Washington State Department of Labor & Industries

Therapy Stakeholders Group Meeting
July 27, 2015 Tukwila Service Location, 12:30 p.m. – 3:30 p.m.

Present:

Therapy Members: Josh Cobbley – Northwest Return to Work, Cheryl French Nevin – Olympic Sports and Spine Rehabilitation, Barbara Harrington – Peoples Injury Network Northwest, Jonathan Harrison – NW Work Options, Terry Moon – Pacific Rehabilitation

LNI: Ryan Guppy – Executive Sponsor, Sarah Martin – Project Manager/Chair, Lauren Royer – Project Administrative Support, Rich Wilson - Project Director, Karen Ahrens – Project Lead

Updates:

- Implementing the new role of the claim processor when FCEs are being authorized. Claim processor will call clinic to notify of authorization and request an appointment within 21 days. Training is occurring over the next two months with L&I Claim Units.
- A list of FCE Clinics has been added to our external vendor services lookup tool. Clinics who billed L&I over the last year from WA, OR, ID were sent a letter about the project and to send their contact information if they wanted to be added to our list. Those who responded were put on this list.

FCE Forms Pilot:

- 5 clinicians piloted the new forms during the month of June. Overall feedback was positive.
- Proposed changes suggested from the first month of the pilot were discussed. Members present supported all of the changes. These include:

Capacity Grid form:

1) A blank space = no restriction was omitted from form
2) Form Names – consensus was to merge the 2 forms. Page 1 is the grid and page 2 is the narrative
3) Comments section under sit/stand walk section was added
4) Moved R/L/Both definition to a different location
5) Reach forward was added – Although not on the APF, it is on the JA form.
6) Eliminated the left side boxes (R/L/B) as this was duplication. Making this change allows the form to be easier to read. For unique unilateral results, this can be added in the other or optional evaluator comments section.
7) Changed lbs to lb
8) Discussion whether the evaluator must fill in all S, O, F, C sections for the lift/carry/push/pull section. Seldom is only used in WA and not present in some FCE systems. At minimum, establish Occasional and Frequent levels. Agreed to keep seldom and constant on form. Evaluator determines if they need to document Seldom and Constant.

9) Push/pull # of force was omitted as it was a duplication.
10) Push/pull – standard is dynamic whole body. Added word Dynamic to category. Doing static push/pull is not common. If needed, put push/pull static in Other category. Recommend adding push/pull variations in definitions/guidelines. (static/dynamic, initial/sustained)
11) Never category- Omit the lbs option. Rather add a box that may be selected when no lifting/carry/push/pull is recommended.
12) A 2nd Other line was added.

Narrative Form:

1) Slight changes to wording under therapist conclusions. Make Yes and No boxes and Explain box below to help usability.
2) To make it clearer in the unrelated factors box, added "if no" and "impact on physical demand task".
3) Attending Provider Restriction: add the word Evaluation so it is clear that the restrictions are only related to participation in the evaluation.

- Projected work tolerances are based on JOI work pattern. If not supplied, use 8 hour day as the standard.
- Opened up the pilot to TSG members and any clinicians within their company for the month of August. List of weekly claims still need to be sent to Sarah.
- Some members have added a cover sheet or comment onto the form about this being an L&I pilot since forms and processes are different. Ok to do this while we are in the transition/testing phase.
- Timeline: Pilot will run thru August. Will then re-evaluate. If supported for statewide broad use, tentative roll out would be end of September and include training.
- Members asked about how much time to give for the transition to the new form. General answer was if form rolled out at the end of September, January 1 would be reasonable.
- L&I's would consider updating payment policy to require this form.

FCE Evaluator Training:

Tentative plan is to start initial training of FCE providers in conjunction with the pilot form rolling out for general use. (Late September) Plan to do training in 3 geographic locations. Training will be on new form and expectations as Module 1. Anticipate other modules and putting the modules online. All 5 members volunteered to help with providing feedback on draft training materials.

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FCE Levels
Obtained feedback from members over the last 2 months related to different FCE levels (Mini, standard and complex). Currently in exploratory step to determine if there is a need.

- Overall, mini level was not supported by members or by L&I Project Team.
- Standard – Comprehensive evaluation 4-6 hours over 1-2 days remains supported.
- Complex
    - 7-12 hours over at least 2 days.
    - Members noted that this may make up 10-15% of caseload. Member from SIMP noted that their population may be up to 30%. Member from Eastern WA noted up to 80%.
    - If a complex level was created, it would have to be clearly defined with identified criteria. It would be considered an exception and parameters put in place. This may include review by L&I Occupational Nurse Consultant.
    - Possible criteria mentioned: data may show that claims with specific data points would qualify, additional UE testing, neuro diagnosis such as TBI, demonstrated pattern of low effort, multiple body parts, multiple claims, forensic voc referral, interpreter, poor activity tolerance, 2 jobs with distinctly different postural demands (constant sit/constant stand)
    - Asked members to send examples of complex cases.
    - Acknowledge other costs such as meals and lodging if doing 2 day test and worker not close to FCE provider.
    - Would need to reflect adequate reimbursement for longer evaluation.
- Members present did not have other state reimbursement levels.

Minimum comprehensive evaluation elements proposal:

- Member consensus: Approved document with the addition of reach forward.
- Next step is to populate each section with testing options.
- Look at recent IMACs proposal. Consider using L&I references and resources to help inform the subtest options.

Sept Meeting:

- Best practices: Need to make sure that the process allows for future changes (can evolve) and are based on research/evidence.
- Focus on Cardiorespiratory and Level of Effort methods.
- Each member presents what method they use (under those 2 categories) and the research to back it up.
- Member will have 5 minutes to present followed by a group discussion.
- Send peer reviewed research articles to Sarah. Up to 3 articles for each method.
- If there are any testing methods that are no longer supported by research, bring those up too.

Remaining topics:

- Rulemaking/mentorship for evaluator requirements – out of scope of this project as it would require rulemaking. A proposal will be made to L&I management in future to see if support received to consider.
- Clinics who are recommending more therapy - If clinic is seeking AP referral, it needs to be done outside of our standard forms. Future training will include when additional treatment is likely supported.
- Does the FCE provider get to provide the treatment they are recommending? We don't have a mechanism in our system to monitor or limit. The attending provider determines the treatment plan and the worker can decide where they go for treatment.

Round Robin:

- Clarify interpreter policy – what if IW brings own interpreter? Differences between policy and what is happening.
    - Can cause delays/conflict if worker brings their own interpreter. Interpreter not available causes delays. Concern for missed referrals if not allowing worker interpreter to be there.
    - F245-412-000 handout – Could reference this document to worker/interpreter. Medical provider is the one who provides the interpreter. Also notes other roles and expectations of interpreters. http://www.lni.wa.gov/IPUB/245-412-000.pdf
- Is there anything that we can do to interest therapists to perform these tests since there are a limited number of experienced clinicians? How can it be made more attractive?
- Make sure APs are aware of FCE changes that are happening.
- Do we have any resources to bring FCE nationally/internationally recognized speakers to our group? Or future training. Maybe this is something PWC (Professionals in Workers Comp) could look at offering.

Request for Member Participation:

Send Sarah:

1) Examples of complex claims that would benefit from a longer FCE.
2) Research article references that you will use to advocate for your testing methods
3) If participating in the pilot, recruit your colleagues and continue to send weekly claim list.

Next Meeting: Monday, September 28th.