

Physical Medicine Best Practices
Stakeholder Workgroup Meeting
April 13, 2023

L&I Attendees: Sarah Martin, Morgan Young, RYanne Karnes, Susan Reynolds-Sherman, Jill Floberg, Rose Jones, Kristine Ostler, Cherell Fisher

Stakeholder Members: Bob Hctor, Teri Jo Lientz, Tyrees Marcy, Lori Stephens, Lynda White, Danielle Wojtkiewicz

Public Members: David Kirk, Danny Beeman, Susan Gates, Anne Parker, Cathie Pitts

Health Information Exchange (HIE) Transaction Implementation Update

Rose provided an update on the HIE Physical Medicine Progress Report form (PMPR) transaction implementation.

- OneHealth Port has updated their connectivity to the new API connection system.
- L&I IT group is updating the HIE Implementation guide and Quick Start guide and completing their testing with the new API connection system.
- The PMPR HIE transaction should be ready to pilot with partners in early June.
- There is a new software vendor, OccuPro, who is interested in building the H.I.E. transaction.

Work Rehabilitation (WR) Program

The group discussed the draft language of the Quality Assurance section of the Work Rehabilitation Standards. The L&I team asked the workgroup for feedback.

How often should programs be periodically reviewed as part of QA? Are these the three correct categories- WRP level, Individual Clinic level, Clinician level? Any other category that QA should occur?

- Consider different Program QA requirements based on proficiency of clinic.
 - Newer clinics need every year to start and well established clinics review every 2-3 years.
 - May be done by clinical and non-clinical staff
 - Set requirements that are feasible by small clinics
- Examples of current strategies used now:
 - Every individual program is reviewed every 2 weeks in Grand Rounds
 - Every quarter, each clinician has 1 chart audit performed
 - Use of a competency checklist for new staff
- Consensus for us to create a documentation checklist/teaching tool for chart audits
- Denials would fall under program requirements and not clinician.

Education and Training

Workers Compensation Basics for Physical Medicine Providers:

- Content was recently videotaped and plan to have it available on demand before July.
- CEUs will be provided.

New WR Education and Training Requirements:

- The clinic manager/owner will do an attestation the clinician has met L&I training requirements.
- The training will be required every 6 years, based on license expiration date.
- It will be a joint responsibility between L&I and the clinic to identify those clinicians whose training has expired.
- Only work rehab providers have the 8 hour training requirements.
- We will encourage all therapy providers to complete the 2 hour Intro webinar.
- Many members voiced a strong recommendation to move forward with having this training become required for all treating physical medicine providers.
- In the interim of the 2 hour webinar availability, clinicians can facilitate their providers to meet the requirements for the other 3 categories. Members shared ideas where to find existing trainings such as Medbridge, AOPT resources, YouTube.

Work Rehab Webinar 201

- Ideas of possible topics noted by members: FCEs, Case management/Complex claims, Communication, program estimates, motivating clients who are not engaged, job simulation, preventing injury, program progression, biopsychosocial identification and approach, JA and job descriptions, billing, documentation specifics, modified duty/graduated RTW, Case examples of worker program simple/complex.
- Include a happy path and not happy path case study

2024 Physical Medicine Summit Topics:

- Send us suggestions of topics for future training summit for Physical Medicine provider community.

Graduated Return to Work

- Ryanne shared being involved in a graduated RTW toolkit workgroup for VRCs.
- Do you have a method/template you use? If you do, would you share and send to Ryanne?
- Comment that GRTW works best if done with the JOI.
- A member noted she is seeing APs updating the APFs based on the PMPR and workers are returning back to work in modified duty faster.

Authorization and Progress

- What are the Pain Points you are experiencing with the current authorization process? Are there any areas we can address when building the new process that we haven't already planned for?
 - Unclear process
 - Making sure it is clear how to request authorization for WC as currently there is confusion how to request based on number of visits.
 - What do the authorization dates mean? How does this impact me?
 - Delays
 - Concern noted by members about limiting delays in care for WR.
 - Their experience is it is taking some time for decisions to be made by claim manager once UR contractor makes a recommendation.
 - Requests for WC are missing baseline data creating delay for UR process.
 - We will look into: Can the worker continue with their already authorized acute PT/OT while they wait for treatment authorization decision?

- L&I is implementing a new temporary position to assist with WR program transition and implementation.
- What would be a situation when a worker would only need to be seen 1 hour a day?
 - After discussion, it was realized this would be a rare situation.
 - Entry into WR would need to be at a minimum of 2 hours per day. If less, will be reviewed on a case by case basis.
 - Situations noted: in order to perform a modified duty job. It could be at the beginning or at the end of treatment.

WA Health Alliance LBPIC

- Morgan presented on the WA Health Alliance related to Low Back Pain.
- He asked the group to consider these questions:
 - Early referral is good. How do we change to that behavior?
 - Early Conservative Care - how to incentivize?
 - How can LNI move this forward?
 - How do we get more groups to participate? What can we do as a payer?
 - Reduce the load on them by hiring MSK specialists to handle those cases?
 - Challenges with “consumer driven healthcare”
- Morgan asked the workgroup members to contact him if they have anything else to help him with this project.

PT/OT Referral Resource – AP and PT/OT versions:

- Based on prior feedback in the last meeting, updates have been made. Share any further feedback with Morgan.

Next Steps/Recommendations:

L&I:

1. Documentation checklist/teaching tool for chart audits
2. Outreach to impacted PT/OT Clinics:
 - Resource outlining the steps in chronological order
 - Webinar regarding the updates to WR programs
 - Frequent emails

Members:

1. Reach out to Ryanne:
 - a. Graduated RTW templates
 - b. Summit 2024 topic ideas
2. Reach out to Morgan regarding any feedback on the Therapy Referral resource and WA Health Alliance recommendations
3. Volunteers to test the usability of the WR Application.

