Guideline process

Background

The need for L&I to establish treatment guidelines was recognized in 1988 when the inpatient utilization review (UR) program was established. It was then that L&I published its first guideline to establish admission criteria for the inpatient non-surgical treatment of back pain. Within one year, these admissions fell by 60 percent. L&I then requested help from the Washington State Medical Association (WSMA) Industrial Insurance Advisory Committee to draft more guidelines and criteria. The first guideline established by this partnership was in 1989 for lumbar fusions with input being provided by several prominent spine surgeons from the Seattle area. Between 1989 and 2004, 18 more guidelines were established in this manner.

As the inpatient UR program grew, so did the need for more guidelines and criteria. L&I originally contracted with a vendor who used nationally recognized proprietary surgical criteria to establish medical necessity. However, in many cases they lacked sufficient detail and specificity for OMD's goal of assuring quality care for injured and ill workers. Today, the UR program provides medical necessity reviews for inpatient admissions, selected outpatient surgeries, and other services using OMD's treatment guidelines, and where there are none, national criteria are used.

New process begins

New legislation was passed in 2007 authorizing OMD to form a new panel of advisors. After nominations were received, 14 physicians from statewide clinical groups, specialties, and associations were appointed to serve on the Washington State Industrial Insurance Medical Advisory Committee (IIMAC). Under authority of RCW 51.36 the committee:

> "…shall advise the department on matters related to the provision of safe, effective, and cost-effective treatments for injured workers, including but not limited to the development of practice guidelines and coverage criteria, review of coverage decisions and technology assessments, review of medical programs, and review of rules pertaining to health care issues."

This collaboration between state government and community based clinical experts enables a robust discussion and analysis of scientific research and cost, utilization, and outcome data on a broad array of topics related to the quality of medical care received by injured workers. It provides a method of developing evidence-based guidelines where all perspectives are considered.

The IIMAC meets with L&I's medical director and staff at least quarterly to address medical practice issues in the workers' compensation system. These meetings are subject to the Open Public Meetings Act (RCW 42.30). Subcommittees with specialty trained physicians may also meet on selected topics requiring additional expertise.

Medical Treatment Guidelines

Washington State Department of Labor and Industries

The process for developing each guideline usually employs the following steps:

1. Prioritization of guidelines according to agreed upon criteria.
2. Guideline development through best available evidence and expert consensus.
3. Implementation through communication, education, and application.
4. Evaluation to see if it achieved the desired outcome and to insure it's still current.

Prioritization of guidelines

Prioritization depends on several criteria including:

1. Cause for concern:
   a. Patient safety – is there a risk to the patient?
   b. Efficacy – what does the outcome data look like?
   c. Utilization – what is the prevalence and cost?
   d. Practice variation – if wide variation from best practices, why?
   e. Rapidly emerging or diffusing technology – what are the implications?
2. Department or advisory group needs:
   a. Stakeholder and clinical groups, e.g. IIMAC or clinical specialties.
   b. Program and administrative needs e.g. Utilization Review Program.
   c. Controversy regarding procedure, drug, or device.
   d. Legal requirements (e.g., Health Technology Assessment Clinical Committee decisions, FDA rulings, Board of Industrial Insurance Appeal decisions, etc.
3. Economies of scale:
   a. Policies for medical services and procedures are related (e.g. pain clinic treatment and spinal fusions).
   b. More than one guideline requires expertise from same specialty area.
   c. Other agencies are working on a guideline similar to ones on our list.
4. Age of guideline (for revisions):
   a. Review of current guideline indicates need to revise it.
   b. National Guidelines Clearinghouse requires review every 5 years.

Guideline development through consensus

Guideline development generally occurs through a combination of the best available evidence and expert consensus. The goal of the IIMAC is to develop treatment guidelines that will be implemented in a fair manner. The committee tries to distinguish between clear-cut indications for procedures and those that are questionable. During the guideline development process, the following assumptions are made:

1. Well designed guidelines will increase authorization of surgical requests for workers who truly require surgery, and will decrease authorizations among workers who do not fall within the guideline.
2. The guideline is refined after input from community-based practicing physicians.
3. The guideline is evaluated to determine if it is having a beneficial effect.
4. The guideline-setting process is iterative, i.e., although initial guidelines may be liberally constructed, subsequent tightening of the guideline could occur as other national guidelines are set, or other scientific evidence becomes available.

Once consensus is reached on the principles of the guideline, they are placed in an algorithm format consisting of 'and /or' statements that can be used by professional nurse reviewers in deciding whether a particular request falls within the guideline.

Implementation

Most guidelines are implemented within the utilization review (UR) program. L&I guidelines have priority over other proprietary guidelines and criteria that may exist. Where L&I guidelines are not available, proprietary ones may be used. Reviewers apply each guideline as a standard for the majority of requests in the Washington workers' compensation program. For the minority of workers who appear to fall outside of the guideline and whose complexity of clinical findings exceeds the specificity of the guideline, further review by a physician is conducted.

When a surgical procedure is requested for a patient who meets the guideline criteria, the reviewer will recommend approval to the claim manager. If the criteria are not met, the request will be referred to a physician consultant who will review the patient's file, offer to discuss the case with the requesting physician, and make a recommendation to the claim manager. The flexibility built into this decision making process is important in two ways. First, it enables the IIMAC to develop surgical indications fairly quickly. Second, it plays a major role in legitimizing the work of the subcommittee in the eyes of practicing physicians in Washington.

Completed guidelines will be communicated to practicing physicians via L&I's website. Education and training will be provided to reviewers and staff to ensure their proper application within the UR program. Where possible, continuing medical education (CME) credits may be offered.

Evaluation

The Department has developed a database sufficient to provide continuous evaluation of all newly implemented guidelines. The database identifies both provider indicators of outlying behavior, as well as worker-based health outcomes (e.g., time-loss duration post surgery).

The department makes an effort to evaluate the medical treatment guidelines and criteria at least every three years to ensure they are current and effective. The evaluation may be based on several factors, some of which include:

- Whether there is new scientific literature indicating an update is necessary.
- Reviews and discusses with the department's advisory committees.
- Cost and utilization data.
- Worker-based health outcomes.
- Reports from our utilization review vendor.
- Claim reviews.
- Issues raised by providers, injured workers, or employers.