

Meeting Subject: Physical Medicine Best Practices Workgroup

Meeting Date: 9/14/2018 9:00 am to 12:00 pm

Location: Tukwila LNI Office, Room C30

Attendees: Sarah Martin, Ryanne Karnes, Morgan Young, Rose Jones, Susan Reynolds-Sherman, Nancy Vandermark, Josh Cobbley, Lori Stephens, Teri Jo Lientz, Lee Caton, Bob Hctor (via phone), Megan Milyard, Danielle Wojtkiewicz

Guests: Karen Jost , Ceci Sittser

Agenda Items/Discussion:

➤ Progress Report Form

- Recap & Lessons Learned - Phase 1.
 - Testing with small number of therapist using generic client
 - Experience level of practitioners was mixed
 - Possible Improvements:
 - Instructions and or sample form would be helpful.
 - Determine if we can add optional sections such as ROM and strength for post surgical or special testing
 - Ability to add more lines under estimated capacity section
 - An auto-expand feature for the section would be ideal
 - Comment made to provide AP with as much capacities information as possible.
 - Next AP appointment date - is this helpful? Conclusion is Yes based on many factors.
 - Other Improvements per Members:
 - Report sent to section: Add "Other" for referring/consultant
 - Move Next AP appointment date near "Date of Report"
 - Add a return fax number and instruction to return the form
- Phase 2 will start in Oct/Nov.
 - Small number of members will use it with their clients.
 - Not yet selected. Want a mix of PT and OT / large and small clinics initially.
 - Cover sheet will go with the form to inform the provider
- What Incentives might facilitate adoptions of a standard form?
 - Easier/Faster Qualis authorization (jump the line)
 - Streamline the amount of paperwork needed by Qualis.
 - Financial incentive to put toward EMR costs to upgrade
 - Less administrative burden for front desk

Note: A Member recently received training directly from Quails Health. It was beneficial and he strongly encouraged others to consider it.

- Therapy Pathway Proposal – 2 handouts/diagrams
 - Explained the conceptual model based on their prior feedback
 - Stronger link to Behavioral Health within the whole system
 - Updated requirements at each authorization step
 - Consideration for
 - Medical need
 - Capacities for RTW
 - Psychosocial Barriers identified
 - Job Description/Analysis
 - Turnaround time to receive JA
 - What if no job to return to?
 - May initiate WH or Behavioral Health Interventions earlier in process.
 - Ideally, authorization streamlined into one process.
 - Work conditioning merged into the Work Hardening program.
 - 2 different levels
 - Only by approved providers
 - Allows different patient/therapist ratio
 - Naming of the 2 programs will need to be thoughtful
 - Progress Report:
 - Notify or Approval by AP to continue treatment?
 - Consider a timeliness default to prevent delays.
 - Depends upon the goal (oversight, inform)
 - Overall, positive feedback.
 - Consider how this model fits with workers who are working and/or on light duty.

“Psych-informed” Therapist

- How would you define?
 - Aware of psychosocial barriers and able to identify
 - PGAP trained therapist
 - Psych and Social sciences training
- Available trainings
 - Butler & Mosely -no certificate available
 - International spine pain institute (certificate available)
 - Motivational interviewing
 - MedBridge
- How to promote:
 - Use a standardized assessment or screening tool
 - IICAC functional tracking document resource
 - Add this as a requirement
 - Required training to be a WH provider.

➤ Best Practice Resource Development

- Three distinct resources: Communication, Patient Engagement, Functional Tracking.
- 1) Communication
 - Discussed content of the draft resource document and possible improvements.
 - 2 – way communication follow up
 - Looked at ways to improve therapist and CM communication.
 - Secure Email access is not beneficial as this is not a timely communication method. (could be up to 30+ days)
 - Phone call is fastest way to respond
 - Adding information in resource that helps inform how to seek information/authorization/discussion from L&I
- 2) Patient Engagement
 - Discussed content of the draft resource document and possible improvements.
- 3) Functional Improvement Tracking
 - Discussed content of the draft resource document and possible improvements.

Additional Parking Lot Items

- New Plan of Care/ New Provider
 - Second Therapy opinion
- Timeloss/LEP during WH
- Incentivizing the worker
- Care Overlaps

Round Robin

- Interest described in the new pathway proposal, progress report form and implementing HIE.
- L&I Updates:
 - We want to start collecting functional data from all providers who are interacting with workers so that we can build a picture of what the continuum of care looks like
 - Currently developing BP programs that align with each other
 - On average 800 workers are no longer likely to be on long-term worker disability that had been on it before. Saving \$2 billion.
 - Goal is to get data from providers instead of paper
 - Electronic data strategy - We're working on a direct-entry model to be more inclusive of providers

Next meeting - Susan RS will send out a doodle poll. Next meeting will be a Go-To meeting in November or December.