COHE Quarterly Status Report

COHE Name:	The Everett Clinic
Staff Name:	Marti Bradley, Program Director
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Reporting Period:	January 1, 2015 – March 31, 2015

I. EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS

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

Deliverable 2: Provider recruitment, Enrollment, and Training

- Oriented and enrolled **11** new Attending Providers hired this period
- Trained **62** providers currently enrolled in Annual Provider Education this period

Deliverable 3: COHE Advisors

- Participated in monthly meetings with the Occupational Medicine Attending Providers in January, February and March
- COHE Advisors participate in ongoing educational outreach to enrolled providers

Deliverable 4: Health Services Coordinators

- HSC Lead and HSC Assistant (HSCA) met with L&I return-to-work teams on 1/13/15 and 1/27/15
- HSC Lead participated in OHMS discussion for the electronic APF on 2/24/15
- HSC Lead is participating in annual provider training and orientations
- HSCA completed training hosted by COHE at UW Medicine Valley Renton on 3/11/15

Deliverable 5: Communication and Community Outreach

- Developed our Annual COHE Employer Conference agenda and materials in collaboration with COHE at Group Health, scheduled for May 14, 2015

Deliverable 6: Best Practices & Quality Improvement Methods

- Ongoing collaboration with the Claims Unit team for the Claims Communication Improvement Project. This project will enable us to improve efficiencies and reduce or prevent delays between claims and provider offices. This will be a two-year project, and we will meet regularly each month to discuss specific claims and recommend appropriate changes to meet our project goals.

Note: Ongoing collaboration with the SHSC who was hired as part of The Everett Clinic being selected as one of the new Surgical Best Practices Pilot sites.

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COHE CHALLENGES & LESSONS LEARNED

Because providers enter COHE with differing levels of expertise in the care of injured workers or in the workers compensation system, education and incorporation of best practices continues to be an ongoing challenge. Hearing many presenters during the several days of new hire orientation may result in limited retention of critical talking points. Ongoing outreach annually, teachable moments, work with the HSCs, and access to the e-tools on our shared intranet have shown repeated value as well has directing providers to quick references. The e-tools on our shared intranet, called the L&I Toolkit, can aid the provider to quickly find resources when the COHE trainers or Advisors are not available. The educational power points and printable handouts provide assistance in completion common L&I forms or FAQs on various topics. Providers' can access this page 24/7. With the help of our L&I COHE team, we added a new tool for FAQs on common questions re opening/closing claims, definition of terms such as MMI, PPD and the ratings system. The Health Service Coordinators are also invaluable to note early trends in a provider's absorption of best practices. The HSCs, COHE Advisors and E-tool resources can result in continuous and just-in time education.

II. SUCCESS STORIES

The patient worked in automobile glass installation at the date of injury (DOI), when a closed head injury was sustained. The injured worker (IW) was originally treated at an emergency facility and admitted for overnight observation. The ER provider estimated the condition will cause the patient to miss at least 14 days of work.

Two days after the injury occurred, HSC received a call from an L&I Occupational Nurse Consultant to discuss transfer of care options to an L&I network provider closer to where the IW resides. HSC next called the patient and provided contact information for Occupational Medicine to schedule a visit. HSC also called the employer to discuss the scheduled visit in Occupational Medicine and to discuss options for eventually employing the IW in modified/lighter capacity work on a transitional basis. The employer expressed appreciation regarding the call and discussion regarding eventually considering modified/lighter capacity return to work options for when the condition improves with treatment and time. The L&I claim manager (CM) also called the HSC to discuss the claim status and transfer of care to the L&I network provider in Occupational Medicine.

The patient saw their occupational medicine physician repeatedly for several weeks while the HSC, working with the provider, L&I ERTW consultant, Washington Stay-at-Work resources, L&I claim manager, and the employer monitored the injured worker's status and cleared a clear plan for light duty return-to-work as soon as was prudent.

Three weeks after returning to work in modified/lighter capacity, the IW transitioned to full duty and is now released to the job of injury without restrictions by the attending provider. The patient is scheduled to follow-up with the attending provider in Occupational Medicine for further evaluation of the head injury and assessment of full duty work status, etc. Communication and teamwork really contributed to doing what is right for this patient to coordinate appropriate and timely care, as well as to facilitate successful return to work and transition to full duty with no restrictions.