

Physical Medicine Best Practices Workgroup
June 22, 2018
Meeting Notes

Attendees: Sarah Martin, Ryanne Karnes, Morgan Young, Rose Jones, Susan Reynolds-Sherman, Nancy Vandermark, Josh Cobbley, Lori Stephens, Tyrees Marcy, Lee Caton, Bob Hoctor, Megan Milyard, Lynda White, Danielle Wojtkiewicz.

➤ **Work Conditioning Summary- Morgan**

- We have concluded it is difficult to determine what is work conditioning both by the research evidence and in L&I's billing data.
- Consider looking at redefining WC, expanding requirements, criteria, and more useful terminology.

Discussed differences between standard care and work conditioning/work hardening:
WC/WH

- Defined component for cardiovascular care
- Treating the body as a whole, not just the specific injury
- Lose the passive element
- Includes psychosocial aspect
- Comprehensive work simulation component/material handling, postural conditioning. Small component in acute care.
- Consider different treatment pathway based on whether individual is working or not (light duty, graduated, modified, off work)
- The gap between their capacity and the job demand level may determine expected treatment duration

Options posed by the stakeholders:

- Distinct WC procedure codes
 - Distinguish costs and outcomes
 - Authorization considerations – CM, PHL, QH
- Combine WC with WH?
 - Expand the definition of WH to go for 2-8 hours?
 - Have different intensity levels of the WH program
 - Each intensity level would have its own set of criteria.
 - Considerations:
 - The volume of people who need WC vs WH is vastly different. Do we have the structure to handle this change?
 - Adequate number of providers, authorization process?
 - Higher intensity would require a defined job goal?
 - Accreditation requirement?
 - Single or dual discipline requirements? Best practice may be dual discipline. Rural exception.
 - Direct versus indirect treatment requirements? Change supervision requirements?
 - Maintain quality

- More provider requirements to perform the more intensive program. Less requirements to do the less intensive program. Consider level of clinician experience. Level of experience may be an alternative to dual discipline.
- Create structure that says if you want to participate in offering this service, you have to do something more.

➤ **Progress Report Form Next Steps – RYANNE, SARAH**

Progress Report was presented to ACHIEV and to L&I Best Practices Core team. Favorable response by both groups.

- Feedback included:
 - Wanted to quickly be able to identify barriers and progression
 - Use the same language as the APF
 - Provide to AP prior to the next AP appointment as a best practice.
 - Include Graded Chronic Pain Scale to be consistent with other project outcome measures.
- Based on feedback, additional updates made and new version presented to group.
- A few small revisions suggested by group.

Next Steps:

- We are seeking approval from L&I Best Practices Core team to implement a pilot. Everyone in call volunteered to participate in the pilot. We did ask members to email Sarah for those who were interested in participating.
- Anticipated structure of pilot:
 - Phase 1 – Look at the usability of the form – practice with a simulated client, group members and non-members

Phase 2 – Small number of selected members will start using with their clients, doing survey, sending form to L&I designated fax. Expand as able based on feedback.

➤ **Resource Development Subgroups**

The three categories: Communication, Patient Engagement, Functional Tracking. Group discussed the progress each subgroup has made and gave feedback.

➤ **OHMS Data Fields**

IME Data elements the PTs and OTs may like to add to the OHMS system:

- Date IME Requested
- Most Recent IME Appointment Date
- Date IME Received

GOAL - Have a therapist's dashboard with the most important elements available.

Round Table:

Positive feedback using Go To Meeting format. Would like to use the GTM audio and also receive electronic paper versions of materials prior to the meeting for note taking. See if there is a “raise your hand” option to help reduce talking over another.

****Next Workgroup Meeting is September 14, 2018, In-person in Tukwila*