

Draft Meeting Summary – October 5, 2011  
**Worker’s Compensation Advisory Committee - Subcommittee on Health Care**

**Participants:**

**Labor:** Ed Wood, Karen Gude, Rebecca Johnson  
**Business:** Beverly Simmons, Tammie Hetrick, John Meier, Christina Lombardi  
**BIIA:** Dave Threedy  
**L&I:** Janet Peterson, Bob Mootz, Gary Franklin, Diana Drylie

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**Resources and Guests:**

Kim Arakawa, Karen Ahrens, Susan Campbell, Anita Austin, Noha Gindy

Terri Smith-Weller, UW; June Specter, Harborview; Dan Hansen, EWA COHE; Karen Nilson, Grace Casey, Renton COHE; Dianna Chamblin, Marti Bradley, TEC COHE  
Guests - Michael Rivers - Franciscan Health Care, Ryan Guppy, United back Care

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**1. Introduction and Review of Minutes:**

Minutes from January 7, 2011 were approved with amended language – see below.

***Further discussion regarding COHE financing: ...***

- *Another business member had concerns regarding the COHE administrative costs being charged cost to claim. ~~when the COHEs currently are only available in certain regions.~~ Another business member stated that that the one-time fee for COHE services leads to long-term benefits since COHE claim costs can be lower when COHE providers are trained on occupational health best practices. Her concern is how we can clearly show this benefit to employers.*
- *A labor representative stated that he had met with the labor caucus prior to this meeting. Labor’s preferred recommendation was either a split between MAF/AF benefits or only MAF benefits. The other labor representative concurred.*
- *A business representative repeated the business caucus interest: COHE cost to claim be charged to the MAF only.*

**Final recommendation:**

- ~~*A labor representative stated that he had met with the labor caucus prior to this meeting. Labor’s preferred recommendation was either a split between MAF/AF benefits or only MAF benefits. The other labor representative concurred.*~~
- ~~*A business representative repeated the business caucus interest: COHE cost to claim be charged to the MAF only.*~~
- *Diana Drylie asked if the subcommittee’s recommendation back to Judy Schurke should be that COHE administrative costs be charged to the Medical Aid Fund. Both business and labor representatives agreed. This is a recommendation to take back to Judy Schurke at her request. She will make the final decision.*

**2. COHE – Diana Drylie**

Diana presented on the COHE amendments, timeline and possible topics for business and labor to consider in the future. Questions included –

- How long is the probation period for the COHEs when they do not meet the required standards?

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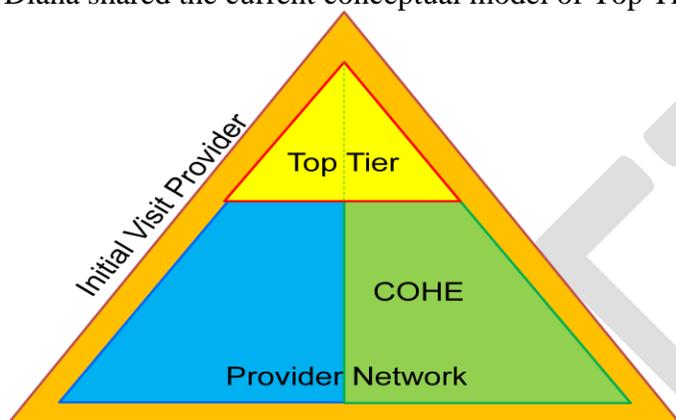
- It will be situational. COHEs must present a plan to contract managers to show how they will get back up to standards.
- Can the training for the providers be electronic?
  - Yes, we are encouraging innovation by the COHEs in how they deliver training.
- Will splitting the HSC tasks into claim work, provider training, and recruitment affect the quality of their work?
  - The beta test and performance measures will help us monitor the quality of the HSC work.
- If a COHE is having difficulty recruiting an HSC in 3 months, are they penalized?
  - They need to have a plan and be actively working to recruit a candidate.
- How long can a provider remain a low adopter of best practices?
  - Each COHE cannot have more than 20% low adopting providers in their provider mix. However, there is no time limit for any individual provider who is a low adopter. The COHEs can remove providers who do not respond to HSC or COHE contact.
- Is the COHE an L&I attempt to out-source claim management?
  - No, the HSCs perform different functions than a claim manager. They do not adjudicate or manage the claim.
- Have we seen COHE performance measures?
  - Yes, we've discussed them in detail in previous meetings, but the reports themselves are becoming available to providers and COHEs on November 1<sup>st</sup>. A summary of performance measures will be sent out separately.
- Is there a centralized system for all the COHEs to use?
  - Not yet, but L&I is working on developing a centralized system for case management and other COHE information needs as part of 5801.
- The language in 5801 is a bit confusing. Is it 2 new COHEs or 6 new COHEs?
  - All existing COHEs will re-apply in 2013 as part of the COHE Request for Proposal. We hope to identify a total of 6 COHEs through this process.
- What if two years is too ambitious for having 6 COHEs?
  - The legislation does not specify a time period, but requires that we have 50% of injured workers with access to COHEs by 2013. We are confident we can meet that goal.
- How do you measure if the COHE expansion goals (50% access for injured workers by 2013, 100% access for injured workers by 2015) are met?
  - That is determined through matching the address of the injured worker and address of COHE provider offices.
- When was the decision of 2 new COHEs made?
  - During the 2009 special joint session with the WCAC.
- What about self-insured employers and COHE?
  - We are exploring the idea of one pilot on each side of the state. Let us know if you have contacts with SI employers who might be interested. Karen Gude requested talking points to use with SI employers which will be sent separately.
- Why do we need a pilot with self-insured employers and COHEs?
  - L&I currently takes on a lot of responsibility supporting COHEs with data and processes. The pilot would determine what was needed in a self-insured setting and if that was possible.

**3. SSB 5801 – Janet Peterson**

Janet gave an overview of the provider network and implementation of SSB5801. Questions and clarification included –

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- Out of state providers will not be part of the network at this point. They will still be able to see Washington injured workers.
- Will rural hospitals be an exception for the requirement for joining the Provider Network? There could be a problem with access if they are not.
  - Hospitals at this point will not be required to join the Provider Network.
- Is Top Tier the same as COHE?
  - Providers will be able to be part of both COHE and Top Tier.
  - Top Tier requirements have not been developed yet, but the goal is to have as much consistency as possible.
- Diana shared the current conceptual model of Top Tier:



**4. Future role of WCAC-HC – Diana Drylie**

The group brainstormed ideas for the role of the WCAC-HC into the future.

The decisions made included –

- L&I should send out a meeting summary and draft minutes more quickly via e-mail.
- Committee members will send minute additions and corrections to L&I, and will not share the minutes until they are final.
- L&I will then make the summary and minutes public.

Brainstorm ideas -

- This committee should be involved at least until the self-insured employers are part of COHEs.
- WCAC-HC is important to improve the COHE processes and give input on performance.
- Ask WCAC if one quarterly meeting could have COHE on the agenda, or if a special short meeting could be called.
- WCAC-HC is main conduit between the BLABs and the WCAC.
- Communication between the committees needs to be more formal, easy to understand, and on a more regular basis.
- Add standing item to the agenda for WCAC-HC – What communication needs to go to WCAC and what communication needs to go to BLABs?
- How do we determine which topics to bring to the WCAC-HC and for what purpose
- Share this discussion with the WCAC.
- Develop list of hot topics to find out if WCAC wants to be involved.
- No need to meet if things are going smoothly.
- Committee could be a sounding board for implementation of emerging best practices.

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- Committee has different perspective than the Provider Network Advisory Committee.
- Identify upcoming topics and proposed involvement of the committee.
- Share procedural agreement for WCAC-HC and modify if needed.
- Develop work plan for L&I to help develop the agenda for WCAC-HC meetings.

Process issues

- Quarterly meetings only if needed.
- Develop a List serve or shared desktop for committee members?

**Next meeting – Friday, January 6, 2012 9:00-12:00 in Tukwila**

DRAFT