

## **Physical Medicine Best Practices Stakeholder Workgroup**

Webinar Meeting Minutes

Meeting Date: May 16, 2019 9:00 a.m. to 11 a.m.

**Attendees:** Morgan Young, Ryanne Karnes, Susan Reynolds-Sherman, Lori Stephens, Tyrees Marcy, Teri Jo Lientz, Bob Hoctor, Lynda White, Lee Caton, Danielle Wotjkiewicz, Josh Cobbley

**Guests:** Julie Reardon, Maggie Vennarucci, David Kirk

### **Agenda Items/Discussion:**

#### **Interpreter Services Scheduling:**

Susan Campbell of L&I explained the new legislation regarding Interpreter Services Scheduling for L&I customers. The workgroup reviewed the new changes and comments included:

- Concerned that the implementation is moving too fast. Need a longer transition period.
- Requests for reaching out to larger audiences and include OT/PT and Vocational groups.
- Hold larger meetings to discuss the new legislation and its impact on all parties involved.
- Continuity of care concerns.
- Many interpreters who are not affiliated with an agency do not want a scheduling system.
- Could we allow independent Interpreters to continue to work, outside the scheduling system?
- Concerns about the existing relationships that have been developed with interpreters.
- Cancellation rate and no-show issues with interpreters.
- The effect on timeliness of getting care for the injured workers.
- Issue of trust with the interpreters.
- The disability issue is primary barrier vs. Impairment-based.
- Cultural and educational concern.
- Robot vs. Advocate – Can providers select the interpreter they want to work with?
- How will the quality of services be controlled?
- New system will provide data on no-shows, cancellations.
- Contract is for 2 years, then a new RFP will be opened.
- Will other stakeholders be involved in the RFP process?
- Why not do a pilot? Could the transition period be a pilot?

#### **Best Practices Resource Development:**

Morgan presented the Physical Medicine Best Practice Quick Reference to the group. Comments:

- Liked the document and the Clinically Meaningful change outcome measure.
- Liked the Pain interference language.

#### **Progress Report Form Update:**

The team presented the latest version of the Progress Report Form and explained why certain revisions were made, based on feedback from the various groups who have been involved. These groups include the usability testing participants, internal L&I staff and advisory committees. Comments:

- Checkboxes were supposed to guide the thought process of less experienced workers compensation therapists.
- Training for claims staff is being discussed.
- Overall responses have been positive, with a little pushback from the internal L&I claims group about the effect on volumes and staffing.

- The clinic pilot has been delayed until the L&I Steering Committee reviews the form on May 20<sup>th</sup>.
- How will the process work in a multidisciplinary setting?
  - Will both the PT and PT fill out individual forms?
  - How is the AP going to interpret the information from both forms?
  - Can we modify the form to reflect “dual” services, or check both PT/OT boxes?
- Section 2, d. needs rewording, should be goal oriented- PGAP language?
- Should the Date of Birth be on the form, in addition to the claim number?
- Section 4, b. suggestions for rewording – Worker feasibility, behavior, independence?
- Attending Provider section – Move ‘No Further Treatment needed’ above ‘Change to Plan of Care’.
- The form will have a unique doc type.

### **Work Hardening Criteria Development:**

#### Characteristics of Clinic/Program comments:

- Discussion on space requirements – the group will report back at the next meeting on their current space sizes. What should be the minimum, gold standard?
- Will the WH1 & WH2 names be changed?
- The reason for this is to have a better selection of facilities that provide the treatment?
- What about the billing codes?
- Possibility for new local codes, but CPT codes cannot be changed.
- Fee Schedule changes?
- Will this mean lower reimbursement?
- What will the application process look like, will there be geography considerations for rural areas? (\*Geographic exceptions?)
- Need a broader discussion on the Authorization /UR process and potential delays in care.
- Therapy type should be OT AND PT for all.
- Work site visit – Having the ability to do this is good.

#### Characteristics of Worker Eligibility comments:

- Job Demands Level can be removed; if we have the Job Analysis, it is covered.
- Vocational Provider requirement – clarify this concerning Employer of Injury?

### **Next Steps:**

- The workgroup members will provide their current space sizes at the next meeting, to help with determining WH criteria space requirements.
- Patient Ratio will be a main topic at the next meeting.
- New Local codes for WH 1 & 2 will be main topic at next meeting.
- Susan will email the workgroup members for the name of the EMR systems they currently use.