

Industrial Insurance Chiropractic Advisory Committee (IICAC) Meeting Minutes

Date: January 15, 2009 from 8:30 to 11:30 a.m.



Final

Present: Robert Baker, DC
Clay Bartness, DC
Roger Coleman, DC
Linda DeGroot, DC
Michael Dowling, DC, Chair
Lissa Grannis, DC
Jay Lawhead, DC
Bill Pratt, DC, Vice Chair
Ron Wilcox, DC
Bob Mootz, DC
Janet Blume
Carole Horrell
Reshma Kearney
La Vonda McCandless
Joanne McDaniel
Jason McGill

Absent:

Guests: Leah Hole-Curry

Assignments:

PPQ members have large literature review reading assignments.

The subcommittees will continue to draft their action plans and work on their deliverables.

General Business

11/20/08 IICAC minutes: Review tabled until 2/19/09 meeting.

PPQ Subcommittee Report:

Jay Lawhead, DC, chair, reported that the literature review lead to two drafts of evidence tables and a summary sheet of the meanings. They've contracted with Tom Souza, DC at Palmer West to review their work and literature. He's helping to draft the original thinking on diagnosis and treatment of patients.

The group continues to address:

- --What are the appropriate ways to assess Carpal Tunnel Syndrome (CTS)?
- --Which clinical interventions are supported by evidence for treating CTS?

Drafts will be sent to IICAC members by the end of this month, so they can be discussed at the 2/19/08 IICAC meeting.

Additionally, PPQ contributed input on IIMAC's draft CTS conservative care practice guideline. Jay and Bob were asked to participate on IIMAC's pronator teres and other work products. Conversely, IIMAC will review IICAC's work products.

IICAC 2009 Meeting Calendar

The finished calendar was distributed.

Health Technology Assessment Program Using Evidence for Quality

Leah Hole-Curry, Director, presented an overview of the State's HTA program emphasizing annual health care costs and demand are rising. Studies have shown that between 20-30% of healthcare expenditures do not improve quality or extend life, and resultant increasing insurance premiums leave more Washingtonians without healthcare coverage.

To address these problems, the governor's 2006 five point health strategy, agency directors, state legislators, and stakeholders identified similar issues, focused on evidence-based health care, and created the HTA. The HTA is part of an overall strategy and is of particular interest because new technologies and procedures do not have any comprehensive standardized federal oversight to evaluate patient outcomes similar to the way the FDA evaluates drug effectiveness prior to wide spread marketing. Further emerging technologies and procedures are a primary driver in increasing healthcare costs.

The HTA program considers evidence in three key areas: effectiveness, safety, and cost. The quality of the available studies is also considered and summarized in reports by an independent group of scientists contracted by the program. This report is presented to an independent clinical committee of practicing providers in Washington state. The committee includes a chiropractor and a naturopath as well as specialists in internal medicine, anesthesiology, radiology, nursing, family practice and others.

The key HTA products focus on paying for "what works":

- Produce the Technology Assessment Report and Independent Coverage Decisions. In their 18 months of existence, the team identified ten technologies to evaluate for potential waste, five of which were identified by Consumer Reports as "Medical Rip-offs".
- Amass and rate data and
- Align purchasing decisions with evidence of patient centered health benefits.

For example, Upright/Positional MRI was studied to evaluate the evidence. HTCC's decision is that it is not a covered benefit.

COHE Update

Diana Drylie shared a detailed scorecard for the COHEs and outlined future plans.

COHEs are involved in the first 12 weeks of a claim. They deal only in the health care and are invisible to claims managers. Deliverables:

- Enroll opinion leaders as mentors
- Recruit and train providers in occupational medicine best practices: MD, DO, DC, ARNP, and PA
- Provide health services coordinators (HSC), who can access L&* risk managers, field staff, and Early Return to Work staff, as needed
- Connect with community leaders (employers and unions)
- Improve quality of services and procedures.

Achievements of COHEs:

- ROAs submitted within 2 days in 80% of cases compared to 25% statewide
- Completeness of APFs is 90% vs. 61% statewide

The evaluations showed that it's what the providers are doing that's impacting the whole system. Doctors who adopted best practices were shown to achieve better outcomes for their patients.

| COHE site | # of providers | # of claims/year | Outcomes 1 st yr compared to control | Comments |
|--------------------|----------------|------------------|---|-----------------------------------|
| Renton | 254 | 11,750 | -Fewer disability days -Lower disability costs -Lower medical costs | 1 st COHE in existence |
| Eastern Washington | 811 | 18,350 | NA | 2 nd COHE |

| | | | | |
|----------------|-----|-------|----|-------------------|
| Everett Clinic | 296 | 3,800 | NA | 1 of 2 Seed COHEs |
|----------------|-----|-------|----|-------------------|

Longer Term Follow Up:

Using the same claims as the original evaluation:

- Extends follow up period by three years for Renton and 2 years for Spokane
- Accesses new performance measures: rejected claims, protests, reopened claims, use of attorneys, and pension rate.

Outcomes:

- Percentage of claims on timeloss: COHE better than statewide at 90 days, 12 months, and 24 months
- Cost savings: 75% attributed to time loss savings and 25% attributed to reduced medical costs
 - Renton: average of \$381/claim in first year; \$819/claim for extended follow up
 - Spokane: avg. of \$591/claim in first year and \$1279/claim for extended follow up.
- Better in all six performance measures listed above than statewide. All the differences except pension rate are statistically significant.
- All COHE's combined showed
 - 4 fewer days of timeloss and \$600/claim cost savings when medical and timeloss costs are combined.
 - For compensable claims, there were 16 fewer timeloss days with additional timeloss savings.
- Workers report satisfaction with the care they received.
- Focus groups were:
 - Positive about COHE and its ability to promote best practices and improve quality
 - Note that HSCs and the APF are especially important and
 - COHE provides a critical support system and a "team" approach

Upcoming evaluation covering the Eastern Washington COHE and the two seed COHEs' will be completed by summer.

Transition Goals:

- Worked with Workers' Compensation Advisory Committee's (WCAC) Health Care Subcommittee to set the goals:
 - End the pilot phase of COHE and report to WCAC in 2009
 - Work with WCAC to determine the future role of the Business and Labor advisory functions
 - Maintain contracts with current COHEs and seed through 2009
- Expand use of occupational best practices in a methodical, systematic, and disciplined fashion
- Recruit at least 2 new COHEs by 2013.
- Work with the Self Insurance section, self-insured employers, and third party administrators to make occupational best practices available for self insured programs and workers
- Make occupational best practices available to all workers by 2013

Next Meeting:

The IICAC will reconvene on Thursday, March 19, 2009 from 9:30 to 10:00 am, followed by subcommittee work sessions that adjourn at 11:30 am.