Advisory Committee on Healthcare Innovation & Evaluation (ACHIEV)

Draft Meeting Minutes for April 27, 2017

**Members Present**
- Dianna Chamblin, MD (Chair)
- Ron Wilcox, DC (Vice-Chair)
- Clay Bartness, DC
- Mike Dowling, DC (alternate)
- Andrew Friedman, MD
- Kirk Harmon, MD
- John Meier
- Stephen Thielke, MD
- Lisa Vivian
- Robert Waring, MD (retiring)
- Joe Kendo (alternate-phone)
- Neil Hartman (phone)
- Lee Thomas, JD

**L&I Staff Present**
- Aquila Doore BSN, RN-BC
- Diana Drylie, MHA
- Gary Franklin, MD, MPH
- Leah Hole-Marshall, JD
- Simone Javaheer RN, BSN, MPA
- Vickie Kennedy.
- Nicholas Reul, MD, MPH
- Cheri Ward
- Carly Eckert, MD, MPH
- Morgan Wear-Pratt
- Jessica Laboy-McConnell
- Greg Fisher
- Christina Gonzales
- Deb Fulton-Kehoe
- Brian Peace (phone)
- Aaron Hoffman (phone)
- Noha Gindy

**Members of the Public**
- Michael Harris, PhD
- Patricia Waring, MD
- Jessica Creighton, AAG/AGO
- Susan Ragen, AGO (phone)
- Nancy Vandermack, COHE Allicare
- Nichole Cushman, COHE
- Amy Valdez, Harborview

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 the prevention of fatalities. In honor of the 79 fallen workers this past year, a moment of silence was held. The minutes from the January 26, 2016 meeting were approved unanimously. Prior to presentations, members were asked how they felt the agendas and topic presentations could be better. A request to review HW 2020 each quarter along with new information was made.
Primary Care- Top Tier (TT) & COHE Alignment presented by Leah Hole-Marshall, JD and Diana Drylie, MHA

Members were reminded of the previous input on criteria for TT and then reviewed COHE objectives for possible alignment. The core components of each program were presented to identify issues that need to be addressed within upcoming policy decisions. A timeline for potential changes to TT and COHE was shared and discussion on how Healthy Worker 2020 (HW2020) brings all the incentive programs under one umbrella. Providers choose what grouping they belong too. The purpose of COHE (occupational health best practices) and TT (to help improve, but elective, communication and billing) were reiterated. Currently there are different pathways to getting to TT, 1) stand alone and 2) COHE. Ideas were shared on making the programs more consistent. This would help ensure that providers are not bouncing in and out of classifications due to volume of IW’s seen, especially in small practices and difference in volume of IW seen between specialists and attending provider (AP). To reiterate that volume has an impact on performance measures, it was mentioned that if a provider had 12 claims over 3 years, how looking at for best practices would affect the providers score. The possibility of a dry run this summer was mentioned. The inability to perform a single claim reviews was discussed, it was noted that an audit review could be done and testing of that would ensue. However, operationalization would require further thought. Having resources and support when providers accept complex claims and the variety of ways which complex claims are defined was discussed. A suggestion of looking at opioid usage at various intervals within the care timeline was made. The following is feedback given during the discussion:

- No different criteria for COHE & TT
- COHE high adopters provide all data
- Drive COHE performance to all their claims
- Measure on everything for TT (medical outcomes currently not being tracked)
- Potential document frustration in in CHOHE but not qualify for TT
- TT significance may not resonate with all docs: what is the practical value, limit barriers
- What about SIE-different behavior per payer
- Small practices have issues that larger practices don’t
- Blended path or two separate programs- want to see both pathways at same time= one report with COHE and TT measures- show COHE docs how you are doing in COHE and in all other areas
- Don’t undermine COHE or demotivate doc participation in COHE
- Expect same behavior in COHE and out
PC Measures- Assessment of Barriers of RTW and Job Analysis / Job Description
presented by Leah Hole-Marshall, JD and Diana Drylie, MHA

L&I currently struggles with measuring provider participation. However, believes that measuring provider participation by broadening the current assessment will provide a better sense of when barriers are occurring. The need for better methods over manual review where discussed. The possibility of identifying the screener/provider for risks, as it would be usable by the claims manager and others to help trigger risks for the worker. Discussion ensued as to ways of decreasing the number of days in receiving the provider case conference notes: assessment now at 4-6 weeks with list going to HSC (health services coordination). The COHE of Eastern Washington is piloting HSC for FRQ (functional recovery questionnaire). The following feedback was given:

- Goal to get measure more accurate
- What is special Sauce-Know Risk and/or intervene
- Providers do this already, just in a different way
- Flag in file alerts other like employer or CM
- Impact to HSC workload
- Combine risk score and urgency for RTW- don’t set inappropriate goals
- How can it be done in TT- Need Structure

Ensuring that the providers understand and recognize their role is key in JD. While the thought is that JA is not as useful, it is a key component of the metric and the measure is one that L&I cares about. Discussion on JA/JD resulted in the following feedback:

- Consider graduated fee based on timely response
- Numbers being for all providers (setting target at better than average).
- Determining the distribution of underlying data
- Linking incentive to measure
- Is turnaround time for JA response an appropriate measure

Healthy Worker 2020 Outreach Plan presented by Leah Hole-Marshall

Answering how are we doing as a system, HW2020 is intended to give a measure for the overall system. A shared goal of population health. Time loss is down to 40 days on average. L&I is looking at how many still are at 12 months. Suggestions for engagement goals and satisfaction surveys were requested. The following discussion ensued:

- Hard to find appropriate comparator toe L&I for satisfaction survey
- Suggested to compare to other WC organizations
- Evaluate care, functional restoration.
- Many reasons for time lost, not just what a provider does.
- How do workers view their care?
- Perceptions of UR not very good; have gone down.
• Not just an added layer in system. Must provide benefit.
• Strong coordination of care= access to docs, control over behavior, shared tools, built in trust of HSC
• What does expand mean?
• Institutional as does community has advantages
• Competition with overlap? Yes or no?
• Community based for remote underserved areas
• How many contracts while still ensuring quality
• Incentives for all, but provider incentives have decreased might limit participation
• Match rewards to work especially collaborative care

Priorities for COHE Expansion presented by Morgan Wear

COHE seen as foundation, the strongest piece of puzzle, most providers. Having a care coordinator across spectrum. There are some gaps such as f/u care and self-management support. How do we know if provider is under performing? Is the COHE stressed? Can they take on more? What when not performing to expectation? How can we help COHEs stay effective and not burden them to where current participation declines? Care coordination being key was suggested by John Meir. Asking to take on another quality…what is the tipping point? APF adding more cost tipping to negative, some may opt out. Dr. Franklin advised that incentives should math up to what is being requested.

• Only ask for meaning work
• Pace of change in relation to non-workers comp changes
• Struggling with uncertainty-what is going to change
• EMR- 6-12 month planning cycle and related costs
• SIE vs state fund process- stay similar if possible
• Provider burnout-Share successes, you are making a difference
• Maturity of COHEs-compare apples to apples

Catastrophic Injuries presented by Carly Eckert

Dr. Eckert discussed the goals and areas of activity within catastrophic care transformation. At present, five external Nurse Case Management (NCM) firms are being utilized. One ONC determines whether cases are referred. At three, six, and twelve months assessment/evaluations are conducted at UW. Having referral pathways for providers spelled out was mentioned, along with being able to see the caregiver type within OHMS. Documentation occurs within the NCM document type.
Department Updates presented by Gary Franklin

- Dr. Franklin advised that the PCORI grant submitted, answer expected in August. A legislative bill passed to allow patients access to investigational product for terminally ill, effects relatively small group. License compact, tele-medicine to progress.
- Chronic Pain Engagement-partnering with HCA for discussion of practices within the community in June. To focus on 1) transition from acute to chronic pain 2) better team based care 3) medical assisted treatment of addiction. A question of whether state agencies can align (any efforts from Medicaid) came up after mentioning the work L&I previously did on transition from acute to chronic pain.

Meeting Wrap-Up: The meeting wrapped up with thoughts and comments from the chair and adjourned at 12:00.