an authorized treating physician. First responders will be required to show clear and convincing evidence that an event they witnessed was the source of the PTSD. The bill becomes effective October 1, 2018.

### Measures to control opioid use

On March 14, 2018, the governor signed House Bill 21, which includes legislation to help combat Florida's opioid epidemic. The law becomes effective on July 1, 2018.

Florida is the 25th state since 2016 that has passed legislation imposing limits or guidelines on opioid prescriptions. The Florida Department of Law Enforcement reported that opioids were identified as either the cause of death or were present in the individual's system in 5,725 cases in the state in 2016.

A key part of the legislation impacts the medication supply limits for acute pain. Under the new law, a prescription for an opioid drug listed as a Schedule II controlled substance such as OxyContin, Fentanyl and Vicodin may not exceed a three-day supply for acute pain. Up to a seven-day supply may be prescribed if the prescriber believes that more than a three-day supply is medically necessary, adequately documents the justification for the deviation in the

medical records and indicates "ACUTE PAIN EXCEPTION" on the prescription. The supply limits for acute pain do not apply to people with chronic long-term pain, cancer, terminal illnesses and some serious traumatic injuries.

### Additional provisions in the new law include:

- A concurrent prescription for an emergency opioid antagonist (i.e. naloxone, naltrexone) is required for treatment of pain related to a traumatic injury with an Injury Severity Score of 9 or greater
- Registered practitioners authorized to prescribe controlled substances must complete a board-approved two-hour continuing education course on the standards for prescribing controlled substances as part of their biennial license renewal
- Healthcare regulatory boards are required to adopt rules that establish guidelines for prescribing controlled substances for acute pain and provide that failure to follow such guidelines will constitute grounds for disciplinary action
- Any public or privately-owned pain management clinics must register with the department or hold a valid certification of exemption that is prominently displayed
- A prescriber or dispenser or their designee must consult the system to review a patient's controlled substance dispensing history before prescribing or dispensing a controlled substance that contains opioids for a patient age 16 or older
- A person who willfully and knowingly fails to report the dispensing of a controlled substance as required commits a 1st degree misdemeanor, and a non-disciplinary citation is required to be issued to any prescriber or dispenser who fails to consult the system
- Requirements are provided for pharmacists to dispense controlled substances to persons without proper identification and to dispense controlled substances upon receipt of an electronic prescription

### **RESOURCES**

Senate Bill 376:

http://www.flsenate.gov/Session/ Bill/2018/00376

House Bill 21:

http://www.flsenate.gov/Session/ Bill/2018/00021

Drugs Identified in Deceased Persons by Florida Medical Examiners. 2016 Interim Report. Medical Examiners Commission. Florida Department of Law Enforcement. May 2017.

### OSHA electronic reporting update

BY MALCOLM DODGE

VP, Risk Services, Sedgwick

The Occupational Safety and Health Administration (OSHA) recently updated its final rule requiring employers to submit work-related injury and illness records electronically.

The original rule stated that, beginning with 2017 reporting, establishments with at least 250 employees would need to include in their submissions certain data fields from Forms 300 (Log of Work-Related Injuries and Illnesses) and 301 (Injury and Illness Incident Report). However, according to an update on OSHA's website, "Covered establishments with 250 or more employees are only required to provide their 2017 Form 300A [Summary of Work-Related Injuries and Illnesses] summary data. OSHA

### is not accepting Form 300 and 301 information at this

time." This revision means that the reporting requirements for 2017 data are the same as those for 2016, so employers will not need to include data from Forms 300 and 301 in their electronic filings. Additionally, according to the Office of Information and Regulatory Affairs, OSHA intends to issue a notice of proposed rulemaking to reconsider, revise, or remove provisions of its final tracking rule. The proposal is related to the recordkeeping requirement for establishments with 250 or more employees. Under the proposed rule, these establishments would only be required to electronically submit information from Form 300A.

Below are the reporting deadlines for the 2017 and 2018 reporting years:

### For the 2017 reporting year:

- Employers that have establishments with a headcount of at least 250 employees must submit their OSHA 300A by July 1, 2018
- Employers that have establishments with a headcount of 20-249 employees and fall within certain North American Industry Classification System (NAICS) codes must submit their 300A by July 1, 2018

### For the 2018 reporting year:

- Employers that have establishments with a headcount of at least 250 employees must submit their OSHA 300A by March 2, 2019
- Employers that have establishments with a

headcount of 20–249 employees and fall within certain NAICS codes must submit their OSHA 300A by March 2, 2019

Employer establishments that fall within partially exempt NAICS codes or have fewer than 20 employees are not subject to electronic reporting. For any electronic reporting, it is the individual establishment, its NAICS code and headcount, not the company as a whole, that determines whether an electronic reporting obligation exists for that location.

Sedgwick will be able to submit reports on behalf of customers that utilize our OSHA services. However, employers will ultimately be responsible for the completeness and accuracy of the data

For more information on the format of the files to be prepared for submission, please contact your client services director.

### **RESOURCE**

OSHA wesite: final rule https://www.osha.gov/recordkeeping/ finalrule/

### Kratom: A dangerous self-help path for opioid addiction?

BY REEMA HAMMOUD Pharm.D., BCPS

Director, Clinical Pharmacy, Sedgwick

The current opioid epidemic has had a devastating impact on people and the economic burden of opioid misuse in the United States is \$78.5 billion a year. Part of this cost includes traditional addiction treatments, which can be time-consuming and expensive. Successful recovery usually involves medically-supervised opioid withdrawal, inpatient rehabilitation, followed by outpatient behavioral treatment such as cognitive behavioral therapy.

An increasing number of opioid-dependent people are seeking a way to withdraw from opioids on their own, instead of relying on treatment centers or hospitals. A newly popular method is to use the herb kratom. Using kratom includes risks and safety concerns as outlined below.

Mitragyna speciosa, also known as kratom or ketum, is a tropical evergreen tree native to Southeast Asia. The tree's leaves contain psychoactive opioid compounds that provide stimulant-like effects, analgesia and anxiolytic effects. The primary psychoactive compounds found in kratom are mitragynine and 7-hydroxymitragynine. Mitragynine is 13 times more potent as an analgesic than morphine, while 7-hydroxymitragynine is four times more potent than mitragynine.

Kratom is being used as an herbal alternative to medical treatment to control withdrawal symptoms and cravings caused by addiction to other opioids. However, there is no scientific evidence that kratom is effective or safe for this purpose. Animal models have shown that kratom possesses addiction potential when given orally for five days. Users have reported dependence to Kratom and withdrawal symptoms include muscle aches, insomnia, aggression, emotional changes and jerky movements. Kratom can interact with other drugs including muscle relaxants, opioids, benzodiazepines and modafinil. These drug interactions can cause respiratory depression, seizures and even death. Commercial forms of kratom have been found to be laced with other compounds





that have resulted in death. A preparation of kratom mixed with O-desmethyltramadol (the active metabolite of tramadol), called krypton has caused multiple fatal overdoses.

While kratom is currently legal in the United States, it has been banned in multiple states including Alabama, Arkansas, Indiana, Tennessee and Wisconsin. It can be purchased online and in convenience stores and minimarts; 30 capsules cost about \$20. The Drug Enforcement Administration (DEA) is working towards putting this drug in a schedule I class. Kratom is listed as a controlled substance in Thailand, Malaysia, Australia, Sweden and Germany. The U.S. Food and Drug Administration (FDA) has recently strengthened its warnings against the use of kratom, expressing concerns about kratom's potential for abuse, addiction and serious health consequences, including death.

Scientists have further analyzed the chemical structure of kratom compounds, providing even stronger evidence of kratom compounds' opioid properties. In a report released on February 6, 2018 by the FDA, Dr. Scott Gottlieb highlighted the adverse effects of kratom in humans by calling it an opioid. The FDA utilized Public Health Assessment via Structural Evaluation (PHASE) methodology

and proved that 22 out of the 25 kratom compounds bind to mu-opioid receptors and two out of the five most prevalent ones activate opioid receptors. The FDA is now reporting 44 deaths associated with the use of kratom which is an increase from 36 deaths reported in November 2017.<sup>2</sup>

There is no reliable evidence to support the use of kratom as a treatment for opioid use disorder. Significant safety concerns exist with the use of kratom. Kratom is even riskier than other opioids because of the variability in how it is being formulated, sold, and used recreationally. Mixing kratom with other opioids and other medications is extremely dangerous. Kratom should not be used to treat opioid withdrawal or dependence. Only FDA-approved medications including buprenorphine (+/- naloxone), clonidine, methadone or naltrexone should be used.

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