

# Centers of Occupational Health & Education (COHE) Program Report

*March 2014*

*Research and Data Services, Information for Informed Decisions*



# Executive Summary

## ☐ **Claims treated by COHE providers resolve faster than other claims:**

- Faster resolution may be due to COHE best practices preventing some medical-only claims from becoming time-loss. (Wickizer, et al., 2007.)
- The difference in claim resolution rates is most pronounced when looking at all claims. The average resolution rate of COHE claims at 6 and 18 months is notably higher than non-COHE claims.
- When looking at time-loss claims, treatment by COHE providers still shows benefit, especially in terms of early resolution, but the difference is less prominent.
- The time-loss days paid measure further reinforces faster COHE claim resolution.

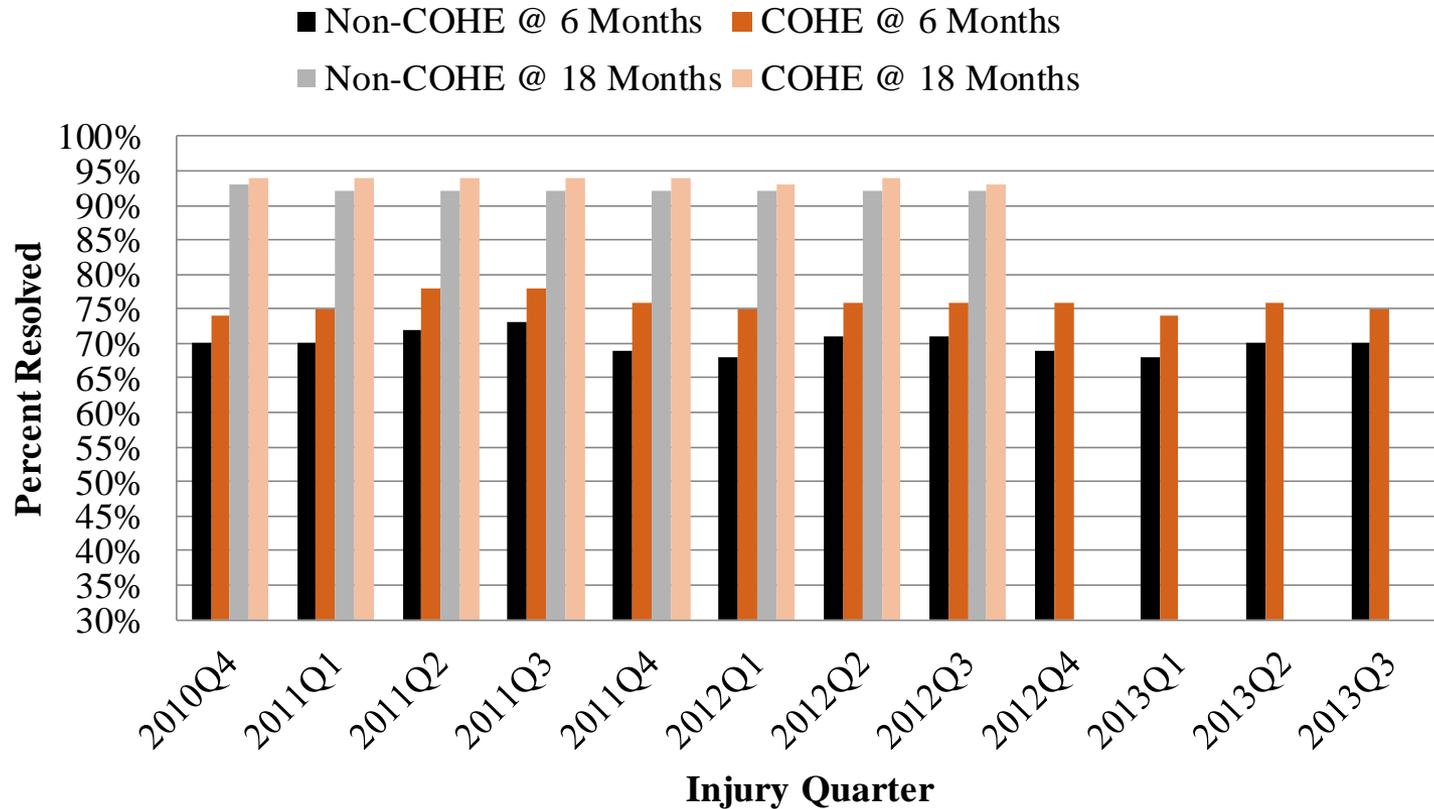
## ☐ **The majority of COHE providers are high & medium adopters of COHE Best Practices (BP):** Currently 66% of COHE providers are high and medium adopters. COHEs are striving to improve the adoption rate to 80%.

### **Notes:**

- For this analysis, a COHE claim is one initiated by a COHE provider.
- All COHEs began new contracts in July 2013. There are now six COHEs, when previously there were four. Therefore data from this report is not directly comparable to previous reports.

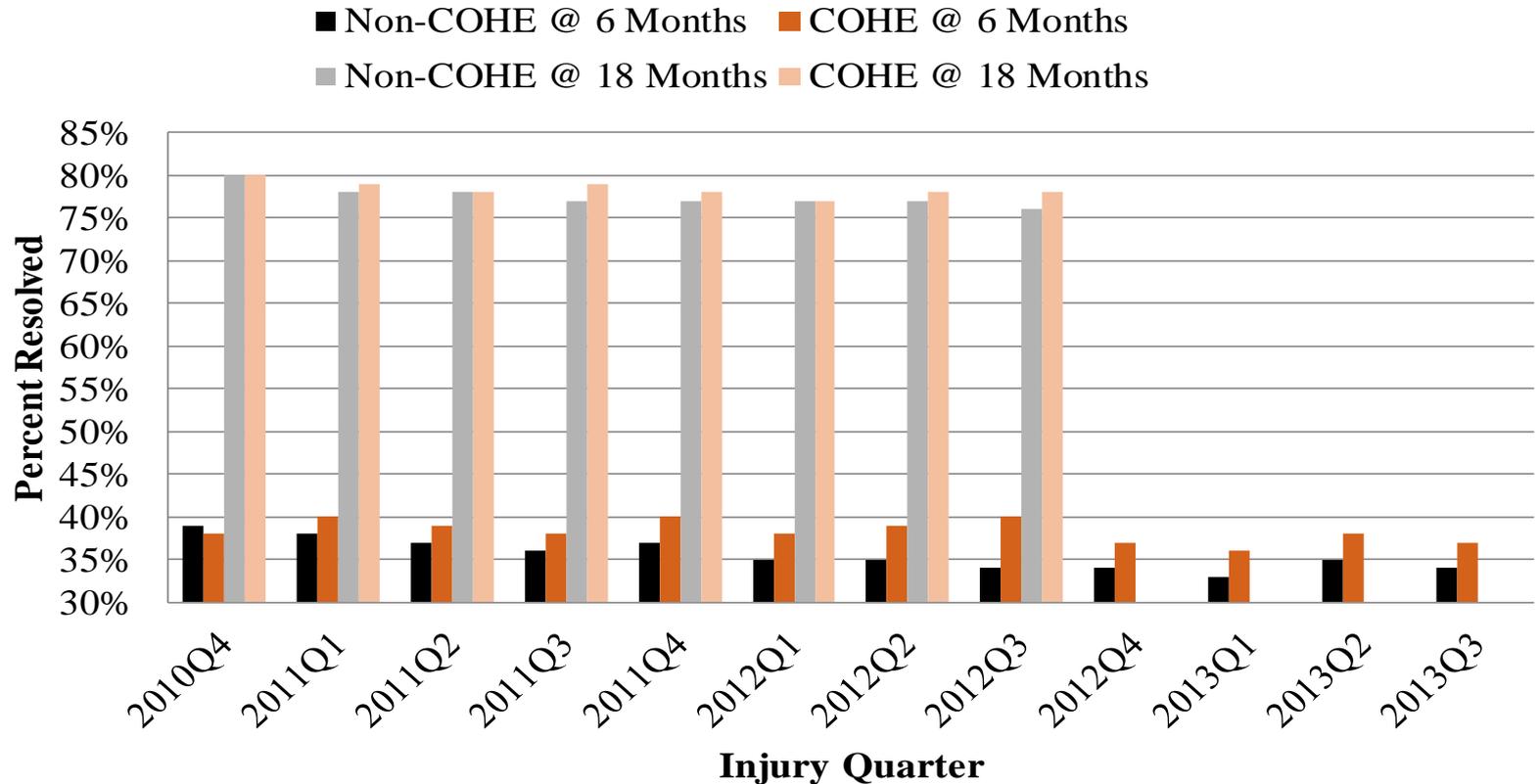
# Resolution: All Claims

## Percent Resolved at 6 and 18 Months



# Resolution: Time-loss Claims

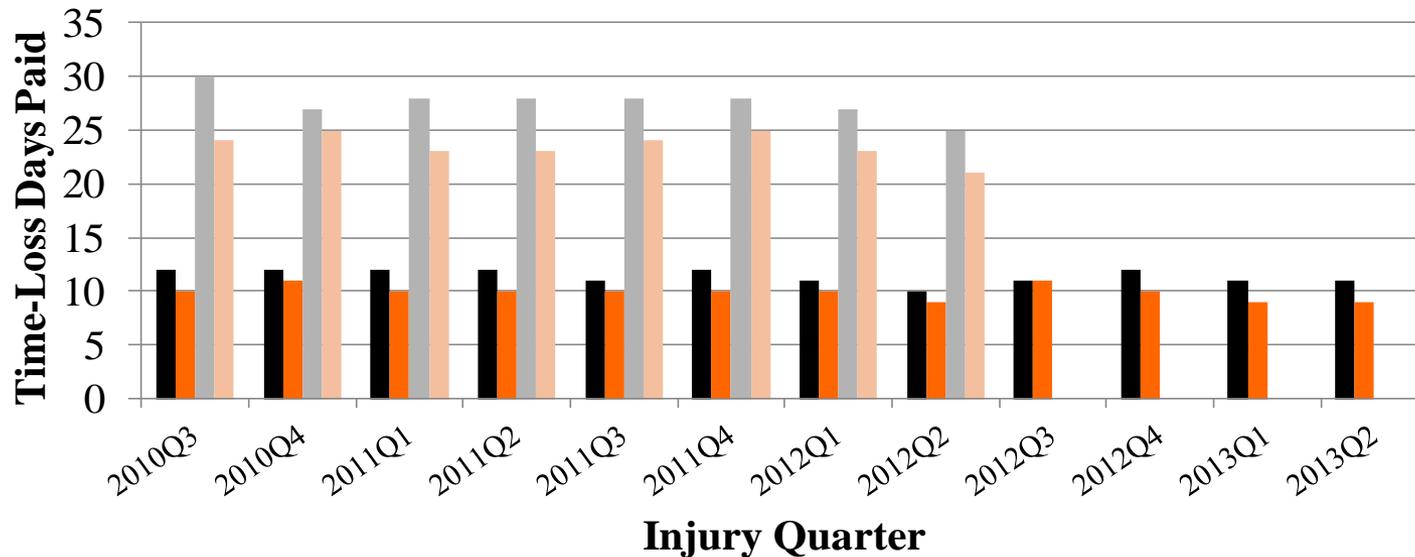
## Percent Resolved at 6 and 18 Months



# Time-loss Days Paid

## All Claims, Average at 6 and 18 Months

- Non-COHE Avg Tl days @ 6 mo per claim
- COHE Avg Tl days @ 6 mo per claim
- Non-COHE Avg Tl days @ 18 mo per clm
- COHE Avg Tl days @ 18 mo per clm

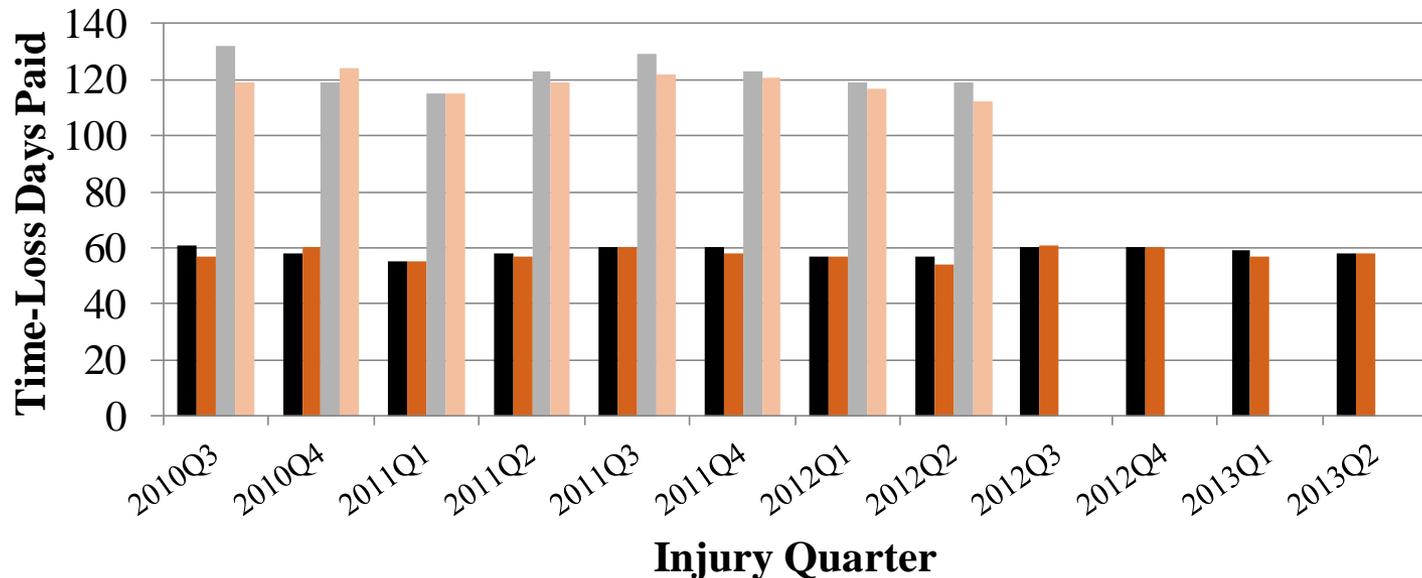


Note: The time-loss days paid measure requires one additional quarters lag than the resolution measure.

# Time-loss Days Paid

## Time-loss Claims, Average at 6 and 18 Months

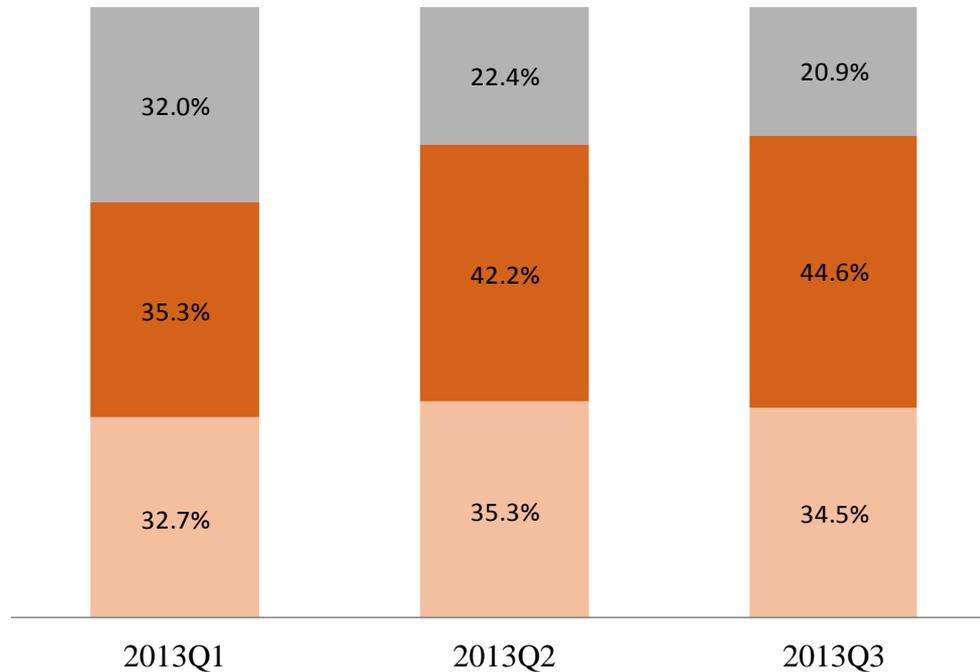
- Non-COHE Avg TL days @ 6 mo per TL clm
- COHE Avg TL days @ 6 mo per TL clm
- Non-COHE Avg Tl days @ 18 mo per TL clm
- COHE Avg Tl days @ 18 mo per TL clm



Note: The time-loss days paid measure requires one additional quarters lag than the resolution measure.

# Provider Adoption of COHE Practices

■ Low Adopter  
 ■ Medium Adopter  
 ■ High Adopter



**Provider Counts\***

2013Q1

1,326

2013Q2

1,203

2013Q3

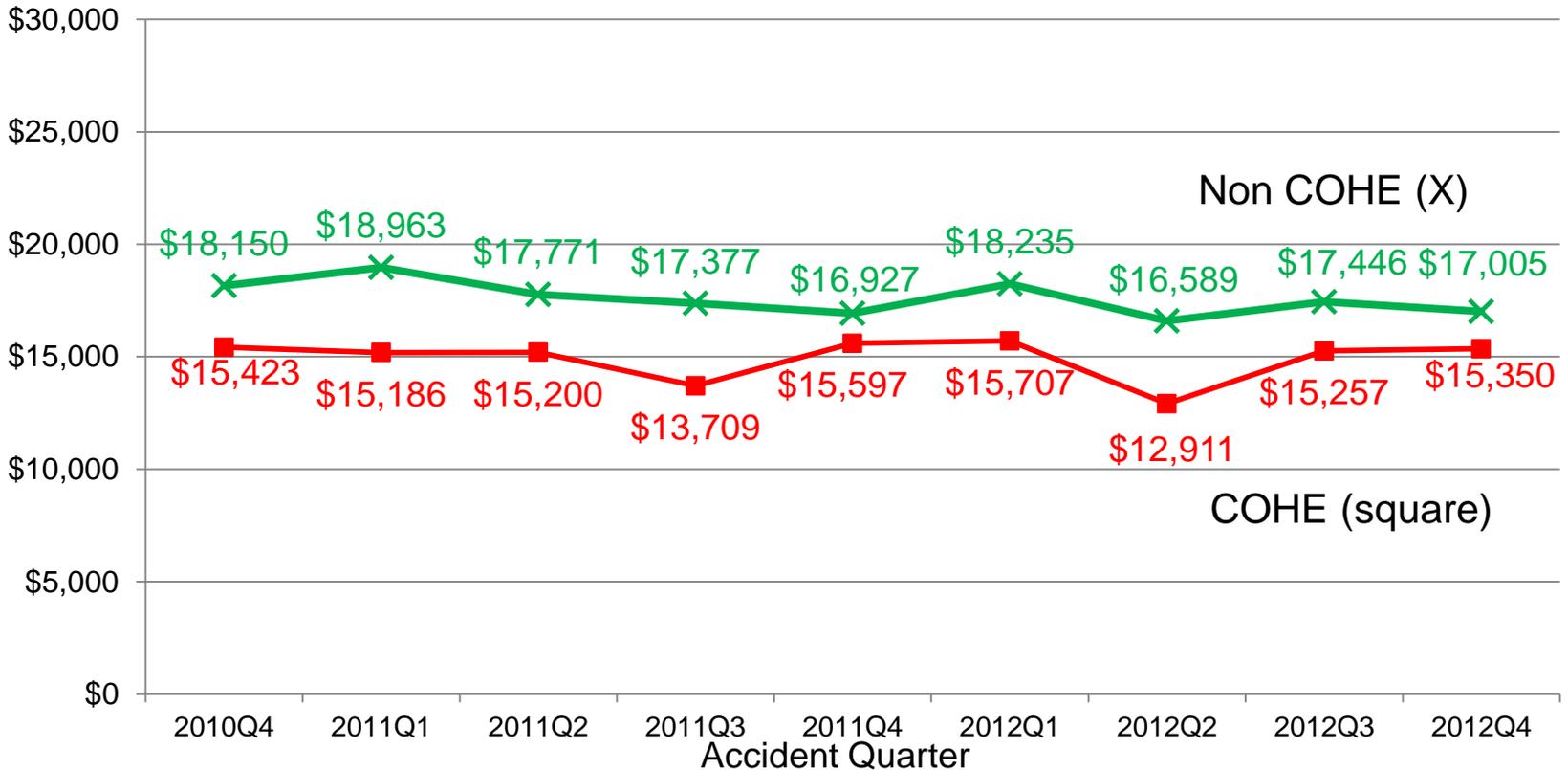
1,416

\* Provider adoption is measured for each provider clinic combination



Washington State Department of  
**Labor & Industries**

## Estimated Ultimate Accident Fund and Medical Aid Fund Incurred Cost per Claim as of 9/30/13



Excluding claims with 4+ days of authorized inpatient hospitalization immediately after injury - Adjusted for Risk

# Methods:

## ☐ Resolution - Percent of Time-loss Claims at 6 and 18 months that are resolved.

- Method: Use the LDS paid-to-date table to identify claims for injury quarters limit to eval ages= 6(18) months. The percent resolved =

$$\frac{N \text{ closed at 6(18) months}}{N \text{ closed} + N \text{ not closed at 6(18) months}}$$

The time-loss group is currently defined using actuarial status codes 1-Fatal, 2-TPD 3-PPD, 4-TL, 5-Miscellaneous, 8-KOS. The *All Claims* group is identified using actuarial status codes 1 - 8. **Important note:** These resolution rates are not directly comparable with claims operational data.

## ☐ Time-loss - Average days paid at 6 and 18 months COHE vs. Non-COHE

- Method: Divide groups into COHE/Non-COHE based on whether the initiating provider is a COHE provider. Sum the number of days paid on each claim at 6 and 18 months (used 180 and 540 days). LEP days are included in the count of time-loss days.
  - The average time-loss per claim was calculated as:
  - The average days paid per-time-loss claim was calculated as:

$$\frac{\text{Total days paid at 6 (or 18) months}}{\text{Number of claims in the injury quarter}}$$

$$\frac{\text{Total days paid at 6 (or 18) months}}{\text{Number of claims in the injury qtr with time - loss paid at 6(or 18) months}}$$

## ☐ Provider Adoption of COHE Practices

- Method: Aggregate data reported and documented in the COHE level reports. Providers are counted in each distinct COHE/Provider Group/Comparison Group/Provider Name combination that they practice in.

### Best Practices:

Complete ROA in 2 business days or less; Activity Prescription Form at first visit & when restrictions change; Contacting an employer when worker has restrictions; and Completing a Barriers to Return to Work Assessment when barriers exist.

