

Healthy Worker 2020
Physical Medicine Best Practices Workgroup
Meeting Minutes: February 1, 2018

Workgroup Attendees: Josh Cobbley, Bob Hctor, Lee Caton, Lori Stephens, Danielle Wojtkiewicz , Tyrees Marcy, Megan Milyard, Teri Jo Lientz
LNI Staff present: Ryanne Karnes, Bob Mootz, Sarah Martin, Susan Reynolds-Sherman, Nancy Vandermark, Jill Floberg, Rose Jones, Cherell Fisher

Topic Areas covered:

1. Recap of November 30th Workgroup
2. Draft Progress Report Form
3. Care Interventions Best Practices

Draft Progress Report Form:

General Feedback:

- The form is headed in the right direction based on member response.
- Form will help ensure best practices are being followed.
- Consensus is to require these elements in a progress report but to allow the clinic to use their existing EMR format. Would rather reduce redundancies than fill out another form with similar information.
- Established there may be a difference between clinical improvements versus return to work abilities. Question around whether there needs to be an acute version versus a post-acute version or under one format. Summarize functional tolerance/work demands all in one format or a different format?
- Consider linking Progress Report form with authorization. Can this be tied in with Utilization review to reduce steps?
- Make it easier to distribute to APs and L&I.
- Make sure format is not too busy

Additions/Removals?

- Measureable Progress section:
 - Modify the last column. Either remove or simplify. Allow it to clearly show progress.
- Validated Self-Reported Functional Outcome Measures section:
 - Make it clear that this can include psychosocial and/or pain interference measures
- Interventions section:
 - Add check boxes for most common interventions. Consider using CPT codes descriptions; Ther ex, Ther act, Work Sim, Home Program, Body Mech
- Barriers to Recovery section:
 - Add check boxes for most common and Other box. Possible options were co-morbidities, pain, socioeconomic, fear, employer relationship
- Care Plan Recommendations section:
 - Add section for short and long term goals
 - LTG's – to include status, need to be relevant to the work activity, where is treatment headed
 - Add check boxes for most common interventions

- Add current work status section
 - Is there a job to return to, current work/job status and availability of job of injury, job requirements/demands, on time loss?
- Add ability to communicate to CM the need for VOC assistance.
- Add the date of injury
- Add next AP appointment date
- Add date of surgery
- Add the Physician's signature at the bottom
- Modify the communication boxes at the bottom.
- Add an Assessment section – allows a general summary of how the individual is doing.
- Try to convey – what does the individual need to do that they cannot do now? How much longer will it take to meet goals or move to the next type of treatment/RTW

Progress Report frequency requirement?

- Monthly at minimum and prior to AP visit.

Care Interventions Best Practices:

What are the kinds of resources you rely on/education, experience, ongoing learning?

- Journals/Associations specific to rehabilitation (OT/PT/Hand therapy/Exercise Physiology)
- CE courses – hosted by employer, others
- LNI
- Internet searches
- Hosting Students
- Peers
- Corporate resources, study groups (local and national)
- Med Bridge – video format education site
- Varied resources based on employer. More access to resources/study groups sponsored by larger employer. Smaller rural clinics likely need more access to resources.

What triggers you to seek information?

- When license is due and CEs are needed
- When client isn't improving
- Deficiencies based on employer internal audits

Best format for resources?

- Education videos with on demand format
- One page resource sheets

What is the best way to get information out to therapy community?

- Partner with state therapy associations
- Provide Free CE courses/training
- Social media
- Emails
- Listserv
- Education within therapy training schools
- Mentorship Group
- Issued as part of obtaining provider number

Round Robin:

- How can we simplify the process of sending in notes to LNI? Need to consider different companies have different disbursements methods of documentation.
- Request compensation to fill out documentation.
- Incentivize HIE electronic data entry.
- The idea of continuing to work toward simplifying these reports, incentivizing and HIE could really help us. Putting LNI resources in those areas would be the best.
- The idea of having checkboxes will help therapists who don't know what they are looking for, it will help us do business rules on the specifications for developing an electronic form.
- Call outs and check boxes will make it easier to collect data and do business rules.
- Established there may be a difference between clinical improvement versus return to work abilities.
- All present members were open to volunteering for smaller sub groups to create resources.

Next Steps:

- Send L&I examples of preferred progress report formats.
- L&I will work on updates to the Form based on feedback.