April 28, 2011

Joint IIMAC-IICAC Meeting Minutes

Participants

Robert Baker, DC Clay Bartness, DC Dianna Chamblin, MD, COHE Director Linda DeGroot, DC Michael Dowling, DC, IICAC Chair Diana Drylie Jordan Firestone, MD, PhD, MPH, COHE Director Gary Franklin, MD, MPH Andrew Friedman, MD Lissa Grannis, DC	Dan Hansen, DC, COHE Director Kirk Harmon, MD, by phone Reshma Kearney Jay Lawhead, DC Joanne McDaniel Jason McGill Bob Lang, MD Bob Mootz, DC Karen Nilson, MD, COHE Director Mike Neely, DC Dave Overby Janet Ploss, MD	Bill Pratt, DC, IICAC Vice Chair Diane Reus Hal Stockbridge, MD, MPH Ron Wilcox, DC Gerry Yorioka, MD Greg Zoltani, MD Public: Susan Scanlon, DPM

Joint Lunch Session:
A moment of silence was observed in honor of workers killed on the job in 2010. L&I was holding a memorial service for families and friends of the fallen during the time of our meeting.

Introductions
Introductions were made throughout the room, as these IIMAC and IICAC had not previously met jointly. Welcome:

- Newest IIMAC member--Greg Zoltani, MD, Neurologist,
- IIMAC and IICAC COHE advisors--Dan Hansen, DC and Karen Nilson, MD, COHE Directors

2011 Workers' Compensation Reform Bill SSB 5801
Jason McGill provided an extensive handout and slides summarized here. The new law:

- Creates a Provider Network: One, broad based provider network to be launched in early 2013 for use by both state fund and self insured employers. Injured workers retain their choice of doctors within the network. Initial care can be provided and reimbursed to non-network doctors.

  Through contracts with doctors, the network will provide the same or better access to quality care by providing:
  - Minimum standards
  - Reduced risk of harm
  - Education and an expectation that providers understand and use evidence based practices and evidence based coverage decisions
  - A performance based, occupational health best practices requirement in the network (Tier 2) that offers both financial and non-financial incentives

Providers must follow L&I's evidence based coverage decisions and treatment guidelines, policies, and other national treatment guidelines appropriate for individual patients

- Expands Centers for Occupational Health and Education (COHE's) by:
    - December 2013 to provide access to more than 50% of all injured workers in Washington (WA)
    - December 2015 to provide access to all injured workers in WA

The focus will be on research and development of occupational health best practices for the first year after an injury. Goals: Determine disability predictors and next steps for COHE, including:

- Functional Recovery Questionnaire (FRQ)
- Technical solutions
- New best practice quality indicators
- Expanded use of evidence based medicine (EBM) in decision making
- University of Washington (UW) studying lob back injuries to identify the early risk factors that significantly contribute to long term disability:
    - Administrative
    - Workplace
    - Psychosocial
    - Medical

New 5801 Advisory Committee:

The new 5801 Advisory Committee will be constructed within week of representatives of IIMAC, IICAC, Business, and Labor with advice from ARNPs, podiatrists, and professional associations. All meetings will be public.

Their duties are to recommend minimum standards for providers to be accepted into the provider network. Subsequently, they will advise on risk of harm and develop criteria for Tier 2 providers.

- 6-9 half day meeting over 18-24 months, beginning as soon as possible
    - 3-4 meetings will occur by November 2011
    - 3-4 meetings will be held in 2012

Action item: The following doctors were approved by vote of their parent committee as nominees for the 5801 Advisory Committee:

- 4 IIMAC members: Dianna Chamblin, MD, Andrew Friedman, MD, Janet Ploss, MD, and Bob Waring, MD
- 2 IICAC members (with a possible alternate): Clay Bartness, DC, Mike Dowling, DC, and Ron Wilcox, DC

Risk of Harm:

L&I will take appropriate action if providers do not meet the network's minimum standards or exhibit risk of harm.

The mechanism to provide due process for disputes will be developed similar to the current process sequence: letter of notification, order and notice, appeal to the Board of Industrial Insurance Appeals (BIIA).

Harm is considered a pattern of poor quality care (not single incidents):

- Poor health care outcomes

- Impairment or disability related to treatment that is controversial, experimental, or routinely not in compliance with evidence based guidelines.
- Performing inappropriate surgical procedures or invasive treatments compared to evidence based guidelines (not just poor outcomes)
- Performing tests, imaging studies or other types of treatment or procedures that are unnecessary, of poor quality, not demonstrated to be safe and effective or nor in compliance
- Mortality directly caused by poor quality treatment

L&I's current Provider Review procedures use the process sequence above. Presently, reviews are triggered by serious allegations and death. Under 5801, the definition of "harm" may require more provider reviews to assure care quality.

COHE Panel Discussion

All four COHE directors provided the history and progress made by their programs in implementing evidence based medicine, improved communications, and collaboration:

- Karen Nilson, MD, Renton Valley General Medical Center, first COHE, began 2002
- Dan Hansen, DC, Eastern WA COHE, largest COHE catchment area, began 2005
- Dianna Chamblin, MD, Everett Clinic, 3rd COHE
- Jordan Firestone, MD, MPH, PhD, Harborview Medical Center

COHE Vision: Increase communication and collaboration to improve outcomes for injured workers through:

- Provider training
- COHE advisors
- Health Services Coordinators
- Best Practices
- Evidence Based Quality indicators
- Business and Labor collaboration

L&I is:

- Making contract language more standard between the COHEs, while allowing flexibility.
- Changing financing to a cost to claim
- Developing a tracking system for occupational best practices