Surgical Quality Care Program

Medical staff (surgeons and their medical staff)

A pay-for-quality program developed by the Washington State Department of Labor & Industries in collaboration with provider experts to improve workers' outcomes through more timely access to high quality surgical care.

Contents

STATE OF WASHINGTON

DEPARTMENT OF LABOR AND INDUSTRIES

PO Box 44325, Olympia, WA 98504-4325

Dear Doctor,

Thank you for becoming part of the Washington State Department of Labor & Industries' (L&I) Surgical Quality Care Program. With your help we will succeed in improving healthcare practices for injured workers and return them to a productive life more quickly.

We value the contributions you make to assure that injured or ill workers get high quality care. We also understand the frustrations that sometimes exist in the workers' compensation environment. We believe your participation in this program will enhance your ability to deliver high quality occupational healthcare and streamline your workers' compensation experience.

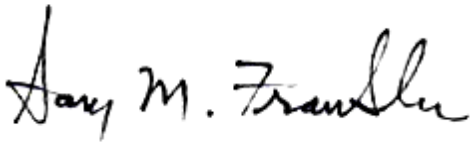
As a participant in this program we hope to enhance your effectiveness in caring for injured workers, while reducing the challenges inherent to the workers' compensation system. The indicators chosen to prove this effectiveness were identified by your peers as best practices that will likely improve the outcome of workers' compensation cases.

To accentuate the adoption of these indicators, L&I:

- Developed an Occupational Health Management System (OHMS) which may be utilized to support best practices and care coordination between provider, employers, and injured workers.
- Developed an incentive payment system with four distinct levels of payment relative to the degree you apply these established quality indicators in your daily practice.

We look forward to working with you and know that your experience in the program will benefit your patients, as well as make your work in caring for injured workers much more satisfying. Thanks again for your dedication.

Sincerely,



Gary Franklin, MD, MPH
L&I Medical Director

Chapter 1 – What the program is about

On the surface, the Surgical Quality Care Program (SQCP) is simply your team working cooperatively with the Washington State Department of Labor and Industries (L&I) towards a common goal – patient recovery. However, "your team" involves many facets, be it internal (i.e. surgeons, administration, PAs, MAs, schedulers, billing) or external (i.e. ancillary providers, claim managers, vocational services, Comagine, etc.).

With your participation, SQC program will streamline many of the tangles that make treating workers' compensation patients (workers) a burdensome process. What's more, SQC program is a pay-for-quality program that rewards musculoskeletal surgeons for their mastery of administrative best practices. It derived from two different pilots (the Orthopedic and Neurological Surgeon Quality Pilot (ONSQP), which began in 2006, and the Surgical Best Practices Pilot (SBPP), which began in 2014.

Lessons learned

The two pilots revealed occasions where we aspired to have a feature implemented, but had no way to objectively measure it. Or perhaps what we measured was not really what we wanted. We also discovered there was no way to remove surgeons who did not comply with the Medical Treatment Guidelines or had poorer clinical outcomes.

These lessons, along with input from different divisions throughout L&I and the ONSQP community, brought us to consider more than 25 potential quality indicators. From that, four indicators best reflected quality or efficiency of care that could be delivered and measured.

Who may participate

To get and stay enrolled in the SQCP musculoskeletal surgeons must meet the following criteria:

1) Are participants in L&I's Orthopedic and Neurological Surgeon Quality Project (Ortho/Neuro)
2) Are credentialed as an L&I provider, with an active L&I provider ID number
3) Regularly treat workers injured on the job, be it State Fund or Self-Insured
4) Have completed the SQC program's orientation
5) Meet the program's clinical entrance criteria for Medical Treatment Guidelines, Opioid Prescribing Guidelines, utilization review, and reoperation rate criteria. (This program holds the surgeon accountable for their physician assistants' (PA's) prescribing practices.)

Chapter 2 – Quality Indicator

The SQC program uses performance thresholds on various quality indicators' to prepare performance reviews and assign adoption levels twice annually. Read on to learn more about these quality indicators.

This chapter includes 3 parts:

- Part A describes the required quality indicators (APF and Timely Surgery).
- Part B describes the indicators needed for higher adoption levels (Release to work goals and plans, Physical Medicine Progress Report Form).
- Part C describes other best practices that are expected from all participants.

Note: Knowing the content of this chapter is a key to succeeding in the project.

Chapter 2, Part A – Required quality indicator

The APF and Timely Surgery are required quality indicators. For a Group and/or Surgeon(s) to reach their highest earning potential they must meet these performance thresholds. When a Surgeon fails to meet either quality indicator, they fall to the group level. When a Group fails to meet either quality indicator, it will be restricted to the lowest payment level. In each case, this lower performance level will remain in place until the surgeon and/or their clinic achieve a higher adoption level in subsequent review periods.

Activity Prescription Form (APF)

Why is the APF part of the program?

If the worker needs or has recently had a surgery, the surgeon is the best practitioner to comment on worker's condition, including their 24 hour a day restrictions and work readiness. This is the case regardless of who the attending provider (AP) is, or even if they are also preparing APFs. Too much information is far preferable to not having the right information. Having clear rehabilitation planning, release for work, and estimated abilities will enable employers, claim managers, and vocational counselors to better coordinate care and return to work planning.

APF incentive pay threshold (85%)

Consistent with L&I's standard APF submittal recommendations we expect an APF at the initial office visit and at subsequent visits when there are restrictions or the workers' status changes. SQCP takes it a step further by spelling out that L&I has received an APF in the 90 days before and the 90 days after surgery for at least 85% of all surgical claims.

- The pre-surgery APF – *personally completed and signed by the participating surgeon*.
  - Needs to be submitted to L&I within two (2) business days of the date of service.
  - APFs completed by the PAs or ARNPs will not count as a pre-surgery APF.
  - APFs completed on the surgery date will not count for pre- or post-surgery APF scores.
- The post-surgery APF – completed and signed by the surgeon – **OR** – the PA – **OR** – the ARNP.
  - Needs to be submitted to L&I within two (2) business days of the date of service.
- Non-compliance with these items will negatively affect Adoption Levels.

Caution! Per WAC 296-20-125(3)(o) it is illegal to bill for services under a non-rendering provider's ID - even if co-signed by the surgeon. Such practices may cause the surgeon to miss their APF incentive pay threshold.

When there is no surgery or the need has not yet been determined

These cases are not measured for this quality indicator and we advise the surgeon to adhere to the Standard APF submittal recommendations.

Measuring this quality indicator

Based on office visit, E/M, surgery or APF billing codes the project team analyzes all claims seen during a reporting period to see that the expected APFs have been billed by the responsible parties.

Tips for meeting this quality indicator threshold

To determine a need for surgery, Utilization Review (UR) desires the surgeon to meet face to face with the patient to perform an evaluation and management (E/M) (when claim manager authorization is required).

What an opportunity to:

- Use the APF completeness guidelines to complete and submit the required pre-surgery APF within two business days of the service date, being sure to document the release-to-work plans and goals with the injured worker (a measured best practice addressed on pg. ##), while

CAUTION! It is not acceptable to write only "See chart notes" in the "Key Objective Findings". Chart notes are not standardized and they typically arrive in the claim file later than the APF.

Remember: The intent of the APF is to communicate real-time information to the claim manager to allow for time-loss payment and treatment authorizations.

It is okay to be requested additional information on a previously completed APF

To adjudicate the claim, the claim manager, VRC, ONC and even self-insured employer may request more information than you filled out on the APF.

Timely surgery

Reducing delays in access to care can:

- Enhance recovery, and
- Enhance return to work, and
- Minimize or prevent disability.

Timely surgery incentive pay threshold (80%)

Perform at least 80% of UR level surgeries within 21 calendar days of the claim managers' (not Comagine's) authorization.

Method of measurement

With billing data, we compare the notice of authorization for surgical claims' to the service date. This "notice of authorization" is the specific day a claim manger authorizes a surgical procedure, not the day(s) that the procedure may be performed. Do not confuse the two.

While an authorization window may reach beyond this 21-day window; those procedures performed outside of the 21-days aren't considered timely for this quality indicator's performance threshold.

Chapter 2, Part B – Additional Quality Indicators

Reaching the highest performance level

The final two quality indicators may not be reached without utilizing the support of a Surgical Health Services Coordinator (SHSC) and our Occupational Health Management System (OHMS). Because of this, it is vitally important that you understand the role of the SHSC. Let's take a look at why they're important to you and your patients.

Role of an SHSC in your clinic

SHSCs offer an important contribution to worker recovery following surgery. They act as a liaison between the attending provider(s), surgical provider(s), worker(s), employer(s), and claim manager(s), with a mission to coordinate clinical care and work outcomes. To learn more about the role of an SHSC:

- Surgical Care Coordinator Standard Work Categories
- SHSC Toolkit

Surgical Health Services Coordinator (SHSC)

An SHSC may be hired or contracted by your clinic on a part or fulltime basis relative to the demands of your clinic. We estimate one fulltime SHSC can support between 7-10 surgeons relative to patient volume and surgery count. Their mission is to ensure improved clinical outcomes for workers by ensuring early release-to-work services and care coordination.

What does an SHSC do?

An SHSC acts as liaison between the attending provider, surgical provider, injured worker, employer, claim manager, and vocational service providers. They may have a role in every surgical referral made to your participating surgeons for State Fund claims. Their actions are vital in identifying and developing strategies to mitigate barriers to return to work and they play a crucial role in early release to work planning activities.

SHSCs come at an expense

An SHSC does come at an expense, but consider how these costs may be offset.

- Greater incentive fee earning potential with an SHSC, and
- Additional earnings through an SHSC's case notes, which are billable to L&I.
  - View the *SQC Program Participants' Manual (Administration)* to learn more about SHSC billable rates.
- An SHSC is an L&I resource that leads to more efficient and effective patient care; translated to greater surgeon availability to perform surgery – not paperwork.

Employing SHSCs is optional

While employing an SHSC is optional, it does limit a participating provider's ability to receive the maximum financial incentive. To learn more about SHSCs visit our website.

Release-To-Work Plans and Goals

Why is establishing Release-To-Work Plans and Goals part of the program?

A successful outcome for an injured worker involves more than pathophysiology. Returning to work is part of achieving maximal physical recovery. Prolonged disability affects your patient's career, their economic well-being, and their life.

Overemphasis on a perceived short-term benefit (like staying off work a few extra weeks) may have unintended, long term consequences and delay needed intervention, promote deconditioning, and

increase the risk of the worker's original job being lost. Be sure your patient focuses on what they can do and strives to increase it a little each day.

What is the expectation for establishing Release-To-Work Plans and Goals?

We expect the surgeon will have met with the injured worker prior to surgery and jointly established some release to work plans and goals. Setting the expectation with the worker that they will be released to work at some level after surgery helps them to focus on returning to work. We don't expect a return to work date to be firmly established pre-operatively.

The Release-To-Work Plans and Goals incentive pay threshold (85%)

Release to work plans and goals will be established for at least 85% of the non-emergent surgeries performed. The SHSC will be looking for evidentiary support (i.e. documentation in chart notes and/or the APF) of this planning and then record their findings in OHMS.

What are some tips to help meet the Release-To-Work Plans and Goals a quality indicator?

Standard Practice! Utilization Review's goal is to have the surgeon meet face to face with the patient to determine if there is a need for surgery while performing an evaluation and management E/M (when claim manager authorization is required). What an opportunity to:

- Complete the required APFs, and
- Document the release-to-work plans and goals in the chart notes and/or the APF.

Review therapy progress

Surgical care is more than surgery. Each worker's blend of conservative care, pain management, vocational recovery and rehabilitation is unique. With all these disparate pieces, communication breakdowns happen; at times requiring a surgeon to make decisions based on assumptions. Adding fuel to this fire, a surgeon often has to decipher an incongruous batch of communications from each ancillary provider.

To help facilitate this communication, L&I has created a Physical Medicine Progress Report Form (PMPR) with input from the provider community. Our target is to substitute the many different types of PT/OT provider monthly reports submitted to your clinic into a standard format and singular document type for quick reference.

Expectation for the review therapy progress quality indicator

Within 14 calendar days of the date they were received a surgeon or their physician's assistant (PA) will have reviewed and signed off on 90% the PMPRs they've received for post-surgical claims with active PT/OT referrals. While it is good to be aware of patient progress, we are only measuring the surgical claims with PT/OT referrals. And does not extend past the global surgery period.

Please note that signing off on the PMPR does not mean that you support/agree to the course of action being taken by the ancillary provider, only that you've reviewed it. There is also a section for you to offer comments or even change or augment the rehabilitation plan submitted on this PMPR prior to returning it to the ancillary provider.

Method of measurement for this quality indicator

The SHSC will be looking to see that this PMPR was signed in the 14-day window and record their findings in OHMS. For the SHSC to find that information it is vital that the form is sent to the ancillary provider AND to L&I. These PMPRs can be a resource in building/maintaining the workers' care plans, filling out APFs and/or job analysis.

Tips to help meet this quality indicator

Standard Practice! Fourteen days is not long so incorporate this PMPR as an alert item. Also, standardize a process for returning this signed PMPR back to the ancillary provider and L&I for imaging in the file.

Chapter 2, Part C – General best practices

Timely access to service (first visit)

The target for timely access to service is for the initial office visit to occur within seven (7) business days of referral. The clock starts on the day the surgeon agrees to see the injured worker (necessary screening completed). Participating surgeons/clinics may be removed from the SQC program in cases where a surgeon/clinic unreasonably delays care for newly referred workers.

Why is the timely access a consideration?

Reducing delays in access to care can:

- Enhance recovery, and
- Enhance return to work, and
- Minimize or prevent disability.

Tips to help meet the timely access expectation.

- After screening to ensure an appropriate referral, offer the initial appointment within seven (7) business days of referral, and
- Track the appointment dates noting when workers decline or reschedule appointments offered in seven (7) business days.

Chapter 3 – Incentive payment

Incentive payments entail many factors. We'll begin by covering a surgeons' adoption level (how it's determined and how much a surgeon will be paid) and conclude with the payment triggers (how a surgeon gets paid).

Adoption level determination

There are three (3) parts to understand about the adoption level:

1. What distinguishes an adoption level, and
2. How adoption level assignment works when first enrolling in the program, and
3. How adoption level works on a continual basis thereafter.

Part 1: The distinction

There are four adoption levels, which lead to four distinct payment levels.

1. Low Adopter pays out at approximately 10% of the maximum payment level.
2. Medium Adopter pays out at approximately 50% of the maximum payment level.
3. High Adopter pays out at approximately 65% of the maximum payment level.
4. High Adopter - Sustained pays 100% of the maximum payment level.

Part 2: When first enrolling

Though SQC program is new, surgeons may be coming into it in many different ways. Please review each case below to find the one that applies to your situation.

- New enrollees affiliated with a group actively enrolled in the SQC program.
  - These surgeons will begin at the group level (Medium or Low Adopters) and are subject to improve their assignment at the conclusion of the review cycle on the condition that they have enough performance history to be representative in the said cycle.

- New enrollees affiliated with a group *not* actively enrolled in the SQC program.
  - These surgeons will begin as Low Adopters and are subject to improve their assignment at the conclusion of the review cycle (a six month window) on the condition that they have enough performance history to be representative in the said cycle.

- New enrollees transitioning into the SQC program from the Orthopedic and Neurological Surgeon Quality Project (ONSQP).
  - Our project team assigned each ONSQP participant a transitionary tier based on their performance in ONSQP for an 18 month period.
    - These transitionary tier assignments are based on the surgeons' actual performance and may not be contested.
    - Similar to all enrollees, these surgeons may improve their transitionary tier at the conclusion of the review cycle.

Part 3: How adoption levels are assigned once you're in the program.

- Low Adopter is assigned to a group that fails to meet expectation thresholds for the two (2) required quality indicators (APF, Timely Surgery).
- Medium Adopter is assigned to a group that achieves the expectation thresholds for the two (2) required quality indicators (APF, Timely Surgery).
- High Adopter is reserved for surgeons that meet expectation thresholds for all four (4) quality indicators regardless of the group performance score.
- Sustaining Adopter is reserved for surgeons that achieve a High Adopter status for three (3) consecutive periods, and have met other qualifying criteria that is still being defined as of the date of this publication.

When and how incentive fees may be paid.

It is important to know and understand the payment parameters surrounding incentive fees and the Surgical Health Services Coordinator (SHSC) services. Let us begin with incentive fees.

Surgeon incentive fees

Note: Until notified otherwise, continue to use the 1071M billing for provider incentives tied to the Ortho/Neuro project.

Surgical Health Services Coordinator (SHSC) Services

Service Description	Code	Details	Rate
Surgical Coordination Intake (SCI)	1083M	Payable once in the life of the claim	$152.70
Surgical Health Services Coordinators' Standard Services	1088M	Billable in six-minute increments for activities that remove claim/treatment barriers or positively influence the recovery and/or release to work.	$9.40

Performance Reports

This chapter includes details on participating surgeons' performance reports issued by L&I's SQCP team, including:

- What's in the report (Surgeons' adoption level report).
- How to affirm or challenge the accuracy of your report (Report review process).
- When the reports are produced (Reporting schedule).

Note: Knowing the content of this chapter is a key to succeeding in the program.

Surgeons' performance report

Surgeons' adoption level report

To communicate a surgeons' performance on the quality indicators, and their resulting adoption level, the SQCP team will either post the report in the OHMS system or email a report to your team's listed contact person.

- Each report includes:
    - A cover letter from L&I's Medical Director,
    - A brief written summary of the surgeons'/group's performance on the quality indicators,
    - The surgeon's/group's resulting adoption level,
    - A table showing surgeon's/group's performance on each indicator,
    - Principles behind specific best practices along with recommendations for achieving or maintaining High Adopter status in the future.

Note: Sample report contains arbitrary claimant data and make-believe surgeon / clinic specifics.

Report review process

What if I disagree with the report?

You have 60 days from the date the contested report was released to contest the findings.

Submit your written request to:

- SQCProgram@Lni.wa.gov, or fax your content to: 360-902-4249
  Attn: Surgical Quality Care Program

What can I expect following the review?

L&I's SQCP team will notify you of the results on completion of the review. If we request additional information, you will have 30 days to submit it. Our goal is to complete the review within 60 days of the date we receive your data.

Reporting schedule

When are the reports scheduled to be generated?

Measurement periods	Analysis period	Report delivered	New adoption level assigned
January 1 – June 30	July - September	September	October 1
July 1 – December 31	January - March	March	April 1

If you miss the threshold for any of the quality indicators, you have 60 days from the date the report was made available to provide the SQCP team with additional data for review (see more details under "Report review process" on the next page).

What happens to payments after reports are sent out?

- Incentive payments will be paid at the participants' currently assigned adoption level.
- If participants' adoption level is reassigned (up or down), payments at their new level are effective as shown in the table above.
- Deflated adoption levels can elevated it in the next measurement cycle when:
  - The surgeon meets all four (4) quality indicator thresholds, or
  - In cases when the surgeon's adoption score is based on their group's performance, the group achieves the two required quality indicators
    - Recall that this limits the surgeon to a Medium adopter level unless the surgeon meets all four (4) quality indicator thresholds.
- Participants' adoption level will only move down after failing to meet the requirements for their current tier assignment for two (2) consecutive measurement cycles.

For more information, contact L&I's project team at
(360) 902-6060 or SQCProgram@Lni.wa.gov
Surgical Quality Care Program (wa.gov)