



Runfox Communication Consultants

PO Box 1443
Darlinghurst NSW 1300
Ph 02 9011 7277
Mob 0429 007 059
ABN 92 111 597 598
john.harrison@runfox.com.au

Seminars

for
Insurance Claims Personnel

1. Communicating with the Treating Doctor

In this seminar:

- Treating doctors have legal and professional obligations which affect claims outcomes. You will learn the paradigms under which Treating Doctors operate and how to navigate them
- You will identify your own often hidden communications to the Treating Doctor which are capable of both facilitating and interfering with effective relationship building
- You will learn to use your communication with the Treating Doctor for personal and professional development

2. Why your Claimant does NOT have Adjustment Disorder

In this seminar you will learn how to use the definitions in the DSM (Diagnostic & Statistical Manual of Mental Disorders) to manage a claim of Adjustment Disorder

- Compensation for disability determines the cultural context in Western democracies
- The diagnosis of Adjustment Disorder requires: “*marked* distress that is in excess of what would be expected from exposure to the stressor” (DSM 4TR), taking into account the cultural context
- The response to a stressor may not satisfy the requirement of being a distress “*in excess of what would be expected*”
- Rather, the response may be exactly what would be expected in the cultural setting where the secondary gain is acceptable
- A diagnosis of Adjustment Disorder can therefore not be sustained in an environment pre-dominated by Compensation.

3. De-medicalising Psyche claims

In this seminar you will learn how to avoid swamping a claim with multiple Psychiatric and Psychological reports. You will learn how to use Claims Management expertise and experience to reclaim the Claims Management territory from partisan medical reports

- Fraudulent Psyche claims are expensive ¹ (perhaps \$ 3.5 billion annually in Australia, based upon US experience)
- Specific Psychiatric diagnoses do not imply a specific functional disability
- Psychiatric and Psychological opinions are inexact, generally conflicting ² and may not contribute to the management of the claim
- Psyche opinions *favourable to Insurer* often extend the claim, not shorten it
- Claims personnel are encouraged to quantify the disability and de-medicalise the claim

4. How to stop a claim escalating

This seminar is based upon preventing an Income Protection, Salary Continuance or TPD claim progressing to the FICS Tribunal. It is however relevant to any claim which may progress to an adjudicating body in any Insurance jurisdiction

You will learn how to:

- Minimise:
 - a. Partisan medical reports
 - b. Plaintiff legal representation
- Manage the claim according to the paradigms favoured by Tribunals rather than relying upon the clauses in the Policy of Insurance or relying upon Defendant legal opinion
- Represent the interests of the Insured internally before the Insured seeks legal representation of his own
- Source an independent person to represent the Claimant and Insurer in internal discussions

¹ "The total cost of health insurance fraud in the United States (including untruthful claims by patients and medical personnel) was more than \$59 billion in 1995"
David Bienenfeld, MD, Vice-Chair, Program Director, Professor, Department of Psychiatry, [Wright State University School of Medicine](http://www.wright.edu/school_of_medicine)

² The U.S. Supreme Court has remarked, "Psychiatrists disagree widely and frequently about what constitutes mental illness, on the appropriate diagnosis to be attached to a given behavior and symptoms, [and] on cure and treatment." (45)
Ake v. Oklahoma, 470 U.S. 68 (1985).