



Injured Workers Are People Too

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When you manage a claim, do you see a number or a life?

Words that Don't Help

- **Claimant** – A statutory / legal term that strips away identity
- **Case** – Reduces a person's injury and life impact to a unit of work
- **Investigation** – A presumption of fraud or mistrust, even when fact-finding is routine
- **Disability** – Reduces a human's lived experience to a number or percentage
- **Maximum Medical Improvement (MMI)** – Suggests "you're done" rather than "what's next for this person's life"
- **Exposure** – Treats an injured worker like a liability, not a person
- **Burden of proof** – Legal necessity, casting the worker as an adversary

- **"Close the claim"** – Transactional not supportive
- **"Return to work ASAP"** – Can sound more about saving money than restoring lives
- **"Malingering"** – Stigmatizing and dismissive label for delayed recovery
- **"Denial letter"** – Harsh phrasing for what could be reframed as "decision explanation"

- The **eye roll** when you see their phone number displayed



In Contrast

- **Work Comp = Noble?**

- August 23, 2018
- www.linkedin.com/pulse/work-comp-noble-mark-rxprofessor-pew

*One of the things I always mention in these sessions (ed. 25 presentations starting in 2015) is that every single thing we do as individuals and as a system has an impact on a person. If we do it well, it can help someone return (to work, to function, to life) and help them move on. If we don't do it well, the negative implications could be generational. **What we do matters.** Every single time.*



What We Need To Do



- **Re-humanize Claims**
 - Use names, not numbers
 - Lead with empathy



Seeing the Person, not the Claim

- **What Empathy Is**
 - Understanding, not assuming
 - Connection, not fixing
 - Respecting their perspective
- **What Empathy Is *NOT***
 - Sympathy or pity
 - Agreement with everything said
 - Weakness or inefficiency



What We Need To Do

- **Re-humanize Claims**
 - Use names, not numbers
 - Lead with empathy
 - Shift from “compliance” to “collaboration”
 - Measure success by lives restored, not just dollars saved (more on that later)
- **Clear Concise Consistent Communication**



What We Need To Do

- Move beyond “fix the injury” to addressing the whole human being
 - Physical recovery
 - Emotional / psychological well-being
 - Social / family dynamics
 - Financial stability and return to (and stay at) productive work

What We Need To Do

- **Adopt a whole-person recovery mindset**
 - Acknowledge the biopsychosocial model

Two Different Treatment Models

Bio-Medical

- Focuses almost exclusively on the **physical injury or illness** - the body as a machine to be fixed
- Emphasizes **diagnosis, medical tests, and procedures** as the primary path to recovery
- Measures recovery by **physical healing and symptom reduction**
- Tends to **overlook emotional, social, or environmental factors** affecting outcomes

Bio-Psycho-Social

- Recognizes recovery is influenced by the **interaction of biological, psychological, and social factors**
- Emphasizes **whole-person care**, including pain, stress, family, work environment, and financial concerns
- Measures recovery by **return to function, quality of life, and overall well-being**
- Encourages a **collaborative, inter- / multi-disciplinary approach** involving providers, employers, adjusters, and the worker



What We Need To Do

- **Adopt a whole-person recovery mindset**
 - Acknowledge the biopsychosocial model
 - Identify social determinants of health (SDOH)



Bio-Psycho-Social Considerations

- *Social Determinants of Health (SDOH)*
 - **Economic Stability:** Lack of economic stability (income, expenses, debt, access to healthy food and housing) can limit opportunities for healthy living.
 - **Education Access and Quality:** Education influences health literacy, job prospects, and the ability to navigate the healthcare system.
 - **Health Care Access and Quality:** Poor access often leads to unmet medical needs and worse outcomes.
 - **Neighborhood and Built Environment:** Unsafe or resource-poor environments (access to transportation, availability of healthy foods) negatively impact health.
 - **Social and Community Context:** Positive social connections promote resilience and health, while isolation or discrimination harms well-being.



What We Need To Do

- **Adopt a whole-person recovery mindset**
 - Acknowledge the biopsychosocial model
 - Identify social determinants of health (SDOH)
 - Listen for yellow / blue / black flags early



Bio-Psycho-Social Considerations

Flag	Nature	Examples
Red	Signs of serious pathology	Ligament damage, fracture, black lung disease, etc.
Orange	Psychiatric symptoms	Clinical depression, personality disorder, PTSD
Yellow	Beliefs, appraisals and judgements	Unhelpful beliefs about pain: indication of injury as uncontrollable or likely to worsen, expectations of poor treatment outcome, delayed return to work
Yellow	Emotional Responses	Distress not meeting criteria for diagnosis of mental disorder that include worry, fears, anxiety
Yellow	Pain behavior (including pain and coping strategies)	Avoidance of activities due to expectations of pain and possible reinjury, an over-reliance on passive treatments
Blue	Perceptions about the relationship between work and health	Belief that work is too onerous and likely to cause further injury; Belief that workplace supervisor and workmates are unsupportive
Black	System or contextual obstacles	<ul style="list-style-type: none"> • Legislation restricting options for return to work • Conflict with insurance staff over injury claim • Overly solicitous family and health care providers • Heavy work, with little opportunity to modify duties

www.physio-pedia.com/The_Flag_System



What We Need To Do

- **Adopt a whole-person recovery mindset**
 - Acknowledge the biopsychosocial model
 - Identify social determinants of health (SDOH)
 - Listen for yellow / blue / black flags early
 - Promote holistic care coordination
 - Value purpose as much as pain relief



A Whole-Person Recovery Mindset



The ROI

- **Reduced medical costs** through appropriate, timely care that avoids unnecessary imaging, surgeries, or prolonged opioid use
- **Lower indemnity costs** by shortening disability duration and accelerating return-to-work
- **Fewer litigated claims** since injured workers who feel supported and respected are less likely to seek legal representation
- **Decreased claim complexity** as early intervention on psychosocial risks prevents escalation into catastrophic or chronic claims
- **Improved workforce productivity** with faster reintegration of employees into their roles
- **Lower reserve requirements** since claims close faster and with fewer complications
- **Better vendor efficiency** because coordinated care reduces redundant services (e.g., duplicative therapies, unnecessary diagnostics)
- **Enhanced reputation and trust** which may translate into lower insurance premiums or stronger client relationships for carriers/TPAs
- **Improved functional outcomes** with focus on restoring ability and quality of life, not just symptom reduction
- **Reduced chronic pain risk** because early psychosocial interventions reduce fear-avoidance and catastrophizing
- **Increased treatment adherence** as workers are more engaged and trusting of their care team
- **Greater overall satisfaction for injured workers** leading to smoother communication and cooperation



Key Takeaways

- **See the Person, Not Just the Claim:** Every injured worker brings physical, emotional, financial, and family needs. Approaching claims with empathy and curiosity fosters trust and cooperation, which often leads to faster recovery and reduced disputes.
- **Address Psychosocial Factors Early:** Look for warning signs such as fear of re-injury, low confidence in recovery, or feelings of injustice. Research shows these are strong predictors of poor outcomes. A simple question like, "*When do you think you'll return to work?*" can uncover hidden barriers.
- **Connect Workers with the Right Resources:** Make sure medical, rehabilitation, and supportive services (like counseling, transportation, or financial guidance) are accessible and timely. Meeting needs beyond just "fixing the injury" significantly increases return-to-work success.



Key Takeaways

- **Shift from Reactive to Proactive Claims Handling:** Instead of waiting for issues to escalate (e.g., litigation, chronic disability), encourage early interventions such as prompt physical therapy for low back pain or consistent check-ins on recovery progress. Proactivity saves costs and improves satisfaction.
- **Invest in Culture and Training:** Whole-person recovery is a mindset that becomes sustainable when embedded in organizational culture. Equip professionals and leaders with tools to build this culture with a focus on improving both injured worker outcomes and organizational performance.





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