

Healthy Worker 2020

1. Core Occupational Health Model/System

Primary Components

1. Community Engagement,
2. Organizational Leadership,
3. Clinical Champions and Mentors,
4. Information System Support for treatment plan and goals, coordination of care, and feedback to providers

Potential Activities/Issues

- Are the current COHE requirements related to systems level engagement and support complete and appropriate (e.g. meet evidence based Chronic Care Management, address life of claim)
- Are the current sponsoring organizations sufficient to support statewide access for all injured workers
- How do we address systems support in Top Tier
- How do we address systems support in specialty services
- Is there appropriate integration with claim management, return to work, and self-insured community

What does success look like in 1 year and 5 years?



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

2. Core Occupational Health Best Practices

Primary Components

1. Assigned coordination of care with standard work and defined handoffs and stepped plan of care for entire episode of care.
2. Use occupational health best practices: Timely and complete report of accident, Activity Prescription Form, two-way communication with the employer when patients are expected to be off work; Assessing & documenting barriers to RTW at 4th week, and developing a plan to overcome the barriers; assess worker fear-avoidance and recovery expectations; assess pain and function at each visit
3. Follow evidence based guidelines: limit opioid prescribing and follow treatment guideline; refer for activity coaching and graded exercised program; follow evidence based treatment guidelines and authorization requirements

Potential Activities/Issues

- Refinement and Standardization of care coordination
- Refinement of best practices and identification of best practices across continuum of care
- Integrate best practice expectations across incentive programs
- Is there appropriate integration with claim management, return to work, and self-insured community

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3. Surgical Best Practice

Primary Components:

1. Core Occupational Health Best Practices;
2. Providing an activity prescription for the injured worker
3. Provider directed intensive rehabilitation for return to work
4. Minimal dispense as written (DAW) prescriptions
5. IW accessing specialist care within 7 business days of referral
6. Non-emergency surgery completed within 3 weeks of surgical decision
7. Provider participation in continuing education on occ. health practices
8. Care Coordinator assists in transition from primary care to surgeon's care
9. Documented pre-op assessment of RTW and plan for RTW
10. Post-operatively, an integrated team will evaluate patient not meeting return-to-work goals
11. Care Coordinator assists in transition back to primary care (surgeon request)
12. Warranty/Bundle Purchasing for surgery

Potential Activities/Issues

- Complete Surgical Best Practices Pilot
- Identify core surgical best practices and incentives
- Refine coordination role and integrate
- Implement Warranty and Bundle
- Integrate best practice expectations across incentive programs
- Is there appropriate integration with claim management, return to work, and self-insured community

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4. Chronic Pain and Behavioral Health Collaborative Care Services

Primary Components:

1. Pain coordination (assigned care coordination; regular measures; stepped care plan, planned review with experts/AP; document)
2. Identify evidence based treatments for chronic pain
3. Address mindfulness and sleeplessness?
4. Escalated interventions
5. Behavioral health coordination (assigned care coordination; brief counseling; regular measure of pain, depression, etc. ; stepped care plan, planned review with expert and AP; document)
6. Regular behavioral health expert review of CM panel of patients with treatment recommendations to CM

Potential Activities/Issues

- Define and Pilot
- Identify core best practices and incentives
- Refine coordination role and integrate
- Integrate best practice expectations across incentive programs
- Is there appropriate integration with claim management, return to work, and self-insured community

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5. Structured Multidisciplinary Pain Evaluation and Program

Primary Components:

1. Multi-Disciplinary Pain Assessment
2. Structured Intensive Multi-disciplinary Program (SIMP)

Potential Activities/Issues

- Define elements of assessment, participants and referral timing
- Analyze and refine current SIMP program
- Identify appropriate integration with Chronic Pain Coordination
- Integrate best practice expectations across incentive programs
- Is there appropriate integration with claim management, return to work, and self-insured community

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6. Opioid Prescribing Best Practice Cluster

Primary Components:

1. No opioids 1st 4 weeks of care unless pain and disability are severe, only short acting, no more than one week supply, baseline measures.
2. To prescribe long acting or controlled release after 4 weeks:
Short-acting opioid previously tried, short-acting opioid was effective in improving pain & function (scored Graded Chronic Pain Scale)
3. Requirements for opioids prescribed beyond 6 weeks of 1st visit:
Improved pain & function with opioids (scored Graded Chronic Pain Scale), Opioid Contract in place, Risk screening performed, Baseline and random urine drug screening

Potential Activities/Issues

- Provider feedback reporting and risk of harm
- Automate functional measures, PDMP checking, dosing information
- Identify appropriate integration with Chronic Pain Coordination
- Integrate best practice expectation across incentive programs
- Is there appropriate integration with claim management, return to work, and self-insured community (authorization; dose, taper and dependence coordination)

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7. Structured Physical Medicine Best Practice

Primary Components:

1. Defined Physical medicine best practices for all physical medicine providers
2. Standard referral criteria/timing;
3. Active treatment;
4. Stepped care with measurable functional goals
5. Defined measures

Potential Activities/Issues

- Identify core best practices and incentives
- Identify coordination role and integrate
- Integrate best practice expectations across incentive programs
- Is there appropriate integration with claim management, return to work, and self-insured community

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8. Catastrophic Services and Centers of Excellence

Primary Components:

1. Enhanced catastrophic nursing case management capacity (internal and contracted)
2. Centers of Excellence (Amputee Care, Chemically Related Illness, Burns, Traumatic Brain Injury, Spinal Cord Injury, Multiple Trauma)
3. Enhanced discharge and life planning

Potential Activities/Issues

- Integrate best practice catastrophic health services coordination with COHE
- Design program evaluation for catastrophic management and conduct assessment of COHE Coordination, Centers of Excellence and case management
- Integrate best practice expectations across incentive programs
- Is there appropriate integration with claim management, return to work, and self-insured community

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9. Operational Support

1. Building Capacity
2. Coordination
3. IT - OHMS

Potential Activities/Issues

- Assess strategic alignment
- Prioritize program activity and operational resources
- Address integrate across best practice programs
- Is there appropriate integration with claim management, return to work, and self-insured community

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