

APPENDIX 6

Quality and Effectiveness - Analysis of Responses by Statement

1. A Vocational Rehabilitation Counselor (VRC) understands relevant vocational issues.

This received the highest portion of “Essential” ratings (93%) of any of the statements in this section and 99% of respondents thought it was either “Essential” or “Important.” There was significant similarity among the groups on this statement. The only person who disagreed with the statement commented that they would have rated it “Essential” if the statement had said, ‘understands sound rehabilitation counseling methodology.’

Many commented that defining the phrase “relevant vocational issues” would be important. One person stated that it was more important to know how to access information about vocational services.

Total number of comments: 28.

Recommendation: This should be a key criterion. Additional work may be needed to clarify and communicate the definition of “relevant vocational issues.”

2. A VRC understands the worker's compensation system in Washington state.

Almost three quarters (73%) of all respondents believed this is “Essential” and a quarter (25%) believed it is “Important” for a total of 97%. External stakeholders rated this slightly higher than “Other” stakeholders or internal L&I staff (claims managers, vocational consultants and other staff).

Comments from many respondents stated that VRCs need to know the vocational portion of the system but not the entire system (e.g. how to manage a claim), indicating that if this had been clear, they may have chosen “Essential” rather than “Important.” Some commented that there is a need for more consistent interpretations of requirements. Others commented that rules and ethical requirements sometimes conflict.

Total number of comments: 36

Recommendation: This should be a key criterion. Additional work may be needed to clarify and communicate the definition of the key elements of the Washington state worker’s compensation system that apply to vocational providers and to ensure VRCs and other stakeholders can easily access the expectations.

3. L&I communicates clear and consistent expectations of vocational providers using laws (RCWs), rules (WACs), standards, guidelines, definitions and work samples.

Almost three quarters (74%) of all respondents believed this is “Essential” and about one fifth (22%) believed it was “Important” for a total of 96%. A few (3%) felt it was “Optional” or “Less Important.” A few (2%) chose “Disagree” (see comments below). All (100%) of Medical Providers and Self Insured rated it “Essential.” In descending order, Private vocational providers were next at 77% followed by L&I staff, Employers, L&I claim managers and Injured worker/labor. The lowest ratings were from “Injured worker/labor” and “Other” stakeholders whose “Essential” ratings were in the low sixties.

Of those who rated it “Essential” or “Important,” several respondents noted that interpretations by L&I staff sometimes vary among and between CMs and VSCs. Four of the six comments from people who “Disagree” indicate that L&I currently is not providing clear expectations and ought to, indicating that they would support this as a criterion. Some respondents made suggestions for improvements. One comment, which reflected sentiments in other comments was poignant, “This is a point where the Dept. is failing the VRC community.” Some comments revealed a tension between the need to provide clear expectations and to provide the necessary flexibility for case-specific issues.

Total number of comments: 45

Recommendation: This is a key factor for a successful vocational program. However, it is less a criterion for evaluating vocational providers than it is a recommendation for L&I and the vocational

community to provide more clarity for all stakeholders including claim managers, vocational providers, and L&I vocational staff (VSCs, PSRS and VDRO).

4. Vocational interns are effectively trained and supervised.

Seventy percent (70%) of all respondents believed this is “Essential” and over a quarter (26%) believed it was “Important” for a total of 96%. L&I claim managers, Employers and “Other” rated it slightly lower than the other groups.

Many comments emphasized the importance of this. Employers who commented wanted more oversight of interns, stronger training and testing requirements. One employer said working with interns has “not always been favorable.” A few of the vocational providers who responded favorably to this statement also stated that “passing the CDMS does not accurately reflect if an intern is effectively trained.” Of those who marked “Disagree,” three of the four comments said that this is not regularly occurring now and it should, indicating they would support this as a criterion.

Total number of comments: 51

Recommendation: This is a key factor for a successful vocational program, however there were many opinions about who should be responsible for addressing this; whether it should be private vocational counselors or firms, L&I or both. It may be productive for L&I to augment the normal certification test with another assessment to establish that an intern can meet performance criteria, before confirming their status as a VRC and eligible to receive direct referrals.

5. A VRC thoroughly addresses relevant vocational issues in the referral; vocational work is 'Done right the first time.'

Almost three quarters (74%) of all respondents believed this is “Essential” and almost a quarter (24%) believed it was “Important” for a total of 98%. Employers and L&I claim managers rated this highest (79% and 78% rated it “Essential”).

Across all ratings, comments supported the idea that this is an important element. Several commented on the need to define “done right” as interpretations of this term currently vary. Many

qualified their rating by noting a variety of factors that make it difficult for VRCs to submit complete and accurate work such as missing information (e.g. medical), pressure from claims managers to submit a particular outcome, how fee caps and CACO discourage thorough work on difficult cases, current statutory limitations on retraining resources, and that VRCs should not be accountable for aspects outside their responsibility (e.g. medical information). A comment from one respondent who marked “Disagree” said they thought it was important, but thought they were evaluating the current system, indicating they would support this as a criterion.

Several commented that currently, a VRC may be penalized for doing thorough work because it may negatively impact their CACO score, the fee structures may not financially compensate them for the work, and they face pressure from some claim managers to provide less than thorough work. Thus in some cases a commitment to doing thorough work actually jeopardizes future referrals.

Total number of comments: 61

Recommendation: This should be a key criterion. Comments indicate that additional work may be needed to refine and communicate operational definitions of key terms, to identify elements of the system that may penalize thorough vocational work and to develop means of mitigating these effects.

6. A VRC follows RCWs and WACs.

More than three quarters (76%) of all respondents said this is “Essential” and 23% said it is “Important” for a total of 99%. Claims managers, L&I vocational staff, employers and Self Insured rated it highest. Of the six medical providers who responded, half rated it “Essential” and half rated it “Important.”

Comments reflected support for this statement, however some respondents were concerned that a) WACs and professional ethics are sometimes contradictory, b) not all parts of the system support “good voc” and return-to-work outcomes, and c) variable interpretations mean that “the VRC may be held to an interpretive and moving target.”

Total number of comments: 28

Recommendation: This should be a key criterion. Comments indicate that additional work may be needed to refine and communicate operational definitions of RCWs and WACs, to identify where rules may be in conflict with professional ethical responsibilities, and to improve clear and consistent interpretation of rules.

7. A VRC adheres to the ethical standards of their profession as defined by national vocational credentialing bodies.

More than two thirds (68%) of all respondents said this is “Essential” and a quarter (25%) said it is “Important” for a total of 93%. Groups who rated it highest were private vocational providers, L&I vocational staff, Self Insured and Injured Workers. Lower ratings were from employers.

Most comments said VRCs should adhere to ethical standards and many understood that VRCs who have professional credentials (CRC or CDMS) risk losing their credential and right to practice if they violate ethical codes. Some respondents were unfamiliar with the professional codes and a few thought that the CRC and CDMS codes do not apply to workers’ compensation services. More than half of the comments said there are conflicts between the professional code and L&I requirements, such as WACs and CACO. Almost one of every eight comments (13% of all comments) said that claim managers pressure VRCs to submit work that conflicts with the professional code of ethics.

Total number of comments: 55

Recommendation: This should be a key criterion. Areas of real or perceived conflicts between professional ethical standards and L&I policies and practices should be identified and addressed.

8. A VRC ensures timely case progression through proactive case management; they take the initiative to gather relevant information, anticipate and resolve issues, explore all relevant vocational options, engage in action planning, and ensure timely communications.

Two thirds (65%) of all respondents said this is “Essential” and one third (32%) said this is “Important” for a total of 97%. Employers, Self Insured, medical providers and L&I staff rated this higher than other groups. Ratings by CMs and VRCs were very similar. Injured workers (10 respondents) gave lower ratings with 50% rating it as “Essential.”

All comments indicated support for this criterion, regardless of how they rated it. A few stated that this was one of their top priorities. In many cases, respondents who rated this lower appeared to do so because of two concerns; how ‘timely’ would be defined and barriers to timely case progression that are outside the control of VRCs.

Comments about the definition reflected a desire to focus on “proactive case management” instead of simply meeting a process requirement (e.g. reports every 30 days). There was an interest in establishing “reasonable” time frames and a belief that thorough vocational work should have a higher priority than duration, which was viewed as a contrast to the emphasis of CACO.

More than half of all comments noted barriers to proactive case progression. The barriers mentioned fell into three categories; time/cost, other conditions and non-cooperation of other parties. Examples of time/cost barriers included fee caps and CACO, which several respondents said can be disincentives for thorough vocational work. Examples of

other conditions included changes in the injured worker’s medical or psychological condition. The most common example of a non-cooperation barrier was about obtaining medical information or signatures. Other non-cooperation involved an injured worker, an employer, or claims manager.

Total number of comments: 81

Recommendation: This should be a key criterion. Comments indicate that additional work may be needed to refine and communicate definitions of “proactive” and “timely” and that system barriers to case progression should be addressed. In addition, efforts should be made to clarify responsibilities and increase accountability of all participants in the vocational process including, but not limited to, claimants and physicians.

9. Communication skills are effective, clear, professional and thoughtful, including speaking, listening and writing skills. When appropriate, in-person meetings are used to build rapport and improve communication.

Almost two thirds (58%) of all respondents said this is “Essential” and more than one third (39%) said this is “Important” for a total of 97%. Self Insured and L&I staff rated it highest while “Other” and Injured worker/labor rated it lowest.

Most comments strongly supported in-person meetings with injured workers and employer respondents strongly preferred meeting in-person with VRCs. Several comments supported building a team approach to promote resolution of case issues. Some felt that other forms of communication with claim managers met their needs. Concerns were mentioned regarding the negative impact of fee caps, travel reimbursement at half of other services and the duration factor in CACO, which were seen as barriers to fuller communication and in-person meetings.

Total number of comments: 33

Recommendation: This should be a key criterion. Work may be needed to ensure system elements are aligned to support the performance desired. Several felt that fee caps, compensation rates for travel and the performance measure (CACO) currently act as disincentives to complete communication.

10. A VRC exercises professional judgment and demonstrates sound analysis by providing recommendations that are objective, fair and relevant.

Almost three fourths (73%) of all respondents said this is “Essential” and one quarter (25%) said this is “Important” for a total of 98%. Medical providers and Private vocational providers rated it highest. Lowest ratings for “Essential” were by L&I claim managers (64%) and Injured worker/labor (50%).

Comments were generally supportive of this as a criterion. Several voiced concerns about the definition of “fair” in that following the WAC is not necessarily fair to the injured worker or the employer. Some requested additional language such as “defensible.” Approximately one third of all comments indicate that VRCs receive significant pressure from L&I to alter what they consider to be professional, sound recommendations.

Total number of comments: 30

Recommendation: This should be a key criterion, however much work is needed to create clear definitions of the terms sound, objective, fair, and relevant and that the system is aligned to support the performance desired.

11. The caseload size of a VRC allows for thorough casework and effective communication with all parties, including the injured worker.

There are differences of opinion regarding this statement: 41% said it is “Essential,” 42% said it is “Important” for a total of 83%, and 5% disagreed. L&I claim managers and “Other” gave more favorable ratings while VRCs and Employers had gave less favorable ratings.

This statement received a large number (96) of very diverse comments. Some felt caseload size has a direct impact on the quality and effectiveness of VRC work. Some believe that L&I should set limits on caseload size while others strongly felt that setting caseload limits would add a layer of bureaucracy and rigidity that is unwarranted and unproductive. Some noted that several factors may impact an optimal caseload size such as skill, experience, efficiency, organizational ability, referral type and access to interns or other VRCs. Several voiced strong concerns about the current distribution of referrals where a few VRCs have hundreds of cases and other VRCs, possibly equally qualified, have few or none.

Total number of comments: 96

Recommendation: This should not be a key criterion. It is not clear if there is a definitive link between case size and the quality of products, services or communication provided on a referral. That being said, the distribution of referrals is an issue that the new performance assessment system should explore to ensure that future referrals are based on the quality and effectiveness of the products and services provided.

12. Each person involved with the claim is clear about their roles and responsibilities, consequences of available choices, relevant steps in the process, and is held accountable. (People involved may include vocational consultant, injured worker, claims manager, physician, employer, or other experts who may assist in resolving issues.)

Less than two thirds (60%) of all respondents said this is “Essential” and one third (35%) said this is “Important” for a total of 95%. Medical providers and Employers rated it highest. Lowest ratings for “Essential” were by L&I claim managers (46%) and Injured worker/labor (38%).

Most comments said role clarity is important for all parties involved in a claim however, as stated by one Employer, “the department fails at this at every level. This is why I have little to no hope of an effective voc performance assessment system.” Many comments said VRCs were currently held more accountable than other parties, particularly

physicians. Many said VRCs were in the best position to share information about roles and responsibilities of all parties, one suggested creating a return to work pamphlet, which indicates that the current pamphlet could be improved or better publicized. Some were fearful this has a negative or punitive connotation of “accountable” rather than promoting a more positive team approach.

Total number of comments: 68

Recommendation: This should not be a key criterion as *written*. However, defining VRC roles and responsibilities is fundamental to developing a performance assessment system, to ensure clarity about who will be measured and what ‘performance’ they are responsible for. Creating clarity about the responsibilities of each participant would help significantly in improving the ability of all parties on a claim to work together to move it forward.

13. Each person involved with the claim works collaboratively to develop constructive relationships, effective communications, and issue resolutions to help overcome barriers and achieve a common goal.

About half (51%) of all respondents felt this was “Essential” and 41% felt it was “Important” for a total of 92%. A few (6%) thought it should be “Optional” or “Less Important” and 2% “Disagreed.” All (100%) of Self Insured and most Medical providers (83%) thought it was “Essential.” Injured worker/labor had lower ratings with 36% saying it was “Essential” and the remainder saying it was “Important.”

Comments from respondents who said this is “Essential” emphatically supported the idea of collaborative teamwork as “the single most important item for successful resolution of cases.”

One commented that Self Insurance claims seem to resolve faster because everyone is working toward the same goal. Respondents who rated it lower felt that sometimes a common goal is not possible due to conflicting interests. Some felt that VRCs should not be held accountable for the non-cooperation of other parties, such as physicians or injured workers. Some disagreed with the statement because they said it is not true now, although they seemed to think it would be nice to have. Some disagreed because they think that collaboration is impossible because of conflicting interests.

Total number of comments: 62

Recommendation: This should be a key criterion, with a caveat. VRCs should be expected to be courteous, professional and constructive in dealing with all other parties in a claim, but they should not be expected to guarantee that all parties are collaborative. Also, L&I should explore opportunities for creating more collaborative teamwork among all parties involved, provide feedback and increase system alignment for constructive behaviors.

14. Vocational phases of a claim should be re-assigned to the same VRC, unless it is not a good fit. This continuity of services improves rapport and trust, and reduces injured worker frustration regarding repeating information and experiencing people in their private lives. More than a third (37%) said this is “Essential” and less than half (46%) said it is “Important” for a total of 73%. About 12% said it is “Optional.” There is more diversity in priorities around this statement than others in this category. Employers rated it higher with more rating it “Essential” than “Important,” however 14% also said it is “Optional.” Self-insured and VRCs were evenly split between “Essential” and “Important.” L&I claim managers, L&I staff, and Injured worker/Labor and Medical providers had lower “Essential” ratings than “Important” ratings.

Comments generally supported the statement and added the benefit of reduced cost to the system by avoiding repeat work, such as extensive file reviews. A common concern shared by respondents at every rating level was how to define “good fit.” Factors cited that may be relevant included different skills needed during referral phases (e.g. Early Intervention vs. Plan Implementation), poor or incomplete work by a VRC, conflict of interest when a VRC recommends

subsequent phases (e.g. Plan Development is recommended although IW may be employable), the VRC has not been proactive in

managing the referral, benefits of getting a “second opinion,” and an IW who says a VRC is not a “good fit” because the WAC is detrimental to IW receiving more benefits and the VRC is abiding by the WAC. Some said that the employer and injured worker should have a say in the selection of a vocational counselor. Several commented that reassignment should not be required.

Total number of comments: 74

Recommendation: This should not be a key criterion for evaluating vocational providers. Who should receive subsequent vocational referrals and whether or not it is a “good fit” seem to be a consequence of quality work, not a criteria of “quality and effectiveness” of vocational counselors.

However, reducing duplicative services will likely reduce frustration of injured workers, employers and physicians and reduce system costs. These are important results and these aspects should be included in an evaluation of the workers’ compensation system. Also, consideration could be given to exploring options for including requests of employers and/or injured workers when selecting vocational providers.

15. The system is aligned to support a mutual purpose. Elements of the system may include rules, policies, ethical standards, processes, practices, and incentives.

One third (33%) of all respondents marked “Essential” and half (51%) said it was “Important” for a total of 84%. Medical providers and Self Insured showed stronger support for this than other stakeholder groups.

Most comments supported the concept of alignment. Several reacted to the term “incentives” because some felt that referrals were a sufficient incentive and there was no need for more incentives and some who resisted implementing incentives because of a negative association with pressure that promotes unethical behavior. Some had concerns about whether there is or could be a “mutual purpose” among stakeholders in a claim although some stated that SI already works in alignment. Several respondents indicated

confusion about what “system” the statement was referring to. One quarter stated that alignment is not the present reality.

Total number of comments: 55

Recommendation: This should not be a key criterion for a vocational performance measure. Although it may impact how easily vocational providers can deliver products or services within the system, it does not necessarily shed light on the performance of VRCs within that system. Since many respondents felt the system is currently not aligned and that this is causing friction and sub-optimal results, this may be an important issue for management to evaluate.

16. IF YOU WOULD LIKE US TO CONSIDER OTHER CRITERIA, PLEASE ADD IT HERE

There were 74 comments that have been grouped into categories: Criteria, Rules/policy/management issues, and Comments about the survey questions. Comments about the methodology of a performance system, such as measure what is with the VRCs control, referral distribution patterns, and so forth have been included in the “Values and Constraints” section of this report. Specific recommendations about how to assess performance, such as auditing case files or conducting customer surveys will be forwarded for evaluation to the work teams in Phase II.

Criteria: Several comments were similar to statements above such as; vocational work should be thorough and correct the first time, the vocational plan should be sensible with a plan goal, JA, LMS, medical and work history that are congruent, communication with VRCs should be timely and in-person as needed (i.e., VRCs are available and responsive), the performance criteria should not contradict professional ethics, vocational work should be uphold able at VDRO and BIIA, and the value given to an outcome (e.g. RTW vs. ATW) should depend upon the facts in the referral. Other suggestions for criteria included:

- The VRC should live near and be familiar with local labor market and be available to the injured worker, the employer, and the attending physician.
- Difficulty factors should be considered *such as* the age of claim, the number of unsuccessful vocational referrals, age of the injured worker, work history, work patterns,

number of surgeries, accepted conditions, psych, previous failed training plans, amount of training remaining, IW criminal history, time off work, pre/post conditions, previous claim filing by the injured worker, substance abuse, rural labor market, fluency in English, documented status, time of referral, etc.

- Claim managers would like more information regarding VRC education, credentials, years of experience, forensic qualifications, interests, areas of expertise, overall philosophy & approach.
- Review the guidelines by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Rule/ Policy/ Management:

- Require documentation of credentials (CDMS etc)
 - Random referrals to VRC in geographical location
 - Claim managers can't dump difficult claims
 - VRC can't pick & choose referrals to accept
 - Allow interns to receive direct referrals or stop limiting VRCs to 3 contiguous service locations.
 - Allow VRCs with >10 years to be eligible w/o credential
 - Allow for VOC INTERRUPT in the EI, AWA or PD referral
 - Provide a clear, concise, specific Vocational Services Manual so everyone can refer to the same current rules & policies. Comments indicated that the RCW, WAC and website inadequately provide the clarity and understanding that is needed.
 - Focus on identifying standards of practice and ethical guidelines for claim managers, VRCs and other staff instead of on regulating VRC behavior
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- Allow extra time & resources for complex claims with extensive difficulty factors
 - Billing standards that are more clear, like physicians and physical therapists have
 - Employers & injured workers should have input when choosing a VRC
 - Allow VRCs to meet with claim manager referral source once a year for feedback and meeting new staff. "Prohibition against marketing has hurt the process."

- Don't overindulge in rule making and process steps
- Establish an ombudsman or similar role, to provide assistance to injured worker, VRC, employer, attending physician to meet the need for objective, fair and reasonable help, not punishment.
- More emphasis on removing unethical or fraudulent physicians and attorneys.
- New RCW to allow BIIA to adjudicate 'questionable' pension cases e.g. settlement compromise issued by judge, a judicial oversight committee w/ business & labor, could review cases regularly
- More flexibility regarding exceptions to policies that are unsuitable to a situation (they are outdated or unable to support good vocational rehabilitation practices).
- Pay VRCs and provide incentives when they get a RTW. (*Note: Other comments contradicted this recommendation.*)
- Have claim managers make all referrals e.g. stop ERTW assignment of referrals (*Note: Other comments contradicted this recommendation.*)
- Claim managers receive additional training on vocational issues and are permitted to travel to become acquainted with labor market and VRCs
- Clarify term "medically unstable for more than 90 days" versus "unable to participate in voc services for more than 90 days"
- Need a common goal