



## 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** (Proliance), Tri Cities

**Inland Neurosurgery & Spine  
Associates** (Providence) 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

## The Surgical Best Practices

1. Timely Transition to Surgical Care
2. Timely Return to Work (RTW) Plans and Goals
3. Integrated Post-op Team Intervention (if RTW goals not being met)
4. Transition to the Next Step in Care

Between December 12, 2014 and December 29, 2015 the 3 SHSCs:

- Reviewed 1,838 cases
- Identified opportunities to intervene on 728 patients
- Prepared 2,242 case notes



Lorraine Sandoval with Dr. John Howlett and his Medical Assistant Sheryl Foster.

## Dr. Frederick Huang believes in the Surgical Best Practices Pilot

I recently interviewed Dr. Huang about his interest and experience with the Surgical Best Practices Pilot. He provided feedback on the original design for the Surgical Best Practices Pilot in 2012. Dr. Huang has been an orthopedic surgeon at Proliance Orthopedic Associates (POA) since 2001 and part of L&I's Orthopedic and Neurological Surgeon Quality Project since 2006.

Dr. Huang shared the following sentiments:

Any time you start developing a pilot there is hope it will accomplish good things. We appreciated the collaborative efforts of L&I to take what we said to heart and make adjustments in the Ortho/Neuro Project to make it better. That was a good start. The Surgical Best Practices Pilot goes further and brings it down to the level of the patient. This and involving the employer were the right things to do. Not all pilots work out or produce results – we think this one will.



**Fredrick S. Huang, MD**  
*Surgical Best Practices Pilot  
Medical Director at POA*

In his practice, Dr. Huang focuses on:

1. Sports injuries, arthroscopic knee and shoulder surgery
2. Knee and hip replacement
3. Trauma surgery and fracture care.

After one year I still see the value in the pilot's focus on setting boundaries for the length of recovery and returning to work after surgery – to set those expectations with the patient up front. In our office we've found it's been very helpful to define return to work goals and educate our patients.

**Between 11/1/14 and 10/31/15 surgeons at POA treated 1,433 injured workers. 351 injured workers were treated surgically.**

As part of this pilot we're in a unique position to make things better for our L&I patients. Like any insurance there are certain L&I requirements that cause headaches and of course there are patient compliance issues. Because we are able to use the experience and presence of a SHSC we can get those requirements done. It's a tremendous help to have someone here who can look into the L&I system instead of being on hold waiting for the claim



**Lorraine and Dr. Christopher Howe**

Lorraine Sandoval has been the SHSC at POA since 10/1/15. She says surgeons and MAs were coming to her right away with issues relating to continuing care, pending studies and surgery requests – things she was easily able to locate in the Claim and Account Center (CAC). “With so many providers in our office, paperwork can get lost and sometimes isn’t handled timely. I can get what the providers need while the patient is still in the clinic – or sometimes even before the scheduled appointment. I’m also able to meet directly with the workers when they have concerns and let them know that they have an advocate to aid in streamlining their care. I’m pretty sure the physicians and MAs appreciate this.” Lorraine smiles, “They come back and say, ‘Lorraine, how did you know I’d need that?’ and I say ‘I’m magic!’”

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

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Or visit our website at:

<http://www.lni.wa.gov/ClaimsIns/Providers/Reforms/EmergingBP/SurgicalPilot.asp>

**Our next newsletter in April 2016 will feature The Everett Clinic Orthopedics**

manager (CM) or someone else. She also contacts the employers. Because she was previously a Medical Assistant she knows what we need and what it’s like to be with a patient and not have information for them.

I have a patient who had knee surgery. He had a very strenuous job that he may not be able to go back to. He’s upset and anxious about it and I told the CM he needed a psych evaluation. At his next visit 6 weeks later he told me the CM authorized it but told him I had to pick the Psychiatrist. I don’t know any. The CM sent me a “2<sup>nd</sup> request” and told me the authorization for evaluation would be cancelled if I didn’t pick one. I was able to give it to Lorraine and she helped the worker go through the Find-A-Doc website to pick a psychiatrist.

Another patient came back to me after quite some time. He brought an IME with him and wanted me to comment on it. Lorraine was able to look in the system and see that L&I had actually asked his regular attending provider to comment – so she saved the day!

*Thank you for sharing your experiences, Dr. Huang.*

### **Involving the Employer is important, says Kalen Privatsky, POA Executive Director**



**Lorraine and Kalen Privatsky**

Kalen was on the Proliance Contracting Committee and wrote the bid for POA to participate in this pilot. Here is what he had to say about his interest in the pilot and his experiences over the past year:

I have been at POA over 10 years and I saw improvements made with the Ortho/Neuro Project. The Surgical Best Practices Pilot also involves the employer – which is so important. Having the SHSC to coordinate care is such a great opportunity. It gets us out of “ L&I paperwork pushing” and actually gets down to the patient level where it needs to be. I believe this pilot actually had potential to get employees back to work.

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I’d say that our surgeons and medical assistants who have had challenges with L&I and with injured worker cases have found the pilot very helpful. It’s made a big difference having one person on site with access to the whole picture (*Electronic Medical Records, Claimant Account Center, access to the surgeon, CM and L&I Early Return to Work staff*). She’s able to bring issues to light and involve the employer early on. She can even expedite things like gathering records or getting an MRI requested before the worker is even seen.

*Thank you for your commitment to the pilot, Kalen.*