

ACHIEv July 2014 Meeting Top Tier Update

SUBSTITUTE SENATE BILL 5801 (SSB 5801)

An act relating to establishing medical provider networks and expanding centers for occupational health and education in the industrial insurance system; amending RCW 51.36.010; providing an effective date; and declaring an emergency.

RCW 51.36.010

The department, in collaboration with the advisory group, shall also establish additional best practice standards for providers to qualify for a second tier within the network, based on demonstrated use of occupational health best practices. This second tier is separate from and in addition to the centers for occupational health and education established under subsection (5) of this section... The advisory group shall recommend best practices standards to the department to use in determining second tier network providers. The department shall develop and implement financial and nonfinancial incentives for network providers who qualify for the second tier. The department is authorized to certify and decertify second tier providers.

TOP TIER PROVIDER ELIGIBILITY & INCENTIVES (BASED ON PROVIDER NETWORK ADVISORY GROUP DISCUSSIONS)



EXPERIENCED ATTENDING PROVIDERS

- Focus on Attending Providers
- Average of ≥ 12 claims annually
- In good standing
- Higher certification
- Committed to quality improvement
- Include patients with complex claims in practice

DEMONSTRATED BEST PRACTICES

- Exceeding benchmarks in best practices: ROA, APF, Provider/Employer contact
- Care coordination
- Knowledge and expertise in core competencies:
 - Collaboration & communication
 - Pain management
 - Workers' Compensation knowledge

INCENTIVES

- Financial and non-financial incentives
- Access to the Occupational Health Management System (OHMS)

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RESULTS OF WORKGROUP BRAINSTORMING

Criteria	# of Questions	Example
Focus on Attending Provider	12	Are we doing this by provider id or NPI?
Average of ≥ 12 claims annually	11	How long do you have to have the claim?
In good standing	3	Where's all the data kept?
Higher certification	7	What does the research show about this impacting behavior – could we use our training curriculum (or other training programs) that would allow us to say they got the best training and passed the tests?
Committed to quality improvement	8	How do you separate quality improvement and training efforts?
Include patients with complex claims in practice	14	Is the focus on accepting, managing, or preventing complex claims?
Exceeding benchmarks in best practices: ROA, APF, Provider/Employer contact	38	What's the right sample size and evaluation period?
Care coordination	2	Specified care coordinator with contact information?
Knowledge and expertise in core competencies: <ul style="list-style-type: none"> • Collaboration & communication • Pain management • Workers' Compensation knowledge 	25 (Training) 6 (Demonstrated)	Advanced vs. basic topics? (Training) Could we ask them to track key components in OHMS (in addition to their chart notes)?
Financial and non-financial incentives	15	Providers as employees (where does the incentive go)?

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ACHIEV DISCUSSION: COMPLEX CLAIMS

- Should we define complex claims?
- What do we want top tier providers to do?
 - Accept claims – when and for how long?
 - Manage claims – their own or others? For how long?
 - Prevent claims – their own or others? How would we track this?
 - Not create them – how do we avoid perverse incentives?

Factor	Include?			Stand Alone or In Combination?	
	Yes	No	Maybe	Stand Alone	In Combination
Any claim over 1 year in claim age from claim established date.					
Injured worker is not working (claim status 2,7, or 8).					
Pension on treatment order (example: psychiatric services).					
Claim has psycho-social issues (how can you tell on the claim?)					
Attorney on the claim.					
Injured worker was treated by someone denied from the network.					
Injured worker has little interest in getting better (how can you tell on the claim?).					
A high FRQ score?					
A high OHMS risk score?					
A large portion of injured workers are back to work in the first 90 days of care. Complex claims are about getting injured workers back to work or able to work rather than how quickly the claim closes. Not often related to medical complexity.					
Opioid use >= 14 days					
Pre-existing condition that is likely to impact current injury or occupational illness					
A back or neck injury					
Inpatient hospitalization by the 40 th day					

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Factor	Include?			Stand Alone or In Combination?	
	Yes	No	Maybe	Stand Alone	In Combination
Less than one year with employer of injury					
Small employer size					
Injured worker age at injury					
Injured worker being overweight					
Injured worker being from an economically distressed county (higher than normal unemployment rate)					
Injured worker being a non-English speaker					