Davies

Rebuilding the Return-to-Work Blueprint for the Modern Public Workforce

Innovative Strategies for Efficient Workforce Integration

Speaker Panel

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Agenda

1. Industry Trends
2. Current Challenges in the Workplace
3. Managing Lost Time through Different Employer Programs
4. Collaboration of Interventions
   - Employer
   - TPA/Managed Care Services
   - Medical Provider
5. Success Stories

2026 Industry Trends

Injury incidents continue to decline

3.1% decline in workplace injuries

4.0% decline in fatalities

Costs per claim are increasing

Claim complexity increasing

Wage replacement increasing

Florida trends closely align with national patterns

Ranks in the middle nationally

Medical cost increasing with complexity and fee schedule

Public and private sector trends differ meaningfully

Higher risk occupations

Greater severity in injury types

Coordinating Workers' Compensation, FMLA, ADA, and Leave Without Administrative Friction

Challenges of Overlapping Policies

Independent management of WC, FMLA, ADA, and leave policies causes mixed messages and duplicated documentation.

Centralized Coordination Model

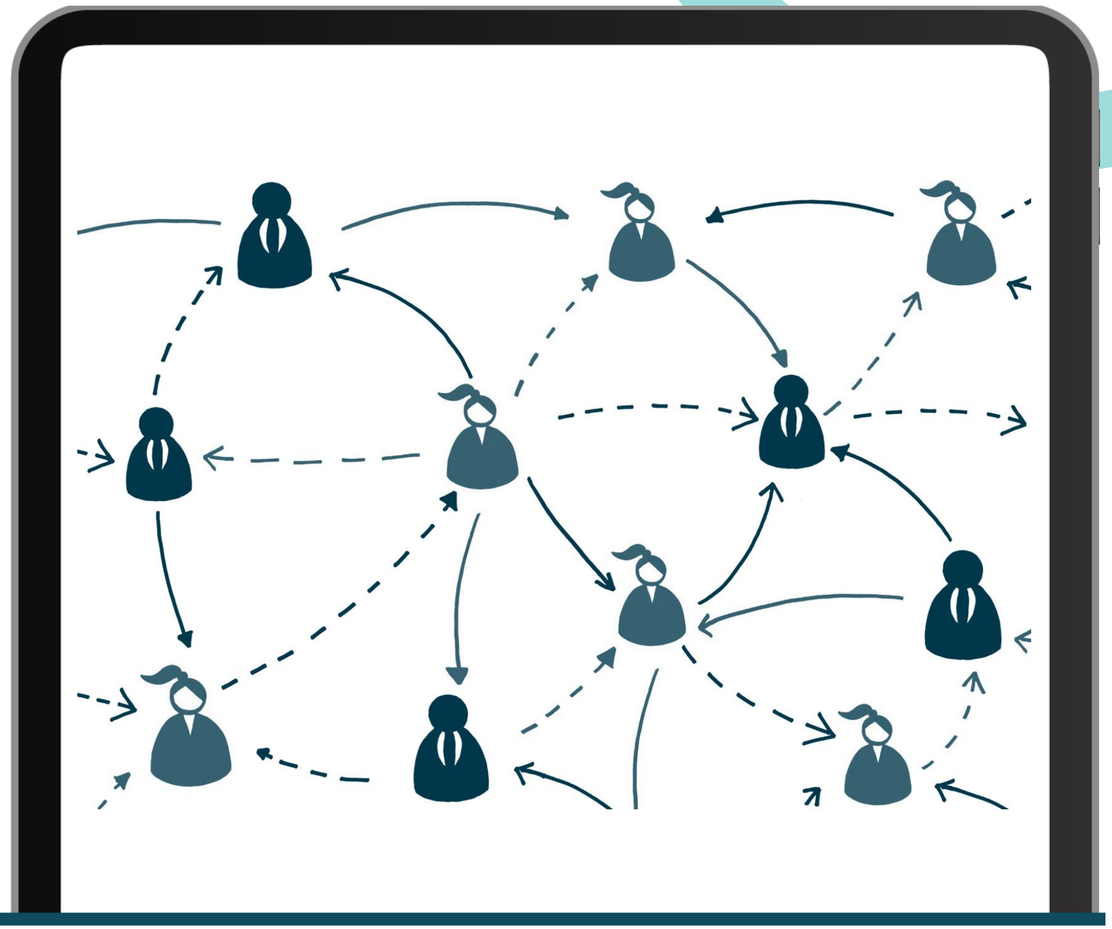
A unified strategy aligning claims management and leave administration reduces delays and confusion.

Early ADA Integration

Incorporating ADA early helps shift from simple return decisions to tailored accommodation discussions.

Benefits of Coordination

Coordinated efforts improve employee experience, speed return-to-work and reduce claim duration through clarity.



Why Traditional Return-to-Work Models Are Failing Today's Public Workforce

Misalignment with Modern Workforce

Traditional RTW models assume fixed roles and linear recovery, but today's workforce demands flexible, hybrid, and evolving job structures.

Fragmented Program Challenges

Separate administration of Workers' Compensation, FMLA, ADA, and leave policies causes delays and prolonged lost-time claims.

Public Sector Complexity

Union agreements and rigid job classifications add layers of complexity limiting RTW options in the public workforce.

Need for Outcomes-Driven Approach

Successful RTW programs require flexibility, early engagement, and focus on recovery, productivity, and employee engagement.

Early Interventions and Creative Job Design That Improve Outcomes

Early Proactive Contact

Successful return-to-work starts with proactive communication within 24 to 48 hours of injury or leave.

Creative Job Reassignment

Reassigning employees to tasks matching medical restrictions accelerates productivity and reduces costs.

Union Collaboration

Engaging union leadership to create approved light-duty task pools ensures fairness and increases utilization.

Meaningful Task Alignment

Aligning meaningful work with functional capacity supports recovery, dignity, and organizational goals.

Why Traditional Return-to-Work Models Are Failing Today's Public Workforce

Flexibility Across Roles

RTW programs must cover various job types and work settings including in-person, hybrid, and remote roles.

Pre-Approved Modified Duties

Pre-approving modified duty roles removes supervisory hesitation and reduces unnecessary work delays.

Stakeholder Buy-In and Accountability

Securing buy-in from HR, operations, unions, and employees, with managers held accountable, ensures consistent program use.

Continuous Engagement

Regular communication and clear expectations keep employees engaged throughout the RTW claim lifecycle.

Rebound Pro: Empowering Resilience, Restoring Careers

Program Objectives

Monitoring & Follow-Up

Assessment & Individualized Plans

Psychological & Social Support

Job Coaching & Skills Training

Employer Engagement & Workplace Modifications

Rebound Pro: Empowering Resilience, Restoring Careers

Assessment Tools

- Evaluation of Functional Capacity Evaluation (FCE) Report: Measures physical ability to perform work tasks
- Work Samples and Simulations: Assesses practical job skills
- Vocational Interest Inventories: Identifies career preferences and strengths
- Labor Market Analysis: Determines job availability and suitable roles
- Psychological Assessments: Evaluates cognitive and emotional readiness for work vender out
- Transferable Skills Analysis: Identifies skills applicable to new job opportunities

Leveraging AI to Drive Outcomes

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Faster MMI

Faster Return to Work

Lowest Cost

Injured Worker ⟷ Client/Employer

Benefits

- Injured Worker Satisfaction
- Improved Closure Ratios
  Minimize TTD
- Reduction of Overall
  Medical Spend

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SmartMatch™ Physical Medicine Experts

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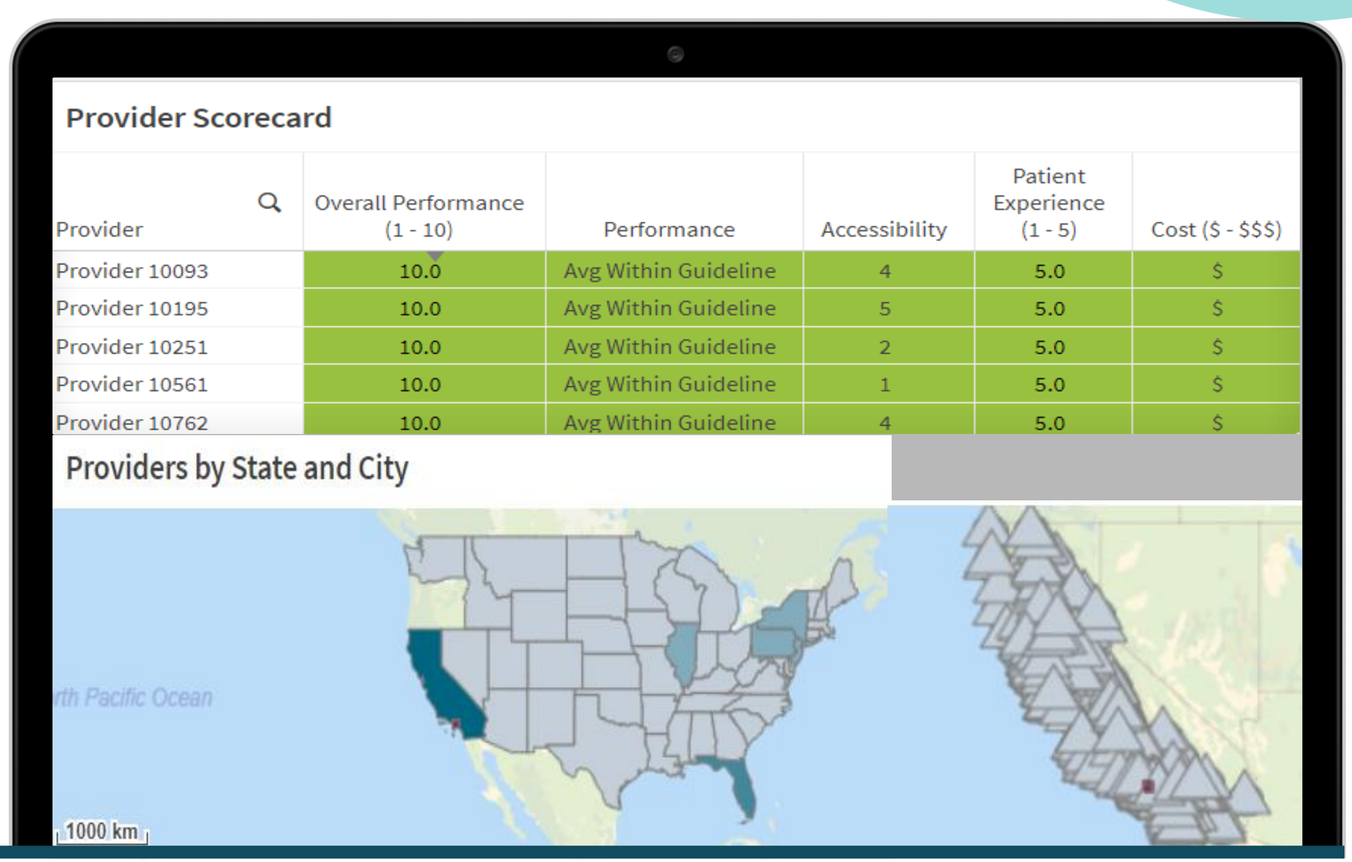
SmartMatch technologies uses AI to determine the best Physical Medicine provider for each individual Injured Worker in the area in which they are treating.

Performance of Provider
Utilization Outcomes vs Expected Guideline

Accessibility of Provider
Ability to get the Injured Worker into Treatment within X Days from Referral

Cost of Provider

Patient Satisfaction
Outcomes Metrics, Provider Satisfaction Surveys.



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Claim Cost Results

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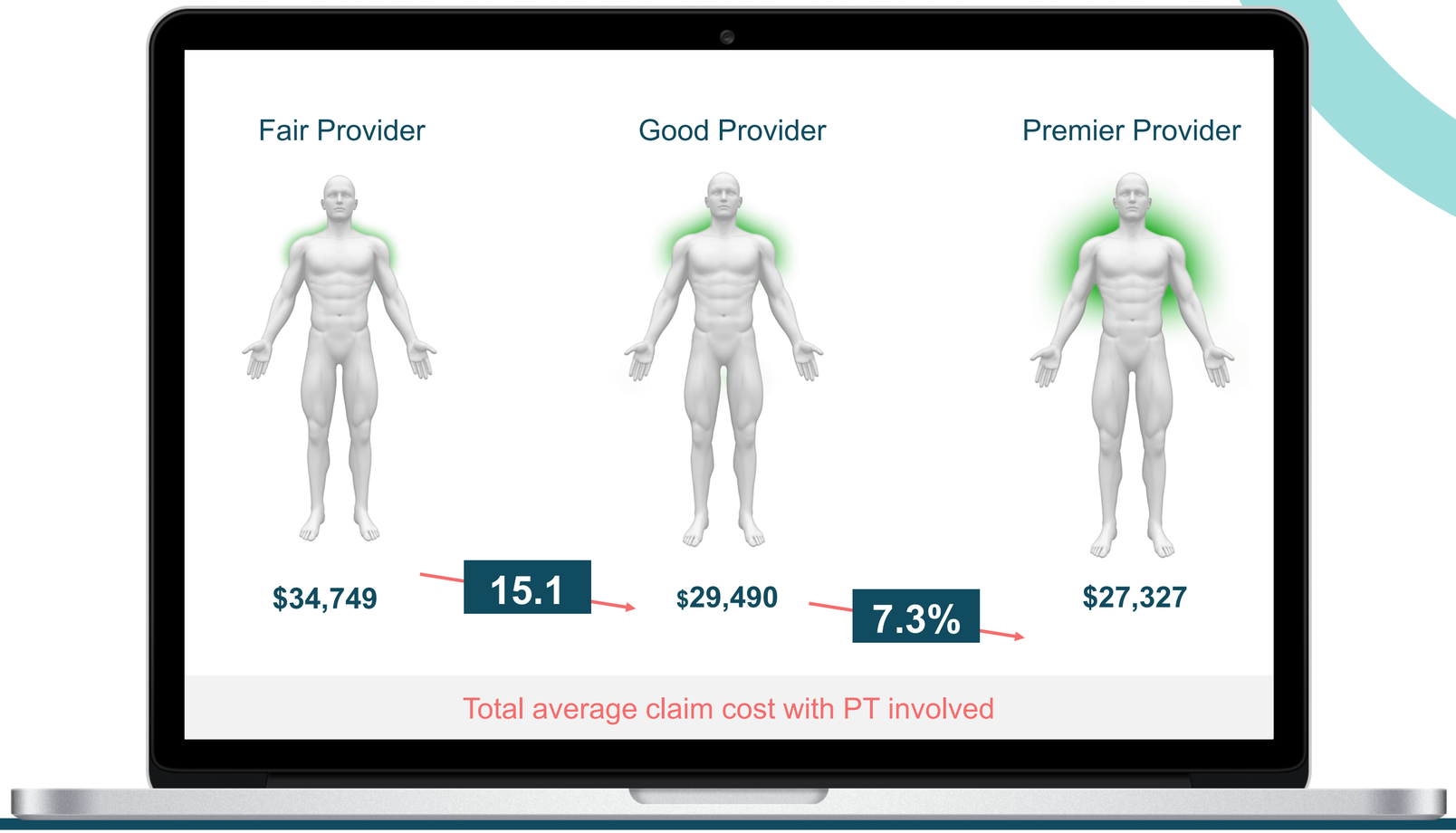
Strong results in the PT world when optimizing care direction



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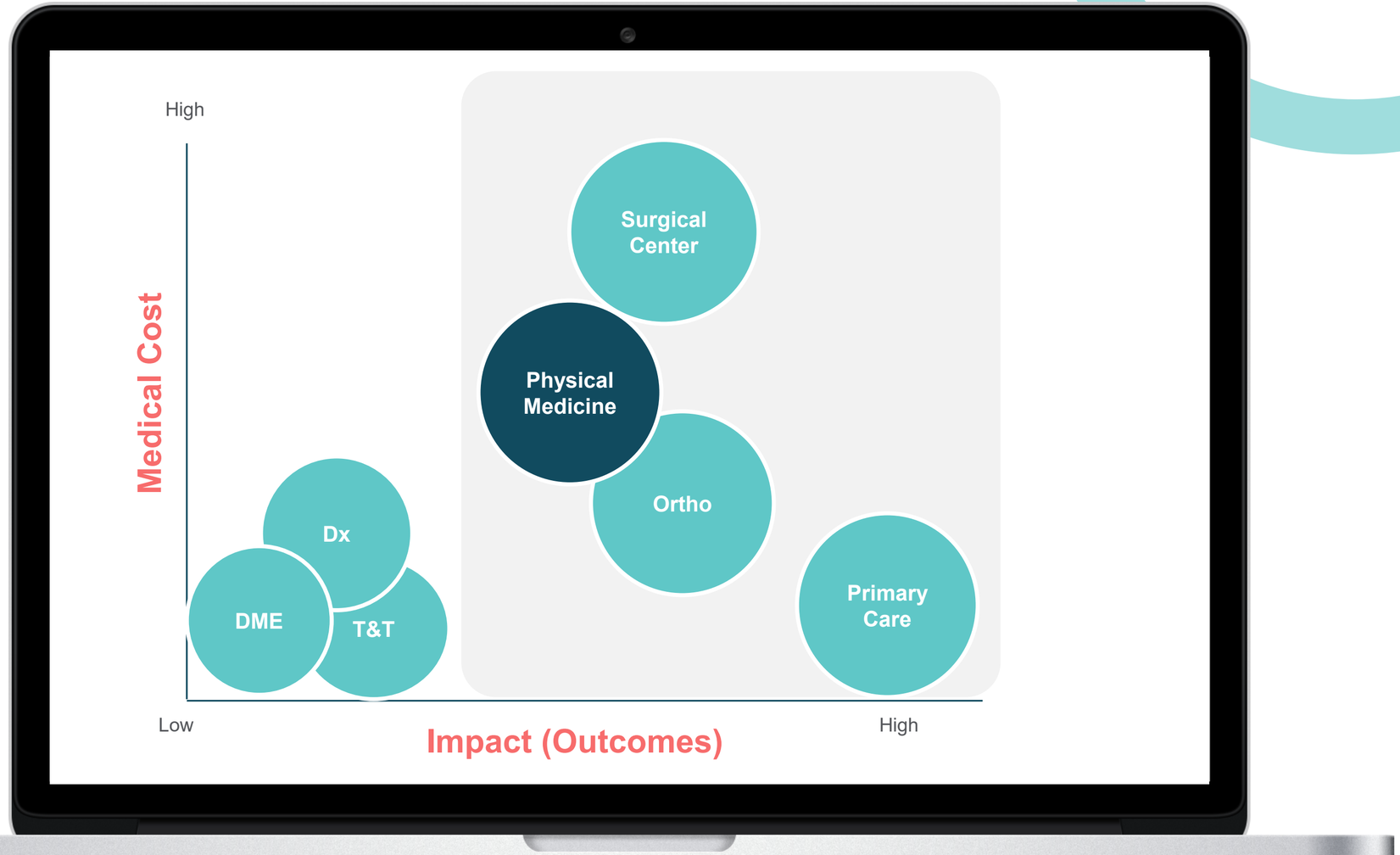
Future Use Expansion of Care Direction

Physical Medicine makes up 12-15% of Medical Spend

DME, T&T, and Dx makes up 6-12% of Medical Spend

73%+ of Medical Spend currently unmanaged by Insights Driven Care Direction



Medical Provider Education
FL DWC 25 Form

Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form - PAGE 1

BEFORE COMPLETING THIS FORM, PLEASE CAREFULLY REVIEW THE INSTRUCTIONS BEGINNING ON PAGE 3

NOTE: Health care providers shall legibly and accurately complete all sections of this form, limiting their responses to their area of expertise.

1. Insurer Name:	2. Visit/Review Date: / /	5. FOR INSURER USE ONLY
3. Injured Employee (Patient) Name:	4. Date of Birth: / /	
6. Date of Accident: / /	7. Employer Name	8. Initial visit with this physician? ☐ a) NO ☐ b) YES

SECTION I CLINICAL ASSESSMENT / DETERMINATIONS

9. ☐ No change in Items 9 – 13d since last reported visit. If checked, GO TO SECTION II.

10. Injury/ Illness for which treatment is sought is:
☐ a) NOT WORK RELATED ☐ b) WORK RELATED ☐ c) UNDETERMINED as of this date

11. Has the patient been determined to have Objective Relevant Medical Findings? Pain or abnormal anatomical findings, in the absence of objective relevant medical findings, shall not be an indicator of injury and/or illness and are not compensable.
☐ a) NO ☐ b) YES ☐ c) UNDETERMINED as of this date
If YES or UNDETERMINED, explain: ____

12. Diagnosis(es): ____
____

13. Major Contributing Cause: When there is more than one contributing cause, the reported work-related injury must contribute more than 50% to the present condition and be based on the findings in Item 11.
a) Is there a pre-existing condition contributing to the current medical disorder?
☐ a_1) NO ☐ a_2) YES ☐ a_3) UNDETERMINED as of this date
b) Do the objective relevant medical findings identified in Item 11 represent an exacerbation (temporary worsening) or aggravation (progression) of a pre-existing condition?
☐ b_1) NO ☐ b_2) exacerbation ☐ b_3) aggravation ☐ b_4) UNDETERMINED as of this date
c) Are there other relevant co-morbidities that will need to be considered in evaluating or managing this patient?
☐ c_1) NO ☐ c_2) YES
d) Given your responses to the Items above, is the injury/illness in question the major contributing cause for:
☐ d_1) NO ☐ d_2) YES the reported medical condition?
☐ d_3) NO ☐ d_4) YES the treatment recommended (management/treatment plan)?
☐ d_5) NO ☐ d_6) YES the functional limitations and restrictions determined?

SECTION II PATIENT CLASSIFICATION LEVEL

☐ 14. LEVEL I - Key issue: specific, well-defined medical condition, with clear correlation between objective relevant physical findings and patients' subjective complaints. Treatment correlates to the specific findings.

☐ 15. LEVEL II - Key issue: regional or generalized deconditioning (i.e. deficits in strength, flexibility, endurance, and Motor control. Treatment: physical reconditioning and functional restoration.

☐ 16. LEVEL III -Key issue: poor correlation between patient's complaints and objective, relevant physical findings, indicating both somatic and non-somatic clinical factors. Treatment: interdisciplinary rehabilitation and management.

☐ 17. LEVEL UNDETERMINED AS OF THIS DATE.

SECTION III MANAGEMENT / TREATMENT PLAN

☐ 18. No clinical services indicated at this time. If checked, GO TO SECTION IV

☐ 19. No change in Items 20a – 20g since last report submitted. If checked, GO TO SECTION IV

20. The following proposed, subsequent clinical service(s) is/are deemed medically necessary.
*** THIS IS A PROVIDER'S WRITTEN REQUEST FOR INSURER AUTHORIZATION OF TREATMENT OR SERVICES. ***

☐ a) Consultation with or referral to a specialist. Identify principal physician: ____
Identify specialty & provide rationale: ____
☐ a_1) CONSULT ONLY ☐ a_2) REFERRAL & CO-MANAGE ☐ a_3) TRANSFER CARE

☐ b) Diagnostic Testing: (Specify) ____

☐ c) Physical Medicine. Check appropriate box and indicate specificity of services, frequency and duration below:
☐ c_1) Physical/Occupational therapy, Chiropractic, Osteopathic or comparable physical rehabilitation.
☐ c_2) Physical Reconditioning (Level II Patient Classification)
☐ c_3) Interdisciplinary Rehabilitation Program (Level III Patient Classification)
Specific instruction(s): ____

☐ d) Pharmaceutical(s) (specify): ____

☐ e) DME or Medical Supplies: ____

☐ f) Surgical Intervention - specify procedure(s): ____
☐ f_1) In-Office: ____
☐ f_2) Surgical Facility: ____
☐ f_3) Injectable(s) (e.g. pain management): ____

☐ g) Attendant Care: ____

Form DFS-F5-DWC-25 (revised 1/31/2008) Page 1 of 2

Medical Provider Education

Work Restrictions

Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form – PAGE 2

Patient Name: | D/A: / / | Visit/Review Date: / /

SECTION IV FUNCTIONAL LIMITATIONS AND RESTRICTIONS

Assignment of limitations or restrictions must be based upon the injured employee's specific clinical dysfunction or status related to the work injury. However, the presence of objective relevant medical findings does not necessarily equate to an automatic limitation or restriction in function.

☐ 21. No functional limitations identified or restrictions prescribed as of the following date: ___/___/___.

☐ 22. The injured workers' functional limitations and restrictions, identified in detail below, are of such severity that he/she cannot perform activities, even at a sedentary level (e.g. hospitalization, cognitive impairment, infection, contagion), as of the following date: ___/___/___. *Use additional sheet if needed.*

☐ 23. The injured worker may return to activities so long as he/she adheres to the functional limitations and restrictions identified below. Identify ONLY those functional activities that have specific limitations and restrictions for this patient. Identify joint and/or body part _____. Use additional sheet if needed.

Functional Activity	Load	Frequency & Duration	ROM/ Position & Other Parameters
☐ Bend			
☐ Carry			
☐ Climb			
☐ Grasp			
☐ Kneel			
☐ Lift-floor > waist			
☐ Lift-waist>overhead			
☐ Pull			
☐ Push			
☐ Reach – overhead			
☐ Sit			
☐ Squat			
☐ Stand			
☐ Twist			
☐ Walk			
☐			
☐ Other			

COMMENTS:

Other choices; Skin Contact/ Exposure; Sensory; Hand Dexterity; Cognitive; Crawl; Vision; Drive/Operate Heavy Equipment; Environmental Conditions: heat, cold, working at heights, vibration; Auditory; Specific Job Task(s); etc.

NOTE: Any functional limitations or restrictions assigned above apply to both on and off the job activities, and are in effect until the next scheduled appointment unless otherwise noted or modified prior to the appointment date.

Specify those functional limitations and restrictions, in Item 23, which are permanent if MMI / PIR have been assigned in Item 24.

SECTION V MAXIMUM MEDICAL IMPROVEMENT / PERMANENT IMPAIRMENT RATING

24. Patient has achieved maximum medical improvement?
☐ a) YES, Date: ___/___/___ ☐ b) NO ☐ c) Anticipated MMI date: ___/___/___
☐ d) Anticipated MMI date cannot be determined at this time. Future Medical Care Anticipated: ☐ e) YES ☐ f) No
☐ Comments: _____

25. ___% Permanent Impairment Rating (body as a whole) Body part/system: _____

26. Guide used for calculation of Permanent Impairment Rating (based on date of accident - see instructions):
☐ a) 1996 FL Uniform PIR Schedule ☐ b) Other, specify: _____

27. Is a residual clinical dysfunction or residual functional loss anticipated for the work-related injury?
☐ a) YES ☐ b) NO ☐ c) Undetermined at this time.

SECTION VI FOLLOW-UP

28. Next Scheduled Appointment Date & Time: ___/___/___ ___:___.m.

SECTION VII ATTESTATION STATEMENT

"As the Physician, I hereby attest that all responses herein have been made, in accordance with the instructions as part of this form, to a reasonable degree of medical certainty based on objective relevant medical findings, are consistent with my medical documentation regarding this patient, and have been shared with the patient." *"I certify to any MMI / PIR information provided in this form."*

Physician Group: _____ Date: ___/___/___

Physician Signature: _____ Physician DOH License #: _____

Physician Name: _____ Physician Specialty: _____

(print name)

If any direct billable services for this visit were rendered by a provider other than a physician, please complete sections below:

"I hereby attest that all responses herein relating to services I rendered have been made, in accordance with the instructions as part of this form, to a reasonable degree of medical certainty based on objective relevant medical findings, are consistent with my medical documentation regarding this patient, and have been shared with the patient."

Provider Signature: _____ Provider DOH License #: _____

Provider Name: _____ Date: ___/___/___

(print name)

Form DFS-F5-DWC-25 (revised 1/31/2008) Page 2 of 2

Rebound Pro: Empowering Resilience, Restoring Careers

Outcome Measures

- Percentage of employees returning to work within 6 months
- Reduction in disability claims
- Job retention rate after 1 year
- Cost savings per case
- Employee satisfaction with accommodations