Sedgwick’s clinical consultation solution ensures injured and ill employees receive the right care quickly. Our innovative program is designed to help employees recover and return to work safely.

Early, appropriate delivery of healthcare to injured employees is a critical element in effectively managing lost workdays and medical costs associated with workers’ compensation claims. Our experience in creating custom solutions to improve client outcomes includes a time of injury assessment by a medical professional through our fully integrated, clinical consultation service. This model was developed to assist employers in determining the appropriate medical care when an occupational injury occurs. If treatment is necessary, the employee is referred to the highest quality network provider or client-preferred provider. Critical information is shared with the claims team to reduce medical costs, improve return to work outcomes and ensure a positive employee experience.

**Getting the right care from the start**

With our integrated service and customized options, our clinical team can:

- Accurately recommend the appropriate medical provider for the employee via referral to in-person care, telemedicine or self-care
- Advise the employee of employer-selected ancillary services if medical care is needed

Our services are delivered by Sedgwick’s team of registered nurses who are familiar with occupational injuries. They are available 365 days a year, 24 hours a day to accommodate employee injuries when they occur and ensure coverage for all time zones.

**Designed for efficiency and quality**

Custom solutions are available to complete claim reporting and employee care recommendations in a single phone call. The client-dedicated 800 number serves as the entry point for both clinical consultation and claim intake with customized greetings to guide your employees to the nurse or claim intake team if using the phone reporting process. A blended model allows for nurse triage that incorporates an email process for intake to create the first report of injury (FROI) and complete state reporting. Alternate options include concurrent or separate employee assessments by a nurse and claim reporting by a supervisor when the timing is appropriate. Regardless of the claim reporting model selected, a state-specific FROI is electronically generated and sent to the appropriate claims office for review and ongoing, proactive management.

**Triage tools to get the right care at the right time**

One of our registered nurses will assess the employee and provide care recommendations using the Schmitt-Thompson adult after-hour guidelines, known as best-in-class in the industry for triaging medical conditions. These evidence-based clinical
guidelines provide appropriate support to determine the correct medical care for the injured employee. There are over 300 robust guidelines with clinical content that is reviewed and updated annually, utilizing input from a review panel consisting of call center medical directors, emergency physicians, nursing practice consultants and physician specialists. The clinical content provides safe, effective and efficient triage that directs patients to the most appropriate level of care.

Sedgwick reviewed client programs that moved from a triage company using home-grown guidelines to triage services using proven Schmitt-Thompson guidelines for self-care or treatment recommendations. Our analysis showed that 10% to 15% of the cases receiving self-care recommendations had 20% to 50% higher average temporary total disability days. Inaccurate front-end self-care recommendations cost the employer and the employee down the road.

Evaluation
The nurse will screen the caller for triage eligibility based on best practices and client preferences, and determine if the employee is a return caller from a previous incident. The nurse will identify the primary complaint and evaluate the symptoms against the evidence-based clinical guidelines. Questions are posed in a logical sequence based on the individual case and each one is linked to specific healthcare advice. The guidelines will direct the nurse to the appropriate care recommendations for the injured employee.

Referrals and post-triage questioning
Care recommendations for the injured employee may be first aid/self-care, telemedicine or provider referral. If provider care is recommended, a physician is selected by the nurse based on the employee’s location, the client’s PPO affiliation or preferences, and initial treatment facilities. The nurse will call the clinic while the employee is on the phone to coordinate care and provide appropriate paperwork to facilitate treatment.

At the completion of the call, the nurse will send the following paperwork to the injured employee, client-designated contacts and provider:

- **Self-care**
  - Clinical consultation nurse report, care advice and clinical team contact information

- **Telemedicine**
  - Qualified direction to online network physician care

- **Provider care**
  - Clinical consultation nurse report, care advice, provider and clinical team contact information
  - Provider referral form with information on billing, ancillary service contacts, utilization review contact and the client’s return to work program
  - Return to work physician form
  - Pharmacy First Fill form
  - Client forms (optional)
Disposition
The disposition of care includes emergency services (911), emergency room care, physician care within four hours (minor medical/urgent care), physician care within 24 hours, physician care within three days, telemedicine, and first aid or self-care.

Physician referral
• Nurse locates available network clinic/provider near employee's location; selection is based on injury type, location, hours and network affiliation
• Nurse will fax/email employee and clinic/physician a list of appropriate ancillary service providers, utilization review protocols and notice of the client’s return to work program
• 24-hour to 48-hour follow-up call via interactive voice response survey will assess compliance with care recommendations, and assess nurse and provider care experience
• Nurse triage report is sent to the claims system with call details and recommendations

Telemedicine
Our telemedicine services are fully integrated with our clinical consultation solution and include:
• Guidance to telemedicine through careful triage of the employee’s treatment needs and technology access
• On-screen care provided by an occupational medicine physician specially trained for the telemedicine experience
• Immediate treatment with all appropriate care facilitated with a stay at work focus

First aid/self-care
Our nurses provide first aid and self-care recommendations per physician protocols. Services include:
• Employee is given nurse triage call back number and instructions if condition worsens
• Nurse will confirm that employee may continue to work
• 24-hour to 48-hour follow-up call via interactive voice response survey will:
  – Provide the option to speak with a nurse for worsening symptoms or follow-up questions
  – Assess compliance with care recommendations
  – Assess nurse care experience
• Nurse triage report is sent to the claims system with call details and recommendations

Post-acute referral process
The clinical consultation nurse report data is transmitted and stored in Sedgwick’s proprietary claims management system. These notes are available for the claims examiner and/or clinical resource assigned to the claim on an ongoing basis, providing up-to-date information on the recommendations for initial care and the provider contact information. The conversation providing the employee’s account of the details surrounding the work-related illness or injury is also recorded and available for examiner review for 90 days in the event of any discrepancy with the information gathered during the subsequent claim investigation.
Use of this approach on select cases allows us to avoid unnecessary urgent care visits and ensures that the injured employee receives clear clinical direction from the onset of their injury or symptoms.

Implementation and training
Our dedicated implementation managers work with our client partners to ensure a smooth transition. The implementation includes custom protocols for integrating this service into new and existing claim programs, and an efficient system training program with wall cards for worksite managers.

Metrics
Metrics are used to demonstrate the benefits clients are receiving from our clinical consultation service. Some of the key results include:

- 34% lower average incurred for claims reported through clinical consultation compared to claims submitted via standard intake
- 98% employee satisfaction rate
- 63% of the injured employees are referred to occupational care; less unnecessary emergency room visits
- 93% of claims going through clinical consultation treat with 4 or 5 star providers compared to 78% for non-clinical consultation claims
- 38% to 50% lower incurred for claims in which injured employees are matched with 4 or 5 star providers
- 50% lower lag time from the date of loss and initial treatment for claims using this service
- 10% fewer claims converted to indemnity status
- 25% of the cases are resolved with self-care; the clinical team provides recommendations for injuries that can be treated with first aid
- 3% of claims referred to telemedicine
- Immediate access to clinical resources ensures the appropriate medical care is recommended
- Increased penetration into selected provider medical networks
- Improved use of ancillary service networks
- Decreased medical costs

Reporting
Employers will receive monthly, quarterly and annual reports that include utilization statistics along with the results of each call, individually and summarized by outcome and cost savings.

Our team provides the following clinical consultation reports and program information for clients:

- Summary report – monthly
- Detail report – monthly
- Dashboard – quarterly
- Stewardship – annually

Contact Sedgwick today to learn more about our clinical consultation solution.

800-625-6588
Sedgwick@sedgwick.com
www.sedgwick.com