



Surgical Best Practices Pilot Sites:

COHE Community of E. Washington

Pilot Medical Director: Dr. Greg Carter

SHSC: Lisa Archer

In partnership with:

Kadlec Clinic Northwest Orthopaedic & Sports Medicine, Tri Cities

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

For more information about the Surgical Best Practices Pilot, contact your SHSC or Carole Horrell, L&I Specialty Best Practices Manager at (360) 902-5080. e-mail Caroline.Horrell@lni.wa.gov

Or visit our website at <http://www.lni.wa.gov/ClaimsIns/Providers/Reforms/EmergingBP/SurgicalPilot.asp>

First Pilot Surgeon Scorecards Published

(Have you seen yours yet?)

A roll-up scorecard for all pilot providers is on page 3

Program and Medical Directors worked together to develop reporting that assists surgeons and their staff in implementing best practices. Many thanks to our pilot management team for their work:

- The Everett Clinic: Theresa Amick, Orthopedics Clinic Manager and Dr. Brent Thiel
- Proliance Orthopedic Associates: Kalen Privatsky, Executive Director and Dr. Fred Huang

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Scorecards will be informational while we test the data's usefulness to surgeons and to the department. During the last year of the pilot, scorecards may help us develop final quality indicators before we merge with the Orthopedic and Neurological Surgeons Quality Project (ONSQP). By the end of 2020, there will only be one L&I Surgical Quality Program.

For Workers With SHSC Services, Scorecards Measure:

Surgeries with SHSC services to the worker: Lets surgeons know how many of their L&I patients with surgeries had Surgical Health Services Coordinator (SHSC) services.

Best Practice 2 - Surgeon sets release to work plans and goals early:

How frequently surgeons discuss their expectations for release to some level of work with the worker, whether or not the employer has work within worker's restrictions. Optimally, discussion will occur:

- Pre-operatively (planned surgeries); or
- At first scheduled post-operative appointment (urgent surgeries)

Best Practice 3 - Integrated Team Intervention: How often a documented intervention, case staffing* or case conference occurs for post-op patients IF:

- APF notes "Progress slower than expected."
- Estimated release to work expectation not met.
- Pain and function do not improve or worsen (=> 6 weeks).

*Discussion with peer, clinical advisor and/or other member of the care team (e.g. PT/OT, referring provider, pain management specialist, behavioral health provider, etc.).

Best Practice 4 - Transitions to Next Step in Care: Number of workers who transition to a non-surgical AP within 150 days after surgery, OR who are approaching maximum medical and there are plans to rate PPD.

Frequently Asked Questions

SHSCs shared common questions:

Surgeons and clinic staff ask:

- ? "I have a patient here who has questions about his claim."
A: "I can help!"
? "Can you help me find the (IME, job description, prior medical report)?"
A: "I'll find it."
? "Can you update me on this new patient? Have they seen other providers?" "What's really going on?"
A: "I can find out quickly."
? "Can you help me with the transition back to the original provider?"
A: "Absolutely!"

Workers ask:

- ? "Who are you? Are you my claim manager?"
A: "I'm a Surgical Health Services Coordinator; I'm here to help."
? "Who do you work for; what do you do?"
A: "I work for your surgeon's Office, I also work with L&I."
? "Can you help me; I'm having problems with (my claim manager, employer, meds, etc.)?"
A: "I can absolutely help." "I'll let your (surgeon, PAC) know you are having problems with your meds."

Employers ask:

- ? "What are the restrictions?"
A: "Based on the APF, restrictions are... I'll fax it to you."
? "Are you the claim manager?"
A: "I'm a Surgical Health Services Coordinator. I work for the surgeon but I work with L&I, too."
? "Can you get the doctor to sign the job description and get it back to me?"
A: "I'll bring it to their attention right away."

Keep Washington Safe and Working

Surgeons' Comments about the Surgical Best Practices Pilot



Dr. Susan R. Cero, Proliance
Orthopedic Associates Renton



Dr. Erik J. Novak, Proliance
Orthopedic Associates, Renton

We recently asked Dr. Susan Cero and Dr. Erik Novak from Proliance Orthopedic Associates about their experiences with the Surgical Best Practices Pilot.

Dr. Cero: "This pilot has made treating injured workers so much easier for the surgeons. We can treat patients more efficiently; they can get to the operating room more quickly and begin the process of healing sooner. Lorraine (*SHSC at POA*) can start the process before their clinic appointment. If they had urgent fracture surgery, she is facilitating communication between the employer and L&I at an accelerated rate. This eases the burden of paperwork for the surgeon's staff and helps ease the patient's mind about what will happen with their job."

Dr. Cero went on to comment about Best Practice 2, the release to work discussion: "I tell the patient, "We will have the operation and expect to return to light duty after the first follow-up (as appropriate)... You should be expecting to return to light duty in this time frame and full duty in this time frame (depending on the injury and subsequent operation). Lorraine then follows closely. She explains the ins and outs of workman's comp to the patient as well as the employer, all while effectively communicating with L&I."

"Prior to Lorraine being in this role, treating L&I patients was much more difficult. Lorraine checks the status and makes the contacts for us. We end up doing our job, operative care, and when we have no further treatment to offer she helps the patient get to the right physician who can treat him."

Dr. Novak agreed with Dr. Cero's comments, adding: "I had two L&I patients just this afternoon where Lorraine helped me get status and answer questions. Before this pilot, I'd see the patient and something needed to get authorized. My medical assistant might spend hours on the phone trying to get in touch with the claim manager. A month would go by, I'd see the patient again and nothing would have been done. That could go on for several appointments."

Thank you for your comments Dr. Cero and Dr. Novak.

Find us on the Web: <http://www.lni.wa.gov/ClaimsIns/Providers/Reforms/SurgicalPilot>



OCCUPATIONAL HEALTH **BEST PRACTICES**

— Working together to keep people working —

**Surgical Best Practices Pilot
Surgeon Scorecard**

June 1, 2017

All Providers in the Pilot

Report Period: January 1 through March 31, 2017

All Providers in the Pilot		Comparison Groups		Pilot Surgeons' Patients					
				Workers seen this period:		2017 Goals		2018 Goals	Pilot End June 30, 2019
				Workers seen this period:		1,126			
				✓ Workers with SHSC services:		163			
				✓ Surgeries billed this period:		305			
Best Practice	Description	Avg. all pilot surgeons	Avg. 3 pilot sites	# of pilot patients with SHSC services	% of pilot patients with SHSC services	2017 Goals	2018 Goals	Pilot End June 30, 2019	
Surgeries with SHSC services to worker	Number of workers <u>with surgery this period</u> who had SHSC services pre OR post-operatively. N=305	5	54	163	53%	50%	TBD	TBD	
BP2 Set Release to Work Plans and Goals Early	Number of surgeon <u>Release to Work</u> discussions with worker <u>adjacent to surgery</u> (pre or post-op) documented this period. N=163	4	46	139	85%	50%	TBD	TBD	
BP3 Integrated Team Intervention	<u>Case conferences or staffings</u> conducted and treatment plans updated IF worker progressing slower than expected OR <u>Release to Work</u> date not met. N*	--	--	--	--	50%	TBD	TBD	
BP4 Transitions to Next step in care	Number of workers <u>with surgery</u> last reporting period who transitioned care to a non-surgical provider within 150 days after surgery OR for whom SHSC has documented <u>surgeon's plan to rate PPD</u> . N=115	5	20	60	52%	50%	TBD	TBD	

*Data element pending future development (SHSC data capture)