Washington State Department of Labor & Industries

OCCUPATIONAL HEALTH BEST PRACTICES

WORKING TOGETHER TO KEEP PEOPLE WORKING

Industrial Insurance Chiropractic Advisory Committee (IICAC)

Meeting Minutes for April 21, 2016

L&I Headquarters, Tumwater, Room S130

Members Present
Michael Dowling, DC (Chair)
William Pratt, DC (Vice-chair)
Robert Baker, DC
Clay Bartness, DC
David Folweiler, DC
Lissa Grannis, DC
J Lawhead, DC (call-in)
Michael Neely, DC
Ron Wilcox, DC
Dan Hansen, DC (Consultant)

L&I Staff
Janet Blume, Compliance Supervisor, Self-insurance
Leah Hole-Marshall, JD, Medical Administrator
Simone Javaher RN, BSN, MPA, Health Policy Manager
Robert Mootz, DC, Associate Medical Director for Chiropractic
Jena Williams, Provider Education Coordinator

L&I Staff Not Present
Nicholas Reul, MD, MPH
Zach Gray, Epidemiologist

Start time: 9:40

Welcome to our new member, Dr. David Folweiler. The Chair assigned Dr. Folweiler to the PPQ Subcommittee to replace Dr. DeGroot. The committee acknowledged Dr. DeGroot's many contributions and passed around a card to sign. Dr. Mootz will get it to her with the L&I letters.

Minutes Review
Draft minutes from the January 21, 2016 meeting were distributed for review.

Full committee vote: Motion to approve by Dr. Wilcox. Second by Dr. Bartness. Unanimously approved. The minutes for January 21, 2016 were approved as written.

Subcommittee Reports
PPQ: Psychosocial Determinants Influencing Recovery (PDIR) Best Practices Resource.
As noted at prior meetings, this resource is a combined effort with IIMAC and Dr. Lawhead and Thielke are co-chairs of the work group. The resource will be to provide attending providers guidance on assessing and attending to biopsychosocial issues that can impact the recovery of injured workers.

Dr. Lawhead reported that the screening work is nearly completed and the focus is now on interventions. The magnitude of the literature and its limited quality of studies has pushed out completion to July. The resource is being reviewed by content reviewers currently.

Mick Sullivan, PhD of the Centre for Research on Pain, Disability and Social Integration did much of the original research on PGAP. Dr. Sullivan has also agreed to be a reviewer. Dr. Sullivan met with Dr. Mootz and provided input, including willingness to share new research regarding catastrophizing with the group.

PEO: Documentation for Washington State Workers' Compensation Best Practices Summary
Intended audience/dissemination: The approved resource will be made available online with the other IICAC resources and is expected to be particularly useful as an educational tool for provider review or credentialing when providers are identified with documentation quality problems.

Ron Wilcox and Bob Mootz jointly reported out. The draft (version 5.0) was distributed. Drs. Wilcox and Mootz reported that the resource has been reviewed internally, by IIMAC, by various L&I staff, and subject matter experts. Extensive revisions were made based on the helpful work of reviewers. Dr. Wilcox highlighted the checklists and chart note examples available in the resource.

Full committee vote: Motion to approve by Dr Bartness. Seconded by Dr. Baker. Unanimous vote in favor.

Next steps: The document will be made available on the IICAC web page and promoted through other avenues. Simone will talk to our communications department about getting it printed. The agency will work to attach CME to the resource.

Department Updates
Consultant Program
Printouts of the Consultant Program and IME webpages were distributed.

Action Item: The Chair assigned the PEO committee the task of reviewing the Consultant Program requirements to see if changes should be made and report back at the July meeting.

Things to consider:

- L&I is no longer offering the required course – Reducing Your Practice Headaches: Industrial Medicine Tips for Treating Doctors.
- WSCA seems willing to continue to contract with L&I in offering required seminars.
- Other alternatives to the prescribed seminars should be explored such as approving certain other CE offerings, online modules, competency self-tests etc. Consider which requirements are most relevant and which may need to be revised.
- Documentation issues are common in chiropractic and PT due to unique graphic abbreviations, and shortcuts. There is no corollary within chiropractic to medical groups and hospitals ability to withhold payment until documentation is complete and in compliance with accepted standards.
- Consider if any indications for removal from the consultant program should be included in the requirements.

Healthy Worker 20/20

The diagram "An Occupational Health Home for the Prevention and Adequate Treatment of Chronic Pain" was distributed.

Leah Hole-Marshall, JD presented L&I Healthy Worker 20/20 project describing the various clusters and indicating that she expects to be in touch with IICAC especially as it relates to stepped care with physical medicine. She shared that she pointed out the finding from the 2008 Turner study that DCs as first provider was associated with lowest 1 year disability rates at a recent meeting of employers. She shared information on how the Office of the Medical Director is increasingly using data to help optimize targeting resources to assist with injury recovery and return to work.

Dr. Bartness noted that at the American Chiropractic Association meeting, Washington received kudo's for the good work L&I has done to get chiropractic treatment to be the same as other physicians.

Bylaws Review for Update Recommendations
A draft of the Bylaw changes were distributed and reviewed. The changes presented included:

The definition of a quorum was changed from 50% plus one to 50% plus two.
Subcommittee workgroups have moved toward more frequent shorter meetings, usually by phone and subject to last minute scheduling changes. The previous quorum definition meant if the chair as an ex-officio member attended, a quorum would be present and the workgroup discussion may not have time to meet the OPMA requirement for advance notification with the code reviser. Rather than exclude a member or risk concerns of non-compliance with OPMA, our AAG suggested modifying the quorum definition. Full meetings with votes are well attended, so there is little risk of failing to have a quorum present at Quarterly meetings.

Term limits of 9 years were instituted, with the ability for the Director or designee to make exceptions based on L&I's business needs.
Limits are common for most of the state's provider committees (e.g., HTCC, licensing boards). IICAC bylaws are silent. Many current members have served longer than that. While experience and expertise are valuable, and the old CAC tended to be life-time appointments, the committee felt it should transition toward bringing new providers on board. Exception at L&I discretion allows for a gradual phasing in to prevent disruption of projects current members are involved in as well as retention of particularly engaged and high performing members.

Membership requirement were updated to include and be consistent with L&I's MPN requirements.

Numerus grammatical and formatting corrections
Non-substantive changes such as consistent referencing to "L&I", punctuation and typo corrections.

Additional changes requested by the members included:
- P. 13, remove subcommittees from #5.
- P. 6, move bullet 5 up below bullet 2 for consistency.
- Throughout remove archaic term "pleasure" and replace with "discretion".

Full committee vote: Motion to approve including the changes listed was brought by Dr. Wilcox. Second by Dr. Neely. Unanimously approved by committee.

Revised bylaws will be signed by Dr. Dowling and submitted to the Director for approval.

IICAC 5-Year Improvement Plan: Member Readiness Assessment
The Readiness Assessment assesses a practice's readiness and capacity to address identified best practices for delivering high quality care for injured workers. The IICAC previously decided that all members should conduct the Readiness Assessment in their own clinics and have a debriefing to analyze opportunities for members to increase the capacity for delivering occupational health best practices. The intent of this kind of pilot approach is to better understand what might be done to improve attending providers' ability generally to become high adopters of such best practices.

Last meeting, Dr. Hansen volunteered to administer a baseline Readiness Assessment to each IICAC member's practice. He reported back on methods and findings and the pilot test. He visited all eight members offices since the previous meeting. The plan is baseline now with follow up in 6-8 months to assess progress. IICAC will use an iterative process to improve the readiness assessment before it goes to the next level of testers (likely the Chiropractic Consultants).

The implementation strategies were based on the Readiness Assessment from the Beacon Type 2 Diabetes project. Methods were consistent. Dr. Hansen distributed the results in a spreadsheet for each of 4 Domains. Baseline Analysis and Recommendations were also distributed and reviewed.

Each member took a minute to share their thoughts on the experience and reflect some of the feedback they received from their staff. Feedback was very positive. Each clinic discovered ways to improve communication and preparedness. Some noted that the assessment reinforced topics that they had been trying to address with staff as coming from a "higher authority" and made it more of a priority with staff. Most agreed that there were parts of the assessment that weren't clear without explanation and Dr. Hansen is already working to address those questions. One noted that through the assessment, his clinic realized they were performing a service that they weren't billing for.

Dr. Hansen noted:

- Next level dissemination is addressed in the conclusions and recommendations.
- The baseline assessments took 45-90 minutes to complete.
- Dr. Wilcox shadowed 2 baselines besides his own to learn how to facilitate.
- It would be good if there were more variability in the "Importance" scale to better help clinics prioritize what to work on.

Additional discoveries/thoughts:

- Office staff learned more about the work flows involved in delivering high quality injured worker care.
- "Workflow" is a good word to use in description because it encourages staff buy-in.

- Information for revising and improving the readiness assessment instrument was identified, including development of examples and instructions. It was recommended to pull the current version off the website until revisions are made by the PEO committee.

Suggestions for going forward:

- Facilitator can ask "what steps need to be done to make this change" or help clinic develop/prioritize action points.
- It will take a reasonable amount of time to see changes, so follow up survey in 6-8 months.
- Improvement goals should be incremental; moving score in high priority areas to something that is attainable, not necessarily 100%.
- Should include an injured worker satisfaction survey (possibly an employer satisfaction survey, too).
- Short online knowledge based quiz for staff so they can show improvements in competency.

PEO committee next steps:

1. Revise with messaging "Why this Readiness Assessment is worth doing".
2. Develop worker/employer satisfaction surveys.
3. Develop instructions for and make revisions to the current Readiness assessment
4. Consider developing a template for standardized policies clinics could use for best practice workflows.
5. Make a worksheet to prioritize next steps.
6. Flesh out an implementation plan. (This may be done by full committee at July session).

Follow up discussion of #1 above to clearly define the goal of the assessment before taking it to the chiropractic consultants.
Possible goal verbiage:

- How do we make our practices the best going forward?
- How are we doing?
- Are we using best practices?

Determinations of the Chair

- The Chair recommended that Dr. Dan Hansen's contract that expires April 30th be renewed.
- The Chair recommended that the PEO subcommittee consider CE for the Readiness Assessment.
- The Chair recommended to the PEO subcommittee make the Readiness Assessment their priority. Dr. Mootz will work with Dr. Hansen to draft patient/employer satisfactions surveys and distribute to the PEO for review.

Other action items:

- Jena will remove the old Readiness Assessment from the Web.
- Dr. Hansen will email out the Medical Home Index developed by Pat Justice of the Department of Health.
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- **Adjourned: 12:02 p.m.**