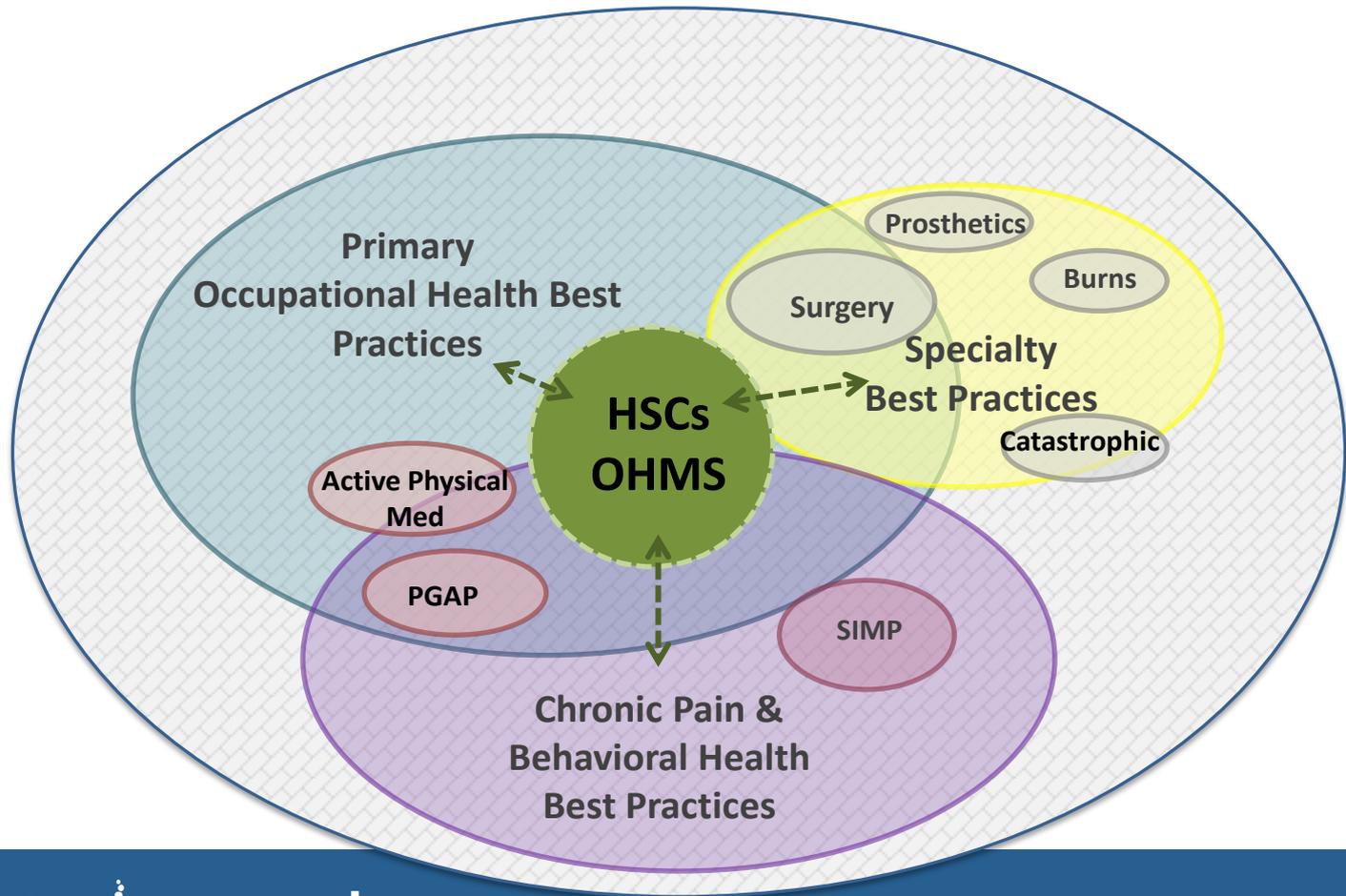


Healthy Worker 2020

Innovation in Collaborative, Accountable Care

An Occupational Health Home for the Prevention and Adequate Treatment of Chronic Pain



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Building on Workers Compensation Reform Foundation

Vision: To be the quality leader in workers' compensation healthcare, achieving the best outcomes and quality of life for workers at the best value and using the simplest means.

Objectives

1. Improve outcomes for injured workers and the overall system.
2. Align system objectives and incentives so that no injured worker falls through the cracks.
3. Expand capacity for and improve quality of occupational health best practices for both primary and specialty care for secondary and tertiary prevention of disability.
4. Increase satisfaction of providers, employers, and injured workers with the workers compensation system.



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Healthy Worker 2020

Innovation in Collaborative, Accountable Care

Cluster	Status
<u>Core Occ. Health Model/System</u> (<i>Community and Organizational leadership, Mentors, Information systems, aligned payment</i>)	Existing Program needs updates for add on components and capacity.
<u>Core Occ. Health Best Practice Cluster</u> (<i>Assigned coordination, timely and complete ROA, APF, Barriers to RTW, Conference and Plan, Functional measures, PGAP, standard work/defined handoffs and plan, follow EBM guidelines</i>)	Existing best practices need integration; standardization and full deployment strategies
<u>Surgical Best Practice Cluster</u> (<i>Core Occ BP, Min DAW; Access timelines standards, documented RTW plan, Warranty and Bundle Purchasing</i>)	Mix of existing best practices, pilot, and new model
<u>Chronic Pain and Behavioral Health Collaborative Care Services</u> (<i>Stepped care; regular consult with behavioral and/or pain expert; brief interventions; functional measures, EBM pain interventions</i>)	New best practices; research underway
<u>Structured Multidisciplinary Pain Evaluation and Program</u>	Existing program Needs Evaluation and Update to Integrate with Vision
<u>Opioid Prescribing Best Practice Cluster</u> (<i>Guideline compliant; functional measures; coordinate dose info.; taper and dependence</i>)	Existing best practices need integration and full deployment
<u>Structured Physical Medicine Best Practice Cluster</u> (<i>Core Occ BP; standard referral criteria; active treatment; stepped care w/goals; fx measures</i>)	New best practices; data analysis started
<u>Catastrophic Services and Centers of Excellence</u> (<i>E.g. Chemical Illness; Catastrophic Burn, TBI, Spinal Cord Injury, Amputee, Multiple Trauma; enhanced case management, discharge and life plan</i>)	Existing and new services. Deployment underway.

Medical Provider Network (MPN) Status Update

Discussion on Access

Access goal: Continues to be met: 99% statewide and stable by county

- Over 23,000 approved providers
- ensure that the percent of injured workers within 15 miles of at least 5 attending provider types is within 5% of the January 2012 (pre-network baseline) for their county of residence.

Today's Goals – Discuss related concepts

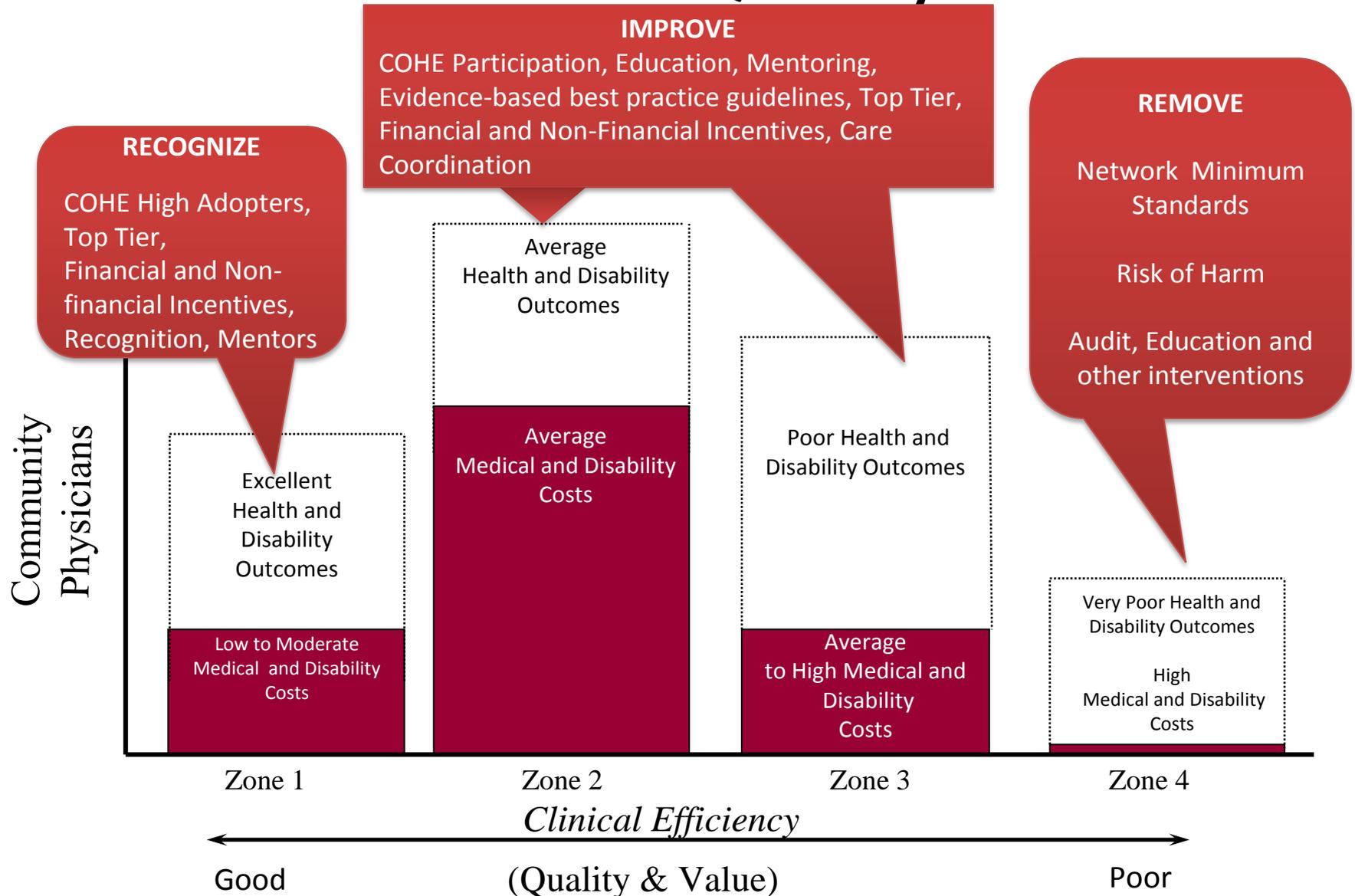
- Approved Providers
- Provider Location
- Provider Capacity
- Provider Types
- Provider Standards



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Distribution of Quality of Care



L&I Medical Provider Network - Update

	Number	Percent of Approved
Applications Processed	26,132	
Providers Approved	23,522	
Administratively withdrawn*	2,610	
Providers reviewed by credentialing committee^	446	1.9%
Total non-approved providers	159	0.7%
	Percent Approved	99.3%



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Providers Not in the Network: Action by Year and Action Type

			Denial	Termination	Withdrawn
2012	3		3	0	0
2013	80		43	8	29
2014	48		6	11	31
2015	28		2	10	16
Total	159		54	29	76



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Categories of Primary Reasons for Review

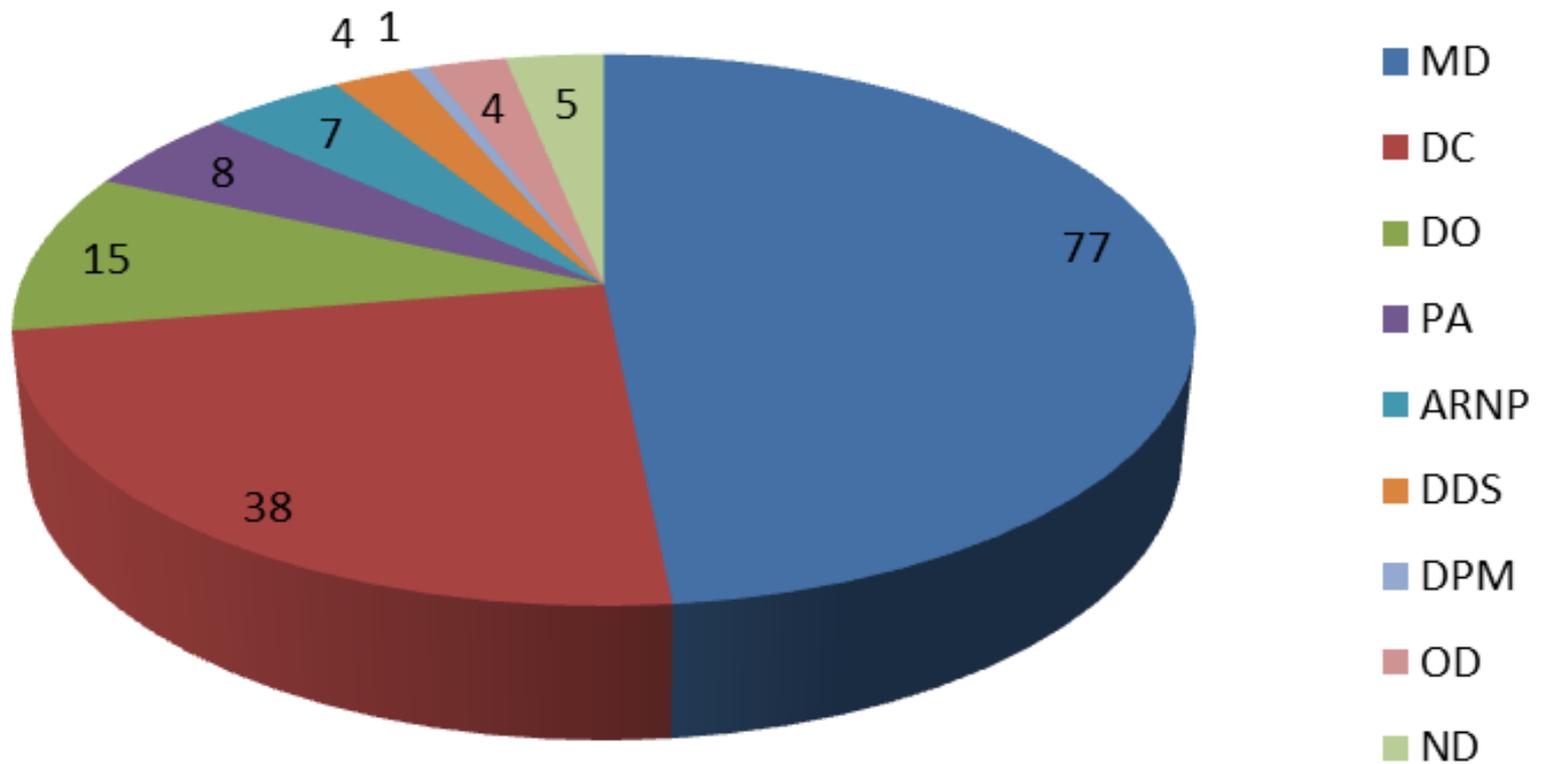
Review trigger: clinical care external		10
Review trigger: clinical care internal		13
Review trigger: compliance internal		4
Review trigger: criminal/sexual issue		7
Review trigger: license		124
Review trigger: misrep external		1
	Totals	159
	External	142
	Internal	17



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Providers not in Network by Type



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Medical Provider Network Participation – Goals Continue to be Met

- Maintaining access to willing providers and removing low quality providers
- Ongoing Monitoring and outreach
 - Monitor network enrollment data
 - Statewide, Provider type/specialty, County
 - Monitor percent of claims with network providers
 - Surveys of injured workers and providers
 - Notify when providers leave or clinics close
 - Participate in state and local provider association conferences
 - Individual recruitment and billing assistance



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Discussion on Provider Access

- Beyond MPN goal and monitoring.
 - Goal for next section:
 - Provide background data first
 - Engage in discussion on questions below
1. Geographic Location - WHERE do we need?
 2. Provider Capacity - HOW MANY do we need?
 3. Provider Workforce Planning - WHO do we need?
 4. Provider Standards - WHAT do we need?
 - (Timeliness, Quality, Panel Size, Patient acceptance)



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

L&I Provider Needs: Background Data

1. Geographic Location - WHERE do we need?

- L&I Heat Maps
- HCA Accountable Community of Health
- COHE Service Areas

2. Provider Capacity - HOW MANY do we need?

- Panel Size - Research, Federal, State, Other Payer
- L&I Provider Network and Active Biller Counts

3. Provider Types - WHO do we need?

- L&I Provider Counts
- UW Workforce Planning
- WA MHIP, L&I Healthy Worker 2020

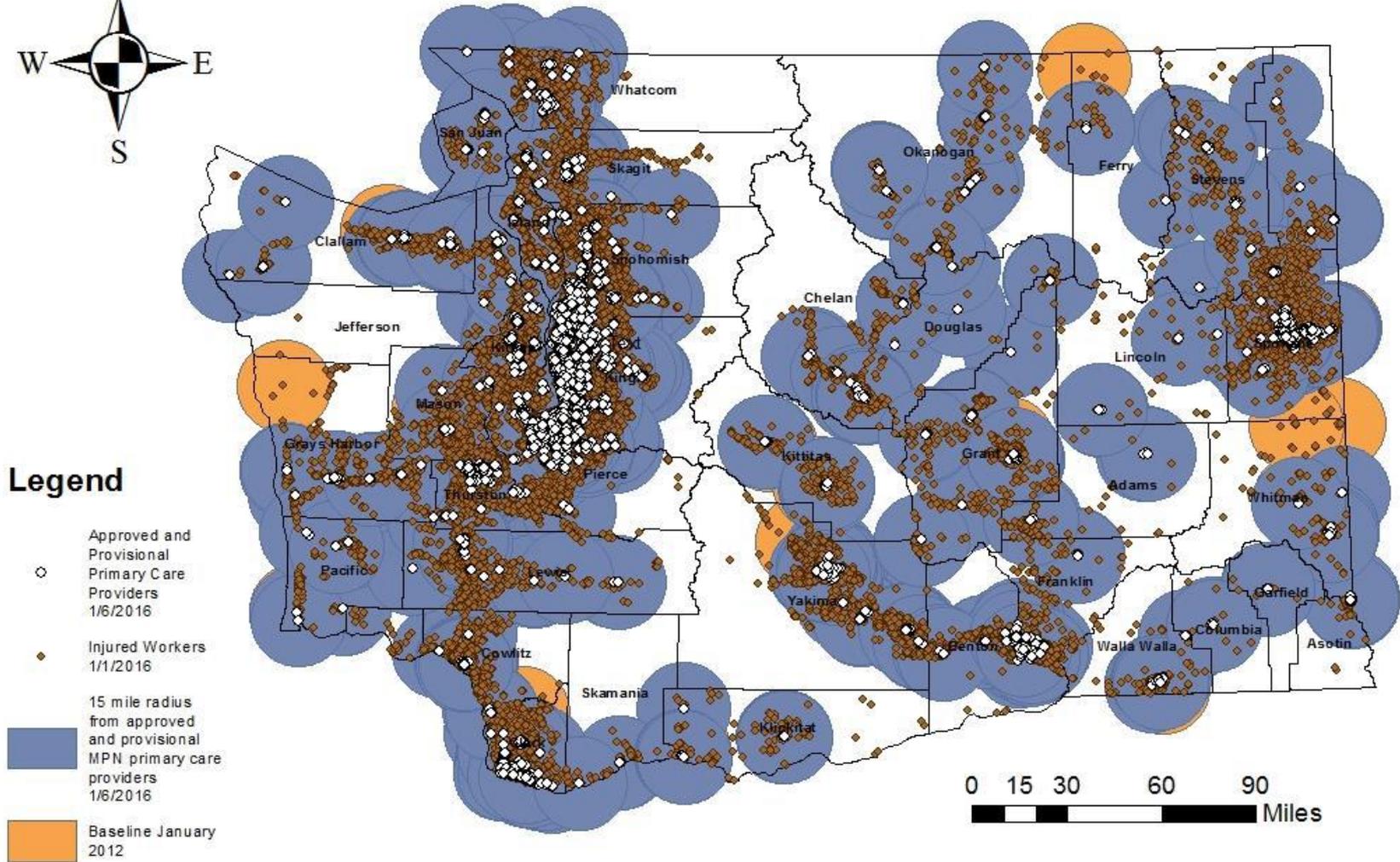
4. Provider Standards - WHAT do we need?

- Timeliness, Quality, Patient Volume

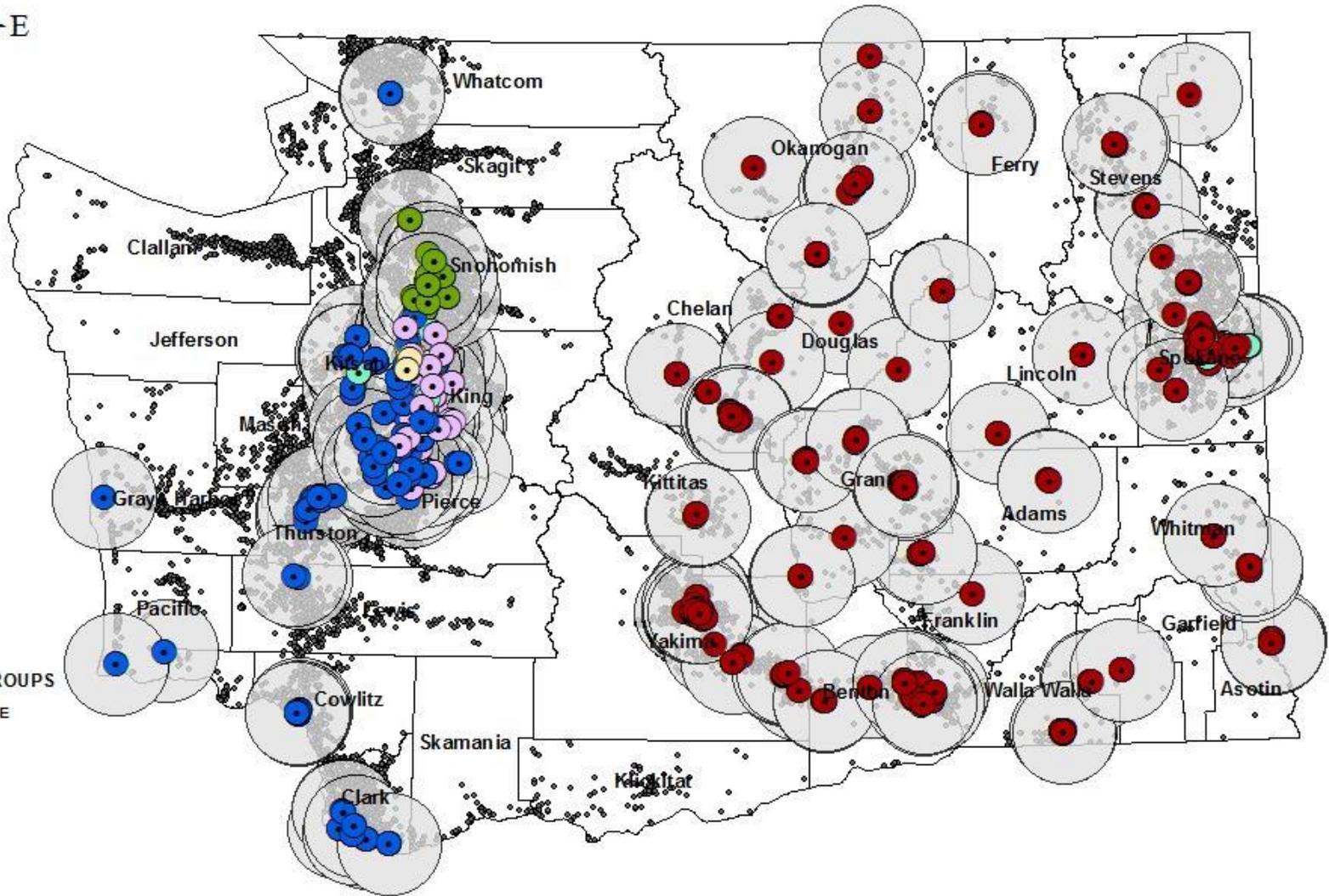
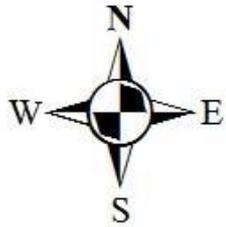


Medical Provider Network (MPN)

Approved and Provisional Primary Care Providers as of January 6, 2016 and Injured Workers Population as of January 1, 2016



All Injured Workers With 15-mile Radii From Current Active COHE Providers As of August 2015



Legend

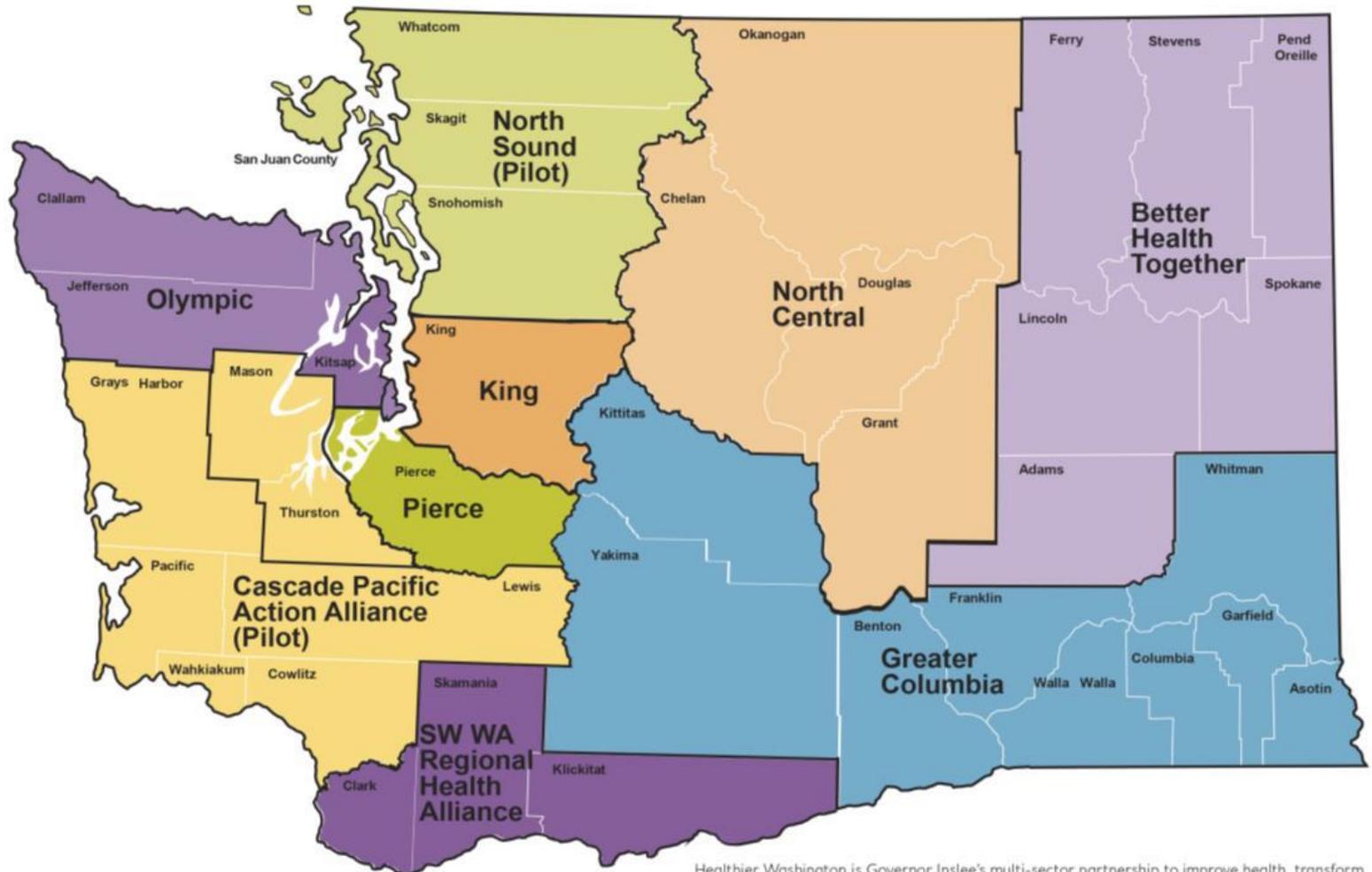
COHE PROVIDER GROUPS

-  COHE ALLIANCE WWA
-  COHE AT GH
-  COHE AT TEC
-  COHE AT UW HMC
-  COHE AT UW VMC
-  COHE COMMUNITY OF EWA
-  INJURED WORKERS



WA HCA

Accountable Communities of Health (ACH)



Healthier Washington is Governor Inslee's multi-sector partnership to improve health, transform



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

North Sound Community of Health

- Counties:
 - Island*
 - San Juan*
 - Skagit*
 - Snohomish
 - Whatcom



* No COHE provider in county
** ESD data, includes SI and federal, June 2015
***DOH data, range – 36-85

- 572,490 Employment**
- 15,119 Injured Workers
- 3,145 Approved Network Providers
- 270 Participating COHE Providers (9% of total)
- Ratio of Providers to IW
 - MPN: 1 to 5
 - COHE: 1 to 56
- COHE claims – 29%
- Avg providers/100,000 – 64.2***

L&I Provider Needs: Background Data

1. Geographic Location - WHERE do we need?

- L&I Heat Maps
- HCA Accountable Community of Health
- COHE Service Areas

2. Provider Capacity - HOW MANY do we need?

- **Panel Size - Research, Federal, State, Other Payer**
- **L&I Provider Network and Active Biller Counts**

3. Provider Types - WHO do we need?

- L&I Provider Counts
- UW Workforce Planning
- WA MHIP, L&I Healthy Worker 2020

4. Provider Standards - WHAT do we need?

- Timeliness, Quality, Patient Volume



Research on Appropriate Panel Size for Primary Care

Methods: Modeled panel size for a primary care physician to provide preventive, chronic, and acute care for a panel of 2,500 patients, if portions of preventive and chronic care services were delegated to nonphysician team members.

RESULTS: Using 3 assumptions about the degree of task delegation that could be achieved (77%, 60%, and 50% of preventive care, and 47%, 30%, and 25% of chronic care), we estimated that primary care team could reasonably care for a panel of **1,947, 1,523, or 1,387** patients.

- [Altschuler](#), Ann Fam Med. 2012 Sep; 10(5): 396–400.



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Federal Access Measures

Primary Care Health Professional Shortage Areas - HRSA (US Dept of Health and Human Services)

- At least 3,500:1
- or 3,000:1 for low income and migrant areas

High need areas

- Birth rate (>100/yr/women 15-44)
- >20 infant deaths/1,000 live births
- >20% of pop below poverty level

Contiguous areas

- >30 minutes away
- Ratio >2,000:1



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

WA State Access Measures

Dept. of Health - Reports on WA State Ratio

- 2014: 79 generalists per 100,000
 - EWA – 70/100,000 and WWA-81/100,000
 - 1266:1 -Comparable to US standards

Office of Insurance Commissioner - Network Access Rule WAC 284-43-200

- Ratio of primary care to enrollees meets or exceeds average ratio for WA in prior year

Other Contract, Network and Payer Measures

- Providers actively taking patients
- Time to first visit
- Time to access specialists



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Health Care Authority - Plan Network Size

Medicaid Health Plan Networks

		Members	PC Providers	
	Plan 1	80,000	3,025	
	Plan 2	80,000	2,708	
	Plan 3	105,000	1,825	
	Plan 4	170,000	4,941	
	Plan 5	105,000	4,721	

Member count approximate. Provider count is unduplicated primary care providers Q32015.

Health Care Authority Correspondence 11/15



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

State Fund Data and Access Measures

- Claim data based on claims filed between 7/1/13 and 6/30/14
- Data pulled 7/8/2015
- Exclusions:
 - IW address missing
 - Out of state IW
 - Self-insured claim
 - Rejected, duplicate, or fatality claims
- Provider network participation based on primary care providers with approved status as of 4/13/15
- COHE participation based on data pull on 6/12/15

86,998 Claims

82,179 Injured Workers

17,597 Approved Network Providers

2,724 Participating COHE Providers

Ratio of Providers to IW

MPN = 5 : 1

COHE = 30 : 1



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Provider Type	Provider Specialty	NPI's Prior to MPN (2012)	NPI's as of 11/15	L&I Provider ID's as of 11/15	Unique Claims w/bill (18 mo)	Providers w/ no bills (%)	Providers w/bill
CHIROPRACTOR	CHIROPRACTOR	1,759	1,868	2,271	21,191	25.6%	74.4%
NURSES	NURSE ARNP	1,483	2,464	3,919	33,479	65.4%	34.6%
OSTEOPATHIC PHYSICIAN	FAMILY PRACTICE	268	318	535	9,283	49.2%	50.8%
OSTEOPATHIC PHYSICIAN	PHYSICAL MEDICINE/REHAB	23	33	45	2,456	31.1%	68.9%
PHYSICIAN	FAMILY PRACTICE	2,332	2,576	3,981	49,572	42.9%	57.1%
PHYSICIAN	INTERNAL MEDICINE	2,141	2,608	3,939	19,463	56.8%	43.2%
PHYSICIAN	OCCUPATIONAL MEDICINE	67	81	104	28,200	18.3%	81.7%
PHYSICIAN	ORTHOPEDIC SURGERY	528	612	811	48,787	23.9%	76.1%
PHYSICIAN	PHYSICAL MED/REHAB	184	199	292	14,905	30.8%	69.2%
PHYSICIAN ASSISTANT	GENERAL PRACTICE	1,523	1,954	3,535	82,785	51.0%	49.0%
PODIATRIC PHYSICIAN	PODIATRY	245	244	336	3,109	24.7%	75.3%



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

L&I Provider Needs: Background Data

1. Geographic Location - WHERE do we need?

- L&I Heat Maps
- HCA Accountable Community of Health
- COHE Service Areas

2. Provider Capacity - HOW MANY do we need?

- Panel Size - Research, Federal, State, Other Payer
- L&I Provider Network and Active Biller Counts

3. Provider Types - WHO do we need?

- **L&I Provider Counts**
- **UW Workforce Planning**
- **WA MHIP, L&I Healthy Worker 2020**

4. Provider Standards - WHAT do we need?

- Timeliness, Quality, Patient Volume



Health Workforce Planning for Washington's Changing Future

Susan Skillman
Deputy Director
Center for Health Workforce Studies
University of Washington



Health care reform's impact on the workforce is in process

More emphasis on:

- Effective **teamwork** and interprofessional teams
- Working to the **top of one's scope of practice** (working with the skillsets the workforce is educated/trained to use)
- Providing **evidence-based** care (care and services with evidence of effectiveness)
- **Using information** to make care decisions (use of health information technology to monitor services needed by patient populations, outcomes, etc.)
- **Paying for value instead of volume.** Changes in how health care is reimbursement have only just begun.



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Other factors influencing the health workforce

Aging population

- and workforce

More of the population with **chronic conditions**

Technology

- Devices for monitoring, self care
- Care delivery using more health information technology (HIT), telehealth and telemedicine

Changing expectations of the workforce

- More focus on quality of life outside of work



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

The future health workforce:

New* roles/functions

- Care coordination →
- Care/case management →
- Care transition management ?
- Patient navigation →
- Health coaching →
- Patient education →
- Community health worker ?
- Community health team →
- Community paramedicine →
- Health IT ?
- Recovery coaches →

Who will perform?

- Physicians/NPs/PAs
- RNs
- Pharmacists
- Licensed practical nurses
- Social workers
- Nurse assistants
- Medical assistants
- Home care aides
- EMTs/Paramedics
- Receptionists
- Family members
- Patients
- Others?

Occupations? Skills? Or Both?

*or being defined differently

Principles of Effective Integrated Behavioral Health Care

Patient Centered / Collaborative

Population-Based

Measurement-Based Treatment to Target

Evidence-Based

Accountable

<https://aims.uw.edu/washington-states-mental-health-integration-program-mhip>



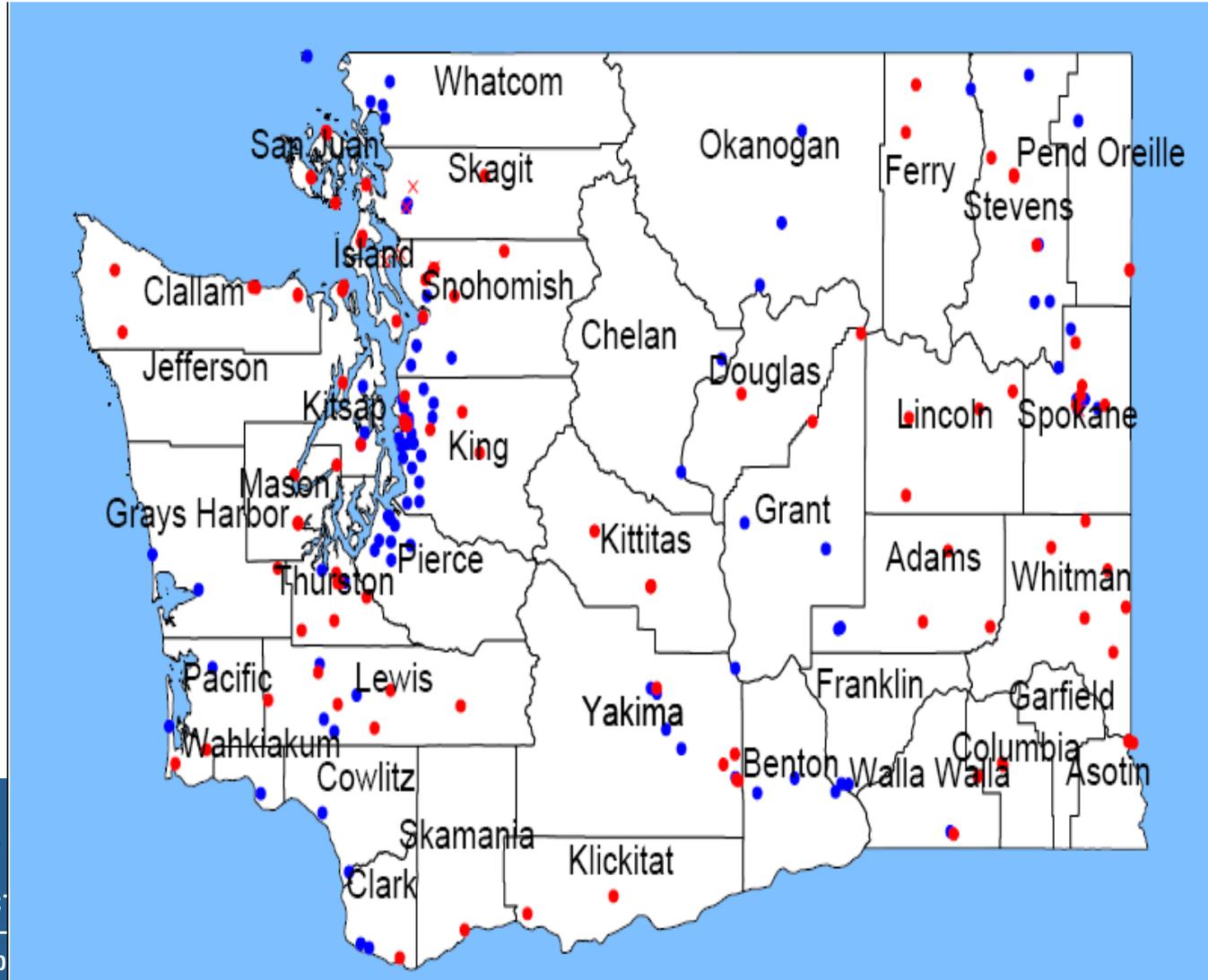
OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Mental Health Integration Program

> 35,000 clients served ... 5 FTE

psychiatrists



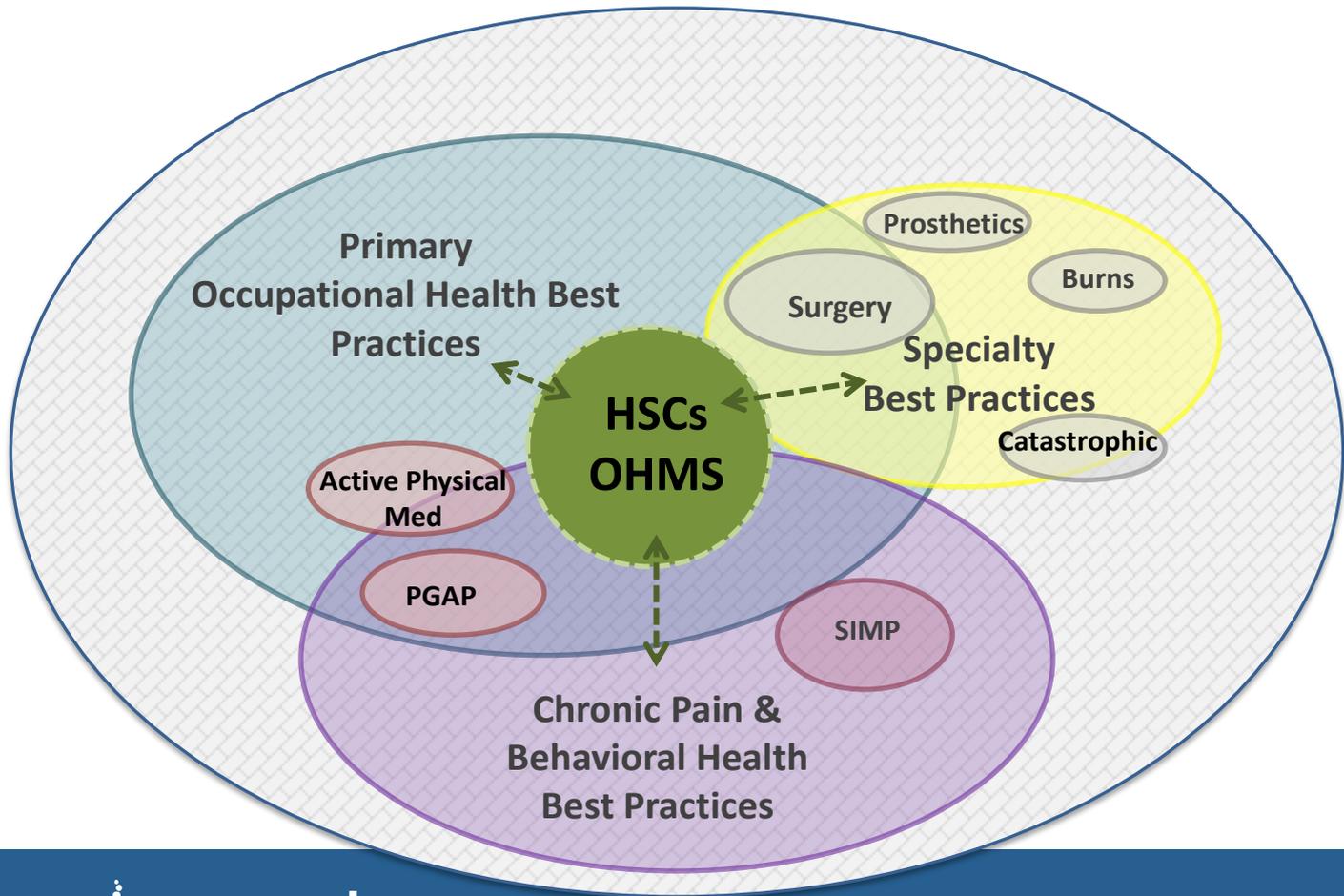
OCCUPATIONAL HEALTH BEST PRACTICES

WORKING TOGETHER TO KEEP PEOPLE WORKING

Healthy Worker 2020

Innovation in Collaborative, Accountable Care

An Occupational Health Home for the Prevention and Adequate Treatment of Chronic Pain



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

L&I Provider Needs: Background Data

1. Geographic Location - WHERE do we need?

- L&I Heat Maps
- HCA Accountable Community of Health
- COHE Service Areas

2. Provider Capacity - HOW MANY do we need?

- Panel Size - Research, Federal, State, Other Payer
- L&I Provider Network and Active Biller Counts

3. Provider Types - WHO do we need?

- L&I Provider Counts
- UW Workforce Planning
- WA MHIP, L&I Healthy Worker 2020

4. Provider Standards - WHAT do we need?

- Quality, Timeliness, Patient Volume



L&I Provider Needs: Current State

1. Number Counts Necessary but Insufficient

- L&I exceeds ratio of OIC, Payers, and Federal definitions

2. Healthy Worker 2020 – Goals

- Increase Partnership with Accountable Providers
- Every Provider is a quality provider
- Requires team, system, and coordination which has impacts on provider panel size and roles of team



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

L&I Provider Needs: Discussion

1. Provider Capacity – HOW many?

- Traditional focus on panel size will not get us to a robust network of quality providers
- Broad network has tradeoffs

2. Provider Types - WHO do we need?

- Examples from current collaborative care implementation (COHE and MHIP)
 - » Focus on skills

3. Provider Standards - WHAT do we need?

- Quality
- Timeliness
- Accepting Patients

