Meeting Objectives

• Review work team recommendations for best practices care coordination.

• Gather your feedback.
Best Practices Care Coordination Vision

• Coordinating worker-centered health care services, within Healthy Worker 2020 best practice programs, for the purpose of preventing workers from falling through the cracks and developing long-term disability.
Best Practices Care Coordinators’ Objectives

A. Work with providers so that they use occupational health best practices.

B. Encourage workers to actively engage in their own care.

C. Ensure that workers transition between different kinds of treatment smoothly, easily, and in a timely manner.

D. Work with employers to facilitate return to work if a vocational professional is not involved in the claim. When a vocational professional is involved, integrate services by assisting vocational counselors with timely access to medical providers.

E. Assist with proactive communication among all stakeholders involved in the claim.
Step 1: Researched best practices (Susan Campbell’s care coordination report – March 2018).

Step 2: Reviewed and consolidated standard work categories.

Step 3: Drafted tasks for each standard work category.

Step 4: Researched tasks of L&I sponsored resources:
   - ERTW
   - Employer Services First Call
   - Vocational Rehabilitation Counselors (VRCs)
   - Field ONCs
   - Claim Managers First Call

Step 5: Drafted standard hand-offs to ensure seamless work.
• Drafted standard work flows to remove duplication and coordinate with L&I resources.
• Team needs to work with L&I partners to streamline and coordinate.
• Sponsor approved and support this work. We are hoping to start in January 2019.
1. Clinical Referral Coordination/Tracking
   - Track referrals through provider chart notes and follow-up with patient to ensure that they have engaged with referred services.
   - Contact referred providers’ offices as needed.
   - Check with patient to see if there are any barriers to completing referred services.
   - Check with patient or provider chart notes to determine next steps.

2. Medication Management Assistance
   - Explain the new best practices to providers (L&I resources and guidelines).
   - Check with patients about their medication usage and if they’re taking them as prescribed. Report issues to providers.
   - Report to the provider if the patient complains of pain issues and/or shows drug seeking behaviors. Discuss referrals to possible interventions (ex: Progressive Goal Attainment Program) with the provider.
3. Barriers Assessment
   • Conduct Functional Recovery Questionnaire (FRQ) and report positive FRQs to attending provider.
   • Document pain and function scales to ensure that progress is being made.
   • Complete other assessments (ex: care coordinator’s barriers assessment).

4. On-Going Monitoring
   • Review new patients, work lists, and tasks daily.
   • Assist workers in navigating L&I and health care systems.
   • Check in on care plan goals and next steps.
5. **Return-to-Work Coordination**
   - Ensure that employer, provider, and worker understand restrictions/capacities, RTW expectations, programs, and opportunities.
   - Assist all parties in answering questions about L&I related programs.
   - Assist employers with job descriptions; assist VRCs with job analyses.
   - Communicate and coordinate with VRCs.
   - Track patient work status.

6. **Transitions**
   - Assist the worker in finding a new attending provider (when needed).
   - Notify Claims Manager when there is a new attending provider.
   - Continuity of care from emergency departments for workers needing on-going care.
   - Assist a patient transitioning to a non-best practice provider.
   - Communicate with care coordinators when workers are transitioning to other best practice programs.
7. **Referral to Community Services**
   - Maintain a list of community resources and share them as needed with the worker.
   - Follow up with workers about community resources if it is part of their care plan.

8. **Brief Interventions /Other**
   - Coordinate case conferences.
   - Refer to COHE advisors.
   - Suggest PGAP.
Case Note

- New format to align with new standard work.
- Streamlines care coordinator case note format for claim managers, providers, employers, and workers.
- Draft format example.
Measures

• Quantitative: care coordinators work on a claim when flags indicate surgery, restrictions, time-loss, transfer of care, or consultation.

• Qualitative review: right standard work at the right time on the right claim.

• Serving all workers: contact with worker in their language of preference.
Payment

• Current payment:
  • Special payment schedule or by contract.
  • Either fee for service based on time or activities.

• Future payment:
  • Part of the Medical Aid Rules and Fee Schedule (MARFS).
  • Fee for service for designated best practice care coordinators.
  • Bundled payment in the future after regular monitoring and data analytics.
Next Steps

- Reach out to L&I sponsored resources to discuss collaboration with best practice care coordinators and hand-offs.

- Create measure targets and data procedures.

- Stakeholder with existing care coordinators to:
  - Test and modify standard work
  - Test measures
  - Develop documentation for tools (ex: handbook) and software (MAVEN)

- Once developed and approved, each program will roll out care coordination in their program. Change management work will be needed for existing best practice transitions.

- Bring that feedback back to Steering committee and sponsor.