

# Centers of Occupational Health & Education (COHE) Program Report

*May 2025*

*Research and Data Services, Information for Informed Decisions*



# Executive Summary

## ❑ **Claims treated by COHE providers resolve faster than other claims:**

- Faster resolution may be due to COHE best practices preventing some medical-only claims from becoming time-loss. (Wickizer, et al., 2007.)
- The difference in claim resolution rates is most pronounced when looking at all claims. The average resolution rate of COHE claims at 6 months is notably higher than non-COHE claims.
- When looking at the measure for time-loss claims, treatment by COHE providers traditionally has showed benefit albeit less pronounced.
- The time-loss days paid measure across all claims further reinforces faster COHE claim resolution when looking at total claims.

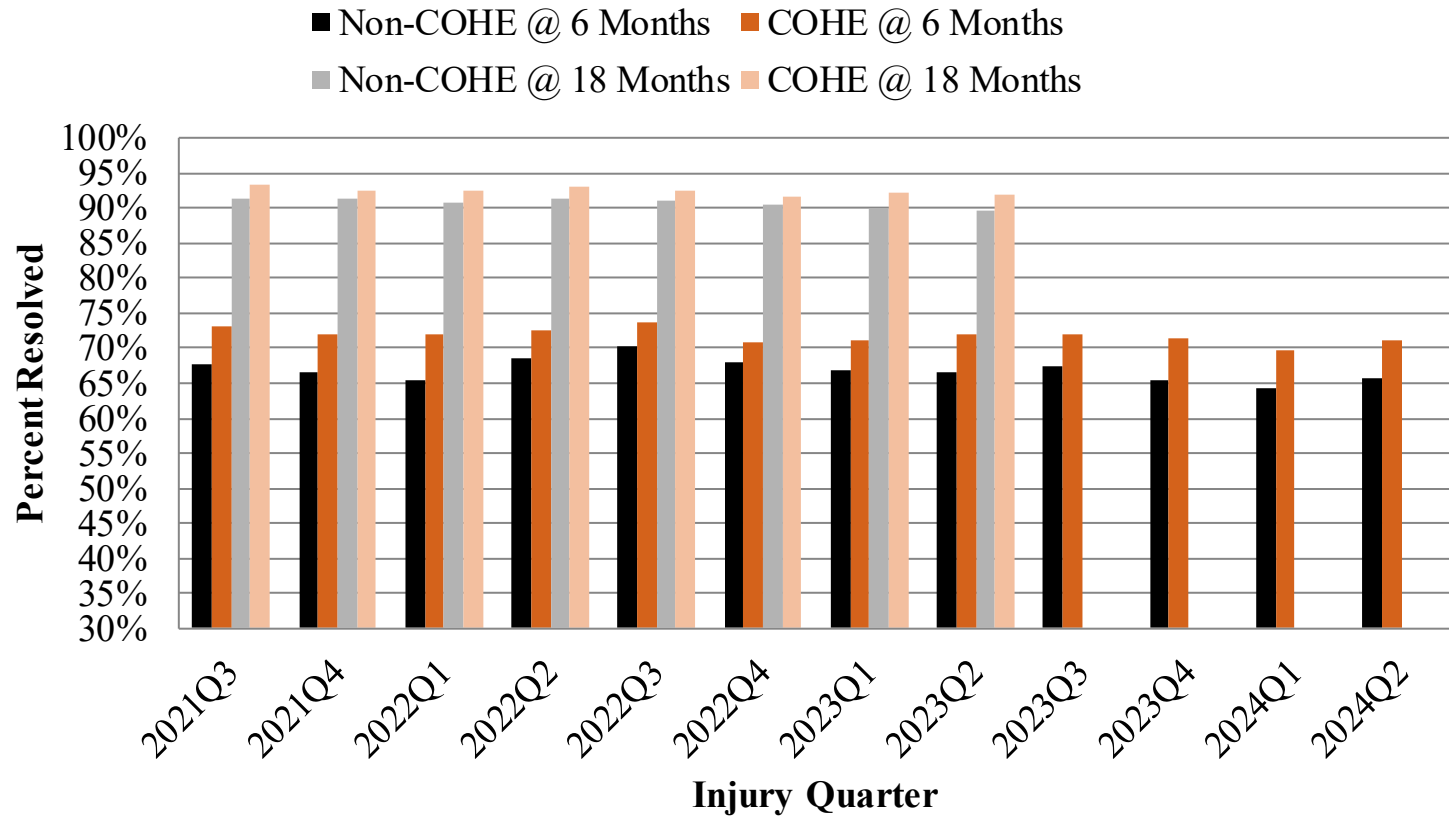
## ❑ **The majority of COHE providers are high & medium adopters of COHE Best Practices (BP):** In the most recent report quarter, 87.2% of COHE providers were high and medium adopters.

### **Notes:**

- For this analysis, a COHE claim is one initiated by a COHE provider.
- COVID-19 claims are excluded from the resolution and time-loss days paid measures due to their disproportional representation in the COHE and non-COHE groups

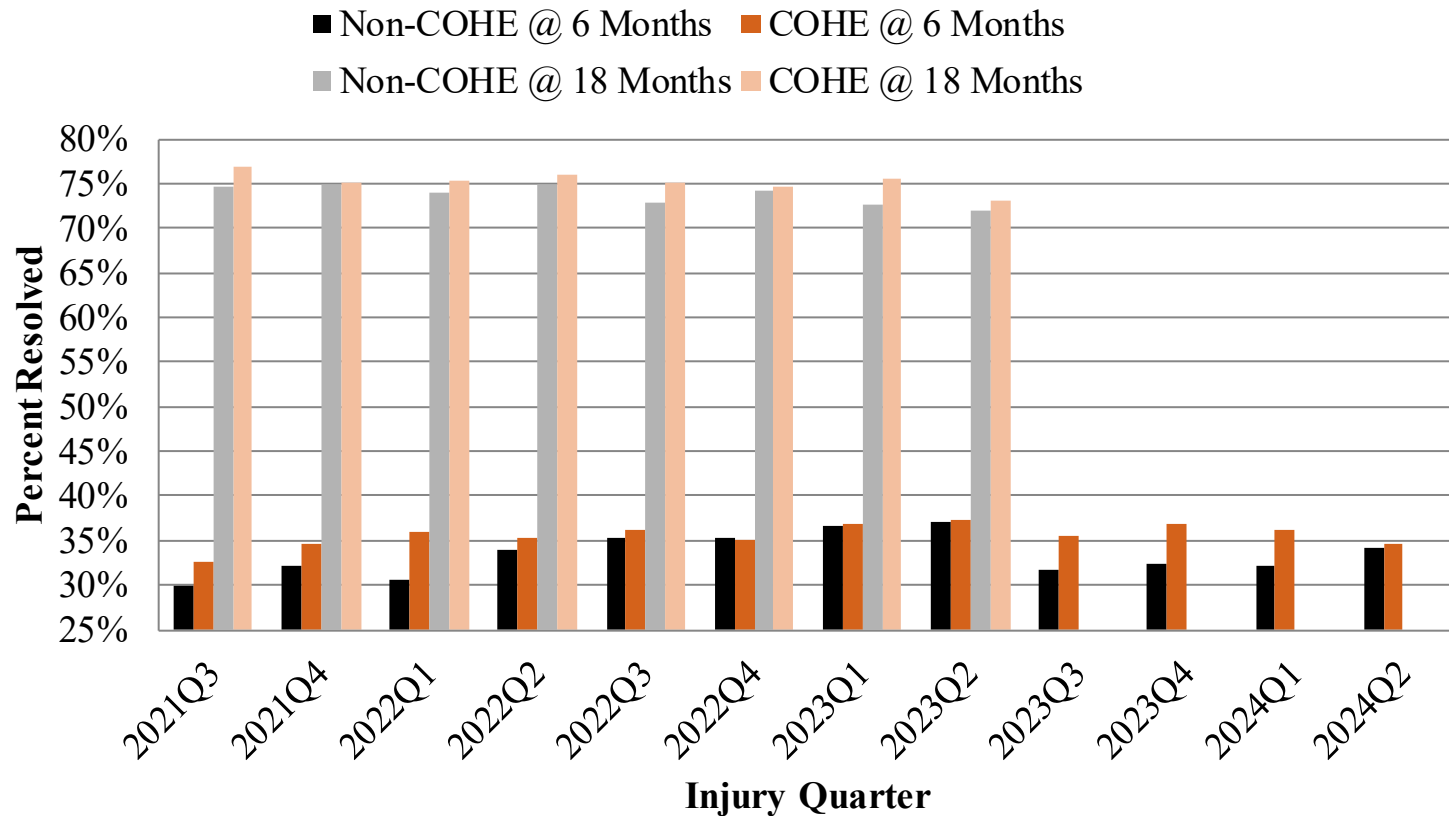
# Resolution: All Claims

## Percent Resolved at 6 and 18 Months



# Resolution: Time-loss Claims

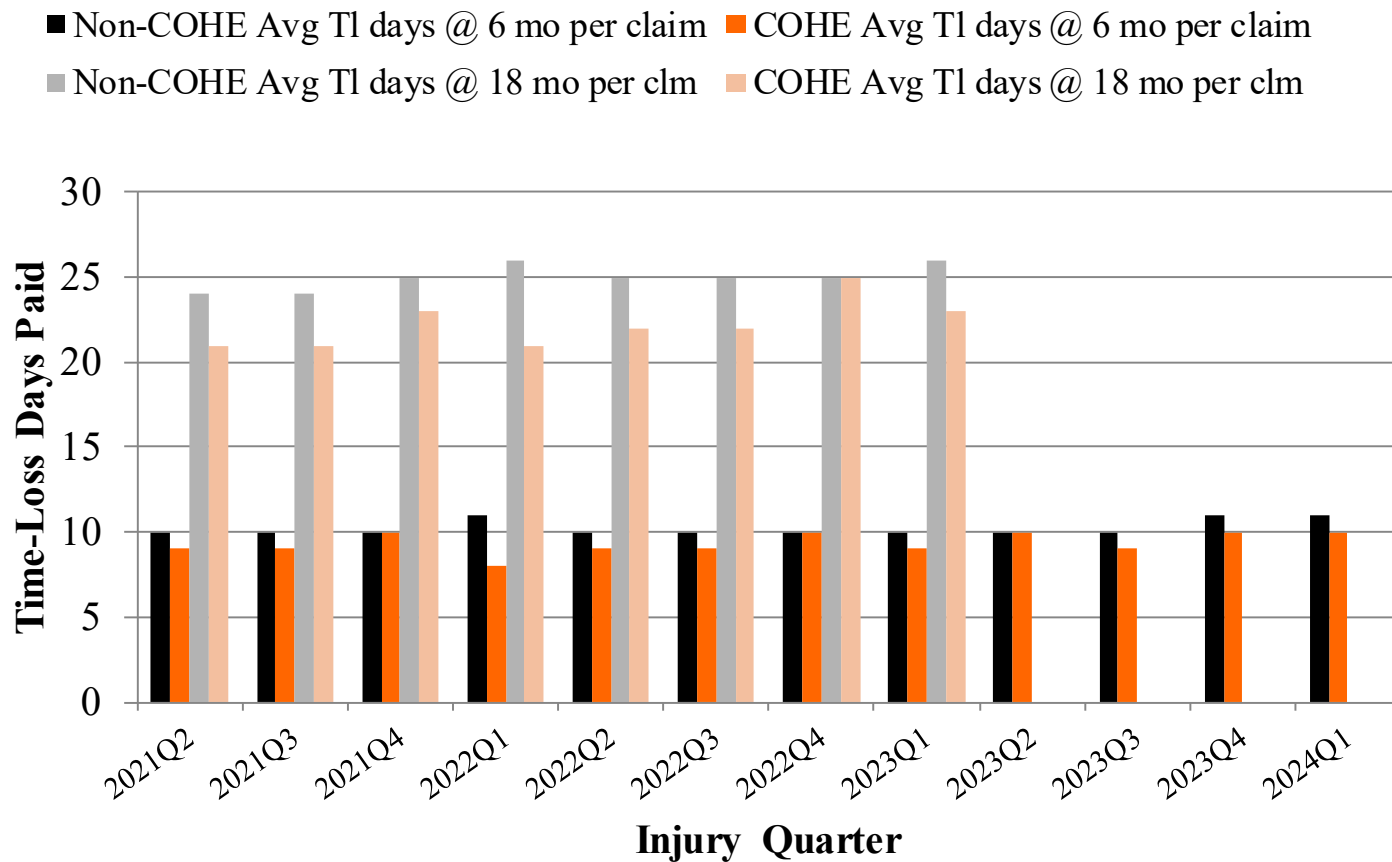
## Percent Resolved at 6 and 18 Months



Note: A change in estimating early case reserves beginning in 2015Q1 resulted in a change in how claims are classified as time-loss at 6 months thus the resolution rate for the period 2015Q1 forward is not directly comparable to earlier periods.

# Time-loss Days Paid

## All Claims, Average at 6 and 18 Months

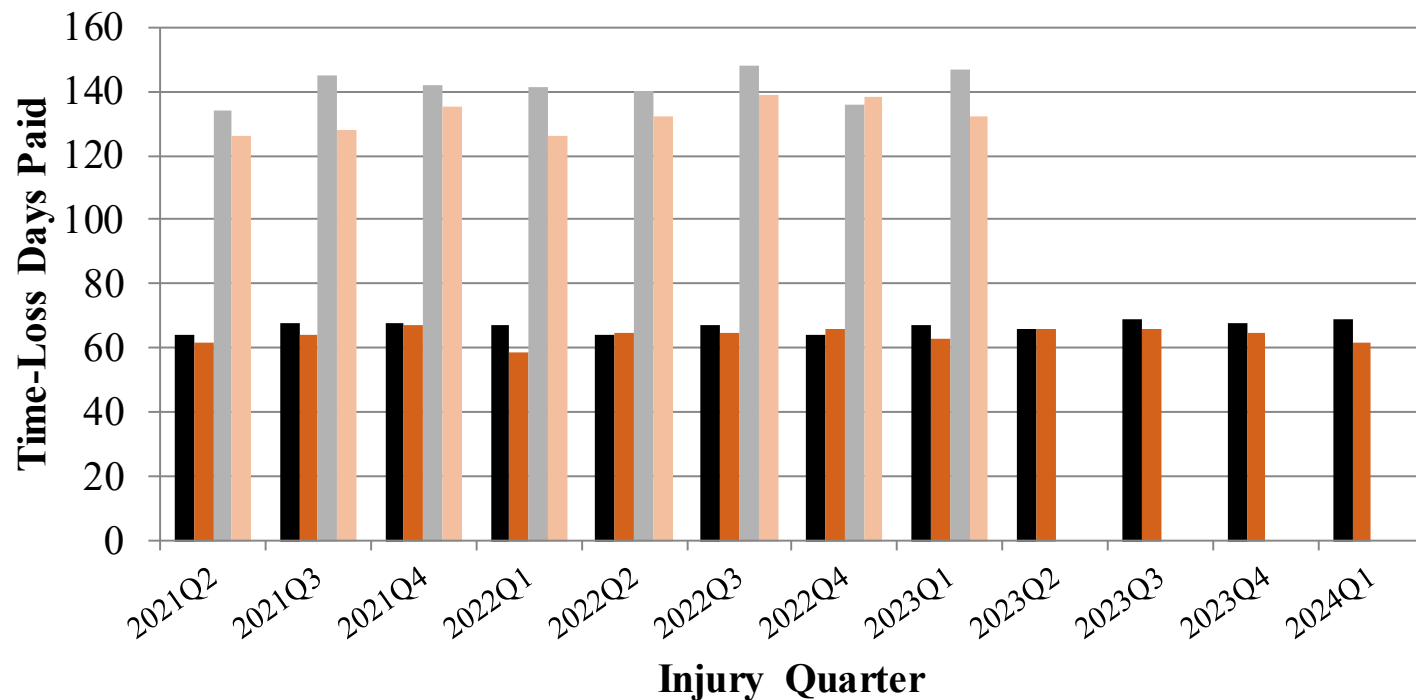


Note: The time-loss days paid measure requires one additional quarters lag than the resolution measure.

# Time-loss Days Paid

## Time-loss Claims, Average at 6 and 18 Months

■ Non-COHE Avg TL days @ 6 mo per TL clm   ■ COHE Avg TL days @ 6 mo per TL clm  
■ Non-COHE Avg Tl days @ 18 mo per TL clm   ■ COHE Avg Tl days @ 18 mo per TL clm



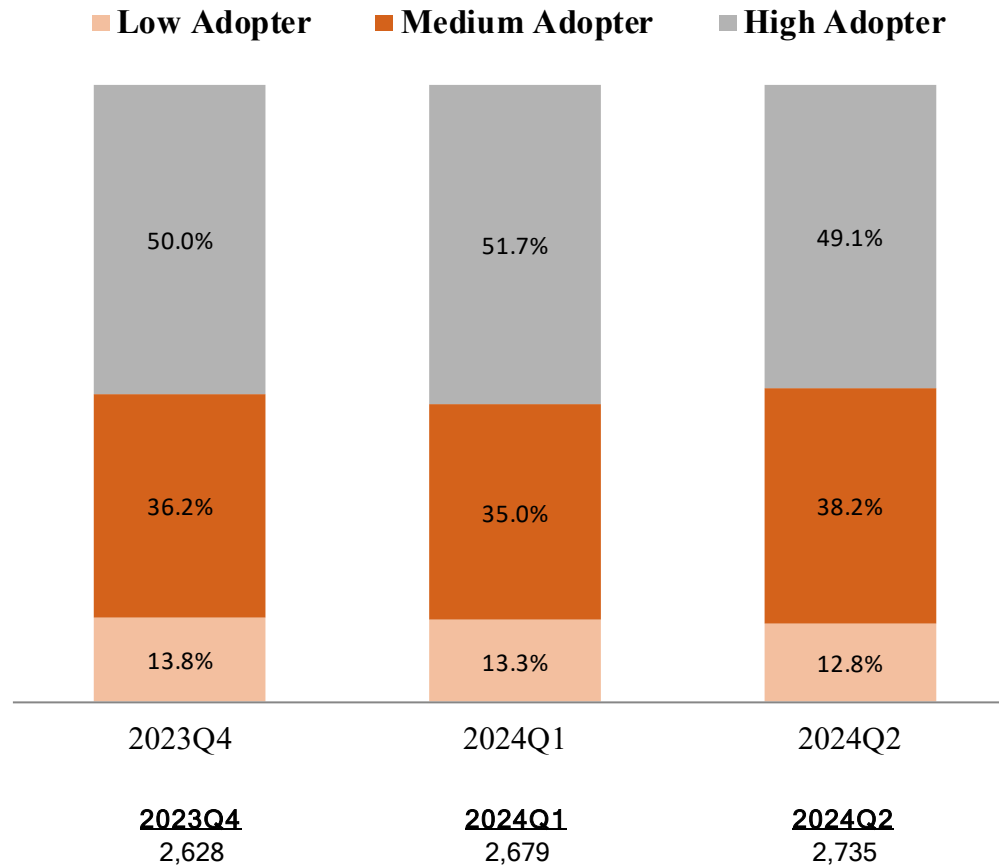
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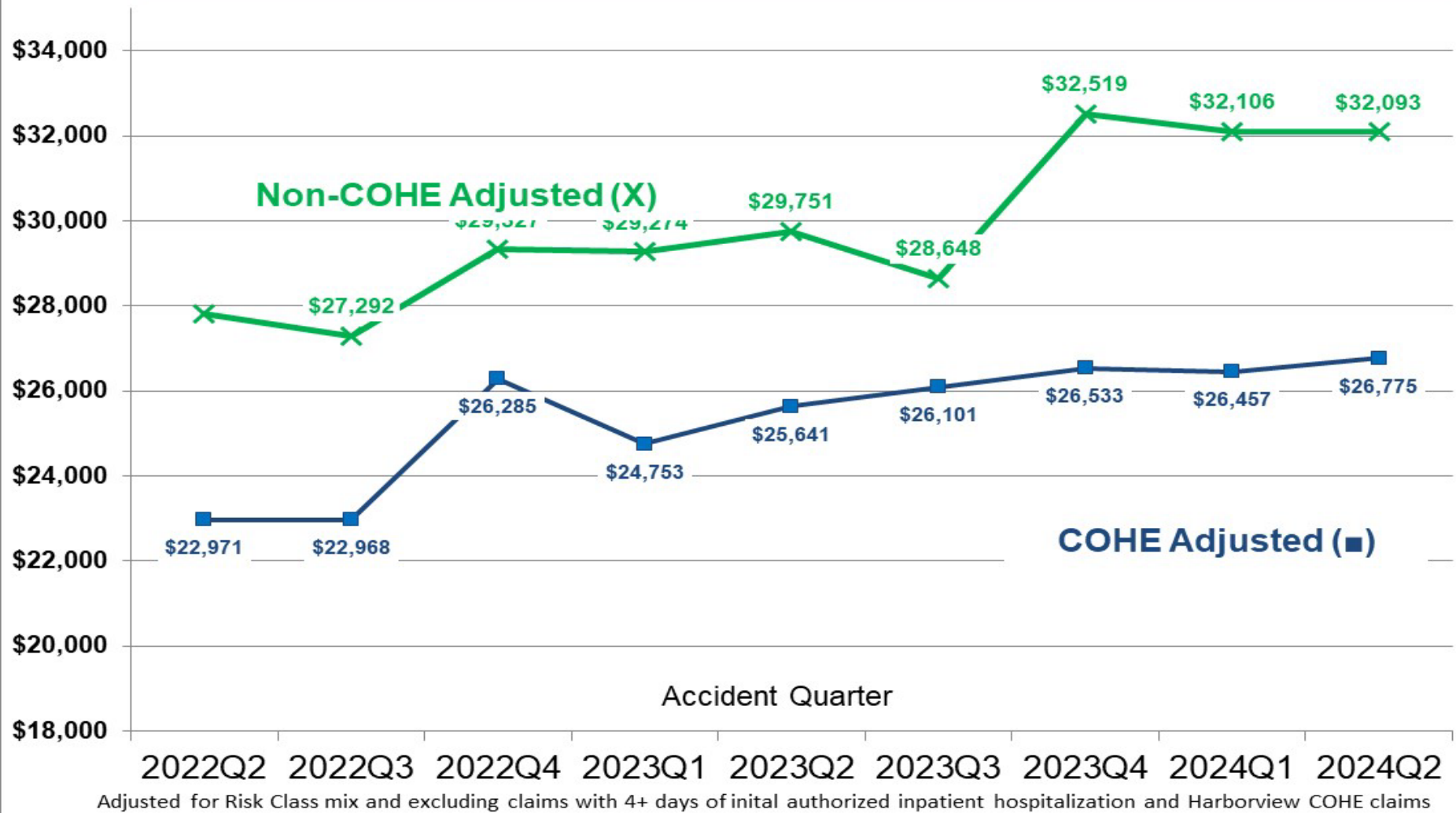
# Provider Adoption of COHE Practices

(Among Providers Treating in the Quarter)



\* Provider adoption is measured for each provider clinic combination

# Estimated Ultimate Accident Fund + Medical Aid Fund Incurred Cost per Claim (ex COVID-19)





# Methods:

## ☐ Resolution - Percent of Time-loss Claims at 6 and 18 months that are resolved.

- Method: Use the LDS paid-to-date table to identify claims for injury quarters limit to eval ages= 6(18) months. The percent resolved =

$$\frac{N \text{ closed at 6(18) months}}{N \text{ closed} + N \text{ not closed at 6(18) months}}$$

The time-loss group is currently defined using actuarial status codes 1-Fatal, 2-TPD 3-PPD, 4-TL, 5-Miscellaneous, 8-KOS. The *All Claims* group is identified using actuarial status codes 1 - 8. **Important note:** These resolution rates are not directly comparable with claims operational data.

## ☐ Time-loss - Average days paid at 6 and 18 months COHE vs. Non-COHE

- Method: Divide groups into COHE/Non-COHE based on whether the initiating provider is a COHE provider. Sum the number of days paid on each claim at 6 and 18 months (used 180 and 540 days). LEP days are included in the count of time-loss days.

- The average time-loss per claim was calculated as:

$$\frac{\text{Total days paid at 6 (or 18) months}}{\text{Number of claims in the injury quarter}}$$

- The average days paid per-time-loss claim was calculated as:

$$\frac{\text{Total days paid at 6 (or 18) months}}{\text{Number of claims in the injury qrtr with time - loss paid at 6(or 18) months}}$$

## ☐ Provider Adoption of COHE Practices

- Method: Aggregate data reported and documented in the COHE level reports. Providers are counted in each distinct COHE/Provider Group/Comparison Group/Provider Name combination that they practice in.

### Best Practices:

Complete ROA in 2 business days or less; Activity Prescription Form at first visit & when restrictions change; Contacting an employer when worker has restrictions; and Completing a Barriers to Return to Work Assessment when barriers exist.