

**Meeting Summary**  
**Worker's Compensation Advisory Committee -Subcommittee on Health Care**  
**January 3, 2007**

**Participants:**

Labor:	Robby Stern, Ed Wood and Owen Linch John Aslakson (absent)
Business:	Vickie Gore, Beverly Simmons and Carolyn Logue Gerry Reilly (absent)
Board of Industrial Insurance Appeals:	Tom Egan
L&I:	Gary Franklin, Roy Plaeger-Brockway, Bob Mootz and Lee Glass
UW:	Tom Wickizer, Deb Fulton-Kehoe and Terri Smith-Weller
Renton COHE:	Pat Vincent, Ellen Hull and Grace Casey
Spokane COHE:	Dan Hansen and Pam Cromer
L&I Staff:	Dave Overby, Diana Drylie, Susan Campbell and Karen Ahrens
Guests:	Sally Rueter, Mary Shatto, Clif Finch and Karen Gude
Facilitator	Jeremy Sappington

**Introduction:**

Gary Franklin welcomed the group and opened the meeting. The draft minutes from October 18, 2006 were reviewed and approved. One clarification was made in the "Discussion of Issues" section of the minutes under the "community involvement" bullet, particularly to the "gets lost with focus on money" sub-bullet (bottom of page 2 and top of page 3). Subcommittee members reviewed the context of the discussion and agreed that the meaning of that issue is that cost savings should not be the primary outcome of the project and that the focus should stay on the community and providing services for injured workers.

Subcommittee members had a brief discussion about how to clarify context and meaning of any items captured in writing during the meetings rather than wait for the minutes to be completed. Members agreed to ask in real time if they do not understand the meaning of what has been written up during the meeting. There was also a suggestion, but no agreement, that meetings be recorded so that the context is not lost.

**Combined Report - preliminary findings:**

Tom Wickizer presented slides answering the 8 questions he presented at the last WCAC-HC meeting. These preliminary findings will be included in the upcoming Combined Report. The data in these slides is from the same year as the initial evaluations of the Renton and Eastern Washington COHEs.

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Tom also presented corrections to the original Renton COHE evaluation report. Some of the original data about injury type and provider type was miscoded during the evaluation. The coding error was corrected and the data re-analyzed. The corrected data did not significantly change any of the overall outcomes. The updated Renton COHE evaluation report will be published on the L&I website and sent to subcommittee members when it is complete.

Color copies of the presentation will be provided to the subcommittee members.

Questions/issues raised by Subcommittee members:

- Subcommittee members recommended further analysis of some data to more fully answer the 8 questions. In addition, they recommended looking at the same questions with more current data.
- Subcommittee members asked clarifying questions about the Health Services Coordinators' role in the Renton COHE. Their main concern was whether HSCs had the injured workers' permission to attend doctor appointments with them or to staff individual cases with participating doctors. Pat Vincent will bring a description of the HSC role to a future WCAC-HC meeting which will show that the HSCs contact the provider, injured worker and employer in order to initiate HSC activities.
  - Addendum: Ellen Hull, Health Services Coordinator with the Renton COHE, sent a clarification after the meeting regarding this issue. Her note stated: "As part of our monitoring and intervention on claims, the HSC *would not* appear at a medical appointment without prior discussion with the IW or their consent/request that we be present. We do discuss, or "staff," claims with the medical providers in terms of that claimant's progress with medical treatment and discussion of return to work."
- Subcommittee members had a concern about the results of the long-term (18 month) follow-up surveys. The slides show that there were no differences in the survey measures for COHE and non-COHE injured workers. Tom reported that the small sample size and composition of the sample group make it hard to draw any conclusions from these results. Tom will further analyze this data to determine if the results look different when analyzed for compensable claims only. Labor members reported that they will share these findings with their caucus because they are concerned that these charts may show that the COHEs do not lead to better long-term outcomes for injured workers.
- Roy Plaeger-Brockway mentioned that the focus of the COHE project to date has been on continuous health care improvement. He suggested that we use the current data to determine what improvements we can or should make to the system. Dan Hansen added that the current data reflects the initial year of COHE operations and more recent data may show different results.

**Introduction to the planning process and facilitator:**

Roy Plaeger-Brockway presented slides on the planning process and introduced Jeremy Sappington as facilitator. Jeremy provided a handout describing the collaborative process. All parties at the table agreed to follow this process. Jeremy explained that this process will only continue as long as everyone agrees that it should.

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As part of the process, Jeremy asked each caucus group (business, labor and L&I) to consider the following question. "What three to five critical interests or outcomes do you want performance data on in the future?" During consideration of this question, he asked the caucuses to keep in mind which elements of COHE should be sustained, transferred or improved. Jeremy Sappington clarified that this process is only a start and that the interests and outcomes identified today should be refined by the caucuses before the next meeting.

Each caucus reported on the results of their discussions. Caucuses will send a polished version of their critical interests and outcomes to L&I so that they can be included in the minutes from this meeting. **A draft version of the preliminary caucus reports is attached and will be replaced with modified versions from each caucus.**

**Wrap-up and Schedule Future Meetings:**

NEXT MEETING (Tentative)  
Monday, May 7, 2007  
1:30 pm - 4:00 pm  
L&I Service Location, Tukwila

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**Preliminary Caucus Report on Critical Interests and Outcomes—as of January 3, 2007**

Labor caucus:

- IW is better off in regard to long term outcomes than if not involved in the COHE process.
- Disability as a measurement is subjective.
- A more objective measurement is whether the injured worker is working, working at the job of injury, has comparable wages or earnings, etc.
- We want to look at new data (compensable versus non-compensable claims.)
- Our interest is not just “saving money” (e.g. reducing disability) but “better long term outcomes” for the injured worker.
  
- A clarifying question asked by a business representative was whether the initial focus of COHE was always centered on short term outcomes. How does labor determine or define long term? Is this 18 months out or longer?

Business caucus:

- Sustained changes in provider behavior.
- What is the future of COHE?
  - Is there a future for the existing COHEs beyond the pilot stage?
  - Can some parts of the COHEs be embedded in the larger L&I system? How will this be transferred to the larger L&I system? How managed? Will this be separate projects a change to the larger L&I system?
  - This is the transferable piece. Some elements that can be transferred to the larger L&I system include submitting the ROA in two days as well as more quality improvement efforts for the existing COHEs.
- We need to find ways to find out if we are serving all groups (e.g. SI employers, Retro and non retro employers, small businesses, etc.)
- We want workers returned to work and we need to help employers to do this. We need to improve.
- We need improved data sets and we need data provided more timely.
- We need to explore the consistency of what is working in both COHEs and look at how to transfer practices better between them.
- For the sustainable piece, we need continued communication with all parties (worker, employer and provider).
- We need to sustain (and improve) the cost decreases already shown in the data.

L&I caucus:

- Enhance the disability prevention shown in the COHE data to date from one in five to two in five injured workers saved.
- Quality improvement efforts in the two existing COHEs. (We need real time research and to have this institutionalized to L&I and the COHEs.)
- We need to standardize and get consensus on how to clarify, capture and report outcome measures.
- Improve the workers' compensation system efficiency, simplify processes and improve worker, employer and provider satisfaction.
- Enhance community based input and governance of the two COHEs (based on business, labor and provider participation.)