

## Surgical Best Practices Pilot Sites

### COHE Community of E. Washington

Pilot Medical Director: Dr. Greg Carter

SHSC: Lisa Archer

*In partnership with:*

Northwest Orthopaedic & Sports  
Medicine (Tri Cities)

Inland Neurosurgery & Spine  
Associates (Spokane)

### The Everett Clinic Orthopedics

Pilot Medical Director: Dr. Brent Thiel

SHSC: Robert Minegishi

### Proliance Orthopedic Associates

Pilot Medical Director: Dr. Fred Huang

SHSC: Lorraine Sandoval



**Robert Minegishi, SHSC at The  
Everett Clinic (TEC) Orthopedics**

### Robert Minegishi is a “Hero.”

Robert received a “Herogram” from Dr. Dianna Chamblin on 9/3/15. She wrote: “...I saw a patient today who spontaneously brought up your name. She said it was so reassuring to have someone to call if she had questions. Your outreach was much appreciated by this patient and very comforting during her industrial claim. Great effort in your outreach and communications! Dianna”

## Notes from L&I Medical Director

“Our Surgical Best Practices Pilot has really taken off! That whirring sound you hear is the satisfaction of the participating surgeons.

The Surgical Health Services Coordinators have quickly demonstrated their value at integrating surgical care with the patient's return-to-work opportunities. In addition, the SHSC's smooth the transition back to the patient's primary-care provider.

This pilot is part of L&I's larger effort to incentivize the highest quality care for our injured workers. Early returns are in, and it looks like your participation in this pilot will dramatically improve surgical outcomes for injured workers. Thanks to the pilot, commonly encountered barriers will not hinder workers' successful healing.”

– Gary Franklin, MD, MPH

## After one year

Thirty-seven surgeons from four orthopedic or neurosurgical clinics are currently participating in L&I's Surgical Best Practices Pilot, which began on October 1, 2014.

The pilot adds four new best practices (BP) in addition to the requirements of the Orthopedic and Neurological Surgeons Quality Project. The new best practices improve transition of care and the planning for return to work.

Our first milestone came in Dec. 2014 — automating a system where SHSCs can identify L&I claims, create case notes, review the L&I file and communicate with L&I claim managers and Early Return to Work Coordinators. Between December 12, 2014 and August 6 of this year, 1,181 case notes were prepared on 443 patients being evaluated for surgical care.

## What are the best practices for the pilot?

- BP1. Timely and appropriate transition to surgical care.
- BP2. Setting/Documenting return to work (RTW) plans and goals.
- BP3. Post-op intervention on return to work goals, if needed.
- BP4. Timely transfer after surgical care concludes.

## The crucial role of the Surgical Health Services Coordinators

The pilot relies on Surgical Health Services Coordinators (SHSC) to lay the groundwork for the surgeons to accomplish the best practices.



**Lisa Archer, SHSC at COHE Community of E. Washington**

### **Patients' Responses to SHSC**

Lisa at COHE Community of E. WA works with Inland Neurosurgery & Spine Associates (Spokane) and Northwest Orthopaedic & Sports Medicine (Tri-Cities). She has been surprised at how many patients express their sincere thank you to her for following up with them post-operatively to ask about their recovery. Several patients have called her about their rehab care and return to work plans.



**Lorraine Sandoval, New SHSC at Proliance (POA) beginning 10/1/15**

**Welcome Lorraine!**

- **Lisa Archer** at COHE Community of Eastern Washington works with surgeons at *Northwest Orthopedic and Sports Medicine* in Richland and with *Inland Neurosurgery and Spine Associates* in Spokane. Lisa's background includes private-sector vocational rehabilitation work. She was also a Health Services Coordinator for COHE Community for five years.
- **Robert Minegishi** works with orthopedic and hand surgeons at *The Everett Clinic*. His background includes nearly 10 years in the self-insured community managing claims for Boeing.
- **Lorraine Sandoval** was just promoted to Surgical Health Services Coordinator at *Proliance Orthopedics Associates (POA)* in Renton. Lorraine's background includes 39 years working as a Medical Assistant in surgical clinics.

The SHSCs agree that discussing and documenting RTW plans and goals with the worker as early as possible during care is vital. Data clearly shows that the longer a patient stays off work, the greater the likelihood they will lose their job and the harder it will be to go back to work. When the surgeon reassures the patient early on that they will likely go back to work in the foreseeable future, it gives the patient a goal to work towards.

A pilot surgeon who specializes in shoulder surgeries tells his patients that from his experience doing this surgery about 100 times every year he's confident they will be back at work in some capacity in about 6 weeks. Not every patient is the same, but having this conversation sets the expectation that they will return to work.

The longer a patient stays off work, the greater the likelihood that their job will be lost and the harder it will be to go back to work.

### **Surgical Best Practices Pilot completed its first year of providing services to injured worker patients needing surgery**

Lisa Archer from COHE Community of E. Washington was the first SHSC hired. What does she think of the pilot?

"My experience has been positive. For me, the pilot has been a win-win without any drawbacks. I hope the depth and breadth of the pilot is expanded in the upcoming year; I am excited to see what happens."

### **From the Surgeon's perspective, the SHSC does all the footwork for Best Practice 2, the RTW plans and goals**

The SHSC contacts the employer right away to discuss current restrictions and see if light duty is available. The SHSC obtains job descriptions for both the light duty and job of injury.

Sometimes employers are hesitant to talk about light duty if surgery is likely. The SHSC tries to get them to start thinking about a return to work plan. The SHSC might ask staff from the local L&I field office to

## **A success story from Proliance Orthopedic Associates (POA)**

Angelique Duel, former SHSC at POA shared, "One of the medical assistants (MA) made me aware of a file that had been rejected, even though emergent surgery for a partial amputation was needed. The MA had left a message for the claims manager, but I went ahead and sent a secure message to her as well. The next day the claims manager called me back to let us know the claim was now allowed. We gave her the CPT codes – the surgery is good to go and medication authorizations are in place."

"This is what the pilot is all about, right?"

### **Between December 12, 2014 and August 6, 2015 the SHSCs:**

- Reviewed 718 cases
- Identified opportunities to intervene on 443 patients
- Prepared 1,181 case notes

### **Plans for the 2<sup>nd</sup> year of the pilot**

- Continue to develop and refine standard work for the SHSCs.
- Choose quality indicators to measure patient outcomes
- Design feedback reports for the clinics and surgeons
- Begin plans for merging the Surgical Best Practices and the Ortho/Neuro Surgery Quality Project

For more information about the Surgical Best Practices Pilot, contact your SHSC or Carole Horrell, L&I Specialty Best Practices Manager

(360) 902-5080 or e-mail [Caroline.Horrell@lni.wa.gov](mailto:Caroline.Horrell@lni.wa.gov)

assist the employers by explaining modifications like lifting devices or ergonomic tools (some can be paid by L&I) or by helping to write job descriptions.

Post-operatively, the SHSC stays in contact with the worker and the employer and keeps the surgeon up to date with issues (e.g., PT/OT comments) so they are prepared for post-op appointments.

### **What do we ask the surgeons to do?**

Use the information gathered by the SHSC to set a RTW goal as early as is safely possible. Based on your experience treating similar injuries, when is RTW likely?

It's important for you to document this key conversation briefly in your chart notes. It keeps you and the worker on track in discussing rehab plans. In addition, the SHSC uses your plan to monitor post-op rehab notes and to continue light-duty discussions with the employer. Lisa Archer knows that the RTW conversation does happen

"When I call the workers after their pre-op appointment, they can tell me what their RTW plan is – so I know the surgeon discussed it with them. It's just not documented in the visit notes."

If the patient seems concerned that returning to work will increase their pain or worsen their injury:

- Reassure; explain hurt vs. harm
- Ask your patient what would make it easier to do their job...  
Often, common sense, low-tech solutions such as rearranging the work space, refining processes or scheduling work load and breaks can facilitate RTW.

A hand surgeon commented: "One patient was flabbergasted when I told her she could return to work with 5 lb. lifting restrictions only 12 days after a successful carpal tunnel release. I have quickly learned that it is vital to be very specific with these patients preoperatively about the postoperative course and expectations."

### **Keeping the worker and employer informed saves jobs**

Lisa first reviewed Mike's<sup>1</sup> case on Feb. 6, 2015. Mike had injured his low back the previous June. An L4-L5 microdiscectomy was planned for March 12, 2015. Lisa contacted the employer and asked her to complete job descriptions for the job of injury and any light-duty work. She frequently contacted Mike and his employer post-op. On May 1, Mike told Lisa his employer had contracted out his position – no work would be available for him when he recovered. Lisa immediately called the employer. She also asked the surgeon to consider the light-duty job description.

On May 5, Lisa was able to tell Mike he was released to work on approved light-duty with his employer for 4 hours per day. On June 17, Mike returned to his pre-injury job without restrictions – 1 year and 6 days after his work injury.

<sup>1</sup> Mike is not the workers' real name.

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