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Our Aging Population: effects on claim management

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Our Aging Population: effects on claim management

January 13, 2021 | 2:00-3:00 p.m. ET

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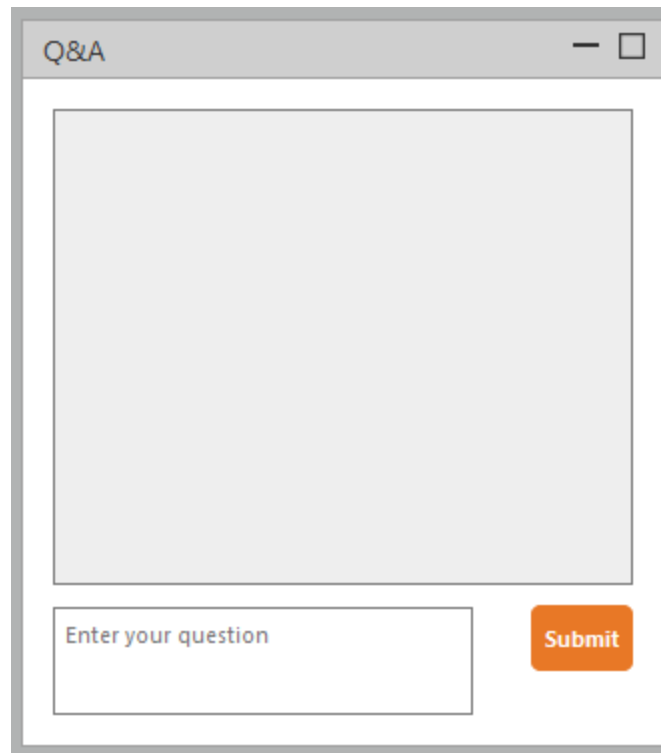
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Presenters



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Every Day...in the United States

Between 2011 and 2030

**10,000 baby boomers turn 65
years old**

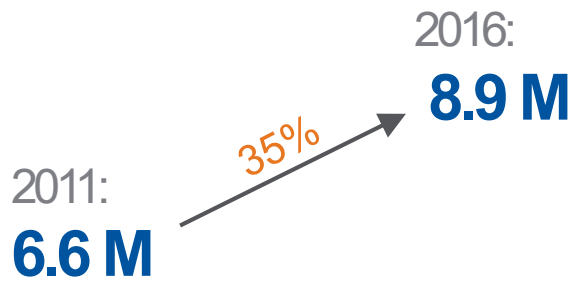
Article by Arlene S. Hirsch, M.A., LCPC, for SHRM

<https://www.digitalhrtech.com/aging-workforce-challenges/>

Objectives

- Describe the changes in physical functioning which occur with normal aging
- Review observations of work activity and workers' compensation in the setting of the older worker
- Understand the overlap between normal aging and cumulative trauma
- Identify Gray Zone medications
- Discuss the quality of pharmacologic care associated with the older patient
- Identify strategies for the adjustor and nurse case manager to manage the specialized needs of the aging workforce

People ages 65 and older in the U.S. labor force



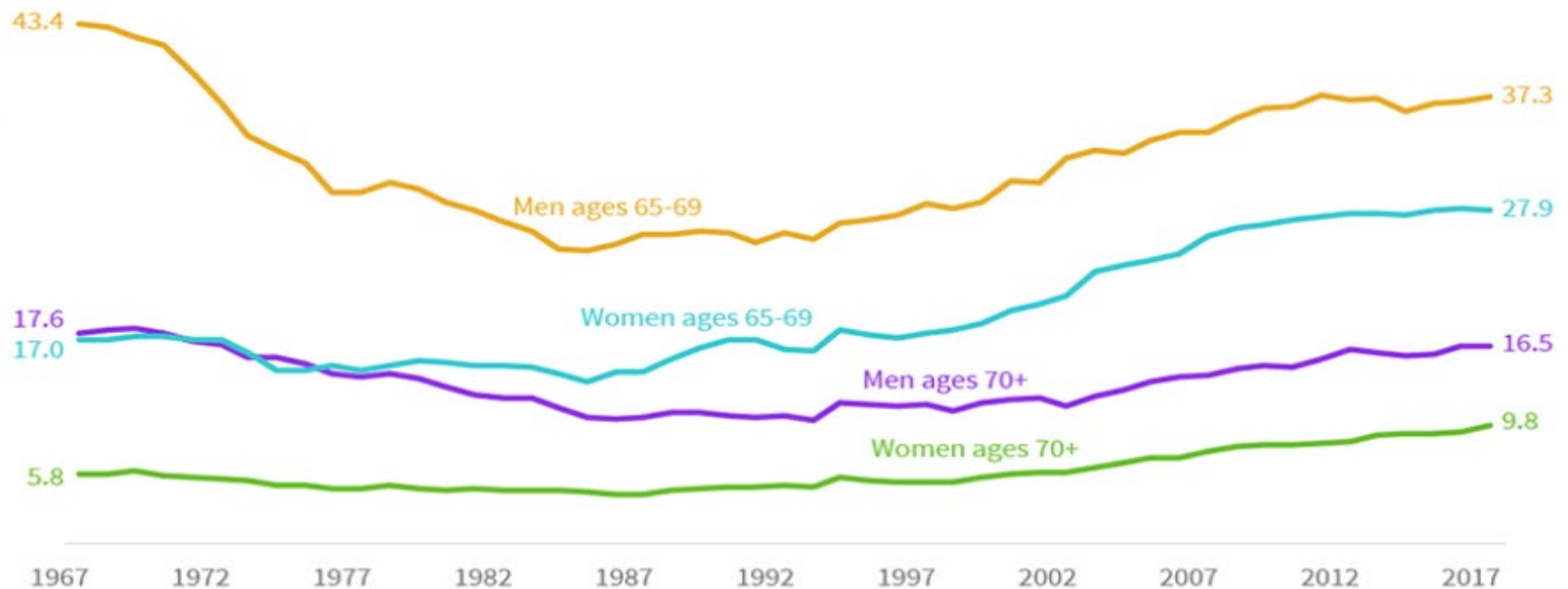
U.S. Bureau of Labor Statistics, Employment Projections Program.



Older worker statistics

More older people are working past age 65

Percent of Men and Women Ages 65 and Older in the Labor Force, 1967 to 2017



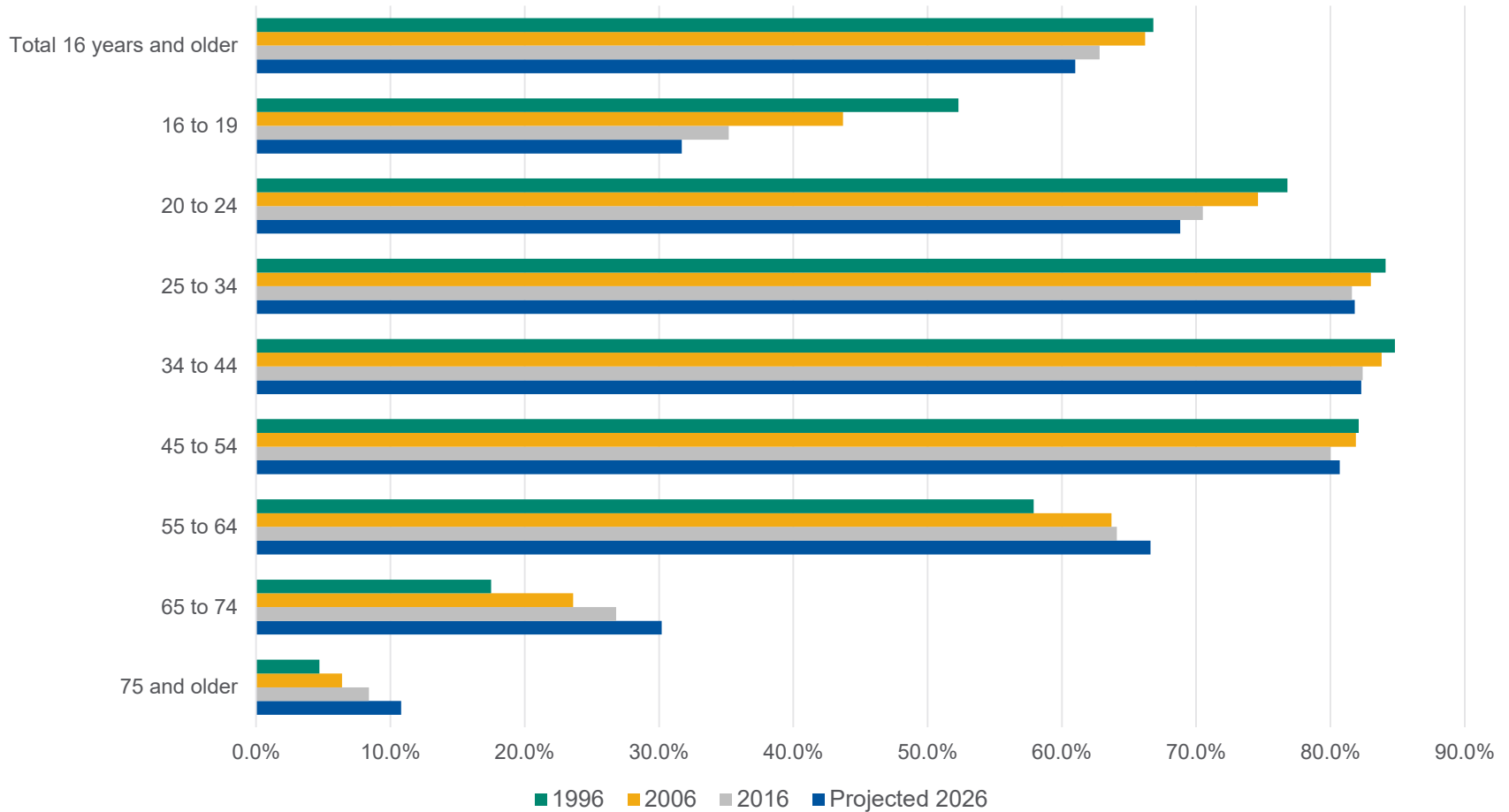
Source: Bureau of Labor Statistics, Current Population Survey.



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Civilian labor force participation rate by age



Source: <https://www.bls.gov/opub/ted/2019/labor-force-participation-rate-for-workers-age-75-and-older-projected-to-be-over-10-percent-by-2026.htm>

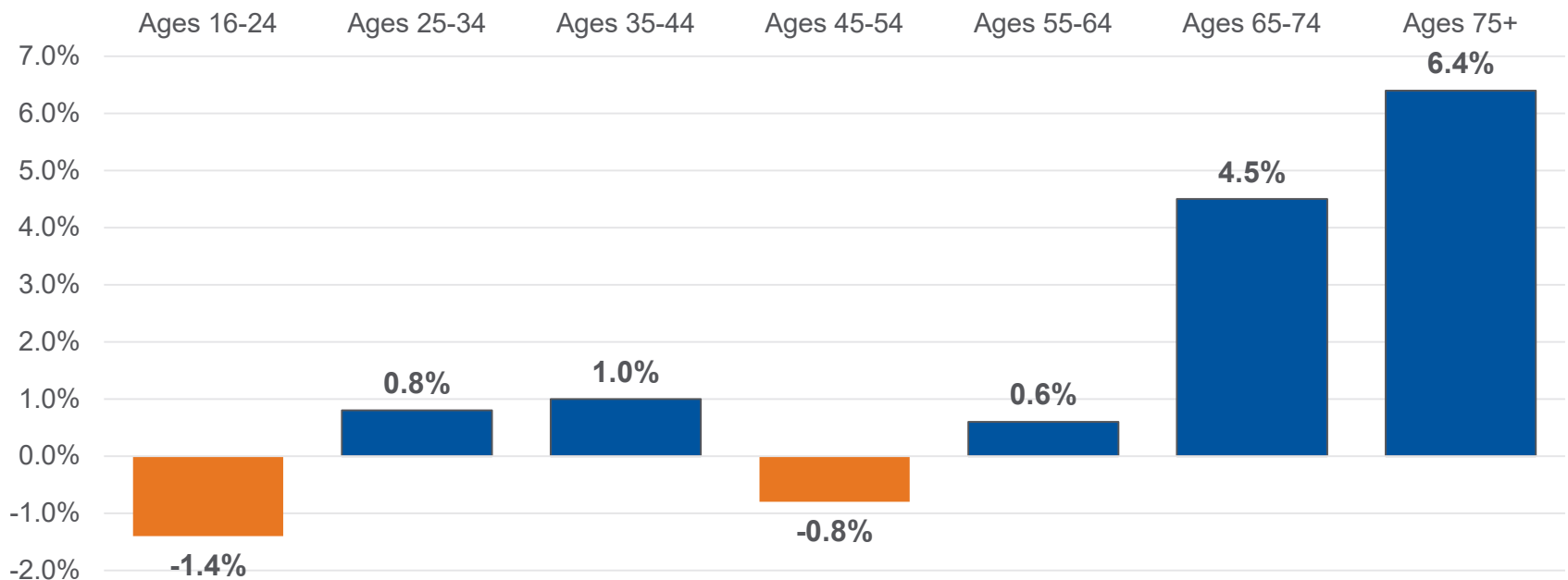


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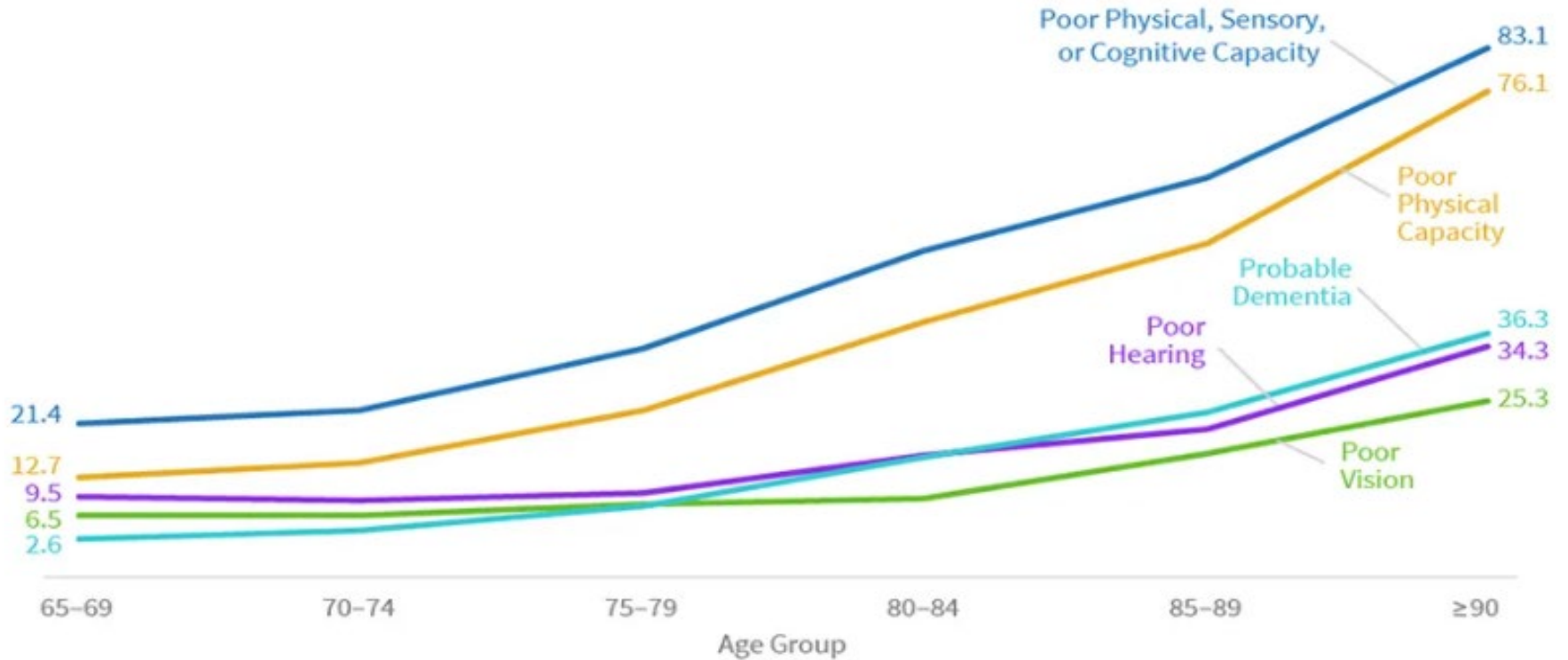
Annual Growth Rate in Labor Force by Age 2014-2024 predictions

According to Bureau of Labor Statistics, the labor force growth rates of those 65 and older are projected to outpace all other age groups over the 2014-24 decade. Specifically, the 65-to-74 and 75-and-older age groups are projected to have growth rates of 55 percent and 86 percent, respectively.



Likelihood of having a disability increases with age

Age-Specific Estimates of Poor Physical, Sensory, and Cognitive Capacity, Adults Ages 65 and Older (%), 2015



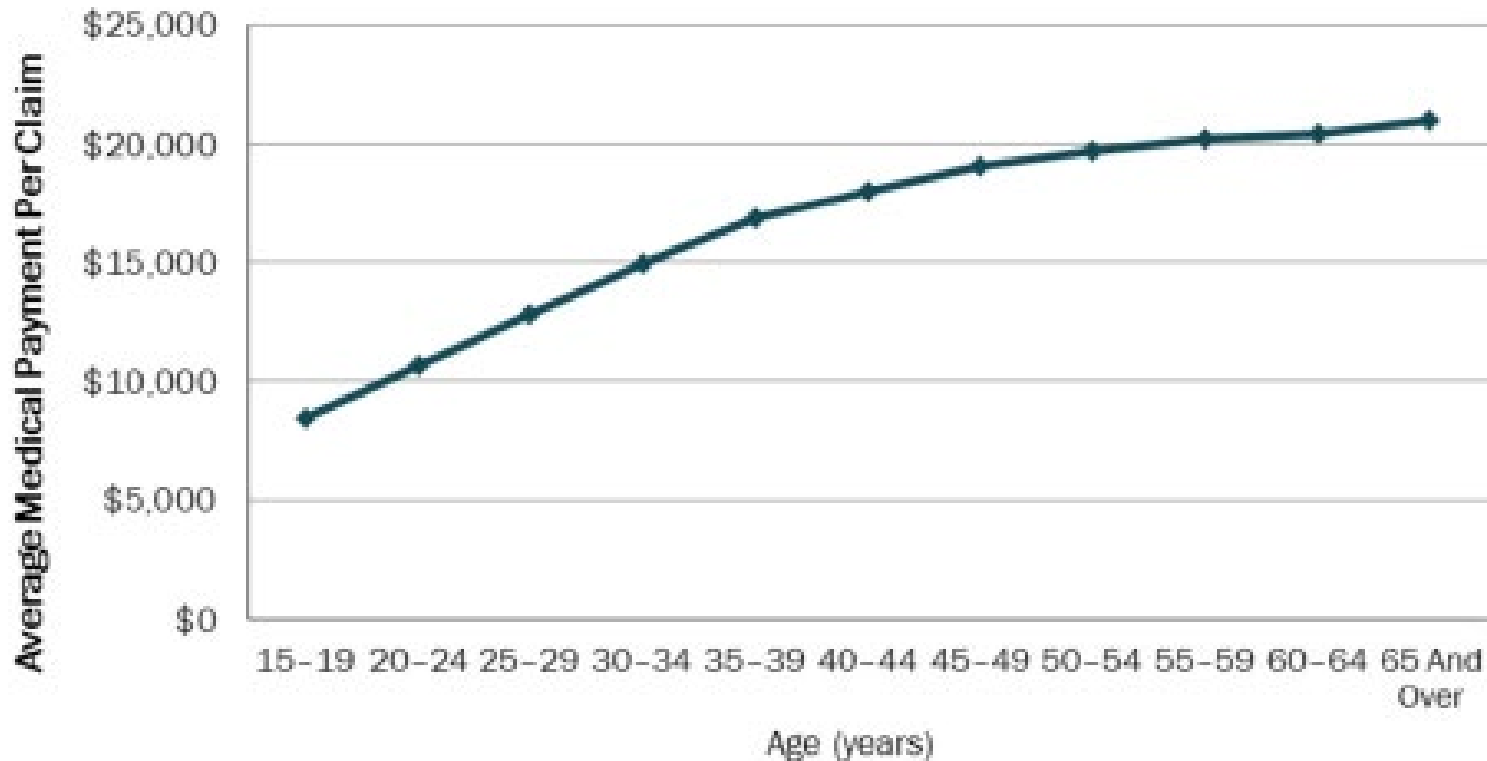
Source: National Health and Aging Trends Study.



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Medical payments per claim increase with workers' age for claims with >7 days of lost time



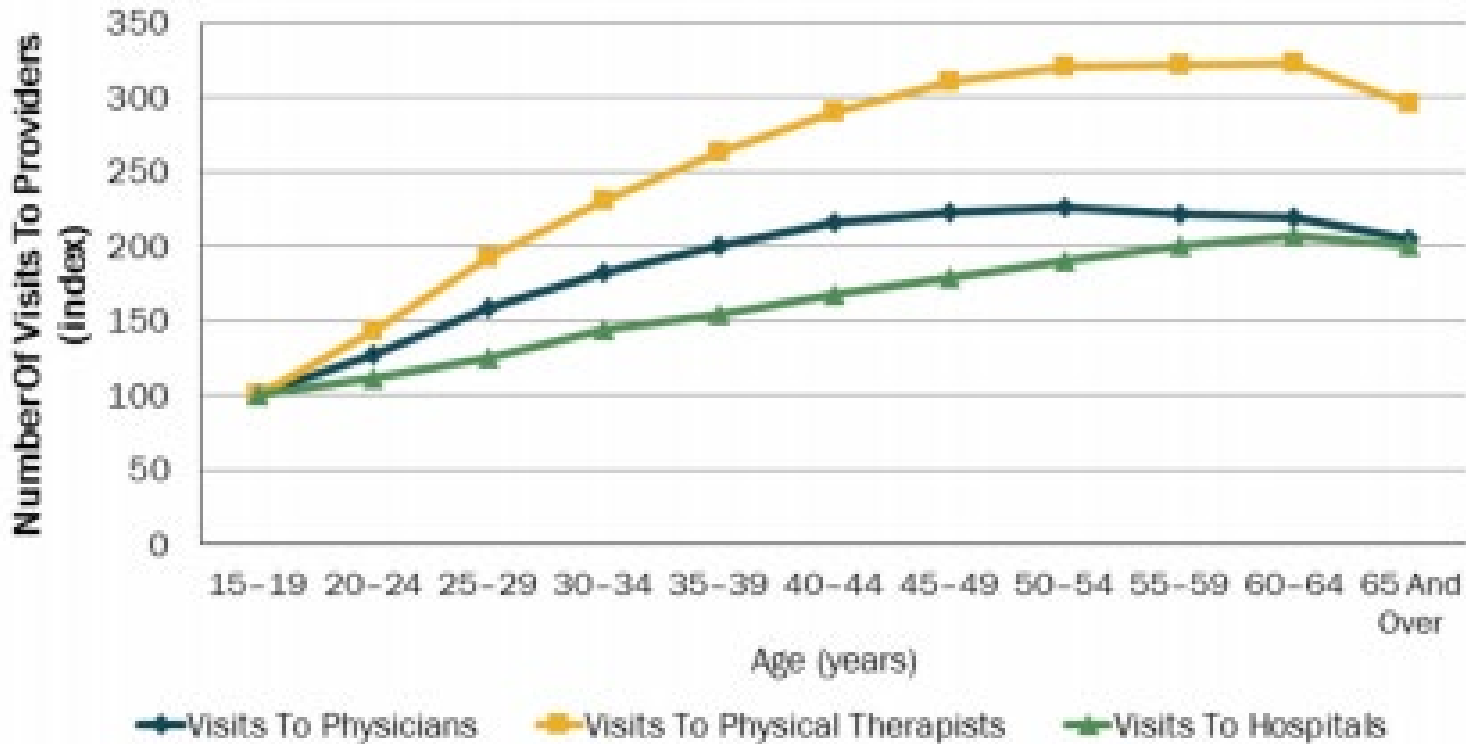
<https://www.wcrinet.org/images/uploads/files/wcri4887.pdf>



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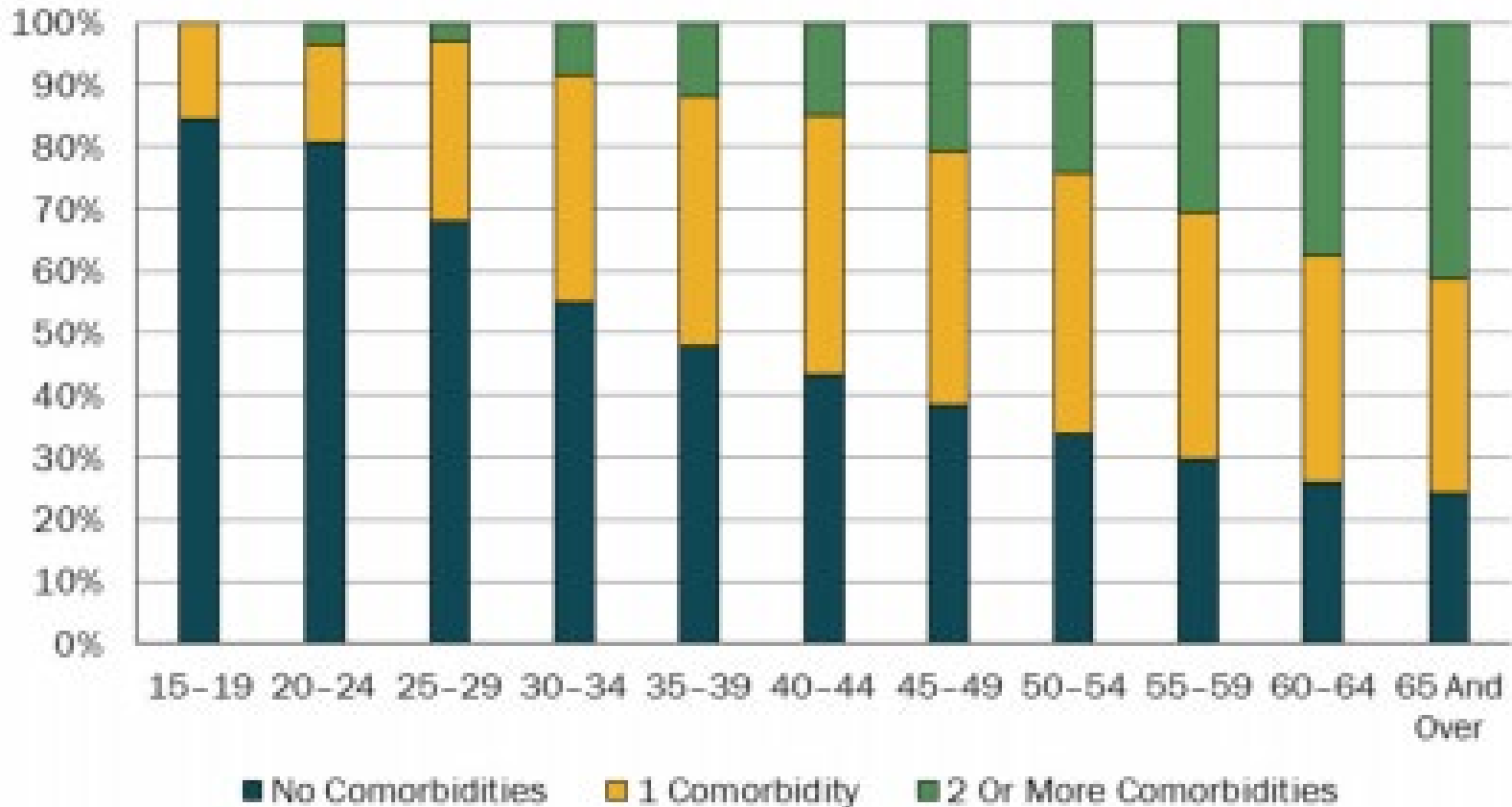
Number of visits to different providers increases with age



Indexed Number Of Visits Per Claim To Different Providers By Age (number of visits for 15-19 group is 100). For Claims With More Than 7 Days Of Lost Time

<https://www.wcrinet.org/images/uploads/files/wcri4887.pdf>

% of workers with multiple comorbidities increases with age



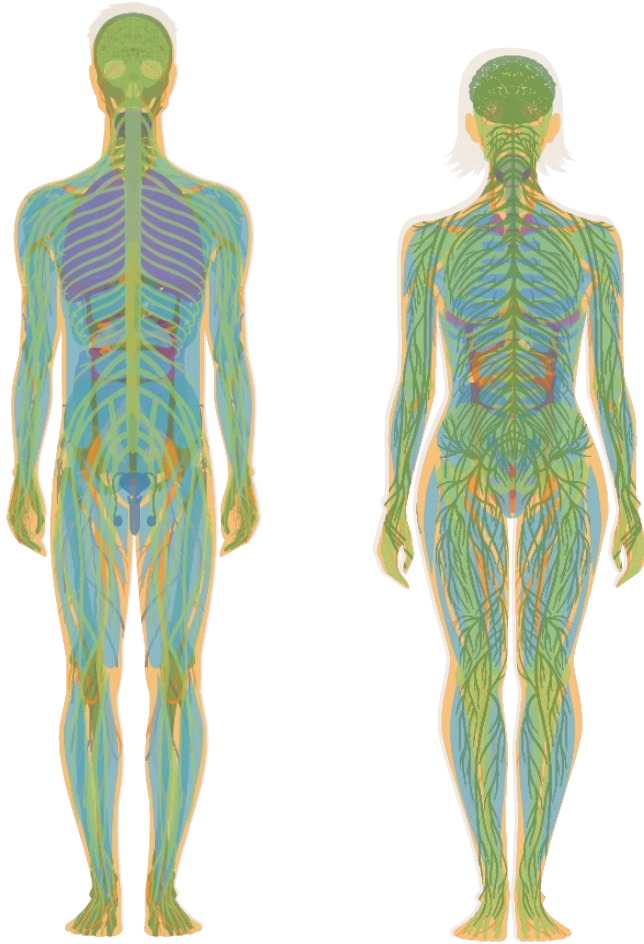
Percentage Of Workers With Reported Comorbidities Including Diabetes, Heart Problems, High Blood Pressure, Lung Conditions, Cancer, Or Mental Disorders; Estimates From Worker Outcomes Surveys

<https://www.wcrinet.org/images/uploads/files/wcri4887.pdf>



Impact of age on the body systems

Our complex body systems work together throughout our life



Factors affecting aging



Genetic factors



Exposures and lifestyle

Diet, body weight, smoking



Activities

Childhood, recreational, work



Medications

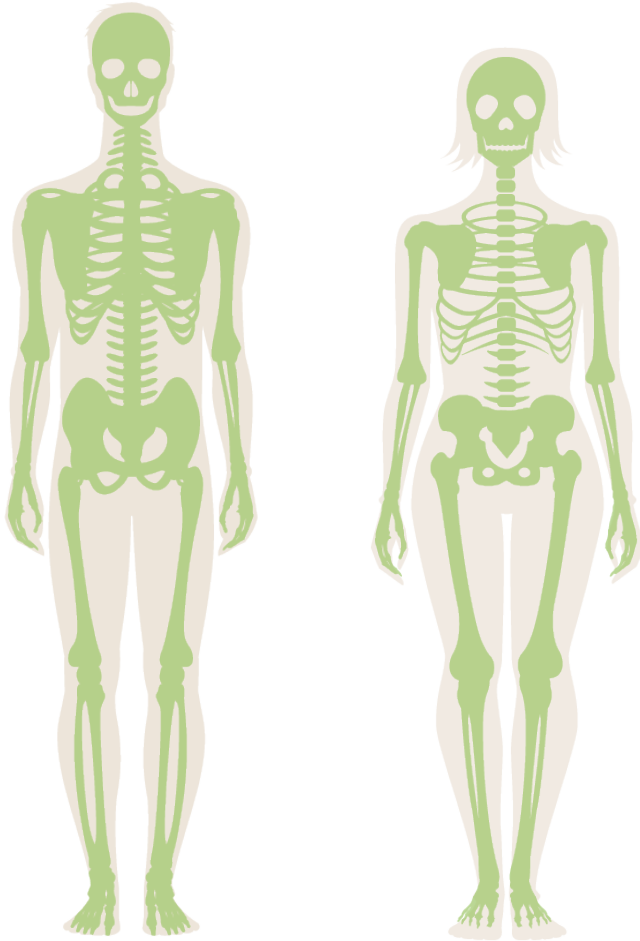
Steroids, Chemotherapeutic agents



Type and severity of injuries/disease

Diabetes, heart disease, environmental injury

Skeletal system

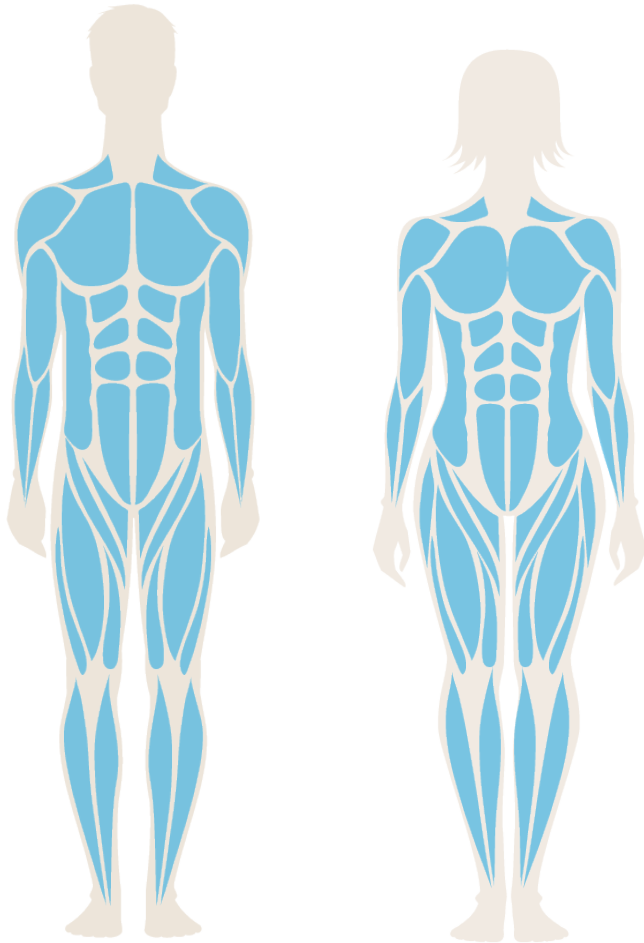


- As you age, bones tend to become less dense and more fragile.
- Spine compression leading to loss of height

Injuries/conditions common in claims

- Dislocations
- Fractures
- Osteoarthritis exacerbation

Muscular system

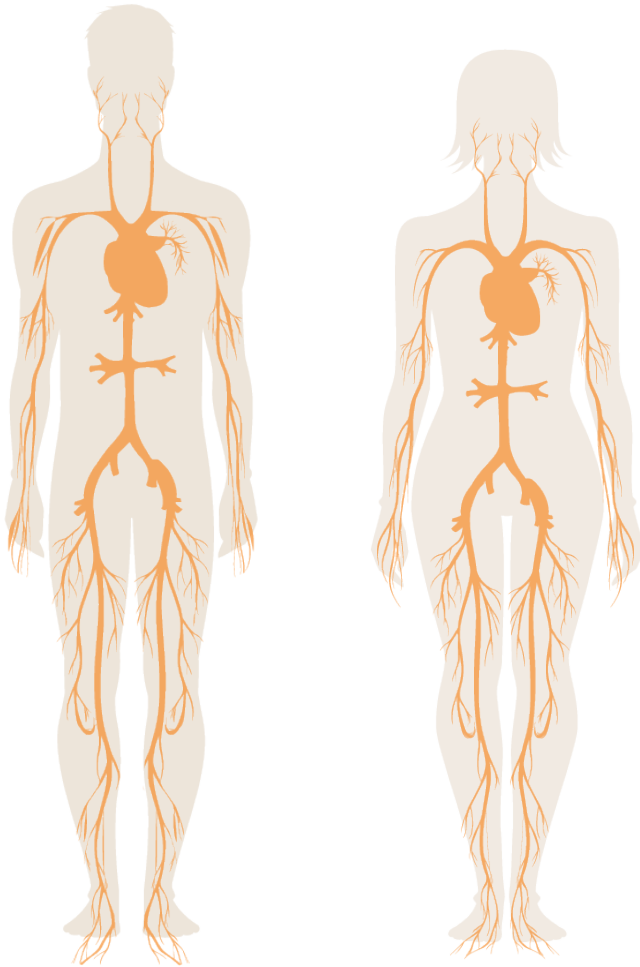


- Muscles generally lose strength and flexibility.
- Muscle mass decreases.

Injuries/conditions common in claims

- Balance and coordination problems
- Overuse
- Tears
- Muscle sprain and strain
- Other soft tissue injuries

Cardiovascular system



Blood vessels and arteries stiffen as you age causing your heart to have to work harder, which may be one contributing factor to longer recovery times.

Injuries/conditions common in claims

- Hypertension
- Stroke
- CVD problems
- Decreased arterial compliance
- Reduced myocardial contractibility
- Blood thinning medication use

Hypertension

- A common condition
- May eventually cause health problems, such as heart disease
- Can have high blood pressure for years without any symptoms

Risk factors

- Age
- Race (More common in African Americans)
- Family History
- Obesity
- Diet and Exercise
- Tobacco
- Too much salt, too little potassium
- Alcohol
- Stress
- Medications

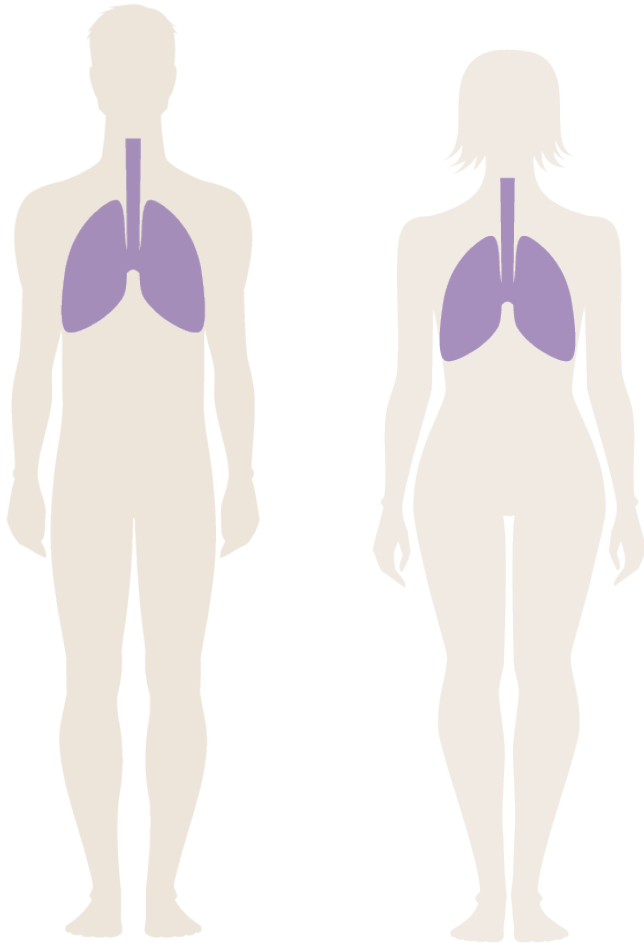
Stroke

- Paralysis or muscle movement loss
- Difficulty talking or swallowing
- Memory loss or thinking difficulties
- Emotional Problems
- Pain
- Self-care difficulties

Risk factors

- Obesity
- Alcohol
- Diet and exercise
- Smoking
- Uncontrolled Blood Pressure
- High Cholesterol
- Diabetes
- Obstructive Sleep Apnea
- Cardiovascular Disease
- Age
- Race
- Sex Hormones

Respiratory system

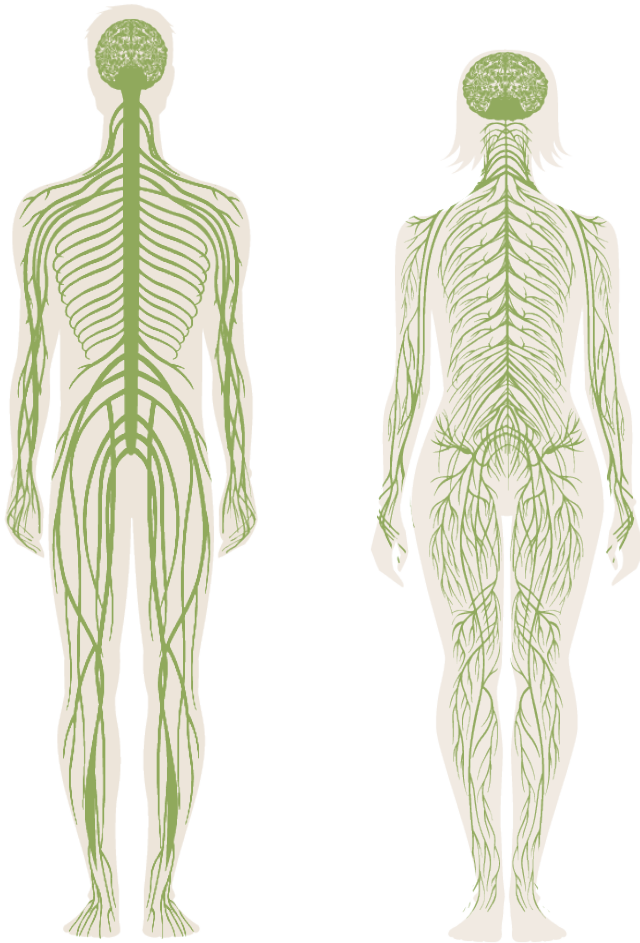


- Reduction in lung capacity
- Increased chest wall stiffness
- Weakening of the respiratory muscles
- Age related curvature of the spine

Injuries/conditions common in claims

- Toxic exposures
- Industrial / construction
- Smoke/particulate inhalation
- Allergic Reactions

Nervous system



Brain undergoes minor changes that may affect both memory and cognitive functioning (thinking skills).

Injuries/conditions common in claims

- Age related farsightedness
- Gradual loss of hearing
- Body positioning
- Reaction time
- Memory and intellectual functioning
- Dementia and Alzheimer's

Dementia and Alzheimer's

DEMENTIA

- Continuous decline in thinking, behavioral and social skills that disrupts a person's ability to function independently.
- Degenerative disease that causes brain cells to waste away and die
 - Early signs: forgetting recent events or conversations
 - Later signs: severe memory lapses and the inability to carry out everyday tasks

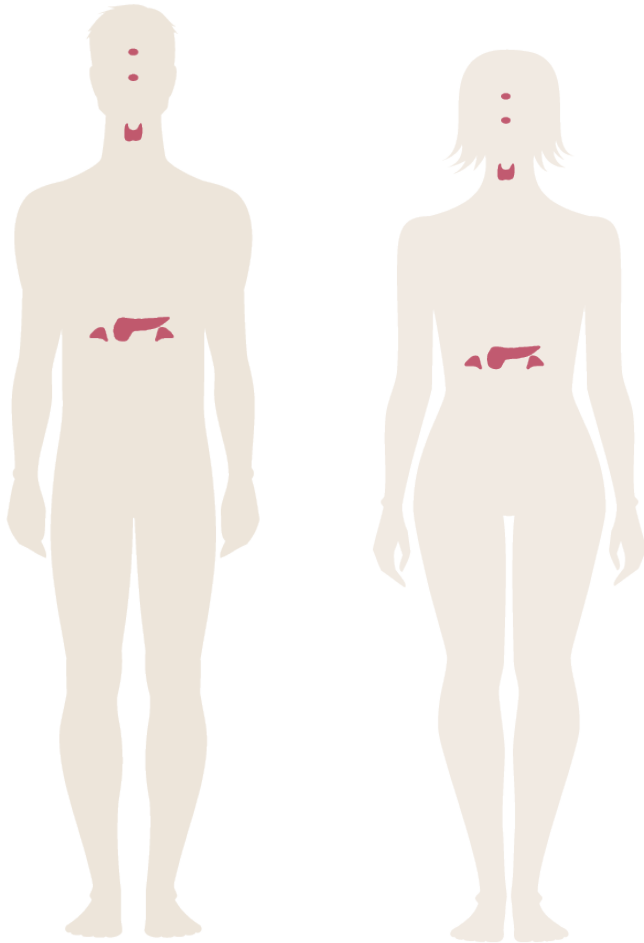
ALZHEIMER'S

- There is no cure
- Affects memory, which can lead to impairment at work
- Effects decision making and the ability to think logically
- Can cause changes in moods like other dementias

Risk factors

- Obesity
- Alcohol
- Diet and exercise
- Smoking
- Uncontrolled Blood Pressure
- High Cholesterol
- Diabetes
- Obstructive Sleep Apnea
- Cardiovascular Disease
- Age
- Race

Endocrine system



- Hormone regulation
- Natural decline in sex hormones
- Declines in healing and repair
- Interactions with neurotransmitters

Injuries/conditions common in claims

- Diabetes
- Lengthen time to healing and recovery
- Interaction with depression and other mental health/behavioral health comorbidities

Diabetes

Diabetes is due to elevated amounts blood glucose, also called blood sugar.

TYPE 1 DIABETES

- Body does not make any insulin
- Usually diagnosed at a younger age

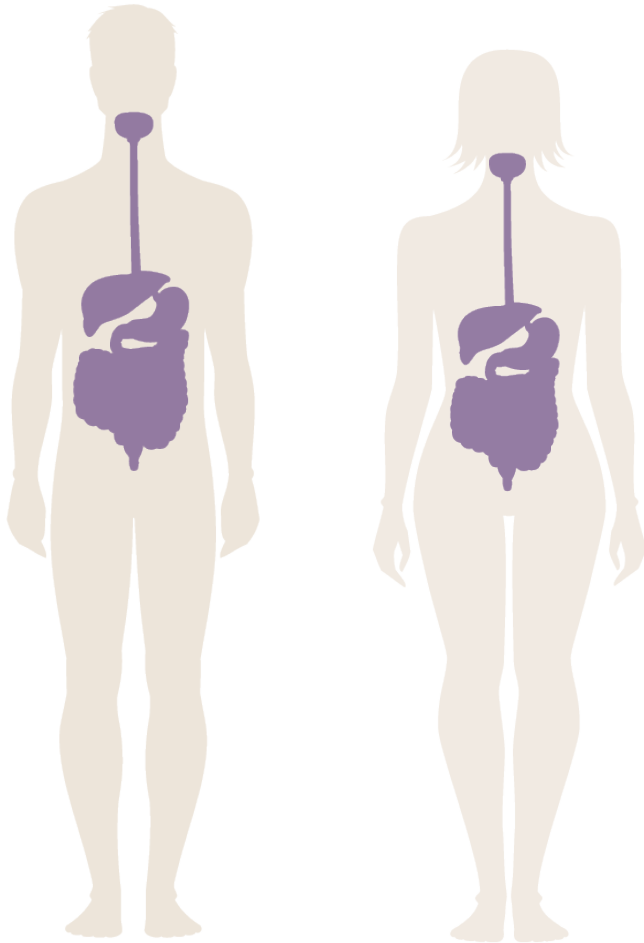
TYPE 2 DIABETES

- Most common type
- Body does not make insulin well
- Insulin may not work as well as it should
- Diagnosed most commonly when older
- Risk factors include diet, exercise habits, obesity, family history

Diabetes can cause many health problems:

- Heart Disease
- Stroke
- Kidney Problems
- Nerve Damage
- Eye problems

Digestive system

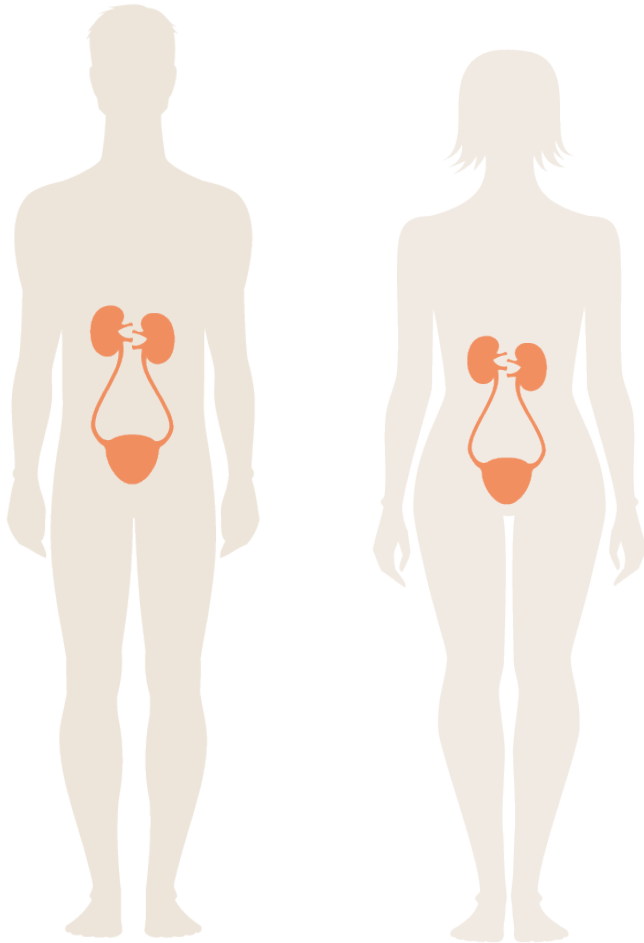


- Structural changes within the digestive system
- Reduction in gastric acid secretion
- Modest motility changes
- Changes to stomach lining
- Polypharmacy challenges

Injuries/conditions common in claims

- Drug therapy side effects
 - Constipation
 - GERD
 - Peptic Ulcer Disease
- Complications of treatments or drug therapy
- Post surgical complication

Urinary system

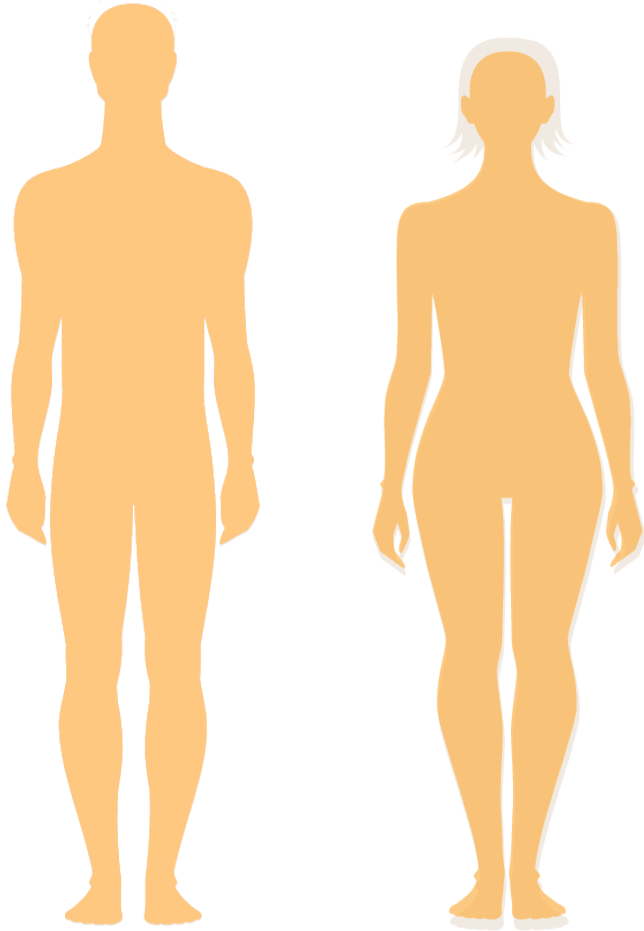


- Decreased kidney functions
- Bladder becomes less elastic
- Other factors for incontinence
 - Overweight
 - Nerve Damage from Diabetes
 - Medications
 - Caffeine and Alcohol

Injuries/conditions common in claims

- Incontinence
- Enlarged prostate
- Polypharmacy
- Chronic conditions

Skin system

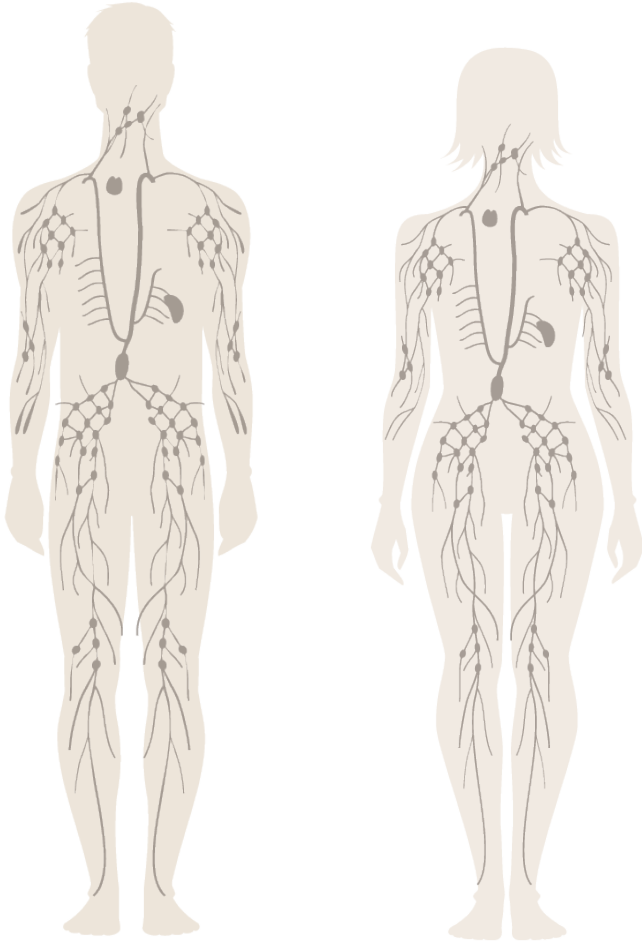


- Skin thins
- Decrease elasticity
- Loss of subcutaneous fatty tissue
- Decreased production of natural oils

Injuries/conditions common in claims

- Bedsores/pressure ulcers related to recovery
- Increased possibility for skin Infections
- Bruises and contusions secondary to falls
- Slower wound healing

Immune and lymphatic systems

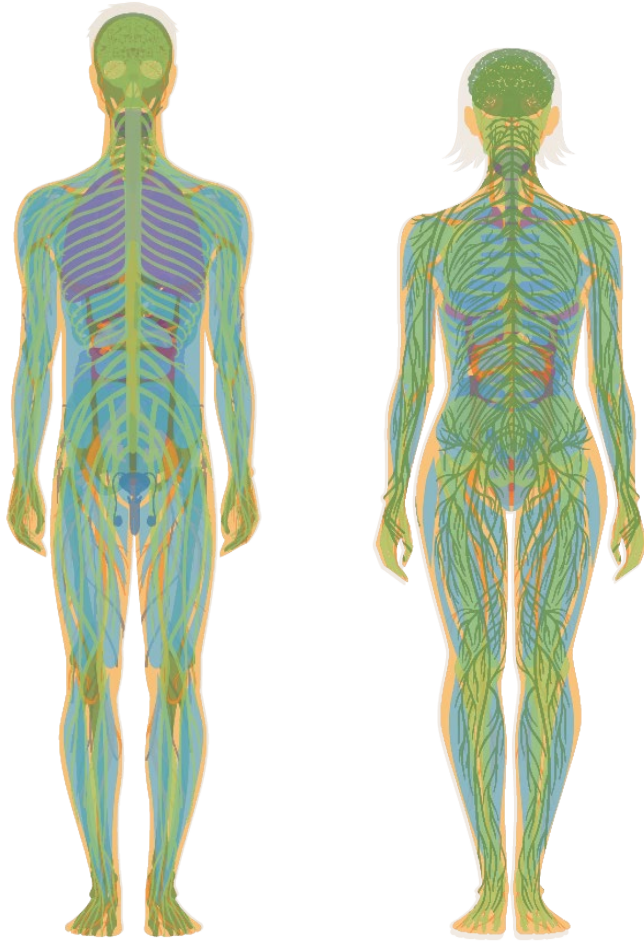


- Decreased immune response, slower
- Autoimmune responses more frequent
- Healing time increases

Injuries/conditions common in claims

- Infections
- Complications

Aging affects all the body systems --



Encourage a healthy lifestyle and actions



- Healthy diet and exercise



- Use sunscreen



- Do not smoke



- Maintain good hydration



- Manage stress



- Maintain a healthy weight



- Get enough sleep



- Get enough Vitamin D and Calcium



- Stay mentally active



- Avoid substance abuse



- Stay social



- Wellness and routine physician visits

Older workers are injured **less frequently**.
However, when injuries or illnesses do occur on the job, **they can be more severe.**

<https://ehsdailyadvisor.blr.com/2019/10/the-workforce-is-aging-we-need-to-keep-it-healthy-and-safe/>



Common injuries and conditions of older adults

Older workers are more likely to have pre-injury medical conditions

ORTHOPEDIC PROBLEMS

- Loss of muscle strength
- Decreased range of motion or flexibility
- Arthritis
- Prior joint or spine surgeries

Physical conditions could affect the typical lifting, carrying, pushing, pulling, bending, reaching or squatting motions associated with many workplace injuries.

CONDITIONS THAT AFFECT BALANCE AND MEMORY

- Parkinson's and other movement disorders
- Dementia, Alzheimer's and other similar nervous disorders.

Some of these conditions and their treatment can also affect a person's endurance and vision.

<https://www.propertycasualty360.com/2018/04/10/with-age-comes-wisdomand-larger-workers-comp-claims/>

Overlap of injuries and the aging process

- Uncontrolled pain and hypertension
- Disabling injury (disc displacement, lower back strain) and obesity
- Obesity can lead to heart disease, diabetes, arthritis, osteoporosis, and general joint pain
- Neuralgia/neuropathic pain
 - Diabetes
 - Degenerative disc disease and disc displacement

Common injuries resulting in long-term compensation

- Back injuries – Sprains/strains, lumbar and lumbar-sacral
- Other sprains/strains – neck, knee, shoulder
- Disc degeneration and displacement
- Lumbago – lower back rheumatism
- Fractures – ankle, foot, wrist
- Spinal stenosis
- Repetitive motion injuries – wrist, shoulder
- Head injuries

Carpel tunnel syndrome

AGE ASSOCIATION

- Narrowing of the carpal canal
- Slowing of median nerve sensory conduction velocity

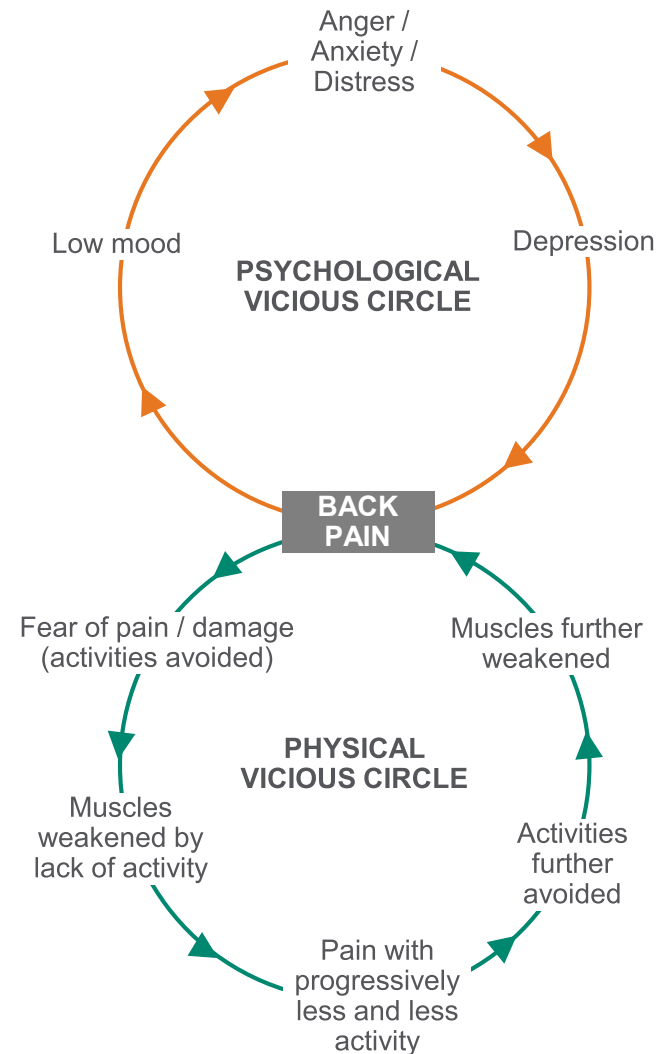
INCIDENTS

- 3/4 of all cases occur in persons > 40 years of age
- Repetitive flexion and tension of the wrist
- Increased risk with some comorbid disease states

Source: Hazzard WR, Blass JP, Halter JB, et al. *Principles of Geriatric Medicine and Gerontology*. New York: McGraw-Hill, Inc.; 2003:1063-1067.

Back pain in the older worker by medical cost

- Lumbar sprain (#2)
- Lumbar-sacral sprain (#4)
 - Musculoskeletal
 - Loss of lean muscle
 - Decreased ROM
- Lumbar disc displacement (#3)
 - Degenerative disc disease associated with arthritis
 - Arthritis affects half of all people aged 65 years and older



Medial Meniscus Tear

TRAUMATIC TEAR

- Sudden load being applied to the meniscal tissue
- Usually occurs from a twisting injury or a blow to the side of the knee that causes the meniscus to be levered against and compressed
- In a person under 30 years of age this typically requires a fairly violent injury

DEGENERATIVE TEAR

- Failure of the meniscus over time
- Natural drying-out of the inner center of the meniscus
- The meniscus becomes less elastic and compliant with age

Source: info@orthoassociates.com

54% of adults 65 and older report taking four or more prescription drugs



[https://www.kff.org/health-reform/issue-brief/data-note-prescription-drugs-and-older-adults/#:~:text=Older%20adults%20are%20also%20more,18%2D29%20\(7%25\).](https://www.kff.org/health-reform/issue-brief/data-note-prescription-drugs-and-older-adults/#:~:text=Older%20adults%20are%20also%20more,18%2D29%20(7%25).)

Medications and older adults

Medications and the aging process



Changes in the body

- Can affect how the medication is absorbed, used and exits the body
- Decreases body's ability to break down or remove certain medications from your system
- May need lower dose or a different/safer medication



Multiple medical conditions

- May affect how medications work in the body
- Medications used to treat one condition may make another condition worse
- Providers/prescribers need to know about all medical conditions



Polypharmacy

- Many older adults take multiple medications from different prescribers
- Medicines may interact in harmful ways
- Can make a drug's effect stronger, weaker, or cause unwanted side effects

<https://www.healthinaging.org/medications-older-adults>

Medication use in older adults

- Chronic conditions being treated with medication
- Reviews for therapy changes important as the patient ages
- Use of the Potentially Inappropriate Medications (PIM) from the Beers Criteria
- Medication side-effects and drug-related problems in the older population should be reviewed more frequently and at every pharmacy interaction
- Continued review of Workers' Compensation "Grey Zone" medications
 - Medications that may be for health-related chronic conditions
 - Non-Steroidal Anti-inflammatory Drugs
 - Anti-Hypertensives
 - Anti-Depressants
 - Hypnotics

Source: Perry DP. When medicine hurts instead of helps. Consultant Pharmacist. 1999;14:1326-30.

BEERS criteria

As patients reach 65 years of age, reviewing the Beers Criteria is highly recommended to determine if:

- The prescribed medication is included on the list and has the potential to cause a significant risk to your patient
- The prescribed medication is appropriate for your patient, based on a risk-benefit analysis
- A safer alternative medication exists

Commonly prescribed medication therapeutic classes of medications that may cause concern:

- Benzodiazepines
- Antidepressants
- Sedatives/hypnotics
- Nonsteroidal anti-inflammatory drugs
- Skeletal muscle relaxants
- Proton pump inhibitors
- Antipsychotics
- Certain opioid analgesics (meperidine)

The role of the clinician in medication management of older adults

ROLE OF THE CLINICIAN

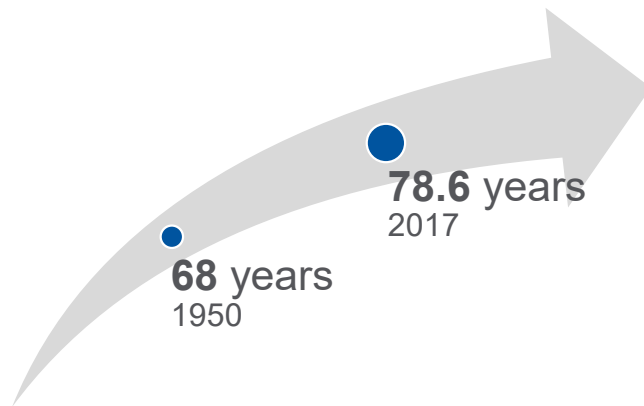
- Reviewing medication profiles proactively
- Use Beers criteria in prescription processing and medication regimen review
- Discuss how the dispensing of potentially inappropriate medications should be handled at an individual level
- Improve access to pharmacologic care
- Educate the adjuster or case owner on pharmacy matters

PROPOSED ROLE OF THE ADJUSTER

- Develop mechanisms to evaluate and improve the quality of medication management for older patients
- Request and utilize a review for any claimant > 65 years
- Inservice support staff on geriatric guidelines, to help identify patients with specific criteria to make sure specific oversight is performed.
- Use clinical resources as needed
- Use appropriate guidelines and interactions with the older worker

Source: Perry DP. When medicine hurts instead of helps. Consultant Pharmacist. 1999;14:1326-30.

Average U.S. life expectancy



U.S. Census Bureau, Current Population Survey; and U.S. Bureau of Labor Statistics, Employment Projections Program.



Summary

Summary

- The aging of the workforce will require employers to become better educated on the older worker
- The prevention and recognition of drug-related problems in the elderly patient and other vulnerable populations
- Have a basic understanding of the principal health care quality and safety issues for our aging population and workforce
- Preventable complications of aging should be maximized by taking the appropriate steps and implementation of health promoting programs

Thank you!

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