

## Industrial Insurance Chiropractic Advisory Committee (IICAC) Meeting Minutes

Date: May 20, 2010 from 9:30 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  
Joanne McDaniel  
Jason McGill

**Absent:** La Vonda McCandless

**Guests:** Josh Morse  
Diane Reus

### General Business

#### **2/18/10 IICAC minutes:**

Moved, Seconded, Carried (MSC): Minutes were approved as written.

#### **Cost Driver Discussion**

Jason McGill provided a comprehensive discussion explaining the confounding factors that may be driving premium increase (see presentation). L&I will need to increase premium rates to keep in line with increasing claims costs to stabilize the system years from now. L&I is well funded at the moment, but premiums must eventually be sustainable for future costs, and the current rates do not accomplish that long term.

Claims are showing increased complexity (lasting longer) in the absence of increased severity (initial injuries are less severe; there are far fewer catastrophic injuries), and there are increasing numbers of pensions. Though claim frequency has decreased over the last four quarters, costs/claim are increasing, while fewer premiums are received.

Complex claims last longer, cost more, and lead more often to long term disability. More claims have extended timeloss and high costs related to complexity factors, like:

- Carpal tunnel syndrome
- Greater than 4 years claim duration and time loss situations that are concentrated with a minority of medical providers
- Opioid prescriptions.

- English as a second language
- Older age of claimant
- Obesity
- Multiple diagnosis (includes psychiatric, imprecise, or delayed diagnosis)
- Opioid use

Half of all long term claims (4 or more years of time loss paid) are treated by 150 high volume providers. They are very important, as these workers need care. Yet, is all the care needed/or appropriate care provided to return to health and function? Looking at claims with over 4 years of time loss compensation, only 50 doctors have more than 12 of these claims each. No chiropractors are treating more than five of these long term claims on their caseloads.

L&I is exploring several options to reduce disability, including but not limited to:

- Do a more detailed review before giving provider numbers
- Do more quality of care peer reviews with a few, high volume providers
- Assist doctors who are willing to take complex cases that other providers refuse.
- Participate with other health plan insurers who periodically review and re-credential healthcare providers
- Tighten definitions for occupational disease/multiple diagnoses
- Define Risk of harm/poor quality care

The governor formed a work group of business and Labor to identify issues and opportunities related to workers' compensation this summer, so recommendations can be formed before the 2011 legislative session.

### **Utilization Review (UR) for Radiography**

Josh Morse reported on 6/1/2010 L&I implement utilization review for imaging. Guidelines and a Provider Bulletin have been distributed to providers in numerous ways.

Imaging guidelines exist for:

- Low back
- Cervical spine
- Upper and lower extremities
- Headaches

Access the required forms at the Qualis Healthcare website (<http://qualishealth.org/cm/washington-landi/imaging.cfm>). You must register for iExchange to gain access to the forms. Then, either e-mail or fax the forms to Qualis as the first step in the UR process.

### **PPQ Subcommittee Report**

“Draft of evidence summary—Conservative Care Options for Work Related Mechanical Shoulder Conditions” received three modifications since the last meeting.

- **MSC** unanimously by IICAC: Approved as final and ready to be published.

The subcommittee's next review topic is: Active care rehabilitation for low back conditions.

**PEO Subcommittee Report**

Ron Wilcox, DC, Chair, reported the subcommittee is beginning to check continuing education records of consultants. They have reviewed their procedures against Department of Health's continuing education requirements and those of L&I's Consultation Program.

**9/16/2010 IICAC Meeting Agenda:**

- COHE updates—Diana Drylie
- Episodes of Care—Bob Mootz, DC
- PPQ Subcommittee: Shoulder Practice Resource: Vote on adopting to move it to resource page (10 min)
- PEO Subcommittee

**Next Meeting:**

The full IICAC meet reconvene on Thursday, November 18, 2010 from 9:30 to 11:30 a.m.