Workers' Comp

Turning Early Signals Into Earlier Action Through Connected Claim Intelligence

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How connected claim intelligence can help workers' comp teams identify risk earlier, act with greater confidence and improve outcomes.

Your workers' comp program likely has managed care services in place, including nurse triage, pharmacy, physical medicine, utilization review, case management, bill review, and analytics. The problem is that each service often sees only its part of the claim. When those signals stay separated, risk becomes clear too late. Your claim team is left reacting after treatment costs have increased, return-to-work progress has slowed, reserves have become harder to predict, and the injured employee has become less engaged in recovery.

Your next advantage will not come from another stand-alone report. It will come from connected claim intelligence: the ability to convert fragmented signals into timely, practical guidance for the people making claim decisions every day.

Here are six gaps that are easily closed with connected intelligence along with a checklist to help when selecting connected technology .

1. **Complex Claims Rarely Start that Way**
   Most complex claims build gradually. They usually become harder to manage one issue at a time. A delayed appointment can extend disability. A psychosocial concern can change how an injured employee responds to care. A shift in medication use may point to escalating pain or emerging clinical risk. Individually, these issues may look routine. Collectively, they can change a claim's trajectory and create avoidable cost and duration.

   By the time those concerns surface through traditional review, the claim may be harder to manage, with treatment costs increasing and return-to-work delayed. The injured employee is less engaged, and the

adjuster is left responding to complexity instead of preventing it.

Claims professionals are not asking for more notifications. They need fewer blind spots and clearer direction. The most useful decision support systems make three things easier to see.

What is changing?
The system should recognize when treatment, medication use, functional progress, attendance, access to care, or other factors begin to move away from the expected recovery path.

Why does it matter?
An alert is only helpful when it explains what's happening and why it matters to the claim. A missed appointment, for example, may require a different response depending on whether it reflects a scheduling issue, transportation barrier, behavioral health concern, or declining engagement.

What should happen next?
Decision support does not replace adjuster judgment; rather, it gives claims professionals the right context while there is still time to influence recovery, cost and duration.

Integrated artificial intelligence helps by reading across structured and unstructured information, surfacing patterns and pointing teams toward the next best action. But in workers' compensation, technology must earn our trust. Recommendations must be explainable, auditable, clinically sound and practical enough to fit the adjuster's workflow.

2. **A Referral Shouldn't Disappear Into a Workflow**
Referral management is often treated as administrative work, with adjusters often working across multiple portals, email processes and vendor-specific workflows to initiate and track services. This creates duplicate data entry, inconsistent processes, and limited visibility into whether referrals have been received, scheduled or completed.

A centralized referral environment can bring consistency across services such as physical therapy, diagnostic testing, durable medical equipment, independent medical examinations, case management and utilization review. Referrals can be created, assigned, tracked and reported through a common workflow, even when multiple vendors are involved.

The larger opportunity is to connect referral activity directly to claim data and workflow intelligence. Instead of relying solely on the adjuster to recognize every service need, claim data can identify a treatment delay, access-to-care issue or emerging risk and recommend an appropriate referral. Updates and documents can then flow back into the core claim system, reducing manual tracking and giving the claims team a clearer view of what is happening.

Done well, referral management becomes more than task routing. It reduces lag time, closes gaps between services and prevents missed intervention opportunities from becoming outcome problems.

3. **The First Conversation Reveals a Lot**
The first interaction with an injured employee often occurs through nurse triage and can reveal far more than the appropriate level of care. Nurse triage conversations may uncover early risk factors, including comorbidities, health literacy concerns, psychosocial barriers, job-related issues, or difficulty accessing care. These early signals become far more valuable when they don't remain isolated within triage.

When connected with case management, claims, medical and pharmacy data, they can help identify which

injured employees may benefit from earlier clinical intervention.

And that doesn't mean every claim needs comprehensive case management. A more precise model can deploy focused, short-duration interventions at key moments. An episodic intervention might address a treatment decision, resolve an access issue, reinforce a recovery plan or reconnect an injured employee whose progress has started to drift.

Utilization review can evolve similarly. Lower-complexity decisions may be supported through appropriate automation, while clinical expertise is reserved for high-cost, high-risk or clinically complex treatment. The result is a more deliberate use of specialized expertise on the claims that need it most.

4. **A Prescription Is More Than a Transaction**
   Pharmacy management has traditionally focused on processing prescriptions, applying clinical rules and controlling medication costs. Those functions remain essential, but prescription data can also provide an early view of a claim's direction.

   Changes in medication type, dosage, duration or prescriber activity may indicate increasing pain, fragmented care, treatment complications or emerging safety concerns. When pharmacy information is viewed separately from medical records, bill review, clinical activity and claim history, the broader significance may be missed.

   Connected pharmacy intelligence can help your claims team recognize risk earlier and understand how medication activity relates to the overall treatment plan. Changes in medication use can become an early claim signal that provides context beyond the transaction itself. Connected pharmacy intelligence can help your claims team recognize risk earlier and understand how medication activity relates to the overall treatment plan. Changes in medication use can become an early claim signal that provides context beyond the transaction itself.

   This moves pharmacy management beyond individual transactions and makes medication activity part of the broader claim decision. Used this way, pharmacy insight can support earlier intervention, more consistent clinical oversight, stronger cost containment, and more accurate expectations for claim development.
5. **Stop Counting Visits, Start Measuring Recovery**
   Physical therapy is another area where claims teams need more than utilization data.

   Visit counts tell us what happened. They don't tell you whether someone is getting better. That requires a clearer view of functional milestones, treatment response, and return-to-work readiness.

   When therapy data is combined with clinical documentation, functional measures, provider feedback and relevant psychosocial indicators, your team can identify delayed progress or care misalignment earlier.

   Physical medicine programs that use artificial intelligence help organize information from different clinical sources and identify patterns that are difficult to see through manual review alone. These insights show whether therapy is progressing as expected, whether the treatment plan should be reassessed, or whether another intervention is needed. This approach shifts physical medicine management from counting visits to understanding recovery.
6. **Dashboards Tell You What Happened, Intelligence Tells You What to Do**
   When looking for opportunities to optimize your program's performance, your team needs to understand how clinical services, referral activity, pharmacy, physical medicine, and other interventions influence

claim performance. Your team needs to know where claims are improving, where progress is slowing and where operational barriers are preventing teams from acting on available information.

Claims analytics should connect information across services, identify patterns earlier and make the next area of action clear. Instead of requiring your claims handlers to search through multiple product reports, analytics should make it clear where attention is needed and why.

This also changes the relationship between your claims organization and your service partners. The most valuable conversations become less about volumes and activity measures and more about performance: What is working? Where are the gaps? What can we change to help claims teams act sooner?

Checklist: Seven Questions Claims Leaders Should Be Asking

Moving toward connected decision support requires more than selecting new technology. You also need to consider whether your operating model allows you to put connected insights to work.

These seven questions can help:

1. Does information move across services and systems without excessive manual work or duplicate entry?
2. Are emerging risks identified early enough to influence the claim?
3. Do alerts provide useful guidance, or do they add to workflow burden?
4. Can my claims team see whether recommended interventions were initiated and whether they worked?
5. Are clinical, pharmacy, therapy and referral insights connected to the overall claim strategy?
6. Does technology support adjuster judgment while maintaining appropriate human and clinical oversight?
7. Can the organization measure both operational performance and claim results?

The answers can help determine whether your program is moving toward proactive claim management or simply adding another layer of technology to an already fragmented process.

Building One Connected Strategy

The biggest opportunity in workers' compensation isn't hidden inside a single product, platform, or service line. It's connecting what your organization already knows. The promise of connected claim intelligence is to see it sooner, understand it faster and act while there is still time to make a difference.

Claim insight, pharmacy patterns, referral management and recovery progress each tell part of the story. Bringing them together gives your claims team a better chance to recognize when a claim is beginning to drift off course, so they can make corrections before complexity sets in. It also gives you, as a leader, a clearer way to determine whether interventions are improving recovery, reducing disability and influencing claim durations.

The goal is to connect the signals your team already has so they can see what is changing, understand why it matters and know where to act. Because the earlier your team can see a claim beginning to drift, the better the opportunity to change its trajectory.

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