

# A COLLABORATIVE VILLAGE

When Managing a Catastrophic Claim, Look Beyond  
the Wound to Achieve an Optimal Outcome

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## A COLLABORATIVE VILLAGE

Immediately following a catastrophic injury, the injured persons and their families are often hurting and struggling; aching from the physical wounds and psychological impact of a new, debilitating, and quite possibly life-altering condition, and struggling to make sense of the situation they now find themselves in. Trapped in exasperation of how it is versus how it ought to be, flurries of thoughts are usually running through their minds: “Why did this happen to me? What could I have done differently? Will I ever get back to the life I used to know?”

It is also during this acute post-injury phase that feelings ranging from denial and isolation to anger and directed blame for the injury unfold. These emotions, the significant and sudden change of circumstance, and a seemingly uncertain future can present very real barriers to communication between the injured person, their family, and those managing the claim. By executing a well-planned, anticipatory, and collaborative approach to catastrophic claim management that prioritizes restoration of physical abilities and mental wellness, payers can overcome these barriers and, in the process, positively influence outcomes.

### Success Starts with the Discharge Plan

Discharge plans outline future care for the injured person and their family (and/or caregiver) in a setting other than the hospital. They provide detailed guidance about the injured person’s ongoing medication therapy, medical equipment, and supply needs, as well as outline any assistance needed to complete activities of daily living (ADLs). Physician information, wound care instructions, support group details, and other resources are also commonly included as part of the discharge plan. Given the complexity and comprehensive nature of discharge plans, the formulation of such often starts within the first 24 to 48 hours following hospital admission. Case managers and discharge planners proactively inquire about available transportation, home accessibility, caregiver support, and resource availability. The intent of these questions is to prepare for ongoing care needs, as well as gauge the likelihood of a seamless discharge.

Despite the best of intentions, depending on the style and approach taken, these early discussions can be met with skepticism, confusion, and resistance on the part of the injured person and their family (and/or caregiver). For instance, the injured person or their family may interpret the introduction of such conversations early in the hospital stay as an effort to expedite the discharge for financial purposes. Or, they may be simply overwhelmed by the situation, not yet emotionally ready to contemplate a future state. Regardless, conversations that gather the needed information empathetically, while emphasizing the goals of preparing for future needs and getting the patient back home can successfully diffuse such feelings. Reiterating that the injured person and their family (and/or caregiver) are important contributors to the plan’s development is also helpful in facilitating the open and frank communications needed to craft a holistic discharge plan that effectively advances functional recovery and ensures continuity of care.

## Favorable Post-Discharge Conditions Require a Look Beyond the Wound

Once discharged, an injured person's quality of life and progression toward functional goals are not only dependent upon successful execution of the discharge plan, but also commonly influenced by factors such as safety, accessibility, and functionality within the home, education, emotional support systems, and multidiscipline therapy.

### Safety, Accessibility, and Functionality in the Home Setting



The home setup before the injury likely now requires adjustment or modification to accommodate special equipment, such as a wheelchair, hospital bed, and mechanical lift, as well as safe and secure storage space for prescription medications and supplies. Ramps, handrails, and other changes that allow for mobility and afford the space needed to provide convenient and safe care should be considered.

It is also important to look at the home from the perspective of safety. Is there enough room for the injured person and caregivers to move about properly? Are there throw rugs, electric cords, or cluttered pathways that might impede movement? Are there pieces of furniture to move or remove?

Depending on the nature of injury, falling can be one of an injured person's most worrisome concerns upon returning home from the hospital. Considering how the injured person, their family/caregivers, and healthcare providers will navigate through the home prior to discharge, the transition can calm numerous concerns related to mobility and fall prevention. Proactive evaluation of the physical home environment also can make for a smoother transition as it reduces worry and anxiety, and allows adjustments to be made in advance of discharge. Everyone involved can rest a little easier knowing the home environment will support safe continuity of care.

### Education



In the process of preparing for ongoing catastrophic care, the injured person and their family/caregivers receive and provide a great deal of information. The sheer volume of information is difficult enough to handle, not to mention that medical terminology can be challenging to interpret. Add to this the emotional and psychological aspects of dealing with a significant, life-altering injury—it can be overwhelming for even the most astute.

Family/caregivers need to know how to administer care. For example, safe transfer techniques, whether with stand-pivot transfers with assistance, slide boards, or mechanical lifts, all must be taught with the goals of ensuring confidence and safety for the injured person while also protecting the caregiver from injury related to improper lifting techniques. Discussion on the warning signs of infection, medication side effects, or other medical complications, with guidance provided on what to do should they appear is essential. Similarly, medication and physical therapy regimens, safety and hygiene requirements, and wound care all must be explicitly reviewed.

Beyond safety in the home environment, the chance of falling is directly related to the nature of the injury and may be increased when specific classes of medications are being prescribed, such as blood pressure medicines, sedatives, antidepressants, and pain medications. Fatigue and lightheadedness are additional risk factors for falling that can be perpetuated by low blood pressure resulting from inadequate hydration or fluid loss. Educational information on the aforementioned subjects can go a long way to minimize the risk of falling, and in the process, augment the injured person's confidence, as their mind is more at ease.

It is well documented that education translates into caregiver action. Emphasis on education also helps manage expectations when it comes to functional restoration and better overall preparedness for any challenges or setbacks that may arise. With potential challenges outlined, a more anticipatory approach to catastrophic care management is possible. Beyond these immediate and somewhat obvious factors of catastrophic injury care, there is yet another factor that is often an unseen and unaddressed piece of a catastrophic injury—emotional wounds. This, too, is important to attend to in a multi-disciplinary approach to therapy.

## Emotional and Psychological Support



Beyond the physical wound itself, catastrophic injuries can take an emotional and psychological toll on the injured person and their family (and/or caregiver). Friends, coworkers, and other relationships also can be affected. If left unchecked, feelings of lowered self-esteem, negativity, grief and loss, sense of being overwhelmed, frustration, and sadness can adversely impact social relationships and delay recovery, if not impede attainment of functional goals altogether.

Taking overt steps to build an expanded support system that includes social workers, therapists, home care assistants, and counselors is one way to help promote emotional and psychological wellness. Social workers can help identify risk factors that can disrupt relationships in the home, and direct the injured person and their family/caregivers toward local support groups and diagnosis-related organizations, such as the Amputee Coalition, the National Spinal Cord Injury Association, and the Brain Injury Association of America. Their training and instinctive abilities can identify levels of grief and underlying depression and bring about a more timely referral for medication therapy and psychological interventions. A well-rounded network of care also fuels the medical continuity and necessary oversight to ensure continued recovery and complication prevention. They can reinforce the training and education and provide additional guidance when necessary, to modify the care regimen. A multi-faceted care community also helps to ensure ongoing communication between the home health providers and the physician is maintained. Regularly updated medical and functional progress reports to the treating physician are essential so that an individualized plan of care for the injured patient can be created and appropriately modified on a routine basis.

Aside from a diverse group of healthcare professionals, efforts on the part of the employer to show the worker is not forgotten on the job, such as get-well cards, visitations, and calls to “check in and say hi” have been proven to boost morale and enhance the injured person’s mood. Empathy and patience on the part of the claims professional and other service providers is also important. Equally essential is a conscious effort to preserve relationships in the home, as loved ones often assume caregiver roles. Moreover, although a home health aide delivers a level of companionship, it is ideal to encourage socialization within the community and injury-based support groups.

### Depression

For injured workers, the cumulative effects of stress, the decrease in daily activities, concerns over money, feelings of worthlessness or hopelessness, and even side effects from certain medications can result in feelings of depression. This in turn can prolong and increase the effects of pain—a cycle that can have a profound impact on a claim through increased medication usage and/or extended claim duration. Approximately 50% of patients with chronic pain have some degree of depression, and chronic pain patients are four times more likely to experience anxiety or depression than those not affected by chronic pain (*Centers for Disease Control and Prevention, 2015*).



## Multidisciplinary Therapy



Therapy plays an integral role in catastrophic claim management. Sometimes overlooked is the fact that taking a multidisciplinary approach that contemplates more than just a single therapy discipline can have a significant influence on functional restoration. Physical therapists, for instance, may focus on correcting altered body mechanics and strengthening of the lower limbs in order to improve the injured person's balance and gait. They can also focus on core strengthening exercises and postural restoration thereby reducing the intensity of any underlying low back pain. Physical therapists and occupational therapists are both instrumental in identifying the most appropriate mobility devices, along with the modifications necessary to prevent complications related to overuse injuries at the wrist and shoulder, such as carpal tunnel syndrome and rotator cuff tears. They provide instruction and training to caregivers on safe stretching techniques needed to restore range of motion in order to prevent complications, such as joint contractures. Occupational therapists are also skillful in identifying the most functional assistive devices, such as reachers, sock aids, and built-up utensils, which will further limit the assistance required to carry out ADLs and thereby giving the injured person greater independence.

Equally valuable is speech therapy, which not only focuses on communication and swallowing function, but also plays a pivotal role in discovering and treating underlying cognitive deficits. Speech therapists can provide useful memory aids and other tools to help injured parties remember their medications and recall necessary precautions. In addition, for those patients who are returning home with continued swallowing impairments, potentially requiring tube feeding and hydration, the speech therapist's focus on strengthening of the swallowing muscles, along with providing compensatory swallowing strategies can be significant in an injured person's therapy plan.

Beyond the aforementioned, catastrophic care teams that include home health nurses and aides can assure treating physicians are well informed of the injured person's progress. Their oversight of medication therapy, and all other aspects of care, can help mitigate the risk of complications and ensure maximum efficacy of the care management plan. They also provide essential emotional support and guidance to all involved.

## Collaboration Optimizes Outcomes

Successful restoration of function following a catastrophic injury requires a well-planned and anticipatory approach, executed by a multidisciplinary team of caregivers who focus beyond the healing of the physical wound.

Care management that proactively and holistically incorporates efforts to restore physical capabilities, positively affect mental status, and minimize the risks of further complications while anticipating potential barriers to communication and healing, are critical to achieving optimal outcomes.

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