



COHE Quarterly Status Report

COHE Name:	The Everett Clinic
Staff Name:	Marti Bradley, Program Director
Date Submitted:	April 11, 2016
Reporting Period:	January 1, 2016 – March 31, 2016

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 **_9_** new Attending Providers hired this period
- Presented annual training to **_82_** enrolled Providers 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 conducted all of the new Attending Provider orientations during this period
- HSC Lead and HSCA participated in annual HSC Conference at State L&I headquarters on February 23, 2016.
- HSC Lead hosted required 4-hour job shadow at TEC for new Group Health HSC on March 17, 2016
- HSCA successfully recruited, and started orientation January 25, 2016
- HSCA participated in required 4-hour job shadow at Group Health on March 17, 2016

Deliverable 5: Communication and Community Outreach

- Participated in several meetings to develop our annual Community Outreach conference in collaboration with our COHE partners at Group Health, scheduled for May 12, 2016.

Deliverable 6: Best Practices & Quality Improvement Methods

- Continued the Communication Quality Improvement Project with L&I Claims Unit L. This pilot has been in progress since July 1, 2014 and is scheduled as a two year project.
- 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.



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COHE CHALLENGES & LESSONS LEARNED

HSCA did not start at TEC until 1/25/16, and much of the first two weeks was spent in training and/or shadowing, etc. At the beginning of the first quarter of 2016, Lead HSC noticed continued high volumes of new claims being filed at TEC. Some of these claims ended up with 10+ days of time-loss. Lead HSC was not able to intervene on time-loss claims to meet the target COHE measure of 65% of time-loss claims with 10+ days of time-loss. However, now that the HSCA has progressed in training and is working more independently on COHE claim specific tasks, we hope to be able to better serve the claims with 10+ days of time-loss to meet, or exceed, contract expectations.

II. SUCCESS STORIES

Occupational Medicine physicians released patient to modified work. HSCs coordinated modified duty with employer. Before modified duty JA arrived, worker sought release from work from orthopedist which was written. HSC noted and discussed with COHE medical director who communicated with orthopedist. Orthopedist amended the APF to release to modified duty. Light duty JA arrived and occ med provider was able to sign off. HSCs coordinated with employer on next steps to return this reluctant employee back to work.



COHE Quarterly Status Report

COHE Name:	COHE of Western Washington
Staff Name:	Nicole Cushman
Date Submitted:	April 8, 2016
Reporting Period:	January, February, March 2016

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: 60
- Total COHE Providers Enrolled: 625
- Total COHE Providers Educated: 233
- Quarterly - COHE Providers Enrolled: 61
- Quarterly - COHE Providers Disenrolled: 18
- Quarterly - COHE Providers Educated: 102

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 next contract year.

Deliverable 5: Communication & Community Outreach

- Regional BLAB Meeting: Attended January 27, 2016 meeting at Harborview Medical Center

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 was be filmed by Dr. John



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Hart and will be available next contract year, first Quarter (July – September 2016).

Deliverable 7: Reports and Meetings

- Quarterly Report: Oct - Dec 2015 Quarterly Report for COHE Alliance was turned in on time.
- COHE Program Director Meeting: COHE Alliance medical Director, Paul Darby, MD, attended February 24, 2016
- 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.

COHE CHALLENGES & LESSONS LEARNED

We have experienced a few on-going challenges, which are bulleted at below. The entirety of our challenges and lessons learned are listed in Section IX.

- 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.



COHE Quarterly Status Report

COHE Name: COHE at UW Medicine Harborview Medical Center
Staff Name: Amy Valdez, Program Manager
Date Submitted: April 11, 2016
Reporting Period: FY16 QTR3: January 2016 – March 2016

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 after removal of duplicate entries, participating COHE clinical areas.
- Providers completed annual training via clinic-based HSCs.
- 2 additional UW Stadium health care providers (PA-C and MD) enrolled after receiving 60 minutes of COHE training from COHE Program Manager and clinic HSC.
- Near implementation for upload of COHE eLearning module for new clinic providers in COHE clinic (*pending executive leadership support for full COHE integration---capacity needs to be evaluated*).
- QI/CI Meetings (see A-19 Invoice re: CI/QI Meetings).

Deliverable 3: COHE Advisors

- Please see below for summary.

Deliverable 4: Health Services Coordinators (and Volunteers)

- Completion of SWOT analysis critical to directing COHEs strategic efforts (*pending next steps*).
- COHE relies on short-term and long-term volunteers to administratively support COHE. A total of 5 volunteers perform 28-30+ tasks per week. The need for volunteers will be reassessed as COHE switched back to mail the beginning of April.
- UW Sports and Spine added a Disability Coordinator/HSC; Hand and Foot/Ankle hired two Disability Coordinators/HSCs. COHE Program Manager time has been heavily focused on training new staff.
- Finalized central office HSC manual.
- Updated and finalized clinic COHE/L&I patient packets; Spanish COHE/L&I patient packets in-process.
- Categorized, streamlined central office shared drive complete.

Deliverable 5: Communication and Community Outreach

- COHE Spanish brochure is on hold presently.
- COHE newsletter is on hold presently.
- COHE Intranet site is being updated with current documents.
- See below.

Deliverable 6: Best Practices and Quality Improvement Methods

- Daily, weekly, monthly and quarterly clinic-based and central office HSC COHE work (see A-19 invoice re: CI/QI Meetings).
- COHE Program Manager and Ortho Trauma Senior Leader had to interrupt monthly meetings due to Ortho Trauma leave of absence, and will re-start meetings next quarter.

Deliverable 7: Reports and Meetings

- COHE Program Manager and Medical Director re-instituted monthly billing meetings to resolve internal L&I macro and micro billing issues. HSC billing job aid was updated and vetted through appropriate Epic and billing departments. Epic provided training during HSC meeting, and all HSCs are or will be trained by Analyst in job aid. Central office staff working on training all HSCs on how to complete HSC note.



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Deliverable 9: Technology

- Epic Care Smart Set billing in continued process. Paper vs. smart set issues and CPT codes still being resolved.
- HIE Electronic APF usability/feasibility on hold until further communication.
- Electronic faxing of clinic records and /or electronic health information exchange (HIE) usability/feasibility is in testing phase.

COHE CHALLENGES & LESSONS LEARNED

- Funding: pending L&I review for COHE parity by 5/20/16.
- 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 (PA). PA documented clinic workflow project management steps.
- COHE clinic access to MD guidelines is being discussed.
- Multiple priorities: COHE Program Manager and COHE Medical Director 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. COHE Program Manager time has been heavily focused on training new HSCs and educating a new COHE clinic about L&I and HSC role.
- 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.
- Providers prefer to be consult only (surgeons and Rehab. Medicine): Continued CI/QI meetings and education are helpful to clinic management to understand the importance/difference between attending vs. consult only. Executive sponsorship of COHE is needed to help support the benefit of COHE tied to Patients First Care.
- Lack of full support to clinic staff re: Federal, SIE, disability leave, etc. claims. Brainstorming ways to offer resources to clinic staff.
- COHE training to COE and HSC is presently undefined. Concern has been communicated to Contract Manager Dr. Nicholas Reul.
- Funding for COHE float pool not available. COHE will consider training back-up clinic staff, however, CAC access is a challenge to HSC role substitution.



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:	April 11, 2016
Reporting Period:	January 1, 2016 – March 31, 2016

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 8 new APPs
- 9 voluntarily removed from the program
- Currently 295 APPs in program
- 78 APPs received training this quarter
- Total of 174 trained in this contract year which is 59% trained

Deliverable #3: **COHE Advisors**

- 24 Advisors

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

- This Quarter – fully staffed with 3 trained HSCs.

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

- Business Labor Advisory Board meeting at Harborview January 27th

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 2nd and 3rd Epidural Steroid Injections (ESIs) approved at the same time as the initial request based on Qualis review. Initial findings are very positive.

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.



COHE Name:	COHE Community of Eastern Washington	
Staff Name:	Benjamin D. Doornink, Program Director	
Date:	April 6, 2016	Reporting Period: January 1 – March 30, 2016

MAJOR ACCOMPLISHMENTS:

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

Deliverable #2: Provider recruitment, Enrollment, and Training

- Provider Enrollment:
 - 1,266 Participating Providers
 - 65 Participating Hospital Emergency Departments
 - 53 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
- Provider Education/Training
 - 105 New Providers oriented in either existing or new participating facilities
 - 352 Providers received Academic Detailing.

Deliverable #3: COHE Advisors

- Physician Advisors met on 3/24 to discuss the next steps of the Functional Recovery Intervention (FRI) quality improvement project as well as the role of the Advisors.
- The Advisors expressed an interest in being willing to accept referrals as well as conduct case conferences/consultations on difficult cases.

Deliverable #4: Health Services Coordinators

- Provided billable services to 1,288 claims with 3,975 units of HSC service and 194 IECs
- Attended the HSC Conference in Tukwila
- Carmen Rivera joined the HSC team on 3/14 and serves in our new Wenatchee office
- Long-time Lead HSC Pam Cromer retired 3/16

Deliverable #5: Communication & Community Outreach

- Hosted Employer Seminar in Kennewick where approximately 35 businesses in the Tri-Cities region learned about COHE and about preventing fraud in workers compensation
- Made presentations at WA Farm Bureau safety meetings in Spokane.

Deliverable #6: Best Practices & Quality Improvement Methods

- 49 FRQs Administered, 24 were positive, 2 positive FRQs had an Advisor as the attending provider.
- No known FRIs Administered

Deliverable #7: Reports and Meetings

Deliverable #8: Performance Monitoring and Annual Review

Deliverable #9: Technology

- Held a facilitated work-out on a lean project to remove non-value-added activity in OHMS
- 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:

- The HSC recruitment process continues to be a challenge due to the unique nature of work performed and the inherent difficulty of recruiting for staff members in smaller communities.
- Similarly, the onboarding/training process continues to be a challenge due to the travel required and significant time & expense we must take to properly train.
- It continues to take a considerable amount of time to get providers a MIPS billing account and then get them fully enrolled in the Medical Provider Network. Until enrolled in the network, we are unable to enroll providers in COHE and are unable to serve our customers (providers, injured workers and employers).



COHE Quarterly Status Report Claims per HSC

COHE Name:	Group Health Cooperative
Staff Name:	Tom Lehmann
Date Submitted:	4/11/2016
Reporting Period:	January - March, 2016

I. EXECUTIVE SUMMARY

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

MAJOR ACCOMPLISHMENTS

- 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 and may actually show minor growth.
- Continued reassignment of the on-line Learning Management System (Aspire) training for Urgent Care. We transitioned to an updated version for 2016.
- Reassigned Aspire training for COHE Family Practice providers at Group Health. All anticipated in-person trainings for COHE Family Practice providers at Group Health, in lieu of the on-line training, have taken place.
- Added 1 new Occupational Medicine provider as they started at Group Health. They had been previously trained. They were also trained as an Advisor.
- All the Occupational Medicine providers have completed their annual training.
- Trained 6 new providers in Primary Care providers and Urgent Care.
- Completed annual training of 5 Urgent Care providers at Group Health.
- Completed annual training of 8 Primary Care providers at Group Health.
- Completed annual training of 19 Primary Care providers at Columbia Medical Associates.
- Completed annual training of 4 Advisors (at Group Health & Rehab. Institute of Wash.).
- Continued transition to ICD-10 diagnosis codes, especially in Urgent Care.
- Continued implementation of better process for Best Practice #4 (Barriers to Return to Work Assessment) at Group Health. We continually promote this and Dr. Gilmore did so again in one-on-one meetings. Results have increased, but providers are still indicating that it is more difficult to address these. We continue to promote their benefits.
- Continued work on HSC billing through audits.
- Worked on Quality Improvement project for 2015-2016 to decrease delays in adjudication of occupational disease claims. Documentation has been provided to clinics/providers to assist in completion of needed forms. Dr. Gilmore met individually with providers and promoted this.
- We currently proposing to add the ability to electronically send the APF to L&I.



COHE Quarterly Status Report Claims per HSC

COHE CHALLENGES & LESSONS LEARNED

- Group Health was recently purchased by Kaiser. This has gone through a formal vote and been approved, but still needs to go through regulatory reviews. We currently are looking toward a transition later in 2016.
- Continued challenges with provider vacancies at Group Health (especially in southern region of Puget Sound) and Columbia Medical Associates in Spokane. Multiple hires have been made at Group Health and Columbia Medical Associates, and active recruitment continues. We also have some nursing vacancies that are impacting as well. Again active recruitment is in the works.
- We had some continued coverage issues especially this quarter with the training of an HSC. We continue to try to plan better as much as possible. We were able to hire an HSC more quickly again with added support from Human Resources.
- 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 (part of process changing to a different department), interpreters, and associated processes.
- We put in a proposal to upgrade the electronic medical to allow us to electronically send the Activity Prescription Form (APF) to L&I through One Health Port. We plan to update this under the current system and then adjust in the future with the proposed upgrade to Epic.