

Update on COHE: Results of Three-Year Review

Why a Three-Year Review?

- To supplement normal annual contract review with feedback from key stakeholders to wrap-up three-year contract period (2013-2016)
- Highlight additional perspectives on the COHE's strengths and opportunities for improvement
- Review preceded three-year contract extension offers (2016-2019)



How We Gathered Stakeholder Input

Developed questions to explore **two themes**:

- What does the COHE do well?
- How could the COHE improve from your perspective?

Gathered input from:

- **268** (9%) COHE **providers** who responded to online survey
- **11 employers** with recent COHE claims who we interviewed
- **10** (13%) COHE **Advisors** who we interviewed
- **17** (32%) **COHE staff** who we interviewed



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What COHE Providers Told Us

Health Services Coordinators (HSCs) are highly valued:

- Rated HSCs as being most helpful for providing their expert guidance on L&I processes and their care coordination services
- *“[The HSC] was very helpful and informational as to how to file a Light job duty RX.”*
- On having care coordination services: *“It’s good for our patients.”*
- *“[Have] more HSCs in the field - they're so great, we need more!”*



What COHE Providers Told Us (continued)

The more that a provider has worked with COHE, the more positive their feedback:

- *“... [COHE] gives us control. We seem to be working together versus adversarially. The extra treatment flexibility and reporting helps us do our job better.”*
- *“I find that we catch treatments and errors on forms quickly so that they can be corrected. I also find it very reassuring to discuss questionable problems with claims with my HSC...”*
- *“Being part of [COHE] motivates you to be excellent.”*



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What COHE Providers Told Us (continued)

A small percentage feel disconnected from COHE:

- *“By the survey, there are a lot of supposed functions that I just do not see. Once a year they come around, explain the APF requirements and administer the short test...”*
- *“Either I don't know how to use their services, or there isn't anything extra they are doing.”*



What COHE Providers Told Us (continued)

They Want More Performance Feedback:

- Many expressed desire to receive more timely feedback on their performance
- Many were unaware of performance feedback reports (explained in part by lack of data available for low-volume providers)
- Some wanted more data than we report on currently: *“Would help to see some case reports on how COHE providers improved care or increased success at clinical healing and return to work rates...”*

Note: OHMS reporting will significantly help with these issues.



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What Employers Told Us

Health Services Coordinators (HSCs) are highly valued:

- *“They know the L&I process and do a good job of communicating the information the employer needs to determine if light duty will be available.”*
- *“The communication is very timely, allowing us to return employees to work more quickly, thus reducing time-loss days.”*
- *“[HSCs] are wonderfully helpful. In fact just yesterday... I attached a job analysis to an email [to my HSC] asking him to bring the job analysis to [the doctor’s] attention. Within one minute... [the doctor] had signed the job analysis and sent it back to me in an email. How great is that!!!!”*
- *“... provides excellent communications, helps directly with injured workers and claims, is an excellent resource, and if they don’t know the answer to a question they will find it and get back to me. We have only positive comments and no concerns...”*



What Employers Told Us (continued)

Suggestions for Improvements:

- Several mentioned they would like to see COHE services extended beyond early interventions
- Some think that COHE providers need to focus more on return-to-work
- Some want even more communication from the COHE: *“... a call when our worker has been seen or an email update would keep everyone on track. Our standards of work allow us to review all of our claims every thirty days. Updates/red flags would be productive...”*



What Advisors Told Us

When They're Engaged, They See They're Making a Difference:

- Best part about being an advisor: *“Helping stressed providers negotiate the intricacies of workers comp medicine... I especially enjoy the looks on their faces when I teach them how to get paid for doing what they abhor: paperwork and communication that few insurers compensate as generously as L&I.”*

Many Want To Be More Involved:

- *“I haven't had much involvement or requests for assistance... no real participation at a practical level, though would be willing.”*
- *“I attend the meetings and do a good job with my patients and may get referrals from other docs in COHE. However, I NEVER have been engaged in activity as an ‘advisor’...”*



Summary of What We Heard

Each COHE had specific strengths and opportunities for improvement

Feedback from COHE staff was mostly about their working relationship with our COHE team at L&I

Most commonly cited strengths of the COHEs:

- HSCs and their awesomeness
- Timely communication of crucial information

Biggest opportunities for improvement:

- More awareness of performance feedback reports (OHMS reporting will significantly help with this)
- More opportunities for COHE Advisors – they want to help more



Committee Feedback

- What are your thoughts about this topic?
- What questions do you have?



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