



Evaluating PTSD claims in Minnesota's workers' compensation system: Findings and recommendations

Overview

- Review purpose of the study, objectives, and scope
- Essential findings
- Recommendation summary
- Limitations and future directions



Evaluating PTSD claims in Minnesota's workers' compensation system: Findings and recommendations



Study objectives

- Review current Minnesota statutes on work-related PTSD
- Consider occupations subject to Minnesota's rebuttable presumption and compare with other jurisdictions
- Review and analyze PTSD claims in Minnesota workers' compensation system

Study objectives, cont.

- Get input from interested stakeholders
- Review evidence-based approaches and best practices for PTSD screening, diagnosis and treatment
- Identify programs with effective prevention and programs with high return-to-work outcomes

Comparing Minnesota's legal framework for PTSD in workers' compensation

PTSD

- Compensable as a standalone work injury-42 states
- Minnesota's definition of PTSD and diagnostic criteria are similar to other states

Rebuttable presumption

- Minnesota is one of 9 states with a rebuttable presumption for PTSD work injury
 - *There are 4 rebuttal standards used by PTSD presumption states: 1) other evidence; 2) preponderance of the evidence; 3) clear and convincing evidence; and 4) substantial factors*
 - *Minnesota's standard for rebuttal is "**substantial factors**"*

Comparing Minnesota's legal framework for PTSD in workers' compensation, cont.

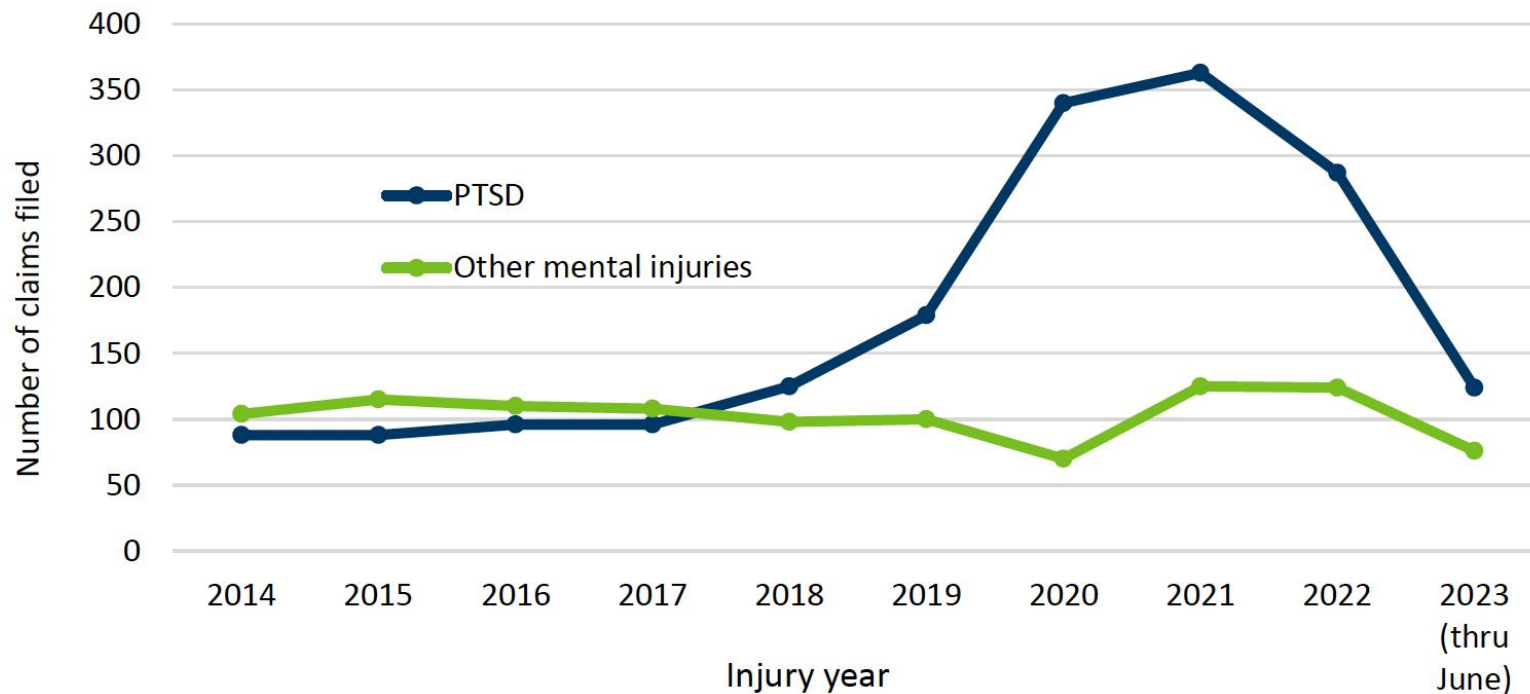
Rebuttable presumption

- The occupations covered in Minnesota are similar to most states (**moderately inclusive**)
 - *Most similar to **Maine** and **Oregon** due to inclusion of **911 dispatchers** and all **corrections officers***
- Designations established primarily through advocacy
 - *Limited scientific evidence for designations*
 - *Similar to other states*

PTSD Claim Trends in Minnesota

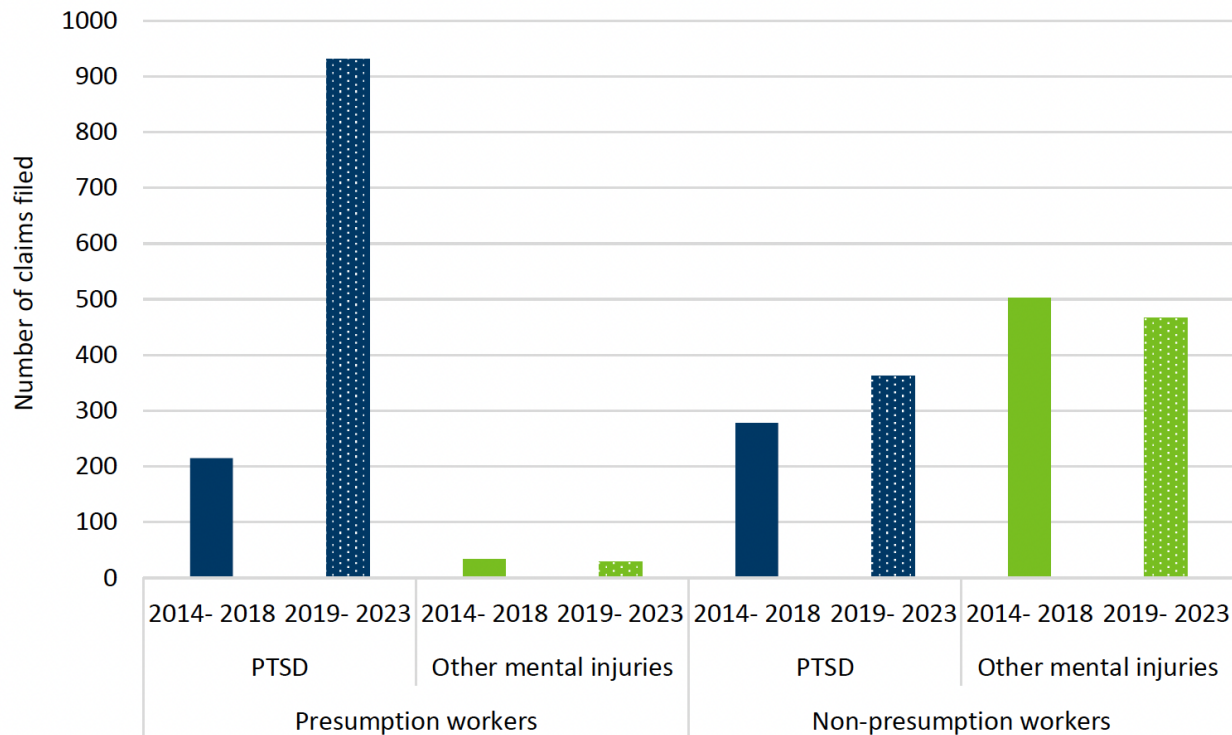
PTSD and Other Mental Injury Claims

Figure 4.2. Number of mental injury claims filed (PTSD and other) by injury year



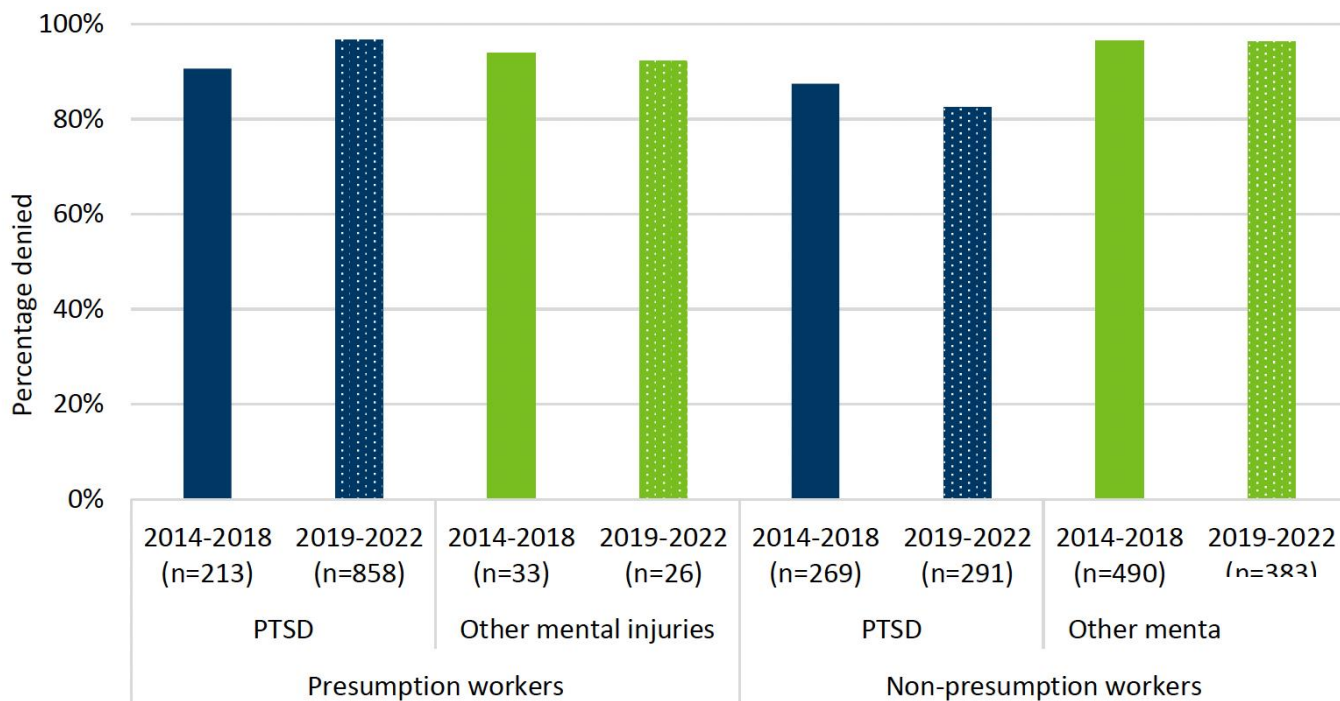
Large increase in PTSD Claims in Presumption Occupations

Figure 4.3. Number of mental injury claims filed (PTSD and other) by presumption group and presumption period



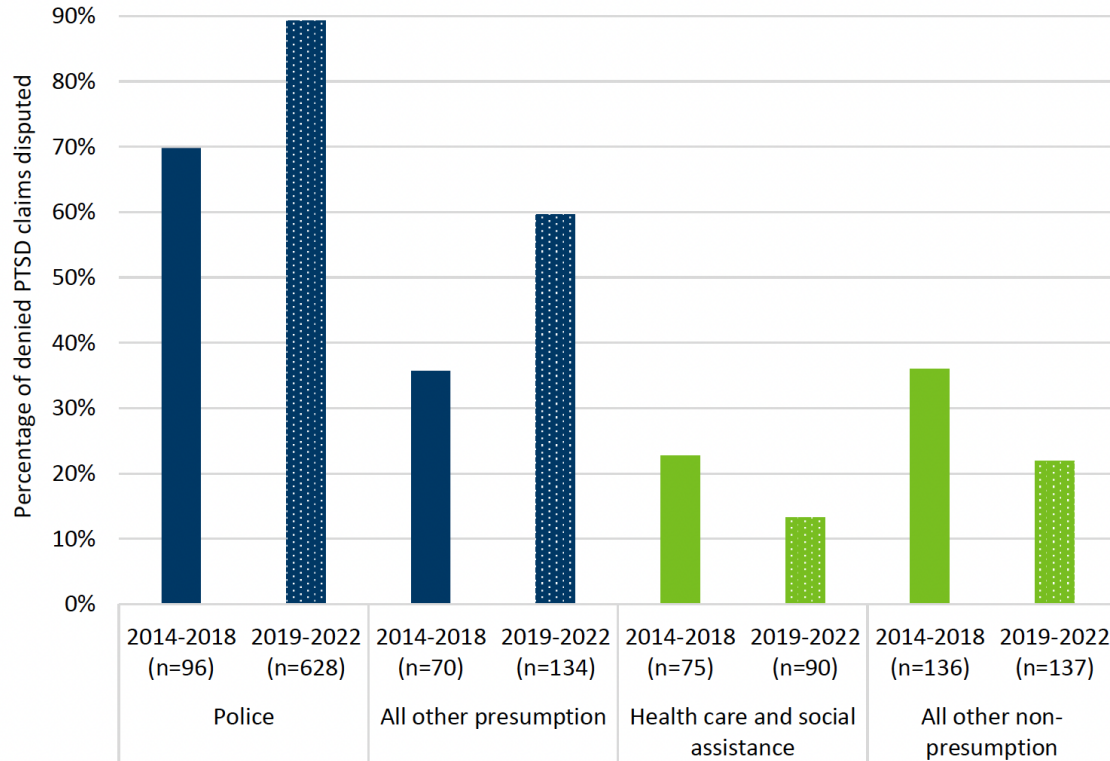
Initial denial rates high for PTSD claims for presumption and non-presumption occupations

Figure 4.11. Initial denial rates among closed mental injury claims by claim type, presumption group and presumption period



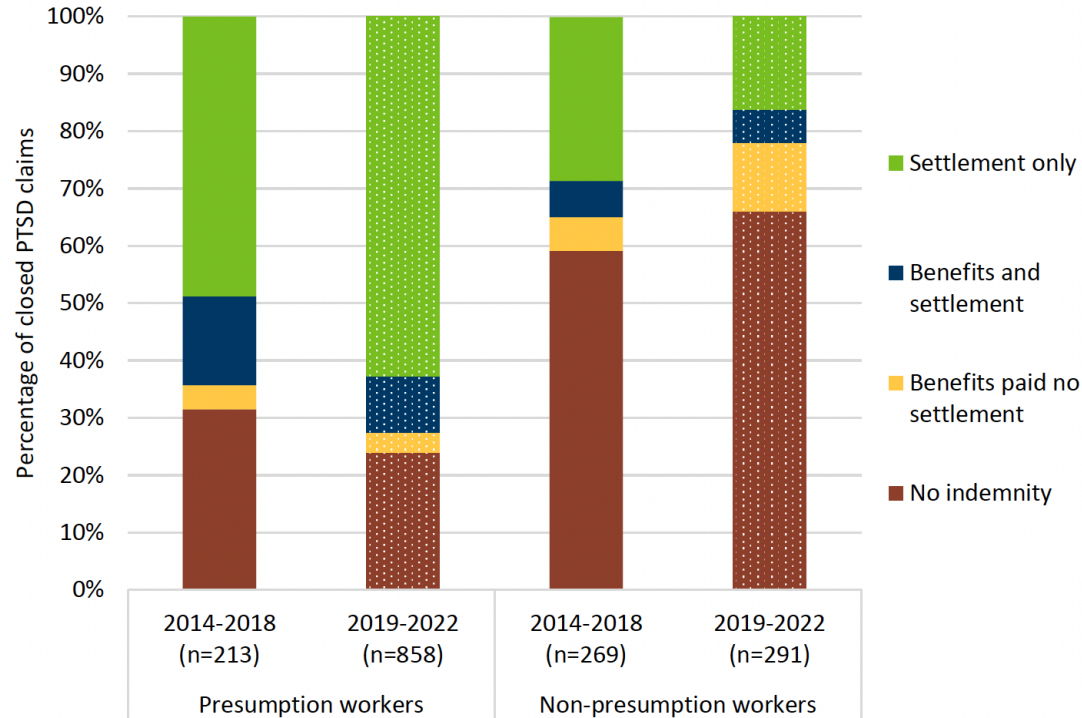
Denial rates result in high rates of contested claims, particularly in presumption occupations

Figure 4.13. Percentage contesting denials after first report of injury by worker group and presumption period, closed PTSD claims



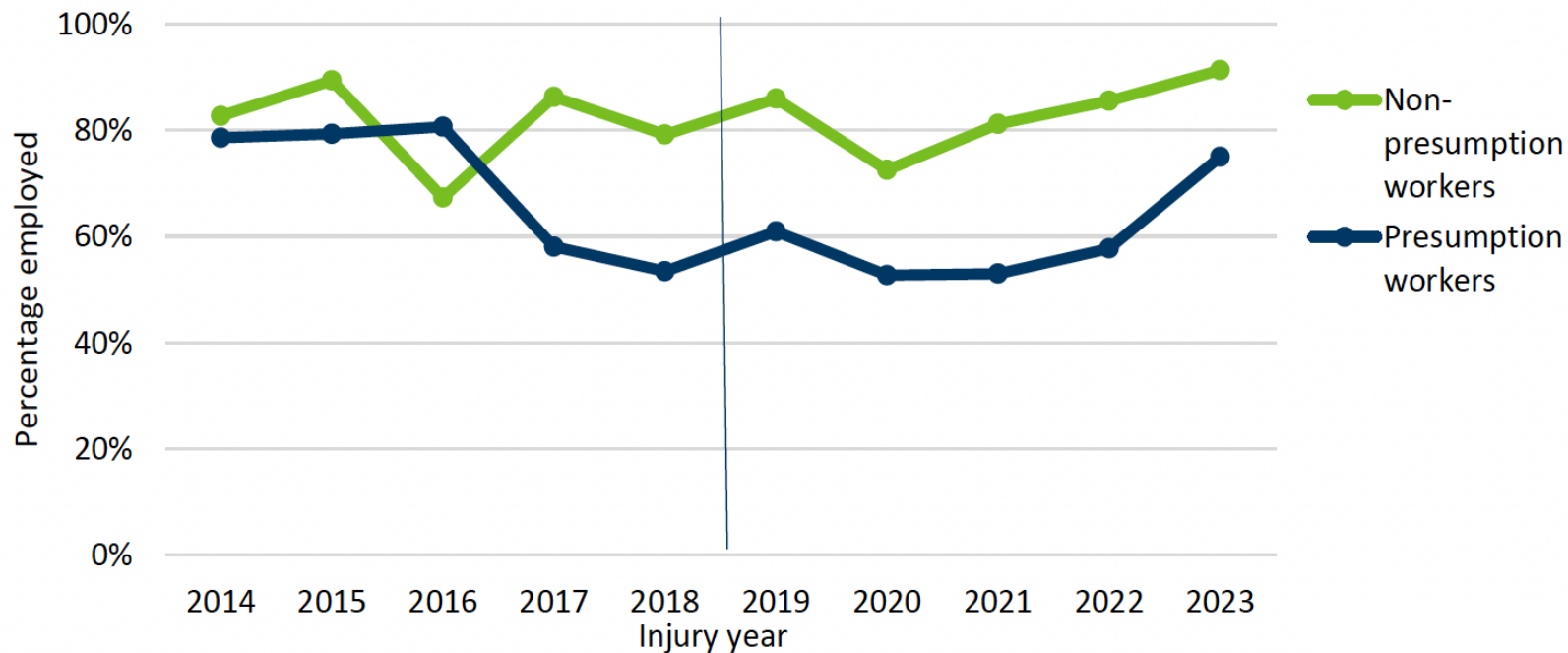
Most claims in presumption occupations ultimately have some payout. Lower rates in non-presumption

Figure 4.16. Type of indemnity benefits paid by presumption group and presumption period among closed PTSD claims



Presumption workers less likely to return to work

Figure 4.30b. Return-to-work rates among PTSD claims by presumption group by injury year



Summary

- There was a **large increase in PTSD claims** from presumption occupations after enactment of the presumption law, but they are subsiding
- PTSD claims are **denied at a higher rate** than other claims (**>90% vs~20%**)
 - *Denials lead to contested claims that are often paid, **most often via settlement***
- Presumption occupations are **more likely to contest** and **receive payment**
 - *Presumption occupations **are less likely to return to work** in same industry*
- Identifying and tracking PTSD and mental injury claims is extremely challenging due to **limits in workers' compensation data**

Stakeholder Input

Stakeholder Survey

- Invited anyone interested (not representative of all workers)
 - *Electronic anonymous response*
 - **751 respondents** (78% in healthcare)
- Summarized concerns of the respondents
 - *Majority of respondents pointed to the **complexity of the workers' compensation system***
 - *Responses guided development of the questions for the stakeholder interviews*

Stakeholder Interviews and Panel Discussions

- Stakeholder Interviews and Panel Discussions included:
 - *Presumption covered workers*
 - *Non-presumption workers*
 - *Employers*
 - *Insurers*
 - *Mental health care professionals*
 - *Legal professionals*
 - *Advocacy groups*

Stakeholder Feedback: Crosscutting Themes

- **Lack of accessible data** about PTSD-related workers' compensation claims
- **Inadequate communication** regarding claim status
 - *Reasons for denials*
 - *Claim timeline*
- **Disconnect between procedural and clinical timelines**
 - *Timeline for workers' compensation established for injury and illness*
 - *Does not account for length of time for PTSD assessment and diagnosis*

Screening, Treatment, and Diagnosis Best Practices

Screening Best Practices

- PTSD screening tools are available and useful
 - May aid in *early detection*
- Careful consideration needed when implementing in workplaces
 - Reducing *stigma* about mental health
 - Employers need guidance on managing positive results

Treatment and Diagnosis Best Practices

- **PTSD is treatable** in most cases with appropriate care
- **Evidence supporting covered treatments** in Minnesota's treatment parameters
- Access to care a challenge
 - ***Limited provider categories** approved for workers' compensation*
 - *Particularly a problem in **rural areas***
 - *Overcoming **stigma***
- Treatment is **evolving**
 - *Requires regular review and updating of covered protocols*

PTSD Prevention and Return-to-Work

PTSD prevention and return-to-work strategies

- Evidence for supporting **mental health wellness training** programs in high-risk occupations
- PTSD prevention may be integrated into occupational health and safety training
- **Employee assistance programs** can be an asset for PTSD prevention
- **Return to work** following PTSD challenging
 - *Workplace may be triggering*
 - *Structured return to work programs may be successful*
 - *Current pilot programs may provide direction*

Recommendations

Improving the administrative processing of claims

- **Improve data quality on the First Report of Injury (FROI) for mental injury claims**
 - *Standard coding and use of terms*
 - *Initial DLI outreach and education; if voluntary compliance is not effective, consider penalty authority for inaccurate or insufficient claim data*
- **Standardize the date of injury definition for PTSD**
 - *Align with date of diagnosis by qualified provider*
 - *Would require legislative amendment*
- **Align early claim timelines to the PTSD diagnosis date and provide education around statutory requirements**
 - *Changing timelines for notification by employee of injury and acceptance or denial by insurer of a PTSD claim; would require legislative amendment*
 - *Education to all stakeholders about the process*

Improving the administrative processing of claims

- **Increase education and enforcement around PTSD denial narratives**
 - *Lack of detail leads to confusion*
 - *May result in unnecessary litigation*
 - *Increased and targeted enforcement in this area may require additional staffing and/or penalty authority*
- **Continue collection and analysis of detailed claims data to inform future policy decisions regarding the PTSD presumption**
 - *Need additional evidence to evaluate effectiveness of this statute*

Expanding access to PTSD diagnosis and treatment and vocational rehabilitation services

- **Expand the list of qualified diagnosing providers to include:**
 - *Licensed Independent Clinical Social Workers (LICSW)*
 - *Licensed Marriage and Family Therapists (LMFT)*
 - *Licensed Professional Clinical Counselors (LPCC)*
 - *Psychiatric Mental Health Nurse Practitioners (PMHNP)*
 - *Would require legislative amendment*
- **Expansion is consistent with state licensing standards**
 - *Could facilitate more timely recognition of PTSD and processing of claims*
 - *Addresses shortages in rural and underserved communities*

Expanding access to PTSD diagnosis and treatment and vocational rehabilitation services

- **Regularly update best practices for diagnosis and treatment**
 - *Ideally, have MSRB review PTSD treatment rules every 2-3 years to assess new treatments and remove ineffective treatments*
- **Target outreach regarding vocational rehabilitation services available from DLI's Vocational Rehabilitation unit (VRU) for denied PTSD claims**

Report limitations

When considering the overall results of the study, it is important to keep the following limitations in mind:

- ***Variability in data sources*** may limit comparisons of PTSD framework across jurisdictions
- ***Longitudinal follow-up*** is not possible
- ***Available data do not capture*** all work-related PTSD; may be underreporting due to stigma or fear of job loss
- ***Inconsistent application of diagnostic criteria*** may impact acceptance rates
- ***Management of claims differ*** by employer type (Self-insurer v. insurer)

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