Center of Occupational Health & Education
St. Luke's Rehabilitation Institute

Quarterly Status Report Executive Summary

LNI Contract No. K2789

COHE Name:	**COHE Community of Eastern Washington**	
Staff Name:	Benjamin D. Doornink, Director of COHE	
Date:	January 8, 2016	Reporting Period: October 1 – December 31, 2015

MAJOR ACCOMPLISHMENTS:

Deliverable #1: COHE Implementation & On-going Work Plan
Deliverable #2: Provider recruitment, Enrollment, and Training

- Provider Enrollment:
  - 1,208 Participating Providers
  - 35 Participating Hospital Emergency Departments
  - 44 providers voluntarily withdrew participation in COHE
- Clinics and Hospitals currently in process of enrolling
  - Kittitas Valley Healthcare - Ellensburg, WA
  - Providence St. Joseph's Hospital - Chewelah, WA
  - Providence Orthopedics – Spokane, WA
- Provider Education/Training
  - 63 New Providers oriented in either existing or new participating facilities
  - 141 Providers received Academic Detailing.
- Provider Relations Coordination
  - PRC identified and assisted in the reactivation of a Providence ED provider's MIPS billing account. This provider's number had been erroneously inactivated in April of 2014.

Deliverable #3: COHE Advisors

- Currently undergoing an effort to develop materials & processes to help facilitate use of Advisors.
- COHE Advisors are involved in our annual Quality Improvement project.

Deliverable #4: Health Services Coordinators

- Provided billable services to 1,309 claims with 4,121 units of HSC service and 192 IECs
- Currently recruiting for additional HSC in Wenatchee
- New HSC Supervisor was selected to assume duties upon Pam Cromer's retirement in March.

Deliverable #5: Communication & Community Outreach

- Made presentations at WA Farm Bureau safety meetings in Wenatchee, Okanogan, Moses Lake, Selah, Sunnyside, Kennewick, & Walla Walla. 260 employer participants attended.
- Productive Business & Labor Advisory Board Meeting in October with a focus on RTW activities

Deliverable #6: Best Practices & Quality Improvement Methods

- In October, Dr. Mootz met with HSCs and COHE advisors to educate on the FRI process and resources.
- 61 FRQs Administered, 36 were positive, 4 positive FRQs had an Advisor as the attending provider.
- No FRIs Administered

Deliverable #7: Reports and Meetings
Deliverable #8: Performance Monitoring and Annual Review
Deliverable #9: Technology

- The unavailability of L&I web-based systems continued to be a major issue. There were numerous instances where required L&I applications were inaccessible to our staff, causing "stop-work" situations.

CHALLENGES:

- In investigating WPA's with L&I staff, several applications were not being processed due to turnover at the department.
- It has been identified that several Emergency Departments new to COHE are not billing for the ROA or APF. The PRC and HSC are working with Providence staff to understanding their workflow process and to identify the breakdown in their billing procedures.
- 49 Providers have been oriented to COHE but have not been issued a billing account or continue to be in provisional status, therefore cannot be enrolled in COHE.

COHE Quarterly Status Report
Claims per HSC

COHE Name:	Group Health Cooperative
Staff Name:	Tom Lehmann
Date Submitted:	1/12/2016
Reporting Period:	October - December, 2015

I. EXECUTIVE SUMMARY

This section provides an overview for the WCAC-HC and other advisory teams.

MAJOR ACCOMPLISHMENTS

Please provide a summary of accomplishments in COHE deliverables (recruiting, training, advisors, quality improvement project, community outreach, and a success story). Deliverables details should be noted in their appropriate sections that follow.

- We have more than doubled our goal for provider enrollment in our second COHE year (162 with a goal of 70). This COHE year we are looking to maintain enrollment around 160 providers.
- Continued reassignment of the on-line Learning Management System (Aspire) training for Urgent Care. This has been updated for 2016 and we currently are looking to transition to this soon.
- Reassigned Aspire training for COHE Family Practice providers at Group Health. Several will be completed through in-person trainings in place of the on-line training.
- Trained 1 new Occupational Medicine provider, but they have not started at Group Health yet. Further training will be addressed and then we will add them to the COHE.
- Completed annual training of 6 Occupational Medicine providers at Group Health.
- Completed annual training of 10 Urgent Care providers at Group Health.
- Completed annual training of 8 Primary Care providers at Group Health.
- Continued transition to ICD-10 diagnosis codes. There are continued issues with this transition.
- Continued implementation of better process for Best Practice #4 (Barriers to Return to Work Assessment) at Group Health. Results have increased, but providers are still indicating that it is more difficult to address these. We continue to promote the benefits of these visits and work to make the process easier.
- Continued work on HSC billing through audits as numbers have not matched.
- Worked on Quality Improvement project for 2015-2016 to decrease delays in adjudication of occupational disease claims. Part of this will be providing better documentation to assist in completion of needed forms. The other part will consist of providers completing needed forms earlier in the process.

COHE Quarterly Status Report
Claims per HSC

COHE CHALLENGES & LESSONS LEARNED

Please provide a summary of challenges/lessons learned in COHE deliverables (recruiting, training, advisors, quality improvement project, and community outreach) or other major milestones. Deliverable details should be noted in their appropriate sections that follow.

- Group Health was recently purchased by Kaiser. This needs to go through a formal vote still, but we will look toward a transition over 2016 if the vote is positive toward the acquisition.
- Continued challenges with provider vacancies at Group Health (especially in southern region of Puget Sound) and Columbia Medical Associates in Spokane. Active recruitment is under way.
- We had some continued coverage issues especially this quarter with a loss of an HSC, illnesses, and the Program Director needed to step in more to assist. We continue to try to plan better as much as possible. We were able to hire an HSC more quickly again and they started training on 12/28/15.
- A major upgrade to our electronic Medical record, Epic, will occur in the future with a move to a more accessible database system. We are monitoring this as this will create a need to update our Aspire training as well as train other staff.
- Internal system/process to identify Barriers to Return to Work cases, (Best Practice #4). OHMS is assisting through its lists.
- Time to identify Barriers to Return to Work cases. OHMS makes this easier.
- Continued work on medical best practices including APE (Accidental Parenteral Exposure) protocol, Qualis peer-to-peer, MRI authorizations, and associated processes.

COHE Quarterly Status Report

COHE Name:	COHE of Western Washington
Staff Name:	Nicole Cushman (Summary prepared by L&I Contract Manager)
Date Submitted:	January 8, 2015
Reporting Period:	October, November, December 2015

I. EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS

Deliverable 1: COHE Implementation & On-going Work Plan

- Implementation of Ongoing Work Plan - ongoing

Deliverable 2: Provider Recruitment, Enrollment, and Training

- Total COHE Partners: 53
- Total COHE Providers Enrolled: 562
- Total COHE Providers Educated: 75
- Quarterly - COHE Providers Enrolled: 31
- Quarterly - COHE Providers Disenrolled: 22
- Quarterly - COHE Providers Educated: 33

Deliverable 3: COHE Advisors

- Total COHE Advisors: 9
- COHE Advisors Enrolled: 0
- COHE Advisors Disenrolled: 0
- Last COHE Physician Advisory Panel: October 16, 2015
- Anticipate enrolling another Advisor; looking specifically for a psychiatrist or an orthopedic surgeon.

Deliverable 4: Health Services Coordinators (HSC)

- Fully-trained HSCs: 6
- Anticipate adding another HSC in the coming quarter (January - March 2016).

Deliverable 5: Communication & Community Outreach

- ACHIEV Meeting: Attended October 22, 2015 meeting
- Regional BLAB Meeting: (BLAB is now 2x annually) (Next BLAB slated for Wednesday, January 27, 2016.)

Deliverable 6: Best Practices & Quality Improvement Methods

- COHE Alliance's QI project is expansion throughout all 19 Western Washington counties, projected into 2016.
- Webinar for Annual Education on Best Practice for Opioids filmed by Dr. John Hart. Continued development needed. By agreement with L&I contract manager, is deferred to QI for 2016-2017.
- Webinar for COHE Orientation for provider enrollment was re-filmed and updated.

Deliverable 7: Reports and Meetings

- Quarterly Report: July–September 2015 Quarterly Report for turned in on time.
- COHE Program Director Meeting: COHE Alliance Medical Director, Paul Darby, MD, attended October 14, 2015 and December 16, 2015 meetings.

COHE Quarterly Status Report

- Contract Management Meetings: Attended monthly meetings.

Deliverable 9: Technology

- OHMS – Staff has been trained on latest version of OHMS and participates in OHMS User Groups.

SUCCESS STORIES *(Dozens submitted. One per person selected for purposes of summary.)*

- CHI Franciscan has experienced a change in several senior leaders; requiring Nicole Cushman to present COHE Alliance at various levels.
- Dr. Paul Darby using his COHE Advisor hours to great effect. On Wednesdays, he is "housed" amidst the HSCs so he can provide timely assistance and a ready-resource for challenges which may arise in a claim.
- Provider Relations Coordinator continues to be a valuable resource for participating providers/groups. Assists with process improvement and their understanding of L&I processes.
- HSC Parker requested Dr. Hoffman's assistance/intervention with the Paine Field claim where patient has seen 5 different providers, extensive restrictions, minimal OMFs, off work, etc. Communicated with employer rep (Vigilant—C.Y.) regarding the Paine Field claim. Employer rep. used to be a claim manager and expressed appreciation for HSC's efforts and for the COHEs in general.
- HSC Condit worked with Anume, VSS with Region 1-ERTW staff to have a conference with Lynnwood. They faxed over a light duty job description (LDJD) for IW; the LDJD was hand-delivered. It was approved the following day and the IW returned to work.
- HSC Mansfield assisted Josh Rodero, ERTW staff, with a claim just beyond COHE time to connect with AP to address a job description and clarify RTW with the employer. It was a difficult situation regarding the misinformation between EOI, IW and AP. Josh called me after the situation was resolved to thank me for assisting.
- HSC Swigart worked on a claim involving a patient who had sustained psychological trauma due to an MVA resulting in multiple fatalities. As the patient is in the process of transferring his care to Group Health Cooperative (GHC), he notified the GHC COHE Program Director and shared the claim with him.
- HSC LeGros contacted a patient to discuss her restrictions and return to work status. The patient seemed focused on L&I denial of coverage for opiods. I staffed my concerns with Dr. Darby and requested he review the Prescription Monitoring Program (PMP). He noted the patient had been prescribed opiods by multiple providers, contacted the Attending Provider, Medical Director and Clinic Manager and provided an update.
- HSC Farland worked with Dr. Fawcett and management team to identify opportunity in accuracy and completion on APF's.

COHE CHALLENGES & LESSONS LEARNED

We have experienced a few on-going challenges, which are bulleted at below.

- Elaborating to providers the value of COHE.
- Provider Enrollment / Disenrollment

- Creating working relationships with designated COHE champions, or identifying new champions who will be more responsive to requests.
- Discovering barriers to new partner collaboration
- Ensuring that high provider turnover within different partners does not negatively impact COHE Best Practice adherence.The ED providers are not consistently providing an APF with the ROA they complete.
- Claims are often difficult to obtain updated medical as HSC's only access to medical documentation is through the clinic manager. Often, HSC leaves a message to obtain further information and the message is not returned.
- Addressing incomplete APFs is challenging as it is difficult to access some of the providers to discuss APF issues directly.
- APFs do not show in CAC when the ROAs are imaged at L&I.
- Provider Relations Coordinator has expressed barriers in getting responses from partners with regard to Provider Rosters.
- A challenge has arisen in which providers in some partnering organizations are being incorrectly credentialed to see L&I patients by their employing organization. This is especially apparent with those providers who are working both in an Emergency Department and an Urgent Care. The partnering organizations have been notified and appropriate steps within COHE Alliance have been taken to ensure that those providers affected are not incorrectly enrolled.
- Opportunity to enhance communication regarding the COHE program and HSCs roles with L&I Regional Return-to-Work staff.
- The Doctors Clinic presented some challenges with Qualis authorizations. An opportunity presented to meet with key stakeholders and an employer (Poulsbo Fire). Prepared work flow chart and tabbed resource for streamlining barriers.
- Coordinating key stakeholders at Harrison ED – including providers, front office staff, billing and operations. Streamline and identify barriers in completing Best Practices 1 & 2.
- Employer reps throughout Western Washington region continue to present dialogue of identifying barriers when working with COHE. Ongoing development and maintaining of these relationships will continue to be a focus in the next quarter.
- OHMS / CAC
    - HSCs have consistently reported that CAC opens, but can't see any of the options on the left hand side (view documents, addresses, etc). HSCs are now calling L&I WebSupport directly regarding this and work stoppage issues due to CAC slow-downs and CAC unavailability.

COHE Quarterly Status Report

COHE Name:	The Everett Clinic
Staff Name:	Marti Bradley, Program Director
Date Submitted:	January 10, 2016
Reporting Period:	October 1, 2015 – December 31, 2015

I. EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS

Deliverable 1: COHE Implementation & On-going Work Plan is ongoing

Deliverable 2: Provider recruitment, Enrollment, and Training

- Oriented and enrolled **_12__** new Attending Providers hired this period
- Sponsored a one hour 'Causation' and 'No Fault Industrial Insurance System and Role of AP' provider education module for multiple primary care and specialty providers in clinic, with invite to Group Health providers, presented by Nicholas Reul, Associate Medical Director, State Labor and Industries. An additional session was held for multiple primary care and specialty providers in clinic, with invite to Group Health providers, presented by Alix Thorson, MD at Group Health.
- Provided a one hour discussion for 'claims resolution best practices' with the occupational medicine providers, data provided by by Ms. Noha Gindy, State L&I.

Deliverable 3: COHE Advisors

- Participated in monthly meetings with the Occupational Medicine Attending Providers in October, November, and December.
- COHE Advisors participate in ongoing educational outreach to enrolled providers.

Deliverable 4: Health Services Coordinators

- HSC Lead conducted all of the new Attending Provider orientations during this period.
- HSCA submitted resignation with last day worked 12/23/15 and enrolled in a nursing program. HSCA staffing recruitment underway

Deliverable 5: Communication and Community Outreach

- Development of annual Community Outreach conference has begun.

Deliverable 6: Best Practices & Quality Improvement Methods

- Developed and implemented standard work and patient handout to improve communication of expectations around post-surgical recovery and return to work with the orthopedics/hand surgeons.
- Developed and implemented a 'Complex Claim' medical review and billing process to support attending providers to accept the more complex claims in order to impact claim resolution.
- Continued quality improvement pilot of the Claims Communication Improvement Project for continuous process improvement; this pilot will continue for a two-year period.
- Continued pilot of the **Acute Low Back Pain** integrated practice unit at our Smokey Point satellite; this pilot will continue for a two-year period.
- Ongoing collaboration with the SHSC as part of The Everett Clinic Surgical Best Practices Pilot site.

COHE Quarterly Status Report
COHE at The Everett Clinic

COHE CHALLENGES & LESSONS LEARNED

Our health services coordinator assistant submitted resignation and we have been interviewing since October. No final candidate identified for this critical position thus far. Under the current staffing, HSC Lead will not be able to work the expected percentage (currently at 65% or higher) of claims with 10+ days of time loss.

II. SUCCESS STORIES

Patient worked as an automobile mechanic on the date of injury (DOI). The walk-in provider that completed the Report of Accident (ROA) referred patient for emergency R thumb surgery and noted not released to any work for one week. A referral to Occupational Medicine was also made by the walk-in provider.

One week after the injury occurred, the HSC contacted the employer and injured worker (IW) to discuss the claim status and return to work options. Benefits of offering modified/lighter capacity work on a transitional basis were discussed with the employer. The employer was not sure how they will proceed as far as return to work options for the IW. The patient informed of intention to move out of state to attend a training program. HSC recommended the patient contact the L&I CM to discuss the upcoming relocation, to include obtaining assistance in finding an appropriate medical provider to address ongoing treatment issues, ability to work status, etc.

Two weeks after the injury occurred, the patient was seen in Occupational Medicine. The Occupational Medicine provider reiterated that the patient should contact the L&I CM about relocation out of state, as well as follow-up with the hand surgeon at least one more time for proper instructions, to include an update regarding ability to work status.

1.5 months after the injury occurred, Department of L&I still listed the attending provider as being the Occupational Medicine provider at TEC, even though the patient had moved out of state a few weeks ago. HSC called the employer, once again, to discuss modified/lighter capacity work options on a transitional basis. The employer representative expressed frustration and concern regarding ongoing time-loss being paid to the IW from Department of L&I. They discussed that the IW's training program is likely very hands on while using mechanical aptitudes. After some discussion regarding employer frustration and concerns, HSC recommended the employer seriously consider offering the IW physically appropriate work. HSC explained that just because an IW moves out of state does not change an employers' right to offer physically appropriate work to an IW. An ERTW referral was made to assist the employer with return to work issues, to include any job descriptions/analyses and/or job offer letters that may need to be completed.

Two months after last working on the claim, HSC received a call from ERTW VSS. The HSC pointed out that the attending provider listed on the claim is not with TEC. ERTW VSS then connected with the appropriate attending provider listed on the claim. The attending provider approved the Employer's Job Description for light duty/transitional work. The employer submitted a job offer letter to the IW. The IW declined the job offer and time-loss is no longer pending on the claim. The claim does, however, remain open for claim-related medical treatment.

COHE Quarterly Status Report

COHE Name: COHE at UW Medicine Harborview Medical Center
Staff Name: Amy Valdez, Program Manager (Summary prepared by L&I Contract Manager)
Date Submitted: December 10th, 2015
Reporting Period: FY16 QTR2: October 2015 – December 2015

I. EXECUTIVE SUMMARY

MAJOR COHE ACCOMPLISHMENTS

Deliverable 1: Implementation & On-going Work Plan

- Continued implementation of on-going work plan.

Deliverable 2: Provider Recruitment, Enrollment and Training

- Provider count: 173
- 66 Providers completed annual training via clinic-based HSCs.
- 2 UW Stadium Surgeons enrolled after receiving 30 minutes of COHE training from COHE Program Manager.
- 1 Occupational Medicine medical student received 1.5 hours of COHE training from COHE Program Manager.
- COHE ED and general COHE PowerPoint Training finalized.
- QI/CI Meetings (see A-19 Invoice).

Deliverable 3: COHE Advisors

- Please see below for summary.

Deliverable 4: Health Services Coordinators (and Volunteers)

- HSC meetings: Morgan Wear attended HSC meeting as part of 3-year contract review; Region 2 ERTW attended HSC meeting; continued claim staffing; end-of-year social (*see HSC meeting minutes for more information*).
- HMC Hand/Foot/Ankle received approval to hire a 2nd PC/HSC and COHE Manager will assist with interviewing/hiring process.
- UW/HMC relies on short-term and long-term volunteers to administratively support COHE. A total of 4 volunteers perform 28-30+ volunteer. Volunteers prep APF packets for upcoming WC appts. and process L&I electronic correspondence.
- Reneschia Brown, Program Coordinator/HSC, resigned from COHE and accepted a position with UWMC as of 12/4/15. Note: all calls from her prior phone line have been permanently transferred to the COHE hotline.
- UW Stadium added Program Coordinator: Jill Halvorsen. HMC Sports and Spine is re-starting interview process due to declination of PC position due to low salary.
- Finalized Volunteer Manual; close to finalization of central office HSC manual. In-progress Procedure Analyst manual.

Deliverable 5: Communication and Community Outreach

- COHE brochure finalized as of 12/23/15.
- COHE newsletter and Intranet/Internet sites put on hold due to staffing and competing projects.
- COHE Program Manager attended Occ. Med. Grand Rounds Burns/Plastics presentation by Dr. Nicole Gibran.
- COHE Medical Director attended WSLC meeting.

Deliverable 6: Best Practices and Quality Improvement Methods

- Daily, weekly, monthly and quarterly clinic-based and central office HSC COHE work.
- COHE Program Manager and Ortho Trauma Senior Leader have established monthly meetings re: provider PI discussions.

Deliverable 7: Reports and Meetings

- COHE Program Manager and Medical Director re-instituted monthly billing meetings to resolve internal L&I macro billing issues.
- COHE Program Manager attended ACHIEV meeting on 10/22/15.

Deliverable 9: Technology

- Epic Care Smart Set billing in continued process; telephone encounter issues are still being resolved.
- HIE Electronic APF usability/feasibility on hold until February.
- Auto faxing of clinic records and / or electronic health information exchange (HIE) usability/feasibility in continued process.

SUCCESS STORIES

- UW Stadium added a Disability Coordinator and enrollment of 2 providers.
- Finalized Volunteer manual, COHE general and ED PowerPoints; near completion of central office HSC manual.
- COHE, L&I Contract Manager, HMC ED, and HMC senior management celebrated/acknowledged ED's achievement of BP#1 metrics in Qtr 1. of Performance Report.
- Continued QI/CI.
- Finalized COHE brochure.
- Updated/finalized central office HSC worklists.

COHE CHALLENGES & LESSONS LEARNED

- *Funding*: UW/HMC system relies on hospital funding to maintain the COHE budget. The length or duration at which UW/HMC can supplement the COHE program is uncertain presently. COHE administrative duties which support central-office and clinic-funded/based work is handled by 4 volunteers totaling 28-30 hours per week. Procedure Analyst trains and supervises new volunteers on UW/HMC computer systems and COHE work instructions. Volunteer turnover or personal time off/schedule adjustments affect the ability to complete work and/or fully contribute to the COHE Mission. HSCs are clinic-funded and handle SIE, FMLA and other disability related patients with on-the-job training. SIE/OMD will be putting together a COHE HSC training.
- *Provider Enrollment:* Pending Paul Hayes and Dr. Goss' review of COHE PowerPoint orientation modules for integration in LMS system.
- *Continued QI:* All COHE clinics/departments continue to need QI assistance; processes/systems also change on-going, affirming the need for a Procedure Analyst.
- COHE clinic access to *MD guidelines* is being discussed.
- *Multiple priorities:* COHE Program Manager are pulled in multiple directions, making strategic planning and issue resolution challenging. HSC work deliverable meetings assist team with focusing on one deliverable at a time.
- UW/HMC *Records and Retention* COHE scan/destroy policy finalized.
- UW/HMC providers handle higher volume of *complex claims* given institution mission; decision-making tree proposed to help providers. Decision-making tree on hold presently.
- Time/clinic workflow is a barrier to across the board for *clinic-HSC billing.*
- *COHE email up and functional:* cohe@uw.edu

Statement of Work, Exhibit A

COHE Quarterly Status Report

LNI Contract No. K2786

COHE Name:	**COHE at UW Medicine Valley Medical Center of the Puget Sound**
Staff Name:	Grace Casey
Date Submitted:	
Reporting Period:	Oct 1 2015 – December 31, 2015

EXECUTIVE SUMMARY - *MAJOR ACCOMPLISHMENTS*

Deliverable #1: **COHE Implementation & On-going Work Plan**

- Development of Implementation & Ongoing work Plan

Deliverable #2: **Provider Recruitment, Enrollment, and Training**

- COHE recruited and added 14 new APPs
- 8 voluntarily removed from the program
- Currently 295 APPS in program
- 78 APPs received Training

Deliverable #3: **COHE Advisors**

- 24 Advisors
- Advisor Meeting Nov 10, 2015 with Group Health Providers and our advisors. Total of 22 attendees including 16 advisors physicians. Meeting was hosted by Cascade orthopedics. Presentation by Lori Stephens, OT/L on PGAP and Shari Fowler-Koorn, RN from Qualis gave an update on our QI project.

Deliverable #4: **Health Services Coordinators (HSC)**

- This Quarter – fully staffed with 3 trained HSCs.

Deliverable #5: **Communication and Community Outreach**

- Presentation to 15 employers. Topic Critical Incident Stress Debriefing by Donna Schreiber, RN, MDic, BCC, CFHPC.

Deliverable #6: **Best Practices & Quality Improvement Methods**

- The COHE 2014-2016 quality improvement proposal is development of a better utilization review process for COHE providers. Select providers from COHE at UW Medicine Valley Medical Center of the Puget Sound have had the 3rd and 3rd Epidural Steroid Injections (ESIs) approved at the same time as the initial request based on Qualis review. Initial findings presented at advisor meeting were:

➢ Spinal Injection Denial Rate overall averages 19%

✓ Project Qualified Requests – ZERO denials

✓

Deliverable #7: **Reports and Meetings**

- Internal Contract Planning Meetings Monthly
- Contract Meeting - Ongoing, as needed
- COHE Directors teleconference meeting
- HSC QI Meeting

Deliverable #8: **Performance Monitoring and Annual Review**

- Performance Monitoring – Ongoing with LNI and COHE

Deliverable #9: **Technology**

- OHMS COHE Implementation – Staffed trained and using OHMS latest version.

SUCCESS STORIES

Share with us a success with changing provider behavior, impacting patient disability, or engaging with an employer:

- Injured worker (IW) initially seen at Valley Medical Center (VMC) Urgent Care (UC) on 11/12 for injuries sustained on 11/11/15. Followed up with Dr. Stumpp on 11/13 and was diagnosed with Lis franc fracture of his right foot. Dr. Stumpp was concerned injury may require surgery. Referred patient to Dr. Novak at Proliance Orthopedic Association (POA) for consultation. COHE Health Services Coordinator (HSC) contacted Surgical Health Services Coordinator (SHSC) on 11/13 to coordinate the referral. Seen by Dr. Novak on 11/17. SHSC contacted HSC on 11/25 in follow up as it was deemed that IW was not surgical. IW was seen in follow up with Dr. Stumpp on 11/27. The coordination between the HSC and SHSC helped facilitate IW getting a surgical consultation quickly and when it was deemed he was not surgical, return to establish care with Dr. Stumpp within 2 weeks from the date of injury (DOI.)

- Lorraine Sandoval, SHSC at Proaliance and one of their Surgeons met with the OHS Providers HSC Kathy Visser. It was a very successful interaction where OHS Providers shared concerns for improved communication from and accessibility to the orthopedic practice for injured workers. The orthopedist in turn voiced questions about how to best have Occupational Health Services (OHS) involved in the return to work process for post-operative patients. All agreed that with their SHSC, and our HSC's, there is the opportunity for better outcomes with respect to the efficient treatment of injured workers with orthopedic problems and their subsequent transition back into the workplace.

- Injured worker was seen by Alma Gomez-Van Allman, PAC, on 11/30/15 for injuries sustained that day. Ms. Gomez-Van Allman suspected a biceps tendon tear. HSC assisted with facilitating claim allowance and MRI authorization was requested on 12/4. HSC contacted CM on 12/4 regarding claim status. Claim was allowed and MRI was authorized on 12/7. IW had MRI on 12/9 which confirmed a biceps tendon tear. IW returned in follow up to Ms. Gomez-Van Allman on 12/11 for MRI review and was referred to Dr. Shrivastava at POA. As a result of coordination between the HSC and SHSC, IW saw Dr. Shrivastava on 12/11 and was recommended for surgery. IW's surgery was authorized and completed on 12/23/15. HSC and SHSC coordination and intervention on this claim assisted with expediting the claim allowance, MRI authorization, orthopedic consultation and surgery scheduling within a month of the DOI.

CHALLENGES & LESSONS LEARNED

Share with COHE challenges, plans, and possible mitigations:

- Community providers who have turnover in their clinic can cause decrease in COHE best practices – Requires HSCs to stay in constant communication with the providers and their support staff including front office, clinical and billing.