I. 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 9 new APPs
- 13 voluntarily removed from the program
- Currently 319 APPs in program
- 30 APPs trained this quarter
- Trained 154 APPs this year

Deliverable #3: COHE Advisors
- 24 Advisors

Deliverable #4: Health Services Coordinators (HSC)
- Staffed with 3 trained HSCs

Deliverable #5: Communication and Community Outreach
- Continued work on process improvement (internal/external) catastrophic work injuries.
- Improved care coordination with internal VMC PCP providers to assist with obtaining surgery clearance.
- Coordination and process development for medical records requests from Multicare/Cascade Emergency Physician visits.
- Participation in UW/ Harborview/LNI process development/improvement.
- Scheduled meeting with ONC/NCM staff to discuss HSC interaction on claims issues April 10 and April 27.

Deliverable #6: Best Practices & Quality Improvement Methods
- To develop a process to coordinate care between the COHE (VMC Occupational Health Services) Health Services Coordinator and Proliance Orthopedic Associates (POA) Surgical Health Services Coordinator. The goal is to assure that the injured worker receives seamless care coordination and planned services over the entire episode of care, consistent with Healthy Worker 2020 goals.
- Closure of pre-existing QI project involving Epidural Steroid Injections (ESIs) approval through Qualis effective 4/1/18.

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 L&I and COHE

Deliverable #9: Technology
- Update to Internal COHE website (directing to L&I site)
Deliverable 1: COHE IMPLEMENTATION & ON-GOING WORK PLAN

Implementation of Ongoing Work Plan – ongoing
Effective 01/13/2018, Heidi Jibby became the COHE Program Director.
Effective 02/14/2018, Chaylee Piger became the COHE Supervisor.

Deliverable 2: PROVIDER RECRUITMENT, ENROLLMENT & TRAINING

Total Number of Providers Educated: 267 Annual Education / 39 Oriented = 306
Total number of providers educated this quarter (no names)

Total Number of Providers Enrolled: 60
Total number of providers enrolled this quarter (no names)

Total Number of Providers Disenrolled: 50
Total number of providers disenrolled this quarter (no names)

Total Number of Providers: 1430
Total number of provider Contract YTD (no names)

Total % of Providers Educated: 45%
Total % of providers Contact YTD (no names)

Note: Names of providers and hours/credits need only be reported 1x per year (July report)

Deliverable 3: COHE ADVISORS

Advisor Meeting:
- Scheduled 4/19/18 (Last Meeting 10/19/17)
  ➢ To re-establish relationship with new leadership and have high overview of Best Practices

Deliverable 4: HEALTH SERVICES COORDINATION

Brief description of HSC activities, milestones, accomplishments, process improves, etc.
- Current HSC staffing:
  o 8 FTE HSC’s
  o 1, .25 FTE HSC Supervisor
- Contract Mgr. and COHE Supvr. have been reviewing claim processes; this has been useful to know if the appropriate workflow is being managed.
- Contract Mgr. reviewing claim notes & sending to COHE Supvr. to review individually with HSC.
  o Insures HSC quality
Deliverable 5: COMMUNICATIONS & COMMUNITY OUTREACH

The COHE has conducted the following employer, labor, or community outreach:

- We created a COHE Customer Survey that went live on February 1, 2018
  - Survey is for all COHE partners: Providers, facilities, employers and injured workers
- Relationships established with Employers:
  - ERNW est to establish collaboration when reaching out to employer vs TPA
- ERTW meetings for Region 5 & 6
  - Both mtgs. occurred on 3/13/18

Note: Include the date of the event, who participated from the COHE and the audience, what the topic was, outstanding issues or commitments made. Include challenges and lessons learned. Also include BLAB and Self-Insurance Colloquium.

Deliverable 6: QUALITY IMPROVEMENT

Only include updates on progress, if any. No need to restate the entire project

Quality Improvement project status summary:

- Catastrophic Claims
  - 4 claims YTD
  - 732 mins YTD, 12.2 hrs YTD documented time
  - Quarterly check-in meetings are established with LNI, COHE and local providers in Spokane
- Best Practices
  - Per 3/19 COHE check-in meeting, new BP role may be QI for 2019

Deliverable 7: REPORTS & MEETINGS

- Quarterly Reports:
  - April 10, 2018
  - July 10, 2018
  - October 10, 2018
  - January 10, 2019

- Meetings – ACHIEV meeting rescheduled from February
  - Heidi Jibby, COHE Director to attend April 26, 2018 meeting.

Deliverable 8: PERFORMANCE MONITORING & ANNUAL REVIEW

- LNI to deliver Performance Levels Quarterly
- COHE to monitoring this with weekly and monthly metrics

Deliverable 9: TECHNOLOGY

- OHMS and CAC mishaps, were most prevalent in March
  - No cause for work restrictions due to downtime
I. EXECUTIVE SUMMARY

MAJOR COHE ACCOMPLISHMENTS

Deliverable 1: Implementation & On-going Work Plan
- Continued implementation of on-going work plan.

Deliverable 2: Provider (Clinic Staff) Recruitment, Enrollment and Training
- Provider count: 226 (per OHMS report); 21 participating COHE clinical areas.
- 1 hour COHE training to Occupational Health Medical Student.
- 1 hour COHE training/enrollment to Dr. Saman Arbabi, Burns/Plastic surgeon.
- 1 hour COHE training/enrollment to Dr. Samuel Mandell, Burns/Plastic surgeon.

Deliverable 3: COHE Advisors
- Initiation of Occupational Health Workgroup (2 meetings completed) with L&I, HMC, Valley Medical Center, and UWNC (North).
- Draft of guide for inter-clinic referrals to Occupational and Environmental Medicine on hold.
- Q&A re: future Medical Director Work Group on workers’ compensation.

Deliverable 4: Health Service Coordinators/Health Service Coordinator Assistants (and Volunteers)
- HSC Meeting training on Protests by Shana Mitchell (via teleconference).
- HSCs continue to be in need of SIE support with claim-related issues.
- Increase of COE billing (20%) for Sabina Brych equates to replacement of prior COHE billing.
- Occupational and Environmental Medicine hired a new PC role in December, 2017. COHE Medical Director and Clinic Manager continue to discuss HSC training needs and next steps.
- COHE continues to provide support to the Program Operations Manager in the outpatient Mental Health Department to perform interim HSC work until a permanent role can be established. Issue: long-term HSC billing is needed for this clinic to continue L&I support.
- 1 Central Office COHE Volunteer continues to assist Occupational and Environmental Medicine with scanning.
- Prior COHE volunteer returned after 2 years and re-started assistance with printing chart notes/processing mail, allowing COHE Program Assistant to provide on-going administrative support to clinic-based HSCs.
- L&I COHE Program Manager’s assistance with altering necessity of Reopening Applications for annual hardware checks boosted HSC and health care provider satisfaction!
- COHE Program Manager re-wrote HSC JD to reflect accuracy of duties, and sent to Frances Marshall, Associate Administrator.

Deliverable 5: Communication and Community Outreach
- COHE Program Manager attended BLAB meeting on 1/8.

Deliverable 6: Best Practices and (Informal and Formal) Quality Improvement Methods
- COHE Analyst and COHE Program Manager continue to adjust and test HSC workflow for acute patients.
- COHE Analyst completed Ortho Trauma HSC Work Queue (case management tool) implementation with success!
- COHE Program Assistant help with project instructions/HSC support has been crucial.
- COHE Analyst initiated HSC standardization replication in Sports and Spine in March.
- COHE QI/PI meetings with clinic management continue to gain traction in UWMC Bone and Joint and the HMC
COHE Quarterly Status Report

Eye Institute, resulting in greater understanding of role and resources needed to complete work.

**Deliverable 7: Reports and Meetings**
- (continued) In-person meetings with Morgan Wear, L&I COHE Director/COHE at HMC Contract Manager to discuss the ideal model for COHE at HMC.
- COHE meeting with Frances Marshall, Associate Administrator, re: COHE model recommendations on 1/5/18.
- COHE Medical Director continues presentations on SHIP grant, including to SIE.
- COHE Analyst presentation to COE and Clinic Managers re: Ortho Trauma project completion.
- COHE Analyst and Program Manager training/Q&A with HMC ED Reg staff (consideration of signage re: documented workers and L&I). COHE Analyst revamped current work instructions for accuracy of information.
- COHE Program Manager establishment of monthly meeting with new Burns/Plastics Clinic Manager (as of January).
- Ongoing COHE Program Manager meetings with Occ Med Resident re: PI/QI project.
- COHE Program Manager meeting with Rehab Med and Frances Marshall, Associate Administrator, re: HSC role gap, 1/12/18—Rehab Med engaging in a time study for HSC role needs.
- COHE central office staff have re-initiated Strategy meetings around key/crucial workers’ comp. issues.
- COHE Program Manager engaged in telephone calls/face to face visits with 7 of 10 COHE clinic Medical Directors re: future Dr. Rick Goss, HMC Medical Director Work Group—all are on-board with participation.

**Deliverable 8: Performance Monitoring**
- In f/u to the last two Quarterly Reports, COHE at HMC would like to discuss with L&I options to receiving accurate APF data, if completion of an electronic APF is not feasible for HMC health care providers.

**Deliverable 9: Technology**
- COHE Program Coordinator and Manager are 100% complete with updating COHE intranet resource page!!!
- COHE Program Manager and Analyst met with Epic IT to review COHE Referral WQ.

**Deliverable 10: CAT Claims**
- COHE pending update from L&I Insurance Services re: Central Office HSC inpatient visits of CAT claims.
COHE Quarterly Status Report

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<tr>
<th>COHE Name:</th>
<th>The Everett Clinic</th>
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<tbody>
<tr>
<td>Staff Name:</td>
<td>Marti Bradley, Program Director</td>
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<tr>
<td>Date Submitted:</td>
<td>April 10, 2018</td>
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<td>Reporting Period:</td>
<td>January 1, 2018 – March 31, 2018</td>
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I. EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS

**Deliverable 1:** COHE Implementation & Work Plan is ongoing for new contract period

**Deliverable 2:** Provider recruitment, Enrollment, and Training
- Oriented and enrolled 0 new Attending Providers hired this period, January-March 2018
- Trained 42 providers in annual training this period, January-March 2018

**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 HSCA conducted all the new Attending Provider orientations during this period
- HSC Lead participated at the Business and Labor Advisory Board meeting on 1/8/18
- HSCA provided refresher training for standard work in processing claim forms to medical assistants in two specialty departments, on 2/8/18 and on 3/16/18

**Deliverable 5:** Communication and Community Outreach
- No state-fund employer outreach outside of claim specific communications this period.

**Deliverable 6:** Best Practices & Quality Improvement Methods
- Ongoing collaboration with the SHSC as part of The Everett Clinic Surgical Best Practices Pilot site
- Developed and distributed the fifth edition of our ‘Employer Quarterly Newsletter’, in March 2018. This newsletter was our QI Project, distributed to our state-fund employer and self-insured roundtable distribution lists and added to external website, with plan to continue quarterly.

COHE CHALLENGES & LESSONS LEARNED

Recent expansion and growth of The Everett Clinic, which includes hiring of new clinical staff and the reorganization of our clinical management structure, has identified the need to reinforce standard work processes for processing claims forms in some specialty departments.

We developed a plan to provide onsite refresher training for the medical assistants in some specialty departments during the same period we are conducting annual provider training, and have completed two onsite trainings.
Centers of Occupational Health & Education (COHE) Quarterly Status Report

COHE Name: COHE Alliance of Western Washington
Program Director: Nicole Cushman
Date Submitted: April 10, 2018
Reporting Period: Executive Summary – January, February, March 2018

COHE ALLIANCE MAJOR ACCOMPLISHMENTS

Deliverable 1: COHE Implementation & On-going Work Plan
• Continued implementation of On-going Work Plan as appropriate.

Deliverable 2: Provider Recruitment, Enrollment, and Training
• Actively Participating in COHE
  o 933 participating providers from 80 organizations
  o 21 providers voluntarily withdrew participation in COHE due to leaving their organization and/or no longer doing LNI work relevant to COHE participation (i.e. only consult on claims outside of the 12 weeks; never initiate ROA/APF or employer return to work efforts).
  o 54 new provider enrollments, predominantly from Olympia Ortho and Vancouver Clinic.
• New Organizations to participate in COHE
  o Not applicable this quarter.
• COHE Provider Training
  o 671 providers completed annual education this quarter
  o COHE is currently at 57% annual education completed

Deliverable 3: COHE Advisors
• 11 participating COHE Advisors
• COHE Physician Advisory Panel to be scheduled Q2, 2018 – date TBD.

Deliverable 4: Health Services Coordinators (HSC)
• 7 fully trained full time HSCs and 1 anticipated full time HSC.
• Anticipate 2 - 3 HSCs hires during 2018.
• Health Services were provided on 2063 claims during this time.
• In general, HSCs spend approximately 75% of their task time on claim queue review and performing appropriate health services. The other 25% of time is spent on professional development and provider education efforts.

Deliverable 5: Communication & Community Outreach
• Communication between COHE and Society for Human Resource Management (local chapter) is being fostered for potential employer outreach efforts.
• COHE Alliance continues to be a conduit for communicating provider concerns with COHE
contract manager and develop education opportunities related to performance reports.

- Conducted interviews and new HSC will begin April 27, 2018.
- Program Director attended DOH Opioid Workgroup teleconference January 30, 2018.
- COHE Alliance team continues with process improvements for department infrastructure.

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

- COHE Alliance’s QI project is to establish time on health service tasks to identify an appropriate Community COHE HSC caseload level as well as identify standard work flows, best practices for health services and any areas for improvement.
- Three of four quarters have been completed with best practices piloted during third quarter. Data and measurements are currently being reviewed for results and observations.
- Quality Improvement meetings with Highline and Franciscan EDs are being conducted with Patient Access Registration (PAR) staff to address workflow timeliness and paperwork efforts prior to sending to LNI.

**Deliverable 7: Reports and Meetings**

- Monthly Work Plan updates are being provided to the contract manager.
- Statewide Advisory Committee – need to clarify with Contract Manager
- Participation in Directors’ Call February 14, 2018.
- Business and Labor Advisory Committee meeting was attended January 8, 2018.
- Shadowing opportunities not applicable for this quarter.

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

- Several organizations have brought concerns to COHE regarding accuracy of the performance report data. COHE Alliance embraces the opportunity to identify and fix issues with LNI team to support problem solving efforts.

**Deliverable 9: Technology**

- OHMS – COHE Alliance Team has been trained on latest version of OHMS and participate in OHMS User Group meetings as appropriate.

**COHE ALLIANCE CHALLENGES & LESSONS LEARNED**

COHE Alliance challenges and lessons learned are as follows:

- Multiple partners within COHE Alliance as well as COHE medical leadership have concerns regarding accuracy of the best practice performance reports. Efforts to clarify these concerns are ongoing.
• COHE Alliance continues to support a multitude community partners with best practice work flow improvements. Access to real time data and/or resources is key to these efforts.
  o LNI Contract Manager delivered January and February Claims Initiated reports for COHE and NON-COHE claims which has been instrumental in COHE Alliance being able to move forward in requesting another FTE HSC.
  o COHE Alliance would like to note appreciation and gratitude in receiving these reports as it has supported many partner education efforts for best practices.
• COHE Alliance would like to address groups not being info only enrolled in price code 74 which ensures identification of providers who need to be formally enrolled and/or correct claims initiation issues that occur inadvertently. COHE Alliance is working with the contract manager to resolve this challenge.
• COHE Alliance frequently observes claims being misattributed to the wrong provider and/or non-attributed to COHE Alliance when they are an enrolled provider during initiation process. This creates delays in getting appropriate HSC assignment for claim support.
COHE Quarterly Status Report
Claims per HSC

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<tr>
<td>Staff Name:</td>
<td>Tom Lehmann</td>
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<td>Date Submitted:</td>
<td>4/10/2018</td>
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<tr>
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<td>January - March 2018</td>
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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.

- Enrollment currently stands at 196. Our plan has been to maintain enrollment this year. There has not been extensive integration of Columbia Medical into Kaiser Permanente so our plan is to complete their annual training and then re-evaluate next COHE year.
- Tom Lehmann is stepping down as the Program Director and we have hired Janice LeGros to take over this role. We have started the transition now. Janice LeGros has been with Group Health COHE before and comes from several years of experience at the COHE Alliance of Western Washington.
- We got approval and hired a new HSC, Dawn Dunn. We have begun her HSC training.
- We updated our on-line Learning Management System (Aspire) training for Urgent Care and Family Practice in January and completed our phase-in assignments of training.
- We will start to schedule in-person trainings at some Family Practice clinics, Rehabilitation Institute of Washington and Columbia Medical Associates.
- We had temporarily closed our Seattle Northgate Occupational Medicine clinic, and now there is more support for reopening the clinic.
- Dr. Tom Louwers, a new provider, has started with us. Dr. Girres is leaving Occupational Medicine, but will do locums work so will remain on our COHE.
- We also hired one of our OccMed residents, Dr. Priya Motz. She will start in August and will help at our northern OccMed clinics.
- 1 new Urgent Care provider was trained, and has been requested to be added to the COHE.
- 1 new OccMed provider completed their training, but has not been added yet as they are not on the Medical Provider Network.
- 3 OccMed providers completed their annual training.
- 11 Urgent Care provider completed their annual training.
- 5 Family Practice providers completed their annual training.
- We continue to promote the benefits of Best Practice #4 (Barriers to Return to Work Assessment). Dr. Kaufman has continued to promote it with the providers. Health
COHE Quarterly Status Report
Claims per HSC

Services Coordinators (HSCs) are promoting barriers assessments using the OHMS list. The HSCs are also using case conferences more often in support as well.

- Our Quality Improvement project for 2017-2018 is the development of an effective employer satisfaction survey, and we have continued work on that.
- The proposal to add the ability to electronically send the Activity Prescription Form (APF) to L&I has been on hold at Kaiser Permanente. We were awaiting the results of COHE Alliance attempts first. We will reach out to our Information Technology department regarding our next steps in moving forward to address this ourselves.

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.

- We have continued the transition to Kaiser Permanente. Columbia Medical Associates are part of this transition as well. We continue to analyze the enrollment model.
- Urgent Care and Family Practice providers frequently have less exposure and less experience with injury care.
- There are inherent challenges with new providers learning the system, L&I rules and COHE as we have filled vacancies at Kaiser Permanent Occupational Medicine. Health Services Coordinators and mentors increase their support accordingly.
- We have incorporated COHE HSC measures and targets into our Case manager metrics, and we are seeing increased performance from the HSCs accordingly.
- We have continued work to electronically send information to L&I. Unfortunately, there was an unexpected outcome with an upgrade requiring us to revert to an old process which resulted in a delay of chart notes being sent to L&I. We continue to eliminate the gaps which were again realized this quarter.
- We continued work on medical best practices this quarter including billing, psychological services, incentive pay, and pharmacy services.
- We have worked with Financial Analytics to have our incentive pay process work more smoothly. We are continuing to update this given their turnover. We have a new Analyst for Occupational Medicine to assist as well.
- We dealt with HSC leave this quarter, so we have been down 2 HSCs for much of the quarter. We tried to address HSC work as best we could under the circumstances.
- We do anticipate our numbers will be lower when down HSC(s).