Advisory Committee on Healthcare Innovation & Evaluation (ACHIEV)

Meeting Minutes for July 26, 2018

Members Present
Dianna Chamblin, MD (Chair)
Ron Wilcox, DC (Vice-Chair)
Clay Bartness, DC
Mike Dowling, DC (alternate)
Andrew Friedman, MD
Lee Thomas, JD
Kirk Harmon, MD
John Meier
Malcolm Butler, MD

L&I Staff Present
Gary Franklin, MD, MPH
John Boze
Karen Jost, PT, MS
Vickie Kennedy
Cortney Melton
Simone Javaher
Morgan Wear
Diana Drylie
Aquila Doore
Zach Gray
James Simonowski
Ryan Guppy
Barbara Braid
Nikki D’urso
Cheri Ward
Barbara Davis

Members Not Present
Joe Kendo (alternate)
Neil Hartman
Lisa Vivian
Stephen Thielke, MD

Members of the Public
Coreen Urruties, People Systems
Deborah Fulton, University of Washington
Nicole Cushman, COHE Alliance
Jamie Hodge, COHE Alliance

All meeting materials are available on the ACHIEV website. These minutes are only a brief summation of meeting discussions.

The meeting began with a welcome, introductions, and a safety tip on how to survive summer. The minutes from the April 26, 2018 meeting were reviewed and approved unanimously.
Telemedicine presented by John Boze
L&I is inspecting how to pay for upfront investments of technology that would be required to achieve telehealth goals. Telehealth providers are to be licensed, worker must be present at the site, and the exam must be in control at the work site. The work must report that telehealth is used and is a covered service.

The following feedback was given:
- Is there a reason we need a 5-year run-in period?
- Are Physician Assistant’s excluded on purpose? Answer: We can review the policy and get some clarification on that.
- What are the minimum-security requirements for patients?
- LNI requires a secure locations
- Can any attending provider can request this?
- The project echo where a doc calls in and discusses a case with a high level of addiction…are they looking at that as a scope of telehealth?
- How many originating sites do we currently have online? Answer: We don’t know
- Provider has to be licensed in the state of the patient located
- The telehealth scope is not as broad as it needs to be

HW2020 Minimum Standards presented by Diana Drylie
Diana Drylie stated that HW2020 is struggling to find the right level of detail and needs to help make the standard clear and direct. The task of her exercise for the committee was to clarify and simplify statements so that they are understandable to a healthcare audience. Diana collected the below questions about the standards and the assessments. The finalized edits of the committee’s suggestions are hyperlinked above.

Questions on 1.1
- Too vague/broad
- Standard of care is to work with all partners in community
- Promote collaboration
  *includes linkages to community
- Organization should have systems and processes in place for patients
- EX: Resources to address homeless
- Clarify expectations
- Non-WC issues may influence employer rates
- Capture sub-details

Acupuncture Pilot Update presented by Zach Gray
Zach Gray gave a brief update, explaining project status of the Acupuncture Pilot. Zach wanted to give the group an opportunity to look over the data and give feedback. The following is feedback given during the discussion:
- Is it too early to look at time loss paid and resolution
- What is your dropout rate?
- There is the not only the local code, but also the EM code
- Have you broken down older claims vs older claims?
• How often do they receive treatments? Is it weekly? Answer: It all depends
• Are you keeping track of the provider type?
• How did you come up with number 10? Is 10 too short?
• Did you happen to find out if the patient continued treatment on their own after 10 visits?
• Have you thought about requesting notes for the continuation of treatments?
• Do we know where the acupuncture is located? Answer: Most are small private practice
• If we opened up to more than 10 visits we would need to be very clear on criteria
• Have we collected enough data?
• There are major conflicts in the data points and I feel they need to be reconciled. You are going to have to validate why the data has opposite data outcomes that makes for discrepancy.
• How are we going to measure the Return to Work data?
• Do you have any sense of patient engagement and self-efficacy?
• Highly encourage to collect subjective data from the actual patients
• Not enough data, but I don’t know if we ever will
• Any other musculoskeletal disorders at LNI where acupuncture might be helpful?
• Opioid tapering understudy.
• Breakdown of acute vs chronic pain would be helpful

Vocational Recovery Project presented by Ryan Guppy
Ryan Guppy gave an overview of Work Disability: acknowledgement, understanding and prevention.
The following is feedback was given:
• When do you get a vocational provider involved? 60-90 days is that long enough?
• 30 vocational providers across the state
• Vocational Recovery Referral project has multiple phases. The end is very small and looks very promising
• 4 phases: the referral mechanism; worker centric; best practices for effectively working with employees for increase Return to Work; best practices to effectively working with medical providers for increased Return to Work – we are currently launching into the second phase: worker-centric
• Can you talk about the steps?
• Two primary recommendations: yes we need to figure out how this will be integrated

Strategy for Further COHE Expansion Comment and Discussion presented by Morgan Wear
Morgan Wear started off his presentation with an interactive activity asking the committee and meeting members to gather in small groups and discuss the following questions: What factors should we consider in further expansion? How will we know that we've succeeded in having “enough COHE”?

**The following is feedback during group discussion:**

- I’m not sure what you mean by best practices care? It should be best practice care and delivery
- Access to mental health
- Quicker referrals
- Focus on S.I. workers
- Require SI Participation – If COHE does not partake, why keep in program? Consider “calling” list
- What providers are high performers?
  - Recognize high adopters
- Integrate social media
- All med providers have access (open enrollment)

**Master’s Level Therapist Workgroup Update and Discussion** presented by Zach Gray

Zach Gray gave an update on the Master’s Level Therapist Workgroup explaining the scope of project and status. Zach wanted to discuss the following questions: Can you think of times when MLT involvement in a case has been helpful? Are there certain minimum standards such as training in workers’ comp and disability prevention management? Other state/payer systems we should look at or consider? Other topics?

**The following feedback was given:**

- Is it possible to hire an intern to call these providers and are accepting these providers?
- Have MLT be involved earlier in the claim and it needs to be addressing the barriers to RTW
- Think of lessons learned in the past
- What might be mandatory training for this?
- Goal oriented for best practices
- Talk to behavioral therapy
- What are the practical applications on the team
- I suggest calling them a recovery coach – teach CBT not psych issues
- Bring MLT into COHE’s
- This is council on ongoing treatment, this isn’t on treating the entire body
- Do you have a list of diagnosis?
- Anything that requires medication should not go to masters prepared
- Workers can find a prescribing doctor but have a hard time finding MLC
- We have to look at our concurrent care rules and if they are adequate

**PCORI Opioid Grant Request** – update presented by Gary Franklin, MD
Dr. Gary Franklin stated that the research grant has a 3-year grant term budgeting roughly 5,000,000 for the project. The overall goal of this grant is to prevent unsafe opioid prescribing in early stages of musculoskeletal injuries by use of opioid review programs.

Meeting Wrap-Up: The meeting wrapped up with comments from the chair (Dr. Chamblin) and was adjourned at 12:00.