Healthy Worker 2020
Physical Medicine Best Practices Workgroup
Meeting Minutes: April 13, 2018

Workgroup Attendees: Bob Hoctor, Lee Caton, Lori Stephens, Danielle Wojtkiewicz , Tyrees Marcy, Megan Milyard, Teri Jo Lientz, Lynda White
LNI Staff present: Ryanne Karnes, Bob Mootz, Sarah Martin, Morgan Young, Susan Reynolds-Sherman, Nancy Vandermark, Jill Floberg, Rose Jones
Guest: Julie Riordin

NOTE – The ATI materials I originally sent out prior to the meeting were not the correct materials. I have been informed that some of the material may be proprietary and should not have been shared. Disregard the materials and delete them.

<u>Topic Areas covered:</u>

1. Draft Progress Report Form
2. Work Conditioning Group Activity
3. Resource Development Subgroups

1. Draft Progress Report Form:

<u>General:</u>

- Form needs to be flexible to allow for clinic specific format requirements (patient labels)
- Form would be available in multiple formats and purpose of form is to set minimum content requirements.
- Purpose of document is primarily as a communication tool to the Attending provider and a patient management tool for the therapist. Will also help inform claim manager, worker, etc.

<u>Additions to consider:</u>

- Fax number for PT/OT
- JA Reviewed – not available category although recommended at the time of treatment when feasible.
- Functional tolerances grid – or add to another page
    - Act as the STGs
    - Consistent with the APF.
- Information needs to be actionable to the IW, employer, and AP
- Would be beneficial if the Qualis Health form and the new progress report form align
- Instructions or examples:
    - Make sure to educate that reducing pain level would not be a goal.
    - Define what function is.

<u>Formatting:</u>

- Physician's signature spacing
- Put the validated outcome measures with the short and long term goal section
- Consider including a goal in the form to lead user in the right direction.

Other:

- Worksite visits by the OT/PT?
  - Only in specific situations – not necessary for all clients
  - Use of pictures is an alternative
  - Challenges include time away from clinic by therapist.
  - Would need to have adequate reimbursement level – private sector $250-300/hour
- Recognized the importance of employers having job description banks and light duty jobs identified ahead of time to promote RTW.
  - What about a job bank? Could COHE be involved?
- Noted the need for improved access to the job analysis and a standard comprehensive job analysis format.
- Need a clear and accessible way to communicate the progress being made.
- Consider a tiered system for the PT/OT treatment.
  - Look at the Delaware model, every 2 years they must take a course on treating injured workers. Simple, open book test. Reminded them of their specific duties with injured workers.
  - Component of education, competency to deliver the information, and what is expected.

Progress Form Activity: The group identified their priorities and what is not a priority on the current draft form

Priority

- Barriers to Recovery
- Strategies to address barriers
- Care Plan Recommendations
- Long-Term Goals
- Current Work/Job Status
- Assessment Summary

Not a Priority

- Interventions Provided During this Reporting Period
- Short-Term Goals
- Written Report Sent To section

2. Work Conditioning (WC) Activity:

Care as Usual:

- Discussed the difference between therapy care as usual and work conditioning.
  - Is this a distinct program or part of usual care?
- When is usual care ineffective and we need to do something else?
- How do we match the intervention to the individual who needs the intervention?

Characteristics of a WC program:

- Treatment includes work simulation, work circuits, cardiorespiratory
- Specific to a job/Available job description/analysis
- Equipment Requirements: basic material handling equipment necessary
- Active treatment modalities
- Multidisciplinary when possible (OT and PT)
- Minimum of 3 times a week
- Duration of each visit 1.5 to 2 hours
- Attendance requirements/contracts included
- Regular contact with vocational provider
- Regular case reviews and gap analysis for RTW
- Plan of care focuses on RTW requirements
- Regular monitoring of vitals

Timing of Work Conditioning

- Type of treatment may be based on the job demands. The larger the gap, the longer it may take for the worker to reach the goal based on feasible gains per week.
- When the tissue has healed.
    - Based on time, external load factors
    - When the worker has been cleared by Physician for load handling
    - Restrictions/precautions have been lifted
- Agreement by AP for work conditioning
- Difficult to identify a target visit number for every case
- When able to tolerate more hours in the clinic
- Where should the WC occur in the period prior to RTW? Should it occur closer to the RTW start time?
- There should not be a gap from when tissue is healed and when they RTW or participate in a more extensive treatment.
    - What if there is no RTW plan post WC? This should be a consideration.
- What if the job is in the Sedentary category?
    - Allow if there is a certain goal to reach
    - If the individual is severely deconditioned due to significant gaps in treatment/RTW
    - If WC is requested for a worker with a sedentary demand job
        - Red flag about treating acute care therapy provider
- What about WC for upper body repetitive strain injuries?
    - Ergonomic solutions
    - Core strengthening
    - Foundational/Self-management
- Noted that when a worker fails a WC program, it will trigger the need for surgery.

Documentation

- Work related functional goals specific to job tasks
- Identifies what specific tasks are preventing them from RTW, barriers
- Load handling, whole body tolerances
- More holistic
- Worker feasibility – engagement in care

Is WC meaningful and effective as it relates to RTW?

- Some of the clinics collect outcome data to measure RTW rates. Their data shows good results. One clinic noted an 80% RTW rate.
- Seeing the results and RTW
- Less control over actual RTW – look at meeting job goal to measure success

3. Resource Development Subgroups:

Focus on these three best practices areas for resource development:

1. Communication as it relates to AP, IW, CM, VRC
2. Patient Engagement to include addressing barriers and strategies
3. Functional Improvement Tracking – Using the IICAC Resource as a model.

Goal:

Create an inventory of best practices for each topic area

Format into an educational resource for physical medicine providers

Group 1 – Communication (Sarah Martin)

- Lori Stephens - Lead
- Lynda White
- Josh Cobbley

Group 2 – Patient Engagement (Morgan Young)

- Megan Milyard - Lead
- Bob Hoctor
- Teri Jo Lientz

Group 3 - Functional Improvement/Tracking (Ryanne Karnes)

- Tyrees Marcy - Lead
- Lee Caton
- Danielle Wojtkiewicz

The leads will keep in contact with their groups, via email and phone, teleconference and in-person option. The groups will determine the frequency of their contact, review processes and draft products.

ACTION ITEMS

- ➢ L&I will summarize the results of the Progress Report Form activity and the team will discuss at the next meeting.
- ➢ PT and OT Association Guidelines for Work Conditioning– Members will send any resources to Susan Reynolds-Sherman.
- ➢ Send additional research regarding work conditioning to Susan Reynolds-Sherman.