WHAT DREW YOU TO INSURANCE AS A CAREER?
I started right of college as a multi-line adjuster. I consider myself very lucky to have had that experience, as I ended up handling and managing every major line of property/casualty insurance in the first five years of my career, which has helped me in a number of ways as I have progressed. It’s an amazing industry - we help people – period. We help in so many ways and the reward is working with people and businesses who have purchased your skill sets to help them recover from what can be very difficult circumstances.

YOU’VE BEEN IN THE INSURANCE INDUSTRY FOR 30 YEARS. WHAT DO YOU SEE AS THE PRIMARY CHALLENGES SELF-INSURED BUSINESSES FACE TODAY?
I see three primary challenges:

1. **Smart use of data.** The industry has been investing a lot of time and money on data – and as an industry we’re lagging many other professions. As the data matures we need to recognize and accept that predictive models, artificial intelligence, and other solutions will change processes and how the business of risk management works. Having said that, the data doesn’t just give you the answers – in my view, smart use of data means to use the information to help you down a journey of asking more questions, learning more, and balancing the data with innovation, the merging of science and art, to get to new solutions.

2. **Medical severity/costs.** Technology is changing the game; advancements in medicine, delivery mechanisms and business models, and treatment options will likely look very different 10 years from now. All of this is going to change medical severity – some will have a positive effect and some potentially a negative. A couple of easy examples:
   - **3D printing is a reality** – significant research and testing is being done to create replacement parts for human beings. What will that do to costs and outcomes of injured workers? Will disability times be reduced? Will permanency claims/benefits be reduced?
   - **Exoskeletons** – these will become commercially available in the relatively short-term. Injured employees who have been wheelchair bound may have the ability to walk and ambulate. Will claims that have historically resulted in long-term or permanent disability change in duration and cost?

3. **Outside of workers’ compensation there are also new challenges.**
   - **Self-driving cars** will create a whole new series of challenges for risk managers. What safety programs and protocols need to be wrapped around the use of these kinds of capabilities?
   - **The proliferation of work from home and other flexible work arrangements**, along with employees who choose...
An Interview with **Patrick Walsh**

to work for multiple “employers” in a new “on demand economy” will challenge risk managers to come up with controls and solutions to deal with a whole new set of exposures.

These are just a handful of examples of how the world is going to change and the new challenges that will be faced by risk managers and business who accept risk in their insurance program.

**WHAT EXCITES YOU MOST ABOUT BEING PART OF YORK RISK SERVICES GROUP AND LEADING THE GROWTH OF OUR RISK MANAGEMENT BUSINESS?**
The York service delivery model is what excites me – the commitment and investment York has made to bring a holistic and integrated solution to the servicing of workers’ compensation, through the TeamComp model, is a clear differentiator in the market and is focused on delivering great experiences and outcomes for York’s customers and their employees.

I am also excited by the commitment to “getting it right” that exists at all levels of our enterprise. Like others in this industry, York processes thousands of transactions every day – some of these are automated and rely on technology and some are human interactions – and most of the time we get it right. But when we don’t or when we identify a better way, we’re committed to doing the right thing for our customers and their resources, our employees and other stakeholders.

**WHAT IS THE DISTINCTION YOU CAN DRAW BETWEEN YORK RISK MANAGEMENT PRACTICES AND THE ENTERPRISE OF YORK RISK SERVICES?**
I view it this way – within the RMP team we have a set of professionals who know the challenges that Risk Managers, CFOs, and their teams face – we fought the same challenges and understand the complexity that is inherent in their roles. In partnership with the rest of the York enterprise, we can bring the right expertise, skill sets, solutions, etc. to the table to help our customers successfully meet those challenges.

**WHAT ARE SOME OF THE GOALS YOU WANT TO SET FOR THE RISK MANAGEMENT PRACTICES TEAM?**
- We have to build GREAT relationships with the brokerage community.
- We have to articulate the story and value that is York Risk Services ourselves and not let the market create an inaccurate picture or perspective.
- Help customers find the balance between all the key buying factors – cost, service, customization, etc., so that we can help them make the best decision for their business needs and build long-term and mutually beneficial relationships.

**WHERE DO YOU SEE THE BIGGEST OPPORTUNITY TO HELP OUR CLIENTS MANAGE THEIR CLAIMS AND THEIR RISK MORE EFFECTIVELY?**
Simply stated, consultatively discussing total cost of risk and focusing on the ‘levers’ that will drive their program costs up or down. I have seen a lot of clients over the years who want to manage all claims with a “one size all” approach to the process. This approach often results in a lot of effort being spent on claims that have no real impact to the bottom line and minimal time spent on the issues and claims that are having the most impact. Helping clients understand that efficiencies in the process on the more routine activities and less severe claims allows them and their partner, in this case York, to better manage the more complex and severe claims.
WHAT CAN EMPLOYERS THEMSELVES DO TO REDUCE THEIR TOTAL COST OF RISK?
First, get out of the business of duplicating the work that your partner does – oversight and monitoring is important – but duplicating things like loss control, claim handling, etc. creates additional costs, unnecessary process, and friction that gets in the way of achieving great outcomes. I’d encourage employers to try and minimize these activities and focus their efforts on creating a culture that puts safety first and manages incidents and injured workers in a way that shows their employees they want them to report incidents timely, they want their involvement to identify solutions and ‘better ways of doing business’ and when an injury occurs they stay connected to that injured employee throughout the process so the employee knows they are wanted back as soon as appropriate.

Second, embrace technology – wearables that help monitor activity, GPS monitors on vehicles and shipments/cargo, exoskeletons for healthy employees who do lifting or heavy labor that provides support and ‘strength’ to the employee.

Third, drive return-to-work – this is connected to my first comment above and may be the most important thing an employer can do to lower severity and duration. Part of a return-to-work program should be continuous ‘check ins’ with the employee by someone who the employee knows they can talk to through the process of their disability and is reminding the employee that they are wanted back as soon as appropriate. Sometimes, a little bit of caring from the employer can do more than anyone or anything in the process.

IT OFTEN LOOKS LIKE COMPANIES OFFER SIMILAR TOOLS – FROM RISK MANAGEMENT INFORMATION SYSTEMS TO MOBILE APPS FOR INJURED WORKERS. WHAT, IN YOUR OPINION MAKES ONE TECHNOLOGY TOOL MORE EFFECTIVE THAN ANOTHER?
Yes, a lot of companies – including TPAs – offer similar tools. The key is to use the tools in partnership with the TPA. RMIS reports and dashboards like the ones in York’s RMIS application, FOCUS, can put data and useful information at a risk manager’s finger tips. But what makes ANY tool effective is how it’s used. For example, is the information from the RMIS application being used to drive an informative dialog with the claims team so that everyone is on the same page in terms of claims strategy and priorities? Are they bringing in risk control experts who can use the data to focus on reducing or eliminating exposures that are driving a specific set of losses? To find trends – positive and negative – and use that information to prevent claims, drive down the cost of claims or get out in front of a problem before it gets out of hand. To engage injured workers in their own recovery to prevent that “disability” mindset that can cause a claim to drag on longer than it should. At York, we are fully committed to long-term partnerships with our clients.

WHAT ABOUT PREDICTIVE ANALYTICS? CAN ALGORITHMS REALLY GET INJURED WORKERS BACK TO WORK FASTER AND REDUCE THE OVERALL COST OF A CLAIM?
Again, the answer is “it depends on how the analytics are being used.” At York, predictive analytics are an important part of TeamComp, which is the name we gave to how we manage workers’ compensation claims. Proprietary algorithms allow us to spot claims that can incur high costs if they’re not managed properly, understand and manage the impact of comorbidities like age and hypertension, manage physician prescribing of medications, which can be a huge drive of claim costs.

But we don’t just rely on algorithms. We have a team of clinical review nurses who look at each claim – when it comes in, at specific intervals and whenever TeamComp sends an alert that one of our proprietary triggers has been found in a claim. It’s that review and intervention by experts that makes a difference and helps the adjuster better understand the medical components of a claim, what requires action or intervention to keep the claim on track and how to get the injured employee back to health and back to work as quickly as possible.
WHAT, IN YOUR OPINION, MAKES FOR GREAT CUSTOMER SERVICE?
Let me start with this – I prefer the phrase or term, “customer experience”. And if you want to deliver a great customer experience you have to ensure those who are doing the ‘delivering’ have a great experience. To that end, York is committed to our employees – we have invested in rewards programs, recruiting and on-boarding strategies, and training strategies all designed to attract, reward, retain and make successful all of our employees – at every level.

Now – to your question – I define great customer experience by asking one question – will that customer recommend York Risk Services Group to a friend, colleague, or family member. If the answer is yes, we did our job. If the answer is no, we failed. I appreciate the simplicity in this but it’s not worth making it more complex. The answer to that one question tells you what you need to know. Of course understanding the ‘why’ to the answer is the next step and incredibly valuable in the process of continuous improvement.

WHEN YOU’RE NOT FOCUSED ON HELPING YORK’S CLIENTS, WHAT DO YOU LIKE TO DO FOR FUN?
Spending time with my family, cooking, and singing I’m also very active in the Make-A-Wish Foundation and have the honor of being a wish granter and serve as board chair for Make-A-Wish Wisconsin.

WHAT WAS THE STRANGEST CLAIM YOU EVER ENCOUNTERED?
Like a lot of people in this industry, I could probably write a book. I think the one that perhaps I enjoy the most is one I call the ‘Case of the Twice Damaged Painting’. Long story short…while working at one company I became involved in a case as a result of complaint. The claimant insisted a framing store, who my company insured, damaged his painting. After much dialogue we resolved the matter for a nominal sum, even though our client insisted they did exactly what the claimant wanted done. Fast forward about eighteen months and I’m now the Chief Claims Officer for another carrier. The SIU leader alerts me to a claim complaint and something he said sparks my memory. I ask to see the entire case file and realize it is the man I spoke to 18 months ago, making the exact same kind of claim against a different framing store, with the exact same piece of art. I called the gentleman, introduced myself and proceeded to tell him what I believed happened. He was amazed I knew so much about the matter until I explained to him that he and I had the exact same conversation 18 months ago. Suffice it to say, we never heard from him again. (P.S. The matter was referred to the appropriate authorities for review.)

THERE IS A LOT BEING WRITTEN ABOUT ATTRACTING NEW / YOUNG TALENT TO THE INSURANCE INDUSTRY. IF A RECENT COLLEGE GRADUATE ASKED YOU WHY THEY SHOULD CONSIDER A CAREER IN THE INSURANCE INDUSTRY, WHAT WOULD YOU TELL THEM?
This industry is amazing – it has opportunities for any skill set, level of work commitment (part-time, full-time), advancement opportunities, and is ever changing, which supports an environment of life-long learning. In addition to being an interesting industry it’s an industry that is vital to our economy and one that truly helps people. Think about all we do – we are people’s paychecks when they are off of work due to an injury, we rebuild lives after natural disasters, we get people ‘back on the road’ after an auto accident, we provide answers and solutions in some of life’s most challenging times.