

# I . The Early Intervention Program: Process and Outcomes

## *Events Leading to the Early Intervention Program*

Last year's annual report included a chapter that assessed the effectiveness of the Employee Assistance Office (EAO) in reducing the incidence and cost of litigation as intended by the 1993 reforms. Three measures showing striking declines for 1994 injuries compared to pre-reform 1992 and 1993 injuries were presented:

- litigation rates at four stages of data maturity
- average claimant attorney fees per case
- claimant attorney fees as a percent of total workers' compensation benefits

Linking these positive post-reform trends directly to EAO efforts, however, was problematic. After four years of operation, EAO data revealed numerous trends contrary to legislative intent:

- The number of Petitions for Benefits (PFBs) submitted to the EAO has grown even faster with each successive year since the reforms than the number of Requests for Assistance (RFAs);
- More than nine of every ten RFAs have been submitted by attorneys rather than by injured workers;
- The types of disputed issues on PFBs have been remarkably similar to those on RFAs;
- EAO's success in totally resolving RFAs

stood at about 43% of all potentially resolvable RFAs and a quarter of all submitted RFAs;

- Across all issue categories, less than 15% of all submitted issues have been totally resolved;

- A consistent 80% of cases submitting RFAs had a subsequent PFB or judges' order in each post-reform injury year;

- By 1996, the number of PFBs exceeded the number of Applications for Hearings submitted in 1993, the year before the reforms were implemented, even though lost-time cases had steadily declined through the 1990s.

Two key issues confounded the assessment of EAO's effectiveness. First, factors unrelated to EAO but introduced concurrently in the statutory reforms were influencing measurable declines in litigation rates and overall costs beginning with 1994 injuries. Of particular significance is the unprecedented provision for medical washouts and the resultant surge of medical settlements for pre-reform cases in which indemnity issues had already been settled. This surge in settlement orders may have inflated pre-reform litigation rates to such a degree that subsequent declines for 1994 injuries were amplified. For post-reform injuries, medical washouts, in concert with new statutory reductions in both indemnity benefits and attorney fee multipliers, have played a major role in bringing a decline in the total amount of settlement awards, average awards per case, and average claimant attorney fees per case. Cases appear to be settling a bit earlier since the reforms, a trend consistent with less costly awards.<sup>1</sup> Since settlements involve a judge's

order,<sup>2</sup> the increase in post-reform settlements has pushed the litigation rate upward; at the same time, the establishment of the EAO was intended to have the opposite effect of reducing the frequency of orders by resolving disputes early. Thus, any effect of EAO intervention became indiscernible in an environment of other developments.

The second confounding issue in assessing EAO's effectiveness centered on factors beyond the control of EAO staff that were thwarting the implementation of the EAO as specified or implied by statute. Processing the surging volume of RFAs and PFBs, including automated tracking of each individual issue, greatly increased the workload for EAO staff, simultaneously reducing the amount of time they could dedicate to productive dispute investigations. Even more frustrating was the explosive growth in the number of issues submitted prematurely, which contributed to an ever-expanding pool of issues with no possibility of EAO resolution.<sup>3</sup> This exacerbated the fruitless paper handling and data entry process that was overwhelming EAO staff. In stark contrast to legislative intent, the fact that well over nine of every ten RFAs have been submitted by attorneys indicates a widespread failure throughout the system, not in the EAO itself, to promote the desired contact between injured workers and the EAO prior to attorney involvement. Interestingly, EAO resolution rates for all RFAs submitted by a party other than an attorney (71.9%) exceeded the rates for RFAs submitted by attorneys (52.1%) by nearly 20 percentage points.<sup>4</sup> Further, EAO specialists surveyed felt they lacked authority to force parties to act "in good faith" to resolve disputes.

Recognizing the blatant discrepancy between legislative intent and the actual functioning of the EAO, division management opted for a strategy to reach injured workers as soon as possible after the workplace injury. In July 1998, the EAO launched an Early Intervention Pilot designed to put its specialists in early contact with injured workers, providing information and personal assistance to facilitate resolution of disputes prior to attorney involvement. A major challenge

was allotting time and staff to new pilot activities without reducing the already burdensome workload. Hypothetically, a successful pilot would result in a decrease in the number of PFBs in the short term—and in the number of judges' orders in the long term—for a population of contacted injured workers compared to a similar population not contacted by EAO. The impact on the volume of RFAs was less clear. On one hand, early contact could initiate RFA filings from injured workers that otherwise might not have occurred at all, absent the provision of information by EAO. On the other hand, prompt interventions could prevent filings altogether if problems were resolved at the onset. Conceivably, both outcomes could occur, resulting in minimal net change in RFA volume, but improved service to the injured worker.

Positive results from the first seven months of the pilot led to its expansion into a second phase, and, beginning in July 1999, the pilot evolved into the Early Intervention Program (EIP). Unlike the pilot, the EIP includes partnerships with carriers and employers that foster almost immediate contact with injured workers. This chapter describes the processes of the two-phase pilot and the new program, presents data to assess early outcomes on intervened cases recorded as of January 13, 2000, outlines plans for further program expansion and educational outreach in the year ahead, and offers suggestions to enable more in-depth outcome analysis in the future.

### *The Early Intervention Pilot: Phase 1*

Rather than wait for an RFA to be sent to the division by, most typically, an attorney, EAO staff developed a new avenue for early intervention. Beginning in July 1998, two EAO specialists were assigned to contact injured workers as soon as possible after the First Report of Injury or Illness (DWC-1) was recorded in the division. Two counties—one highly

### **Early Intervention Pilot Mission Statement**

*To proactively market the Employee Assistance Office's services  
and promote the self-executing features of  
the workers' compensation system  
by educating injured employees  
and providing dispute resolution assistance  
at the earliest stages of work-related injuries  
in an attempt to prevent litigation*

urban (Orange) and one moderately urban (Marion)—with consistently high rates of litigation and high levels of RFAs were selected as the targeted intervention counties. Note that there was no random selection of cases; the selection process was based on the chronological order of arrival and entry of DWC-1s for these two counties into the claims file. Additionally, the number of cases contacted was a function of the workload limitations of these two EAO specialists. Thus, intervened cases did not comprise an “experimental” group in the rigorous statistical sense. Two other counties with comparable litigation intensity and RFA volume—Dade (highly urban) and Volusia (moderately urban)—served as controls to obtain baseline measurements for non-intervention. Injured workers in Orange and Marion counties who were *not* contacted comprised additional control groups.

In Phase 1 of the pilot, two different methods of initial contact were tested as vehicles for establishing a positive working relationship between the EAO pilot specialist and the injured worker. Injured workers in Marion County were contacted by telephone about 51 days, on average, subsequent to the workplace injury. If the worker was not at home on the first contact attempt, a message was left either on an answering machine or with a fellow resident so that a return telephone call could be made to EAO. Con-

versely, injured workers in Orange County were mailed a letter containing the name and toll-free telephone number of an EAO pilot specialist approximately 61 days, on average, post-injury. Both methods of initial contact took place within 30 days of the recording of the DWC-1 in the division.

Results tallied as of June 30, 1999, for workers injured between July 1, 1998, and January 31, 1999, indicated that the letters may have been more effective than phone calls in generating personal contact between the injured worker and EAO. Approximately 36% of successfully delivered letters were followed by a return phone call from the worker, while about 28% of phone calls resulting in either verbal contact or a message left by the EAO pilot specialist were followed by a return phone call from the injured worker.

The possible impact of phone calls to injured workers on the subsequent number of RFAs and PFBs was measured by comparing the percentage of document submissions for the experimental group of contacted injured workers in Marion County with the control groups of non-contacted workers. These results are presented in Figure B1.1. Only 9.8% of 183 phoned injured workers—regardless of whether or not the injured worker returned the call—submitted

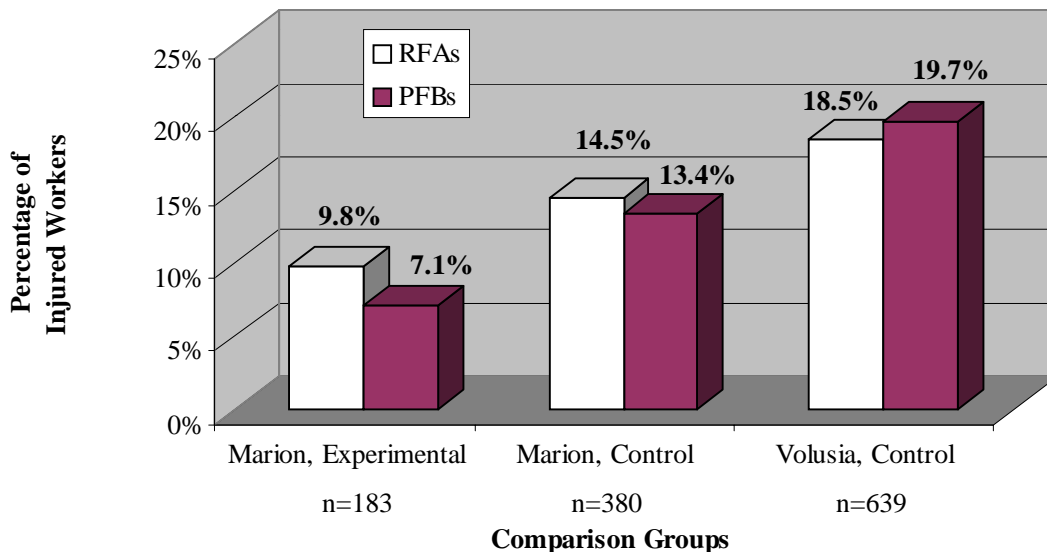
RFAs, compared to 18.5% of 639 non-contacted workers in Volusia County. Injured workers in Marion County who were *not* contacted by phone comprised another control group for comparison; 14.5% of these 380 workers submitted RFAs. Results were more emphatic when examining submission rates for PFBs. Just 7.1% of phoned injured workers submitted PFBs, compared to 19.7% of non-contacted injured workers in Volusia County and 13.4% of non-contacted injured workers in Marion County. Curiously, phone calls, even when unreturned, appeared to be positively correlated with a reduced proportion of both RFA and PFB submissions at 6-12 months post-injury.

The impact of letters sent to injured workers in Orange County on subsequent RFA and PFB fil-

ings, as summarized in Figure B1.2, differed from that of phone calls in Marion County. Nineteen percent of 664 injured workers who called the division after receiving a letter from EAO submitted RFAs and 17.5% submitted PFBs, compared to just 15.8% and 16%, respectively, of 3,712 non-contacted injured workers in Dade County and to 14.8% and 13.3%, respectively, of 1,327 non-contacted injured workers in Orange County. Interestingly, this trend showing a higher proportion of RFAs and PFBs for injured workers receiving a letter and making a follow-up call to the division (Experimental #1) shifts when examining the frequency of document submissions for *all* letter recipients, regardless of whether they subsequently called the division or not (Experimental #2). As a whole, the 1,863 injured workers who received letters submitted

Figure B1.1

**EAO Intervention Pilot: Phase 1  
Submission of RFAs and PFBs  
by Injured Workers Who Were Phoned  
Marion County Experimental vs. Control Groups  
(July 1, 1998 - January 31, 1999 Injuries)**



Source: Data collected in EAO as of June 30, 1999

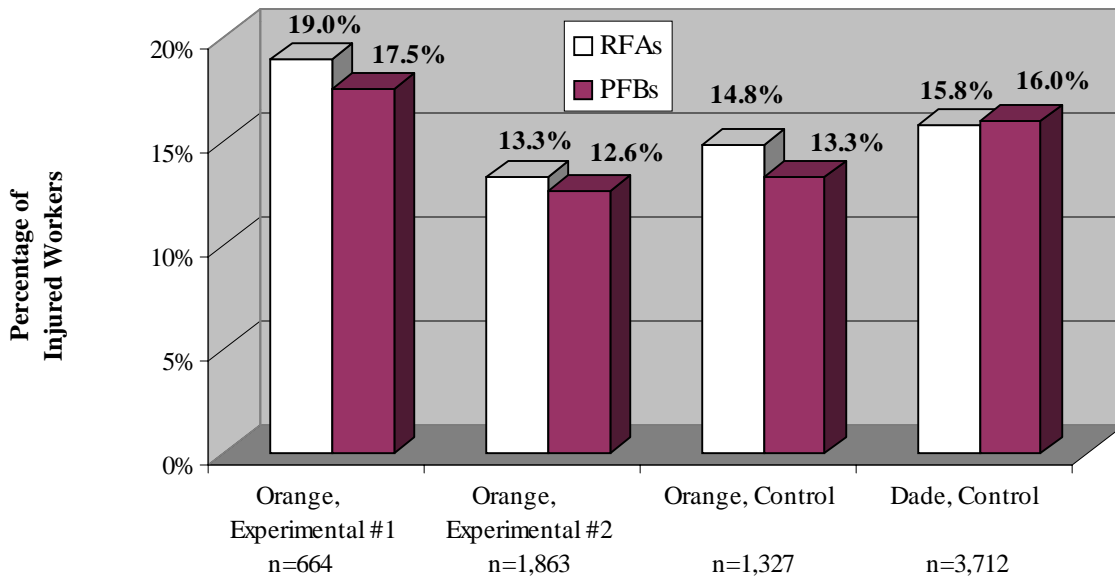
a slightly smaller percentage of RFAs (13.3%) and PFBs (12.6%) than either of the control groups. Thus, there may be a selection factor involved for the group placing calls to the division after receiving the EAO letter—namely, those making such calls may be more likely to have problems that lead to disputes.

A final analysis of the first stage of the pilot expressed the number of cases submitting PFBs as a percent of the number of cases submitting RFAs. This

percentage ranged between 90% and over 100% for every group except the experimental group in Marion County that received a phone call, whether returned or not, from an EAO pilot specialist. The number of cases submitting PFBs was 72% of the number of cases submitting RFAs for this single group. This suggests that the initiation of litigation following the submission of an RFA might be significantly reduced if an injured worker is called by an EAO specialist within seven weeks of workplace injury.

Figure B1.2

**EAO Intervention Pilot: Phase 1  
Submission of RFAs and PFBs  
by Injured Workers Who Received a Letter  
Orange County Experimental vs. Control Groups  
(July 1, 1998 - January 31, 1999 Injuries)**



#1 - Letter Recipients who called EAO back  
#2 - All Letter Recipients

Comparison Groups

Source: Data collected in EAO as of June 30, 1999

### *The Early Intervention Pilot: Phase 2*

The second phase of the pilot sought to increase the percentage of injured workers making direct personal contact with an EAO specialist, while expanding the population included in the early intervention attempts. To accomplish the first objective, a slight change of strategy was implemented in reaching workers who were injured between February 1 and June 30, 1999. First, contacts were limited to workers injured within 45 days of the contact attempt. Second, a phone call was placed as the first step in the process. Letters were then sent either as a follow-up to the successful phone contact or as a second attempt to reach the injured worker. Included in the letter was a refrigerator magnet resembling a business card, which duplicated the contact information. The magnet was designed to invite calls from the injured worker by providing a constant reminder of EAO's services and a ready reference if questions or concerns arose. To accomplish the second objective, five additional EAO specialists were assigned to the expanded pilot, and all but three Florida counties (Broward, Dade, and Hillsborough) were represented in the experimental group. To keep the workload manageable, the number of weekly attempted contacts by phone and letter was limited to a maximum of 350 for each of the seven EAO specialists involved in Phase 2, creating an automatic control group of non-contacted injured workers within each county. As in Phase 1, there was no random sampling of cases comprising the "experimental" group.

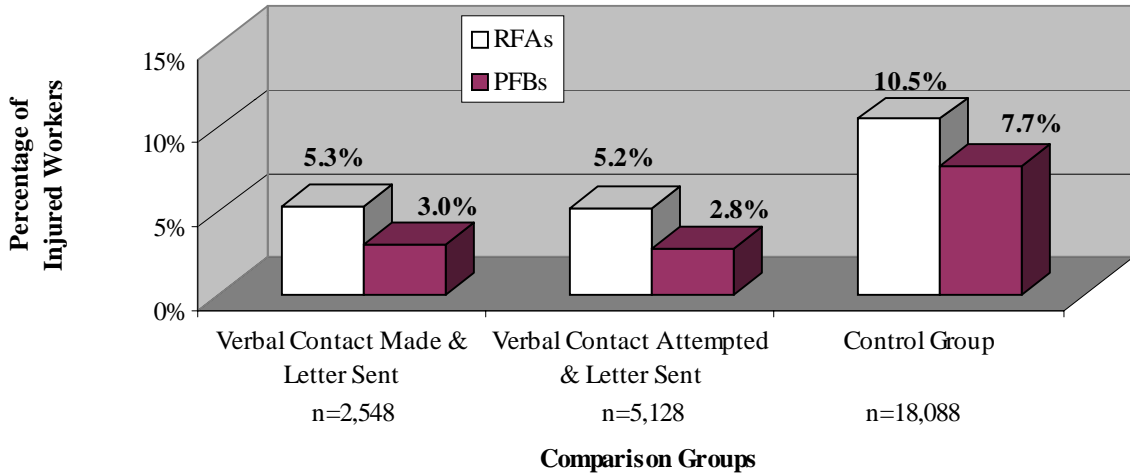
As of June 30, 1999, the new, two-step contact process targeting more recent injuries resulted in personal contact—i.e., verbal contact was made on the first call or the injured worker called back—on roughly one of every two attempts, a marked improvement from the 36% and 28% levels for letters and phone calls, respectively, in Phase 1. The degree to which the increase in contact was related to the modified process or to the shortened time frame from in-

jury date to contact—43.8 days, on average—was not determined at this early stage of analysis. Preliminary results showing that contacted workers submitted both fewer RFAs and PFBs were robust, regardless of whether or not the EAO specialist personally spoke with the injured worker on the phone. Notice in Figure B 1.3 that when verbal contact was made, 5.3% of the 2,548 contacted injured workers submitted RFAs and 3% submitted PFBs. Of the *attempted* contacts, in which a phone call was made and a letter sent, 5.2% of the 5,128 injured workers submitted RFAs and 2.8% submitted PFBs. Comparable submissions for the 18,088 injured workers in the control group were 10.5% (RFAs) and 7.7% (PFBs). At this early stage, the ratio of cases with PFBs to cases with RFAs was 56.7% for the group having phone contact and 53.5% for the group in which phone contact was only attempted. For the non-contacted control group, this percentage was 73%. These measures are displayed in Figure B 1.4. Because the data were highly immature, especially when considering the submission of PFBs, caution was advised in drawing conclusions at this point.

Even at this very preliminary stage of analysis, however, Phase 2 of the Early Intervention Pilot appears to have demonstrated even greater success in reducing disputes, as measured by percentages of RFA and PFB submissions, than Phase 1. Throughout both phases of the pilot, comments from all participants—injured workers, employers, carriers, EAO specialists, even attorneys—became increasingly positive and supportive of this new initiative. Considering that the second phase of the pilot served just 15% of workers with lost-time injuries during the reference period, due to the limited number of specialists involved, the possibility for realizing a dramatic reduction in litigation by reaching the remaining 85% was intriguing. Encouraged by measurable signs of a positive outcome after a year in the pilot stage, the division sought to further improve the personal contact rate and shorten the time lag between injury and EAO contact by involving employers and carriers in the early intervention process. Division Director Charles Williams initi-

Figure B1.3

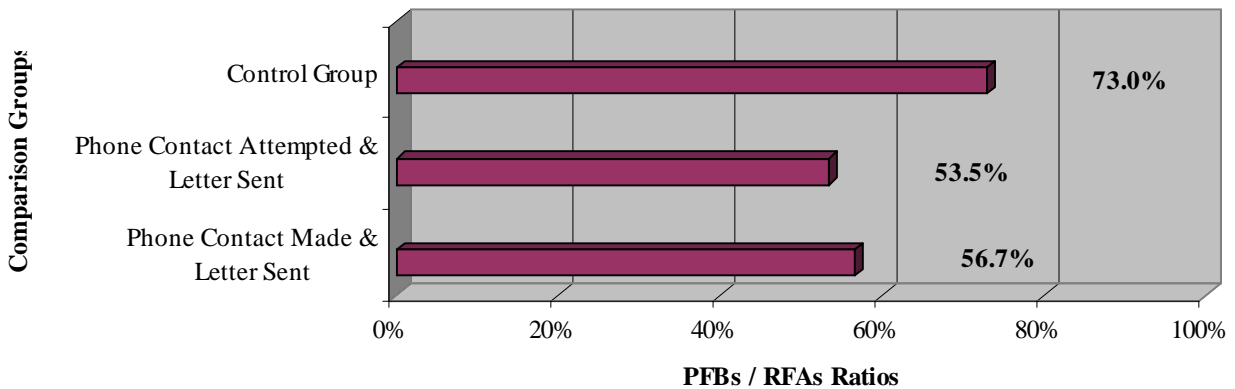
**EAO Intervention Pilot: Phase 2  
Submission of RFAs and PFBs  
Experimental vs. Control Group  
(February 1 - June 30, 1999 Injuries)**



Source: Data collected in EAO as of June 30, 1999

Figure B1.4

**EAO Intervention Pilot: Phase 2  
Ratio of Cases with PFBs to Cases with RFAs  
Experimental vs. Control Group  
(February 1 - June 30, 1999 Injuries)**



Source: Data collected in EAO as of June 30, 1999

ated a campaign consisting of speaking engagements and personal visits to develop public/private partnerships with carriers and self-insured employers throughout the state. In June 1999, 31 companies began faxing a DWC-1 to the EAO as soon as possible after workplace injury, before the form was formally submitted to the division for entry into the lost-time claims database. These initiatives spurred the transformation of the Early Intervention Pilot into the full-fledged Early Intervention Program (EIP) in July 1999.

### ***Analysis of the Early Intervention Program***

EAO designed a database to systematically track the expanded activities in Phase 2 of the pilot, adapting and modifying it to accommodate the EIP. This dynamic database is updated daily by EAO specialists involved in early intervention and is evolving as new data elements are added. The results presented here are based on all cases entered into the Early Intervention database (EID) between February 1999 and January 13, 2000. About one-third of these cases were established using DWC-1s downloaded from the department's mainframe computer during the second phase of the pilot, while two-thirds were set up from faxed DWC-1s in the expanded program beginning just before July 1999. The analysis that follows first examines all intervened cases recorded on the EID as a composite, then compares the outcomes of the two distinct sets of cases according to the source of the DWC-1. Case progression is examined by matching EID records to three separate databases: the Total Dispute Resolution (TDR) database, the Claims file, and the Judges' Orders file. Due to interruptions of data access associated with the division's conversion to a new integrated computer system in March 2000, these three files were analyzed as of February 29, 2000.

To create an "experimental" group<sup>5</sup> of all cases receiving early intervention services and to track their

early progression through the workers' compensation system, only records on the EID with valid,<sup>6</sup> unique<sup>7</sup> Social Security numbers (SSNs) and injury dates (DOAs) were initially selected. Of these 17,359 records, 98.4% (17,076) pertained to injuries between December 1998 and January 2000.<sup>8</sup> Only "worked" cases—that is, at least one phone call had been made *and* at least one letter had been sent by an EAO specialist to the injured worker—with valid<sup>9</sup> DWC-1 source codes, were retained. Specifically, these 14,473 experimental cases, representing 83.4% of the 17,359 EID records with valid and unique data for SSN and DOA, include injuries between December 1, 1998, and December 20, 1999. Understandably, none of the injuries incurred in January 2000 had been worked by EAO specialists as of January 13, 2000.

For the same injury period, there were 69,627 lost-time cases with valid, unique SSNs and DOAs recorded on the workers' compensation claims file as of February 29, 2000. Just over 51%, or 7,408, of the experimental cases were found on the claims database at this point in time. Several factors account for this rather low match rate. First, the EIP, by design, targets cases with very recent injuries that may not yet be established in the claims database due to allowable reporting lags for the DWC-1 and systemic delays in data entry. Second, some EIP cases may involve only medical benefits, while the claims database comprises only lost-time cases—i.e., cases resulting in more than seven days of lost work and, thus, qualifying for payment of indemnity benefits. Non-matches may result from simple errors in coding the SSN and/or DOA, as well. Removing the matching records from the pool of all lost-time cases covering exactly the same injury period leaves 62,219 cases, which serve as the large control group of all non-intervened cases for this analysis. Table B1.1 summarizes the selection of the experimental and control groups.

In order to assess the preliminary progression of the intervened (experimental) and non-intervened (control) groups through the informal and formal dispute resolution process, Figure B1.5 illustrates their

submission of RFAs and PFBs. It breaks out the percentage of cases with only an RFA, the percentage with both an RFA and a PFB, and the percentage with neither an RFA nor a PFB, as recorded in the TDR database as of February 29, 2000. Only about one in ten (10.7%) intervened cases had filed an RFA at this point in time, compared to 17.4% of non-intervened cases. Four and two-tenths percent of the experimental group cases filed only an RFA, and just 6.5% continued to the PFB stage, initiating the formal dispute resolution process.

Recall that the hypothesis for early intervention was uncertain as to the impact on RFA submissions. The percentage of "RFA Only" submissions is only slightly higher for the control group, at 5.4%, than for the experimental group, at 4.2%. However, the percentage of non-intervened cases submitting both an RFA and a PFB (12.0%) is roughly twice that of intervened cases (6.5%). At this very early stage, the percentage of cases with PFBs is the best available predictor of litigation. These two pie charts capture

the significantly lower proportion of cases proceeding from the filing of an RFA to the filing of a PFB in the experimental group at this point in time. As a result, nearly nine of every ten intervened cases filed neither document, compared to about eight of every ten non-intervened cases.

An interesting trend emerges when examining the number of lapsed days from the injury date to the submission dates for RFAs and PFBs submitted by intervened and non-intervened cases with disputes. These time lags may serve as one measure of quality customer service in facilitating prompt case progression through the system. Of the 14,473 cases in which the EAO intervened, 1,555 (10.7%) submitted RFAs and 951 (6.5%) submitted PFBs. As shown in the leftmost of each set of bars in Figure B1.6, there was an average of 89.6 days, or about three months, between the injury date and the submission of an RFA, and an average of 143.6 days, or just under five months, between the injury date and the submission of a PFB for these cases. The rightmost bars in each set

**Table B1.1**

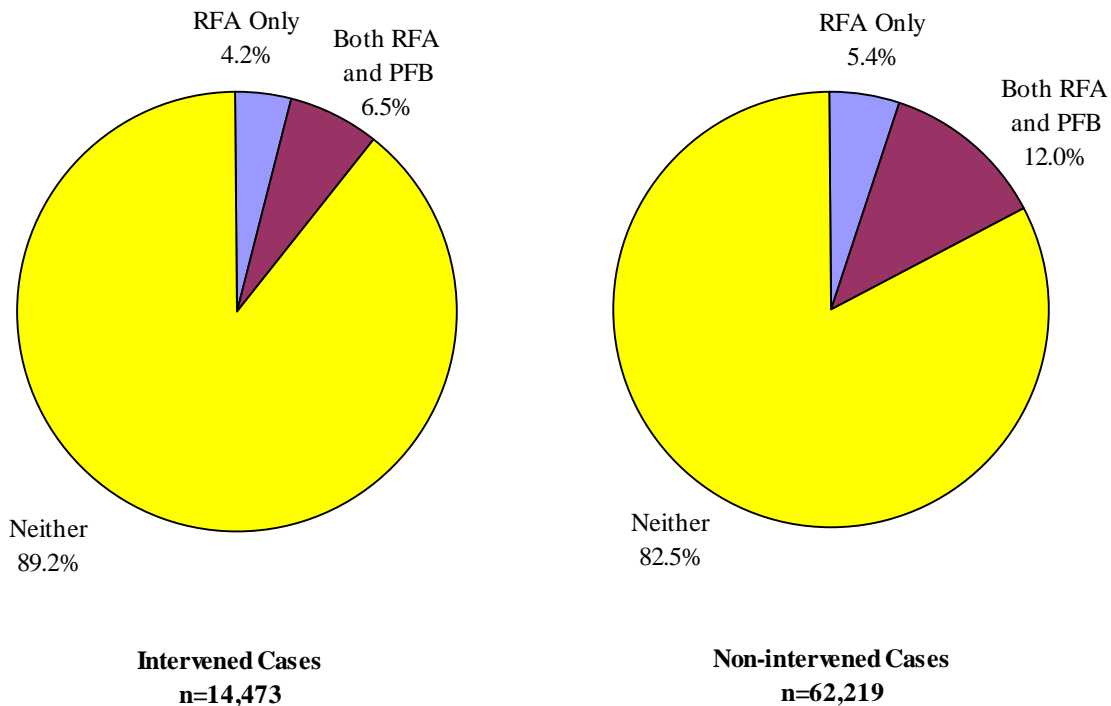
***Selection of Experimental (Intervened) and Control (Non-Intervened) Groups, Early Intervention Database (EID) and Lost-Time Claims Database***

Description	EID	Claims
Total # Records on the EID as of January 13, 2000	17,613	
# EID Records with Valid SSN, DOA and Unique SSN/DOA (Key)	17,359	
	98.6%	
# "Worked" Cases with Valid DWC-1 Source Codes: Experimental Group	<b>14,473</b>	
NOTE: Injuries cover period from 12/1/98 - 12/20/99	83.4%	
# Lost-Time Cases with Valid SSN, DOA; Unique SSN/DOA; Same Injury Period - as of February 29, 2000		69,627
# Experimental Cases with Matching Record on Claims File	7,408	
	51.2%	
# Lost-Time Cases not Matching Experimental Cases: Control Group		<b>62,219</b>

Note: "Valid" SSNs are 9-digit numbers > 0; "valid" DOAs are dates > 0; "valid" DWC-1 source codes must be either "Directly Sent to EAO" or "IMC Download."

**Figure B1.5**

**Percent of Cases Submitting RFAs and PFBs  
Intervened Cases vs. Non-intervened Lost-Time Cases  
(Injury Dates: 12/1/98-12/20/99)**



Note: Less than one-tenth of one percent of cases in either group submitted a PFB without an RFA.  
Source: Early Intervention Program database as of January 13, 2000, and Total Dispute Resolution database as of February 29, 2000

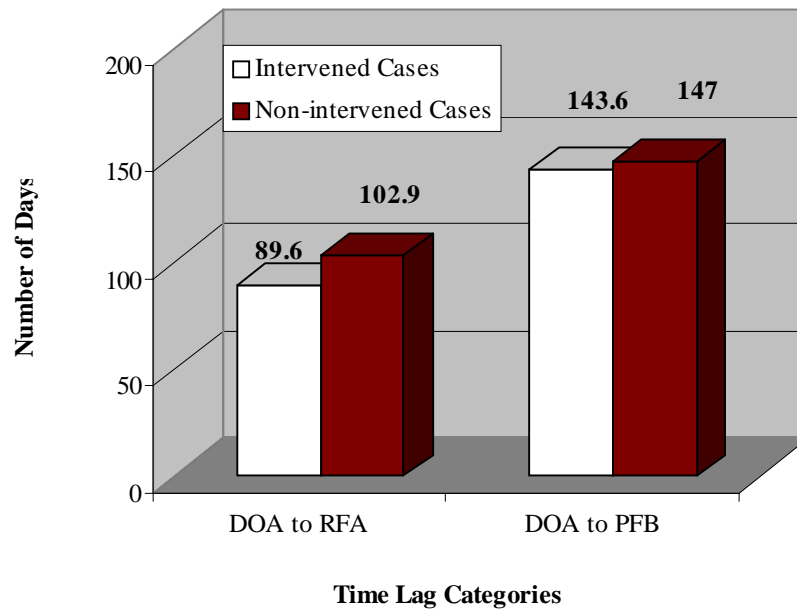
show that the lag time for non-intervened cases was, on average, about 13 days longer for RFAs, but just three days longer for PFBs. For this control group, 10,818 (17.4%) of the 62,219 cases submitted an RFA and 7,509 (12%) submitted PFBs. Thus, cases with disputes in the experimental group progressed to the informal dispute resolution stage nearly two weeks sooner than cases with disputes in the control group; however, the progression to the start of the formal dispute resolution stage was about the same for both groups.<sup>10</sup>

A key measure of litigation can be derived by

matching the experimental and control groups to the division's judges' orders database to determine the percentage of cases eventually involving a Judge of Compensation Claims for formal resolution of a dispute. For a number of years, the division has used this indicator to compare the intensity of litigation before and after the 1993 reforms. It is especially important, however, to exercise caution in drawing conclusions from this established measure, as cases in both groups are extremely immature. We know, for instance, that it takes approximately two years for the majority of workers' compensation settlements to occur,<sup>11</sup> and a

Figure B1.6

**Average Time Lags from Injury Date to RFA and PFB  
Intervened Cases vs. Non-Intervened Cases  
(Injury Dates: 12/1/98-12/20/99)**



Source: Early Intervention Program database as of January 13, 2000, and the Total Dispute Resolution database as of February 29, 2000

great deal more time may pass before the settlement order is sent to the division and entered into the database. Additionally, at the time data were pulled there was a backlog in the entry of judges' orders. Finally, early orders are often procedural, and all such orders have been excluded from this analysis. With these caveats in mind, compare the preliminary percentage of cases with RFAs that advanced to the stage of receiving a judge's order by the end of February 2000, as displayed in Figure B1.7. Even at this early phase, there is already a judge's order recorded for 9.2% of all lost-time non-intervened cases with RFAs, but only 4.2% of intervened cases with RFAs has resulted in a judge's order. Should this gap showing less than half the rate of orders for intervened cases continue or even

widen significantly over time, it will serve as a robust measure of the correlation between EAO's early intervention process and reduced litigation. As these cases mature and the backlog of judges' orders is reduced or eliminated, this measure will become pivotal in gauging the long-term impact of early intervention on the formal dispute resolution process.

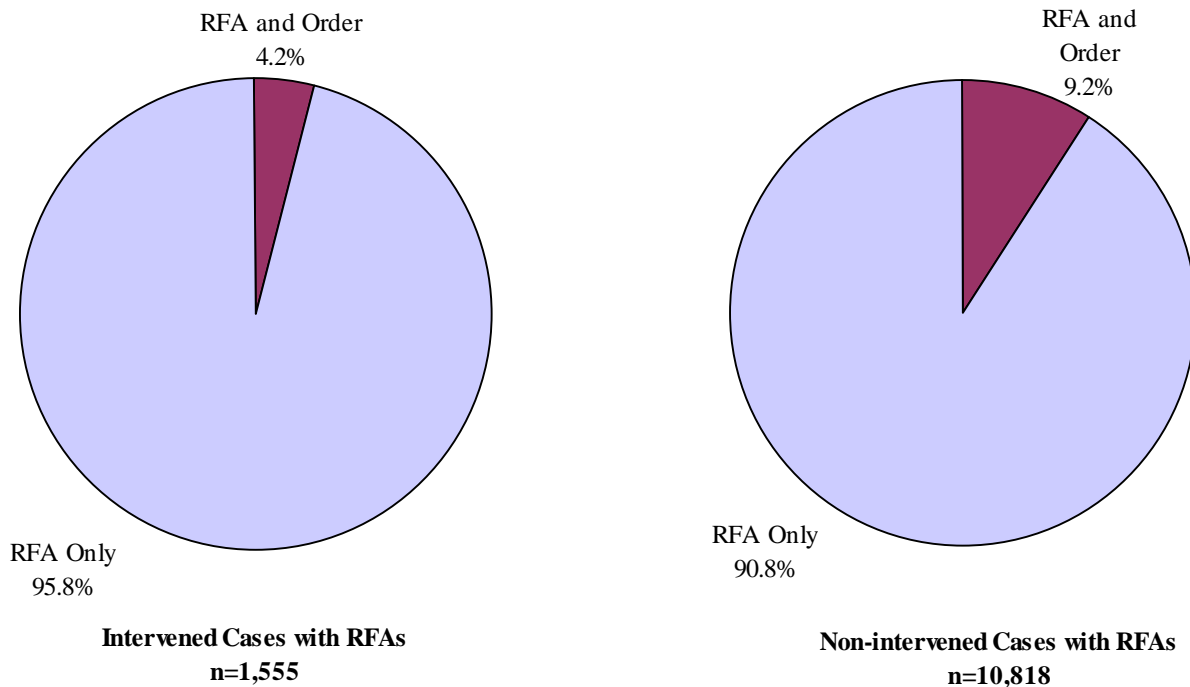
Carrying this analysis of judges' orders a step further, Figure B1.8 breaks out the experimental and control group cases resulting in a judge's order into cases in which the RFA was submitted by an attorney and cases in which the RFA was submitted by someone other than an attorney. This distinction is prompted by consistent evidence that the EAO has realized sig-

nificantly greater success in resolving RFAs submitted by parties other than attorneys.<sup>12</sup> Since the statute implies the EAO was designed to resolve disputes before attorneys become involved, EAO's higher resolution rates for this cohort better reflect legislative intent than overall resolution rates. The vertical line in the center of the chart separates the intervened cases on the left from the non-intervened cases on the right. The percentage of non-intervened cases with RFAs submitted by other parties that have resulted in a judge's order (4%) is well below half that of non-intervened cases with RFAs submitted by attorneys (9.6%). It is

interesting to note that the 4% rate for this segment of the control group is comparable to the overall rate for intervened cases (4.2%), shown in the leftmost bar on the chart. This is an early indication that outcomes for EIP cases may tend to mimic the best results of the EAO since its inception. The breakouts for intervened cases show that RFAs submitted by other parties have also advanced to a judge's order at less than half the rate (2.1%) of RFAs submitted by attorneys (4.6%). It is encouraging to observe that, even when attorneys submitted the RFAs, intervened cases have resulted in a judge's order at less than half the rate (4.6%) of

**Figure B1.7**

**Percent of Cases with RFAs that have Judges' Orders  
Intervened Cases vs. Non-intervened Cases  
(Injury Dates: 12/1/98-12/20/99)**



Source: Early Intervention Program database as of January 13, 2000, and Total Dispute Resolution database as of February 29, 2000

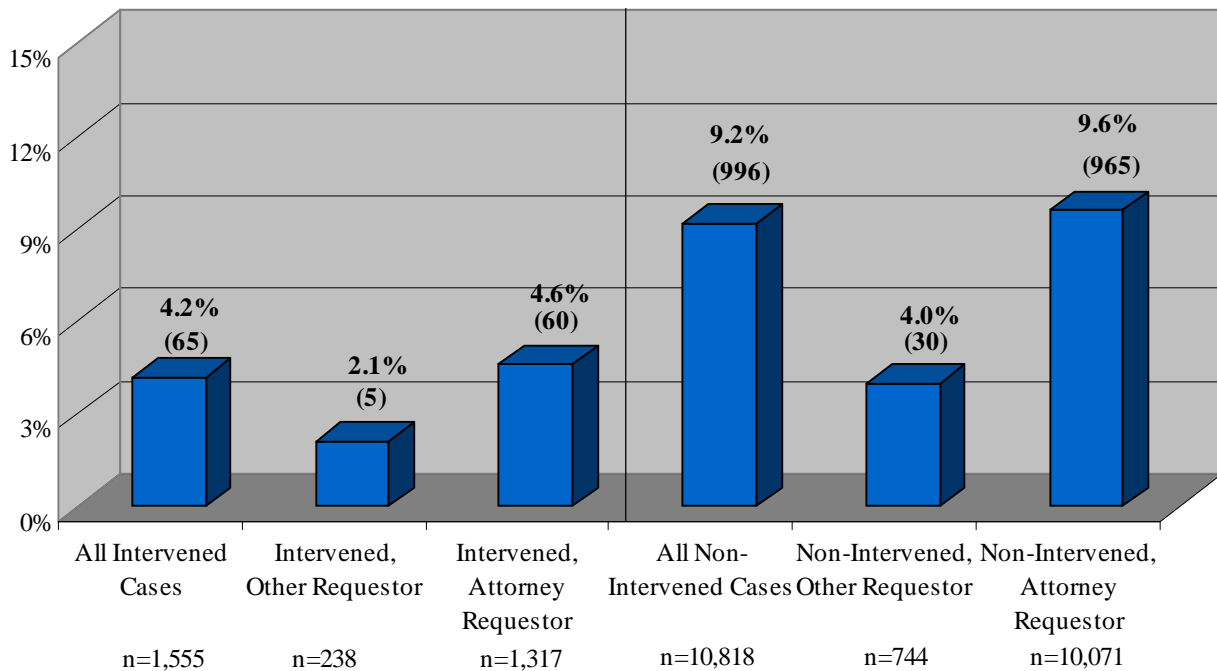
comparable non-intervened cases (9.6%).

Across all six categories shown in Figure B1.8, nine of every ten judges' orders included a settlement. This is consistent with trends reported since the reforms and is expected for such immature cases. No patterns have emerged at this early stage in the EIP to indicate a distinction between intervened and non-intervened cases, or between attorney-submitted RFAs and RFAs submitted by other parties, in terms of settlement activity.

Figure B1.9 highlights a shift in the percentage of attorney involvement in the RFA submission process that is likely to be attributable to the EIP. Reflecting the overall trend since 1994, the rightmost bar shows that 93.1% of RFAs were submitted by attorneys, and just 6.9% by other parties, in the control group. For intervened cases, however, the percentage of attorney-submitted RFAs dropped to 84.7%, while submissions from other parties rose to 15.3%. This is a positive indication that the EIP may

**Figure B1.8**

**Percent of Cases with both RFAs and Judges' Orders Intervened Cases vs. Non-Intervened Cases with Breakouts by RFA Requestor (Injury Dates: 12/1/98-12/20/99)**



**Comparison Groups**

Note: Figures in parentheses show actual number of cases represented by the percentages.

Source: Early Intervention Program database as of January 13, 2000, and Total Dispute Resolution and Judges' Orders databases as of February 29, 2000

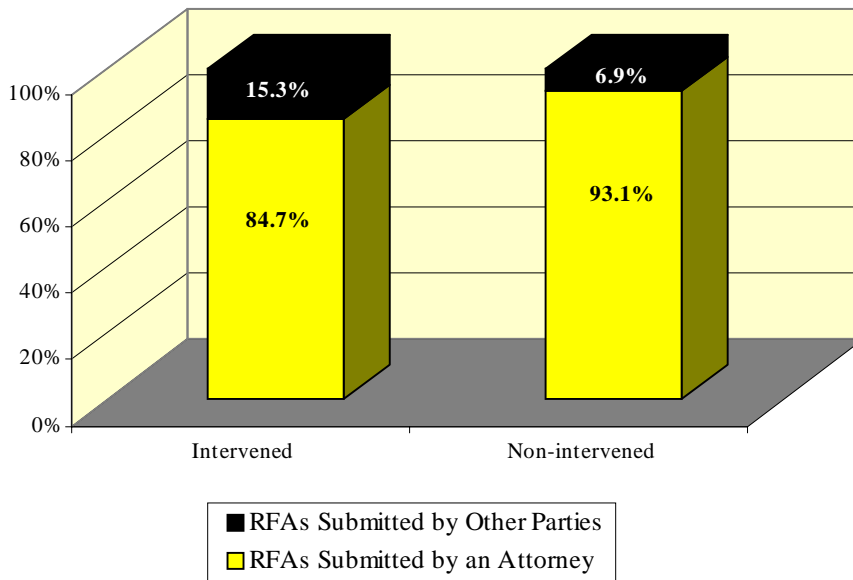
be curbing the tide of attorney involvement in the informal dispute resolution process for the first time since 1994.

Recall that in Phase 2 of the pilot, the ratio of PFBs to RFAs was compared between intervened and non-intervened cases, as depicted in Figure B1.4 above. This percentage highlights the progression of disputes from the informal to the formal phase, and, as such, it will be a key performance measure in assessing the impact of early intervention. The top group of double bars in Figure B1.10 portrays the same measure using the experimental and control groups. Similar to the trend observed in the pilot, the ratios provide further evidence that a smaller proportion of intervened cases (61.2%) than non-intervened cases

(69.4%) with RFAs progressed to the PFB stage. The bottom set of bars replicates the now familiar ratio expressing cases with both an RFA and a judge's order as a percent of all cases submitting RFAs for both groups.<sup>13</sup> The middle set of bars shows the comparable ratio for cases with both an RFA and a PFB for the two groups. Notice that 11.2% of cases submitting both documents had a subsequent judge's order in the control group, while 5.4% of cases displayed that progression in the experimental group. What is interesting here is that, even after proceeding from an RFA to a PFB, cases in which the EAO intervened resulted in a judge's order at less than half the rate of cases receiving no intervention. One might expect the two groups to advance to an order at about the same rate once a petition is filed. This portends positive

**Figure B1.9**

***RFA Submissions by Requestor Type  
Intervened vs. Non-Intervened Cases  
(Injury Dates: 12/1/98-12/20/99)***



Source: Early Intervention Program database as of January 13, 2000, and Total Dispute Resolution database as of February 29, 2000

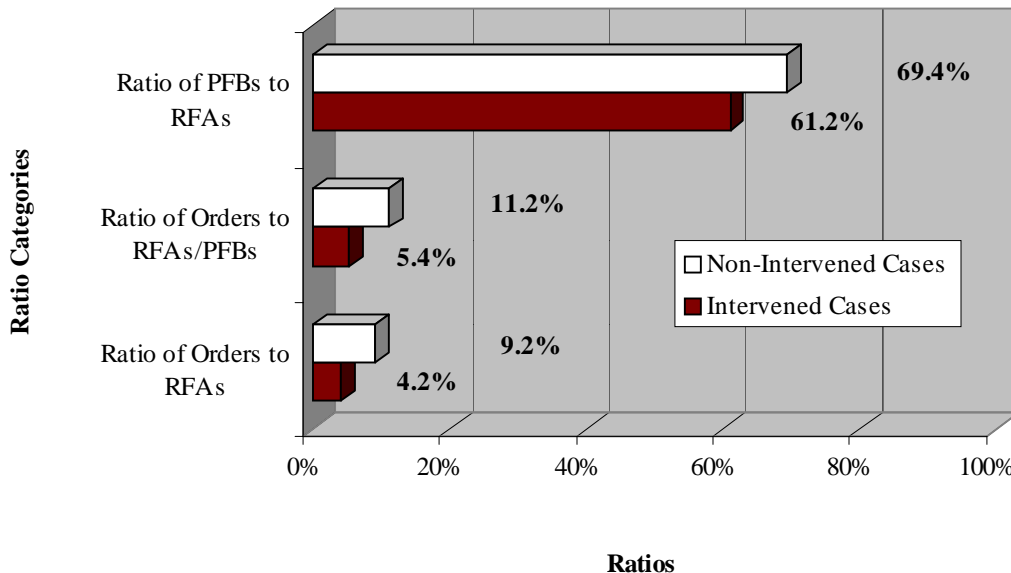
results for the EIP.

So far, preliminary outcomes as measured by submission of RFAs, PFBs, and judges' orders for all intervened cases in the EID are quite distinct from those of non-intervened cases. Process improvements in the second phase of the pilot and new partnerships in the expanded program each played a specific role, and it is important to examine these components in isolation to assess their individual contribution to the observed results. To accomplish this, outcomes for cases originating from a DWC-1 faxed from partners as soon as possible after workplace injury will now be compared to outcomes for cases originating from a DWC-1 submitted to the division and downloaded from the mainframe to the EID.

To determine if the faxing process is succeeding in significantly reducing the time between injury and early intervention, the average number of days from the date of injury to the first phone call from an EAO specialist for these groups is displayed in Figure B1.11. Cooperative efforts with partners to fax the DWC-1 have more than halved the average time lag between injury and first phone contact, enabling the EAO specialist to assist injured workers almost three weeks earlier than the downloading process. As a result, injured workers have been contacted about two and one-half weeks after injury when the DWC-1 was faxed. The download process itself has improved over time, however, as the average lag time of 37.5 days is a notable decline from the averages of the first phase of the pilot (51 days) and an early analysis of the sec-

Figure B1.10

**Selected Case Ratios  
Intervened vs. Non-Intervened Cases  
(Injury Dates: 12/1/98-12/20/99)**



Source: Early Intervention Program database as of January 13, 2000, and Total Dispute Resolution and Judges' Orders databases as of February 29, 2000

ond phase of the pilot (45 days).

If the dramatic reduction in average contact time presented in Figure B1.11 translates to a reduction in RFAs, PFBs, and judges' orders for cases involving workers with faxed reports, the critical importance of involving industry partners in the early intervention process will be substantiated. Figure B1.12 provides a first look at this type of analysis for RFA and PFB submissions. In each four-bar set, the striped bar on the right represents the control group of non-intervened cases, with percentages corresponding to the right pie chart in Figure B1.5 above. The three solid-colored bars in each set represent intervened cases, with the middle white bar replicating the percentages for all intervened cases in the left pie chart of Figure B1.5 above. The dark bars to the left of the white bar break out the percentages for cases originating with a faxed DWC-1, while the percentages for cases originating with a downloaded DWC-1 are depicted in the shaded bars to the right.

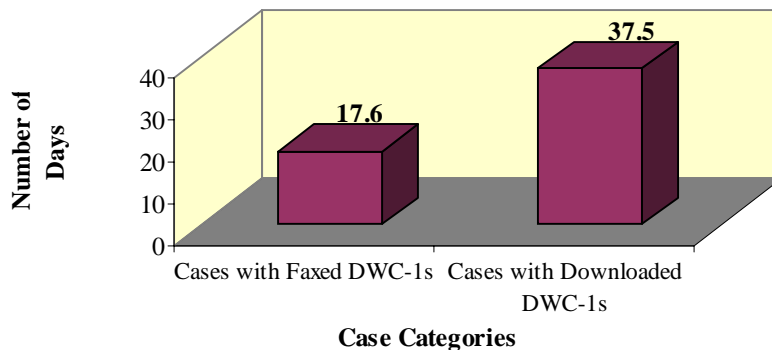
Figure B1.12 shows that partnerships appear to be making a significant impact in reducing the proportion of cases submitting either just an RFA (3.4%)

or both an RFA and a PFB (4.2%) when compared to results for intervened cases not involving partners, at 5.8% and 10.9%, respectively. Regardless of the source of the DWC-1, early intervention has resulted in a marked decline in the percentage of cases submitting PFBs, although cases with faxed DWC-1s registered less than half the percentage of PFB submissions (4.2%) as cases with downloaded DWC-1s (10.9%). Notice that intervened cases with downloaded DWC-1s have a higher percentage of RFA Only submissions, at 5.8%, than even the control group, at 5.4%. Conceivably, these workers were uninformed about the RFA process and would not have submitted an RFA at this point in time had they not been contacted by the EAO.

Before drawing conclusions about these subgroups of intervened cases, however, it is important to insert a special control for data immaturity, as the faxed group has a definite advantage in this area. The vast majority of the 9,441 cases in the EID with faxed reports were submitted by partners between late June and December of 1999, covering injuries in the last eight months of 1999. By contrast, the 5,032 downloaded cases comprised submissions between Febru-

**Figure B1.11**

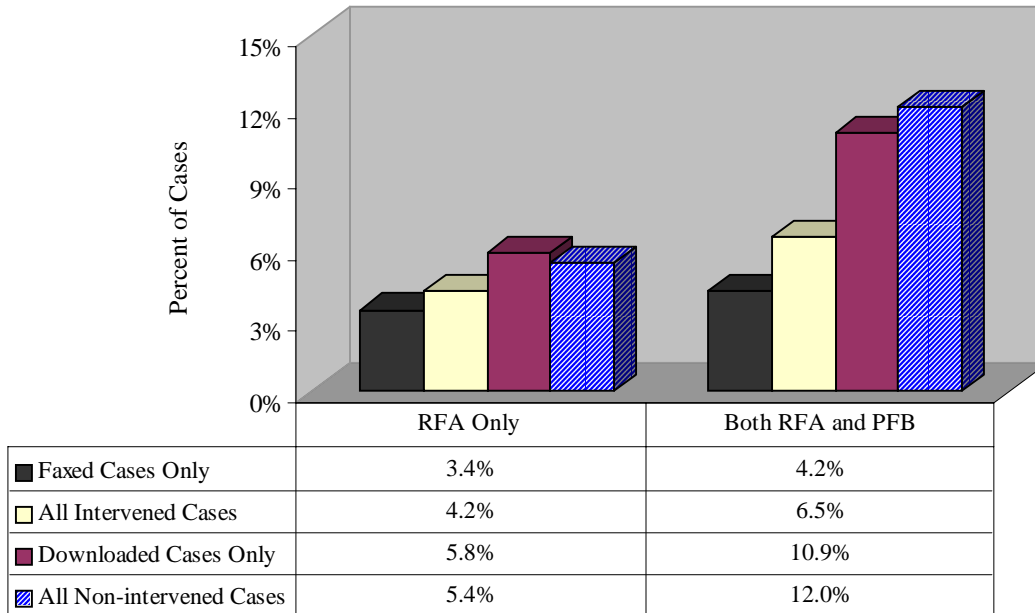
**Average Time Lag from Injury Date to First Phone Call:  
Faxed Cases vs. Downloaded Cases**



Source: Early Intervention Program database as of January 13, 2000

Figure B1.12

**Percent of Cases Submitting RFAs and PFBs: All Intervened Cases Compared to Breakouts by Source of First Report of Injury (DWC-1) and to the Control Group**



Documents Submitted

Source: Early Intervention Program database as of January 13, 2000, and Total Dispute Resolution database as of February 29, 2000

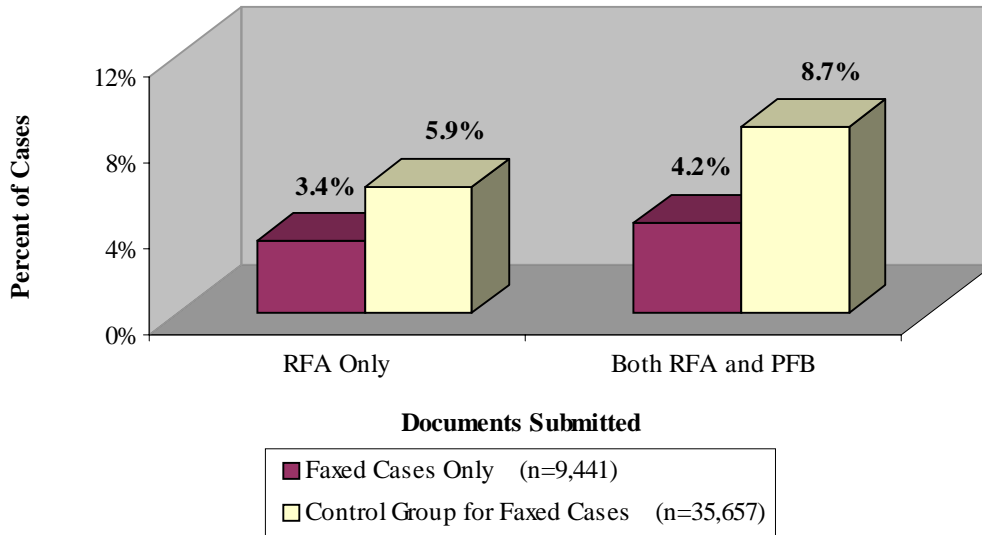
ary and early June 1999 that included injuries between December 1998 and July 1999. Because they are more immature, the faxed cases are less likely to have advanced to any of the three stages of analysis—i.e., RFA, PFB, and judges’ orders.

To overcome the bias introduced solely by data immaturity, two additional control groups were selected for comparison to the faxed and downloaded cohorts of intervened cases. In Figure B1.13, faxed cases are compared to a subset of control cases that include only injuries occurring in the May-December 1999 time period. Even with this restriction, the RFA/PFB submission rate for faxed cases (4.2%) was less than half that of the comparable control group (8.7%).

RFA Only submissions were notably lower for the faxed group (3.4%) than for the re-defined control group (5.9%), as well. Figure B1.14 displays the same information for downloaded cases and a subset of the control cases comprising injuries from December 1998-July 1999. A more pronounced decrease in RFA/PFB submissions for the downloaded DWC-1 group is captured here than in Figure B1.12 above, as 14.6% of cases in the re-defined control group submitted both an RFA and a PFB. The RFA Only submission rates changed little with the re-defined control group. Thus, even when carefully controlled for data maturity, PFB submissions are significantly lower than corresponding control groups for both faxed and downloaded cases, but the faxed cases showed the

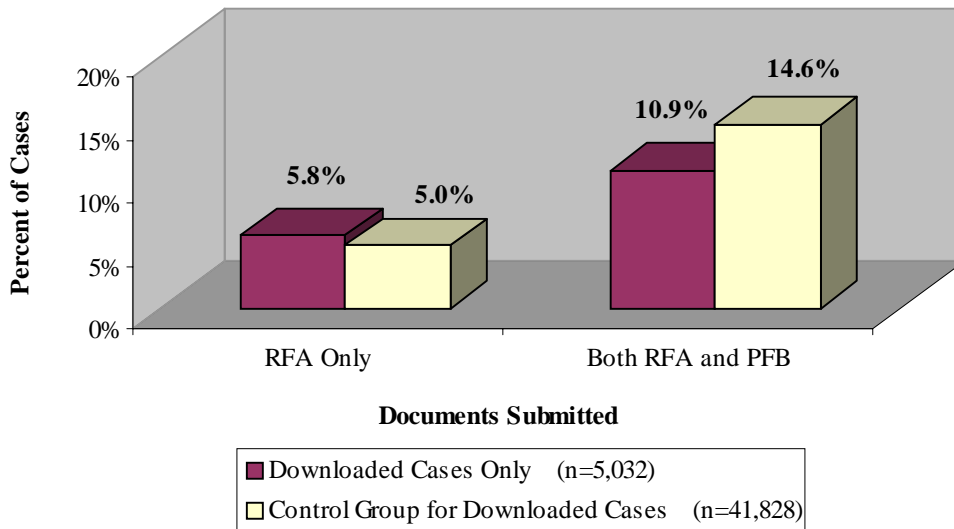
**Figure B1.13**

**Percent of Cases Submitting RFAs and PFBs:  
All Faxed Cases Compared to Re-Defined Control Group  
(Injury Period: May - December 1999)**



**Figure B1.14**

**Percent of Cases Submitting RFAs and PFBs:  
All Downloaded Cases Compared to Re-Defined Control Group  
(Injury Period: December 1998 - July 1999)**



Source: Early Intervention Program database as of January 13, 2000, and Total Dispute Resolution database as of February 29, 2000

greater reduction. Only faxed cases registered a lower percentage of RFA Only submissions.

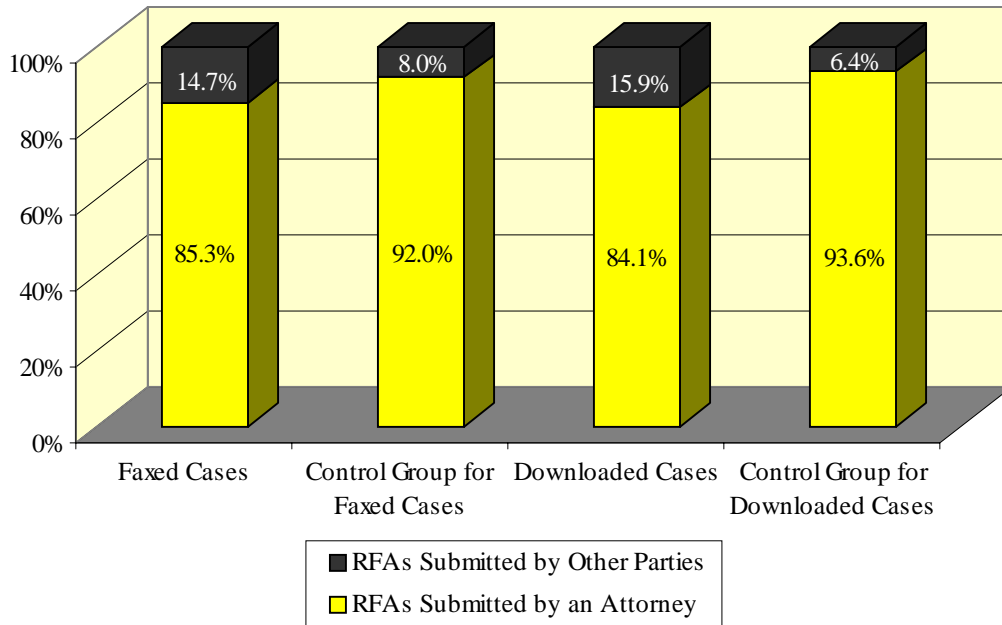
Figure B1.9 above shows that less than 85% of RFAs were submitted by attorneys across all intervened cases, compared to over 93% for non-intervened cases. To assess a specific impact of the new partnerships on attorney involvement, Figure B1.15 breaks out RFA submissions by requestor type for faxed and downloaded cases and their corresponding control groups. While both groups of intervened cases generally reflected the overall 85% rate for attorney-submitted RFAs, cases originating with DWC-1s downloaded from the mainframe have a slightly lower rate of 84.1%, nearly 10 percentage points below their corresponding control group. At this early stage of

analysis, it appears the timing of EAO's contact with the injured worker as impacted by the source of the DWC-1 is not a major factor in the level of attorney involvement in the submission of RFAs.

The progression of cases with RFAs to the judges' orders stage is presented in Figure B1.16. As expected, faxed cases and their corresponding control group, shown in the first and second bars from the left, comprise a minuscule percentage of cases with orders, simply because they represent such recent injuries. For the more mature cases in the downloaded group, however, just 6.8% resulted in a judge's order, compared to 12% for the corresponding control group. At least one more year of data maturity will be needed in order to make a valid initial assessment of the im-

**Figure B1.15**

***RFA Submissions by Requestor Type:  
Faxed and Downloaded Cases  
with Corresponding Control Groups***



Source: Early Intervention Program database as of January 13, 2000, and the Total Dispute Resolution database as of February 29, 2000

pact of partners on the portion of cases involving a judge's order.

Finally, average time lapses from injury date to RFA and PFB submissions are examined for the two subgroups. In Figure B1.6 above, this measure was offered as a gauge of quality customer service in facilitating timely case progression through the system. The overall experimental group showed lags of 89.6 and 143.6 days, on average, for RFA and PFB submissions, respectively. Notice in Figure B1.17 that cases with faxed DWC-1s experienced comparable lag times of just 70.6 and 115.8 days. This is about one week less than the re-defined control group of cases, represented by the rightmost bars in each set. Contrast these average lags to those for the group of cases with downloaded DWC-1s, shown in Figure B1.18. An additional 35 days, on average, lapsed from the injury date to the RFA submission date for

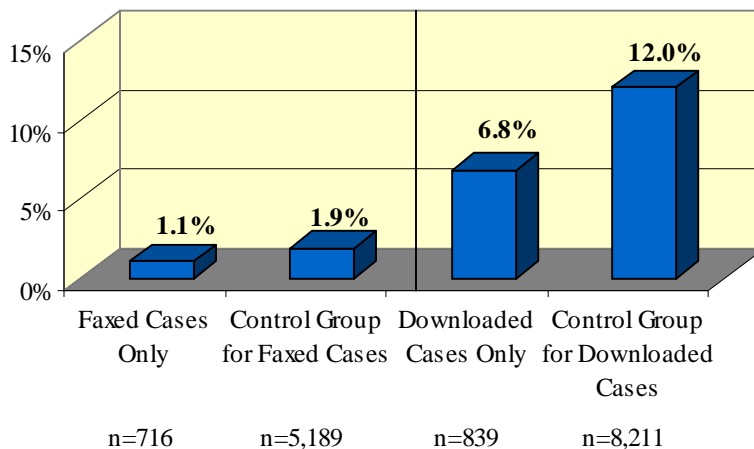
this group of intervened cases, compared to faxed cases. The disparity is even greater for time lags for PFB submissions, at roughly two additional months for the downloaded group. Curiously, this average time lag is slightly greater for the intervened cases, at 175.8 days, than for non-intervened cases, at 160.8 days. Clearly, the involvement of partners is a strong catalyst for advancing cases through the workers' compensation system.

**Conclusions**

Though still in its infancy, the EAO's Early Intervention Program clearly demonstrates potential. Early results show measurable benefits, but whether these are temporary or longstanding will only be determined upon greater case maturity and further con-

**Figure B1.16**

**Percent of Cases with both RFAs and Judges' Orders  
Faxed vs. Downloaded Cases  
Compared to Corresponding Control Groups**

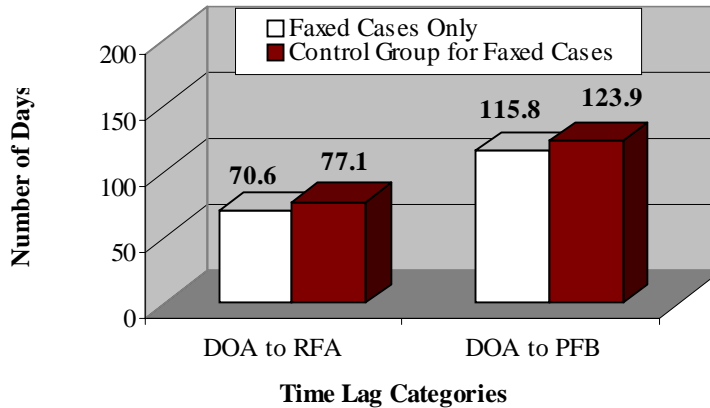


Case Categories

Source: Early Intervention Program database as of January 13, 2000, and Total Dispute Resolution and Judges' Orders databases as of February 29, 2000

Figure B1.17

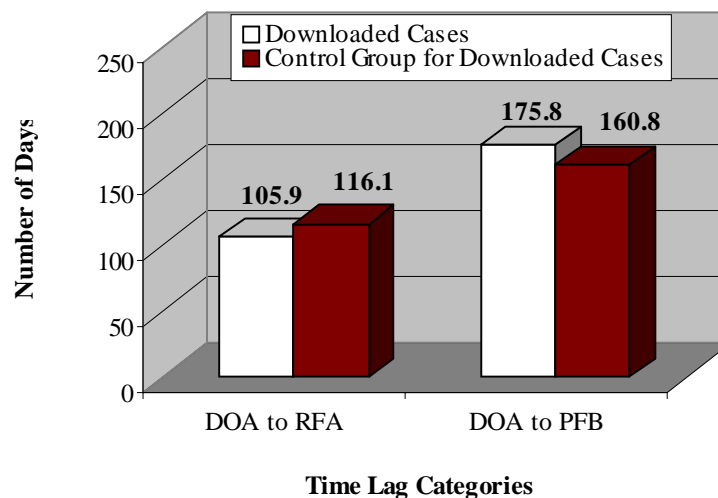
**Average Time Lag from Injury Date to RFA and PFB:  
Faxed Cases vs. Control Group  
(Injury Dates: May - December 1999)**



Source: Early Intervention Program database as of January 13, 2000, and the Total Dispute Resolution database as of February 29, 2000

Figure B1.18

**Average Time Lag from Injury Date to RFA and PFB:  
Downloaded Cases vs. Control Group  
(Injury Dates: December 1998 - July 1999)**



Source: Early Intervention Program database as of January 13, 2000, and the Total Dispute Resolution database as of February 29, 2000

trolled comparisons. Workers' compensation cases normally take three to four years to mature before trends for a given injury year are sufficiently clear to guide policymaking or forecast future impacts. The case activity analyzed in this report covers injuries occurring from merely a few months to just over one year prior to mid-January of 2000. Whether or not these same trends will emerge with additional data maturity is indeterminable at this time. No predictions regarding reduced average costs per case, average claimant attorney fees per case, or eventual litigation rates are possible so soon after workplace injury. In due time, it will be possible to calculate these outcome measures, as well as to compare return-to-work rates between intervened and non-intervened cases. Thus, in order to truly assess the outcomes of the EIP, greater case maturity is essential. Only then will early measures presented here be substantiated as predictors of case outcomes.

Nonetheless, comparisons of several measures between the 14,473 cases receiving early intervention and all 62,219 other lost-time cases with injuries occurring during the same injury period revealed distinctly positive features for EIP cases. These findings are summarized below:

- Just 6.5% of intervened cases submitted PFBs, compared to 12% of non-intervened cases;
- Only 4.2% of intervened cases with RFAs had a judge's order, a rate less than half the 9.2% rate for non-intervened cases;
- Even after progressing from an RFA to a PFB, only 5.4% of intervened cases had a judge's order, less than half the 11.2% rate for non-intervened cases;
- For intervened cases, RFAs submitted by parties other than attorneys advanced to a judge's order at less than half the rate (2.1%) of RFAs submitted by attorneys (4.6%);
- Even when RFAs for intervened cases were submitted by attorneys, they resulted in a judge's order at less than half the rate (4.6%) of non-intervened cases with attorney-submitted RFAs (9.6%);

- Attorneys were involved in 84.7% of RFA submissions for intervened cases, compared to 93.1% for non-intervened cases;

- Intervened cases submitting RFAs did so an average of nearly two weeks sooner than non-intervened cases.

Significant reductions in the proportion of cases involving attorneys at the RFA phase, submitting PFBs, and resulting in adjudication are promising. They offer the hope of potential success in helping to curb litigation and related costs in the Florida workers' compensation system and in promoting prompt delivery of benefits and health care services to injured workers. Early intervention has also dramatically shortened the time lag between the injury date and the submission of RFAs, fostering improved service to injured workers by facilitating case progression.

Additionally, among the intervened cases, the 9,441 cases in which partners participated in the process by faxing the DWC-1 to EAO had more positive results in most measures than the 5,032 cases in which intervention took place after the DWC-1 was downloaded from the mainframe. These findings, controlled for data maturity where appropriate, include the following:

- Injured workers in the faxed group were contacted about two and one-half weeks, on average, after injury, compared to five and one-half weeks, on average, for the downloaded group;
- Only 4.2% of faxed cases submitted PFBs, less than half the 8.7% rate of a corresponding control group, while comparable figures for downloaded cases and their corresponding control group were 10.9% and 14.6%, respectively;
- Only the faxed cases had a lower rate of RFA Only submissions: just 3.4% compared to the corresponding control group rate of 5.9%;
- Faxed cases progressed to the RFA stage about 70.6 days, on average, subsequent to injury, compared to 105.9 days, on average, for downloaded cases—or over a month longer;

■ Faxed cases progressed to the PFB stage in an average of 115.8 days post-injury, while downloaded cases took an average of 175.8 days—or nearly two months longer.

The improved outcomes for faxed cases may be partly due to the fact that EAO was able to initially contact faxed cases about two and one half weeks after injury, on average, or about three weeks earlier than downloaded cases. Expanding the pool of EIP partners may further extend the benefits initially shown by the EIP.

### ***Enhancement and Expansion of the Early Intervention Program***

The quality of analysis is dependent on the accuracy and accessibility of data. In order to track the progress of cases receiving early intervention through the workers' compensation system and to compare case characteristics and outcomes over time, EAO should continue to enhance its database and formulate quality control measures to assure an even higher level of data integrity. An EAO team has already been formed to work with the Integrated System team in modifying the new computer system to accommodate the EIP process. Hopefully, conversion-related backlogs in entering data on formal dispute resolution will be reduced or eliminated in the near future.

One outcome the database is *not* designed to measure is the overall benefit to injured workers of these early intervention activities. To assess this important impact, a survey will be designed during the next fiscal year for soliciting feedback regarding the quality of early intervention services. Possible survey topics include the level of knowledge about the workers' compensation system before injury and at the point of first contact with EAO, perception of the quality of medical care, promptness of indemnity payments, adequacy of communication with employer and/or carriers,

and overall satisfaction with the early intervention process.

Recognizing that partnerships with carriers, employers, self-insured employers, and third-party administrators are crucial to achieving the earliest contact with injured workers, the division will focus efforts on expanding the number of partners in the EIP and strengthening its relationship with current partners. On March 21, 2000, the EAO mailed letters to 500 public and private employers identified by *Florida Trend* magazine as the largest in the state, introducing them to the division's new early intervention efforts to reduce system costs and encouraging their involvement. Another mass mailing is planned as a follow-up. As of January 1, 2001, 54 partners were participating in the EIP by faxing DWC-1s to EAO as soon as possible after workplace injury. The State of Florida is among the newer partners. Division management will intensify efforts to share the successful outcomes of the pilot and program with potential partners face-to-face via a series of public meetings and personal visits throughout the state.

In preparation for the anticipated expansion of the early intervention initiative, eighteen EAO specialists are now trained to handle the growing volume of DWC-1s captured either through faxes from partners or immediately after the imaging process is completed in the division. EAO plans to continue training additional specialists in the central office to participate in the program and has achieved their ambitious goal of providing early intervention to every worker with a reported injury by January 1, 2001.

EAO's strategic plan called for a market/outreach initiative to be in place by the end of fiscal year 2000. The EAO Marketing Team has completed the marketing manual and is in the process of implementing several of the strategies.

The EIP offers an alternative to the current RFA process that may serve to fulfill the legislative intent in establishing the EAO in the 1993 reforms.

Essentially, it re-engineers the flawed process implemented in the first four post-reform years by circumventing identified obstacles to dispute resolution repeatedly encountered since EAO's inception. In doing so, the EIP serves as an example of what can be accomplished when associates and management are willing to analyze the outcome of their efforts, to recognize what is and is not working, to learn from their experiences, and to chart a new course to meet statutory objectives. In recognition of the EIP's innovative development of industry partnerships, the Division of Workers' Compensation, Bureau of Employee Assistance's Early Intervention Pilot project received the Sterling Quality Achievement Award at the Governor's Sterling Conference in Orlando in May 2000. Sterling examiners who conducted an onsite review of the division in April were particularly impressed with the active involvement of industry partners in preventing disputes and facilitating prompt delivery of benefits to injured workers by faxing the DWC-1s to the division promptly after workplace injury.

Ultimately, a successful Early Intervention Program will reinforce the self-executing intent of the original workers' compensation statute, resulting in measurable reductions in litigation and associated costs to Florida employers and improved service to injured workers through the prompt provision of benefits and appropriate health care that lead to return to work. For more information about the Early Intervention Program, to register as a partner, or to request a personal visit, contact Bureau Chief Jimmy Hall at (850) 410-2838 or Tan Moss at (850) 487-0884 in the EAO central office in Tallahassee.

***Footnotes***

<sup>1</sup>Division of Workers' Compensation, *Statistical Supplement to the 1999 Annual Report*, pp. 54-55.

<sup>2</sup>Occasionally, settlement payments are reported by carriers on cases still awaiting the arrival of the judge's order in the division.

<sup>3</sup>Duplicate forms, issues outside EAO jurisdiction, and issues in which there is no good faith effort toward resolution made by the parties involved are also unresolvable by EAO.

<sup>4</sup>Division of Workers' Compensation, *2000 Dispute Resolution Report*, p.13.

<sup>5</sup>Ideally, experimental groups are generated from a controlled random sample of the overall population; unfortunately, that rigorous definition is not applicable here. During the pilot phase, the selection of cases was determined by the timeliness of submission and data entry of the DWC-1 and limited by workload caps for EAO specialists; as partners joined the initiative in faxing DWC-1s to the EAO, yet another pre-selection factor was introduced. Thus, the term "experimental group" as applied to the cases receiving early intervention by the EAO is not used in the most rigorous sense.

<sup>6</sup>The term "valid" as used in this analysis indicates that variables not conforming to the standard format were assumed to be invalid and dropped. 79 of the 17,613 records on the EIP had zeroes or spaces in the social security number and/or injury date and, thus, could not be matched to other databases on these key fields.

<sup>7</sup>175 of the 17,613 EIP records were duplicates on SSN/DOA.

<sup>8</sup>Records with questionable injury years were dropped, as were records with injury dates between January 1997 and November 1998, as each year/month cell contained less than 1% of all EIP "worked" records.

<sup>9</sup>28 of the “worked” EIP records with valid, unique SSNs and DOAs were either missing the DWC-1 source code or contained data other than the values “Directly Sent to EAO” or “IMC Download.”

<sup>10</sup>Curiously, about one of every four PFBs had to be excluded from the computation of average lag times for both groups of cases because the posted submission date for the first PFB filed on the TDR was *before* the date of injury—i.e., it was erroneous. This did not occur for RFA time lags.

<sup>11</sup>Division of Workers’ Compensation, *Statistical Supplement to the 1999 Annual Report*, p. 62.

<sup>12</sup>Division of Workers’ Compensation, *2000 Dispute Resolution Report*, p. 13.

<sup>13</sup>See Figures B1.7 and B1.8.