



Washington State Department of  
**Labor & Industries**

# **Stakeholder Feedback Report**

Evaluating Potential Indicators  
of  
Vocational Provider Performance

November 2009

## Table of Contents

Introduction .....	3
General observations.....	4
Background .....	6
Methodology.....	8
Summary of feedback for each potential indicator .....	11
1) Timeliness of monthly progress reports .....	14
2) Results of vocational disputes.....	15
3) Customer surveys.....	16
4) L&I approval of training plans submitted by a vocational provider.....	17
5) Complaints submitted to L&I about vocational work .....	19
6) Results of vocational audits .....	20
7) Specialized knowledge, skills or abilities (KSA) .....	22
8) How often training plans are successfully completed .....	24
9) How often L&I approves provider recommendations that injured workers could benefit from retraining (i.e. "eligible").....	25
10) Duration of referrals. ....	27
11) How often injured workers return to work (RTW). ....	28
12) Fee caps exceeded. ....	29
13) Cost of services. ....	30
14) List credentials .....	31
15) Years of experience.....	32
16) List educational degrees .....	33
17) Primary phone number.....	34
18) Primary Location .....	35
Appendix I – Vocational Performance CRITERIA and Assessment System VALUES.....	36
Appendix 2 - Potential indicators ranked by average score .....	38
Appendix 3 - Potential indicators rated "Good" or "Great".....	39
Appendix 4 – Acronyms .....	40

## Introduction

L&I is developing a new system for assessing vocational provider performance in the State Fund portion of Washington's industrial insurance program. This new evaluation system should serve to recognize, attract, and retain vocational counselors who consistently deliver high quality and effective services for injured workers and employers.

**The new performance assessment system will be implemented in phases.** A measure of Percent Useful Outcomes was implemented October 2008 and the previous measure, Complexity Adjusted Cost Outcome (CACO), was retired. The next phase is underway to identify a set of performance indicators, or "Profile," to more completely reflect the quality and effectiveness of vocational services (see Appendix 1 - Vocational Performance CRITERIA and Assessment System VALUES). An independent review of these measures will be completed prior to implementation.

**This report** shares stakeholder feedback about 18 potential indicators of vocational performance and the results of a technical study. Stakeholder feedback about strengths and challenges of these indicators will assist L&I to identify an appropriate set of measures for a "Profile" of vocational provider performance.

Feedback about potential indicators for a "Profile" has been gathered in several ways.

- A list of 18 potential indicators was derived from extensive conversations with internal and external stakeholders.
- Internal and external focus groups contributed in-depth analyses of the strengths and challenges of these potential indicators. Focus groups included the Methods for Assessing Quality (MAQ) team, the Vocational Technical Stakeholder Group (VTSG), L&I internal staff (claim managers and vocational specialists (VSS)), Retrospective Rating Advisory Committee (Retro), the interagency Return to Work Coordinators, and the Self Insurance (SI).
- An on-line survey received 436 responses from 10 different stakeholder groups. Respondents were asked to rate each of the 18 potential indicators as either "No, don't use it," "Poor," "Good," "Great," or "I don't know." Survey respondents also submitted approximately 3,000 comments about the potential indicators.
- An Indicator Technical Study estimated technical (IT/IS) costs for obtaining data for each of the 18 potential indicators and for displaying a set of indicators. L&I will use this information to evaluate technical and resource options.

## General observations

Comments revealed some themes present among all stakeholder groups:

- Concerns about the impact of case complexity were often associated with lower ratings of an indicator. Respondents generally believed that indicators such as cost, duration, plans completed and Return to Work(RTW) in Early Intervention (EI), would be significantly impacted by complexities (such as injury severity, location, etc.) and by the actions of other parties (such as injured workers, employers, physicians, or claim managers). When respondents believed vocational counselors (VRC) had more control or influence over an indicator they generally rated it higher. When respondents thought VRCs had little control or influence, they generally gave the indicator a lower rating.
- Indicators that relied on professional reviews (such as disputes or plans approved) were rated higher than outcome measures (such as RTW in EI or Plans completed). While useful outcomes, cost and duration were deemed to be very important, it was widely recognized that good vocational services may, or may not, result in lower costs or shorter duration due to complexities that may exist in the claim. Therefore peer reviews of some type may be needed to evaluate the extent to which the VRC was professional and proactive when facing complexities such as medical issues, non-cooperation, or rural economies. While peer reviews were the preferred method, some stakeholders felt these reviews are clear and professional while others were concerned that the reviews should be more consistent and provide more transparency about expectations.
- Quality vocational services that resolve vocational issues are worth committing extra time and money, especially when claims are complex. As stated by an employer, “Cost is not important if the job is done well. Better to pay a bit more for good work than work done on the cheap that does not hold up.” Simultaneously, it was also deemed important for VRCs to be proactive and manage cases efficiently. A combination of quality work and proactive case management was supported by business, labor, VRCs, claim managers and VSSs.

**Cursory rankings of the potential indicators** are summarized below. When evaluating indicators for a “Profile” these rankings will be considered in conjunction with comments from survey respondents, focus group participants and results of the technical study.

- Survey ratings – Respondents were asked to rate indicators as either “No, don’t use it” “Poor,” “Good,” “Great,” or “I don’t know.” Responses were coded from 1 to 4 where 4 was “Great.”
- L&I internal focus group - After extensive discussion, each member was asked to choose their top 5 indicators. Each vote is shown below as an asterisk.
- All MAQ team members discussed the indicators in detail but not all had an opportunity to rate the indicators. Attendees of the Tumwater meeting drafted ideas for a process but did not rate individual indicators. Ratings from the Kennewick and Everett meetings are shown below.

Rank	Potential Indicator	SURVEY Average	L&I Internal Focus Group	MAQ (only 5 of 12 members voted)
1	Timeliness of monthly progress reports.	3.15	*****	****
2	Results of vocational disputes.	3.04	*****	***
3	Customer surveys.	2.97	∅= no votes	∅
4	L&I approves training plans	2.95	*****	****
5	Complaints	2.91	****	∅
6	Results of vocational audits.	2.79	*****	***
7	Specialized knowledge, skills or abilities	2.69	*****	*
8	Training plans completed.	2.67	***	∅
9	L&I approves "eligible" recommendation in (AWA)	2.67	*****	****
10	Duration	2.65	*	∅
11	Return to work (RTW) during the Early Intervention (EI )	2.61	*	∅
12	Fee caps exceeded.	2.45	***	∅
13	Cost of services / billing patterns	2.33	*****	∅
14	Credentials	2.27	**	*
15	Number of years of experience	2.22	∅	**
16	Educational degrees	2.17	***	∅
17	Primary phone number	2.13	∅	∅
18	Primary location	1.81	∅	∅

## Background

**Legislative statute** requires L&I to establish criteria for the quality and effectiveness of vocational services, monitor providers and make referrals based on the criteria (RCW 51.32.095 section 6). In an attempt to meet this statute, L&I implemented a measure in 2001 called Complexity Adjusted Cost Outcome (CACO). Some vocational providers believed this measure failed to meet statutory intent and filed suit. In 2006 the Thurston County Superior Court instructed L&I to develop a new method for evaluating the quality and effectiveness of vocational services. The department is currently developing a new vocational performance assessment system in response to the court ruling.

L&I conducted extensive outreach to external and internal stakeholders to assist in developing a new performance assessment system. L&I listened to stakeholders to understand how they defined “quality and effectiveness” of vocational services and what values should become the basis of a new evaluation system (for example: fair, valid, etc.). Stakeholders were invited to participate in 32 forums offered around the state (18 public and 14 with L&I staff) and 327 stakeholders responded to an on-line survey and provided over 2,500 comments.

This feedback was summarized in the Performance CRITERIA and System VALUES (*Appendix 1*). A draft was reviewed by a cross-functional team of external and internal stakeholders called the Methods for Assessing Quality (MAQ) team. These CRITERIA and VALUES were then adopted L&I management in 2008.

The CRITERIA and VALUES constitute the foundation of the new vocational performance assessment system.

The Performance CRITERIA define “quality and effectiveness” of vocational services as:

- Obtain useful outcomes at a reasonable cost.
- Resolve vocational issues by thoroughly addressing vocational facts and issues and provides objective, relevant and sound recommendations.
- Professional case management that is proactive and timely without sacrificing quality or relationships, abides by the rules (RCW & WAC), provides necessary documentation and adheres to ethical standards of the profession.
- Communication skills that are effective, timely, professional and serve to build constructive working relationships.
- Knowledge of vocational rehabilitation methodology, Washington state workers’ compensation, and the local environment.

System VALUES outline key considerations for measures or processes so they will support desirable behaviors, ethics, culture and results. These values are fair, understandable, valid, and in support of a culture of collaboration and continuous improvement.

**The Methods for Assessing Quality (MAQ) team developed seven proposals** designed to assess performance according to the CRITERIA and to honor the system VALUES. The team was comprised of about 40 internal and external stakeholders.

- Two recommendations have already been implemented: amend the Performance CRITERIA and adopt Percent Useful Outcomes (see Phase 1 below).
- Two recommendations are currently being implemented: the Status Report (or “Profile”) is Phase 2 and this report evaluates indicators that should be included in a Profile, and, a third party independent review will be conducted prior to implementing the Phase 2.
- Three of the MAQ team recommendations require additional research and will be revisited: customer survey, closing report summary sheet and a qualifications test.

**Phase 1** of a new system was implemented last October when a measure of percent useful outcomes began and CACO was removed. The new measure reflects some, but not all of the performance CRITERIA. Work on Phase 2 began immediately.

**Phase 2** of a new system is currently being developed to create a “Profile” of provider performance. This will be a set of performance indicators that will provide a more complete reflection of the quality and effectiveness of vocational services. L&I will consider information contained in this stakeholder feedback report when identifying key indicators for a Profile.

**An independent review will be conducted prior to implementing Phase 2.** L&I will work closely with the vocational community and other stakeholders to understand expectations for this review.

**Ongoing** efforts will continue to solicit feedback, evaluate and improve the system.

## Methodology

To help evaluate the 18 potential indicators for a “Profile,” L&I conducted extensive outreach with focus groups and conducted an on-line survey. A technical study was also used to assess the feasibility and estimate costs that might be associated with the various indicators and display formats. Information from the focus groups, survey, and the technical study will be influential in discussions about measures and display formats for a Profile.

**Focus groups** contributed in-depth analysis of the strengths and challenges of each of the potential indicators.

- A focus group of L&I claim managers and vocational specialists (VSS) evaluated the pros and cons of each of the indicators and assessed how well the indicators might address the Performance CRITERIA and meet the System VALUES.
- The Methods for Assessing Quality (MAQ) team, comprised mostly of vocational counselors this time, conducted a similar but more extensive analysis using an on-line interactive web site followed by 6-hour meetings in Kennewick, Everett, and Tumwater.
- The Vocational Technical Steering Group (VTSG) contributed suggestions and feedback during their regular bi-monthly stakeholder meetings.
- Presentations were given to the Retrospective Rating Advisory Committee and to a meeting of interagency Return to Work Coordinators. L&I shared an overview of efforts to develop a new performance assessment system and the list of potential indicators and listened to participant comments and suggestions.
- L&I also met with the Self Insured (SI) Liaison committee and received several pages of comments from the SI community. This interaction focused on some strategic questions:
  - How does your company identify good vocational providers?
  - How do you recognize, attract, and retain excellent vocational providers?
  - How do you respond when you receive poor quality work?
  - How does this promote both learning and accountability?
  - How might you design a system to ensure that vocational services delivered to injured workers are done right the first time, every time?

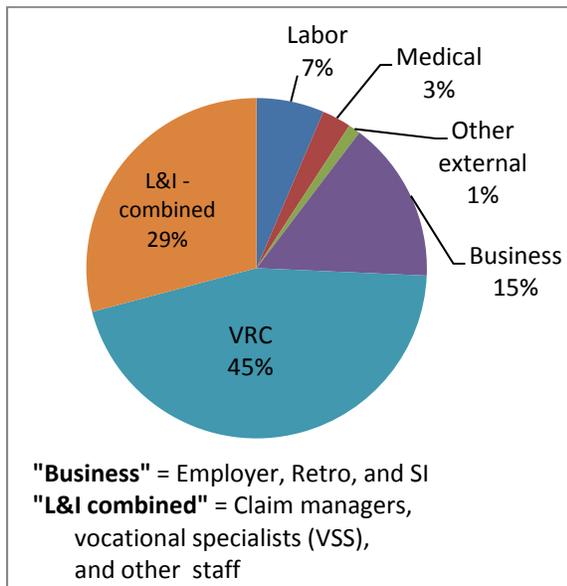
**An on-line survey** asked stakeholders to rate each of the 18 potential indicators and invited them to submit comments. From a list of 10 options, respondents self-selected the stakeholder group they were most closely associated with: labor, employer, retrospective rating, self insurance, medical provider, vocational provider (VRC), other external stakeholder, L&I claim manager (CM), L&I vocational specialist (VSS), or L&I other staff.

The survey was announced at various stakeholder meetings prior to publication and invitations were sent via email, List Serve, and L&I’s “What’s New” website. It was available for one week between January 28 and February 4, 2009.

The format was *Survey Monkey* (a survey creation tool) which allowed only one response per person and ensured anonymity. Because all participation was voluntary, sampling is not statistically reliable nor was it based on a random or stratified sampling plan.

There were 436 respondents from 10 stakeholder groups (below) who completed the survey. They rated each of the 18 potential indicators and provided approximately 3,000 comments.

Survey Respondents by stakeholder group:



Which group are you most closely associated with?	Number of Respondents	Percent of Total
Labor	28	6.4%
Employer	32	7.3%
Retrospective Rating (Retro)	15	3.4%
Self-insured (SI)	20	4.6%
Medical provider	12	2.8%
Vocational provider (VRC)	197	45.2%
Other external stakeholder	5	1.1%
L&I claim manager	84	19.3%
L&I vocational specialist (VSS)	15	3.4%
L&I - other staff	28	6.4%
Total number of respondents	436	

**The Indicator Technical Study** investigated the feasibility and cost to obtain and display a set of indicators. The study was completed July 1, 2009. For each of the 18 potential indicators, they researched data availability and possible technical issues and estimated costs that might be associated with obtaining reliable data. They also developed options for displaying a set of indicators for a referral source (e.g. claim manager or vocational specialist) and estimated costs associated with the options. This information will be combined with feedback from focus groups and from the survey and will contribute to discussions about Phase 2.

## Summary of feedback for each potential indicator

Feedback about each potential indicator is presented in the following format:

- **SURVEY DATA** summarizes ratings from the on-line survey. It lists overall average rating of the indicator and average ratings by stakeholder group. The overall average rating gives equal weight to each of the 10 stakeholder groups. Also shown is the percent of respondents who rated the indicator as either a “Good” or “Great” measure, including the overall average percent as well as the percent within each stakeholder group.
- **SUMMARY of COMMENTS** combines feedback from the survey and from focus groups. These are organized under three subtopics:
  - Strengths of the indicator.
  - Concerns about the indicator.
  - Considerations including possible issues, options or ideas.
- **TECHNICAL FEASIBILITY** describes how easily data elements for a measure could be obtained and an estimated cost for obtaining the data.

### Understanding the COMMENTS

The comments sections in the following pages summarize feedback from survey respondents and from the focus groups. For every potential indicator, stakeholders have commented on strengths, concerns and offered things to consider. Comments under these three topics should be considered together, as a totality, not as separate or mutually exclusive. There are at least two reasons for this:

- Some stakeholders may have considered an issue as a strength, while others, with different experiences, interpretations, or expertise may have concerns about it. In this case, the issue may show in both the strength and the concern sections.
- Sometimes a stakeholder may strongly support a particular indicator and at the same time, also share a concern. In this case, although the issue would be listed in the concern section, this should inform, but not necessarily negate, the potential value of adopting the indicator.

An example of how to look at this totality can be found by reviewing feedback about disputes. This potential indicator ranked in the top 6 for every stakeholder group in the survey and was considered to be either a “Good” or “Great” indicator by 75% of respondents. In the comments, some said that the Vocational Dispute Resolution Office (VDRO) “does a great job,” is “generally good, fair, and objective,” and that VDRO decisions are more likely to be based on applicable rules and laws than some Board decisions. At the same time, respondents shared concerns about consistency or felt VDRO was “often unreasonable” in their decisions. At first glance, these may appear contradictory, but digging deeper, it can be discovered that some respondents who may have used a word like “unreasonable” also rated disputes as a “Good” indicator of performance.

Holding all feedback about this indicator in its totality, it gives us an opportunity to better understand perceived strengths, concerns and considerations. Then, as implementation progresses for indicators that are eventually selected, we can develop methods, processes and calculations that maintain the strengths while mitigating many of the concerns.

**The order in which feedback is presented in this report is based on the average rating from the on-line survey.** This order is NOT indicative of any recommendations or decisions about which measures may, or may not, be selected as a measure of vocational performance. All feedback, including comments from survey respondents and from focus group participants and results of the technical study, will be considered when evaluating indicators. Eventually a set of indicators will be selected to create a “Profile” of performance. This “Profile” is intended to provide a set of performance indicators that will more completely reflect the quality and effectiveness of vocational services (Appendix 1).

List of the 18 potential indicators that were evaluated:

1. **Timeliness of monthly progress reports** - Vocational providers are required to submit a progress report every 30 days.
2. **Results of vocational disputes** - If an employer or injured worker files a dispute, L&I vocational specialists review the vocational work and determine if it can be upheld.
3. **Customer surveys** - Obtain specific feedback from people who have worked with a vocational provider.
4. **How often L&I approves training plans submitted by a vocational provider** - Measurement would be limited to referrals reviewed by an L&I vocational specialist in the Plan Development (PD) phase.
5. **Complaints** - Every complaint submitted to L&I about vocational work is audited by L&I vocational specialists to ensure applicable statutes, rules and policies have been followed.
6. **Results of vocational audits** - These audits are conducted by L&I vocational specialists who review vocational reports and determine if they meet legal requirements.
7. **Specialized knowledge, skills or abilities** of a vocational counselor such as language certification or experience with an industry.
8. **How often training plans are successfully completed** - Measurement would be limited to referrals in the Plan Implementation (PI) phase.
9. **How often L&I approves provider recommendations that injured workers could benefit from retraining (likely-to benefit/”eligible”)** - The measurement would be limited to referrals reviewed by an L&I vocational specialist in the Assessment (AWA) phase.
10. **Duration of referrals** - Show patterns of how long it takes to complete referrals (from receipt of a referral to a final recommendation from the provider).
11. **How often injured workers return to work (RTW)** - Measurement would be limited to referrals during the Early Intervention (EI) phase.
12. **Fee caps exceeded** - Show patterns of billing where vocational provider exceeds the maximum allowable amount.
13. **Cost of services** - Show billing patterns of vocational providers.



- 14.** List **credentials** from a professional vocational association (such as CRC, CDMS, etc.).
- 15.** **Number of years of experience** in Washington state workers' compensation system.
- 16.** List **educational degrees** attained by a vocational provider.
- 17.** **Primary phone number** where a vocational provider can be easily reached.
- 18.** **Primary location** where vocational counselor has their home office.

## 1) Timeliness of monthly progress reports

**Vocational providers are required to submit a progress report every 30 days.**

### SURVEY DATA

Overall, this ranked highest with a weighted average score of 3.15. It was 1<sup>st</sup> for SI, Medical, Other external, and L&I staff, 2<sup>nd</sup> for Retro and CMs, 3<sup>rd</sup> for VRCs, 5<sup>th</sup> for Labor, Employer and VSS.

This was rated “Good” or “Great” by 82% based on a weighted average of all stakeholder groups: Other external (100%), L&I staff (96%), CMs (92%), Retro (87%), SI (80%), VSS (80%), Labor (79%), Employer (73%) and Medical provider (67%), and VRC (64%).

### SUMMARY of COMMENTS

**Strengths** - Timely reports provide documentation needed to track progress of vocational services, promote communication with CMs (it is the primary source of complaints from CMs to PSRS), are required by WAC, demonstrate organization and time management skills, are objective, can be associated with quality services, are within the control of a VRC and would be equally applicable to all VRCs.

**Concerns** - Reports could be timely but content may not be substantive and other alerts about urgent issues may be more useful than an “arbitrary” 30-day requirement.

**Considerations** - Some reports can be misfiled and there is a need to define “timely” (e.g. plus or minus how many days? the date received or sent? backlogs in imaging/ scanning?). A few asked who reads the reports.

### TECHNICAL FEASIBILITY

This data isn’t currently captured in the Data Warehouse. L&I would need to develop a reliable and efficient process for obtaining this data.

Two options are to create a new cover sheet for imaging incoming progress reports or have L&I staff (CM or VSS) enter the date they receive a progress report. Either option is technically feasible but relies on a person to accurately and promptly enter data by hand. The technical team estimated the cost of either option at \$13,400.

A third option is to create an electronic submission process. Although time constraints did not allow the technical team to study the details of feasibility and cost, such a study could be requested in the future.

## 2) Results of vocational disputes

**If there is a dispute of a vocational outcome determination, L&I vocational specialists review the vocational work and determine if it can be upheld.**

### **SURVEY DATA**

Overall, this ranked 2nd with an average score of 3.04. It was 1st for CMs and VRCs, 2nd for Employer and SI, 3rd for Labor, Medical and Retro, 4th for Other External, 5th for L&I staff, and 6th for L&I VSSs.

This was rated “Good” or “Great” by 75% based on an average of all stakeholder groups: L&I CMs (90%), Labor (83%), L&I staff (81%), L&I VSS (80%), SI (80%), Other external (80%), Retro (67%), Employer (67%), VRC (67%) and Medical (58%).

### **SUMMARY of COMMENTS**

Comments about the strengths, concerns, and considerations were similar across all stakeholder groups and across all response types.

**Strengths** - It would show thoroughness and competence of a VRC’s work based on a review by a vocational professional of the documentation and analysis. An Employer and a Retro respondent commented that VDRO “does a great job” and is “generally good, fair and objective.” A VRC said that “voc work is reviewed by qualified persons” and others said this was within VRC control. A Retro respondent said they would prefer increased time and money if the voc work can be upheld. Some noted that VDRO decisions may be more likely to be based on applicable rules and laws than some Board decisions.

**Concerns** - The unreliability of labor market surveys (LMS), that the sample size would be small so not all VRCs would be measured, possible VSS subjectivity/inconsistency, that the process does not provide for VRCs to clarify or explain their work nor appeal decisions and that the dispute process can sometimes “take a long time.”

**Considerations** - The data must be limited to aspects within the VRCs control and knowledge at the time the work was performed (not just if the adjudicative decision was upheld), a measure must reflect patterns of VRC behavior, a measure should not show only the total number of disputes, and that using “upholdable” as the decisive factor may be a different standard than “good” or “better” vocational work.

### **TECHNICAL FEASIBILITY**

Dispute data regarding VRC performance is currently captured in an Access database. The solution requires VDRO staff to enter the data into LINIIS. The technical study estimated this would cost \$19,684.

### 3) Customer surveys

**Obtain specific feedback from people who have worked with a vocational provider.**

#### **SURVEY DATA**

Overall this ranked 3rd based on an average score of 2.97. It was 1st for Employer and Retro, 2nd for Labor and Other external, 3rd for SI and L&I staff, 4th for Medical and VRCs, and 10th for L&I CMs and VSSs.

This was rated “Good” or “Great” by 73% based on an average of all stakeholder groups: Other External (100%), Labor (90%), SI (80%), L&I staff (79%), Retro (73%), Employer (73%), and L&I CM (70%), Medical (67%), VRC (49%) and L&I VSS (47%).

#### **SUMMARY of COMMENTS**

Respondents who rated this indicator higher felt that it was very important to get the customer’s voice and that careful design of the survey could adequately address the concerns, particularly if this indicator was used in conjunction with other indicators such as adherence to statute and rules.

Respondents who provided the lowest ratings focused on VRCs lack of control regarding the laws, rules and processes that must be applied in a referral and how an injured worker’s response to a survey could be influenced by the outcome of the referral or claim.

Considerations focused on the importance of obtaining behaviorally-specific information, avoiding generalized questions (e.g. Did you like the VRC?) and obtaining sufficiently large and representative response rates.

#### **TECHNICAL FEASIBILITY**

The data is currently not available. To create data fields in LINIIS, the technical team estimated the cost at \$17,280.

However, before this measure could be used, L&I would need to develop a valid survey instrument, a process for collecting the data, and a process for summarizing the data. The cost of these activities is unknown.

#### **4) L&I approval of training plans submitted by a vocational provider**

**Measurement would be limited to referrals reviewed by an L&I vocational specialist in the plan development (PD) phase.**

##### **SURVEY DATA**

Overall, this ranked 4<sup>th</sup> with an average score of 2.95. It was 1<sup>st</sup> for L&I VSS, 2<sup>nd</sup> for VRCs, 3<sup>rd</sup> for L&I CMs, 4<sup>th</sup> for Labor, SI and L&I staff, 5<sup>th</sup> for Retro, 6<sup>th</sup> for Medical and Other external, and 8<sup>th</sup> for Employer.

This was rated “Good” or “Great” by 72% based on an average of all stakeholder groups: L&I CMs (93%), Other external (86%), Retro (85%), L&I VSS (81%), L&I staff (81%), Employer (78%), Medical (69%), Labor (67%), SI (42%), VRC (40%).

##### **SUMMARY of COMMENTS**

**Strengths** – A VSS conducts an in-depth peer review of the plan and the indicator could show the ability of a VRC to follow guidelines, regulations, expectations and thoroughness of work. Some VRCs said “We are provided the tools to successfully complete this” and that it is within VRC control. Others said there is typically good communication between the VSS and the VRC and the VRC is given a chance to add additional information requested by L&I.

**Concerns** about consistent decisions by VSSs were voiced among several stakeholder groups and showed in both low and high ratings. Others said that some VSS’s work out minor kinks in plans while others don’t, implying that a measure of first-time approvals should deal with this in order to be a reliable measure. Other comments were a bit confusing such as one sentence asserting that VSSs “deny every plan” while also saying that “VSS’s are not all on the same page.”

**Considerations** -The measure should allow for legitimate differences in professional opinions, a first run request for clarification should not be considered disapproval, the measure is already part of the Percent Useful Outcomes score and that the measure would also reflect LNI’s performance. There were differing opinions about whether to count first time approvals; some recommended highlighting these while others said that “temporarily” denied should not be considered a negative.

##### **TECHNICAL FEASIBILITY**

L&I’s final decision to approve or disapprove a plan is already captured in LINIIS. When submitting a plan, a VRC submits a PLN1 recommendation. Since it is possible for this recommendation to change prior to a departmental closure, capturing the initial recommendation code submitted by the VRC may protect the data integrity of a measure. Adding this data field is estimated at \$1,037.

The technical team also evaluated data needs for creating a measure of first time approvals. This measure would highlight VRC recommendations that are approved by VSS staff without a request for additional information (e.g. sending a P5 letter). The technical team recommended adding a data field to capture the original VSS decision in order to calculate the percent of first-time approvals. Estimated cost is \$1,728.

## 5) Complaints submitted to L&I about vocational work

**Every complaint filed is evaluated by L&I vocational specialists.**

### **SURVEY DATA**

Overall, this ranked 5<sup>th</sup> based on an average score of 2.91. It was 1<sup>st</sup> for Labor, 3<sup>rd</sup> for Other external and VSSs, 4<sup>th</sup> for Retro, 6<sup>th</sup> for Employer, SI and CMs, 9<sup>th</sup> for Medical and VRCs, and 10<sup>th</sup> for L&I other.

This was rated “Good” or “Great” by 71% based on an average of all stakeholder groups: L&I VSSs (87%), Labor (86%), CM (81%), Retro (80%), Other external (80%), L&I staff (70%), SI (70%), Employer (67%), VRC (49%) and Medical (42%).

### **SUMMARY of COMMENTS**

Across all stakeholder groups and across all ratings, there was a belief that complaints could be a useful indicator of performance if certain conditions were met. These conditions included an objective evaluation of complaints to evaluate validity, a focus on patterns not instances, and the need to display data on the portion upheld/denied not just total number of complaints.

One CM said they would like some detail about complaints such as the nature of the complaint, who filed the complaint and the ratio of substantiated versus unsubstantiated complaints. A couple comments urged caution if the measure was simply the number of complaints because of the potential for attorneys to increase complaints about certain VRCs in order to negatively impact a counselor who may be abiding by RTW priorities. Both VRCs and CMs suggested the VRCs should have some kind of reconsideration process available.

### **TECHNICAL FEASIBILITY**

The solution assumes a database text field to enter a summary of complaints (not an imaged document). The cost is estimated at \$24,192.

Text summaries could be limited to VRCs who received a minimum number of valid complaints (3 or more?) within a specified sample period (one year?). The text summaries would be provided by PSRS. The summary could describe origin and nature of complaints, determination about the validity, and any subsequent action and results (e.g. appeals).

## 6) Results of vocational audits

**These audits are conducted by L&I vocational specialists who review vocational reports and determine if they meet legal requirements.**

### **SURVEY DATA**

Overall, this ranked 6<sup>th</sup> with an average score of 2.79. It was 2<sup>nd</sup> for Medical, 4<sup>th</sup> for CMs and VSSs, 5<sup>th</sup> for SI, 7<sup>th</sup> for Other external, 8<sup>th</sup> for VRCs and L&I staff, 9<sup>th</sup> for Labor and Employer, 13<sup>th</sup> for Retro.

This was rated “Good” or “Great” by 62% based on an average of all stakeholder groups: VSS (87%), L&I staff (82%), CM (76%), Employer (61%), SI (60%), Other external (60%), Labor (57%), VRC (56%), Medical (46%), and Retro (36%).

### **SUMMARY of COMMENTS**

Comments revealed similar issues across all stakeholder groups and all ratings.

Strengths included VRCs should meet laws and rules (RCW, WAC, policy), VRC has control over content of reports, complete reports support claim resolution, it is a full review by another professional, audits can consider complexity in a referral, case notes and action plans, it can be used as a learning tool for VRCs and VRCs have appeal rights. Self-insured participants supported a focus on peer reviews, not outcomes since increased time and money in the short run may reduce overall duration and cost.

Concerns included adherence to laws does not mean that other critical aspects are also present such as “the more important human aspect,” relationship skills, depth of analysis, “good” service or “common sense.” Other concerns included subjectivity and alleged inconsistency, skewed sampling of who may be audited and that audit and appeal process can take a long time so that final measures may be a less valid indicator of current performance.

Suggestions were that auditing guidelines should be developed and shared with VSSs and VRCs to promote consistency, should distinguish between substantive and minor findings, audits should focus on more than just legal compliance, should use discretion on how to display results, show only final findings after appeal and use results as a learning tool with ways for VRCs to show improvement. An employer said expedited outcomes that are not protested are more important than low cost or short duration and the current billable hour model does not reward quick, effective resolution of barriers. A Retro respondent suggested setting up a mediation process instead of the current process of VRCs presenting to the Attorney General (AG). An SI respondent suggested creating a small panel to review 4-8 AWAs per year per VRC, monitor poor work and rescind registration if there was no improvement. Questions included: How would CMs be trained to interpret audit results? Are there liability or confidentiality issues? Should we deal with some impressions that audits are done for cause?

**TECHNICAL FEASIBILITY**

Data about audit results are in an Access database. An interface or load process would need to be built to transform it into an indicator. A similar solution was proposed for entering dispute data with an estimated cost of \$19,684.

A flag for distinguishing between minor and major findings could be explored. A similar solution regarding another indicator had an estimated cost of \$13,400.

Link to a text field may also be considered. A similar solution was proposed for PSRS to enter a summary of complaints with an estimated cost of \$24,192.

## 7) Specialized knowledge, skills or abilities (KSA)

**Knowledge, skills, or abilities of a vocational counselor such as language certification or experience in an industry.**

### **SURVEY DATA**

Overall this ranked 7<sup>th</sup> based on an average score of 2.69. By stakeholder group, it was ranked 3<sup>rd</sup> for Employers, 5<sup>th</sup> for CMs, 6<sup>th</sup> for Retro, 7<sup>th</sup> for VRCs, 8<sup>th</sup> for SI and Other external, 10<sup>th</sup> for Labor, 11<sup>th</sup> for Medical and VSSs, and 12<sup>th</sup> for L&I staff.

This was rated “Good” or “Great” by 61% based on an average of all stakeholder groups: CMs (83%), Other external (80%), Employer (72%), L&I staff (70%), Retro (67%), SI (60%), Labor (54%), VRC (49%), VSS (40%), and Medical (33%).

### **SUMMARY of COMMENTS**

Strengths were that VRC understanding of business culture, industry, and injury type is important, CMs could find better fit for injured worker, it demonstrates motivation which may be correlated with performance, and that it may reduce costs and duration if VRC speaks the language, knows the industry, etc. Some said they would like language certification. One thought the number of job modifications in a particular industry would be useful.

However, it was viewed as a better indicator of potential than of performance and if used, it could inundate some VRCs with more difficult caseloads. Some felt that a good VRC with an interpreter could be as effective as one who speaks the language while others felt a good and fluent VRC could be more effective. Some were concerned that the information could be used to discriminate against VRCs who don't have a language certification but have easy access to an interpreter. A few asked whether a KSA was actually statistically correlated with better performance so that VRCs with the documented KSAs actually exceed the usual skill set held by other VRCs and, if so, does this improve results.

One key issue was the need to verify any KSA such as a language certification, school diploma or program certification. Verification would be essential and may need to define specifics such as minimum hours needed, and so forth. Some suggested listing continuing educational units (CEUs) and topics in a biographical format. Some SI companies interview VRCs prior to hiring them and may assess validity of KSAs at that time. A question emerged about potential liability to L&I if a VRC misrepresented their KSAs.

### **TECHNICAL FEASIBILITY**

Currently this data is not requested on the Vocational Provider Application Form. The form could be changed and a PSRS review conducted prior to entering the information in a data field. The cost to create a new data field is estimated at \$11,750.

Regarding language certification, it may be possible to create the data using L&I's current interpreter certification requirements. However it would be important to distinguish VRCs with certified proficiency from providers who actually are paid providers of interpreter services.

## 8) How often training plans are successfully completed

Measurement would be limited to referrals in the Plan Implementation (PI) phase.

### SURVEY DATA

Overall this ranked 8<sup>th</sup> based on an average score of 2.67. By stakeholder group, it was ranked 2<sup>nd</sup> for L&I staff, 4<sup>th</sup> for Employer, 5<sup>th</sup> for Medical, 7<sup>th</sup> for Labor, 8<sup>th</sup> for CMs, 9<sup>th</sup> for Retro, 11<sup>th</sup> for VRCs, 13<sup>th</sup> for Other external, 15<sup>th</sup> for VSSs, and 16<sup>th</sup> for SI.

This was rated “Good” or “Great” by 61% based on an average of all stakeholder groups: L&I staff (89%), Other external (80%), CMs (73%), Labor (69%), Employer (67%), Medical (67%), Retro (53%), VRC (42%), SI (40%), and VSS (29%).

### SUMMARY of COMMENTS

There was agreement that VRCs are responsible for recognizing, anticipating, and addressing issues in a timely manner by communicating with injured workers, schools, VSS’s and CMs and that this may sometimes influence successful results.

However, across all stakeholder groups, including business, Retro and SI, there was concern about the number of factors outside the control of a VRC such as injured worker motivation, medical issues, or school program changes.

If an indicator cannot be adjusted for factors outside VRC control, some were concerned that it may encourage VRCs to recommend pensions in order to avoid potentially risky plans. Some suggested that it would be more valuable to review progress reports to see if VRCs anticipate, recognize, address, and communicate issues. Others suggested plans completed would be a better system measure than a measure of individual VRC performance.

### TECHNICAL FEASIBILITY

The data currently exists in two formats. “Successful” could be defined as a collection of specific outcome codes and therefore be a subset of the measure of Percent Useful Outcomes. This outcome data already exists in LINIIS.

“Successful” could also be defined by a CM when they close a referral by checking a Yes/No flag on the LINIIS screen. This data is available but may contain data reliability issues since a claim manager can check the flag when they determine that the plan was “successful.”

## **9) How often L&I approves provider recommendations that injured workers could benefit from retraining (i.e. “eligible”).**

**The measurement would be limited to referrals reviewed by an L&I vocational specialist in the Assessment (AWA) phase.**

### **SURVEY DATA**

Overall this ranked 9<sup>th</sup> with an average score of 2.67. By stakeholder group, it was ranked 2<sup>nd</sup> for VSS, 5<sup>th</sup> for VRCs, 6<sup>th</sup> for Labor and L&I staff, 7<sup>th</sup> for CMs, 9<sup>th</sup> for SI, 11<sup>th</sup> for Retro, 13<sup>th</sup> for Employer and Medical, and 17<sup>th</sup> for Other external.

This was rated “Good” or “Great” by 57% based on an average of all stakeholder groups: VSS (87%), Labor (75%), CM (72%), L&I staff (67%), VRC (58%), SI (50%), Retro (47%), Employer (45%), Other external (40%) and Medical (25%).

### **SUMMARY of COMMENTS**

Several comments indicated that some respondents misunderstood either the question or L&I’s process to approve a VRC “eligible” recommendation in an Assessment referral. Some respondents appeared to think that the “provider” was a physician instead of a VRC, some thought that CMs approved these and may not have the time or expertise to accurately evaluate the recommendation, and others thought the measure intended to compare the portion of a Assessments where a VRC recommended “likely-to-benefit” to all other closure types (e.g. able to work).

Comments from respondents who appeared to understand the question and the current process were overwhelmingly positive because it is a peer review by a vocational professional, it can show thoroughness and consistency of VRC work, VRCs have control over the content of reports and use their skills and education in this phase, it shows ability to follow available guidelines, and provides a more collaborative learning environment.

Concerns were about factors outside VRC control and that VRCs have no recourse to a determination. Some mentioned inconsistency of reviews while one said that “reviews seem to be rubber-stamp approvals.”

Some said that a pattern of first time approvals would be meaningful and some said that a VRC should have an opportunity to staff the recommendation prior to submission and provide clarification and that this should not negatively impact the rating. There were suggestions to also look at other outcomes, such as able to work (ATW), because conducting peer reviews of only “eligible” recommendations may encourage some VRCs to recommend ATW and that VSS reviews of other recommendations made by VRCs would assist both employers and injured workers.

**TECHNICAL FEASIBILITY**

L&I's final decision to approve or disapprove eligibility is already captured in LINIIS. However, this measure would rely also on a distinct VRC recommendation code (SAS3 – eligible) within the AWA referral type. Since it is possible for this recommendation to change prior to a departmental closure, capturing the initial recommendation code may increase the data reliability of a measure. Adding this data field is estimated at \$1,037.

Another option explored by the technical team was to create a measure of first time approvals. This measure would highlight VRC recommendations that were approved by VSS staff without a request for additional information. The technical team recommended adding a data field to capture the original VSS decision in order to calculate the percent of first-time approvals. The estimate for similar solution for Plans approved first time was \$1,728.

## 10) Duration of referrals.

**Show patterns of how long it takes to complete referrals from receipt of a referral to a final recommendation from the provider.**

### **SURVEY DATA**

Overall this ranked 10<sup>th</sup> with an average score of 2.65. By stakeholder group, it was ranked 7<sup>th</sup> by Employer, Retro, SI and VSSs, 8<sup>th</sup> by Labor and Medical, 9<sup>th</sup> by Other external, 11<sup>th</sup> by L&I staff, 12<sup>th</sup> by CMs, 18<sup>th</sup> by VRCs.

This was rated “Good” or “Great” by 54% based on an average of all stakeholder groups: SI (74%), Labor (69%), VSS (60%), CM (60%), L&I staff (59%), Retro (53%), Employer (53%), Medical (50%), Other external (50%), and VRC (15%).

### **SUMMARY of COMMENTS**

Duration could reflect VRC work that is proactive in moving cases forward, indicative of the ability to manage responsibilities, develop rapport and overall effectiveness.

However, even respondents who rated this indicator “Good” or “Great” were also very concerned about the impact of case complexity because longer durations can be caused by other parties or circumstances and would therefore not be a transparent measure of VRC performance. Respondents who rated this indicator lower had similar concerns. There were 38 comments from Labor, Employer, Retro and SI of which almost 3/4ths (27) said it would not be a good measure of VRC performance because of the impact of other factors (e.g. physicians, workers, claim managers, medical issues), that competent VRCs tend to receive more difficult cases which tend to take longer to resolve, and how this measure could discourage thorough vocational work and discourage efforts to bring a referral to a useful resolution. CMs and VSSs tended to share these concerns. Several respondents were concerned that some of the negative behaviors experienced under CACO may reappear.

Suggestions tended to focus on three key issues: proactive case management, thoroughness of work and complexity. Some suggested that L&I review monthly progress reports and closing reports to see if steps were handled timely, others suggested correlating with outcomes, particularly dispute findings, and others suggested using the measure as an audit flag instead of a Phase 2 measure. There was also a suggestion to correlate complexity with the CM level since level 3’s tend to be more difficult and may take longer.

### **TECHNICAL FEASIBILITY**

Data is available in the Data Warehouse so estimated cost is \$0.

## **11) How often injured workers return to work (RTW).**

**Measurement would be limited to referrals during the Early Intervention (EI) phase.**

### **SURVEY DATA**

Overall this ranked 11<sup>th</sup> with an average score of 2.61. By stakeholder group, it was ranked 5<sup>th</sup> by Other External, 7<sup>th</sup> by Medical, 8<sup>th</sup> by VSSs, 9<sup>th</sup> by CMs and L&I staff, 10<sup>th</sup> by Employers and Retro, 11<sup>th</sup> by Labor and SI, and 13<sup>th</sup> by VRCs.

This was rated “Good” or “Great” by 54% based on an average of all stakeholder groups: Other Externals (100%), L&I staff (71%), CM (68%), Retro (60%), VSS (60%), SI (55%), Employer (47%), Labor (46%), Medical (42%), and VRC (32%).

### **SUMMARY of COMMENTS**

Many respondents said that skillful VRCs could influence RTW by educating employers and workers about RTW options and facilitating light duty and may indicate that a VRC is proactive, creative and has good negotiation skills.

However across all stakeholder groups there was consensus that there are several significant factors influencing RTW that are outside VRC control including employer size, medical condition of the worker, and whether the referral was sent at the right time. There was also concern that injured workers who should be eligible for retraining may be pushed into RTW by VRCs intent on their rating instead of focusing on providing appropriate services. A Labor respondent noted that “There is no point in pushing injured workers back into jobs if you do not follow through and assist them in keeping the job. Often this means monitoring employer’s and co-worker’s attitudes toward persons with disabilities.” Another concern was how the Early Return to Work program (ERTW) “cherry picks” cases before an EI referral is considered.

Some suggested that L&I send a letter prior to making an EI referral to the employer and injured worker that outlines the benefits of RTW, asks about RTW potential and if they would like assistance. Others suggested providing a signing page (similar to ones in Plan referrals) for employers and injured workers noting that the VRC informed them about RTW benefits and options. Several agreed that increasing VRC knowledge about risk management services could increase VRC effectiveness.

### **TECHNICAL FEASIBILITY**

The data is available in the Data Warehouse so estimated cost is \$0.

## 12) Fee caps exceeded.

**Show patterns of billing where vocational provider exceeds the maximum allowable amount.**

### **SURVEY DATA**

Overall this ranked 12<sup>th</sup> with an average score of 2.45. By stakeholder group, it was ranked 7<sup>th</sup> by L&I staff, 10<sup>th</sup> by Medical, 11<sup>th</sup> by CMs, 12<sup>th</sup> by Labor and VSSs, 13<sup>th</sup> by SI, 14<sup>th</sup> by Retro and Other External, 15<sup>th</sup> by VRCs and 16<sup>th</sup> by Employers.

This was rated “Good” or “Great” by 42% based on an average of all stakeholder groups: L&I staff (70%), CM (65%), Employer (47%), VSS (47%), Other External (40%), SI (40%), Retro (33%), Medical (33%), Labor (31%), and VRC (20%).

### **SUMMARY of COMMENTS**

Many stakeholders felt that a pattern of exceeding fee caps could indicate inefficient case management or overbilling.

However across all stakeholder groups there was concern that complexity of referrals is likely to be a significant factor and that more experienced VRCs tend to get more complex cases which tend to cost more. Thus easy cases could be rewarded unfairly and difficult cases could be penalized. Some said the closing code is already a “not useful” outcome so it would be a double hit. Others said the current fee cap guidelines take care of the cost and duration issue. A few voiced concerns about whether fee caps are set at the right levels.

Some commented that the fee cap exception process is good. A few suggested that a pattern of exceeding fee caps may be better as an audit flag than as a performance measure. Some recommended peer reviews to evaluate complexity and cost while others said such audits “punish” VRCs. An employer suggested that the current payment model rewards process, not efficiency and effectiveness, and suggested looking at the model used at the Division of Vocational Rehabilitation (DVR).

### **TECHNICAL FEASIBILITY**

The data is available in the Data Warehouse so estimated cost is \$0.

## 13) Cost of services.

**Show billing patterns of vocational providers.**

### **SURVEY DATA**

Overall this ranked 13<sup>th</sup> with an average score of 2.33. By stakeholder group, it was ranked 8<sup>th</sup> by Retro, 9<sup>th</sup> by VSSs, 10<sup>th</sup> by Other External, 13<sup>th</sup> by L&I staff, 14<sup>th</sup> by Employer, Medical and CMs, 16<sup>h</sup> by VRCs, 17<sup>th</sup> by Labor and SI.

This was rated “Good” or “Great” by 42% based on an average of all stakeholder groups: Other External (75%), VSS (67%), Retro (57%), Employer (48%), CM (42%), L&I staff (37%), SI (35%), Labor (21%), VRC (17%), and Medical (17%).

### **SUMMARY of COMMENTS**

Some commented that patterns of billing could indicate efficiency of case management, effective communication, and problem resolution.

However respondents from all stakeholder groups indicated that complexity factors beyond VRC control can significantly impact costs. Likewise, sloppy work can have lower billing than thorough work that gets a good outcome and that is upholdable at VDRO and the Board of Industrial Insurance Appeals (BIIA). Some commented that good VRCs tend to get more complex referrals and these generally cost more. One employer said, “Cost is not important if the job is done well. Better to pay a bit more for good work than work done on the cheap that does not hold up.” A Labor respondent said, “There’s very little correlation between cost and effectiveness.”

Some suggested comparing cost with outcomes. Others suggested it would be useful as a flag for audit so that complexity, efficiency and billing practices can be assessed. The MAQ team suggested providing confidential reports to VRCs that compares their billing patterns with the state average (or median) to encourage competitiveness.

### **TECHNICAL FEASIBILITY**

The data is available in the Data Warehouse so estimated cost is \$0.

## 14) List credentials

List credentials from a professional vocational association such as CRC and CDMS.

### SURVEY DATA

Overall this ranked 14<sup>th</sup> with an average score of 2.27. By stakeholder group, it was ranked 10<sup>th</sup> by SI and VRCs, 11<sup>th</sup> by Other External, 12<sup>th</sup> by Employer, 13<sup>th</sup> by Labor, 15<sup>th</sup> by Medical and L&I staff, 16<sup>th</sup> by VSSs, 17<sup>th</sup> by Retro and CMs.

This was rated “Good” or “Great” by 41% based on an average of all stakeholder groups: Other External (80%), SI (50%), VRC (49%), Labor (45%), Employer (42%), Medical (33%), VSS (33%), L&I staff (31%), CM (28%), and Retro (20%).

### SUMMARY of COMMENTS

Credentials can demonstrate qualifications, professionalism, and motivation and can be a “reasonable screening device” for hiring. Credentials are associated with a professional code of ethics, internship requirements, continuing education requirements (CEUs) and can be useful when testifying.

However comments from each stakeholder group echoed the belief that credentials were not necessarily correlated with performance or competence in terms of quality, efficiency, effectiveness, work ethic or people skills. Also, some VRCs may drop certifications over the years even though they have the knowledge.

It is already shown on the current Performance Report and by 2010 it will be a requirement for all VRCs and so it may be redundant to include it as a Phase 2 indicator. Although some said it would be nice to have, others cautioned about how CMs would be trained to view different certification to avoid implying that one is better than another (e.g. CDMS versus a CRC).

### TECHNICAL FEASIBILITY

The data is available in the Data Warehouse so estimated cost is \$0.

## 15) Years of experience

**Number of years of experience in Washington state workers' compensation system.**

### **SURVEY DATA**

Overall this ranked 15<sup>th</sup> with an average score of 2.22. By stakeholder group, it was ranked 6<sup>th</sup> by VRCs, 11<sup>th</sup> by Employer, 12<sup>th</sup> by Retro, 14<sup>th</sup> by SI, 15<sup>th</sup> by Labor and Other External, 16<sup>th</sup> by Medical, CM and L&I staff, 17<sup>th</sup> by VSSs.

This was rated “Good” or “Great” by 40% based on an average of all stakeholder groups: Other External (60%), VRC (53%), Retro (50%), Employer (42%), SI (35%), CM (34%), Medical (33%), VSS (33%), Labor (32%), and L&I staff (29%).

### **SUMMARY of COMMENTS**

It takes a few years to learn the system and there is value in knowing the rules, policies, procedures, resources, underlying issues, and in developing skills for working with employers, medical providers, and other parties.

However all stakeholder groups commented that after a couple of years learning the system, years of experience did not closely correlate with quality and effectiveness. More experienced VRCs may or may not stay current with department changes, or may or may not be diligent and creative. Some were concerned that the measure might treat newer VRCs unfairly.

### **TECHNICAL FEASIBILITY**

The data is currently not available in the Data Warehouse.

Proxy measures could be used based on data that is in LINIIS with an estimated cost of \$0. One proxy measure could use the first date a VRC was deemed eligible or received a referral. Breaks in service would not be considered in this calculation. Another proxy measure could show VRCs with a minimum of 5 years experience. Data for this could show VRCs who are eligible for Forensic referrals or designated as “supervisor” because these VRCs must have a minimum of 5 years experience. However special designations would need to be created for VRCs who have at least 5 years experience but do not want these responsibilities.

Another option could add a data field and ask the PSRS registrar to fill it in based on the resume submitted with an application. Keeping this data current could be a challenge. A similar solution for KSA (specialized knowledge, skills, and abilities) was estimated at \$11,750.

## 16) List educational degrees

**List educational degrees attained by a vocational provider.**

### **SURVEY DATA**

Overall this ranked 16<sup>th</sup> with an average score of 2.17. By stakeholder group, it was ranked 12<sup>th</sup> by SI and VRCs, 14<sup>th</sup> by Labor and L&I staff, 15<sup>th</sup> by Employer, 16<sup>th</sup> by Retro and Other external, 17<sup>th</sup> by Medical, and 18<sup>th</sup> by CMs and VSSs.

This was rated “Good” or “Great” by 35% based on an average of all stakeholder groups: Other External (60%), Employer (45%), Labor (45%), SI (40%), VRC (37%), L&I staff (36%), CM (27%), VSS (21%), Retro (20%), and Medical (17%)

### **SUMMARY of COMMENTS**

Degrees could indicate initiative, dedication, commitment, willingness to learn, and could give insights about VRC perspectives or abilities.

However, most comments indicated that degrees were not necessarily correlated with performance and that drive, organization, and skills in communication and counseling are more important and can be found in some VRCs without advanced degrees.

Challenges might arise in verifying educational degrees and preventing “inflated” degrees.

### **TECHNICAL FEASIBILITY**

Some of this information is currently collected on the VRC Provider Application but is not available in the Data Warehouse. Estimated cost to add this data field is \$11,750.

## 17) Primary phone number

List a phone number where a vocational provider can be easily reached.

### SURVEY DATA

Overall this ranked 17<sup>th</sup> with an average score of 2.13. By stakeholder group, it was ranked 12<sup>th</sup> by Other external, 13<sup>th</sup> by CMs, 14<sup>th</sup> by VRCs and VSSs, 15<sup>th</sup> by Retro and SI, 16<sup>th</sup> by Labor, 17<sup>th</sup> by L&I staff, and 18<sup>th</sup> by Employer and Medical.

This was rated “Good” or “Great” by 37% based on an average of all stakeholder groups: Other External (60%), CM (48%), SI (45%), VSS (36%), Labor (35%), Medical (33%), L&I staff (30%), VRC (27%), Retro (27%), and Employer (26%).

### SUMMARY of COMMENTS

Although it is important to be able to easily contact a VRC, most respondents said that this is not a measure of performance.

Suggestions were to focus on the real issue which is timeliness of response and consider measuring responsiveness within a set period such as 24 or 48 hours. Some said that it is can be difficult to contact some VRCs, in part, because the current information is for a branch office. They suggested showing the individual VRC phone number (e.g. cell phone) instead of the branch phone number on CM computer screens.

### TECHNICAL FEASIBILITY

Phone numbers are currently collected on the VRC Provider Application and are available in LINIIS. However current definitions on the application are for business location numbers, not a primary number where a VRC can easily be reached. PSRS could explore customer needs of CMs and evaluate options for modifying current definitions to better meet the need to contact VRCs. This could increase the usefulness of phone numbers already provided to CMs and VSSs. Estimated cost is \$0.

## 18) Primary Location

List a primary location where a vocational counselor has their home office.

### SURVEY DATA

Overall this ranked 18th with an average score of 1.18. By stakeholder group, it was ranked 12th by Medical, 13th by VSSs, 15th by CMs, 17th by Employer and VRCs, 18th by Labor, Retro, SI, Other external and L&I staff.

This was rated “Good” or “Great” by 24% based on an average of all stakeholder groups: VSS (47%), Medical (42%), CM (40%), Employer (24%), Other external (20%), VRC (17%), Labor (17%), L&I staff (11%), SI (10%), and Retro (7%).

### SUMMARY of COMMENTS

This information may indicate how likely VRCs are to meet with injured workers, employers, and doctors, and know the local labor market and training opportunities. This could improve rapport, transferable skills analysis, identification of training options, and other services. It may also reduce travel costs associated with a referral.

However, most respondents said this would not be a measure of performance.

The key issue appears to be the extent to which VRCs meet with and have developed rapport with injured workers, doctors, employers, and schools, and are knowledgeable about the opportunities and issues in areas where they sign up for referrals. A suggestion was to use audit and/or customer feedback to assess how well these needs are being met.

### TECHNICAL FEASIBILITY

Information about location is currently collected on the Vocational Provider Application form and VRCs are connected to a branch location in each area where they are eligible to receive referrals. The primary office is also collected on the Vocational Provider Application form. However this is also where department sends correspondence and so a VRC may submit firm headquarters but not the primary area that the VRC is familiar with.

The VRC Provider Application form could be modified to include this information. Estimated cost for a similar solution for adding educational degrees is \$11,750.

## **Appendix I – Vocational Performance CRITERIA and Assessment System VALUES**

### **Vocational Performance CRITERIA**

These performance criteria summarize a desired state of professional performance for vocational services that are high quality, effective, efficient and add value to the workers' compensation system.

#### **Outcomes**

- Positive (useful) outcomes that are based on applicable statutes and rules.
- Vocational costs are appropriate.
- Resolve Vocational Issues.
- Thoroughly and accurately address vocational facts and issues for each referral.
- Applicable rules and laws are followed.
- Recommendations are objective, relevant and sound and are derived from a reasoned analysis of facts and issues in the referral.

#### **Professional Case Management**

- Case progression is proactive and timely without sacrificing quality or relationships.
- Necessary documentation is provided to support recommendations and abide by WACs.
- Adheres to the ethical standards of the profession.

#### **Relationships**

- Communication skills are effective, timely, clear, professional and courteous. When appropriate, in-person meetings are used to support communication.
- Working relationships are respectful, professional and helpful. Vocational counselors and L&I build collaborative and constructive working relationships to resolve case issues.

#### **Knowledge**

- Understand sound vocational rehabilitation methodology.
- Understand vocational requirements in Washington State Worker's Compensation system and how these relate to the system as a whole.
- Understand effective practices for assisting injured workers within Washington State Worker's Compensation system.
- Understand local environment such as labor markets, employers, and training opportunities.

## Assessment System VALUES

Measures, information and processes are part of an assessment system. To ensure that this system will support the behaviors, ethics, culture and results that are most desirable, the following VALUES will form the basis of an evaluation of assessment methods.

### Fair

- Individuals are evaluated only on aspects of performance or on results which the individual can control or significantly influence.
- Performance evaluations are based on standards that are clear, consistent and well communicated.
- A minimum body of work is included in an evaluation. Anomaly referrals should not carry excessive weight. "Recent" work could include one or two years.
- Adequate education and communication is provided before the method is used to make referrals and this shall not excessively delay implementation.

### Accessible

- Standards, methodology and assessment results are well communicated and easily accessible.
- The method is understandable, transparent and reproducible.
- The method is easy to use, easy to administer *and* contains information about quality and effectiveness and relevant complexities (e.g. age of the claim, injury type, etc.).
- Training, dialogue and feedback opportunities are provided.

### Valid

- The method is a valid, reliable and independently verified.
- The method is used as the basis for referrals. The distribution of referrals to vocational counselors should reflect performance results and support performance quality. The referral source can exercise discretion on an exception basis.
- Sufficient resources are made available to develop, evaluate, validate, maintain and revise the evaluation system. Resources may be internal or external to L&I.
- The assessment system meets statutory requirements (RCW 51.32.095, Section 5).
- The assessment system is perceived as valuable and useful by department staff who make referrals.

### Collaboration

- Teamwork and collaboration are used where appropriate to resolve case issues.
- Providers are assessed against standards, not against each other (relative ranking).
- Elements of the system are aligned to support desired system results.
- Continuous Improvement.
- Individual assessment results and feedback processes support the improved performance of vocational rehabilitation counselors.
- Overall assessment results are used to improve vocational outcomes for the workers' compensation system.

## Appendix 2 - Potential indicators ranked by average score

Scale used to calculate scores: 4 = "Great indicator", 3 = "Good indicator", 2 = "Poor indicator", 1 = "No don't use this indicator". Scores do not include "I don't know" responses. The "**Average**" gives equal weight to each of the 10 stakeholder groups. The "**AVG**" is the average of a stakeholder group.

Rank	Average	Labor	Employer	Retro	Self-Insured	Medical provider	VRC	Other external	L&I CM	L&I VSS	L&I staff
1	Timely PR <b>3.15</b>	Complaint 3.19	C'r survey 2.97	C'r survey 3.33	Timely PR 3.05	Timely PR 2.83	Disputes 2.74	Timely PR 4.00	Disputes 3.48	PD approv 3.43	Timely PR 3.39
2	Disputes <b>3.04</b>	C'r survey 3.14	Disputes 2.90	Timely PR 3.20	Disputes 3.00	Audits 2.70	PD approv 2.72	C'r survey 3.40	Timely PR 3.46	LTB in AWA 3.36	PI compl 3.38
3	C'r survey <b>2.97</b>	Disputes 3.00	KSAs 2.87	Disputes 3.15	C'r survey 3.00	Disputes 2.67	Timely PR 2.70	Complaint 3.40	PD approv 3.19	Complaint 3.20	C'r survey 3.30
4	PD approv <b>2.95</b>	PD approv 3.00	PI compl 2.87	Complaint 3.13	PD approv 3.00	C'r survey 2.64	C'r survey 2.50	Disputes 3.20	Audits 3.10	Audits 3.14	PD approv 3.29
5	Complaint <b>2.91</b>	Timely PR 2.97	Timely PR 2.85	PD approv 2.79	Audits 2.82	PI compl 2.58	AWA 2.44	RTW in EI 3.20	KSAs 3.07	Timely PR 3.07	Disputes 3.23
6	Audits <b>2.79</b>	AWA 2.96	Complaint 2.77	KSAs 2.71	Complaint 2.79	PD approv 2.45	Years 2.44	PD approv 3.00	Complaint 3.06	Disputes 3.00	LTB in AWA 3.23
7	KSAs <b>2.69</b>	PI compl 2.93	Duration 2.69	Duration 2.71	Duration 2.74	RTW in EI 2.36	KSAs 2.43	Audits 3.00	LTB in AWA 3.03	Duration 2.93	Fee cap 3.17
8	PI compl <b>2.67</b>	Duration 2.72	PD approv 2.67	Cost 2.69	KSAs 2.61	Duration 2.33	Audits 2.42	KSAs 3.00	PI compl 3.03	RTW in EI 2.64	Audits 3.16
9	AWA <b>2.67</b>	Audits 2.63	Audits 2.58	PI compl 2.67	LTB in AWA 2.53	Complaint 2.30	Complaint 2.41	Duration 3.00	RTW in EI 2.92	Cost 2.60	RTW in EI 2.93
10	Duration <b>2.65</b>	KSAs 2.61	RTW in EI 2.45	RTW in EI 2.53	Creden 2.47	Fee cap 2.30	Creden 2.38	Cost 3.00	C'r survey 2.89	C'r survey 2.55	Complaint 2.88
11	RTW in EI <b>2.61</b>	RTW in EI 2.46	Years 2.42	LTB in AWA 2.46	RTW in EI 2.47	KSAs 2.17	PI compl 2.24	Creden 3.00	Fee cap 2.86	KSAs 2.55	Duration 2.88
12	Fee cap <b>2.45</b>	Fee cap 2.30	Creden 2.41	Years 2.43	Degrees 2.33	Location 2.08	Degrees 2.24	Phone 3.00	Duration 2.75	Fee cap 2.55	KSAs 2.85
13	Cost <b>2.33</b>	Creden 2.25	LTB in AWA 2.40	Audits 2.31	Fee cap 2.28	LTB in AWA 2.00	RTW in EI 2.13	PI compl 2.80	Phone 2.43	Location 2.29	Cost 2.36
14	Creden <b>2.27</b>	Degrees 2.24	Cost 2.35	Fee cap 2.31	Years 2.22	Cost 2.00	Phone 1.85	Fee cap 2.60	Cost 2.36	Phone 2.21	Degrees 2.27
15	Years <b>2.22</b>	Years 2.19	Degrees 2.32	Phone 1.93	Phone 2.22	Creden 2.00	Fee cap 1.83	Years 2.40	Location 2.22	PI compl 2.14	Creden 2.18
16	Degrees <b>2.17</b>	Phone 2.04	Fee cap 2.30	Degrees 1.93	PI compl 2.11	Years 1.92	Cost 1.77	Degrees 2.40	Years 2.11	Creden 2.07	Years 2.05
17	Phone <b>2.13</b>	Cost 2.04	Location 1.90	Creden 1.87	Cost 2.11	Degrees 1.90	Location 1.71	LTB in AWA 2.25	Creden 2.08	Years 2.00	Phone 1.87
18	Location <b>1.81</b>	Location 1.68	Phone 1.85	Location 1.64	Location 1.59	Phone 1.90	Duration 1.71	Location 1.40	Degrees 2.01	Degrees 2.00	Location 1.60
	<b>AVG</b> 2.58	2.58	2.53	2.54	2.52	2.29	2.26	2.89	2.78	2.65	2.78

Stakeholder Group	Number of survey respondents	Percent of total survey respondents
Labor	28	6.4%
Employer	32	7.3%
Retrospective Rating (Retro)	15	3.4%
Self-insured (SI)	20	4.6%
Medical provider	12	2.8%
Vocational provider (VRC)	197	45.2%
Other external stakeholder	5	1.1%
L&I claim manager (CM)	84	19.3%
L&I vocational specialist (VSS)	15	3.4%
L&I staff (other than CMs or VSSs)	28	6.4%
Total	436	100.0%

Abbreviations used for Potential Indicators	
Audits =	vocational audits performed by LNI VSS staff
Complaint =	complaints submitted
Cost =	billing for professional vocational services
C'r survey =	customer survey
Creden =	professional credentials (e.g. CRC, CDMS, etc.)
Degrees =	educational degrees
Disputes =	vocational disputes evaluated by LNI VSS staff
Duration =	number of days a referral is open
Fee cap =	fee caps are established for each referral type
KSAs =	knowledge, skills and abilities
Location =	primary location of VRC
LTB in AWA =	worker is deemed Likely to Benefit and eligible for training (AWA)
PD approv =	plans approved in Plan Development referral
Phone =	phone number
PI compl =	plans completed in Plan Implementation referral
RTW in EI =	return to work in Early Intervention referrals
Timely PR =	timely progress reports
Years =	years of experience in WA state worker's comp

## Appendix 3 - Potential indicators ranked by percent of respondents who rated it either "Good" or "Great"

Respondents could rate an indicator as "Great indicator", "Good indicator", "Poor indicator", "No don't use this indicator"

The "**Weighted Average**" gives equal weight to each of the 10 stakeholder groups. The "**AVG**" is an average of a stakeholder group.

Rank	Weighted Average	Labor		Employer		Retro		SI		Medical		VRC		Other External		L&I CM		L&I VSS		L&I staff		
1	Timely PR	82%	C'r survey	90%	PD approv	78%	Timely PR	87%	C'r survey	80%	PD approv	69%	Disputes	67%	C'r survey	100%	PD approv	93%	Audits	87%	Timely PR	96%
2	Disputes	75%	Complaints	86%	C'r survey	73%	PD approv	85%	Disputes	80%	C'r survey	67%	Timely PR	64%	RTW in EI	100%	Timely PR	92%	Complaints	87%	PI compl	89%
3	Customer survey	73%	Disputes	83%	Timely PR	73%	Complaints	80%	Timely PR	80%	PI compl	67%	LTB in AWA	58%	Timely PR	100%	Disputes	90%	LTB in AWA	87%	Audits	82%
4	PD approv	72%	Timely PR	79%	KSAs	72%	C'r survey	73%	Duration	74%	Timely PR	67%	Audits	56%	PD approv	86%	KSAs	83%	PD approv	81%	Disputes	81%
5	Complaints	71%	LTB in AWA	75%	Complaints	67%	Disputes	67%	Complaints	70%	Disputes	58%	Years	53%	Complaints	80%	Complaints	81%	Disputes	80%	PD approv	81%
6	Audits	62%	Duration	69%	Disputes	67%	KSAs	67%	Audits	60%	Duration	50%	KSAs	49%	Audits	80%	Credentials	80%	Timely PR	80%	C'r survey	79%
7	Plans	61%	PI compl	69%	PI compl	67%	RTW in EI	60%	KSAs	60%	Audits	46%	C'r survey	49%	Disputes	80%	PI compl	73%	Cost	67%	RTW in EI	71%
8	Completed KSAs	61%	PD approv	67%	Audits	61%	Cost	57%	RTW in EI	55%	Complaints	42%	Credentials	49%	KSAs	80%	LTB in AWA	72%	Duration	60%	Complaints	70%
9	RTW in EI	58%	Audits	57%	Duration	53%	Duration	53%	Credentials	50%	Location	42%	Complaints	49%	PI compl	80%	C'r survey	70%	RTW in EI	60%	Fee cap	70%
10	LTB in AWA	57%	KSAs	54%	Cost	48%	PI compl	53%	LTB in AWA	50%	RTW in EI	42%	PI compl	42%	Cost	75%	RTW in EI	68%	C'r survey	47%	KSAs	70%
11	Duration	54%	RTW in EI	46%	Fee cap	47%	Years	50%	Phone	45%	Credentials	33%	PD approv	40%	Audits	60%	Fee cap	65%	Fee cap	47%	LTB in AWA	67%
12	Fee cap	42%	Credentials	45%	RTW in EI	47%	LTB in AWA	47%	PD approv	42%	Fee cap	33%	PD approv	37%	Degrees	60%	Duration	60%	Location	47%	Duration	59%
13	Cost	42%	Degrees	45%	Degrees	45%	Audits	36%	Degrees	40%	KSAs	33%	RTW in EI	32%	Phone	60%	Phone	48%	KSAs	40%	Cost	37%
14	Credentials	41%	Phone	35%	LTB in AWA	45%	Fee cap	33%	PI compl	40%	Phone	33%	Phone	27%	Years	60%	Phone	42%	Phone	36%	Degrees	36%
15	Years	40%	Years	32%	Years	42%	Phone	27%	Cost	35%	Years	33%	Fee cap	20%	Duration	50%	Location	40%	Credentials	33%	Credentials	31%
16	Phone	37%	Fee cap	31%	Credentials	42%	Credentials	20%	Fee cap	35%	LTB in AWA	25%	Location	17%	LTB in AWA	40%	Years	34%	Years	33%	Phone	30%
17	Degrees	35%	Cost	21%	Phone	26%	Degrees	20%	Years	35%	Cost	17%	Cost	17%	Fee cap	40%	Credentials	28%	PI compl	29%	Years	29%
18	Location	24%	Location	17%	Location	24%	Location	7%	Location	10%	Degrees	17%	Duration	15%	Location	20%	Degrees	27%	Degrees	21%	Location	11%
AVG		55%		56%		54%		51%		52%		43%		41%		69%		63%		57%		61%

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Timely PR =	timely progress reports
Years =	years of experience in WA state worker's comp

## Appendix 4 – Acronyms

<b>Acronym</b>	<b>Description</b>
<b>AG</b>	Attorney General
<b>AWA</b>	Able to work assessment is a vocational referral type to obtain information about a worker's employability or eligibility for vocational rehabilitation.
<b>BIIA</b>	Board of Industrial Insurance Appeals
<b>CACO</b>	Complexity Adjusted Cost Outcome was a vocational performance measure implemented in 2001. It became non-determinative in 2006 and officially retired in 2008.
<b>CDMS</b>	Certified Disabilities Management Specialist
<b>CEU</b>	Continuing education units
<b>CM</b>	Claim manager in Washington State's Workers Compensation State Fund
<b>CRC</b>	Certified Rehabilitation Counselor
<b>DVR</b>	Division of Vocational Rehabilitation within the Department of Social and Health Services (DSHS)
<b>EI</b>	Early intervention is a vocational referral type to help workers return to work (or continue to work) for the employer of injury or their current employer.
<b>ERTW</b>	Early Return to Work program
<b>KSA</b>	Knowledge, skills and abilities
<b>L&amp;I</b>	The Department of Labor and Industries
<b>LMS</b>	Labor market surveys document the research and analysis about the viability and appropriateness of return-to-work or retraining goals in the worker's labor market.

<b>LINIIS</b>	Labor and Industries Integrated Information System is a computer system used to collect and manage data about industrial insurance claims, employer accounts and benefits.
<b>MAQ</b>	Methods for assessing quality (MAQ) team included about 40 internal and external vocational stakeholders and was launched in August 2007. Their task was to recommend to L&I ways of assessing the "quality and effectiveness" of vocational providers.
<b>OJT</b>	On-the-job training
<b>PD</b>	Plan development is a vocational referral type where the vocational provider works with the injured worker to develop a training plan.
<b>Phase 1</b>	The first part of a new vocational assessment system. A measure of the Percent of Useful Outcomes was implemented October 2008 and CACO was retired.
<b>Phase 2</b>	The second part of a new vocational assessment system which will provide a set of vocational performance indicators that will better reflect the "quality and effectiveness" of vocational providers. Also known as the "Profile."
<b>PI</b>	Plan implementation and monitoring services is a vocational referral type focused on assisting the worker in successfully completing a vocational rehabilitation plan.
<b>PLN1</b>	A vocational recommendation code used by VRC to submit a training plan to L&I.
<b>PLN2</b>	A vocational outcome code entered by a VSS when a training plan is approved by L&I.
<b>PSRS</b>	Private Sector Rehabilitation Services
<b>RCW</b>	Revised Code of Washington, also known as statute or law.
<b>Retro</b>	Retrospective Rating is an optional financial incentive program offered by L&I to help qualifying employers reduce their industrial insurance costs. Employers can enroll on their own or in group plans sponsored by trade associations and/or professional organizations.
<b>RTW</b>	Return to work
<b>SAS3</b>	A vocational referral outcomes code used when the worker is eligible and likely to benefit from retraining in order to become employable. This determination is based on medical and vocational information.
<b>SI</b>	Self insurance is a program within the Washington State Industrial Insurance system and separate from the State Fund in which the employer provides any and all appropriate benefits to the injured worker.

<b>VDRO</b>	Vocational Dispute Resolution Office
<b>VRC</b>	Vocational rehabilitation consultants are private providers who work with the state's workers' compensation program.
<b>VSS</b>	Vocational Services Specialists are vocational professionals employed-by L&I to provide vocational services and regulatory oversight of vocational services provided to injured workers.
<b>VTSG</b>	Vocational Technical Stakeholder Group meets bi-monthly to maintain ongoing communication between L&I management and vocational rehabilitation providers who work with the state's workers' compensation program.
<b>WAC</b>	Washington Administrative Code, also known as rules.