

# Worker's Compensation Advisory Committee - Subcommittee on Health Care

Meeting Notes – Oct 12, 2012, 9 am – 12:00 pm

Department of Labor & Industries - Tacoma Service Location

## *Participants:*

**Labor:** Present - Ed Wood, Karen Gude. Absent -Rebecca Johnson, John Aslakson.

**Business:** Present -John Meier, Breen Lorenz, Tammie Hetrick. Absent -Christina Lombardi.

**BIIA:** Dave Threedy

**L&I:** Present - Janet Peterson, Bob Mootz, Diana Drylie, and Gary Franklin.

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## *Resources:*

L&I: Leah Hole-Curry, Susan Campbell, Noha Gindy and Karen Ahrens.

## *Guests:*

Nicole Cushman –Franciscan Health Systems;

## *COHEs:*

Dan Hansen - EWA COHE; Marti Bradley – The Everett Clinic COHE; Jon Reynolds, Debra Milek - Harborview

## **Brief Summary of Activities:**

- Welcome; Introductions; Safety Message; Purpose of the Day and Review of Minutes – Gary Franklin & Leah Hole-Curry
- Role of WCAC-HC in COHE RFP – Susan Campbell
- Report from WCAC
- The Everett Clinic COHE highlights – Marti Bradley
- Role of Business and Labor in new COHEs – Susan Campbell
- Items From Business/Labor Advisory Board
  - Renton COHE – None requested
  - EWA COHE – Requested
- 5801 updates – Janet Peterson/Leah Hole-Curry
- Communication Agreements – Gary Franklin
  - Messages for WCAC
  - Messages for BLAB

## **Discussion:**

### Introduction – Leah Hole-Curry

- Safety Message & Purpose of the day
  - WCAC-HC draft minutes from June 6<sup>th</sup> meeting minutes were approved and posted on the web. See L&I webpage for minutes: <http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/OHS/WcacHcMtg>

### Role of Workers Compensation Advisory Committee – Health Care Subcommittee (WCAC-HC) in COHE RFP

– Susan Campbell (See handout)

- Discussion of draft language for RFP, goals of Business and Labor involvement in process and timeline
- Request is for two WCAC-HC members representing business and two WCAC-HC members representing labor to form a workgroup to review the RFP and the proposals. Each caucus would have one vote.
- Discussion of conflict of interest, conflict of interest form, and this issue regarding any WCAC-HC member active on a local COHE Business and Labor Advisory Board.
  - Janet Peterson will consider this issue and get back to the subcommittee with a final decision.
- Suggestion to add a purpose statement to the handout on goals of representation from Business and Labor in the RFP process.
- Suggestion that one goal should be added showing a clear link between the new regional Business and Labor board and the department advisory committee. Agreed that the advisory committee should include a balance of providers, business and labor representatives.

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## Report from Workers Compensation Advisory Committee (WCAC) – Janet Peterson (see handouts)

- WCAC –direction to L&I regarding: L&I's healthcare advisory groups
  - L&I staff to develop a plan for **mid-2013** to use the current Provider Network Advisory Group structure for business and labor representation alongside provider representation.
  - Support for changing name of the Provider Network Advisory Group to address broader responsibility/scope.
  - Purpose of this committee is advisory on L&I's healthcare quality and initiatives. Scope may include MPN, Top Tier, COHE expansion and Emerging Best Practices.
- Specific to WCAC-HC
  - Current subcommittee structure to continue through **mid-2013**.
  - Time period is for subcommittee to finish work underway and ensure opportunity for new reform initiatives including Medical Provider Network (MPN) and COHE Expansion.
- Review of flow chart regarding all current advisory committees and structure. There are too many and flow is unclear.
  - Suggestion that the future advisory committee have as a primary purpose the quality of health care advisory group, not focused only on COHE. Broad agreement expressed for this concept.
  - HC members asked if plan was to add current HC members to an expanded advisory committee and expand its members or to consider, at least, some of the HC members be added to the new advisory committee.
  - Janet Peterson answered that plan is not yet developed but took note of this request. Advisory committee does have some business and labor representation currently.
  - Both business and labor members agreed that a new advisory committee needs members who understand and are advocates of COHE and COHE expansion.
    - This is needed so that COHE does not simply become an administrative arm of L&I.

## The Everett Clinic COHE – Marti Bradley (see slides)

Marti Bradley presented slides on the The Everett Clinic COHE status.

- 50 new providers have been oriented since last quarter.
- TEC QI project is the “Assessment of Barriers to Return to Work” with their providers.
- She presented a COHE success story regarding the early interaction of the attending provider, HSC, L&I ERTW and WSAW staff regarding a non-English speaking worker. The COHE HSC was first to realize that the return-to-work plan was falling through due to the language barrier. He scheduled an interpreter.
  - Everyone worked together to get the best information to this worker at the right time to facilitate his return-to-work.
  - The employer complimented the HSC on going the extra mile.
- There was a brief discussion on what the COHEs do well including training providers in occupational health best practices and helping primary care doctors keep these best practices incorporated into their daily practice.
  - Gary Franklin stated that this particular training is not offered in medical school.
  - Marti Bradley added that TEC obtains its providers from across the U.S. TEC COHE focus is to combine the best in clinic treatment with occupational health and a focus on early return-to-work.
  - One business member stated he has concerns that L&I was not doing more through the claim management process.
  - Other discussion focused on the partnership of COHE providers, employers, workers and L&I staff as illustrated in Marti's story.

## Role of business and Labor in new COHEs – Susan Campbell

- Discussion of regional boards, optional local boards – new Business and Labor Advisory Board structure.
  - Will not know number of regional boards until RFP and new COHEs are established geographically
  - Option of local boards per a COHE is available.
- Suggestions for new model for regional BLABs.
  - The addition of a local board may be a good choice for a new COHE just starting
  - Idea was to leave flexibility to business and labor and COHEs.
  - Members of a local COHE should also be a member of regional board for representation.

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- New format is no by-laws but charter
- Timing will not be quarterly for regional board but 2 times a year.
- Executive committee for regional board or for local boards may meet more frequently or as needed. Goal is ability to act quickly when appropriate.
- Goals of the new boards (see handout) are up for discussion.
  - Question on goals is what function of boards provide added value.
  - Structure of reporting and staffing from local to regional board to the new advisory committee still to be determined.
  - WCAC-HC members seemed to all agree that this structure will be very important in the future.
  - Goal is to have structure but leave flexibility at local level. Flexibility may depend on common sponsors or specific community needs.
  - E WA COHE BLAB model was suggested as one to consider for new structure.
  - Suggestion to add a topic on better communication and reporting structure of regional board to the new advisory committee to the goals.
- Structure of new reporting from regional boards up to new advisory committee and down to local boards should be separate flow chart added to goals document.
  - Add clear communication and information flow between local, regional boards and new advisory committee or WCAC-HC.
  - If new advisory committee does not report to WCAC-what is their role? Janet answered that L&I give regular updates to WCAC on workers' comp reform.
  - Include timing of communication and flow of communication up and down.
  - Consider standing agenda items as in current state.
- Group agreed that it was best to keep wording in the RFP regarding business and labor representation at high level and RFP should ask bidders to answer questions about how the bidder would address this need in their community.

## Items from Business/Labor Advisory Board

Renton COHE – none

EWA COHE –

- Brought up issue of ongoing measurement and how we will know if COHEs continue to make a difference.
  - Diana Drylie discussed the COHE program performance measurement for all COHEs.
    - There are three levels: program (all COHEs), COHE level and provider level.
    - L&I had planned to release the first COHE program measure in August but we had problems with our data accuracy. No measures were released in August at program level, COHE level or provider level.
  - Program measures were designed with actuarial input and include:
    - Resolution - Percent of Time-loss Claims at 6 and 18 months that are resolved.
    - Time-loss - Average days paid at 6 and 18 months COHE vs. Non-COHE
    - Provider Adoption of COHE Practices
    - COHE Ultimate Cost Per Claim
    - COHE Coverage
  - All comparisons will have to be redesigned as the number of non-COHE state fund claims shrink in the future.
  - Janet Peterson added that one issue coming to the forefront for COHE future improvement is increasing the number of high and medium adopters.
- COHE level measures are for each COHE.
  - COHE level measures are actionable and include best practices and other measures including provider adoption of best practices. There is a process in place for a COHE not meeting expectations.
- Provider level measures are specific to each provider.
  - Provider level measures are informational to share with specific providers and the COHE itself.

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- Diana Drylie added that L&I recently identified some issues with the coding and data used in the reports and will not release them until they can verify the information provided. The next release will occur after the first of the year.
- Further discussion from the group was about measures specific to each COHE.
- WCAC-HC would like these program measures to be formally presented at the next meeting.
  - Diana Drylie said she would bring the COHE level reporting and program level reports to the meeting in January.
- A labor member also asked about the beta test list. L&I will bring a roll up of that list and results as well.

## 5801 Updates - Janet Peterson (see slides handout)

Update on the newest actions for the Medical Provider Network (MPN).

- 1<sup>st</sup> letter to injured worker going out in mid-October. This is a first notice letter. See draft.
- 2<sup>nd</sup> letter will be sent that is more directive to the worker if his or her provider has not applied for the network.
  - Feedback to L&I to ensure that the second letter will include a worker's rights.
- Review of brochure.
  - Committee members suggested that a FAQ be released and distributed widely.
  - L&I asked for recommendations on how to reach providers.

## Community Updates –

- Messages for WCAC: Request for L&I to bring structure of new advisory committee back to WCAC.
- Messages for COHE BLABs: none

## Parking Lot & Adjourn

- Leah Hole-Curry mentioned that L&I now has four specific pain specialists for review of opioid/chronic pain claims.
- Janet Peterson mentioned that TEC and E WA would add Care Transition Coordinators to help workers avoid problems with the launch of the network. There will be other CTCs in L&I regional offices.
- Dan Hansen asked questions about finding specialty doctors on the new launch of Find A Doctor (FAD). There was a discussion about paging through all providers listed geographic proximity versus filtering by specialty.
- Breen Lorenz asked for a PDF of the new MPN brochure to be sent to all subcommittee members.

### **Future Meetings:**

January 11, 2013 (9am – noon)