

Industrial Insurance Chiropractic Advisory Committee (IICAC) Meeting Minutes
Date: January 15, 2015 from 8:30 a.m. to 1:30 p.m. (including parent and subsequent subcommittee meetings)



FINAL

Present:

Robert Baker, DC, by phone
Clay Bartness, DC
Linda DeGroot, DC
Michael Dowling, DC, Chair
Lissa Grannis, DC, by phone
J.F. Lawhead, DC
Mike Neely, DC
William Pratt, DC
Ron Wilcox, DC
Bob Mootz, DC
Janet Blume
Joanne McDaniel
Bintu Marong
Dan Hansen, DC, Advisor

Guests:

Laura Baune

General Business

Minutes: **Moved, Seconded, and Carried (MSC)**, the 10/16/2014 minutes were approved, with one correction that Janet Blume did not attend.

PEO Subcommittee: Ron Wilcox, DC reported the subcommittee has provided two years' worth of practice resource-based articles to WSCA for their Plexus magazine.

The practice resources' online CME activities should be created later this year. Joanne McDaniel will request Category 1 CME for those that meet the criteria. Category 1 CME hours will attract medical, osteopathic, and other providers to read the resources.

A documentation practice resource and related educational activities will be drafted by summer. It is being created to meet the needs of the Medical Provider Network Review Committee and to prepare for OHMS.

This subcommittee has been invited by the Grant-Adams County Chiropractic Society to present the fundamentals of workers' compensation and Chiropractic Consultation programs at their annual conference on 4/25 and 26/2015 in Moses Lake.

PPQ Subcommittee: J Lawhead, DC reported that four practice resources are published on the National Guideline Clearinghouse website, which is now searchable.

The foot and ankle practice resource draft is progressing. External resources provided very beneficial input.

The next practice resources: Update the Low Back Rehabilitation practice resource to send to the National Guideline Clearinghouse. Two other topics in the pipeline include best

practices in biopsychosocial management for injured workers and conservative management of occupational knee conditions.

Legislative Updates: Bill Pratt, DC reported that WSCA is working on a bill to address prior authorization by payers but did not expect it to impact L&I. Dr. Mootz indicated that he was aware of concerns that current draft language may be interpreted to apply to L&I. The governor's office is reviewing the language, as it applies to all state agencies and programs.

Department Updates from Bob Mootz, DC:

- Fee Schedule: State auditors scheduled a review on how several services, including chiropractic, are paid and authorized by L&I's payment system and Claims. The review may identify areas where L&I practices are or are not in compliance with legal requirements and published policy. The review is expected to be completed by this summer.
- Functional Recovery Questionnaire (FRQ) and Interventions (FRI): COHE Community of Eastern WA (CCEW) is implementing these new best practices as their quality improvement project for the current contract period. The efforts help identify workers who may be at risk of becoming disabled and identify areas where attending providers can focus additional needed resources to assist in recovery. Domains include biopsychosocial factors, activity levels, and workplace/return-to-work issues.

The project is currently recruiting 10-12 providers to be go-to advisors for the community with a goal of bringing on 50-60 attending providers to implement the program. The biggest change in this phase of testing implementation of these new COHE best practices is that the FRQ survey is now being administered by CCEW's health services coordinators, rather than UW's research team

This phase should be fully implemented by the fall and is expected to be broadened to more providers in Eastern WA as well as with the other COHEs. FRQ functionality has been built into L&I's Occupational Health Management System (OHMS) with moderated forums and easy retrievability of information and forms to make sure no high-risk patient experiences delays and missed opportunities.

Community Leadership: Bree Collaborative

Gary Franklin, MD, MPH, L&I's Medical Director congratulated chiropractors on pursuing reactivation from the date of injury. L&I is assessing possibly developing a pain home in the community using some of these concepts. Chiropractors should be part of that input process to help prevent disability in the first weeks after injury.

The Bree Collaborative is a public-private collaborative established by the legislature mandating all payers and providers to work together. This includes all hospitals and agencies. Health Care Authority has the lead in decision-making and assuring implementation of decisions.

Workers' Compensation's strategic focus is to use the best evidence to pay for services. Additionally, the Medical Provider Network (MPN) was established to set criteria for membership and address risk of harm. MPN has 21,000 members. Only 0.3% of applications failed to meet the criteria.

IICAC 5-year Vision:

As decided at the IICAC retreat last year, the executive committee has been working with Dr. Dan Hansen to help identify strategies to increase IICACs effectiveness in supporting adoption of occupational health best practices by DCs. Domains include exploring what should be addressed in terms of membership needs for IICAC, future best practice and educational resources and enhanced collaboration with various department activities including other advisory committees (IIMAC, ACHIEV), and innovations in provider outreach and education with resources IICAC has helped develop. Several options and ideas for improvements were discussed (including describing skill sets for IICAC members to become go-to occupational health resources themselves). The executive committee will continue to refine strategies bringing back further ideas at the next meeting.

Next meeting: April 16, 2015 topics:

- IICAC's 5-year vision
- Subcommittee Reports
- Department Updates