I. EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS

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

**Deliverable 2:** Provider recruitment, Enrollment, and Training
- Oriented and enrolled 7 new Attending Providers hired this period
- Presented annual training to 98 enrolled Providers
- Annual training personally provided by the HSC Lead and the COHE Medical Director to 69% of enrolled providers in 24 department meeting presentations during the first six months this year. Additional enrolled providers received training “makeup” opportunities via review of online educational learning module to meet 83% of enrolled providers who received annual training this contract year.
- Additional COHE and L&I best practice training in disability prevention was provided to the Behavioral Medicine psychologists and prescribing providers and to the Comprehensive Pain Center providers.

**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
- HSC Lead joined the COHE Medical Director in annual training to all 24 COHE participating departments and sites during the first six months of 2017.

**Deliverable 5:** Communication and Community Outreach
- Mailed outreach letter to local and regional providers to inform them about our access and availability now at the Shoreline location, in June 2017.

**Deliverable 6:** Best Practices & Quality Improvement Methods
- Ongoing collaboration with the SHSC as part of The Everett Clinic Surgical Best Practices Pilot site
- HSC Lead hosted Susan Campbell State L&I to review HSC best practices as part of COHE program, on June 29, 2017
- Participated in the annual COHE Directors meeting to review Quality Improvement projects, on June 28, 2017
- Developed and distributed the second edition of our ‘Employer Quarterly Newsletter’, in May 2017. 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**

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<th>COHE Quarterly Status Report</th>
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<td>HSCA continues to make progress, with ongoing support and training, and is mostly working independently on COHE claim specific tasks. HSCA continues to learn communication skills and techniques for educating various types of employers with differing needs in the return to work process, and for education to medical providers, to include training for the New Provider COHE Orientations.</td>
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<td>HSCA regularly pre-staffs claims with Lead HSC for claim initiations, as well as for follow-up services to the employers regarding assistance available to facilitate return to work. HSCA continues to develop case note writing skills toward documentation improvement, and recently completed a higher-level English course at a community college.</td>
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<td>HSC Lead and HSCA continue to find intermittent opportunities to educate clinical staff in various departments throughout The Everett Clinic regarding the standard work process and encouraging providers to properly complete and submit APF's and/or ROA's in a timely manner, etc. Intermittent opportunities to educate medical providers on the Best Practices toward return to work and disability reduction continue to present themselves, especially due to the hiring of new providers, combined with expansion into North King County.</td>
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<td>HSC Lead and HSCA notice that some Claim Managers do not understand the role of Health Services Coordinators in the return to work process toward disability reduction. Calls and requests from Claim Managers often seem to be for administrative issues on non-compensable claims. Additionally, HSCA has recently encountered Claim Managers that do not seem to even know what COHE is and/or the purpose of COHE Best Practices, etc. We do, however, understand that many of the Claim Managers seem to be new and perhaps inexperienced.</td>
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<td>HSC Lead continues to work 1.5 days/week at The Everett Clinic in Shoreline. Working in a pod setting with Urgent Care and one Occupational Medicine provider continues to give the Lead HSC opportunity to provide education and assistance to various providers, patients and employers in North King County. We continue to create and build relationships with employers in North King County, which is a new market area for The Everett Clinic, to educate and help them maintain injured workers’ safely on-the-job and ultimately reduce disability.</td>
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<td>Comparing the decade before COHE with our first ten years as a COHE demonstrates the many benefits that COHE brings to our providers and more importantly to our patients. As a COHE, we have been able to:</td>
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<td>- regularly train providers in disability prevention and workers compensation care best practices on annual basis</td>
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<td>- improve our communication with employers to facilitate return to work with our HSC staff</td>
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<td>- receive fantastic concierge services from our L&amp;I COHE contract manager and L&amp;I COHE team</td>
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<td>- and most importantly improve the quality of care that we deliver to our injured worker population</td>
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As a COHE, we have reduced time loss days compared to our non-COHE community providers and improved the collaborative efforts in our community to prevent disability. We look forward to the opportunity of another contract year and decade to come!

II. SUCCESS STORIES

While performing duties as a carpenter, the Injured Worker (IW) hurt their right shoulder. The claim was filed at a Walk-In Clinic/Urgent Care and the patient was given an Activity Prescription Form (APF) for modified duty for two weeks and a referral to the Orthopedics Department.

The patient saw an Orthopedic Physician Assistant 1.5 weeks later. The condition was diagnosed as right shoulder strain. The IW was taken off work for one month and the provider indicated on the APF, that “no light duty work is available in construction.”

The Health Services Coordinator, (HSC) contacted the employer of record (EOR) to discuss the claim and ability to work status. The EOR representative had recently learned about the benefits of kept on salary (KOS) after speaking with a Department of L&I Risk Management Specialist. The employer representative also expressed much interest in offering modified/lighter capacity work to the injured worker, based on the newly adopted KOS policy. They figured that they should always try to accommodate work restrictions, especially since they have decided to continue paying regular wages and benefits, etc. HSC also informed the employer representative of the Stay at Work Program and made a referral for Early Return To Work (ERTW) services. After some discussion with the employer, the HSC agreed to contact the injured worker and Orthopedic PA to discuss modified/lighter work options within the restrictions listed on the APF.

The IW was agreeable to modified/lighter work, as long as the medical restrictions listed on the APF could be accommodated. The HSC informed the IW that their provider would be contacted to discuss changing the ability to work status from off work for one month to may perform modified duty for one month within the listed restrictions. HSC also encouraged the IW to contact the employer representative to discuss possible return to work options.

The HSC contacted the Orthopedic PA and discussed ability to work status. HSC took the opportunity to educate the Orthopedic PA on the importance of releasing injured workers to modified/lighter capacity work whenever reasonable and appropriate. HSC also informed the Orthopedic PA that many construction related employers offer modified/lighter capacity work to their injured employees as a means of keeping them maintained on the job and to allow a transition toward their job of injury without restrictions. After some discussion, the Orthopedic PA completed an addendum to the APF to indicate the worker may perform modified duty for one month within the listed restrictions.
The HSC contacted both the EOI representative and IW regarding the addendum to the APF. Once again, the injured worker indicated being agreeable to returning to work in modified/lighter capacity. The employer offered return to work to start on the next Monday.

2.5 months later, the IW continues to work in modified/lighter capacity. ERTW assisted the employer with completing an Employer’s Job Description for light duty/transitional work, which was approved by the Orthopedic PA. This is an essential attachment to the Stay at Work Program application for benefits/incentives.

The patient has since seen an Orthopedic Surgeon, and is scheduled for right shoulder surgery. HSC discussed the claim with the surgical HSC in the Orthopedics Department. The SHSC agreed to work on the claim and help facilitate a timely transition back to modified/lighter capacity work, when appropriate post-surgery. It should be noted that no time-loss has been paid on the claim, to date.