Comprehensive Catastrophic Care Management Project

2018 Report to the Legislature

January 2019
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Executive Summary

Introduction

A 2016 supplemental budget proviso\(^1\) approved by the Washington State Legislature funded a pilot project in which the Department of Labor & Industries (L&I) was to partner with an experienced firm or firms to manage care for catastrophically injured workers. The proviso also included requirements intended to ensure that catastrophically injured workers receive the highest quality care and timely and effective claim resolution.

L&I is pleased to provide the third annual report on the progress of the pilot program. Reports on the program will continue annually through either December 2019, or the last December following termination of the contracts. The December 2017 report is available on L&I’s website: http://www.lni.wa.gov/Main/AboutLNI/Legislature/Reports.asp

What is a catastrophic injury?

For the purposes of this report, the definition of a catastrophic injury is a work-related injury that:

- Is managed by L&I.
- Requires hospitalization within 24 hours.
- Requires at least four consecutive days of hospitalization.

L&I currently receives fewer than 150 catastrophic claims annually, compared to over 400 catastrophic claims per year at the time the proviso budget passed in 2016.

Comprehensive Care Management Plan

In October 2015, following a 2014 Gap Analysis identifying strengths and gaps in the care of catastrophically injured workers, L&I developed and began implementing a five-point Comprehensive Catastrophic Care Management plan to improve the care of Washington’s most severely injured workers. The plan’s goals were to:

1. Increase use of **external nurse case management** services for catastrophic claims.
2. Create an **internal L&I referral team** to medically manage catastrophic claims.
3. Improve outcomes and quality of care, as well as prevent disability for injured workers through **catastrophic care coordination**.
4. Establish **Centers of Excellence** for catastrophic injuries.
5. Conduct **retrospective and prospective evaluations** of catastrophic care management.

\(^1\) 2ESHB 2376, section 217(8)
2018 progress

L&I began systematically identifying and proactively monitoring catastrophic claims in late 2015. A clinical review determined that, between October 2015 and November 2018, 410 claims met catastrophic criteria. More than half (55 percent) of these were “multiple trauma,” meaning there were multiple injuries, more than one injured limb, or major crush injuries. The four other injury types² are much less common, representing between three percent and 14 percent of the catastrophic claims. L&I continues to see an overall decline in catastrophic claims, following a trend over more than 10 years in which claims dropped from around 400 per year to fewer than 150 per year at this time.

The agency has refined the process for determining whether a case is a catastrophic injury to include an initial review by L&I nurses and doctors. This clinical team identifies catastrophic claims within days of hospitalization and immediately assigns them to the claim management team, a group of senior level staff that focuses solely on catastrophic cases. As a result, communication about the claim, assessment of the worker’s needs, and medical services occur earlier and more consistently. These claims are then proactively monitored with L&I physician oversight until the injured worker returns to work or the claim is closed.

Building on the significant strides made in 2017, L&I continued to make progress in 2018 toward meeting each of the five goals of the Comprehensive Catastrophic Care Management plan:

- Increased use of nurse case managers (NCMs) has benefitted workers recovering from catastrophic industrial injuries. NCMs aim to improve worker satisfaction by reducing navigational barriers to care following discharge from acute hospitalization. From L&I’s perspective, the NCM firms have delivered effective care coordination as injured workers transition from acute care to the recovery phase. The NCM firms also provide valuable organization of worker care by coordinating post-discharge outpatient services, obtaining needed medical equipment, and locating health care providers. Some of the specific challenges the NCM firms encounter include formulating time-limited NCM goals that aid claim progression, addressing independence, and addressing worker self-management. Throughout 2018, the L&I team provided individualized guidance and feedback to each firm, and continued to promote the agency website as a way for firms to improve familiarity with L&I processes, rules, guidelines, and authorization procedures.

- L&I continued to work with five established firms that provide NCM services to catastrophically injured workers. (One firm is no longer accepting new cases, but continues

² Other catastrophic injury types are traumatic brain injuries (14 percent); major burns (seven percent); spinal cord injuries (seven percent); and amputations (three percent).
to provide services to those workers already assigned.) This has confirmed the need to establish NCM resources throughout Washington. The agency has begun re-evaluating NCM credentialing requirements, with the aim of adopting requirements similar to those of out-of-state providers.

- The department’s internal group handling catastrophic claims increased from three full-time equivalent (FTE) positions in 2017 to four (three claim managers and one ONC) in 2018. The Office of the Medical Director (OMD) continues to work with the Occupational Health Management System (OHMS) technology team to expand data collection enabling improved catastrophic claim tracking and management.

- L&I continues to engage with internal and regional staff to more clearly identify and define care coordination roles. The catastrophic team completed a Discharge Planning Gap Analysis in 2017, a detailed report that provides insight into variations in the discharge process and coordination across the care continuum. This report has prompted the agency to assign NCM status to all workers designated catastrophic to aid with discharge planning and care transition. The catastrophic team has also developed a closer working relationship with the ONC field staff in all regions. By mobilizing additional FTEs, the agency is able to efficiently assess worker needs, particularly if there is a delay in medical information from providers.

- The catastrophic team has also collaborated with L&I’s Therapy Services program to increase participation in activity coaching using the Progressive Goal Attainment Program® (PGAP) for catastrophically injured workers. PGAP is an evidence-based reactivation program that addresses common barriers in recovery. Between January 1 and November 30, 2018, nine catastrophic claims were referred for PGAP. All nine claimants have been assigned an activity coach, and seven have attended an initial assessment.

- L&I collaborated with Harborview Medical Center to create a Center of Excellence for burn care in February 2017; as of November 2018, this center has provided care for 48 injured workers. The Center of Excellence for amputee care, also at Harborview Medical Center, continues to excel and has provided care for 40 injured workers as of November 2018. In early 2018, the St. Luke’s Center for Occupational Health and Education (COHE) took on care management of multi-trauma cases that previously had little rehabilitation follow-up after hospital discharge.

- Injured worker enrollment in the University of Washington (UW) evaluation of catastrophic care began in late 2016 and ended October 31, 2018. The UW study team contacts and evaluates injured workers soon after injury and every six months thereafter to assess functional gains and mental and social functioning.
2019 goals

L&I expects to continue making significant progress on the Comprehensive Catastrophic Care Management plan in 2019:

- L&I’s team of claim managers and ONCs will continue to manage catastrophic claims.

- Regional ONCs will take a more active role in monitoring catastrophic claims in their region and providing direct support to patients and families. They will also begin to review claims for Center of Excellence referral criteria, and make recommendations to the University of Washington when appropriate.

- The catastrophic team is considering assigning NCMs for the first three months of the claim to all claims that meet catastrophic criteria, even if they did not meet the clinical criteria for long-term nurse case management. Examples of the clinical criteria used to evaluate whether to assign nurse case management to a case include the worker’s social support system, level of independence, access to care, and language barriers. At the end of the three-month period, the clinical team will determine if long-term services are appropriate. This new process should improve the likelihood of appropriate referral for longer-term nurse case management.

- L&I will continue to assign long-term care catastrophic claims to the contracted external nurse case management firms as needed.

- L&I will continue to use internal tools, such as the Occupational Health Management System, to track referrals to the Centers of Excellence and to monitor and evaluate the progress of injured workers. This interface provides an effective way to communicate with health service coordinators at the Centers of Occupational Health and Education so that care coordination issues can be quickly resolved.

- The prospective evaluation continued to enroll and track data on catastrophically injured workers through October 31, 2018. Worker data collection will continue until every enrolled participant accrues 18 months of follow-up data, concluding in April 2020.
Introduction

Washington’s workers’ compensation system provides benefits to workers who suffer from an occupational disease or work-related injury. It pays for medical treatment and partial wage replacement, and provides disability benefits.

The 2016 supplemental budget passed by the Washington State Legislature funded a pilot project to manage care for catastrophically injured workers through a Comprehensive Catastrophic Care Management plan that ensures these workers receive the highest quality care and timely and effective claim resolution. A catastrophic injury is a work-related injury that:

- Is managed by L&I.
- Requires hospitalization within 24 hours.
- Requires at least four consecutive days of hospitalization.

L&I currently receives fewer than 150 catastrophic claims annually (down from a high of over 400 in 2007).

The pilot project funded by the legislature aims to address gaps identified in a 2014 L&I evaluation of the care received by catastrophically injured workers (Catastrophic Claims Gap Analysis). This project also provides a more integrated and formalized role for L&I staff with clinical expertise in the medical management of catastrophic claims so that L&I can ensure the highest quality health outcomes and reduce disability and time-loss for catastrophically injured workers.

This report summarizes the progress made in accomplishing the pilot project goals during 2018, and identifies planned next steps for 2019.
Progress and Achievements in 2018

L&I began systematically identifying and proactively monitoring catastrophic claims in late 2015. A clinical review determined that, between October 2015 and November 2018, 410 claims met catastrophic criteria. More than half (55 percent) of these were “multiple trauma,” meaning there were multiple injuries, more than one injured limb, or major crush injuries. The four other injury types are much less common, representing between three percent and 14 percent of claims. L&I continues to see an overall decline in catastrophic claims, following a trend over more than 10 years in which claims dropped from around 400 per year to fewer than 150 per year at this time.

The agency has refined the process for determining whether a case is a catastrophic injury to include an initial review by L&I nurses and doctors. This clinical team identifies catastrophic claims within days of hospitalization and immediately assigns them to the claim management team, which is a group of senior level staff that focuses solely on catastrophic cases. As a result, communication about the claim, assessment of the worker’s needs, and medical services occur earlier and more consistently. These claims are then proactively monitored with L&I physician oversight until the injured worker returns to work or the claim is closed.

This section of the report describes actions L&I took during 2018 to achieve the goals of the proviso contained in the 2017 supplemental budget:

1. Increase use of external nurse case management services for catastrophic claims.
2. Create an internal L&I referral team to medically manage catastrophic claims.
3. Improve outcomes and quality of care and prevent disability for injured workers through catastrophic care coordination.
4. Establish Centers of Excellence for catastrophic injuries.
5. Conduct retrospective and prospective evaluations of catastrophic care management.

EXTERNAL NURSE CASE MANAGEMENT

L&I continues to use the same five nurse case management firms that contracted with the department in 2015 and 2016. These five firms continued to function as defined in their contracts throughout

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3 Other catastrophic injury types are traumatic brain injuries (14 percent); major burns (seven percent); spinal cord injuries (seven percent); and amputations (three percent).
2018. One of the firms no longer accepts new cases due to their limited resources, but continues to provide nurse case management to those workers previously assigned.

L&I’s Catastrophic Claims Gap Analysis showed that between 2005 and 2011, only 5.3 percent of catastrophic claims were assigned a nurse case manager (NCM). The department has shown that assigning NCMs to cases involving certain injury types and severity or other complications related to an injured worker’s claim can improve workers’ experiences and outcomes. L&I plans to continue to assign catastrophic claims to receive NCM services as deemed appropriate by the catastrophic care occupational nurse consultant (ONC).

**Hourly rate case management**

L&I refers cases to three hourly rate firms – Rainier Case Management Inc., Coventry (not accepting new cases), and Stubbe and Associates. Work activities are assigned to each firm’s NCMs and overseen by L&I’s ONC.

**Outcomes-based case management**

L&I refers cases for outcomes-based management to two firms, based on injury type: Qualis Health and Paradigm Outcomes.

**Qualis Health**

The Qualis contract focuses on isolated spinal injuries and traumatic brain injuries, treated only at Harborview Medical Center. Qualis provides care management for a fixed case rate until the worker reaches “maximum rehabilitation,” meaning the worker:

- Is discharged to appropriate long-term placement such as a home or residential facility after completing rehabilitation.
- Has achieved his or her vocational goals or has a vocational plan in place.
- Has a life-care plan established when appropriate.

Achievement of desired outcomes occurs in five areas:

- The ultimate expected level of recovery at the end of rehabilitation (approximately 18 months).
- Functional recovery milestones measured at discharge and at six, 12, and 18 months after injury.
- Successful achievement of all transitions identified in the patient care plan (for example, transition from a long-term care facility to home).
- Evaluation for mental health services and receipt of appropriate services, if indicated.
- Patient and family satisfaction.
If the desired outcomes are not achieved at maximum rehabilitation or by 18 months following injury, L&I and Qualis Health will evaluate the case to determine the reasons the outcomes were not met and to establish next steps.

As of November 2018, Qualis Health has accepted four referrals for management of catastrophically injured workers.

**Paradigm Outcomes**

The Paradigm Outcomes contract focuses on higher-severity catastrophic injuries.

Paradigm provides care management based on an individual outcome plan. Care management continues until achievement of the outcome agreed to by Paradigm and L&I. The five potential outcomes are:

- Physiologic stability.
- Physiologic maintenance.
- Residential integration.
- Community integration.
- Capacity to return to work.

Paradigm formulates a price for each plan that includes care management; estimated medical expenditures during the contract period; and a risk coefficient cost, which is a cost attributed to the amount of risk Paradigm assumes based on the outcome they propose.

Paradigm manages the case until the outcome is achieved for the agreed-upon price, unless the plan is terminated early for reasons listed in the contract, such as substantial, documented noncompliance by the injured worker preventing Paradigm from medically managing the case.

As of November 2018, Paradigm has accepted 13 referrals for management of catastrophically injured workers.

**Nurse case management referrals**

Figure 1 shows referrals made by L&I to NCM firms in 2018, the number of referrals accepted by the firms, and the average cost for each firm’s services. For firms under the hourly rate contract, NCMs have so far spent an average of one year on care management. For outcome-based firms, NCMs have spent 15 to at least 24 months on the case. There was no significant increase from 2017 to 2018 in cost per claim for NCM services.
The internal referral team is in frequent contact with NCM firms to discuss cases and any issues as they arise. The internal catastrophic team meets weekly to address claim issues or concerns. L&I continues to review individual patient deliverables to ensure quality and timeliness. The agency continues to emphasize the required reporting on functional status to improve timely and consistent receipt of information.

**Webinars and training with nurse case management firms**

The L&I team has hosted three communication webinars since December 2017 for the nurse case management firms. Webinar topics included the department’s internal authorization process, travel request procedures, process improvement reviews, streamlining communication, and health services coordinator collaboration.
A dedicated internal team of three experienced claim managers and an ONC handles catastrophic injury claims, with the help of expanded technology systems to track and manage the claims.

Changes resulting from the pilot project

Prior to this pilot project, email notification of a catastrophic claim was common practice, with no way to monitor them beyond the general systems in place for all claims. Like most other claims, catastrophic claims were assigned to claim managers (CMs) based on the worker’s address and the CM’s experience level. There was no way to take into account the unique needs of these seriously injured workers, and no tracking mechanism to help proactively manage the worker’s care and address care coordination, medications, and discharge planning. In addition, when a claim transferred to a different unit and CM, the ONC also changed, resulting in a loss of continuity. There were also no standards specific to catastrophic claims for assigning the claim to an NCM.

Now, L&I uses a centralized system to track and proactively monitor catastrophic claims, and a catastrophic “flag” functions within the claim management system. A dedicated catastrophic team oversees and manages newly identified catastrophic claims. Notification of a new catastrophic claim occurs at the same time for the ONC and CM. This allows the ONC to take immediate action and to monitor the case so that coordination of expected length of hospital stay and discharge planning can occur in a timely manner. Upon initial assignment of the catastrophic claim, the ONC reviews the claim and assigns a nurse case manager to work directly with the injured worker in their community, if needed.

What difference have these changes made?

A recent case demonstrates the value of assignment of care coordination early in the life of a claim: A young man sustained a serious brain injury in a bicycle crash. Although his injuries were life-threatening, he survived the initial trauma. The catastrophic team assigned a nurse case manager (NCM) immediately to help the worker and his family navigate the health care system and L&I processes. The NCM’s organization of discharge planning and durable medical equipment allowed the worker a speedy return home to be with his wife and family. The care coordination by the nurse case manager and L&I’s dedicated catastrophic team has made a true difference in the lives of this worker and his family.
Catastrophic claim data

Figure 2 shows the catastrophic claims, by injury type, identified and referred to L&I’s catastrophic management team from October 2015 through November 2018.

Figure 2: Catastrophic referrals by injury type

<table>
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<tr>
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** This table does not account for unknown injury types, resulting in a lower total for all-catastrophic designations to date.

L&I’s catastrophic care team carefully assesses an injured worker’s need for nurse case management. Some catastrophic claims do not require NCM assignment, such as those in which the injured worker is clinically stable and an injury care plan is in place. An NCM may be assigned later if available medical information is not complete or if claim allowance has not been determined.

Figure 3 shows the total number of catastrophic claims received by L&I in 2018, and those that have been assigned to an external NCM firm. In 2016, 78 of 143 claims (55 percent) received NCM services; in 2017, 38 of 113 claims (33 percent) received these services. Since January of 2018, 32 of 96 claims (33 percent) received NCM services.
Figure 3: Catastrophic Nurse Case Management assignment for January – November 2018

<table>
<thead>
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<th>Number of catastrophic claims</th>
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<td>Number of catastrophic claims assigned a NCM</td>
<td>32</td>
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<td>Number of catastrophic claims not assigned a NCM</td>
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CATASTROPHIC CARE COORDINATION

Following mapping of the various roles in care coordination throughout the care continuum and in different health care facilities, L&I’s implementation of “best practices” in care coordination is now well underway. Catastrophically injured workers are being identified sooner, which allows the L&I team to initiate best practice interventions more quickly. Review of each case helps identify service needs, allowing crucial resources, such as nurse case management, Centers of Excellence, and activity coaching referrals, to occur earlier for catastrophically injured workers. The team continues to collect data at key intervals in order to measure improvements in areas such as claim notification and discharge planning.

L&I staff members met with social workers at Harborview Medical Center in July 2017 and in April 2018 to discuss discharge planning. Multiple copies of the newly created catastrophic injury pamphlet, “L&I Workers’ Compensation, We’re Here for You, Information About Your Recovery Team” (Appendix A), were distributed to social workers, who commended the pamphlet as a useful means to circulate information about workers’ compensation insurance claims.

L&I also completed a discharge planning gap analysis in 2017. Strategic objectives identified by the analysis are:

- Provide a seamless transition from acute care to the recovery, community-based phase.
- Reduce emergency department visits with fewer hospital readmissions.
- Improve worker satisfaction by reducing barriers to care.

The analysis also identified some gaps in the discharge planning process. For example, a hospital may plan to discharge a patient to home with a need for durable medical equipment, but the discharge plan might not be faxed to L&I until late on the day of discharge. Consequently, the necessary equipment arrangements may not happen in advance.

To accomplish the objectives identified in the 2017 analysis, L&I has worked closely with the ONC field nurse team in all regions to establish contact with hospitalized workers in their area. Using established FTEs, the agency is able to assess worker needs and assign nurse case management services earlier. This has expedited the care coordination process and discharge planning. Direct contact with the worker and their medical providers has enabled agency decisions to align firmly with evidence-based best practices.
CENTERS OF EXCELLENCE

The aim of Centers of Excellence (COE) is to assure continuity in care – especially long-term care, which requires coordination between an informed specialist and a community provider. L&I is committed to expanding the role of current providers of world-class trauma and rehabilitative services in Washington to be COEs for catastrophic injuries.

COEs must meet high standards, including national recognition for leadership in research, training and practice. Center physician leaders must be board-certified in physical medicine and rehabilitation, and have both statewide and national recognition as leaders and experts in their relevant field (for example, publications, expert panel participations, faculty appointments, research participation or quality improvement participation). A COE must have the capacity to provide expert services by physicians, a multi-disciplinary team or other health care professionals. These service providers must be able to respond to the complex challenges of a referral and provide post-consultation care coordination, planning, and services. Services may include tracking, program evaluation, outcomes review and analysis.

COEs commit to provide timely, coordinated access to patient-centered, appropriate team-based, multi-disciplinary services. These services focus on comprehensive assessment, expert analysis and evidence-based treatment for work-related injuries. The centers actively measure, monitor and adjust care to achieve key clinical targets such as return to work.

In early 2018, the Center of Occupational Health and Education at St. Luke’s Hospital in Spokane collaborated with L&I to establish a Spokane area care coordination process focused on providing needed specialty care in Rehabilitation Medicine. The St. Luke’s center joins a COE for amputations open since April 2016 and a COE for burn care open since February 2017.

EVALUATION OF CATASTROPHIC CASE MANAGEMENT

The 2016 budget proviso directed L&I to conduct an evaluation of NCM services. L&I and the University of Washington have continued to work on a prospective evaluation, begun in 2016, of catastrophic case management provided by the contracted firms. The overall purpose of this project is to analyze the effect of NCM assignment for workers who have experienced catastrophic work-related injuries. Before developing the evaluation plan, L&I conducted a rigorous retrospective analysis of past cases that met the current case definition of a catastrophic claim, to understand trends in return to work and disability among these individuals.

L&I is in the second year of this four-year study. Subject recruitment and enrollment for the study was completed in October 2018. Data collection will continue until all subjects have accrued 18 months of follow-up time, with a projected end date of April 2020.
Since November 2017, 103 subjects have participated in the baseline interview. Sixty-one subjects have completed the six-month interview, 28 have completed the 12-month interview, and 13 have completed the 18-month interview.

The evaluation, as outlined in the Institutional Review Board application, specifically aims to:

- Compare return to work outcomes and medical costs among catastrophic claims occurring before the implementation of nurse case management (July 1, 2014 to June 30, 2015) to those in the first year of nurse case management (July 1, 2016 to June 30, 2017).
- Review claims occurring between July 1, 2015 and June 30, 2016 to discover trends.
- Compare groups of subjects (in terms of demographics, injury type/severity, and geographic location) accepted by nurse case management firms and those that were not accepted.
- Assess subject function at baseline and at six, 12, and 18 months post-injury using the World Health Organization Disability Assessment Questionnaire and the Community Integration Questionnaire.
- Assess patient expectation of recovery at baseline and at six, 12, and 18 months post-injury with the Functional Recovery Questionnaire, and determine how these expectations and return to work are related.
- Compare functional improvements, patient satisfaction, and medical costs between patients provided different types of nurse case management at six, 12, and 18 months post-injury.
Goals for 2019

L&I is committed to continuing to improve care for catastrophically injured workers and ensuring that they receive the highest quality care and timely and effective claim resolution.

In 2019, L&I expects to make continued progress on the Comprehensive Catastrophic Care Management Project and meet the following goals of the project:

- L&I’s internal catastrophic care team will continue to manage catastrophic claims to enhance injured workers’ experiences and improve their overall care. L&I will continue to use its Occupational Health Management System (OHMS), a web-based computer system that provides front-end case-management tools to track claims. Internal staff will work together as needed to modify and improve this system to meet the evolving needs of this project.
- L&I will integrate regional occupational nurse consultants (ONCs) into a more active role within the catastrophic team. These ONCs will help monitor catastrophic claims in their regions and provide direct support by finding specialists and facilities to aid in workers’ recovery. Regional ONCs will also begin to review claims for Center of Excellence referral criteria. In this capacity, ONCs will use OHMS to communicate with nurse case managers (NCMs) and health service coordinators on L&I coverage criteria.
- L&I will continue to work with the contracted external NCM firms as they seek to manage care and improve outcomes for catastrophically injured workers in appropriate cases. Firms will submit progress reports on case management processes and outcomes, and L&I will evaluate work products to ensure they meet the standards detailed in each individual NCM contract. L&I will make continuous improvements in NCM assignment, communication, and contracting as the department awaits the outcome of the UW study.
- L&I will further implement oversight on agency use of NCM services. The catastrophic team is designing a process to assign an NCM for a period of three months to all claims designated catastrophic. The agency believes this will optimize a worker’s transition from acute care to their home. At the end of the three-months, a clinical evaluation of the worker will determine if additional NCM services are necessary. By standardizing the NCM process in this way, L&I hopes to increase the chances of a worker’s return to work.
- L&I’s Centers of Excellence will continue to see severely injured workers. The department will collaborate with these centers as needed to assist in providing exemplary services to these individuals. L&I expects to develop additional Centers of Excellence specializing in other specific types of catastrophic injuries.
- The prospective evaluation pilot project concluded enrollment of newly injured workers on October 31, 2018. The contracted NCMs, as well as the UW study team, will continue to evaluate these workers through 2020. L&I staff will communicate regularly with the research team regarding newly injured workers that meet the criteria to participate in the prospective evaluation until its conclusion. These functional outcome measures help the agency
understand the effectiveness of the various NCM firms, as well as the overall success of the project in improving injured worker outcomes.
Conclusion

Appropriate clinical input on workers’ compensation claims is critical to ensure that injured workers receive timely, appropriate medical care and avoid unnecessary or harmful treatment. L&I is a national leader in health policies and strategies that guide workers to evidence-based care and keep our medical costs and growth below national trends.

By increasing care coordination, establishing a dedicated internal team of experienced staff, collaborating with experienced firms to manage care for catastrophically injured workers, establishing Centers of Excellence, and comparing worker outcomes achieved using these types of care, L&I is consistently improving outcomes for workers with catastrophic injuries.

L&I’s 2018 achievements are the foundation for additional work in 2019 and beyond to reduce disability for injured workers by improving the medical care they receive.