

REGIONAL BUSINESS AND LABOR ADVISORY BOARD
CENTER OF OCCUPATIONAL HEALTH AND EDUCATION (COHE)
St. Luke's Rehabilitation Institute –Room LL 1-2
Friday, July 11, 2014
1:00 pm – 3:00 pm

M I N U T E S

Present: (*Voting Members)

*Mandy Bruce (TH), Zirkle Fruit Company
*Mollie Lutz, Kennewick School District
*Ed Wood, CWA 7818
*Rolf Laurin, United Steelworkers 338
*Karen Gude, UFCW 1439
*Curt Koegen, International Union of Operating Engineers

Absent:

*Suzanne Schmidt, Employer Resources Northwest
*Caroline Wyatt, Yokes Washington Foods Inc.

COHE Staff:

Tom Lehmann, Director, COHE at Group Health
Tim Gilmore (TH), Medical Director, COHE at Group Health
Nancy Webster, Director, COHE Community of EWA
Ben Doornink, Business Services Manager, COHE Community
Kari Isaak, Health Services Coordinator COHE, Community
Lorrie Anne Brown, Provider Relations Coordinator, COHE Community
Kathy Woodfield, Administrative Coordinator, COHE Community

Guests:

Morgan Wear, L&I
Susan Campbell, L&I

(TH) = Attend via TeleHealth or Telecom

I. Call To Order

- Karen Gude called the Board Meeting to order at 1:00pm
- Quorum was met.
- All participants introduced themselves.
- Curt Koegen, new member for the labor caucus, gave brief bio.

II. Approve 10/18/13 Board Meeting Minutes

- Board reviewed the minutes and approved without further discussion.

III. Review Draft Charter

- Board members each looked through their own copy of the draft charter for a few minutes.
- Decided to caucus: start at 1:14pm.
- Caucused for 21 minutes.
- Reconvened full meeting at 1:37pm.
- **Board suggestions for changes to the charter:**
 - Name of Board: For clarification, add the phrase, "... to the COHEs of Eastern Washington"
 - Purpose of Board: add "Outreach to business and labor community"
 - Standing agenda items (near the end of agenda): Requests from Board of the COHEs, L&I, or ACHIEV
 - Membership:
 - Specify "up to 5 members" for each caucus
 - Quorum requirements remain, unchanged
 - Add that, after initial Board appointments have been made, thereafter, the Executive Committee of the Regional Board is responsible for approving new members
 - Add two-year limits for members, with option of renewal
 - Note: Concern raised that it could be difficult to find new members and has been in the past, especially given that members are volunteers.
 - Add that Executive Committee will consist of Board chair and vice-chair, representing both caucuses, or their designees in case of absences
 - Board chair and vice-chair each serve for one year in those roles; in the second year, they switch roles (chair becomes vice-chair, and vice versa)

- Meetings:
 - In addition to the two full Board meetings per year, the Executive Committee (or their designees) can meet with a COHE on an as-needed basis; meetings may be by conference call or in-person
 - Add option of forming sub-committees on an as-needed basis
- Clarify that “the Director” refers to “the Director of L&I or their designee”
- **L&I change request:** L&I will be responsible for maintaining roster of members (instead of the hosting COHE).
- With the Board Chair absent for this meeting, members agreed to approve charter by email before next meeting.

IV. Brief COHE Reports to the Board

COHE at Group Health Report

Outreach efforts:

- Focus on incorporating **Columbia Medical Associates (CMA)** and training CMA providers to be part of the COHE at Group Health
- Annual forum (effort combined with the COHE at The Everett Clinic on June 3, 2014):
 - “**Disaster Aftermath: Medical and Psychological Impact**” centered on the Oso mudslide tragedy; Snohomish doctor presented on uniqueness of disaster (multiple deaths, but limited injuries); difficult to get responders in; importance of adaptability in face of unforeseeable disasters and importance of preparedness for psychological stress and PTSD; warning signs of stress and trauma, and what a supervisor can do to recognize symptoms and assist workers in terms of light duty and other resources and social support.
 - Dr. Gilmore also presented, providing background on hazards in the workplace; health concerns with the aging workforce; preparation for catastrophes.
- Sponsored the **Self-Insurer Colloquium** at Group Health headquarters:
 - Talked about PGAP successes;
 - Panel discussion on difficult claims;
 - Risk factors affected disability and return to work;
 - Integrated practice units; and how the COHE works at Group Health.
- Other outreach to date includes:
 - Internal and external **websites** on COHE are up and running;
 - Established a business advisory group and labor contact who work or meet with as issues come up;
 - Big focus currently on updating marketing materials for marketing and community events;
 - Will be at **Governors’ Conference** with materials on the COHE;
 - Will include key message that “You don’t have to be a Group Health member to be seen for an on-the-job injury”; exception is for established claims, and at Columbia Medical Associates (CMA) require IWs to be established with CMA
- **Collaborating with COHE Community** to coordinate efforts and avoid overlapping.

Successes & challenges:

- APF very useful communication tool
- Best Practice “Phone call to employer” is going well and is well-received at occupational medicine site
- Challenge with phone call to employer at CMA has been a challenge: hard for physicians to incorporate given limited time; hope to address with some quality pilots
- HSC (Mimi Perrin) is doing well with COHE calls and follow up
- Eastern Washington vs. Puget Sound:
 - Fewer light-duty opportunities available in EWA
 - Finding supportive supervisor a critical important factor in return to work
 - IWs more likely to seek legal counsel in EWA, which can help, or can add layers of communication, and if litigation involved can retard recovery
- Looking to add a PA at Group Health occupational medicine in Spokane to help with patient volume

Board suggestions to COHE at Group Health:

- Consider including component in continuing education piece on safety and prevention for specific injuries.
- Provide information to employers on preventing injuries.

- Make prevention the number one priority in messaging: best to prevent.
- Consider HSCs helping disseminate this message to employers.

COHE at Group Health input:

- A barrier to doing on-site consultations with employers to make constructive suggestions for improving safety is lack of reimbursement for the provider.
- If L&I could find a way to compensate for this service on a fee-for-claim basis, providers would embrace the opportunity.

L&I input:

- Tracking specific employer trends on injuries has been challenging historically.
- There is a possibility that OHMS might be able to help identify trends, but reporting remains to be developed.

COHE Community of Eastern Washington Report

Outreach efforts:

- Focused outreach efforts on **Tri-Cities** given that it's the newest major population area included in the COHE's service area.
- In December 2013, presented on COHE to **Connell Chamber of Commerce**; ~15 area businesses attended, many large agri-businesses.
- In January 2014, presented on COHE to the **Washington State Farm Bureau** members at 8 locations (Sunnyside, Selah, Wenatchee, Moses Lake, Okanogan, Spokane, Ellensburg, Kennewick); gave information on benefits of COHE that could be incorporated into the members' annual safety workshops.
- At the **Agricultural Safety Day in Yakima**, HSC (Mariana Marquez-Sital; located in Kennewick) presented in Spanish on the importance of light-duty and return-to-work; the COHE also had a booth at the event; the group invited Mariana to give the same presentation at the Governor's Safety Conference in Spokane in September (will be the first Spanish presentation ever given at this conference).
- In April, HSC (Kari Isaak; located in Yakima) met with **Southwest-Central Labor Council in Kennewick** about COHE benefits and basics, including lists of providers participating.
- Employer outreach:
 - The **Greater Spokane Incorporated**; event hosted by INHS; 100 or more people stopped by the COHE booth.
 - Official **employer seminar in Kennewick**; met with local HR groups, Chamber of Commerce, Farm Bureau, and a few other groups; 8-10 attended and
 - Majority of outreach with employers is "**Just-In-Time**" outreach.
- Putting together **regular update letter for stakeholders** to highlight what's going on in COHE and other new return-to-work programs and efforts.
- **Collaborating with COHE at Group Health** to jointly sponsor education opportunities for unions, employers, and others.

Successes and challenges:

- Spanish-language presentation a big hit
- Hard to identify who hasn't heard of COHE yet, and who the right person is that needs to hear about COHE.
- In Tri-Cities, dealing with continuing misunderstandings about what COHE is. These misunderstandings are expected, and will take some time to work through.

Board suggestion for COHE Community:

- Translate COHE poster in Spanish.
- L&I offered to help with the translation.
- Board suggestions – get the word out about COHE to labor and business groups:
 - Consider attending **Washington State Labor Council** annual meeting (this year in Wenatchee); need to make plans to attend well in advance

- Consider meeting with **Association of General Contractors (AGC)**; group has shown great interest in safety and prevention; a lot of construction industry contractors represented; have meetings frequently; key contact is Wayne Brokaw.

V. Discussion About Role of Business and Labor and How They Can Help Each COHE With:

Access to and Utilization of COHE Services:

- How does can the board help get providers, especially in rural communities, to join the COHE?
 - In some communities, COHEs meet with administrative resistance, implementation of new EMR systems, or “COHE isn’t important to us” attitude; examples:
 - Hospitals in Newport, Coulee, Kittitas Valley;
 - Urgent care centers in Tri-Cities
 - Challenges working with EDs, especially in terms of finding adequate time to meet with ED providers for training; some ED providers are independent contractors and hospital administration doesn’t have sway over these providers
- Board suggestions:
 - Tri-Cities urgent care issue: consider meeting with local Rotary, Chamber of Commerce, to enlist their help
 - Bring participating provider along to talk about COHE experience and persuade their peers
 - Consider timing when approaching a group: are they ready to hear the message, or is it better to “let the dust settle”?

Self-Insured Community Involvement in the COHEs:

- Now that COHE is a program and no longer a pilot, it would be good to get self-insurer involvement
- Biggest continuing barrier is data-sharing issues:
 - Example: King County (self-insurer) has a pilot with the COHE at UWM Valley Medical Center; after 3 years, just getting their feet under them in terms of working out data sharing protocols and processes
- What’s a creative way of working around these issues and bringing the employers on board?
- Board suggestions:
 - Consider advertising strategies
 - Is there a possibility of the self-insured version of COHE looks slightly different than the State Fund (L&I) version?
 - For self-insurers that use TPAs, company isn’t likely to be interested or persuadable; figure out the audience that could be persuadable
 - Share data on medical and disability cost savings and return-to-work, return on investment
 - Perhaps the trustees of an organization would be interested?
 - Speak with head of the WSIA to get perspective
 - Share program details that are attractive; example: here’s the APF and why it’s so great
 - Executive Committee of the Board could help on issues like these

Monitoring Key Performance Measures:

- L&I will provide the COHE Program Level report (of aggregate COHE performance):
 - Report shows that big picture, well-established trends show very positive impact of the COHE Program: injured workers treated by COHE providers have lower overall costs and disability rates than injured workers treated by non-COHE providers
 - In the next few years, other return-to-work efforts at L&I will dilute the difference between COHE and non-COHE claims
- Also will provide quarterly COHE-specific performance reports, showing how each COHE is doing over time on reaching benchmarks
- How would the Board be able to help when there’s a specific issue (for example, COHE providers suddenly not completing APFs)?
- Board suggestions:
 - Executive Committee to meet with the COHEs as requested to problem solve as needed

- It would be helpful to have specific drill-down data available on each measure
- Electronic exchange of APFs would help provide real-time reports; L&I agency goal is to have 80% of APFs submitted electronically through data exchange

Other Topics:

- How can we make sure that future meeting discussions continue to add value? What are some good, general discussion topics?
- Board suggestions:
 - Outreach: how can the Board participate in that? For example: when will the COHE be in Tri-Cities so that the Board can help there with contact information of key players?
 - Who are the doctors we'd like to get involved in COHE? Lists of providers in the Medical Provider Network might be helpful for this discussion

VI. Roster Updates for Board Members

Board request: For future meetings, update rosters to include L&I staff, COHE key staff

VII. Agree on Future Meeting Schedule

- Meet twice annually:
 - April and October are good months to meet
 - Avoid Legislative sessions
 - As close to 6 months apart as possible
- Executive Committee will meet additionally as needed
- Meet beginning at 12pm
- Indicate on top of agenda if lunch will be provided; if no lunch, indicate if it's a "Brown Bag"

VIII. Next Meeting:

The next meeting will be scheduled in October, and hosted by the COHE at Group Health. The exact date and location are to be determined.

Susan Campbell (susan.campbell@Lni.wa.gov) is the L&I contact for the Eastern Washington Regional Board members.

Meeting adjourned: 3:02 pm