

ANNUAL REPORT 2024



A Catalyst for Improving Workers' Compensation Systems


WHY WCRI?

OBJECTIVE DATA AND ANALYSIS

Founded in 1983, the Workers Compensation Research Institute (WCRI) is an independent, not-for-profit research organization that strives to help those interested in making improvements to the workers' compensation system by providing highly regarded, objective data and analysis.

The Institute does not take positions on the issues it researches; rather, it provides information obtained through studies and data collection efforts that conform to recognized scientific methods. Objectivity is further ensured through rigorous, unbiased peer review procedures.


BALANCED, CREDIBLE RESEARCH USED BY:




EMPLOYERS




GOVERNMENT




HEALTHCARE PROVIDERS



INSURERS



LABOR UNIONS



SERVICE PROVIDERS

Policymakers and other system stakeholders — employers, government, healthcare providers, insurers, labor unions, and service providers — use WCRI's credible research to monitor state systems on a regular basis and identify incremental changes to improve system performance. This results in a more enduring, efficient, and equitable system that better serves the needs of workers and employers.

Mission

TO BE A CATALYST FOR SIGNIFICANT IMPROVEMENTS IN WORKERS' COMPENSATION SYSTEMS, PROVIDING THE PUBLIC WITH OBJECTIVE, CREDIBLE, HIGH-QUALITY RESEARCH ON IMPORTANT PUBLIC POLICY ISSUES.

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To WCRI Members and Friends:

Today, workers' compensation systems are surrounded by more external challenges than in the past. There is a strong job market with healthy economic indicators, but there is also evidence of talent gaps, especially in healthcare. New technologies like artificial intelligence, machine learning, and robotic process automation are rapidly changing how we work, and this extends to workers' compensation systems. Climate events and global affairs add further complexity. In the midst of these potentially competing forces, the Institute's mission of providing original, data-driven research to policymakers and other stakeholders continues.

This past year was a strong one for WCRI. We published studies on critical and emerging topics, including medical inflation, long COVID, provider consolidation, and prescription drug regulations and formularies. Our keystone benchmarking studies also monitored the changes state workers' compensation systems were experiencing in the post-COVID pandemic years. In this report, you'll find our research highlights from last year, including how our research was used in hearings and reports. Our research findings were shared broadly at online and in-person conferences, through the media, in webinars, and in briefings with policymakers across the country.

Our upcoming research agenda includes studies on psychosocial factors and functional outcomes, the effects of excessive heat on the frequency of work-related injuries, the impact of attorney involvement, and more. WCRI's focus will continue to be providing policymakers and system stakeholders with sound, objective research and credible analysis to contribute to an informed public policy debate — while avoiding taking positions or making policy recommendations.

A huge thank you to our members for your generous support of our research through your data, funding, and expertise. As WCRI enters its fifth decade, your help and support are key to navigating the changing world of workers' compensation. We look forward to continuing our work together.

Respectfully yours,

Ramona Tanabe
President & CEO

WHERE OUR WORK WAS USED

National: WCRI's study *Chiropractic Care for Workers with Low Back Pain* was cited in an article, [*Examining Clinical Opinion and Experience Regarding Utilization of Plain Radiography of the Spine: Evidence from Surveying the Chiropractic Profession*](#), in the *Journal of Clinical Medicine*.

National: WCRI's *A Primer on Behavioral Health Care in Workers' Compensation* was cited in [*The Prevalence of Mental Health Service Use in Australian Workers with Accepted Workers' Compensation Claims for Low Back Pain: A Retrospective Cohort Study*](#) in the *Journal of Occupational Rehabilitation*.

National: WCRI's *Correlates of Opioid Dispensing* study was cited in an article, [*Occupational Safety and Health of Women in Mining*](#), in the *Journal of Women's Health*.

National: WCRI benchmarks and topical studies were cited in a RAND report, [*Alternative Payment Models for California's Workers' Compensation System*](#).

National: WCRI research was cited in a study titled [*Workers' Compensation Costs for Occupational Hearing Loss Claims in the United States, 2009–2013*](#), in *Seminars in Hearing*, a quarterly review journal.

National: WCRI's *Designing Workers' Compensation Medical Fee Schedules and Workers' Compensation Medical Cost Containment: A National Inventory, 2011* studies were cited in a post about [*workers' compensation regulations in Arizona*](#) on the American Physical Therapy Association's website.

National: WCRI's primer on behavioral health was [cited in a paper](#) in the *Journal of Neurosurgery* about return to work after lumbar spine surgery.

National: WCRI's *Workers' Compensation Laws as of January 1, 2022*, was cited in a report, [*Adequacy of Disability Benefits for Minnesota Police Officers*](#), published by the Institute for Urban and Regional Infrastructure Finance, Humphrey School of Public Affairs, University of Minnesota.

National: WCRI's *Workers' Compensation Laws as of January 1, 2022* was cited in a NCCI Research Brief, [*Firefighters and First Responders:*](#)

[*2023 Update on Presumptive Workers Comp Benefits*](#).

California: Findings from WCRI's *Monitoring Trends after Adoption of California's Drug Formulary* study were used by the California Division of Workers' Compensation in a presentation on the California MTUS (Medical Treatment Utilization Schedule).

Florida: The Florida Workers' Advocates cited our research in a blog post titled ["Should Florida consider a closed drug formulary?"](#)

Illinois: Findings from WCRI's *CompScope™ Medical Benchmarks, 23rd Edition* were used in a presentation during the Illinois Workers' Compensation Commission's Judicial Training Session.

Kansas: Jeff King, workers' compensation director for the Kansas Department of Labor, cited WCRI's *Workers' Compensation Laws as of January 1, 2022*, in [his testimony on Senate Bill 38](#), which would increase the benefits for permanent total disability suffered by an injured worker.

Louisiana: Our research about litigation was cited in a blog post on the Louisiana Workers' Compensation Corporation's website titled ["Is it Bad to File a Workers' Compensation Claim?"](#)

Louisiana: Transition teams for the new Louisiana governor and insurance commissioner requested and were provided several WCRI national workers' compensation inventories on [prescription drug regulations](#), [treatment guidelines and utilization management](#), and [medical cost containment](#).

Massachusetts: WCRI's *CompScope™ Benchmarks for Massachusetts, 16th Edition* and *CompScope™ Medical Benchmarks for Massachusetts, 20th Edition* were [cited in a rate filing](#) by the Workers' Compensation Rating and Inspection Bureau of Massachusetts.

Massachusetts: State Sen. Jo Comerford, who filed a bill to create a special commission to study the effects of long COVID, requested a briefing on findings from [WCRI's Long COVID study](#).

Minnesota: Findings from WCRI's *CompScope™ Benchmarks for Minnesota, 23rd Edition* were cited in the [June 2023 issue of the Minnesota Department of Labor and Industry's newsletter — COMPACT](#).

Minnesota: Information about our *CompScope™ Medical Benchmarks for Minnesota, 23rd Edition* was mentioned in the [2023 Minnesota Workers' Compensation System Report](#).

New Mexico: WCRI's *CompScope™ Benchmarks* (19th through 23rd Editions) were cited in the [New Mexico Workers' Compensation Administration's 2023 Annual Report](#).

Oregon: Several WCRI studies (*Chiropractic Care for Workers with Low Back Pain*; *The Impact of Oregon's Cost Containment Reforms*; *Prescription Benchmarks, 2nd Edition: Trends and Interstate Comparisons*) were cited by the Oregon Chiropractic Association [in testimony](#) submitted to the Oregon Management-Labor Advisory Committee in support of LC 1486.

Tennessee: Findings from our *Chiropractic Care for Workers with Low Back Pain* study were used in a [blog post](#) on the Tennessee Chiropractic Association's website.

Tennessee: WCRI's *Longer-Term Use of Opioids, 2nd Edition* was cited in Volume 12, Winter Issue 2023 of [AdMIRable Review, Journal of the Tennessee Medical Impairment Rating Registry](#).

Wisconsin: A finding from WCRI's *CompScope™ Benchmarks for Wisconsin* about the time it takes workers injured on the job to return to work was [cited in a press release](#) by the Wisconsin Office of the Commissioner of Insurance.

Wisconsin: WCRI's research on compounded drugs was [mentioned in testimony](#) to the Workers Compensation Advisory Council (WCAC) regarding possible changes to the Wisconsin Workers' Compensation Act.

RESEARCH SPOTLIGHT



IMPACT OF VERTICAL INTEGRATION IN WORKERS' COMPENSATION

As vertical integration of medical providers has increased over the last decade, this study examines how claim costs, disability duration, and the nature of care change when patients see newly integrated medical providers relative to non-integrated providers.

Supporters of vertical integration argue that care can be delivered more efficiently and this translates into improved outcomes. Opponents argue that the rising concentration of medical providers may lead to higher payments for medical care due to lack of competition, without improvements in outcomes. This study addresses these important issues.

The analysis focuses on care provided to workers in 34 states who suffered a work-related injury between 2012 and 2018. It covers the main specialties of medical professionals, including physicians and non-physicians, who treat a large share of workers with injuries.



MONITORING TRENDS AFTER ADOPTION OF DRUG FORMULARIES

This new series of studies examines the impact of formularies on prescription drug utilization and costs in five states (Arkansas, California, Indiana, Kentucky, and New York) that implemented formularies in 2018 and 2019. They also examine the effect on physician dispensing and generic utilization in states with applicable formulary rules.

All the studies answer the following questions:

- Did the formulary reduce overall prescription utilization?
- What was the impact on drugs with different status under the workers' compensation drug formulary? For example, was there a differential effect on non-exempt, exempt, and unlisted drugs under the California Medical Treatment Utilization Schedule (MTUS) formulary?
- What was the impact on various drug groups—opioids, nonsteroidal anti-inflammatory drugs (NSAIDs), dermatological agents, musculoskeletal therapy agents, anticonvulsants, compounds, and others?
- Did the formulary reduce prescription payments per claim?

As the formulary in each state is distinct, readers are advised to take the differences in formulary design and regulations into account when making comparisons across reports examining the impact of the drug formularies in different states. In addition, prescription drug use and costs before the

formulary, drug policies in the state, and other workers' compensation policies that may interact with the enforcement of the formulary rules may also contribute to the differential impacts of the drug formularies.

TIME TO FIRST MEDICAL SERVICE—A WCRI FLASHREPORT

This study examines the time from injury to first medical service among injured workers across states before and after the COVID-19 pandemic. Time to first service provides insights for understanding access to medical care for workers with injuries.

The focus of the analysis is on the median number of days from injury to first medical service by major type of provider (such as physicians, physical/occupational therapists, and hospitals); type of service, including emergency department visits, office visits, surgery, and physical medicine; and injury category, such as fractures, neurologic spine pain, and sprains and strains.

This report includes 17 states and covers the period from 2016 through 2021, with claims experience through March 2022, including non-COVID-19 claims from the first and second years of the COVID-19 pandemic (March 2020 through September 2021). We focus on claims with more than seven days of lost time and 12 months of experience.

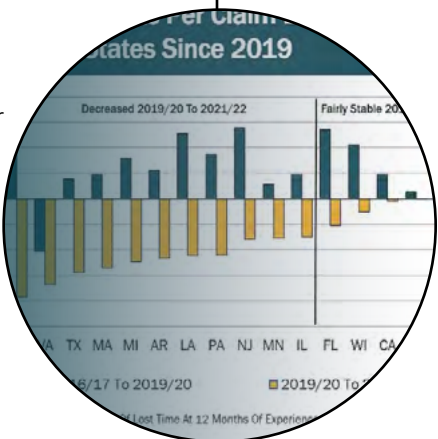
COMPSCOPE™ MEDICAL BENCHMARKS, 24TH EDITION

The factors behind trends in medical payments per claim in 17 state workers' compensation systems and the impact of legislative and regulatory changes on those costs are examined in this 24th edition of CompScope™ Medical Benchmarks.

The studies examine trends in payments, prices, and utilization of medical care for workers with injuries. They provide analyses of recent costs and trends for policymakers and other system stakeholders, reporting how medical payments per claim and cost components vary over time and from state to state. The studies cover the period from 2016 through 2021, with claims experience through March 2022.

The 17 states in the study — Arkansas, California, Florida, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, New Jersey, North Carolina, Pennsylvania, Tennessee, Texas, Virginia, and Wisconsin — represent about 60 percent of the nation's workers' compensation benefit payments. Individual reports are available for every state except Arkansas, Iowa, and Tennessee.

The results we report reflect experience on claims through March 2022, including



non-COVID-19 claims from the first and second years of the COVID-19 pandemic (March 2020 through September 2021). The study, therefore, provides a look at how the pandemic likely impacted non-COVID-19 workers' compensation claims in the first two years of the pandemic.

WORKERS' COMPENSATION PRESCRIPTION DRUG REGULATIONS: A NATIONAL INVENTORY, 2023

This report gathers in one place the numerous state regulations affecting prescription drugs in all 50 states, including workers with injuries. The report also provides information on some of the most prominent prescription drug issues stakeholders were concerned about in 2023, such as the following:

- Workers' compensation drug formularies
- Rules for limiting and monitoring opioid prescriptions
- Price regulations for pharmacy- and physician-dispensed drugs
- Expanded role for pharmacists in patient care
- Prescription drug monitoring programs
- Pharmacy benefit manager regulations
- Medical marijuana regulations

The tables in this report were compiled from completed surveys of two agencies for each of the 50 states and the District of Columbia. Since prescription drug regulations are changing rapidly in the United States, the information in this report is a snapshot in time, as of January 1, 2023.

INSIGHTS INTO MEDICAL INFLATION IN WORKERS' COMPENSATION — A WCRI FLASHREPORT

The steep growth in consumer prices for energy, food, and housing over the last few years created concerns about potential rising inflation in medical care. This study examines to what extent the recent sizable price growth for all goods and

services spread to the health care sector in general and to workers' compensation in particular.

The study brings together information on changes in workers' compensation medical prices and external data on consumer price inflation and medical sector inflation over the 2012 to 2022 period. It identifies the main drivers of the workers' compensation medical cost growth and focuses on the price components associated with the major provider types. It discusses how state-specific workers' compensation price regulations allow for adjustments in reimbursement rates during inflationary price growth periods. How fee schedules shape the growth in professional prices and hospital outpatient facility payments is also addressed.

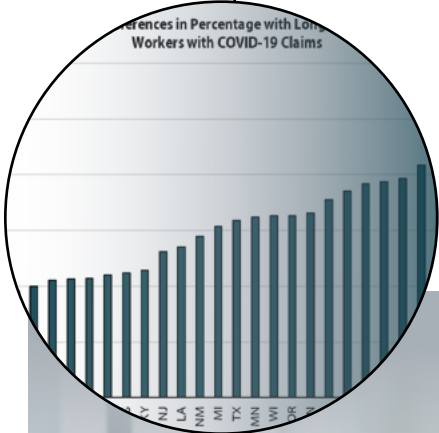
In addition, the study discusses several mechanisms through which faster increases in medical prices and payments in workers' compensation may be possible in the future, as health care price increases may lag behind inflation in the overall economy.

LONG COVID IN THE WORKERS' COMPENSATION SYSTEM IN 2020 AND 2021

This study examines the prevalence of long COVID among workers with COVID-19 workers' compensation claims that occurred between March 2020 and September 2021. For each claim, we collected information on medical care and income benefits that were provided through the end of March 2022, across 31 states.

The study time frame covers COVID-19 claims from the early period of the pandemic, as well as claims from the period when the delta variant of the SARS-CoV-2 virus was predominant and COVID-19 vaccinations became widely available. Since we examine post-infection claim records through the end of March 2022, we observe up to 24 months of medical care and income benefits after the infection date, thus providing an extended view on workers' experiences. We also highlight comparisons of selected measures over time.

Early periods of the pandemic were unusual times with limited guidance about preferred treatments, and even access to providers was a challenge as medical facilities were often overwhelmed. We show that patterns of recovery changed slightly in the subsequent waves of infection and once the vaccinations became available.



Learn more about these studies and other important research at www.wcricnet.org.



PUBLISHED IN 2023

Changes in the Workforce and Their Impact on Workers' Compensation Outcomes

Comorbidities and Recovery after Physical Therapy for Low Back Pain

CompScope™ Benchmarks, 23rd Edition (14 individual state studies)

CompScope™ Medical Benchmarks, 24th Edition (14 individual state studies)

Factors Associated with Extended Use of Physical Medicine Services for Workers with Low Back Pain

Hospital Outpatient Payment Index: Interstate Variations and Policy Analysis, 12th Edition

Impact of Medical Provider Consolidation on Workers' Compensation Payments

Impact of Vertical Integration in Workers' Compensation

Insights into Medical Inflation in Workers' Compensation—A WCRI FlashReport

Long COVID in the Workers' Compensation System in 2020 and 2021

Monitoring Trends after Adoption of Drug Formularies (5 individual state studies)

Patient-Reported Functional Outcomes after Low Back Pain—A Comparison of Workers' Compensation and Other Payers

Social Determinants of Health in Workers' Compensation—WCRI Research Notes

Time to First Medical Service—A WCRI FlashReport

Trends in the Delaware Workers' Compensation System, 2016–2021

The Research Program

The Institute's research program helps those interested in improving workers' compensation systems by providing much-needed data and analyses that help answer these questions:

- How are workers' compensation systems performing?
- How do various state systems compare?
- How can systems better meet workers' needs?
- What factors are driving costs?
- What is the impact of legislative change on system outcomes?
- What are the possible consequences of proposed system changes?
- Are there alternative solutions that merit consideration? What are their consequences?

Too often, public policies are shaped by anecdote and emotion, not by objective evidence about current system performance or the consequences of proposed changes. As a result of WCRI research, policymakers and stakeholders can make information-based decisions that prove to be more enduring because they are more efficient, more equitable, and better designed to meet the needs of workers and employers. Specifically, WCRI research meets these important stakeholder needs:

- Measuring system results to encourage continuous improvement and move the system away from the historic cycle of crisis-reform-crisis that has frequently characterized workers' compensation in the past.
- Examining disability and medical management by evaluating and measuring the outcomes of medical care. These studies provide regulators with information about managing workplace injuries, what regulatory barriers are unnecessary or counterproductive, and what regulatory protections are needed for injured workers to ensure quality outcomes. These studies also help guide business decisions.

- Identifying system features that improve performance or drive costs and quantifying their impact on system performance. These studies focus attention on system strengths and opportunities for improvement. They also provide lessons from successful states that other states may follow.

Like all of WCRI's research, studies are free for members and can be downloaded from our website: www.wcrinet.org.

PRESENTATIONS & EDUCATION

EDUCATING DIVERSE GROUPS

This is a sample of the diverse groups with which we shared our research over the past year.

- Amtrak
- Center for Medicare and Medicaid Innovation
- Colorado Division of Workers' Compensation
- Illinois Workers' Compensation Commission
- Indiana Compensation Rating Bureau
- International Workers' Compensation Foundation
- Louisiana Department of Insurance
- Louisiana Office of Workers' Compensation
- Massachusetts Trial Court Law Libraries
- Mississippi Association of Self-Insurers
- National Safety Council
- New Jersey Compensation Rating and Inspection Bureau
- New York Workers' Compensation Board
- North Carolina Rate Bureau
- Raytheon
- Transport Accident Commission
- University of California San Diego
- Wisconsin Compensation Rating Bureau
- WorkCover Queensland

RESEARCH PRESENTED

This is a sample of the events and venues where we were invited to present at during the past year.

- 2023 IAIABC Forum
- 2023 LASIE Legislative Forum
- 2023 NCOIL Summer Meeting
- 2023 WCI Conference
- 23rd International ORP Congress
- Alaska Workers' Compensation Board
- American Society of Workers' Compensation Professionals (AMCOMP)
- Montana Self Insurers' Association Webinar on WCRI's study *Extended Use of Physical Medicine for Workers with Low Back Pain*
- NIOSH Workers' Compensation Workgroup webinar
- Pennsylvania Chamber of Commerce
- Pennsylvania Workers' Compensation Advisory Council
- The ITF (Industry Task Force) Association

PRESENTATIONS & EDUCATION (continued)



CLICK HERE
to view photos and articles
written about many of the
sessions.

2023 ANNUAL CONFERENCE

More than 400 people attended our 2023 Annual WCRI Issues & Research Conference, held in Phoenix, AZ. Noted labor economist David Autor kicked off the conference with a talk on automation and the future of work, including whether artificial intelligence will replace or complement us. On both days, diverse and distinguished panels discussed the labor shortage and the changing workplace (in person, hybrid, remote) while WCRI's researchers highlighted the Institute's latest research on medical inflation, long COVID, the use of physical medicine for low back pain, and the impact of the pandemic on the workers' compensation system.

WEBINARS

- Medical Inflation in Workers' Compensation (number registered: 708)
- Long COVID in the Workers' Compensation System in 2020 and 2021 (number registered: 679)
- Designing a Workers' Compensation Medical Fee Schedule (number registered: 199)
- Extended Physical Medicine for Workers with Low Back Pain (number registered: 173)
- CompScope™ Medical Benchmarks, 24th Edition (number registered: 172)

[Click here](#) to watch these and other webinars.



VIDEOS

With video increasingly becoming the preferred way to convey information, WCRI produces video clips for each study we publish. In these videos, we walk viewers through the studies so they can better understand the purpose of the studies, see what lies inside, and understand how to access the information.

Jurisdiction	Statute Reference	Is There a Pharmacy Fee Schedule Under Workers' Compensation? (Link to Table 6)	Workers' Compensation Formulary or Drug List? (Link to Table 6)	Is Prior Authorization Required for Any Drug? (Link to Table 6 and 8)	Treatment Guidelines for Rx in Workers' Compensation? (Link to Table 8 and 9)	Who Makes Pharmacy Choice?	May Physicians Dispense Drugs in Workers' Compensation? (Link to Table 7)
Alabama	AL Code § 25-1-1 et seq.	Yes	No	No	No	Employer	Yes
Alaska	AS 23.30.007	Yes	No	No	No	Worker	Yes
Arizona	A.R.S. § 23-900(B)	Yes	Yes	No	Yes	Worker	Yes
Arkansas	AR Code 11-9-517 Repl. 1990 and Commission Rule 009.02 effective March 1, 1992	Yes	Yes (effective July 1, 2018)	The counterpart prescriptions may be prescribed in excess of 90 MED but shall not exceed 90 MED	No	Employer	Yes, but they must be licensed as a dispensing physician
California	CA Labor Code sec. 4607.27	Yes	Yes (2)	Yes	Yes (2)	Employer (ACCO or PERS) or employee (3)	Yes
Colorado	B-43-101(1)(b)	Yes	Yes	Yes	Yes	Worker	Yes
Connecticut		Yes	Yes	Yes	Yes	Worker (2)	Yes
Delaware	19 DE Code § 2322(b)(3) DE Regs. 1341 & 13	Yes	Yes	Yes for non-preferred drugs	Yes	Worker	Yes
District of Columbia		No	No	No	No	Worker	Yes
Florida	440.18-12(a)	(2)	Yes	(2)	No	Worker	Yes
Georgia	O.C.G.A. § 49-205(a)	Yes	Yes	No	No	Worker (prior 3)	Yes
Hawaii		Yes	No	No	No	Worker	Yes
Idaho	72-803	Yes	No	No	No	Worker	Yes
Illinois		No	No	No	No	Worker	Yes
Indiana	IC 23-5-3-4.7	No	Yes, adopted OOD	Yes	No	Employer/Worker	Yes

In 2023, videos on our YouTube channel received more than 7,000 individual views. In addition to video clips for each of our studies, our YouTube channel includes videos on the benefits of becoming a member of WCRI, as well as attending our annual conference.

All our videos can be viewed on our [YouTube channel](#) or website at www.wcrintet.org.

THE IMPACT OF SOCIAL MEDIA

Since 2011, WCRI has maintained a strong presence across the most popular social media channels. On platforms such as Facebook, LinkedIn, Instagram, YouTube, and X (formerly known as Twitter), the Institute disseminates news and information to a broad audience interested in workers' compensation issues.

SAMPLE POSTS ABOUT WCRI:



Mark I. Weinberger, PhD, MPH • 2nd

President & CEO | Board Member | The IMA Group

4mo •

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Important article from **WCRI** on the negative impact of mental health comorbidities (anxiety, depression, sleep dysfunction) on functional outcomes. Even though, many of us may have assumed this makes sense logically, having data to support how mental health difficulties impacts return to work is crucial. Good read!



WCRI

3,793 followers

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WCRI: Mental Health Comorbidities Related to Poorer Functional Outcomes Than Physical Health Comorbidities in Workers with Low Back Pain. Learn more about this new study at <https://buff.ly/47qE2wE>. #workerscomp #mentalhealth



WCRI: Mental Health Comorbidities Related to Poorer Functional Outcomes Than Physical Health Comorbidities in Workers with Low Bac...

wcri.net.org • 2 min read



WORK COMP ANALYSIS GROUP

Michael J. Marsh, RPA, CIPA, CIA, CIU • 3rd+

4mo •

Join

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Every workers' compensation professional needs to read this and the backing WCRI study, as provider consolidations increase in numbers, workers' compensation costs and length of disabilities RISE.

nat tip Joe Paduda

<https://lnkd.in/gZUPP-wq>

billings/provided per visit (increase in the number of visits per claim on and management services (increase in seeing the patient (increase of 18 services—major radiology (increase joepaduda.com • 1 min read

Provider consolidation = Higher workers' comp costs, longer disability - Managed Care Matters



Michele Adams • 2nd

VP, Walmart Claims Services; Problem Solver; Business Tra...

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Attending the **WCRI** Board meeting in Boston this week. I'm always impressed with the level of insight and breadth of information **WCRI** provides. Sharing a great opportunity to learn more about their recent research. Be sure to follow WCRI if you are interested in future research and webinar opportunities.



WCRI

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Don't miss next Thursday's (6/22) webinar at 2 p.m. ET as we present findings from a recent WCRI study—Factors Associated with Extended Use of Physical Medicine Services for Workers with Low Back Pain. Learn more at <https://buff.ly/3CrD0as>. #workerscomp #medical





Injured Workers Pharmacy

3,030 followers

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Attention, law firms! Gain insight into formulary implementations across states to enhance your workers' compensation cases. WCRI's renowned analysis reveals fascinating variations in results. California and New York saw remarkable cost decreases, offering potential savings for your clients. Meanwhile, Arkansas, Indiana, and Kentucky had minimal impact on drug expenditures. New York's data indicated a 34% drop in prescription payments per medical claim and California's noted significant declines in claims and prescriptions. WCRI's comprehensive study from Q1 2016 to Q1 2021 provides a foundation for predicting trends and formulating winning strategies. Stay ahead and guide your clients effectively with this exclusive information. #FormularyImplementations #WCRI #PrescriptionPayments #WorkComp #WinningStrategies <https://bit.ly/43ngYwd>





Phyllis Ramondetta RN, BS, CCM, CLCP, M...

Senior National Catastrophic Medical Consultant at Midwes...

8mo •

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Long COVID present in 6% of comp claims: study from Business Insurance. Interesting statistics from WCRI. #iworkformidwest #covid19



Long COVID present in 6% of comp claims: study - Business Insurance

businessinsurance.com • 1 min read

MEDIA COVERAGE

This past year, our research was mentioned more than 542 times in newspapers and blogs all across the country. This is a sample of the news coverage our research received.

















14

15

AT A GLANCE



18,328

EMAIL LIST SUBSCRIBERS



8,238

SOCIAL MEDIA FOLLOWERS



1,931

WEBINAR REGISTRATIONS



7,070

VIEWS ON OUR YOUTUBE CHANNEL



542

PRESS MENTIONS



WCRI

Workers Compensation Research Institute

2023



200

MEMBER ORGANIZATIONS



90

BRIEFINGS AND PRESENTATIONS TO EXTERNAL AUDIENCES



48

STUDIES PUBLISHED

GIVING BACK

WCRI believes in corporate social responsibility, whether by giving back to our community or protecting the environment for future generations, with ongoing and new initiatives.

Over the years, the Institute has contributed both time and money to causes such as **Cradles to Crayons**, **Kids' Chance**, **The Greater Boston Food Bank**, and **Tailored for Success, Inc.**

For WCRI's annual staff volunteer outing, we picked apples at Boston Hill Farm and then donated them to Foodlink, which delivers fresh food to 80–100 community-based organizations (food pantries, homeless shelters, senior centers) serving people throughout Greater Boston.

WCRI donates \$2–\$3 to **Kids' Chance** for every completed post-webinar and conference feedback survey — resulting in more than \$20,000 in cash donations to date — to benefit children affected by a parent's work-related injury or death, so they can pursue their educational dreams without financial burden.



"I have found that among its other benefits, giving liberates the soul of the giver."
– Maya Angelou

MEMBER SPOTLIGHT

WCRI conducts quarterly interviews with members to learn why they became members, the value they derive from our research, and other questions. Here are some examples of how members responded to one of the questions:

“WHAT VALUE DO YOU DERIVE FROM BEING A MEMBER OF WCRI?”



“There’s lots of different kinds of value, but I’d say the one that I really rely on WCRI for is keeping me updated on what’s going on in the workers’ compensation industry.”
– Carmen Sharp, The Hanover Insurance Group



“WCRI provides valuable and credible facts on how various approaches work (or don’t work) in practice. This is especially helpful when working with regulators and labor.”
– John Smolk, Southern California Edison



“The reports provided help us to assess the Virginia workers’ compensation system, including costs, utilization, payments, and the like, while bringing to our attention any concerns that may require further review and/or operational improvements.”
– Evelyn V. McGill, Virginia Workers’ Compensation Commission



“It’s really looking at that comparative analysis and then being able to use that information to make tweaks to the law to make it better for workers while at the same time making it fair for employers.”
– Marc Poulos, Indiana, Illinois, Iowa Foundation for Fair Contracting

Read the full versions of these interviews at www.wcrinet.org/news/member-spotlight.

GOVERNANCE (AS OF 1/1/2024)

The responsibility for policymaking rests with the Institute’s board of directors — a representative group of members who are elected by the membership for staggered three-year terms and meet three times a year. Operating responsibility is vested by the board in the president and CEO, with direction from the board and advice from committees established by the board.

The Research Committee, composed of representatives of member companies, gives the president and CEO guidance on the Institute’s research program.

The Disability and Medical Management Advisory Board provides guidance to the president and CEO, as well as funding for issues related to disability and medical management.

Project advisory committees assist the research staff in the formulation and conduct of specific studies. These committees are made up of representatives of member companies, public officials, academic researchers, and others knowledgeable about the specific topics before them.

BOARD

- Joseph Wells, Everest Insurance — Chair
- Michele Adams, Walmart — Vice-Chair
- Jon Stewart, Kentucky Employers’ Mutual Insurance (KEMI) — Treasurer
- Paul Kearney, AF Group
- Ira Feuerlicht, AIG
- Denise Zoe Algire, Albertsons Companies
- Steven A. Bennett, American Property Casualty Insurance Association
- Debra Kane, CNA
- Russell J. Pass, Gallagher Bassett
- Melissa Zaparanick, The Hartford
- Douglas Anderson, Liberty Mutual Insurance
- Steve Perroots, Marriott International, Inc.
- Kevin Brady, The PMA Insurance Group
- Kimberly George, Sedgwick
- Diana Haven, Stanford University
- Richard Ives, The Travelers Companies, Inc.
- Joan Vincenz, United Airlines
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