

Treatment Guidelines and Practice Resources

-WSIA Colloquium-

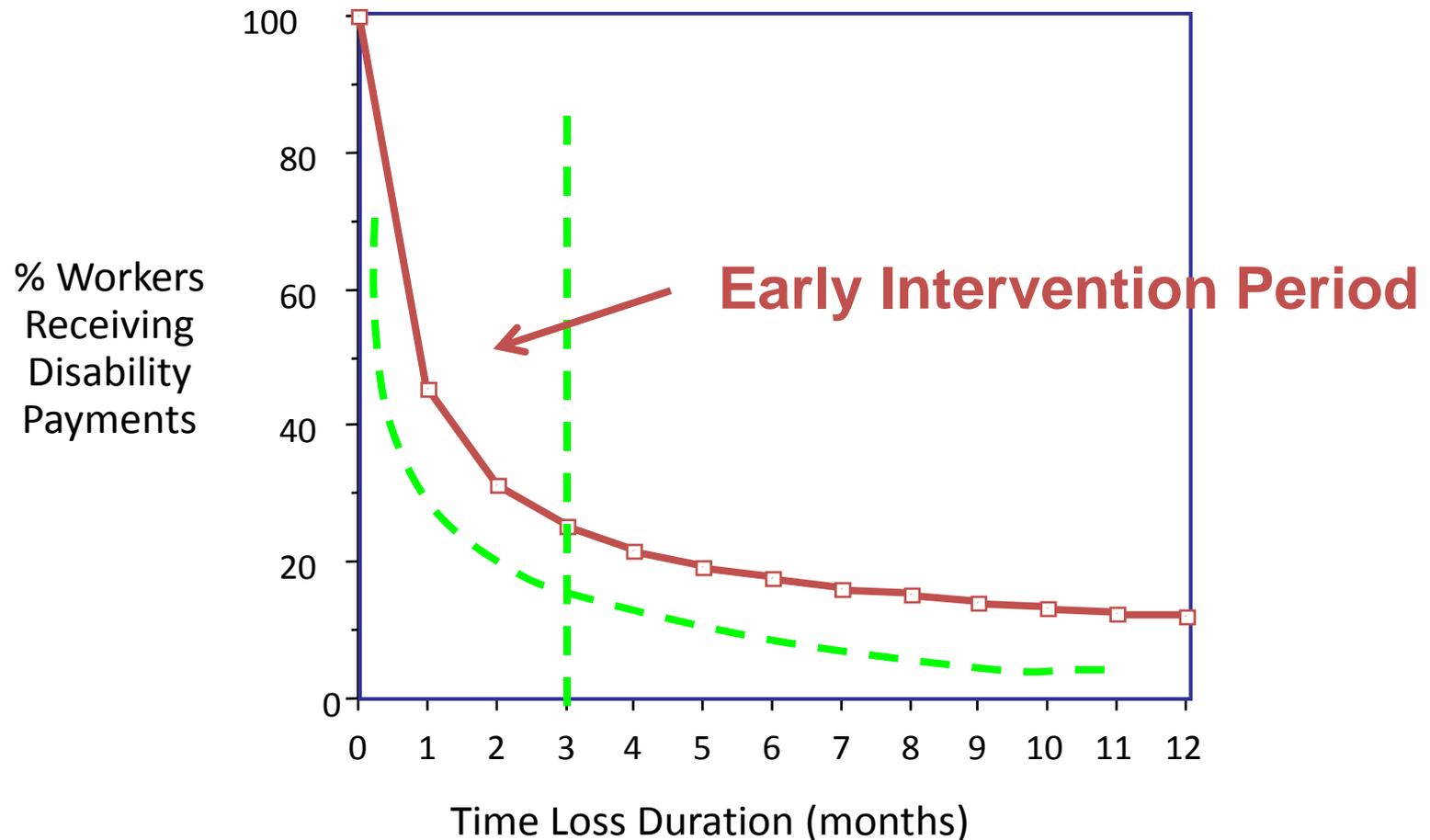
Gary Franklin, MD, MPH, Medical Director

Dianna Chamblin, MD, IIMAC Chair

Mike Dowling, DC, IICAC Chair

Robert Mootz, DC, Ass Med Director Chiropractic

Changes in Disability Status among Injured Workers in WA State

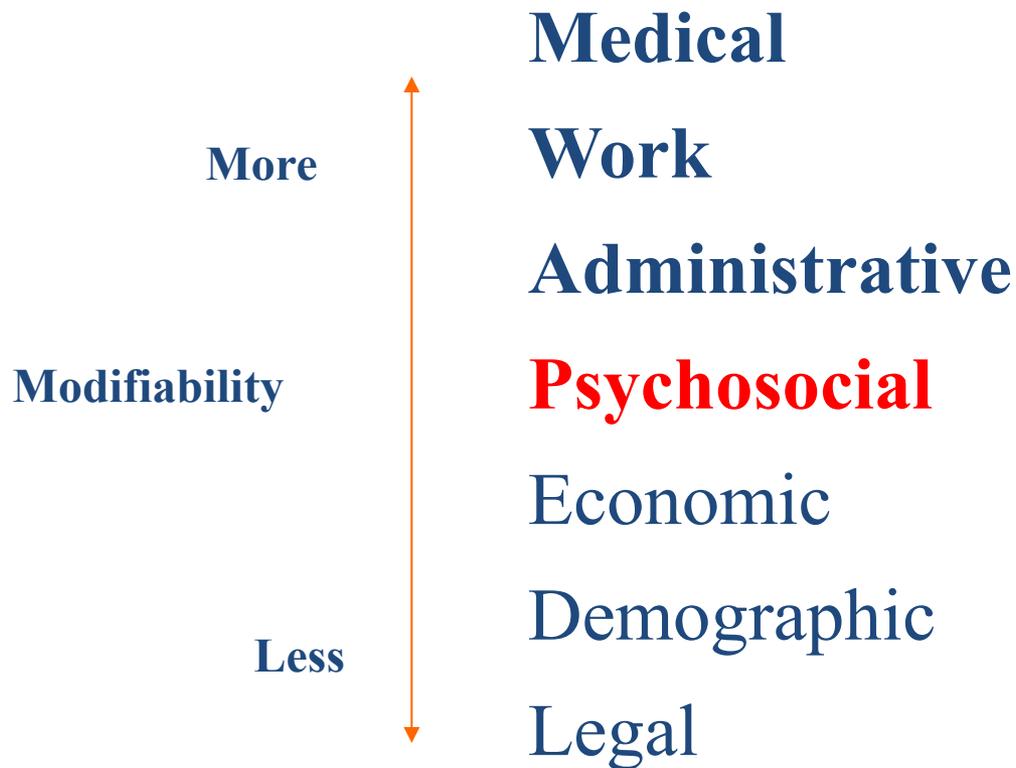


Adapted from Cheadle et al. Am J Public Health 1994; 84:190–196.

Disability Prevention in Workers'

Compensation

Most important risk factor categories



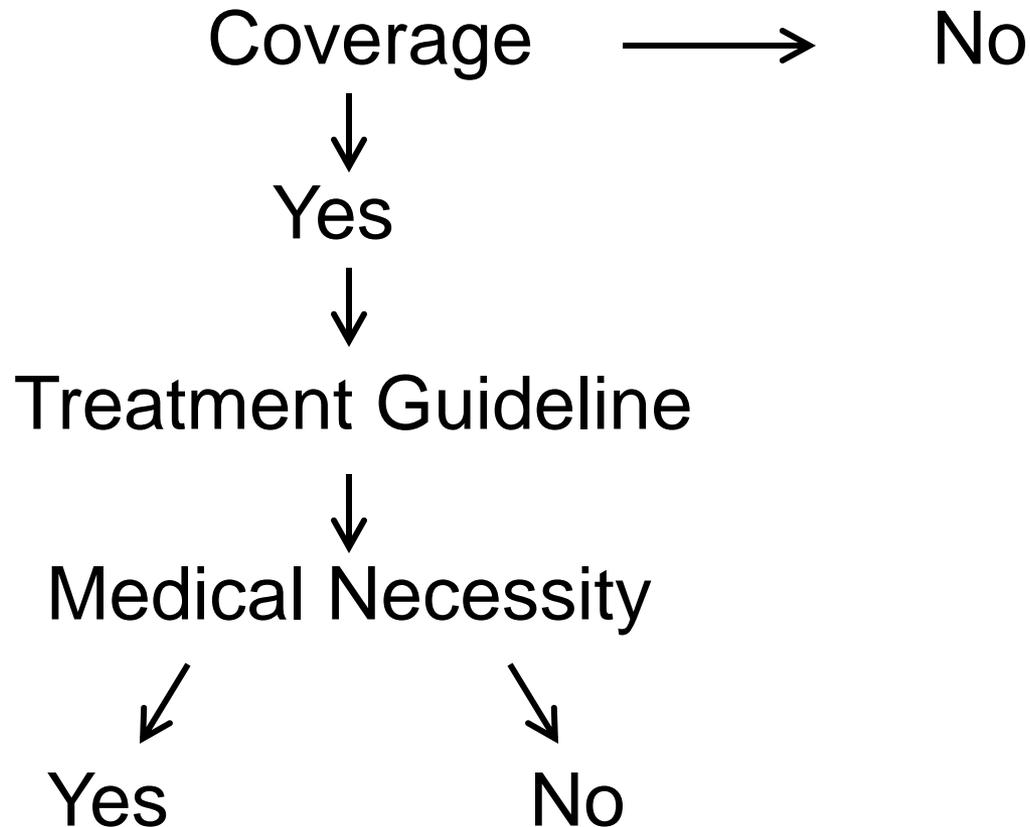
Strategic Focus in WA State

- **Use best evidence to pay for services that improve outcomes and reduce harms for injured workers-Treatment Guidelines, HTA's**
- Identify efficient method for identification of workers at risk for long term disability
- Incentivize collaborative delivery of occupational health best practice care sufficient to prevent disability-COHE's, Healthy Worker 2020

Federal Oversight	Drugs	Medical Devices	Surgical Procedures
Required for FDA approval	2 prospective, placebo controlled RCTs	“Substantial equivalence” to preexisting device	No approval requirements
Study outcomes	Disease-related endpoints	Engineering performance only	None
Published studies with patient-oriented endpoints?	Common	Uncommon	Not Considered
Patient population	Narrowly defined set of conditions (e.g., depression, dementia)	Varies widely (e.g., implantable defibrillators, laparoscopes)	Not Considered
Post-marketing evaluation?	Sporadic, sometimes high quality	Rare, usually low quality	None

Evidence-Based Decisions in Workers Compensation

- A Conceptual Framework



WA State Authority for Evidence-Based Decisions

2003-SSB 6088-Established the Prescription Drug Program for all agencies-uses evidence within drug classes to determine coverage

2003-SHB 1299-all agencies to conduct formal assessment of scientific evidence to inform coverage, track outcomes

2005-Budget proviso-Agencies to collaborate on coverage and criteria (guidelines)-off-label neurontin done 8/05; opioid dosing guideline in progress; off-label antipsychotics planned

2006-Gov request legislation-HB2575/SB6306 to establish State Health Technology Assessment

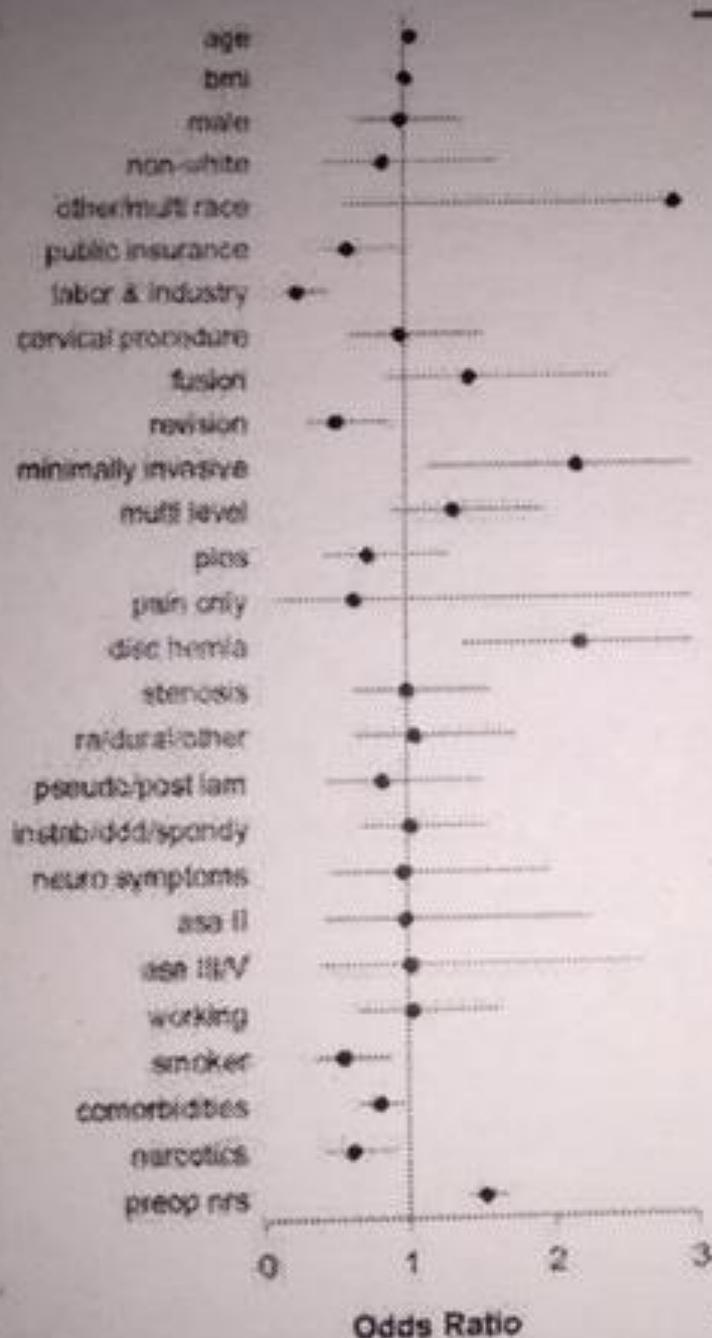
2011-ESHB 1311-Public/private collaborative on guidelines-Bree Collaborative

WA Laws-ESSB 2575

2006

“A health technology not included as a covered benefit...shall not be subject to a determination in the case of an individual patient as to whether it is medically necessary..”

SPINE



NRS Improvement 6-months

Lumbar Fusion

WA HTA-Jan, 2016

- Lumbar fusion for degenerative disc disease uncomplicated by comorbidities is **not a covered benefit**.
- The population addressed in this decision includes individuals > 17 years of age with chronic (3 or more months) lumbar pain and uncomplicated degenerative disc disease; excluded conditions include radiculopathy, spondylolisthesis (> Grade 1) or severe spinal stenosis, as well as acute trauma or systemic disease affecting the lumbar spine (e.g., malignancy).

Workers' Compensation: Poor quality health care and the growing disability problem in the United States

Franklin et al, Am J Ind Med 2014 (Sept 30)

Table II. Ultimate SSDI status for compensable cohorts 1997-2007		
	Incident Claim Years	
	1997	2007
Percent compensable claims with SSDI by 2012	2.1%	2.9%
Percent compensable claims with SSDI or at risk for SSDI by 2012	5.4%	9.2%

THANK YOU!

For electronic copies of this presentation, please e-mail Laura

Black: ljl2@u.washington.edu

For research questions, please

e-mail Gary Franklin

meddir@u.washington.edu