

***Strategic Vision:
Improving Medical Care for Injured Workers***

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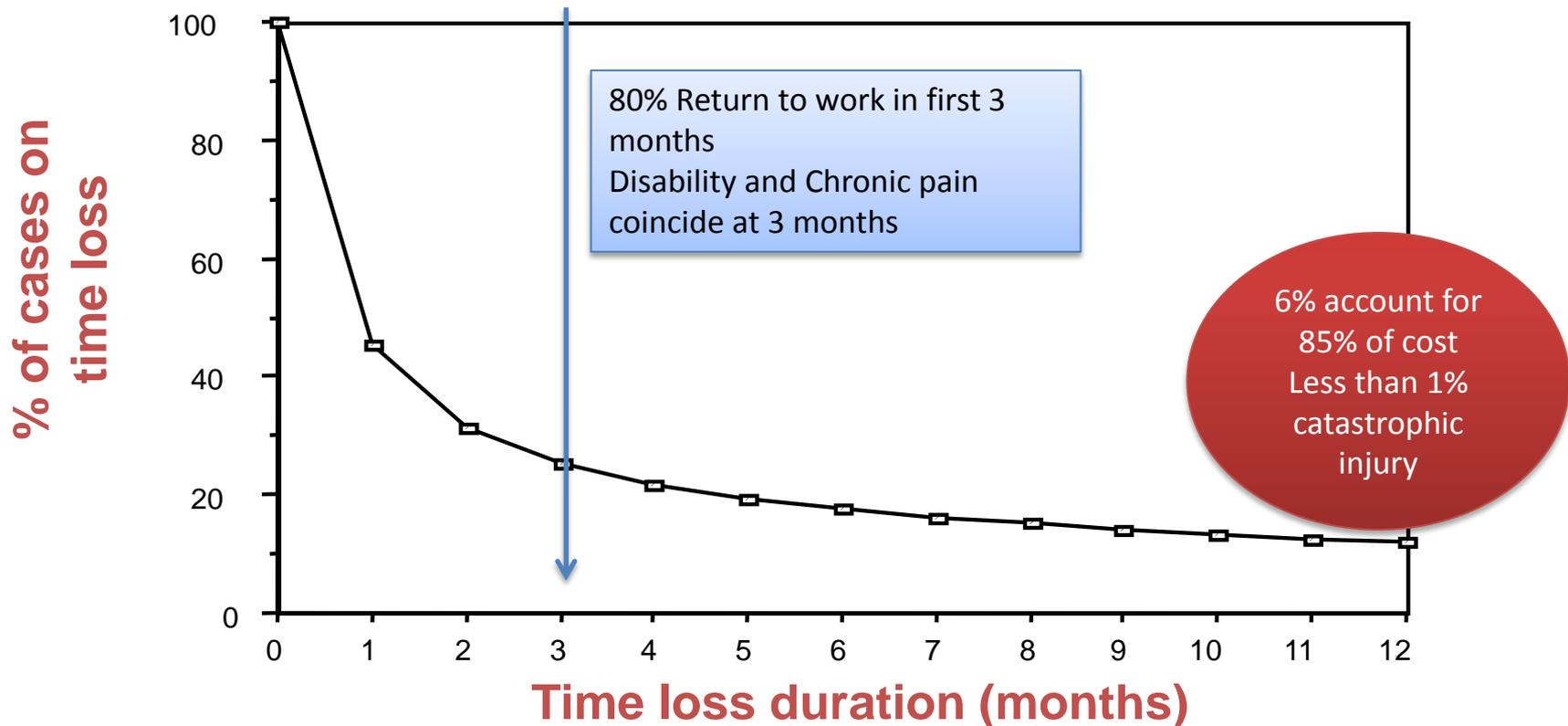


Goal: Improve worker outcomes

- Prevent/reduce disability by providing highest quality medical care
- Promote evidence based health care, including occupational health best practices

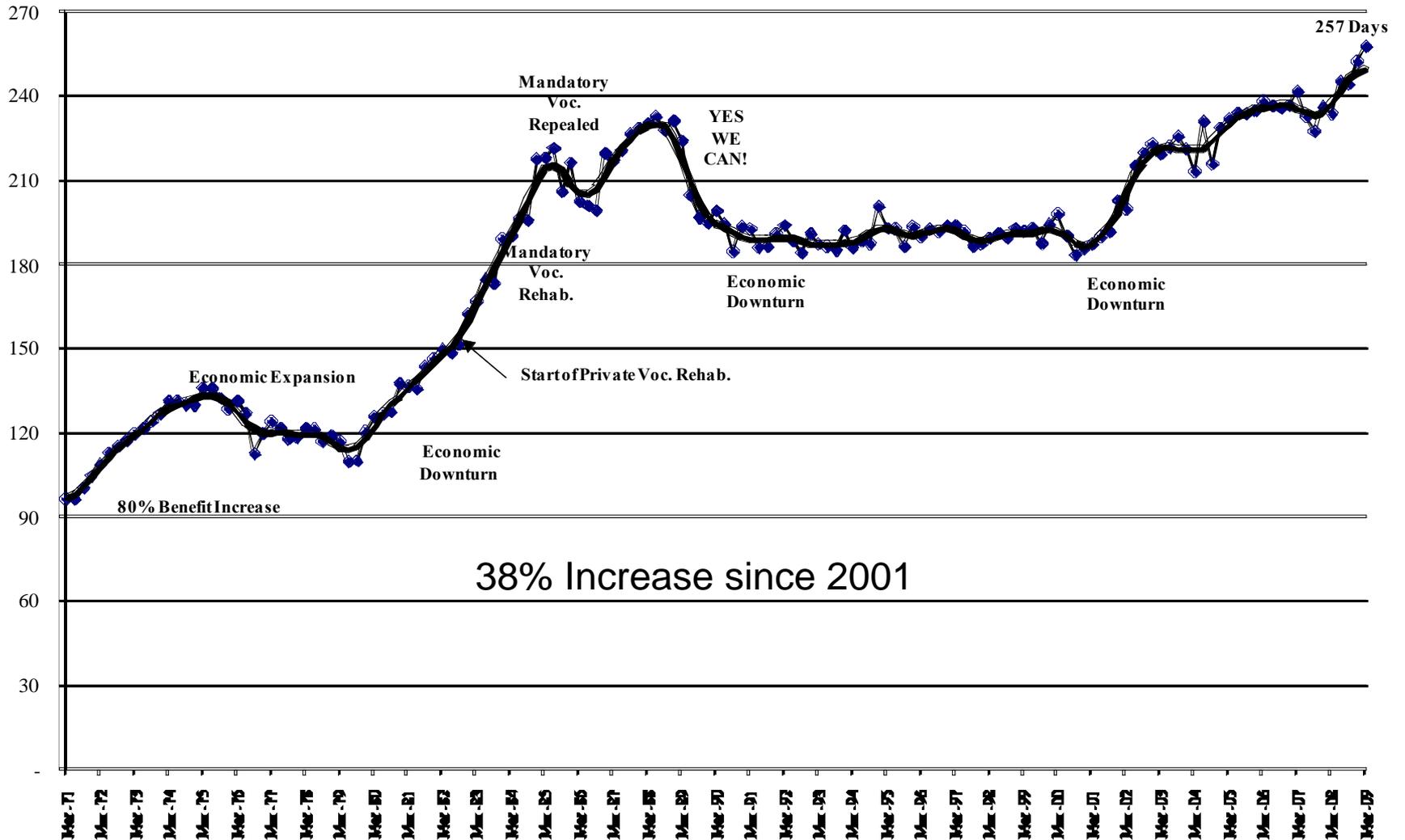
Every provider is a high quality provider

Disability Prevention is the Key Health Policy Issue



Adapted from Cheadle et al. Am J Public Health 1994; 84:190-196.

Average Timeloss Duration (Days)





What has contributed the most to decade long pattern of increased disability duration?

In the health care community, increased disability duration aggravated by:

- Use of **harmful treatments**, which contribute to prolonged disability:
 - opioids,
 - spinal surgery (lumbar fusion)
- **Multiple diagnosis** problem (e.g., TOS)
- **Bad docs**
 - Long term disability/Chronic pain

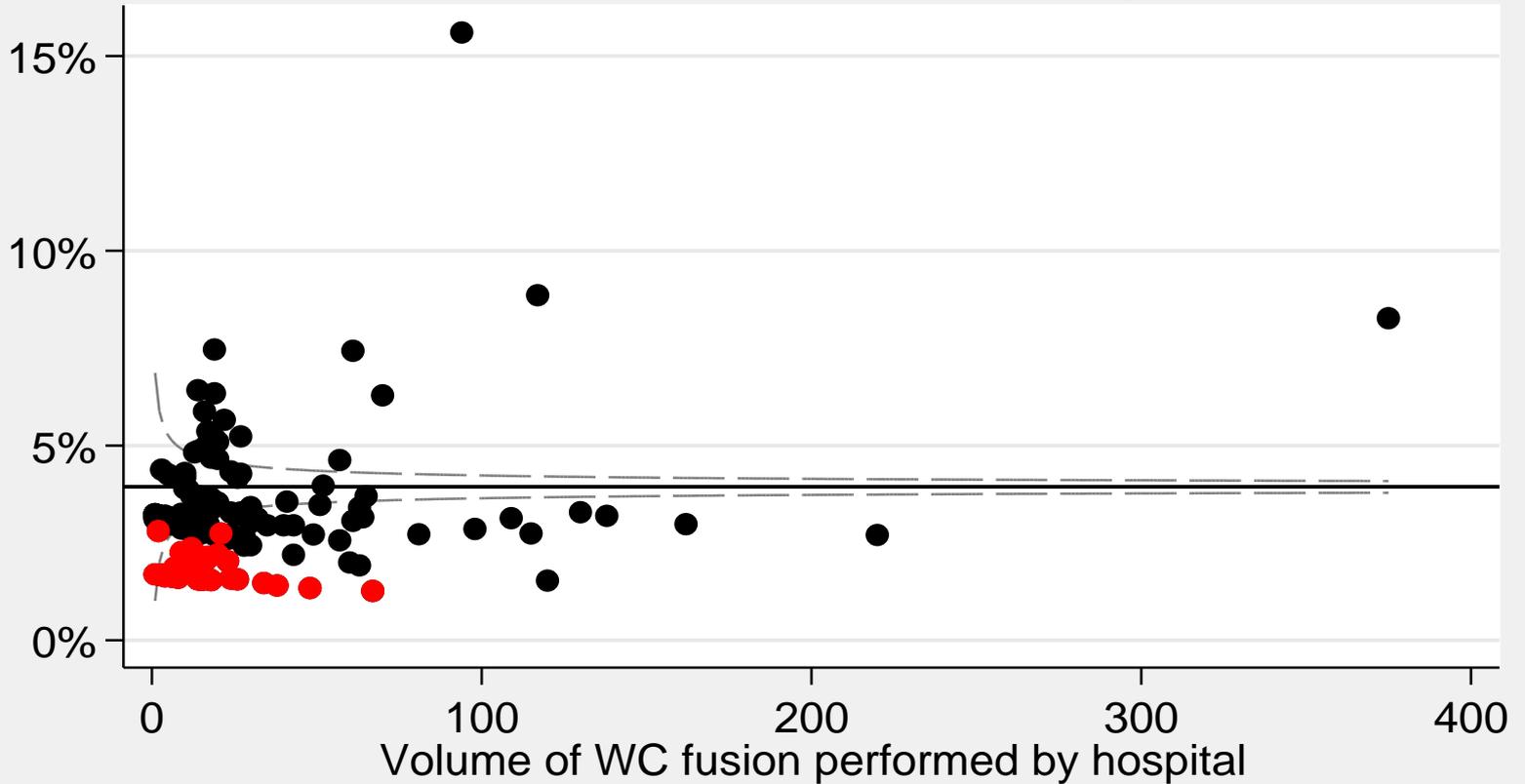
The State of US Health, 1990-2010

Burden of Diseases, Injuries, and Risk Factors

JAMA 2013; 310: 591-608

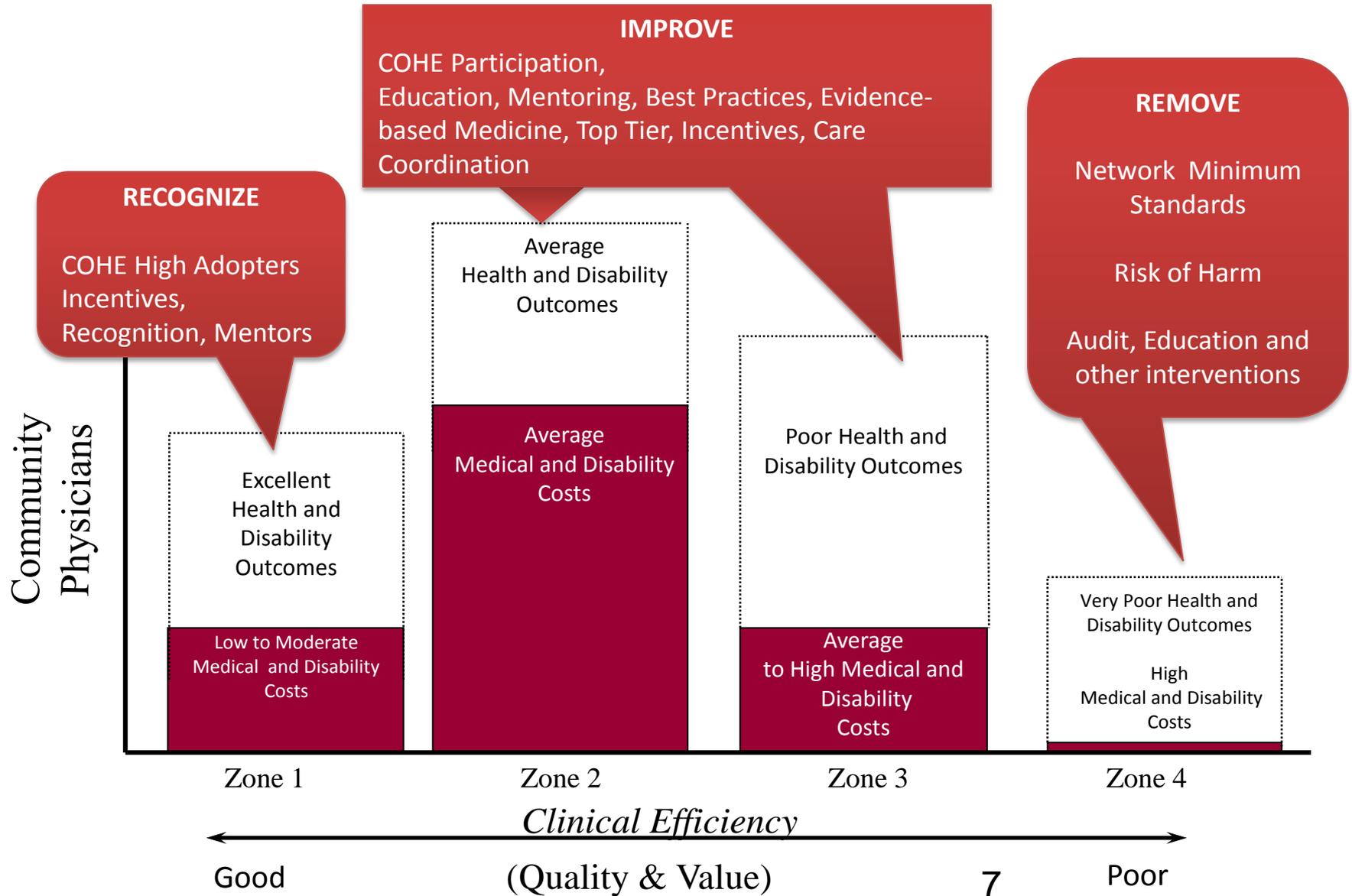
- Years lived with disability 2010
 - Low back pain 3.18 million YLD
 - Major depressive disorder 3.05 million YLD
 - Other MSK disorders 2.6 million YLD
 - Neck pain 2.13 YLD
 - Anxiety disorders 1.86 million YLD
 - Diabetes (#8) 1.16 million YLD
 - Alzheimers (#17) .83 million YLD
 - Stroke (#23) .63 million YLD

3 month reoperation rates across hospitals in California (Black) and Washington (Red)



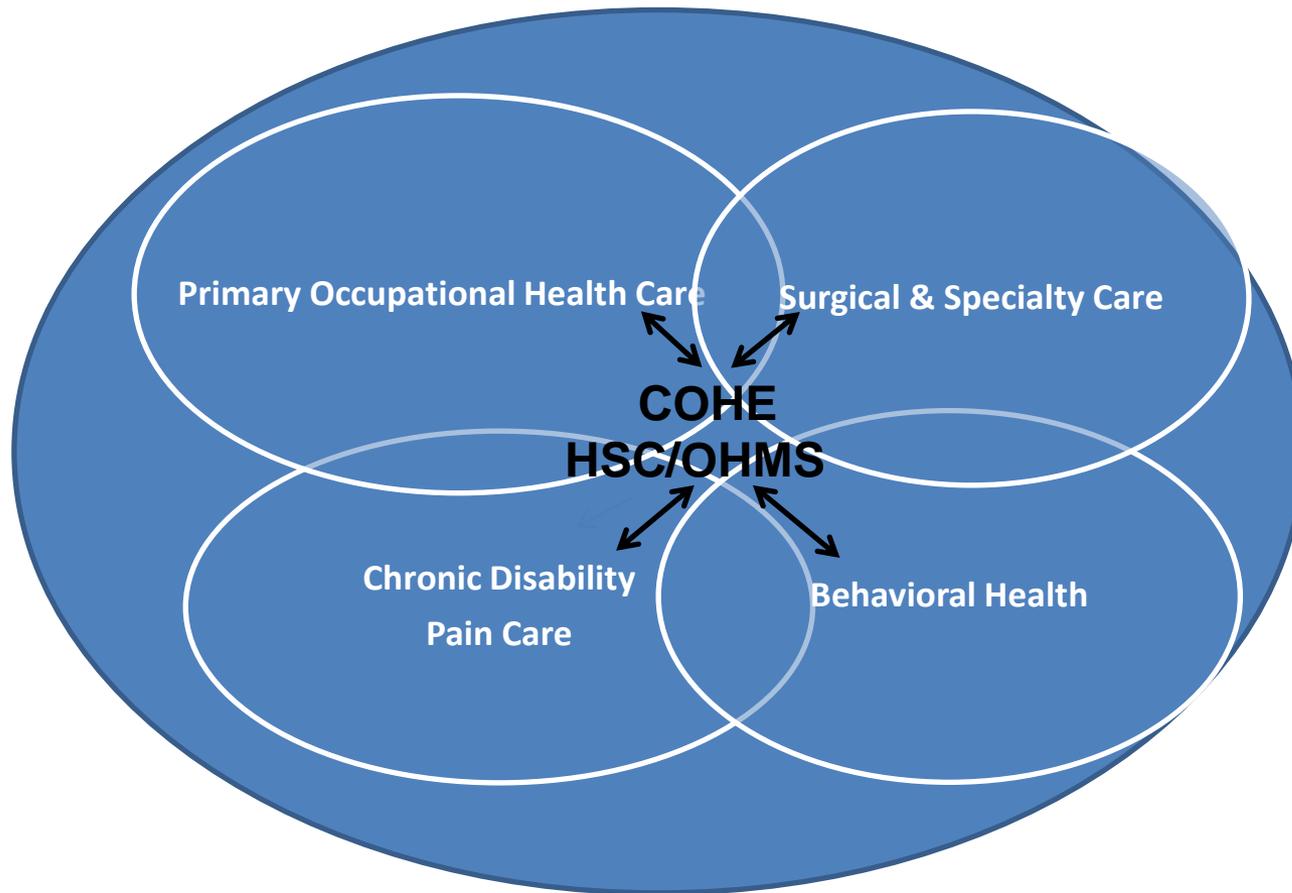
Source: SID CA & WA, 2008-2009
Adjusted for age, sex, comorbidity, and diagnosis
Horizontal black line represents overall mean

Distribution of Quality of Care





Community Based Collaborative Care





L&I Quality Expansion Vision

- **Set Minimum Standards**
 - Medical Provider Network and Risk of Harm
 - Evidence based coverage decisions
- **Incentivize Collaborative Model and Best Practice Use**
 - COHE Expansion
 - Top Tier
 - Evidence based treatment guidelines
- **New Best Practices – Identify and Pilot**
 - UW Expert Group Identification of Best Practices
 - Functional Recovery Questionnaire/Intervention
 - Activity Coaching
 - Surgical Best Practice
- **Identify areas of ongoing need**
 - Behavioral health
 - Long term disability/Chronic pain



Set Minimum Standards

- Medical Provider Network
 - Go Live January 1, 2013
 - 20,000 providers enrolled
- Risk of Harm
 - Testing data and analytics for two types of harm, working with IIMAC on measures
 - Opioid overdose resulting in death
 - High repeat surgical rate in lumbar surgery
- Evidence based coverage decisions
 - Coverage decisions made by Health Technology Assessment
 - Investment in L&I Health Policy Team



Incentivize Collaborative Model and Best Practice Use

- COHE Expansion
- Top Tier
- Evidence Based treatment guidelines



Incentivize Collaborative Model and Best Practice Use

Expand COHE Enrollment

Current # of Enrolled Providers	Proposed # of Enrolled Providers	COHE Name
1,149	1,451	COHE Community of Eastern Washington
220	230	COHE at The Everett Clinic
36	70	COHE at Group Health Cooperative
181	233	COHE at Harborview Medical Center
265	300	COHE at UW Medicine/Valley Medical Center of the Puget Sound
109	1,208	COHE Alliance of Western Washington
1,960	3,492	TOTAL



Incentivize Collaborative Model and Best Practice Use

Top Tier Legislation: provide financial and non-financial incentives to providers for demonstrated use of best practices

- **Top Tier Goals**

- Increase the use of best practices
- Achieve positive outcomes for injured workers
- Be simple for providers to understand and L&I to administer
- Align with other incentive programs (such as COHE)

- **Advisory Group (ACHIEV) Items for Discussion**

- Top Tier Timing
- Top Tier Eligibility
- Top Tier Incentives
- Top Tier Administration



Incentivize Collaborative Model and Best Practice Use

Evidence Based Treatment Guidelines

IIMAC

- Opioid Guideline
- Shoulder Surgery Guideline

IICAC

- Evidence Based Practice Resources for Conservative Care - *Functional Improvement; Shoulder Care; Back Care, more*

Bree Collaborative

- Accountable Payment Models - Warranty for total knee and total hip replacement surgery.
- Spine Care - Participation in Spine SCOAP as best practice for surgeons
- Low Back Pain – Best practices recommendations to prevent transition to chronic pain.



New Best Practices – Identify and Pilot

Identification: UW led process based on literature review and selection by a focus group of providers

Pilots Underway

- Functional Recovery Questionnaire/Intervention Pilot
 - Early identification of potentially “at risk” workers
 - Providers incorporate interventions to enhance recovery
- Activity Coaching Pilot
 - Tested program: Progressive Goal Attainment Program (PGAP) where coaches encourage and track structured activities
- Surgical Best Practice Pilot
 - Four best practices covering (1) transition of care, (2) return to work planning, (3) care coordinator to coordinate care and track transition, and (4) assist with complex cases



Identify Areas of Ongoing Need

- Behavioral health
- Long term disability/chronic pain

