

What COHE Expansion Means To You

May 2, 2014



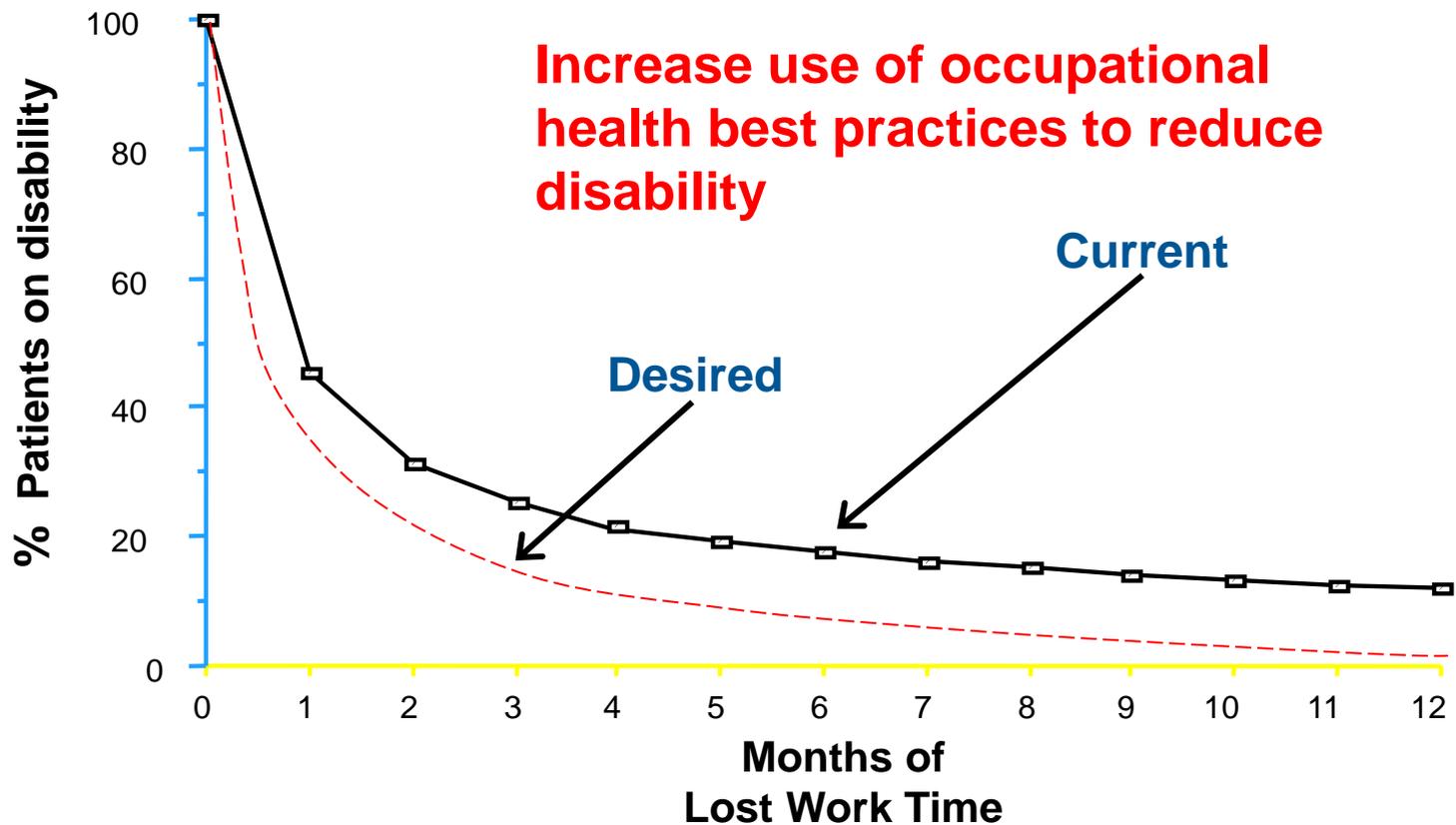
Topics for today

- COHE Background
- COHE Expansion
- COHE Health Services Coordinators
- Activity Coaching (PGAP™)
- Q&A

COHE Background



Direction: Prevent chronic disability thru physician education and support



Cheadle A et al. Factors influencing the duration of work-related disability. Am J Public Health 1994; 84:190-196.

Guiding principles of the COHE program

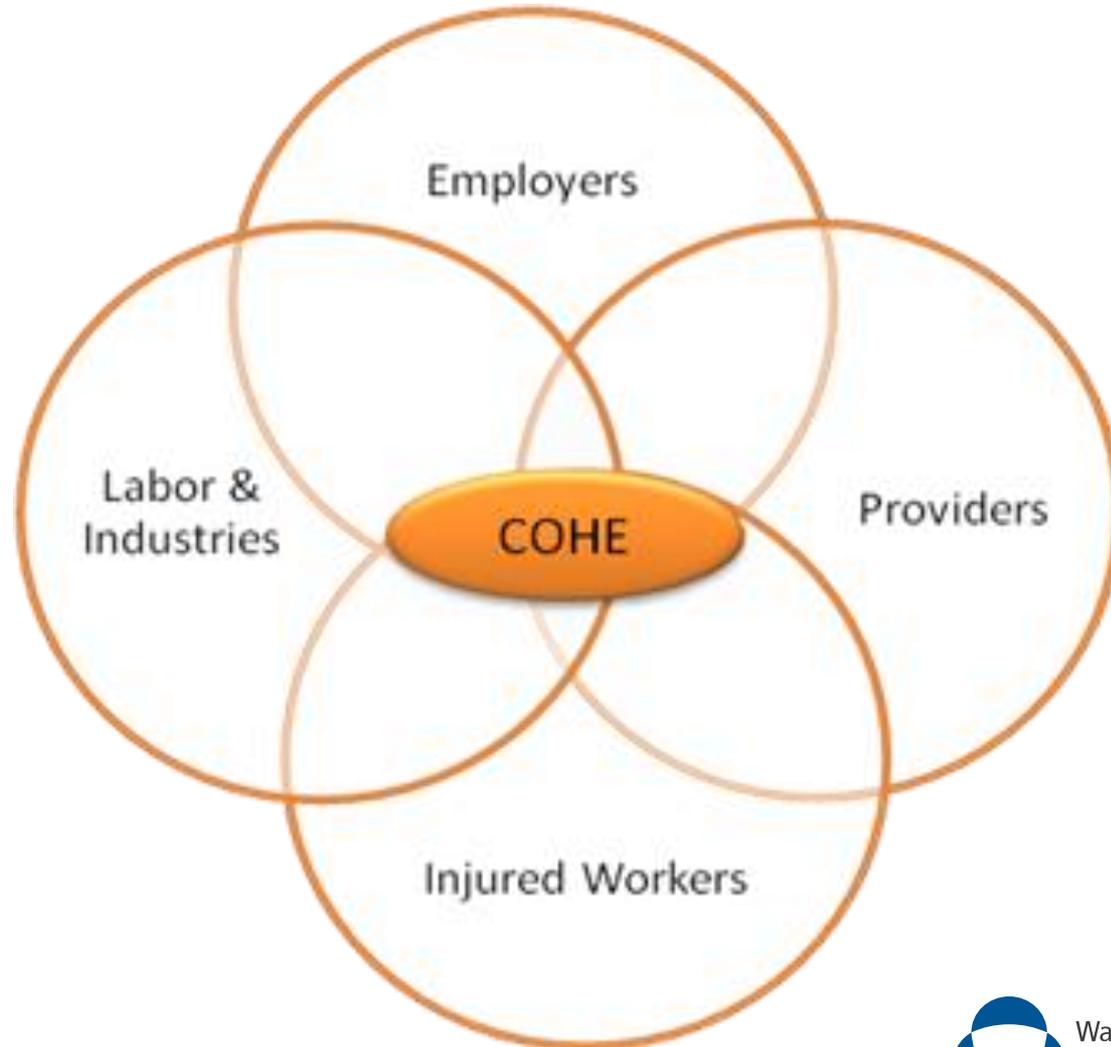
- Promote providers' awareness of occupational health best practices
- Improve:
 - Coordination of care
 - Provider accountability
 - Injured worker outcomes



Guiding principles of the COHE program (continued)

- Enhance satisfaction
- Retain the worker's ability to select health care providers
- Use incentives
- Give regular feedback on performance to health care providers

Centers of Occupational Health Education (COHE)



How a COHE is set up:

- Contract with healthcare organization to sponsor a COHE that will:
 - Staff and manage program
 - Train & monitor on performance targets
 - Work with L&I to improve occupational health delivery in their medical community
- Focus on early interventions:
 - First 12 weeks of the claim (primarily)
 - Extended up to 6 months in some cases

How a COHE is set up:

(continued)

- Involve occupational health experts (COHE Advisors)
- Employ Health Services Coordinators (HSCs): Care coordination and early RTW focus
- Receive financial incentives for best practices
- Involve business and labor stakeholders for advice and support of the COHE

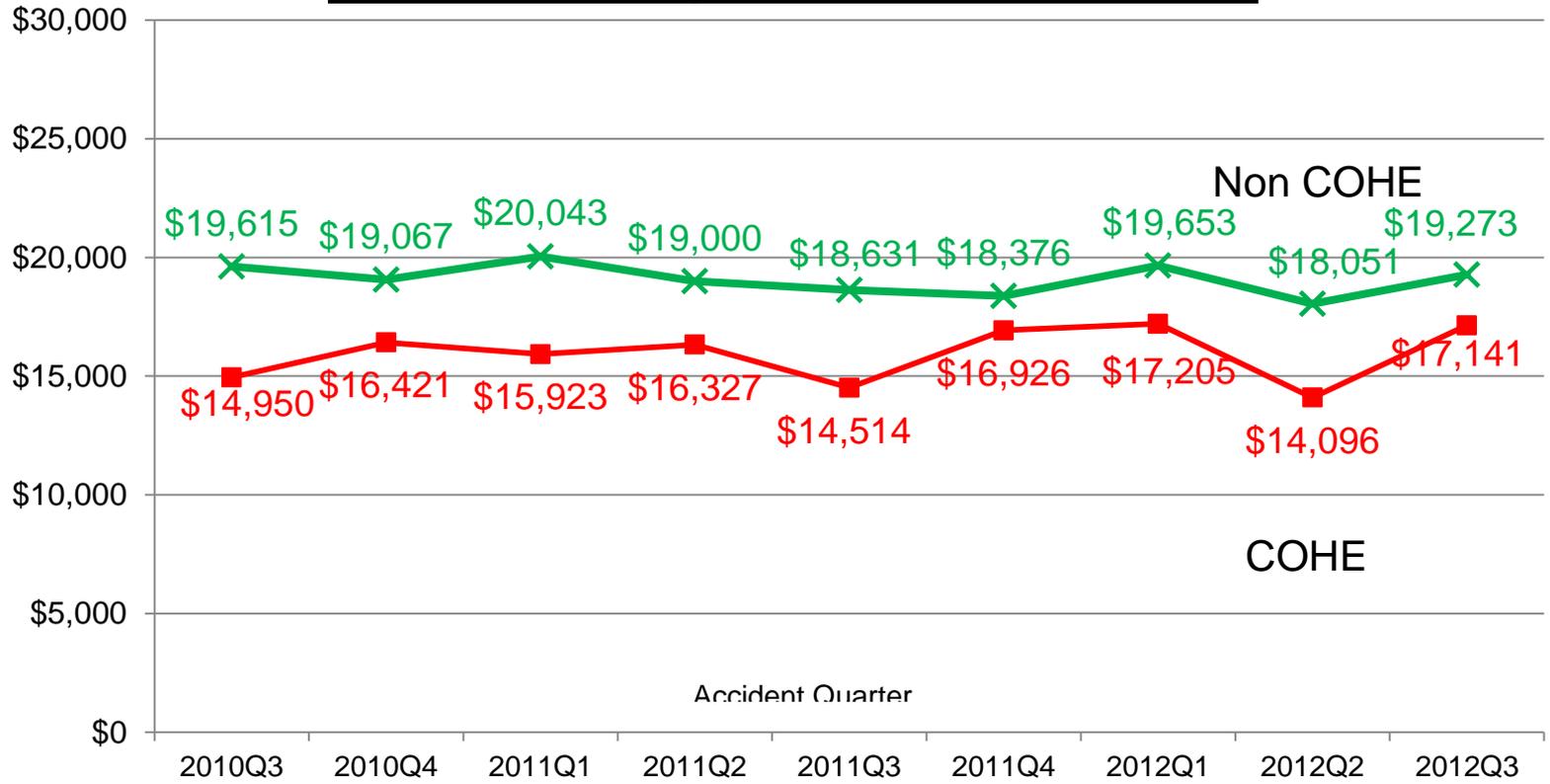
COHE Provider Best Practices:

1. Report of Accident (ROA) submitted to L&I in 2 business days (and complete)
2. Activity Prescription Form (APF) when patients have restrictions
3. Provider communication with the employer
4. Barriers to recovery assessment

COHE results:

- Average COHE cases had **9 fewer disability days** than comparison-group cases
- Estimated average **\$480** savings per claim in the first year, and an estimated average of over **\$1,200** ultimate savings per claim
- The COHEs had:
 - Fewer rejected claims,
 - Fewer reopened claims,
 - Fewer protests,
 - Less use of attorneys, and
 - A lower pension rate

Estimated Ultimate Accident Fund + Medical Aid Fund Incurred Cost per Claim as of 6/30/13



Excluding claims with 4+ days of authorized inpatient hospitalization immediately after injury - Adjusted for Risk Class Mix

COHE Expansion



COHE success led to expansion statewide:

Six COHEs in the state (as of July 2013):

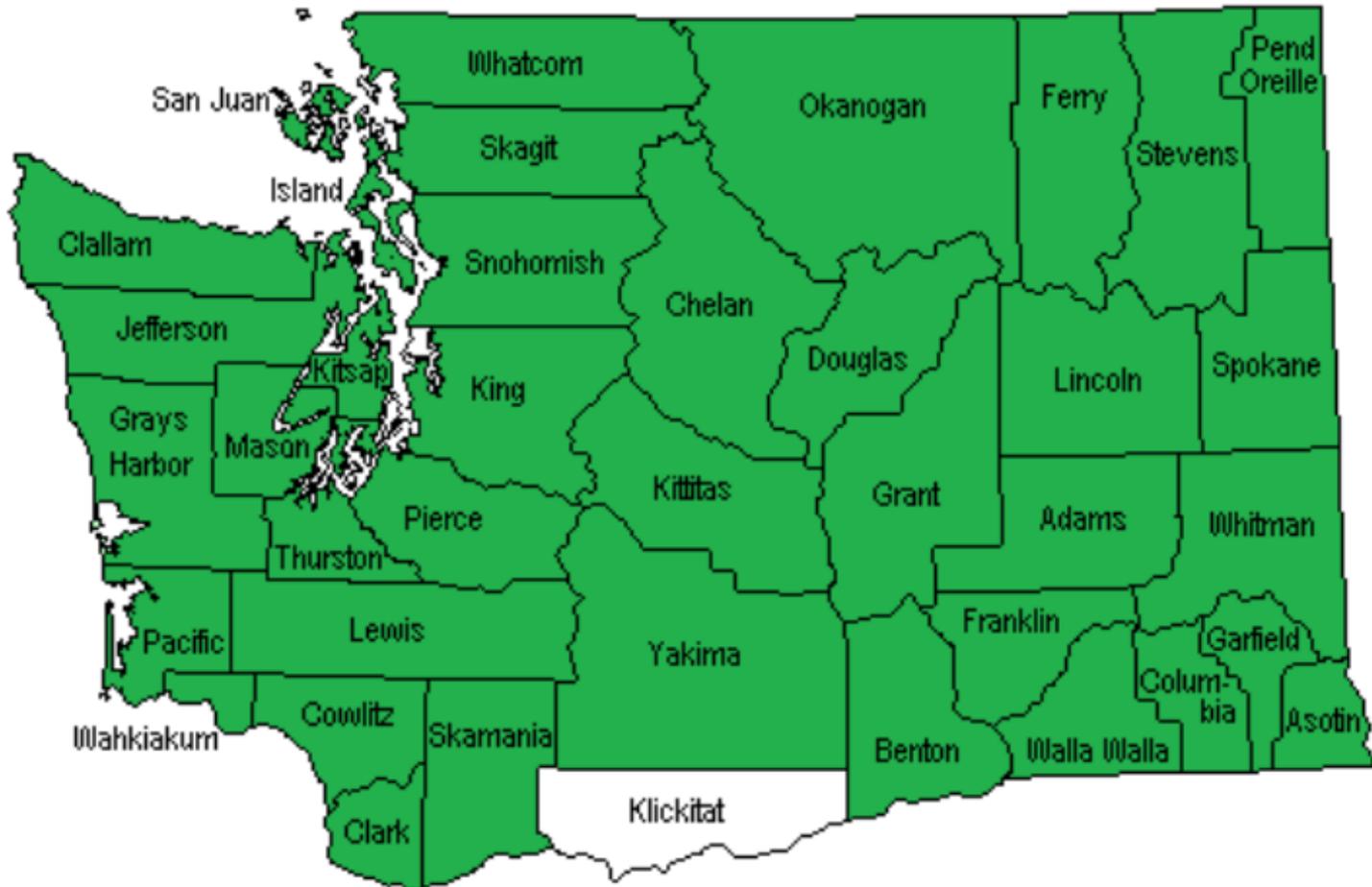
1. COHE at UW Medicine Valley Medical Center of the Puget Sound
(in Renton; includes providers in King and Pierce Counties)
2. COHE Community of Eastern Washington
(St. Luke's Rehabilitation Institute; includes providers in 19 counties)
3. COHE at The Everett Clinic
4. COHE at UW Medicine Harborview Medical Center
5. COHE Alliance of Western Washington
(Franciscan Health Systems with partnering organizations; will include providers in 19 counties)
6. COHE at Group Health
(Greater Puget Sound, plus Spokane)

COHE enrollment (as of April 10, 2014)

Current # of Enrolled Providers	Proposed # of Enrolled Providers	COHE Name
251	300	COHE at UW Medicine Valley Medical Center...
1,173	1,451	COHE Community of Eastern Washington
230	230	COHE at The Everett Clinic
176	233	COHE at UW Medicine Harborview...
430	1,208	COHE Alliance of Western Washington
51	70	COHE at Group Health
2,311	3,492	TOTAL



38 counties are set to have COHE coverage:



COHE today & tomorrow:

- **>35% of state fund claims are COHE claims**
- **75% of injured workers have access to a COHE provider**
- **Goal: Statewide (100%) COHE access for all injured workers by December 31, 2015**



COHE Health Services Coordinators (HSCs):

What do they do, and why does it matter to you?

What they do: Role of the HSC

- ✓ **Care coordination**
- ✓ **Early return to work services**
- ✓ **Documentation of services in case note sent to claim file:**
 - First 12 weeks of claim (after initiation)
 - Extension up to 24 weeks, if meet criteria
- ✓ **3-point customer contact regarding **early return to work**, on some *COHE* claims:**
 - Injured worker/patient
 - Employer
 - Attending medical provider

What's new since COHE expansion?

- COHE HSCs/staff access L&I & CAC via Occupational Health Management System (OHMS):
 - ORION/CAC imaged documents
 - Medical category – “HSCOH” subdocument type
 - Standard case note format

- HSC can extend services up to 6 months if claim meets criteria:
 - *Patient maintains a relationship with the employer of injury, or*
 - *Job description in the L&I file, or*
 - *Patient continues to require medical treatment, or*
 - *Patient is participating in a best practice (ex: Activity Coaching).*

How does the HSC work benefit you?

- Two types of HSC intervention:
 - Simple
 - Complex

- You can:
 - Review the HSC notes in the claim file,
 - Staff the claim with the HSC, if needed,
 - Ask HSC to help clarify any different medical opinions on APF,
 - Ask HSC to help get JA to AP ASAP (or PDQ)

Activity Coaching (PGAP™)



What is Activity Coaching?

- Trained coach works with patients to promote healthy behavior change:
 - Exercise,
 - Activity participation,
 - Motivational and behavioral techniques.
- Worker sets own goals

Progressive Goal Attainment Program (PGAP™)

- Founded by Michael Sullivan, PhD in 2001 at the University Centre for Research on Pain and Disability - McGill University
- Primarily used in Canada
- Now being used in some regions of the United States

The Concept

Life role re-integration program.

Community-based.

Risk-factor targeted intervention.

Return to work, quality of life.

A New Paradigm

Viewing disability as a state of demoralization instead of a state of inability.

Viewing disability as a distinct target of intervention.

Targeting psychosocial risk factors as a means of reducing disability.

Type I Risk Factors

Catastrophic Thinking.

Fear of Symptom Exacerbation.

Low Self-Efficacy.

Disability Beliefs.



Sullivan et al., 2005

As time passes, the clinical problem transforms into a lifestyle problem.

Long periods of work absence promote the development of a sedentary disability lifestyle.

Clinicians have tools designed to target clinical problems, not lifestyle problems.

**Injury/
Illness**



**Symptom
Stabilization**



Screening

Week 1



Week 4



Week 9

Week 10

**Treatment
Begins**

**Mid-
treatment
Evaluation**

**Final
Evaluation**

Termination

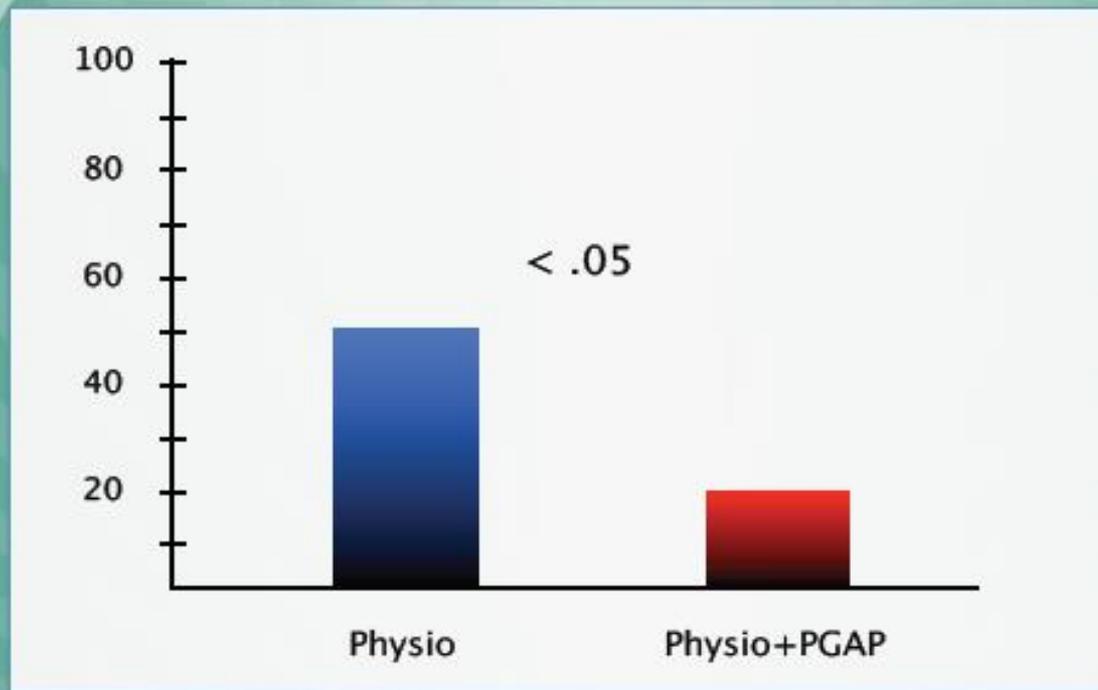
**Return to
Work**



PGAP

Subacute Work-Disabled Clients

Ongoing Treatment

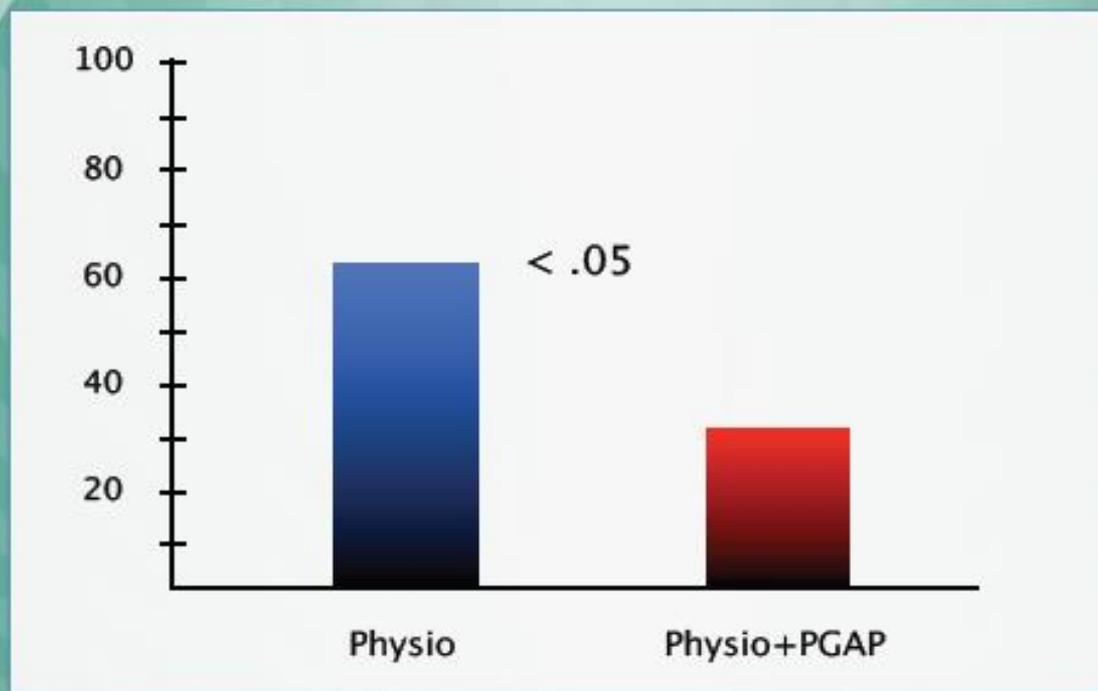


1-year follow-up

PGAP

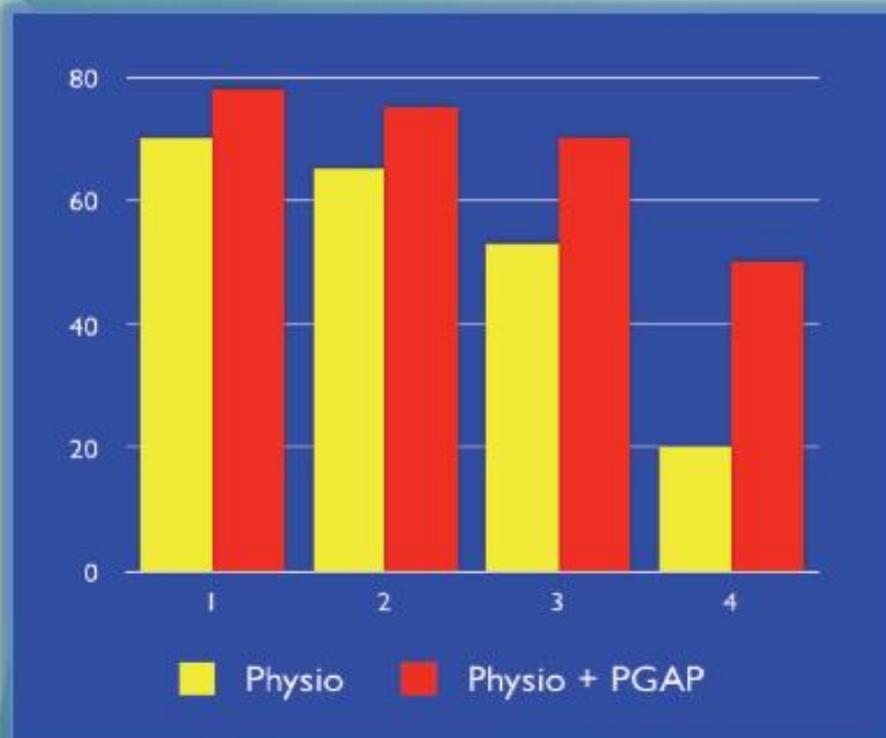
Subacute Work-Disabled Clients

Ongoing Pain Medication



1-year follow-up

Return to work following treatment



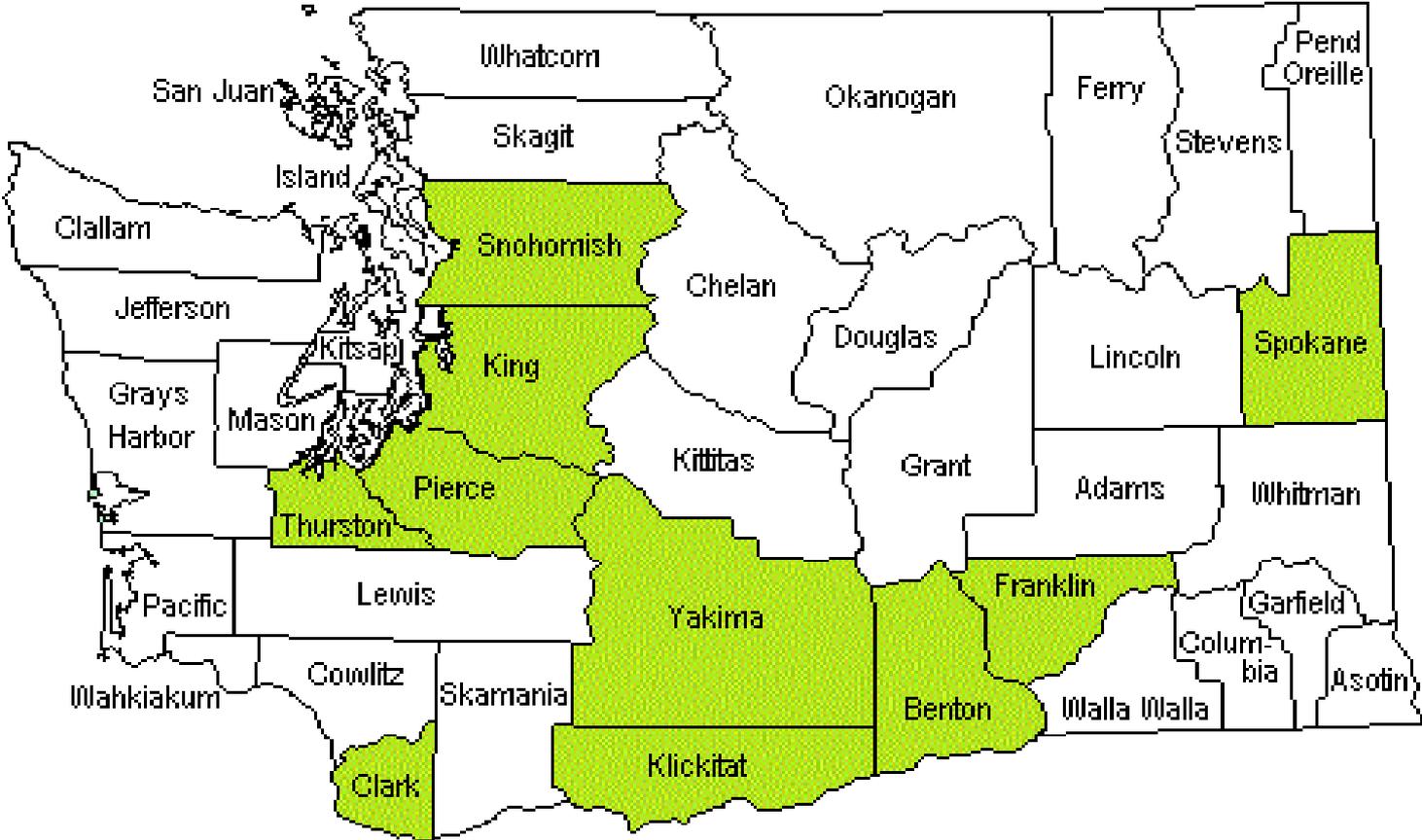
Sample: 130 individuals with chronic whiplash injuries.

The added value of PGAP becomes more pronounced as the number of risk factors increases.

PGAP™ at L&I

- Pilot project started January 2012
- 20 trained coaches: all PTs & OTs
- Initially only within COHE areas
 - Now statewide
- Added 4 Spanish-speaking coaches in March 2014
- 40 interpreters oriented & ready to assist PGAP™ clients

Locations of PGAP™ coaches:



Q&A

