Washington State Department of Labor & Industries

Therapy Stakeholders Group Meeting

January 26, 2015, Tukwila Service Location, 12:30 p.m. – 3:30 p.m.

Present:

Therapy Members: Theodore Becker – EPI, Christina Casady – Capen and Associates, Josh Cobbley – Northwest Return to Work, Jackie Earl – Cascade Summit, Cheryl French Nevin – Olympic Sports and Spine Rehabilitation, Barbara Harrington – Peoples Injury Network Northwest, Jonathan Harrison – NW Work Options, Terry Moon – ATI, Jim Strandy – Summit Rehabilitation, Lynda White – MVP Physical Therapy

Audience Members: Maggie Vennarucci, Erick Wilson

LNI: Karen Ahrens – Project Lead, Sarah Martin – Project Manager/Chair, Michelle Moore – Project Administrative Support, Rich Wilson - Project Director

Topics

Capacities Summary Form Draft Review

Members provided with handouts: updated therapist summary form and current version of the APF. Questions asked. Reminder that payment policy does require a detailed capacities for payment. Goal – Standardize, format similar to the APF, clear and concise.

1. What should we call the form? Was Therapist Summary, Proposed name is Capacities Summary
    a. Suggestions: Work capacities summary, functional capacities summary, physical capacities summary, work summary, work recommendations – Boeing uses this term for their form and also has another form called the RTW Recommendations,
    b. Keep it consistent with the evaluation name (FCE/PCE)

2. Are the proposed changes appropriate? Why/why not? Does it include all of the essential elements? If no, what's missing?
    a. Lift/Carry/Push/Pull: omit the Never category – shade it out.
    b. Consider adding cervical extension
    c. Mousing –where do you put that
    d. Keyboarding would go fingering category. Side note: testing for keyboarding – only concerned with sensation, motor skills, ROM, and not words per minute. This would fall under minimum testing discussion for future

e. Separate kneel from squat into their own lines
f. Have squat divided into partial and full (distinguishes crouch and squat)
g. Add hand dominance.
h. Lift – add height measurement for waist to sh, shoulder to overhead
i. Lifting – add a knee to waist category or add an extra line for other variations
j. Terms – valid vs invalid – take out the word valid- change it to best reliable or dependable, reasonable.
k. Want it to be a fillable/compatible with EMR systems
l. For twist want two separate lines between neck and trunk
m. Reach floor to waist is redundant and can be omitted.
n. Define unaccepted/unrelated.
o. Push pull would this be pounds of force (static vs dynamic) – want to add pounds of force and distance to this category
p. Why is operate foot controls in the hand section
q. Omit hours in an 8 hour day for the sit/stand/walk/alternate section.
r. Add a distance category for carry, push/pull similar to the current therapist summary form.
s. Overhead = to above hairline –often misunderstood, may need to be better defined for evaluators
t. Physical Demands- discussion around whether this category needs to be added. Some VRCs ask PCE providers not to identify a category and others ask for it.

3. Do we need a not tested box?
    a. YES if there is room. If something is not tested, this could be explained in the optional comments section or in the report summary.

4. Format- Is it easy to use? Other ideas?
    a. Better than old form,
    b. Make sure it will be a fillable form and used with EMR systems
    c. Filled out similar to an APF
    d. Form will be piloted to determine effectiveness, ease of use

5. How to we identify the need of the evaluator to mark R/L separately when there is an extremity injury?
    a. Job analysis would have the two sides separated out which would trigger therapist to separate out capacity.

Side Questions/Issues:

- Do we test items not on the JOI JA – need a decision.
- Side question -Do we do 2 forms if there are 2 claims.
- Will AP sign off on this form

Next Step: Updates will be incorporated into the existing draft. We will seek feedback with other internal and external stakeholders including VRCs and possibility test the form out via a pilot.

Report Summary Template Draft Review

Members provided with handout for current draft template and referral questions. Goal – Standardize. Format allows the reader to locate essential information. We want it to be consistent with the L&I referral questions.

1. What should we call this template? Report Summary Template, different name?
    a. Ok, just make sure to use the same terminology (PCE/FCE)

2. Do the headers identify the essential areas? If no, what additional headers are needed?
    a. Modifications should go into the "Response to JA" section, box #3.
    b. Omit employer name
    c. Add referring provider line (may not be the same as the attending provider)
    d. Test to tolerance – Change to AP restrictions. Not all clinics ask for this. Some benefits: Gets this to get worker to participate. Learn of unrelated conditions from AP. For those who do not obtain this, if worker has an issue, evaluator calls AP at beginning of test to get issues clarified.
    e. Make sure this template works with EMR systems
    f. Why Date of Request – change to Date of Authorization.
    g. Add a note to refer reader to the FCE summary form to obtain capacities.
    h. Under response to JA section – ask to perform essential tasks and related physical demands or use the term physical demand tasks.
    i. Some duplication – if they fill out the Respond to the Job Analysis section on the template, filling out the JA summary form/JA signature page may be duplication. Will need to look at what is essential documentation as it may need to be listed in 2 places but will see if this can be avoided.
    j. If the ability to perform JA summary do we need to repeat the same info on the template

k. What about the VRC's or CMs questions
l. Modifications: Is this job modification/equipment or task modification? Discussion around this topic. Some VRCs ask PCE providers not to comment on modifications. Can this be optional?
m. Use term evaluator instead of clinician, make plural if multiple evaluators

3. Unrelated factors – does that term make sense about how you'd answer?
    a. Need to define unrelated factors further

4. Under Evaluation Validity - Which phrase is preferred? Modify as needed. Do you think we need to include an explanation for a yes answer as well?
    a. Discussion around this topic. Many wording options discussed both in the title and description. Conclusion is to try to make the section open ended such as "Therapist Conclusions" or "Therapists comment on the data" and the evaluator can put in their results based on their data. Wording mentioned: Is this a reliable effort, was there reliable data to make conclusion for RTW, do you have confidence in the data, data analysis, tolerance for work is acceptable/unacceptable, insufficient data to provide a conclusion, what is the validity of the evaluation, safe maximum abilities/tolerances, do I have concern of their effort.
    b. It was suggested to come up with standard sentences especially if there was low effort.

Side Questions/Issues:

- What if there is no job analysis – not even for JOI? What do they do?
- Are the evaluators to get job information from CAC? What info are evaluators expected to get from CAC?
- Besides VRC's, AP's are also asking PCE providers to review JAs at a later date.
- Next Step: We will incorporate your feedback and consider piloting the template. PINN and MVP is interested in piloting.

Terminology/Definitions

a. Seldom, Occasional, Frequent, Constant. We recognize that the Job analysis form and DOT may have different definitions/time frames. Use the L&I APF as the standard which adds the seldom category and different time frames. We are looking at standardizing everything in the future.

b. Lifting: Discussion around determining lifting capacity and frequency/duration related to a full time basis. Different methods. Some use a formula, some use the formula with observation of movement/other factors, some use heart rate/recovery, etc. Confirmed there is variability in how this is being testing and how the results are documented. It is important to have a good JA. This is a larger topic that will need to be addressed separately when we work on minimum testing standards.

Updates

a. eCorrespondence – This would send letters from L&I to them electronically. NW Work Options, Capen and Associates, Summit Rehab, Cascade Summit, and EPI volunteered. Initial question- how many individuals can be logged into the system at one time?
b. Name Change – from PBPCE to FCE– L&I is considering their recommendation to change the name. We expect a decision soon which would happen before March 21st.
c. Meal Reimbursement – To answer a previous question asked at the last meeting: One meal is payable for each 100 miles traveled round trip
d. L&I technology changes will be rolling out March 23rd. This will change the authorization process and send letters to the worker and PCE provider.
    - VRC calls L&I for authorization.
    - Claim Processor calls PCE clinic to let them know the evaluation has been authorized and initiate appointment. We are testing this portion now with a few claim units. The JAs would come from the VRC, the referral information can be obtained either via CAC or from the VRC.
    - We'll want feedback to hear how it is going once the change is made.

Next Meeting

- Minimum testing standards – use the 1993 L&I template as a starting point.
- Who should do PCE's/minimum requirements?

Next Meeting: March 23, 2015