

Keys to Success for the Surgical Quality Care Program

To reap the financial and non-financial rewards of this pay-for-quality program, the surgeon needs to:

- Integrate these administrative surgical best practices into their routine, and
- Employ the services of a Surgical Health Services Coordinator.



The administrative surgical best practices:

Activity Prescription Form (APF)

- Pre-surgery – the surgeon personally completes and bills for at least one APF.
- Post-surgery – the surgeon, PA-C or ARNP completes and bills for at least one APF.

Threshold = 85% of state fund claims have met the above criteria.

Timeliness of Surgery

- Perform surgery within 21 calendar days of claim manager authorization.
- Track and report when and why surgery was not performed within 21 days.

Threshold = 80% of workers offered a surgery date within 21 calendar days of claim manager authorization.

Review therapy progress

- Surgeon or PA reviews and signs the Physical Medicine Progress Report (PMPR) within 14 days of arrival. Cannot measure without the services of an SHSC.

Threshold = 90% of received PMPRs have been signed/returned to PT/OT and L&I.

Set release to work planning and goals

- Before surgery, the patient and surgeon have established a plan for release to some level of work after surgery. Cannot measure without the services of an SHSC.

Threshold = Goals established for 85% of surgeons' state fund claims on time-loss.

Surgical Health Services Coordinator (SHSC)

- While this is not a mandatory piece of the program, it is not possible to reach your highest performance levels without one.
- A successful SHSC relationship starts with cooperation working towards collaboration!
- The SHSC serves as your go-to resource to streamline communications between yourself and the patient, their employer, claim manager, PT/OT/Vocational providers and community services.