Advisory Committee on Healthcare Innovation & Evaluation (ACHIEV)

Meeting Minutes for October 25, 2018

Members Present
Dianna Chamblin, MD (Chair)
Ron Wilcox, DC (Vice-Chair)
Clay Bartness, DC
Mike Dowling, DC (alternate)
Kirk Harmon, MD
John Meier
Stephen Thielke, MD
Lisa Vivian
Malcolm Butler, MD

Members Not Present
Joe Kendo (alternate)
Neil Hartman
Andrew Friedman, MD
Lee Thomas, JD

L&I Staff Present
Gary Franklin, MD, MPH
John Boze
Karen Jost, PT, MS
Vickie Kennedy
Cortney Melton
Diana Drylie
Zach Gray
Ryan Guppy
Cheri Ward
Morgan Young, DC
Jeana Weekley
Jaymie Mai
Sarah Holm
Nancy Vandermark

Members of the Public
Bobbi Meins
Nicole Cushman, COHE Alliance
Jamie Hodge, COHE Alliance
Janice Lejos
Lissa Grannis, DC

All meeting materials are available on the ACHIEV website. These minutes are only a brief summation of meeting discussions.

The meeting began with a welcome, introductions, and a safety tip on pumpkin carving. The minutes from the July 26, 2018 meeting, with corrections, were approved.
**Master Level Therapy (MLT)** presented by Zach Gray

Vickie Kennedy explained that L&I has ended the Collaborative Care project and wants to move the MLT project to full development. Zach Gray gave a brief update explaining the status of the MLT. L&I is on a pressured timeline and will bring an implementation plan to the October 31st MLT stakeholder meeting.

The following questions were asked:

- How many injured workers are currently receiving care for a mental health condition? Answer: approximately 1%
- Is the goal to provide mental health services earlier in the claim? Answer: Yes.
- Are there geographic variations in availability of MLT? Is telehealth an option? Answer: L&I has also looked at the location of specific providers, but the geography map does not give us a complete story. L&I is exploring the option of telehealth.

**Acupuncture Pilot Update** presented by Zach Gray

Zach Gray gave a brief update, explaining that L&I is going to be moving forward with the project.

The following questions were asked:

- When are you looking at other conditions? Are you just looking at low back currently? Currently limited to low back pain as this is the only literature review that has sufficient evidence. We don’t have a specific plan to address additional conditions at this time.

**Topic Prioritization exercise** presented by Diana Drylie

The ACHIEV members provided feedback on the Tentative Agenda Topics and added additional topics to discuss in the upcoming year.

The members suggested adding the following topics:

- Telemedicine
- July – Provider 1 update
- Health Technology Assessment topics
- Bree topics
- Opioids – chronic use “legacy patients” updates / discussion
- Insurance Services Performance Dashboard – every 6 months
- Vocational Recovery Pilot – every 6 months – discussion and input
  - Best practices
  - Medical community
- Self-Insured updates – promote collaboration on management of claims
  - Role of SI TPA / CM in collaborative care of worker
  - How do we work together on innovation?
  - How to work with them when they are out of state?
**HW2020 – minimum standards** presented by Diana Drylie
Continuation of the exercise from the July meeting. Members discussed each area and agreed upon general concepts. L&I will craft new language to reflect the discussions.

<table>
<thead>
<tr>
<th>Health System – Create a culture, organization, and mechanisms that promote safe, high-quality care sufficient to improve outcomes in the injured worker population</th>
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| • Visibly support improvement at all levels of the organization, beginning with the senior leader  
• Promote effective improvement strategies aimed at comprehensive system change  
• Encourage open and systematic handling of errors and quality problems to improve care  
• Provide incentives based on quality of care  
• Develop agreements that facilitate care coordination within and across organizations |

**Starter Verbiage:**
Executive and clinical level champions are visibly engaged and have identified roles and responsibilities

Monitor adherence to workers’ compensation best practices with a plan for identification and resolution of issues (PDCA)

Staff, providers, and executives promote excellent care and support for injured workers

Engage in systematic pre-defined collaboration with the larger health care community (e.g., not expected to provide all services for the patient, but expected to ensure the injured worker receives the care they need)

Promote innovation aimed at comprehensive system change

**New Verbiage:**
**Health System – Create a culture, organization, and mechanisms that promote safe, high-quality care to improve outcomes in the Washington state injured worker population and system**

- Are we committed to injury recovery? How does our commitment show?

- Ensure executive and clinical level champions are visibly engages and have identifies roles and responsibilities

- Demonstrated commitment to quality delivering evidence based workers compensation best practices care using rules defines by WA state

- Demonstrated commitment to population health management:
  - standard work around screening tools, triggers to assess needs, ensure workers are getting the care they need
  - translate best practices that are in place for non-workers comp in the injured worker population

- Focus on quality improvement – monitoring and measuring process, making improvements based on measures

- Expectation for excellence

- Improve efficiency and effectiveness in workers compensation system
<table>
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<th>Delivery System Design – Assure the delivery of effective, efficient clinical care and self-management support</th>
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<tbody>
<tr>
<td>• Define roles and distribute tasks among team members</td>
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<td>• Use planned interactions to support evidence-based care</td>
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<td>• Provide Clinical care management services for complex patients</td>
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<td>• Ensure regular follow-up by the care team</td>
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<td>• Give care that patients understand and that fits with their cultural background</td>
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**Starter Verbiage:**
Identify populations receiving services

Define roles for: Attending Provider, Care Coordinator, Specialists (any other direct care provider), Consultant (when applicable) that meet L&I's minimum standards

Define protocols to minimize risk that meet L&I's minimum standards

- The system has defined protocols for interacting / communicating with all parties
- The system has defined protocols that ensure adequate follow-up and identify at-risk workers

There are clear expectations for staff to practice cultural competency

**New Verbiage:**

**Delivery System Design – Assure the delivery of effective, efficient and safe clinical care and self-management support for Washington state injured workers**

- System committed to collaboration with the workers compensation care team (broadly defined) and stakeholders
- Workflows written processes, etc...
- Procedures for scheduling, coverages, returning phone calls
- Identified clinical and exec leaders who are accountable for workers compensation processes

Define protocols to minimize risk that meet L&I's minimum standards

- The system has defined protocols for interacting / communicating with all parties
- The system has defined protocols that ensure adequate follow-up and identify at-risk workers

There are clear expectations for staff to practice cultural competency

JCAHO accreditation? Other accreditation to demonstrate these?...option for demonstration

Provider completes OCC health best practices: e.g. employer phone call

Provider works on behalf of patient and avoids risk of harm to patient even if it is contrary to patients perspective – L&I role in creating evidence based tools to support provider
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<th>Decision Support – Promote clinical care that is consistent with scientific evidence and patient preferences</th>
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<td>• Embed evidence-based guidelines into daily clinical practice</td>
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<td>Provide timely reminders for services and feedback on best practices using OHMS or similar electronic tool</td>
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Have appropriate systematic processes and policies (including provider training) to support providers adhering to best practices, including documentation and approved standing orders

Utilize and share best practices, including medical treatment guidelines, as appropriate, to integrate care and inform patients

Develop and deploy a process to utilize the right provider for the right service at the right time

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<td>• Integrate specialist expertise and primary care and system support through information systems or shared information</td>
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**Clinical Information System – Organize patient and population data to facilitate efficient and effective care**
- Provide timely reminders for providers and patients
- Identify relevant subpopulations for proactive care. Facilitate individual patient care planning
- Share information with patients and providers to coordinate care
- Monitor performance of practice team and care system

**Starter Verbiage:**
Identify population of injured workers in a timely manner using EMR and/or OHMS

Use validated screening tool in your EMR and/or OHMS to proactively identify patients at risk of falling into chronic pain or long-term disability

Systematically administer validated pain and function tools at appropriate intervals. Use results to automatically flag workers who might benefit from additional services

If not using OHMS, system will share data directly with OHMS

**New Verbiage:**

**Organize patient and population data to facilitate efficient and effective care**

Use validated screening tool in your EMR and/or OHMS to proactively identify patients at risk of falling into chronic pain or long-term disability and communicate to department

- Share screening results with entire team, regardless of who collects the information

Systematically administer validated pain and function tools at appropriate intervals. Use results to automatically flag workers who might benefit from additional services

Monitor performance of practice team and care system and provide just-in-time feedback as indicated
### Self-Management Support – Empower and prepare patients to manage their health and health care

- Emphasize the patient’s central role in managing their health
- Use effective self-management support strategies that include assessment, goal-setting, action planning, problem-solving and follow-up
- Organize internal and community resources to provide ongoing self-management support to patients

**Starter Verbiage:**
Promote and reinforce expectation of worker self-efficacy

Use tools or processes to identify barriers and support the patient's role central to their care

Identify and document evidence of non-engagement (e.g., didn’t attend Activity Coaching) and create a standard process for next steps

**New Verbiage:**
**Empower and facilitate patient participation to manage their health and participate in health care to focus on their recovery and return to work**

Promote and reinforce expectation of worker self-efficacy
- Prevent transition of acute and subacute to chronic pain
- Improve function among people with chronic pain
- Provide education to worker population regarding workers comp benefits, employer role, etc. (L&I could provide resources?)

Identify and document evidence of non-engagement (e.g., didn't attend Activity Coaching) and communicate broadly to care team

### Community - Mobilize community resources to meet needs of patients

- Encourage patients to participate in effective community programs
- Form Partnerships with community organizations to support and develop interventions that fill gaps in needed services
- Advocate for policies to improve patient care

**Starter Verbiage:**
Identify and develop partnerships within the community to support your population of patients and encourage patient engagement

**New Verbiage:**
System should be sensitive to how workplace injury is impacted by other

Identify specific community resources to which to refer patient for barriers that fall outside the workplace injury

Evaluate the whole person and facilitate health and well-being
PCORI Opioid Grant update presented by Gary Franklin, MD

Dr. Gary Franklin stated that this is not a grant, but a contract. The contract should start in January as we are still in negotiations for five million dollars for three years, plus one more.

Meeting Wrap-Up: The meeting wrapped up with comments from the chair (Dr. Chamblin) and was adjourned at 12:00.