

# Advisory Committee on Healthcare Innovation and Evaluation (ACHIEV)

## 1/22/2015 Meeting Minutes

### \* Denotes an action item

All handouts referenced in these minutes are in the 1/22/2015 meeting handouts or slides located at <http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/PNAG/default.asp>. Headers below indicate the name of the related file(s).

**Safety Message:** We held a moment of silence for the family of Jon Reynolds, the Harborview Medical Center's COHE program manager, who passed away suddenly a few days ago.

\***Minutes:** The October 23, 2014 meeting minutes were approved as written.

**Grants:** Leah Hole-Marshall reported Washington applied for a state innovations award and was granted \$67million in funds for the Health Care Authority, as the lead agency, to implement their "Healthier Washington" campaign. The campaign has several main areas – one is a "One health policy" that integrates health into other policy areas such as environmental factors, education, business and economic development, and education available in community colleges. A second strategy is to use the state in its role as a health care purchaser to catalyze change by purchasing innovative, accountable care. As a "first mover" the state will be moving 80% of its purchasing to value based purchasing (Public employees, Medicaid, L&I, Corrections, DOH). COHE is an example of value based purchasing which emphasizes collaborative care. HCA is also leading a public/private workgroup that is adopting an initial set of core health care measures for the state –around 50 measures including measures for health care providers, health care payers, and the state. L&I participates on the workgroup and would like to see opioid related measures as well as functional improvement measures added (current set for consideration only includes nationally adopted and implemented measures).

Multi-entity collaboratives, like Bree, have adopted community standards for health care providers to send data to local registries to improve surgical care (currently cardiac, general, and back surgeries). Bree has also adopted several value-based purchasing tools (Warranty/Bundles) that payers can use as a template to contract with providers who would be designated as higher quality. Bundle components include:

- 1) Appropriate indications for surgery,
- 2) Fitness for surgery standards,
- 3) Surgical experience and standards,
- 4) Rehabilitation standards.

The warranty includes a guarantee (no cost) if certain adverse outcomes occur.

\***ACHIEV Charter:** Karen Jost presented the completed charter. ACHIEV members unanimously approved it as written through an oral vote. No one opposed or abstained.

**Strategic Vision** by Gary Franklin, MD, MPH

Comments from ACHIEV members:

- Pre-existing, comorbidity issues of some workers present impediments in the workers compensation system.
  - **Response:** Our job is to help workers recover, give them self efficacy tools to help them work within their family, background, or work issues, not give workers more disabling treatment or surgery.
- Some injured workers are not going to benefit from these programs. Make sure doctors are not penalized for treating these people.

- **Response:** We need to incentivize providers to give safe, proper care. The worst thing would be to cause harm. We need to identify high risk cases early to identify appropriate care and avoid long term disability.
- How can we involve national self-insured firms located out of state in the Washington state Opioid Guidelines?
  - **Response:** Self-insured employers are more involved, especially through the colloquia held twice a year. They are working more together to prevent harm and injured workers' deaths through collaborative work teams. Also, Simone Javaher, RN, is assigned to work with self-insured employers and communicate with the Self-Insurance Section to build bridges and working relationships.
- The definition of maximum medical improvement means we have to say, "We've done all that we can" and transition some workers into a different system, perhaps SSD. The extent of workers' compensation coverage will change if we treat small numbers of extremely complex cases to prevent long term disability.
  - **Response:** It is best to prevent a transition to chronic pain and long term disability. Most injuries are healable strains and sprains. We are not talking about catastrophic claims. We must recognize and address medical and psychosocial issues early in a claim to hope to avoid disability.
- We must address the limit of workers' compensation coverage.
- Most injured workers would not choose the long term disability lifestyle of losses to family, lifetime earnings, and self-esteem.
- All models need to empower injured workers with self-efficacy, especially those who are not actively involved in their own recovery. Find a way for a soft handoff to other providers. Teach self-activation and how to take control of their lives.
- The behavioral health component expands exponentially in the small set of injured workers with long term disability.
- Will L&I post lists of surgeons who perform repeat surgeries and have poor outcomes?
  - **Response:** L&I is working to address poor care and poor surgical outcomes. Injured workers who believe in their doctors are more willing to allow them to perform repeat surgeries.

#### **Catastrophic Injury Gap Analysis** by Nicholas Reul, MD, MPH.

- Reviewed the findings of the Labor and Industries 2015 Catastrophic Claims Gap Analysis report
- Presented the work of the ad hoc IIMAC group advising on priorities for L&I's response

#### Comments from ACHIEV members:

ACHIEV members commented on the small number of these claims and their cost within Washington's industrial insurance system.

#### **Collaborative Care Analysis and Recommendations** by Gary Franklin, MD, MPH

#### Comments from ACHIEV members:

- Would changing a worker's attending provider be important to help assure coordination of care?
- Has L&I identified doctors who treat mostly workers who become pensioners to identify risk of harm?
  - **Response:** Not yet. We are beginning to identify the problem and its cause by putting measures into place. We need to look at unending psychological care that could be defined as harm
- Groupings of preexisting depression and other co-morbidities, plus catastrophic cases with a new psych diagnosis present a very mixed picture. How do we address effectively the 3% of claims with greater need for psychological and psychiatric care?
  - **Response:** If a worker has serious diagnoses and needs immediate care, they could be placed into more collaborative care.
- Can an Occupational Medicine provider be equipped to successfully intervene on the 3% of the most complex claims who have fear avoidance, depression, and other issues?

- **Response:** Most of these cases are not psych issues, but biopsychosocial. Patients respond to having someone in their corner and learning new skills.
- Regarding infrastructure, which metrics and communication methods were needed?
  - **Response:** A tracking system is essential, looking at the same measures over time and consistently tracking them is key.
- Look at a regional model and obtain more access to providers everywhere.
- We need oversight over psychologists. Notes are hard to read. Need to assure consistent and quality care.
  - **Response:** We are looking to develop multiple solutions. Medical Provider Network providers can help with a small percentage of cases. More incentives and programs are needed.

**OHMS Update** by Garth Johnson and Diana Drylie

Comments from ACHIEV members:

- What is Maven?
  - **Response:** Maven is the software product that L&I purchased and modified. It was a major part of the work and the software supporting OHMS.
- It would be very helpful if the APF could be used as a legally binding document if a job offer is made.
- The report of accident is a prime example of paying doctors additional money (\$10) to file online, but it takes them an extra 20-30 minutes to do so.
- It would be helpful if L&I could work with electronic health record vendors to embed L&I documents so that each clinic doesn't need to modify the system on their own.
- How will providers' feedback about OHMS be captured?
  - **Response:** We continue to work with providers and health care organizations to identify provider needs and wants. We use that information to help design the functionality in the OHMS system.

**Top Tier: Complex Claims** by Noha Gindy

\*Criteria under consideration for the top tier application. Members indicate that they:

Possible criteria	Vote outcome
Prevent complex claims (defined as 1 year duration and on time loss)	Unanimously approved
Perform Consultations	Majority favored, one opposed, one abstained
Accept complicated claims from other providers.	Majority favored, one opposed
Accept complicated claims from L&I (may limit #/year)	Majority favored, one opposed; the rest abstained.

Comments from ACHIEV members:

ACHIEV members votes were not conclusive about this criteria; no final selections were made. Members hope that all of these options can be explored further. A variety of questions about the details behind each criteria and how it would be impacted by the way providers practiced.

Noha hopes to present the entire Top Tier application and procedures at the July 2015 meeting.

**Functional Recovery Questionnaire and Interventions** by Bob Mootz, DC

Comments from ACHIEV members:

- We need more employers to get injured workers back to work, even if no modified work is available. Some have relationships with Goodwill or other places workers can volunteer while recovering.
- Third party administrators work with employers and their Human Resources staff to explain the financial benefits of RTW.
- On a future ACHIEV agenda, talk about the innovative ways doctors and employers are helping workers work during recovery.

**Medical Provider Network: Expansion Discussion** by Karen Jost

Comments from ACHIEV members:

- It is most important to focus on psychologists and PT/OT services in Washington, rather than to consider MPN expansion into Idaho and Oregon. Most claims are in this state and we need to reduce long term disability.
- Since the numbers of pensions and workers receiving professional services are very low in Idaho and Oregon, ACHIEV would like to see comparison data between our three states on these topics.
- We need more information on any harm that may be occurring in these three states.
- Take psychologists into the MPN first. Later, analyze the PT costs and best practice work. Add them to the MPN, if needed.
- More problematic is psychological care that does not have a pre authorization structure.
- Physical therapy is the problem for all self-insured employers. We need measurements to judge the quality of care in PT.
  - **Response:** The payment methodology for PT could be reviewed. Who is responsible for ending the care? The PT or the doctor who continues to refer for ongoing care?
- Have PTs' bills been investigated?
  - **Response:** Yes, many. Their documentation issues are also being reviewed. L&I needs to develop best practices in PT/OT to provide guidance.
- PT care can be managed, as authorization is for 12 visits per WAC, then they must reapply. Many workers do not need these 12 visits, however. They should be reevaluated to determine if more care is needed.
- Would like an L&I report on PT costs and how they contribute to the total costs/claim.

**Appendix: Participants**

- **On the phone:** Algive from Causey Law Firm
- **In person:**

Members	L&I	Public
Dianna Chamblin, MD, Chair	Gary Franklin, MD, MPH	Grace Casey, Valley Medical Center
Clay Bartness, DC	Leah Hole-Marshall, JD	Nicole Cushman, COHE Alliance of Western Washington
Mike Dowling, DC, Alternate	Vickie Kennedy	Dan Perrow, PINN
Kirk Harmon, MD	Susan Campbell	Misty Hardie, REI
John Meier	Diana Drylie	Nancy Vandermark, COHE Alliance of Western Washington
Teri Rideout, JD	Karen Jost	
Stephen Thielke, MD, Alternate	Nicholas Reul, MD, MPH	
Lisa Vivian	Hal Stockbridge, MD, MPH	

Robert Waring, MD	Bob Mootz, DC	
Ron Wilcox, DC, Vice Chair	Dave Threedy, JD	
	Noha Gindy	
	Joanne McDaniel	
	Simone Javaher	
	Garth Johnson	

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