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Task 7A

Process Evaluation of the Harborview Medical Center Seed Center of Occupational Health and Education

Principal Authors:

Terri Smith-Weller, RN, MN COHN-S

Deborah Fulton-Kehoe, PhD, MPH

Kathleen Egan, MPH

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Team Members:

Kathleen Egan, MPH, Research Coordinator, Department of Environmental & Occupational Health Sciences

Gary Franklin, MD, MPH, Research Professor, Departments of Environmental & Occupational Health Sciences & Neurology

Deborah Fulton-Kehoe, MPH, PhD, Research Scientist, Department of Environmental & Occupational Health Sciences

Jeremy Gluck, PhD, Research Scientist, Department of Environmental & Occupational Health Sciences

Terri Smith-Weller, RN, MN COHN-S, Occupational Health Nurse, Department of Environmental & Occupational Health Sciences

Thomas Wickizer, PhD, Professor, Department of Health Services

Rae Wu, MD, MPH, Research Consultant, Department of Environmental & Occupational Health Sciences

Process Evaluation of the Harborview Medical Center Seed Center of Occupational Health and Education

Introduction

The process evaluation of the seed Center of Occupational Health and Education at Harborview Medical Center consisted of key informant interviews and analysis of several administrative data process measures.

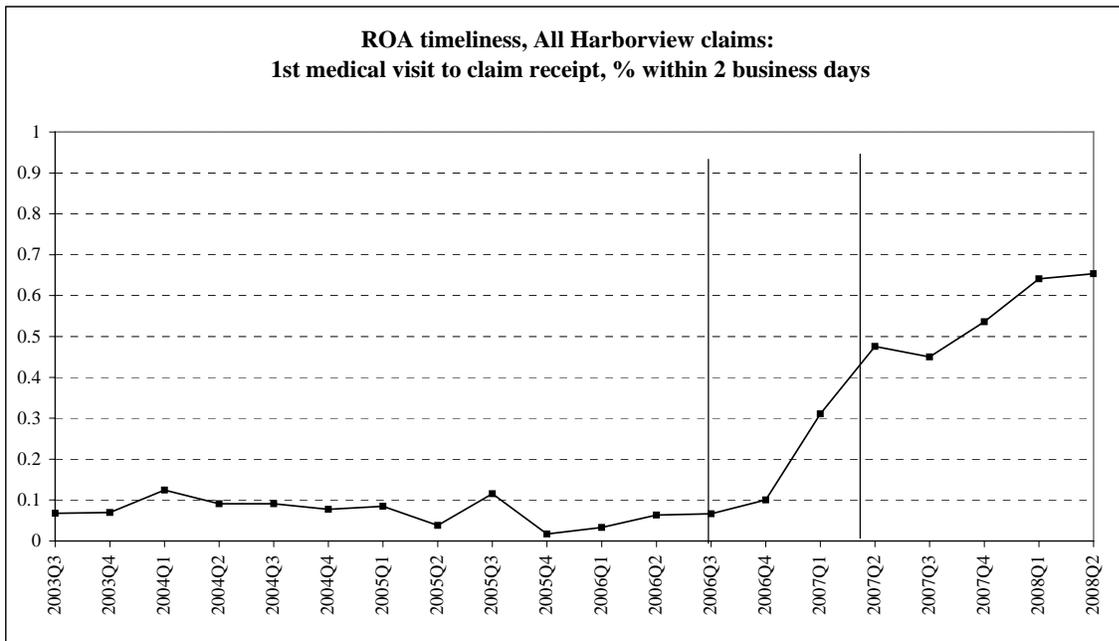
Administrative Data Process Measures

As part of the process evaluation of the Harborview seed community, we examined the changes in time to submission of the Report of Accident (ROA), time to claim determination, and time to first time loss payment (if applicable). Although the contract for the Harborview seed community was signed in March of 2007, meetings with Harborview department directors began in July 2006. During 2006 and 2007, the Harborview Occupational Medicine Medical Director (the Harborview seed director) met with the Emergency Department (ED) director, ED registration staff, ED physicians, the hospital medical director, and the medical director for ambulatory clinics to review the project aims. In this report, we will evaluate the trends in submission of accident reports and time to claim determination over three intervals: the three years prior to any interventions (before July 2006), the 9 months during the initial meetings (from July 2006-March 2007), and 15 months after the contract was signed in March 2007.

For this evaluation, we selected all cases that had Harborview listed as the first attending provider between July 1, 2003 and June 30, 2008. In this report we present median values in all figures. The median is a good measure of the “typical” case. Fifty percent of the values are below the median and 50% are above. The median is not unduly affected by extreme values. Because mean values can vary due to the influence of a few extreme values, the quarterly mean values are not included in these figures.

Before the Harborview seed intervention began in July 2006, less than 10% of accident reports were submitted within 2 business days (Figure 1). As seen previously in the other COHE sites, the percentage of claims submitted within 2 business days increased dramatically after implementation of this project. For Harborview, the percentage of claims filed within 2 business days increased rapidly during 2006-2007 and by 2008 about 65% of claims were submitted within 2 business days.

Figure 1.



Since implementation, the number of days between first medical visit and claim receipt has decreased from a median of 8 days prior to the intervention to a median of 2 days in 2008 (Figure 2). The mean also decreased during the same time period from 20.1 to 11.0 days. Figure 3 shows that the time from claim receipt to initial determination at DLI has remained constant over the past five years.

Figure 2.

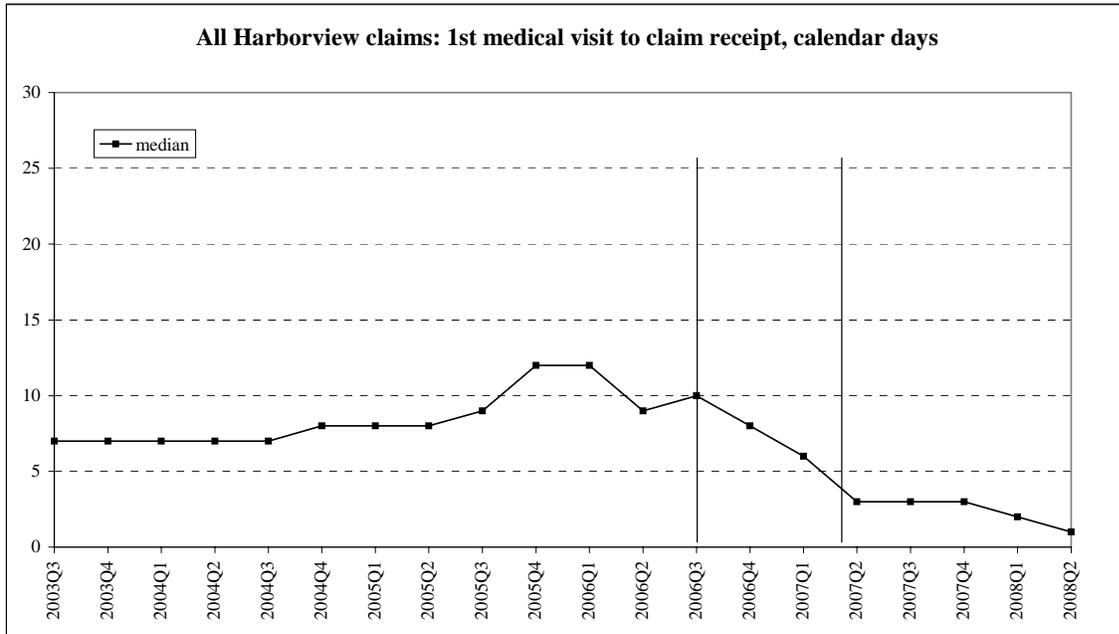
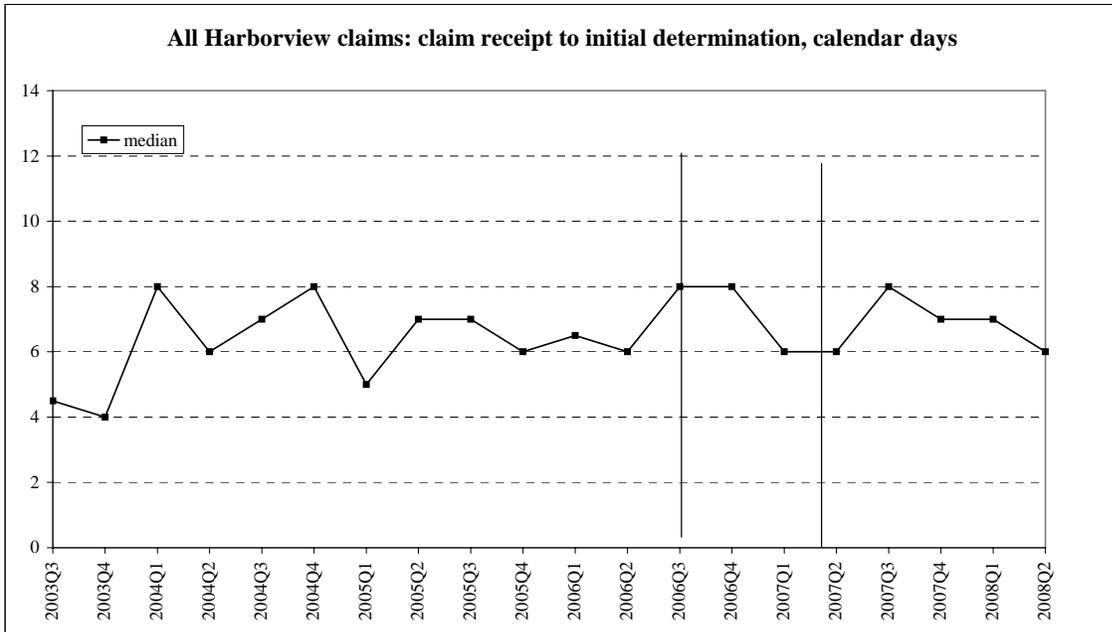


Figure 3.



The decrease in time to submission of accident reports has led to an earlier acceptance of claims and earlier receipt of benefits for injured workers. We observed a decrease in both the time from

first medical visit to claim determination and time to first time loss payment. The time from the first medical visit to the time that DLI makes a decision about the allowance of the claim has decreased from a median of 15 days to a median of 9 days (Figure 4). The mean number of days to claim allowance decreased from 26.8 days to 17.2 days.

Similarly, the time to first time loss payment has decreased from a median of 20 days prior to the intervention to a median of 13 days (Figure 5). The mean decreased from 43.5 days to 20.2 days during the same time period. By decreasing the time between first medical visit and submission of the accident report, the typical worker with a compensable claim is now receiving time loss benefits one week earlier than before project implementation.

When we examined potential catastrophic claims (identified based on selected nature of injury codes, e.g. fractures, multiple injuries, etc.), there were very similar trends showing improvements in the timeliness of submitting and processing claims. However, because we are unable to identify the most serious catastrophic injuries from the claims database, we are unable to determine the magnitude of the likely improvement in determination time at DLI in this subgroup in this analysis.

Figure 4

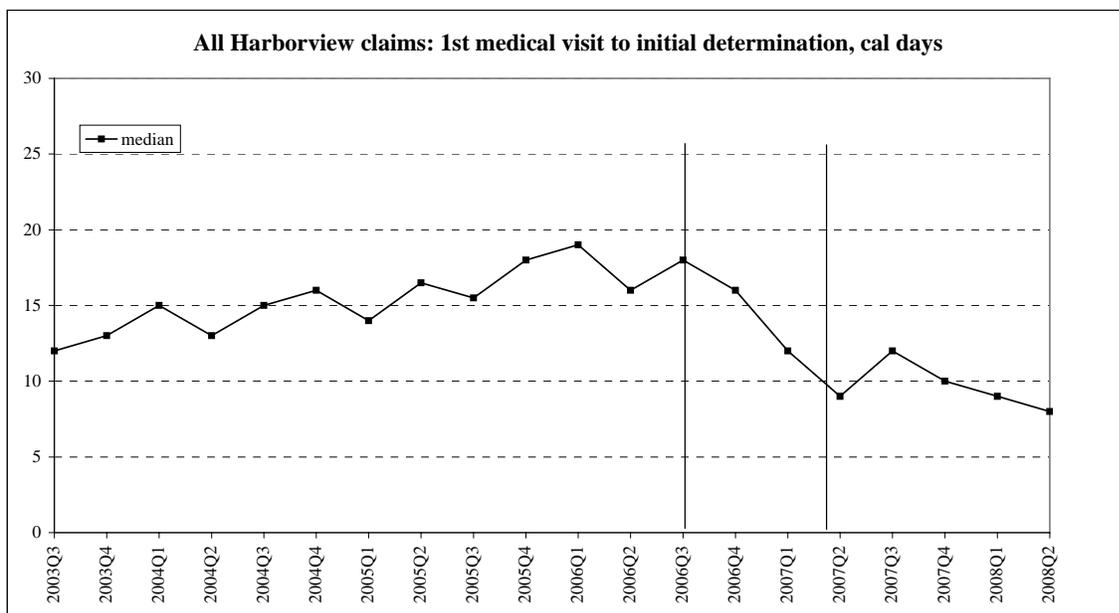
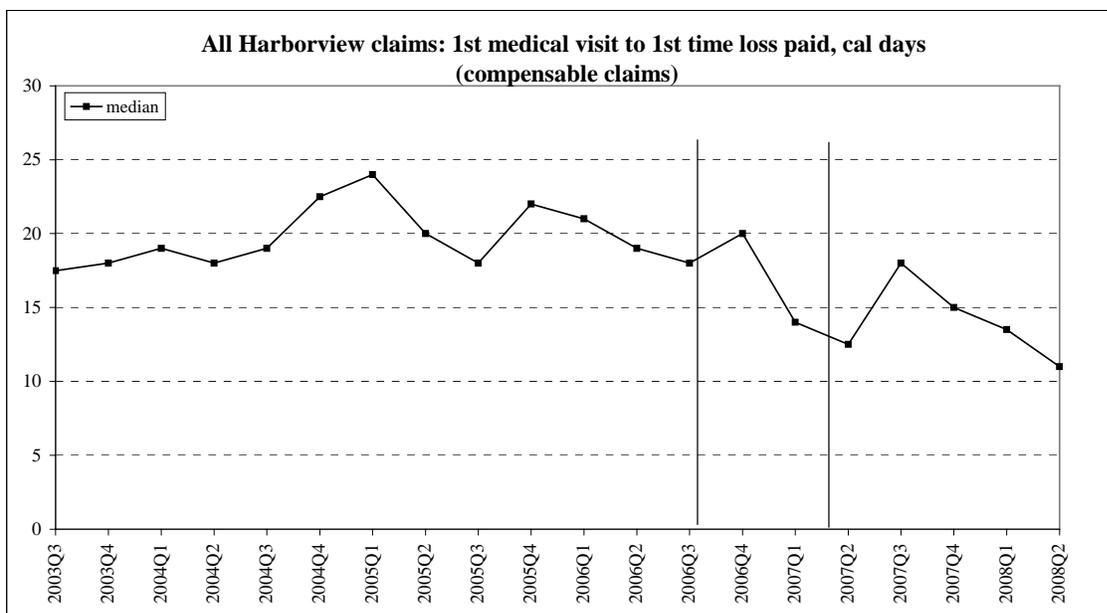


Figure 5



Key Informant Interviews

As part of the process evaluation of the Harborview Medical Center’s seed Center of Occupational Health and Education (COHE), the University of Washington evaluation team conducted a number of key informant interviews. These included interviews with key Department of Labor and Industries (DLI) and Harborview Medical Center (HMC) staff to learn more about the changes in workers’ compensation (WC) claim handling at HMC as a result of the seed COHE. We were also asked to inquire about the Catastrophic Claims coordination which has been reworked. The seed COHE staff has been involved in the meetings and coordination of the process revision.

The following is a sampling of the questions that were asked during the interviews.

- What is your role in the HMC seed COHE or in the catastrophic claims management process?
- Has there been any change in how quickly DLI receives Reports of Accidents from the HMC Emergency department?

- Has there been any change in how quickly the department is notified of catastrophic claims?
- What has been the role of the seed COHE staff in the Catastrophic Care Coordination process?
- Has there been any change in the quality of the communication from HMC to DLI?
- Has there been any change in how quickly decisions are made about the allowance of claims by DLI because of these process changes?
- Notification of the DLI Division of Occupational Safety and Health (DOSH) about catastrophic injuries is happening now. Is this because of the seed COHE? Is it new?
- Has there been a change in communication with families of catastrophic claimants? If yes, because of the seed?
- Has there been any effect of the seed or catastrophic claims coordination on the providers sending injured workers to HMC?
- Has the experience of health care providers receiving patients from HMC changed because of the HMC seed COHE or the catastrophic claims coordination?
- Has there been any improvement in the referral process to providers in HMC clinics or outside HMC?

We interviewed persons in the following positions:

At the Department of Labor and Industries:

- Claims managers
- Claims unit supervisor
- Claims Operations manager
- Occupational Nurse Consultants (ONCs), both central (at Tumwater) and field (at regional offices)
- Occupational Nurse Consultant, Supervisor
- Qualis Coordinator

At Harborview Medical Center:

- The COHE seed Administrative Assistant
- The former Lead ED Registrar
- The COHE seed Medical Director
- The COHE seed Program Coordinator
- The COHE seed Project Manager

Has there been any change in how quickly DLI receives Reports of Accidents from the HMC Emergency department?

As can be seen above, there has been a dramatic improvement in the timeliness of ROA submission by HMC to DLI since the beginning of the seed COHE's work. We were interested

in the perception of those interviewed and hearing what changes they thought caused the improvement. Almost everyone interviewed recognized the improvement. Many were very enthusiastic about this change. According to a DLI Claims Supervisor: Getting the ROA's more quickly from HMC is "like tearing down the Berlin Wall!"

The process of change began in February 2006 when in anticipation of responding to the Request for Proposals from DLI for seed COHEs, Harborview's Occupational Medicine Clinic staff began meeting with Harborview Emergency Department (ED) leadership. Learning about the importance of submission of the ROA to the future of the injured worker (reduced delay in receipt of time loss benefits and medical care authorization) and education about completion of the forms led to a willingness among the ED's providers to make the changes needed to submit the ROAs quickly. Because Harborview's health care providers are salaried, the COHE's financial incentives were not motivating to the providers, individually. However, the providers were motivated to some degree by the knowledge that their individual efforts would benefit the institution's "bottom line". The ED registrars stated that the health care providers want to participate now that they understand how their efforts benefit the injured workers.

Currently HMC COHE staff check the daily census for patients with Washington state fund workers' compensation listed as the insurer. Information about those patients is then entered into the database created by the COHE to track the documentation needed for a claim.

The education of the ED staff about the importance of ROA submission has empowered the staff to track down missing documentation highlighted by the tracking database. Prior to the COHE, the Emergency Department (ED) staff felt they couldn't request signatures and claim-related paperwork from the health care providers for at least a week after the injured worker was seen. If the Report of Accident (ROA) wasn't submitted, DLI probably didn't know about the injury, and the claims initiation process wouldn't be started. Non-catastrophic injuries might not get an ROA submitted until after the injured worker had left Harborview and their next provider sought approval for testing or a procedure and then learned that a claim didn't exist. This could delay authorization for treatment and time loss benefits for several weeks. As has been reported earlier, the COHE has dramatically decreased the time from the treatment to receipt of the accident

report by DLI which has also decreased the time to initiation and determination of the claims and decreased the time to the injured workers receipt of benefits.

Has there been any change in how quickly the department is notified of catastrophic claims?

According to a DLI claims manager, “there has been a dramatic improvement in the speed at which DLI is notified of catastrophic claims in the last 6 months.” He’s receiving treatment reports “within 4 days” which he considered to be a phenomenal improvement. Several changes in the handling of catastrophically injured workers have led to this improvement: HMC seed COHE staff daily search for injured worker visits to the ED in the online census which was modified to allow this search, telephone calls by the COHE staff notify the DLI occupational nurse consultant of the arrival at HMC of a catastrophically injured worker, faxing of “hot claims” to DLI, and the creation of a system to check for the few injured workers not identified as injured workers in the ED.

As a result of the training of the ED staff, the ED registrars started keeping a log of all the DLI claims that arrived in the HMC ED. After a series of meetings leading to the July 12, 2007 document “Catastrophic Injury Coordination”, new processes were begun at HMC and DLI to facilitate handling of catastrophically injured workers. In October 2007 the HMC seed COHE joined the effort to speedily identify catastrophic claims.

As a result of the new policy, in August 2007 DLI began assigning a field ONC to HMC for each month. In that first month there were 11 catastrophic claims, most of these head injuries, and none had been initiated at DLI when the ONC learned of them. Various process problems were identified that month by the first ONC. Now, when there is a catastrophic claim identified by COHE staff, the COHE staff call the field ONC responsible for HMC that month to notify them and relay any relevant information that is available.

Several DLI staff interviewed said that previously DLI would routinely learn about catastrophic claims only when Harborview discharge planners would call for authorization for discharge to a

skilled nursing facility expected to occur imminently. Thanks to the new process, this is happening much less frequently. One DLI staff person involved in the authorization for discharge said that now she is the first person at DLI to learn of the claim (i.e., the claims hadn't been received by DLI or initiated yet) only about 15% of the time, much less often than before.

Rarely, DLI may still learn of an injured worker before the COHE or ED, because the injured worker is in such bad condition and so little is known about the injured worker that no one at HMC even knows it's a work injury. Eventually this comes to light and the HMC utilization people contact Qualis about the admission. In an effort to prevent these misses, DLI staff now send a weekly report for COHE staff to compare to their tracking list and thus identify any additional injured workers.

Has there been any change in the quality of the communication from HMC to DLI?

A claims supervisor offered that the claim initiation process can be completed in a more timely fashion because of all the details about the injured worker collected by the field occupational nurse consultants. Some of this information may be collected by the assigned occupational nurse consultant at HMC; some may come from the seed COHE staff. We were told that the seed COHE staff gathers all relevant information that is available about the claim (e.g. name, diagnosis, floor and medical documentation) for the ONC when the ONC is notified of the catastrophic injury. The ONC then relays that information by email to a long list of DLI staff in key positions so they will be prepared for the catastrophic claim that will soon need their attention.

Has there been any change in how quickly decisions are made about the allowance of claims by DLI because of these process changes?

The administrative data presented above show a decrease in the time from the first medical visit to initial claim determination (Figure 4) and to time loss payment (Figure 5). Those interviewed were in agreement with the data. They were confident that the process changes at HMC and DLI speed up the allowance of claims. They described a number of process changes in the handling

of catastrophic injury claims at DLI which they believe contribute to the timely allowance of those claims.

The adjudication process at DLI has been expedited in several ways by the Catastrophic Claims Coordination Policy (both at DLI and HMC) and the seed COHE staff. HMC faxes the ROA to the DLI “hot claims” line in Claims Initiation where staff are trained to identify it quickly. The ROA is then walked to scanning to speed the availability of claim information. According to a claims supervisor, this is “a major change”. Catastrophic injuries can now be considered “hot claims”, because there are lots of immediate care issues to be approved. This way, the claim receives immediate attention.

A Claims Operations manager reported that the ONC or seed COHE staff now often relay the employer’s phone number to DLI to speed employer assignment. Employer assignment determines for which employer the injured worker is working, and this information must be entered before the claim can be allowed. Also, as part of the Catastrophic Claims process, specific employer accounts managers are designated to assign the claim as quickly as possible.

Another effective change, according to a DLI claims manager, is that the HMC staff now realize that if DLI has the top half of the form they can begin employer assignment for the claim even before they receive the doctor’s portion of the ROA. The top portion of the ROA may arrive first, followed later by the doctor’s portion. This helps expedite determination of the claim.

A recurring theme in the interviews was the belief that the injured worker was benefiting from the quicker determination of the claim by DLI and thus receiving their first time loss check more quickly and avoiding delays in testing and treatment. Satisfaction was expressed about being able to help injured workers and their families at what must be a very difficult time.

Notification of the DLI Division of Occupational Safety and Health (DOSH) about catastrophic injuries is happening now. Is this because of the seed COHE? Is it new?

Notification of DLI Division of Occupational Safety and Health (DOSH) by the ONC about the catastrophic claim is included in the process so they can send out an inspector to see if changes

are needed at the worksite to prevent more injuries. This notification of DOSH when at least 2 workers were hospitalized started with the Catastrophic Claims Coordination policy. Since the DOSH rules have changed to require notification when 1 injured worker is admitted, this notification is now routine. This step does not involve the seed COHE. Earlier DOSH notification about the accident can lead to earlier investigation and prevention.

Has there been a change in communication with families of catastrophic claimants? If yes, is it because of the Seed COHE?

Once the DLI team has been alerted about the catastrophic claim, the field ONC often visits the injured worker, or the family, if the injured worker is unable to communicate (e.g., on a ventilator, in the operating room, or in a coma). If the ROA needs to be signed by the injured worker, the ONC will bring it in person at the time of the visit. The ONC will explain the workers' compensation process and answer questions. The COHE staff are indirectly involved by notifying the ONC of the catastrophic injury. They have also facilitated these visits by providing contact information for the appropriate nursing staff, social worker/discharge facilitators, and interpreter services to the field ONCs.

A Field ONC said that the most important beneficiary of the new catastrophic process is the injured worker and the family. She speculated that in the past, families often did not know until they received a letter from DLI 3 or 4 weeks after the injury how the hospital care would be paid for. "Now, even though they may not remember talking with the ONC, it's one less thing for the family to worry about."

The ED staff also provide a packet of information to the injured worker or their family about the workers' compensation process now. These packets are prepared and provided by the COHE staff to the ED. The packet includes "transfer of care" cards, which the injured worker completes if they need to see a health care provider after their initial treatment in the ED. If DLI doesn't have a "transfer of care" card the next health care provider may not be able to receive authorization for diagnostic procedures or copies of medical records from the previous providers.

Has there been any effect of the seed or catastrophic claims coordination on the health care providers sending catastrophically injured workers to HMC?

Although we repeatedly asked if the experience of the health care providers sending injured workers to HMC ED was any different because of the seed COHE or the catastrophic claims process, no one interviewed could think of a change other than possibly not being asked for claim-related paperwork that has been misplaced. We did not talk with any referring health care providers since the likelihood of identifying providers who had referred catastrophically injured workers before (and recently enough to remember) and after the new process is low.

In order to speed the initiation of catastrophic claims so that urgent medical care can be authorized, the HMC ED staff have been asked to file a new ROA if the injured worker doesn't arrive with a claim form from the prior treatment facility. Sometimes an ROA is prepared by the first provider but that provider forgets to send it when the injured worker is transported to HMC, or the ROA may get lost in transit. This is not surprising considering the chaos surrounding catastrophic injuries. Previously, the HMC ED, when they realized there should be a ROA, would contact the first health care provider and ask them to look for the ROA. Several days delay in initiating the claim could result. Now if the ROA is not obvious, HMC or the ONC can submit a new ROA. Two claims may be filed, but DLI will consolidate them into one claim. Submitting a new ROA (even if duplicates have to be consolidated later) ensures that necessary medical care can be authorized more quickly.

Other than not being asked to look for missing paperwork, the experience of the sending health care providers appears to be unchanged by the new processes at HMC.

Has the experience of health care providers receiving patients from HMC changed because of the HMC seed COHE or catastrophic claims coordination?

We talked with clinics outside of Seattle about their experience receiving injured workers who transferred to their care after treatment in the HMC Emergency department. Their responses were verified by DLI staff. At the Renton COHE the Health Services Coordinator (HSC) who typically receives the HMC claims said she'd had 3 HMC claims recently and all three claims had been initiated at DLI before they sought care at the Renton COHE. "That's huge!" was the reaction from the clinic manager.

In the past, health care providers who received injured workers after treatment at the HMC ED frequently had problems receiving authorization for testing or treatment because the claim hadn't been initiated. It was also difficult to obtain medical records of prior care. The medical director of an Everett occupational medicine clinic stated the clinic has not historically encouraged transfers of care from Harborview because of the difficulty of obtaining medical records. "It's a black hole." The timely submission of Reports of Accidents and the speedy initiation of catastrophic claims will have reduced these problems considerably. Completion of the "transfer of care" cards in the information packet now given to the injured worker in the HMC ED will also increase the likelihood that the subsequent health care provider will have more timely access to medical records about prior treatment. The Renton COHE staff expressed delight with their improved access to the prior medical records of injured workers treated at the Harborview Emergency Department. Further changes and improvements for subsequent providers are expected.

Has there been any improvement in the referral process to HMC clinics or outside HMC?

The HMC seed COHE is planning to hire another person to make sure that injured workers seen in the HMC ED have follow-up appointments. So far the seed COHE staff have only oriented, but not trained, the HMC staff in the clinics other than the occupational medicine clinic. More in-depth education of the other clinics' staff will begin soon regarding the ROA processes. In addition to staff training, COHE staff have seized the opportunity to build COHE practices into

the electronic medical record processes being developed. This will ensure that COHE-related process changes in the other clinics won't be as dependent on a key trained staff person and thus vulnerable to the loss of new process changes with normal staff turnover.

Because of the increased interaction between the COHE staff based in the Occupational Medicine Clinic and the ED, the relationship between these two parts of HMC has been strengthened. The occupational medicine clinic's mission has been realigned to allow them to treat musculo-skeletal occupational injuries first seen in the ED. Relationships with other parts of Harborview are bound to be enhanced as training improves.

Conclusion

This process evaluation of the seed Center of Occupational Health and Education at Harborview Medical Center consisted of analysis of several administrative data process measures and key informant interviews. The administrative data showed that timeliness of the submission of the ROA dramatically improved because of the efforts of the seed COHE staff at HMC. By decreasing the time between first medical visit and submission of the accident report, the typical worker with a compensable claim is now receiving time loss benefits one week earlier than before project implementation.

The key informant interviews revealed that staff at HMC and DLI were almost unanimously pleased with the process improvements in submitting state fund workers compensation ROAs and with the new process for communicating about catastrophically injured workers. The seed COHE staff have been involved in the group working to improve the catastrophic claim handling and are key players in identifying the injured worker admissions and notifying DLI. Not only has the improvement in the processing of catastrophic claims made a big difference in the experience of a small number of catastrophically injured workers and their families, but a larger number of injured workers are also benefitting from receiving their time loss benefits one week earlier than prior to the existence of the seed COHE.