

Name:	Eastern Washington
Staff Name:	Dan Hansen
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I. EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS

Provider Enrollment

1,100 Participating Providers 32 Participating Hospital Emergency Departments

- New Hospital EDs (ED groups) in Clarkston, Walla Walla & Ephrata
- New ambulatory clinics in Pullman, Walla Walla, Coulee City, Spokane, Clarkston & Omak
- Group Health Cooperative Occ Med Clinic in Spokane enrolled
- 52 Providers withdrawn from COHE Participation (voluntary)

Clinics and Hospitals currently in process of enrolling:

- New Hospital participation in Leavenworth, Newport.
- New ambulatory care clinics in Leavenworth, Cashmere, Wenatchee.

Provider Education/Training:

- 83 New Providers oriented in either existing or new participating facilities
- 63 Pending Providers in participating facilities
- Developed Delegated Provider Training Sub-Agreement
- E WA sponsored the Workers' Compensation Reforms Symposium, attended by a total of 150 participants combined from the live site and including the broadcast to 15 TeleHealth sites.
- 304 Providers received Academic Detailing during Q2. Academic Detail sessions, emphasis was placed on 5 essential talking points including:
 - Completeness of Report of Accident (ROA) and Activity Prescription Forms (APF)
 - Obtain feedback of *NEW* COHE Provider Scorecards.
 - Reaffirm provider use of Health Services Coordinators for claim-specific issues
 - PGAP - Activity Coaching

COHE Advisors

- Quarterly meeting of Physician Advisory Committee / Advisors in June. Included a thorough discussion of updated COHE Provider Scorecards.

Health Services Coordination

- The *COHE HSC Time Tracking* tool was used by all E WA COHE HSCs during April-June 2012 to accurately track claim-specific and non-claim activities consistent with their daily tasks.

Community Outreach

- Presented to the *Washington State Labor Council Meeting of the Minds*, including overview of E WA COHE features, resources for workers and their employers.
- Employer Seminar presentation co-sponsored by INHS and Eastern WA University. The

COHE presentation included an overview of the E WA COHE as a community-based infrastructure; attended by 40+ large and small employers, most self-insured in workers' comp.

- June quarterly meetings of *E WA COHE Business-Labor Advisory Board* and *Yakima-Area COHE Advisory Committee*.

Quality Improvement

- The *QI Project* developed for this year was ***Completeness of Activity Prescription Forms*** based on baseline data obtained from our contract manager of a substandard completion rate by E WA COHE providers. The project never had usable data appropriate for rapid cycle improvements. Instead, HSCs manually prepared incomplete APFs with highlighter for "close to immediate" feedback by face-to-face training opportunities. Anecdotally, this process appears to have favorable result with frequency and number of incomplete APFs.
- In an effort toward *Process Improvement*, the E WA COHE team has held a series of 3 retreats where through team building exercises and use of Lean tools, efficiency in HSC services has improved significantly, allowing for a tripling of the number of injured workers assisted by the six HSCs over this contract year.
- Business-Labor Advisory Board Executive Workgroup has been meeting regularly in an effort to make the BLAB more effective and functional.

COHE CHALLENGES & LESSONS LEARNED

The transition into the 2011-2013 Amendment still presents a number of transition issues from the previous work flows and performance expectations.

- The COHE added a new FTE position, *Provider Relations Coordinator*. In this position, Lorrie Anne Brown has already made a significant impact to the accuracy of data for participating facilities, hospitals and individual practices, attributes proper provider identification to those facilities and hospitals (especially where providers work in multiple settings), and is in the process of assembling data toward a comprehensive Contact Resource Management system supported in INHS's CRM system. Additionally, this position lends assistance to HSCs for their meeting scheduling for orientations and academic detailing – greatly saving HSC's time.
- Additionally, investigation efforts have clearly identified the need for a *Provider Relations Coordinator* to ensure the accuracy of L&I provider numbers, correct facility names and demographics by cross referencing COHE's data base to L&I's current provider list.
- This COHE had numerous examples of exemplary HSC service including: assisting employer and employer representative with early complications of a claim, including conflict of interest by attending provider.