

L&I Update: Catastrophic Injuries

IIMAC
April 23, 2015



Broad goals/areas of activity

- Improved communication, care coordination, and planning
- Need for improved data systems
- Improved access to evidence-based medical care

Prioritization expansion

- Nurse case management
- Skilled nursing facilities
- Brain injury rehabilitation
- OHMS
- Discharge planning
- Other administrative barriers
- Research and analytical coordination
- Mental health care
- Durable medical equipment/prosthetics
- (life) care planning
- Home modifications
- Vehicle modifications
- Language and cultural barriers
- Early identification, tracking, and timely ROA completion
- Access to care
- Vocational policies and procedures
- Statutory pensions

Nurse Case Management (NCM)

What to expect in 2015:

- Evaluate and prioritize new nurse case management referral criteria
(April – May 2015)
- Map current nurse case management referral processes and clarify problems/performance concerns in the current state
(April - May 2015)
- Recommend and implement improvements to NCM Referral Process
(June – July 2015)
- Review payment policies for NCM and identify whether changes are needed
(May-July 2015)

Discharge Planning

What to expect in 2015:

- Complete mapping of current discharge planning process
(March – April 2015)
- Recommend revisions to discharge planning process
(May 2015)
- Pilot changes in claims units and/or COHE
(July – August 2015)
- Implement changes
(September 2015)

Information Technology Evaluation and Recommendations

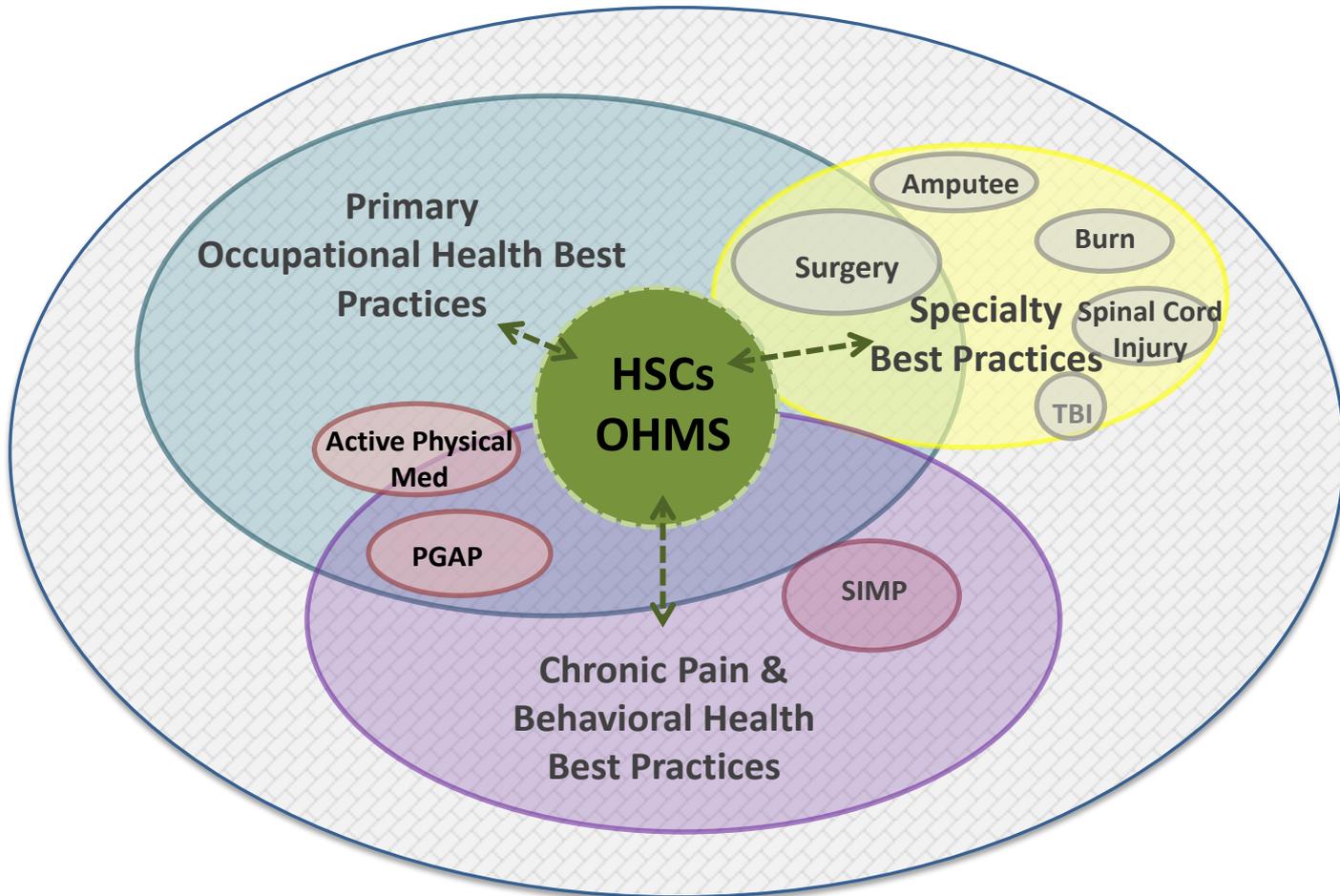
What to expect in 2015:

- Evaluate feasibility and make recommendations for a catastrophic injury flag in LINIIS, Orion, OHMS, and/or ONC log
(April – May 2015)
- Explore feasibility of integration of the management of catastrophically injured claims in to OHMS
(June – July 2015)
- Evaluate and make recommendations for an enterprise referral system for clinical referrals to L&I OMD staff
(April –July 2015)
- Prepare service requests for recommended information technology tools and/or improvements to current systems
(August 2015)

Vision—Centers of Excellence

- 2015—Center of Excellence for amputees
- 2016 and beyond—additional centers of excellence for catastrophically injured workers (e.g. burns, TBI, SCI)
- Benefits will be generalizable throughout our system, coordinate with key quality improvement initiatives including COHE
- While targeting catastrophically injured workers, benefits will also accrue to workers who are less seriously injured than the group identified in the 2014 L&I analysis

Collaborative Model Using Best Practices



Center of Excellence for Amputees

- Assure access to coordinated, high-quality clinical services and expertise for all injured workers covered by Title 51 across care environments and throughout the life of the claim
- Collect and analyze outcomes data to support disability prevention, return to work, and improvement in function/quality of life
- Develop, promulgate, and maintain evidence-based guidance for medical necessity/utilization of interventions, benefits, and services required by amputees, including prosthetics and other durable medical equipment
- Support and maintain exchange of information required to make equitable and timely adjudicative decisions

Center of Excellence for Amputees 2015

- L&I completes evaluation of current referral procedures and process. Recommends and implements new referral process
- Establishes relationship with a new center, initial referrals to center take place
- Planning takes place for volume and services expansion
- Plan for data needs for pilot evaluation and also for ongoing program evaluation, integration with state/national data sets

OHMS by summer 2015

- Release 5.0 ETA is April 30
- Advances in electronic transmission of APF data with pilot providers through health information exchange (HIE)
- Direct electronic submission of PDF documents to the L&I claim file
- HSC-generated light- and full-duty RTW dates captured in administrative data, trigger immediate L&I file review
- Electronic push-messaging direct from L&I claim manager to care coordinator
- Care coordinators can send highest priority tasks direct to claim manager for immediate action

- Catastrophically injured workers need specialized resources
- We are pursuing opportunities to improve care
 - Interconnect with our coordinated care model—COHE
- House amended SSB 5418 to include a prospective study of COHE best practices; Centers of Excellence; and medical management
 - Current status: bill did not move beyond House appropriations
 - Legislative session is ongoing
- L&I remains committed to quality improvement—advised by statutory committees—and is working with leadership on prioritizing broad efforts including a prospective study
- **Goal:** identify interventions that can be generalized across WA state to improve medical outcomes, prevent disability, improve return-to-work rates, function and quality of life
 - Supports scientifically-grounded rigorous evaluation of prospective best practices

Request for IIMAC ad hoc subgroup

- IT systems/data registries coordination
- Evidence-based practices
- Clinical outcomes