COHE Name: COHE at UW Medicine Valley Medical Center of the Puget Sound
Staff Name: Maria Dakan
Date Submitted: July 10, 2018
Reporting Period: April 1, 2018 through June 30, 2018

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 23 new APPs
- 7 voluntarily removed from the program
- Currently 336 APPs in program
- 130 APPs trained this quarter
- Trained 281 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.
- Participation in UW/ Harborview/LNI process development/improvement.
- Meetings with ONC/NCM staff to discuss HSC interaction on claims issues April 10 and April 27.
- Update of our COHE website

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.

Deliverable #7: Reports and Meetings
- Internal Contract Planning Meetings Monthly
- Contract Meeting - Ongoing, as needed
- COHE Directors teleconference meeting
- HSC QI Meeting
- 6/28/18 COHE Directors’ Retreat

Deliverable #8: Performance Monitoring and Annual Review
- Performance Monitoring – Ongoing with LNI and COHE

Deliverable #9: Technology
- Update to Internal COHE website (directing to L&I site)
COHE Community of Eastern Washington Annual Report

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<th>COHE Name:</th>
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<tr>
<td>Staff Name:</td>
<td>Chaylee Piger, Program Supervisor</td>
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<tr>
<td>Date Submitted:</td>
<td>7/10/18</td>
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<td>Reporting Period:</td>
<td>Executive Summary &amp; Annual Reports; July 1, 2017- June 30, 2018</td>
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**Executive Summary**

**Deliverable 1: COHE IMPLEMENTATION & ON-GOING WORK PLAN**

Effective 12/22/17, Sarah Holm became the Contract Manager for CCEW

Effective 1/13/18, Heidi Jibby became the CCEW Program Director

Effective 2/14/18, Chaylee Piger became the CCEW Program Supervisor

Open position for 9th HSC; Currently in process of hiring

- Increasing our FTE will allow us to improve quality measures and expand our outreach into the Klickitat and Skamania Counties
  - Expansion date estimated in Q4 of 2018 - Q2 of 2019

Open position for Health Service Coordinator Assistant; Currently in process of hiring

- The HSCA position will take place of the Provider Relations Coordinator and will be given additional tasks along with Provider Relation duties, such as reviewing low risk claims and assisting with claim coverage.
  - Attached is a copy of the Health Service Coordinator Assistant job description approved by Sarah Holm on 6/15/18

**Deliverable 2: PROVIDER RECRUITMENT, ENROLLMENT & TRAINING**

Total Number of Providers Contracted with CCEW: 1441

Total Number of Providers Educated in Contract Year: 1242

End of Year Education Completion Percentage: 86%

Total Number of Providers Enrolled: 327

Total Number of Providers Disenrolled in contract year: 266

- Most disenrollment’s are due to providers relocating or leaving facilities
- CHS Rockwood and Deaconess were acquired by Multicare, and multiple facilities were acquired in region 5 by Astra Health Care which all providers needed to be disenrolled with current group/tax id and re-enrolled once new tax id and group numbers were established. (this was a large portion of the disenrollment for our year)

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

- An Excel Spreadsheet is attached with current provider enrollment with education types and dates of completion
- Excel Spreadsheets attached with provider enrollment and disenrollment by months
Deliverable 3: COHE ADVISORS

The first PAC meeting of the year was held on 4/19/19. The next PAC meeting is scheduled for 10/18/18

- 8 of the 15 advisors attended
- Heidi and Chay to look at utilization of PAC
  - CCEW will look to Advisor to assist with new Best Practice roll out
  - CCEW will look to HSC’s to be conduits for AP’s and Advisor
  - Assistance is needed on how to help educate providers on billing on a claim they are not attending to
  - A copy of our Physician Advisory Committee is attached

Deliverable 4: HEALTH SERVICES COORDINATION

| Percentage of HSC vs Provider Outreach Work For Contract Year 2017-2018 |
|-----------------|---|---|---|---|---|---|
|                | FTE | Q3 2017 | Q4 2017 | Q1 2018 | Q2 2018 | % HSC Work | % Provider Outreach |
| Amy Anderson    | 1.00 | 100% | 97% | 95% | 95% | 97% | 3% |
| Bethany Brotherton | 1.00 | 97% | 99.2% | 95% | 93% | 96% | 4% |
| Linda Cearley   | 1.00 | 92% | 92.5% | 96% | 97% | 94% | 6% |
| Patti Frazier   | 1.00 | 92% | 98.1% | 90% | 80% | 90% | 10% |
| Kari Isack      | 1.00 | 98% | 99.2% | 97% | 88% | 95% | 5% |
| Pete Phillips   | 1.00 | 96% | 92.4% | 94% | 93% | 94% | 6% |
| Kellie Robinson | 1.00 | 94% | 90.3% | 94% | 80% | 90% | 10% |
| Carmen Rivera   | 1.00 | 94% | 98.1% | 94% | 87% | 93% | 7% |
| **Overall Averages** | 1.00 | 95% | 96% | 95% | 89% | **94%** | **6%** |

Most educations tend to occur in Q2 or last quarter of contract year.

Initiated claim volume from July 1, 2017 to June 30, 2018:

- 24,228

Current HSC staff volume:

- 8 FTE HSC’s

Current HSC to claim ratio is 1:3,029

- Per LNI contract COHE’s should be staffed at 2,350 claims per HSC annually
- CCEW is currently in the process of hiring a 9th HSC and intends to expand to 10th HSC in 2019
- CCEW is in the process of hiring a Health Service Coordinator Assistant to help with the lower risk claims and assist with vacation coverage

In Q3 2017, CCEW implemented productivity measures and adjusted workflow processes when working in OHMS.

- Productivity measures are based on RVU’s and education tracking
- Bethany Brotherton, HSC and Kellie Robinson, HSC conducted a two week trial of looking and working the claims list to be able to have the time loss and FRQ at a higher priority
  - Attached is a success story regarding a complex claim submitted by Bethany Brotherton, HSC
Deliverable 5: COMMUNICATIONS & COMMUNITY OUTREACH

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

- Bi-annual meetings with ERTW Region 6 and Spokane COHE
  - Met on 3/12/18, Next meeting schedule 9/11/18
- In 2018, quarterly meetings were established with ERTW Region 5 and COHE Satellite locations
  - Met on 3/12/18, Next meeting schedule 7/15/18
- The Yakima Health Services Coordinators and ERTW Region 5 are looking to assist BIAW with LDJA’s that are shorter in documentation for provider review
- COHE website (ongoing)
- Staffing with providers
  - Kellie Robinson, HSC in Spokane meets with Providence Occupational Medicine Providers monthly to help staff more complex claims.
- Operational Strategy meetings have been set monthly with Providence
  - The Program Manager, Program Director of Providence Occ. Med., St. Luke’s Outpatient Director along with St. Luke’s Department Managers attend these meetings.
- BLAB currently inactive due to a lack of quorum in EWA

Deliverable 6: QUALITY IMPROVEMENT

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

Catastrophic Claims

- Claims referred to COHE Year to Date starting January, 2018 : 9
- Claims considered appropriate for project: 8
  - 5 claims; care transferred to SLRI physiatrist
  - 2 claims; care transferred to Occ. Med
  - 1 claim; intervention still open
- Transition time from COHE notification to physiatry appt.:
  - 2 weeks to 19 weeks
  - YTD total number of hours spent on assisting Catastrophic claims: 18 hours
- Success:
  - First transition from Surgical Specialty to Physiatry. When explained the project and assistance of COHE to physiatry, the Specialty clinic was happy to have Dr. Moise as the AP for the claim. The IW was first seen by Dr. Moise in May 2018
- Challenges:
  - When COHE contacted an Injured Worker, appointment was already set with Providence Occ. Med, as well as follow-up with foot surgeon and neurosurgeon. IW did not want to add another medical appointment to his schedule.

Next Steps:
- Dr. Moise to roll out QI project to all physiatrist within St. Luke’s to improve specialty follow up treatment for the Injured Worker
Deliverable 7: REPORTS & MEETINGS

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

- **ACHEV**
  - Heidi attended meeting on 4/26/18
- **On site LNI tour**
  - Heidi attended Life of the Claim 4/27/18
- **Director Meetings**
  - Heidi and Chay attended via telephone on 2/14/18, 4/25/18, 4/20/18
- **COHE Directors Retreat**
  - Heidi and Chay attended on 6/28/18
- **Onsite Visits from Contract Manager**
  - Morgan and Sarah visited Spokane Campus on 2/20/18, All CCEW staff attended
  - Sarah and Susan Campbell traveled to all CCEW site the week of May 28th - June 1st
- **Quarterly Meetings with Dr. Glass and Liz Ottmar**
  - Heidi, Chay and outpatient management attended a meeting on 5/2/18
  - Heidi and has been attending these meetings ongoing for some time
- **OHMS Super User Training and Meeting**
  - Pete Phillips, HSC attended via phone on 10/5/17, 10/24/17 and 1/10/18
  - Carmen Rivera, HSC attended on 4/10/18
- **Operational Strategy meetings occur monthly with Providence Occupation Medicine**
  - The Program Manager, Program Director of Providence Occ. Med., St. Luke’s Outpatient Director along with St. Luke’s department managers attend the meetings.
- **PAC, 4/19/18, next meeting scheduled for 10/18/18**
  - All advisors are asked to join the meetings
  - COHE Medical Director, Program Director, Supervisor and Contract Manager attend the meetings
  - Health Service Coordinators and support staff are invited but not required to attend
- **Monthly Staff meetings**
  - Purpose:
    - Organization and LNI announcements are made, along with strategy and team discussions
- **Weekly and Monthly 1:1’s with COHE Supervisor**
  - This is the time we allow HSC to give their weekly update on schedules, and how they are doing performance wise. What opportunities do they have to improve on measures? And what goals will they set for the following week?
  - Monthly 1:1’s are scheduled to address any concerns have supervisor shadow daily operation and help address any questions
Deliverable 8: PERFORMANCE MONITORING & ANNUAL REVIEW

- LNI to deliver Performance Levels Quarterly
- CCEW management is monitoring productivity levels with Revenue Value Units and Education Tracking
- In February 2018, a reconstruction of the Customer Survey was created
  - YTD COHE is at 98% Customer Service Satisfaction
- Sarah Holm to review HSC work on an ongoing basis

Deliverable 9: TECHNOLOGY

- Occasional Downtime due to updates in OHMs
  - Downtime conflicts with HSCs being able to review claims and therefore work their job description duties per contract
- New reports are readily available for COHE management to be able to give real time detail on initiated claim and provider volume
  - Potential opportunity to document and run all reports regarding provider volume and education would be useful
  - CCEW currently operates in multiple spreadsheets and living documents to record this data
COHE Quarterly Status Report

COHE Name: COHE at UW Medicine Harborview Medical Center
Staff Name: Amy Valdez, COHE at HMC Program Manager
Date Submitted: 7/6/18 (training report data sent 7/10/18)
Reporting Period: FY18 QT4: April-June, 2018

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: 227 (per OHMS report); 21 participating COHE clinical areas.

Deliverable 3: COHE Advisors
- Continuation of Occupational Health Workgroup with L&I, HMC, Valley Medical Center, and UWNC (North).
- Q&A re: future Medical Director Work Group on workers’ compensation.

Deliverable 4: Health Service Coordinators/Health Service Coordinator Assistants (and Volunteers)
- Central Office HSC/PC last day of employment on 4/6/18; administrative duties have been absorbed by Program Assistant and HSC duties are either temporarily being managed by Program Manager, or are on hold.
- Analyst compiled Ortho Trauma data demonstrating 40.5% of patients have claims 6 months+ old; 23% of patients have claims 1 year+ old.
- Analyst, Program Assistant, and Manager revamped CAT claim Epic Work Queue instructions; Analyst created Epic SmartPhrases to assist with efficiency.
- Program Manager and COHE Financial Counselor met for quarterly check-in, demonstrating need for quarterly meetings with FC management structure re: ROA coverage, etc.
- Assistant Administrator, Program Manager, and Compensation have been in on-going discussion re: reclassification of Central Office HSC role.
- Annual HMC De-escalation/Workplace Violence training for HSCs on 5/24/18.
- Pending receipt of Contract Manager formal review of Occupational and Environmental Medicine HSC Assistant. Program Manager continues to provide HSC training and shadowing.
- Pending discussion with L&I Contract Manager re: HSCAs to HSC.
- Program Assistant testing blog for answering and providing an archive of non-PHI HSC questions.
- HSC Meetings topics: SIMP, IME. COE attended HSC meeting, and will plan to attend all future HSC meetings.
- With Analyst input, Program Assistant revamped L&I mail procedures; HSCs now image tx auth/denial letters.
- 1 Central Office COHE Volunteer continues to assist Occupational and Environmental Medicine with scanning; 1 Central Office COHE Volunteer continues to assist with printing ED chart notes and processing mail, allowing COHE Program Assistant to provide on-going administrative support to clinic-based HSCs.

Deliverable 5: Communication and Community Outreach
- COHE Medical Director retirement as of 7/6/18.
- COHE Medical Director SHIP presentation with North Central School District Law Specialists on 4/20/18.
- COHE Medical Director SHIP presentation with SIE on 3/23/18.
- COHE Medical Director SHIP presentation at EH&S PAC 12, Director’s Conference on 4/12/18.
- COHE overview to DEOHS Chair, Mike Yost on 6/6/18.
- COHE creation of marketing “business” card in English and Spanish has resulted in patient phone calls to COHE for assistance! HMC ED has reached out to Analyst for additional “marketing “business” cards since 1st distribution.
- Program Assistant and Manager revamped COHE brochure with front-facing photos.
COHE Quarterly Status Report

- Program Manager meeting with COE Project Manager on 4/18/18 re: IMEs and premature claim closure.
- Program Manager and COE Project Manager meeting re: Qualis on 6/21/18; COE is also interested in a joint COHE-COE IME QI project.
- Program Manager meeting with Interpreter Services Director re: future L&I legislation re: bundling on 6/5/18.
- Program Manager phone meeting with UWM Social Work on 5/22/18 refresher re: UWM SW services for L&I patients.

Deliverable 6: Best Practices and (Informal and Formal) Quality Improvement Methods
- Program Manager creation of Visio workflow re: surgeons and referral to Occ. Med.
- Program Manager meeting with Dr. Esi Nkyekyer, re: SHIP grant on 6/8.
- Analyst continuation of HSC standardization with HMC Sports Medicine HSC; several meetings with Clinic Manager/HSC Supervisor have occurred.
- Continued COHE QI/PI meetings with clinic management continue to gain traction in UWM Bone and Joint and the HMC Eye Institute, resulting in greater understanding of role and resources needed to complete work.
- Program Assistant review of HMC and UWM ROAs to gather data on provider completion and quality for increased reporting in provider ROA training.

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 Program Manager monthly meeting with new Burns/Plastics Clinic Manager have been valuable re: COHE vs. COE as well as the similarities/opportunities between these programs.
- (on-hold until Central Office HSC replacement): COHE central office staff members have re-initiated strategy meetings around key/crucial workers’ comp. issues.

Deliverable 8: Performance Monitoring
- In f/u to the last three 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
- Analyst and Program Manager meeting with HIM on 4/2/18 re: Media Manager (additional work pending).
- Program Assistant and Program Manager creation of email communication re: individuals needing to update email attached to CAC accounts as a result of UW Medicine email change.

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

COHE CHALLENGES & LESSONS LEARNED (The following will remain on the report as pending items to be addressed; update section notes any new information or “none”)

- Occ. Med. Referral document on hold until new Occupational Medicine (OEM) Medical Director is replaced; interim OEM Medical Director is Dr. Debbie Cherry.


- L&I Contract Manager to revisit Reopening Application procedure for non-hardware annual checks.

- 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
COHE Quarterly Status Report

billing is needed for this clinic to continue L&I support

- **Oral Surgery/Dentistry noted several L&I challenges**: finding dentists to take L&I is a challenge per Oral Maxillofacial surgeons. COHE HSC called a list of local dentists to determine ability to take L&I, and identified 1-2 dentists who affirmed acceptance of this payor type. HSC in-person and telephonic provider and patient assistance was offered to assist with claim coordination. Note: oral surgeons see 80-85 patients per day and are also challenged by L&I paperwork. **Update (none).**

- **Lack of full support to clinic staff re: Federal, SIE, disability leave, etc. claims**: (continued) **Update (none)** At this time, the hospital does not support funding to help expand the COHE program to provide coverage with these areas. SIE consist of a great deal of work in HMC; it is difficult to determine how much health care provider frustrations tie to SIE/out-of-state/Federal workers' compensation claims, and if State Fund claims are or are not rolled into this same category.

- **COHE at HMC is challenged as a public institution to ensure market salary for Disability Coordinator/HSC role, given the complexity of the work**: (continued) Job satisfaction and employee retention barriers are clear given this information. Further research and advocacy is needed for appropriate role type (e.g. PC vs. VRC vs. SW vs. MA) among clinic leadership. **Update/Refresher (none)**: HSCs are hired and managed by clinics as well as funded by Harborview. State Fund WC consists of 20-40% of their work. While COHE at HMC is a technical and training resource to the clinics, review of the HSC position will continue to occur via the HSC supervisor meetings (and UW HR systems).

- **Low IME reimbursement rate for complex claim review**: COHE resurfaced prior discussion with UWP Contracting Office re: low IME reimbursement for complex claims. L&I asks non-PPD rating examiners for concurrence with PPD ratings; HMC has begun to denote non-concurrence with impairment ratings as a solution. The time and number of pages to review varies significantly; UW Medicine providers have communicated inconsistent quality with IMEs as well as the avoiding disposition to engage in this thorough review. **Update: (none).**
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 1 new Attending Providers hired this period, April-June 2018
- Trained 143 providers in annual training this period, April-June 2018

Deliverable 3: COHE Advisors
- Participated in monthly meetings with the Occupational Medicine Attending Providers in April, May, and June
- 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
- HSCA provided refresher training for standard work in processing claim forms to medical assistants in one specialty departments, on

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 sixth edition of our ‘Employer Quarterly Newsletter’, in June 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

With expansion and growth of The Everett Clinic, which includes the hiring of new medical providers and clinical staff, as well as reorganization of clinical management structure, we continue to realize the need to revisit, educate and reinforce the standard work process for completion and submission of Activity Prescription Forms and Report of Accidents, at least for some departments.

For the first time, we were unable to schedule live annual training with the department that opens the majority of TEC’s claims, our urgent care center. Online provider training was substituted but this is not as interactive as training in live presentations. Lesson learned – schedule key departments as early as
possible in the calendar year rather than later in the training cycle in case of unexpected cancellation to allow better opportunity to reschedule the live training.
COHE Alliance October to December 2017 - Page 1

Centers of Occupational Health & Education (COHE) Quarterly Status Report

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<th>COHE Alliance of Western Washington</th>
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<tr>
<td>Program Director:</td>
<td>Nicole Cushman</td>
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<tr>
<td>Date Submitted:</td>
<td>July 10, 2018</td>
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<td>Executive Summary – April, May, June 2018</td>
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**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
  - 977 participating providers from 80 organizations
  - Vancouver Clinic – Urgent Care successfully enrolled, Family Practice in process, Best Practice Trainer in process.
  - Team Health – FHS – streamlining process for group enrollment and LNI provider # established under one group ID.
  - City MD – group enrollment successfully completed, onsite training and Best Practice Trainers in process.
  - Olympia Orthopedic – Best Practice Trainer in process.
  - Memorial Urgent Care Clinic – enrollment completed.
  - Franciscan provider enrollments were assessed based on business data – unenrolled inactive providers (No LNI services despite having an active LNI#). This reduced the # of providers enrolled in COHE overall but increased the focus to actively engaged LNI providers.
  - Bothell Chiropractic & Wellness – enrollment complete
- New Organizations to participate in COHE
  - Olympia Orthopaedic Associates
  - Bothell Chiropractic & Wellness
- COHE Provider Training
  - COHE completed 2017-2018 year at 81% annual education completed.
  - Contract Goal of 80% met by June 30, 2018 deadline.

**Deliverable 3: COHE Advisors**
- 11 participating COHE Advisors
- COHE Physician Advisory Panel scheduled Q2, June 8, 2018
- Increasing Advisor engagement through best practice trainer and Barriers to Return to Work assessment referrals.
Deliverable 4: Health Services Coordinators (HSC)
- 7 fully trained full time HSCs and 1 new full time HSC.
- 2 new HSCs were approved and hiring process in progress.
- Development of LNI Claims 101 training and Internal training processes in progress.

Deliverable 5: Communication & Community Outreach
- Self-Insured meeting with LNI June 6, 2018.
- COHE Alliance continues to be a conduit for communicating provider concerns with LNI and develop education opportunities related to performance reports.
- Associate Medical Director spoke for COHE Alliance at National Governance Association regarding occupational health best practices on May 9, 2018.
- COHE Alliance team continues with process improvements for department infrastructure and customer service focus.

Deliverable 6: Best Practices & Quality Improvement Methods
- COHE Alliance’s QI project established standard work flows, best practices for health services and identified areas for improvement.
- Excessive claim volume and understaffing impacted observable pilot outcomes.
- 2018-19 Quality Improvement to emphasize training and quality customer service.

Deliverable 7: Reports and Meetings
- LNI supplying Monthly Claims Initiated Reports for COHE and non-COHE claims.
- LNI supplying biweekly Payee Summary.
- Monthly Work Plan updates are being provided to the contract manager.
- Participation in Directors’ Calls on-going.
- Advisory Committee on Healthcare Innovation and Evaluation was attended April 26, 2018.
- Bi-weekly Contract Management Meetings: Attended meetings via teleconference.

Deliverable 8: Performance Monitoring and Annual Review
- HSC Dashboard Report for COHE Management for performance tracking is in progress.
- Annual review for COHE being scheduled.

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 Management Reports implemented in Q2.

**COHE ALLIANCE CHALLENGES & LESSONS LEARNED**

• COHE Alliance is dedicated to educating all community partners with best practice feedback and work flow improvement recommendations to meet best practices. Access to real time data and/or resources is key to these efforts.
  o LNI Claims Initiated reports for COHE and NON-COHE claims has been instrumental in COHE Alliance being able to move forward in work plan initiatives.
  o LNI Data requests are specifically used for provider enrollment & education efforts as well as COHE staffing and contract deliverables.
  o LNI data for partners outside of the sponsoring organization (CHI Franciscan) is not readily accessible to COHE Alliance; therefore, we are very appreciative of efforts made by LNI that support work plan initiatives for COHE Alliance.
I. EXECUTIVE SUMMARY

On 4/29/18 Tom Lehmann formally transitioned out of the role of Program Director and Janice LeGros assumed the role.

Our new HSC Dawn Dunn completed her HSC training and now supports our Kaiser Permanente providers who work on the Peninsula. In addition, she also shares HSC responsibility with Shannon Bougie for our Pierce County Occupational Medicine Providers. Dawn shadowed with Doug Nichols at the COHE at the Everett Clinic.

- Total COHE Providers currently enrolled: 201.
- Total advisor enrollment stands at 16.
- We continue to actively recruit and interview for an Occupational Medicine Physician in Spokane.
- Our Quality Improvement project for 2017-2018 is the development of an effective employer satisfaction survey, and we have continued work on that.