



CHARTING INDUSTRY TRENDS FOR THE YEAR

We help our clients navigate the risk and benefits management world by providing expert resources and clear, outcomes-focused solutions. Sedgwick's experienced colleagues take care of clients by listening to their needs and drawing a roadmap to reach their goals – helping to control costs, improve outcomes, and ensure the best possible service for employees and customers throughout their journey.

In addition to assisting clients throughout the claims process, we also keep them informed on key topics in our industry that may impact their businesses. Below are the key trends our thought leaders believe will have an impact on employers in 2018 and beyond.



COMPOUNDING GLOBAL RISKS

REACTING TO CATASTROPHES 2017's unprecedented extreme weather, fires and other natural and manmade disaster events will continue to test underwriting performance, stretch resources in restoring disrupted supply chains, and impact timelines for rebuilding infrastructures. We have seen how vital it is to be ready to respond and change direction if needed. Having the right disaster recovery plan and partners in place will continue to be important for businesses and property owners worldwide as they face the potential for catastrophes in the coming year.

PREPARING FOR THE THREAT OF EMERGING RISKS The emerging risks we prepare for in 2018 will continue to push the boundaries of our resources and our resilience like never before. From cyber threats like data intrusion and ransomware arising from our connected economy and society, to terrorism, both internationally and domestically, we must consider new ways to protect and prime our people, property and brands.

PROTECTING FIRST RESPONDERS Our reliance on first responders as a line of defense against risks of all types becomes even more critical in the face of environmental and social change. Caring for first responders' overall physical and behavioral health is one way we can increase our preparedness to react in times of crisis.



SHIFTING TIDE OF POLICY

ASSERTING CONTROL OVER THE DRUG CRISIS From the overall compliance perspective to the individual claims response, structure is being built around the use of drugs within a claim in an effort to curb potential dangers. Governments, pharmacy retailers and employers are looking for ways to take back control through legislation, drug formularies, first fill limitations and more.

COLLABORATING FOR COMPLIANCE To avoid getting caught in the compliance web of ERISA, MSA, FMLA, ADA and state requirements, collaboration becomes more necessary between disability, leave of absence and workers' compensation. We expect regulatory complexity to continue to increase, and fines and litigation to be a looming threat for non-compliance.

EXPANDING LEAVE PROGRAMS Parental leave, caregiver leave and other paid leave programs will become more of a focus based on recent trends, changes and a growing need among employee populations. With high potential for additional state and municipal legislation, stirrings of movement toward federal leave mandates, and a groundswell of support for expanded leave options as a recruiting and retention benefit, we must be ready to support increasing demands as we help our employee populations care for their own health and the welfare of their families.



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BRIDGING THE GAPS

RACING TOWARD SELF-SERVICE INNOVATION As the world around us caters to the desire for on-demand consumerism, we too must continue to push our capacity to provide immediate resources for those in need. Companies in our industry will evolve to fit the preferences of the population by growing and improving the self-service options available to consumers.

SUPPORTING DIVERSITY AND INCLUSION WITHIN CLAIMS MANAGEMENT Different generations and populations have different needs when considering health concerns, technology, communication preferences, resources and more. What do changing demographics mean in our workforces and how are we adapting our practices to accommodate and support differences?

BROADENING THE KNOWLEDGE AND CAPABILITIES OF TODAY'S CLAIMS PROFESSIONAL Training of claims professionals can't just be about the claims process anymore. We must look holistically at how examiners are addressing the needs of the client, carrier and the consumer – how their part in the process impacts the bigger picture, including actuarial results, underwriting and profitability.



LEVERAGING INTERDISCIPLINARY CARE

PUTTING WHOLE HEALTH INTO PRACTICE The movement toward a whole health approach increases trust and engagement, and places less influence on individual providers in favor of a more holistic, consensus view of treatments and interventions. Under the new norm, centralized support links cross-disciplinary teams, all focused on quality care. As we see more and more employers embracing principles of advocacy, empathy and responsiveness within a whole health environment, we also look forward to continued improvement in the consumer experience and stronger physical, emotional and financial health for employees.

CAPITALIZING ON THE POWER OF INTEGRATED RESOURCES We will see a continued push to strengthen connections between human resources, risk management, and corporate leadership, with organizations embracing integrated programs as they address the shared challenges of healthcare, return to work, ADA compliance and more. In addition, the importance of data connectivity within organizations and across providers will continue to grow as we work to avoid information gaps, optimize care, and avoid potential dangers.

EXPLORING ALTERNATIVES FOR PAIN MANAGEMENT We anticipate more collaboration between employers, physicians, pharmacists, claims specialists and patients as they move away from long-term drug therapy and instead test its alternatives in pursuit of returning a person to long-term health and productivity. This may mean we see variations on more traditional options like physical therapy and pharmacy management, or perhaps broader utilization of tools such as physician-patient opioid contracts, pain coaching partnerships, behavioral health networks, or alternative therapies like yoga, meditation and acupuncture.



IMPROVING EXPERIENCE THROUGH TECHNOLOGY

ENGAGING WORKERS THROUGHOUT THEIR RECOVERY Technology is allowing us to maintain a better connection with injured or ill employees away from work and to make the process easier for them to understand. Telemedicine and other remote-access offerings such as telePT are still on the rise. Instant two-way communication is easier than ever throughout the recovery process, and the potential is there for utilization review and clinical consultation to be directly tied to the consumer, allowing them to share details and speed processes as they engage with providers and claims professionals.

CODING CARE Chatbots and avatars will become more prevalent as support and service options for all lines of business; the industry is even seeing potential for these tools as virtual health coaches for workers' compensation, disability and wellness programs. What are the possible advantages, limitations and liability risks of these cutting-edge virtual assistants?

MOVING BEYOND THE PREDICTIVE MODEL Our industry will work to reach the next level of decision optimization and utilize technology to deploy intervention strategies in real time. Analytics will continue to influence next-generation methods for addressing all types of claims, predicting those that will become complex or incur large liability losses, anticipating care and pharmacy needs, prescribing appropriate steps toward resolution, facilitating return to work, and more.

EXPANDING AUTONOMOUS CLAIMS PROCESSING Smart interfaces that push low-touch claims through the process more efficiently and effectively are on the horizon. In addition, on-demand claims adjusting services will allow more flexibility and self-sufficiency when facing property claims. The goal: Speeding up the turnaround for high frequency/low severity claims and easing the process for consumers.

AUTOMATING HEALTHCARE THROUGH ARTIFICIAL INTELLIGENCE (AI) AND ROBOTIC PROCESSES

New advances in automation will continue to free providers from administrative tasks and allow them to put more time into caring for patients. The challenge lies in tackling AI risks and addressing ethical concerns.



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