



# COHE Quarterly Status Report

<b>COHE Name:</b>	The Everett Clinic
<b>Staff Name:</b>	Marti Bradley, Program Director
<b>Date Submitted:</b>	June 30, 2016
<b>Reporting Period:</b>	April 1, 2016 – June 30, 2016

## I. EXECUTIVE SUMMARY

### ***MAJOR ACCOMPLISHMENTS***

**Deliverable 1:** COHE implementation & work plan review is on-going.

**Deliverable 2:** Provider recruitment, Enrollment, and Training

- Oriented and enrolled **\_14\_** new Attending Providers hired this period
- Presented annual training to **\_128\_** enrolled Providers this period

**Deliverable 3:** COHE Advisors

- Participated in monthly meetings with the Occupational Medicine Attending Providers in April, May, and June.
- COHE Advisors participate in on-going educational outreach to enrolled providers.
- COHE Advisor, Dr. Christopher Hardy, presented to local school district food services and para-professionals on April 29<sup>th</sup>, approximately 75 workers, on topic, “Working safely, health maintenance in and out of work, and injury prevention.”

**Deliverable 4:** Health Services Coordinators

- HSC Lead conducted all of the new Attending Provider orientations during this period
- HSC Lead and Program Director participated in OHMS conference at L&I Tukwila service location on April 14, 2016.
- HSCA started training to conduct new provider orientation in the first of several training sessions, on June 15, 2016.

**Deliverable 5:** Communication and Community Outreach

- Participated in several meetings to develop our annual community outreach conference in collaboration with our partner COHE at Group Health, scheduled for May 12, 2016. Multiple road construction projects caused a low response rate and. It was cancelled with L&I contract manager approval.

**Deliverable 6:** Best Practices & Quality Improvement Methods

- Continued the Communication Quality Improvement Project with L&I Claims Unit L. The pilot lasted from July 1, 2014 through June 30, 2016. Ongoing collaboration with the SHSC as part of The Everett Clinic Surgical Best Practices Pilot site.

### ***COHE CHALLENGES & LESSONS LEARNED***

HSCA continues to make progress with on-going support and training provided primarily by HSC Lead, and is working more independently on COHE claim specific tasks. She continues to learn communication skills and techniques for educating various types of employers with differing needs in the return to work process. HSCA also continues to develop case note writing skills toward documentation improvement.



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### II. SUCCESS STORIES

Patient worked in heavy construction when a traumatic event resulted in multiple injuries. Emergency transport to Hospital ER was required, as well as an overnight stay. Patient is monolingual, Spanish speaking and Time-loss (TL) is being paid on the claim. Two weeks after DOI, the patient was examined by a provider at TEC Occupational Medicine, and received a release to return to work in modified/lighter capacity.

HSCA contacted the EOR to encourage consideration of light duty work options, as well as to offer guidance/assistance in the return to work process. Employer indicated light duty not considered based upon small company size of 2-3 people performing heavy construction-related tasks, but will consider continued employment after release to work without restrictions.

Attending physician (AP) regularly noted high blood pressure at every patient visit, and discussed this non-industrial condition with the worker, to encourage treatment from a primary care physician to regulate. The injured worker did not have private healthcare insurance to cover treatment. Patient started physical therapy (PT), but participation was discontinued because of blood pressure levels and ultimately suspended by the AP until his blood pressure was better controlled. The AP identified this non-related condition as a barrier to recovery, which hindered optimal participation in treatment.

At follow-up, the patient reported his attempts to seek treatment for high blood pressure at a community clinic failed, and was instead directed to the ER due to a blood pressure reading. AP contacted claim manager regarding options for the injured worker's unrelated condition, as it continued to be a barrier to recovery but was informed there are no options through the claim for treatment of this unrelated condition.

AP reviewed status with HSCA, who then contacted the CM to discuss the many barriers to recovery on this claim (language, difficulty navigating the healthcare system, no private healthcare insurance, receiving ongoing time-loss payments while not actively treating). The CM agreed to temporarily cover the treatment and medication for 90 days, and the worker promptly made his appointment for treatment. Within three weeks, he was actively participating in physical therapy and making gains.

Currently, the patient is participating in a Progressive Goal Attainment Program (PGAP), in conjunction with ongoing physical therapy, and has transitioned into a work conditioning program, with the goal to return to work in the JOI within the construction industry.



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## Executive Summary

<b>COHE Name:</b>	COHE of Western Washington
<b>Staff Name:</b>	Nicole Cushman
<b>Date Submitted:</b>	June 30, 2016
<b>Reporting Period:</b>	April, May, June 2016

### I. MAJOR ACCOMPLISHMENTS

#### **Deliverable 1: COHE Implementation & On-going Work Plan**

- Implementation of Ongoing Work Plan - ongoing

#### **Deliverable 2: Provider Recruitment, Enrollment, and Training**

- Total COHE Partners: 61
- Total COHE Providers Enrolled: 682
- Total COHE Providers Educated: 417
- Quarterly - COHE Providers Enrolled: 65
- Quarterly - COHE Providers Disenrolled: 31
- Quarterly - COHE Providers Educated: 153

#### **Deliverable 3: COHE Advisors**

- Total COHE Advisors: 9
- COHE Advisors Enrolled: 0
- COHE Advisors Disenrolled: 0
- Last COHE Physician Advisory Panel: April 15, 2016
- Anticipate enrolling another Advisor; looking specifically for a psychiatrist or an orthopedic surgeon.

#### **Deliverable 4: Health Services Coordinators (HSC)**

- Fully-trained HSCs: 6
- Anticipate adding another HSC in the next contract year.

#### **Deliverable 5: Communication & Community Outreach**

- Regional ACHIEV Meeting: Attended April 28 2016 meeting

#### **Deliverable 6: Best Practices & Quality Improvement Methods**

- COHE Alliance's QI project is expansion throughout all 19 Western Washington counties, projected into 2017.
- Webinar for Annual Education on Best Practice for Opioids was filmed by Dr. John Hart and will be implemented next contract year, first Quarter (July – September 2016).

#### **Deliverable 7: Reports and Meetings**

- Quarterly Report: Jan - March 2016 Quarterly Report for COHE Alliance was turned in on time.
- COHE Program Director Meeting: Program Director, Nicole Cushman attended via teleconference on June 22, 2016
- Contract Management Meetings: Attended monthly meetings

#### **Deliverable 9: Technology**



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- OHMS – Staff has been trained on latest version of OHMS and participates in OHMS User Groups.

### II. COHE CHALLENGES & LESSONS LEARNED

We have experienced a few on-going challenges, which are bulleted at below. The entirety of our challenges and lessons learned are listed in Section IX.

- Elaborating to providers the value of COHE.
- Provider Enrollment / Disenrollment
- Creating working relationships with designated COHE champions, or identifying new champions who will be more responsive to requests.
- Discovering barriers to new partner collaboration
- Ensuring that high provider turnover within different partners does not negatively impact COHE Best Practice adherence.

### III. SUCCESS STORIES

Dozens submitted - here are some highlights.

- Dr. Paul Darby has been using his Fridays COHE Advisor hours to great effect. Now on Fridays, he is “housed” amidst the HSCs so he can provide timely assistance and a ready-resource for challenges which may arise in a claim.
- COHE Alliance HSCs have been striving toward a standardized method of work for billing and providing HSC services in an efficient and effective manner.
- HSC Parker had the opportunity to educate two employers on the Stay at Work Program. One was experiencing their first L&I claim - Quilceda Creek Manor and the other Milestone at Maple Leaf
- HSC Condit Informed McLendon Hardware Risk Manager about COHE. Risk Mgr. reportedly not aware of COHE or its benefit. She was very glad to hear about it.
- HSC Mansfield assisted two employers by introducing SAW and the importance of light duty and how to begin the process- Statements Tile & Stone Inc. and Cutting Edge Lawn
- HSC Swigart discussed claim with the Claims Manager. After HSC reviewed the claim file, he was able to come up with a solution to the issue of helping the provider to identify an appropriate diagnosis that is both related to the industrial injury and acceptable to L&I. The provider initially diagnosed the patient with acute Gout, which was actually a pre-existing condition that appears to have been temporarily worsened by the industrial injury. Per the provider’s chart notes, he indicated that the patient described the injury as a sprain/strain, so after a call to the CM, he sent an email to the provider to ask that he consider a diagnosis related to the patient’s straining injury. He will follow up with the provider for response, and am hopeful that he will be able to provide a diagnosis that will result in the patient’s claim being allowed.
- HSC LeGros reviewed claim - spoke with out of state employer who was not familiar



## COHE Quarterly Status Report Executive Summary

with the Stay-At-Work Program or aware that she could complete the EROA electronically. I was able to provide information on both as a result she submitted the EROA electronically and send me a Light Duty Job Description for the provider's review.

### III. CHALLENGES & LESSONS LEARNED

#### Lessons Learned / Challenges

- A communication barrier is arising with some of the partners regarding communicating HSC meeting/presentations with both providers and the front office staff. This is leading to a lack of efficiency for HSCs and providers.
- Provider Relations Coordinator has expressed barriers in getting responses from partners with regard to Provider Rosters.
- A challenge has arisen in which providers in some partnering organizations are being incorrectly credentialed to see L&I patients. This is especially apparent with those providers who are working both in an Emergency Department and an Urgent Care. The partnering organizations have been notified and appropriate steps within COHE Alliance have been taken to ensure that those providers affected are not incorrectly enrolled.
- We are seeing some push-back from providers regarding the value of COHE with a "what's in it for me; why should I do this" vibe.
- L&I imaging has a backlog that is affecting lead time for HSC documentation visibility.
- Interpretive services continues to be an ongoing challenge.
- There is a high-demand amongst COHE Alliance Advisors for CAC Access.
- Emergency Departments have inconsistent practices in front office processes, necessitating multiple visits, trainings, and process improvement materials.
- OHMS / CAC
  - HSCs have reported that they have been unsuccessfully trying to send secure messages in CAC over the past several days (ever since the changes to the messaging system).
  - Email from PA-C Sanders regarding secure messaging concerns. "Some days it works, and some days it doesn't. Some days I click on secure message center and it just says "loading" until it times out and kicks me out for being inactive for so long. Other days I'm able to send messages without a problem. It's a horribly glitchy system. Also, now that all of USHW sees each other's emails and secures messages, some providers have been deleting the emails that aren't theirs, not realizing that when they delete it, it also deletes it for the provider for whom it was intended. I'm not a fan of this new system, at all."
  - HSCs have reported that CAC downtime continues to be an issue.



# COHE Quarterly Status Report

## Executive Summary

COHE Name: COHE at UW Medicine Harborview Medical Center  
Staff Name: Amy Valdez, Program Manager  
Date Submitted: June 30, 2016  
Reporting Period: FY16 QTR4: April-June

### I. MAJOR ACCOMPLISHMENTS

#### Deliverable 1: Implementation & On-going Work Plan

- Continued implementation of on-going work plan.

#### Deliverable 2: Provider Recruitment, Enrollment and Training

- Provider count: **174** after removal of duplicate entries. 18 participating COHE clinical areas.
- Peter Rabinowitz, Occupational Medicine enrolled on 4/5/16; enrollment application pending.
- Julie Hodapp, Rehabilitation Medicine enrolled on 5/20/16; enrollment application pending.
- COHE presentation to UWMC and HMC Oral Maxillofacial 2 faculty and approximately 20 residents on 4/19/16.
- Provider annual training completed via clinic-based HSCs.
- Annual ED presentation completed on 5/5/16 to 15-20 faculty. Note: training for UW Bone and Joint providers is not noted in the attached report due to Tasha Croydon's personal leave; training for Rehabilitation Medicine is not noted due to Carolyn's leave before the end of the quarter.
- Near implementation for upload of COHE e-Learning module for new clinic providers in COHE clinic; finalized COHE ED orientation module in LMS.
- Updated ROA cheat sheet completed; pending provider review.

#### Deliverable 3: COHE Advisors

- Please see below for summary.

#### Deliverable 4: Health Services Coordinators (and Volunteers)

- Carolyn Hoppe/VRC/HSC in Rehabilitation Medicine accepted a VSS role with L&I ERTW, Tacoma on 6/16/16.
- Tasha Croydon/PC/HSC has been out of the office on personal leave since 5/23/16 and will RTW on a graduated basis as of 7/11/16.
- 3-month review of Annie Corpuz and Jocelyne Starmer completed.
- COHE relies on short-term and long-term volunteers to administratively support COHE. Per the prior quarterly report, a total of 5 volunteers performed 28-30+ tasks per week. Given the removal of e-Correspondence, volunteer hours have reduced to 15+ per week.
- Spanish COHE/L&I patient packets and brochure completed.
- Initiation of clinic HSC billing guide.
- COHE central office and clinic administrative contact sheets completed.

#### Deliverable 5: Communication and Community Outreach

- COHE newsletter is on hold presently due to limited staffing.
- Model for COHE Intranet site was revised and finalized; implementation is on hold presently due to limited staffing. Central office staff completed Sharepoint Intranet training classes.
- Continued COHE Program Manager contact with Ryan Guppy, L&I, Chief of RTW Partnerships; quarterly Tumwater RTW presentation at COHE meetings will be scheduled.
- COHE Medical Director presentation of SHIP grant regarding custodian ergonomics (attendance included multiple local and statewide employer representatives in-person and via phone).



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## Executive Summary

### Deliverable 6: Best Practices and Quality Improvement Methods

- COHE Program Manager and Procedure Analyst met with UWMC Bone and Joint on 5/13/16 to review SWOT analysis; further define challenges and solidify next steps for Project Charter (and key internal UWMC PM staff) to address workload management/standardization.
- COHE Program Manager attended L&I OHMS conference on 4/14/16.
- COHE Program Manager and Procedure Analyst meet with UWMC ED on a quarterly basis; last meeting focused on: L&I HSC training, next steps for training/enrollment, work queue and scheduling FileFast training.
- Continuation of current QI project. Proposed new QI project for handling complex and mission-based L&I patients will depend on internal and external stakeholder buy-in.
- COHE Program Manager met with UWMC PI and Transformation of Care program head to identify opportunities for PI/QI partnership.
- COHE Program Coordinator/HSC and volunteer identified ED providers need to be removed from APF performance measure statistics.

### Deliverable 7: Reports and Meetings

- COHE Program Manager and Medical Director continue to engage UWP, Epic IT and hospital PB during monthly billing meetings to resolve internal L&I macro and micro billing issues.

### Deliverable 9: Technology

- Epic Care Smart Set billing in continued process. Paper vs. smart set issues and CPT® codes still being resolved.
- HIE Electronic APF usability/feasibility on hold due to limited staffing.
- RightFax send of Provider EPIC and HSC notes - in testing process; HIM policy/procedure guidance presently being obtained.

## II. CHALLENGES & LESSONS LEARNED

- Self-Insured Employers: SIE Employers contact HSC roles to assist with medical record requests and push back when referred to HIM. SIE Ombudsman noted work with OMD to clarify COHE role; an update during the COHE Director's meeting is requested. Recent SIE presentation from OMD noted the importance of COHE, yet there was no discussion regarding SIE funding of COHEs.
- Funding: A considerable amount of time and focus was given to FY17 budgeting, funding and staffing discussions, re-structuring, data verification and proposals. FY17 funding is sufficient to employ COHE Program Manager and COHE Program Coordinator/HSC. While the following are crucial roles to COHE at HMC's success, funding for a .50 FTE Procedure Analyst, .50 FTE Program Assistant and .10 FTE Medical Director is pending further information from L&I over the next 2 to 2 1/2 months.
- Provider Enrollment: Further provider enrollment has reached a standstill due to the provider consulting and concurrent care preference with L&I claims. COHE Program Manager and Medical Director have been constructing an SBAR proposal for HMC's Executive Team to include AACS Assistant and Associate Administrator. HMC leadership and physician championship of COHE is needed. Access to MD Guidelines will be discussed at this time as well. SBAR will be sent to L&I Contract Manager when finalized.
- Continued QI: All COHE clinics/departments continue to need QI assistance; processes/systems also change on-going, affirming the need for a Procedure Analyst.
- Multiple and competing priorities: COHE Program Manager and COHE Medical Director are pulled in multiple directions, making strategic planning and issue resolution challenging.
- Loss of staffing: The loss of a 2<sup>nd</sup> Program Coordinator/PC in December, 2015 as well as the loss of the Procedure Analyst as of 6/30/16 have and will impact the ability to COHE at HMC to effectively manage QI/PI efforts. UWMC PI and Transformation of Care and HMC PI offices have



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## Executive Summary

limited staffing and COHE projects will be addressed on a priority basis, emphasizing the need for an internalized role. The loss of Carolyn Hoppe points to the need for HMC Executive Team support of COHE and the HSC role (as Rehab. Med. providers have opted towards the consult only role and resulted in a decrease in work). The personal leave of Tasha Croydon emphasizes the need for a Procedure Analyst to assist with workflows and standardization to ensure manageable workloads and burnout reduction. Both HSC Assistant 3-month reviews affirm the need for clinic workflow and standardization e.g. continuation of QI project to address: clinic management and HSC manuals; intranet resource/reference page, etc.

- UW/HMC providers handle higher volume of complex claims given the institution mission; a decision-making tree is proposed to help providers. Decision-making tree on hold presently; a Procedure Analyst is needed to ensure principled workflows.
- Time/clinic workflow is a barrier to across the board for clinic-HSC billing.
- Lack of full support to clinic staff re: Federal, SIE, disability leave, etc. claims. Brainstorming ways to offer resources to clinic staff.
- COE and COHE at HMC are similar in scope: Will all COHE at HMC clinics become a COE given the complexity of claims requiring longer HSC and provider assistance? Further discussion is needed.
- Funding for COHE float pool not available. COHE will consider training back-up clinic staff, however, CAC access is a challenge to HSC role substitution.

### III. SUCCESSES

- Finalized COHE ED orientation module in LMS.
- HMC Oral Maxillofacial provider training (pending enrollment paperwork).
- Finalized Spanish COHE/L&I patient packets, brochure and WC claim overview process.
- COHE held several meetings with COHE FC staff for quality and process improvements.
- Model for COHE Intranet site was revised and finalized; implementation is on hold presently due to limited staffing. Central office staff completed Sharepoint Intranet training classes.
- Continued COHE Program Manager contact with Ryan Guppy, L&I, Chief of RTW Partnerships; quarterly Tumwater RTW presentation at COHE meetings will be scheduled.
- COHE Medical Director presentation of SHIP grant regarding custodian ergonomics (attendance included multiple local and statewide employer representatives in-person and via phone).
- COHE Stakeholder Chart completed.
- Finalized COHE central office and clinic administrative contact sheets.
- RightFax ability to send (urgent request) progress and HSC notes is in testing process.
- ROA Cheat Sheet updated and finalized.
- COHE Program Coordinator/HSC and volunteer identified ED providers were being included in 12 week claim measures, though they only treat at day 1. SAS code that produces reports at L&I has been corrected, so next performance report should demonstrate a more accurate APF for ED providers.



# COHE Quarterly Status Report Executive Summary

LNI Contract No. K2786

<b>COHE Name:</b>	COHE at UW Medicine Valley Medical Center of the Puget Sound
<b>Staff Name:</b>	Grace Casey
<b>Date Submitted:</b>	July 12, 2016
<b>Reporting Period:</b>	April 1, 2016 through June 30, 2016

## I. 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 31 new APPs
- 8 voluntarily removed
- Currently 321 APPs in program - an increase from 272 last year
- 65 APPs received training this quarter
- 85% of our APPs received training this contract year

### **Deliverable 3: COHE Advisors**

- 24 Advisors
- Advisor Meeting with Group Health Providers and review and shared collectively on best practice #2 and 3. These meetings are through their video teleconferencing. One of our HSC went to their Olympia location which was a god opportunity for her to talk one-on-eon with their staff.

### **Deliverable 4: Health Services Coordinators (HSC)**

- This Quarter – fully staffed with 3 trained HSCs.

### **Deliverable 5: Communication and Community Outreach**

- June 1 - Presentation to 20 employers. Topic was “Better understanding of IMEs”. Presented by Dennis Stumpp, M.D. This was also an opportunity for his introduction as our new Medical Director of the COHE.

### **Deliverable 6: Best Practices & Quality Improvement Methods**

- The COHE 2014-2016 quality improvement proposal is development of a better utilization review process for COHE providers. Select providers from COHE at UW Medicine Valley Medical Center of the Puget Sound have had the 2nd and 3rd Epidural Steroid Injections (ESIs) approved at the same time as the initial request based on Qualis review. Initial findings presented at advisor meeting were:
  - Spinal Injection Denial Rate overall averages 19%
  - ✓ Project Qualified Requests – ZERO denials

### **Deliverable 7: Reports and Meetings**

- Internal Contract Planning Meetings Monthly
- Contract Meeting - Ongoing, as needed
- COHE Directors teleconference meeting
- HSC QI Meeting

### **Deliverable 8: Performance Monitoring and Annual Review**

- Performance Monitoring – Ongoing with LNI and COHE

### **Deliverable 9: Technology**

- OHMS Implementation – Trained & using latest version; 3 staff attended update meeting April 2016.



# COHE Quarterly Status Report Executive Summary

LNI Contract No. K2786

## II. SUCCESS STORIES

There was a seamless transition from Dr. Morris to Dr. Stumpp as our new Medical Director. Anytime there is a changing of staff it can be labor intensive with training to get up to speed. With Dr. Stumpp's experience as a COHE Advisor since the 2002 meant he was well versed in COHE.

Ellen Hull, HSC discovered an error in the credentialing of one of our COHE advisor when Qualis reviews were not processing as they had previously. Through Ellen's investigation, and work with the L&I COHE contract manager, the provider's L&I MPN status was corrected. He was appropriately placed in Provisional Status (to continue do business with SF & SI) until his paperwork was updated. The COHE program illustrates the benefit to all when the parties work together. Ellen's knowledge of L&I processes, and relationships with all parties – Provider, Qualis, L&I Contract Manager - highlighted the collaboration and communication that is achieved in COHE.

Our goal of increasing providers from the UW neighborhood clinics especially their urgent care clinic has seen our providers increase from 272 at end of contract year June 30, 2015 to 321 provider's end of year June 30 2016. That is an 18% increase in provider enrollment.

The contract requires 80% trained rate per year of providers and this year we trained 85%.

A claimant was seen by Dr. Stumpp who had mental health issues and needed referral for suicide concerns. We pulled out all stops for this IW -- PGAP, physical therapy referrals, COHE Advisor exam, ERTW referral, and mentoring of the COHE provider by Dr. Stumpp, as well. The outcome was that IW was released to job of injury.

## III. CHALLENGES & LESSONS LEARNED

It has been challenging as we tried to increase the number of providers from the UW Neighborhood Clinics, yet by keeping it on our radar, and meeting with them as regularly as possible, it has shown success. This has been mentioned before in our quarterly report as a challenge. The challenges encountered related to personnel changes, process changes within their system yet by staying with it we have achieved quite a bit of success with their recruitment and training. Also, another challenge is working with a number of family practitioners who do not understand workers' compensation, but have a willingness to learn. Many that I have enrolled are new providers, fresh out of school. Factoria and Olympia UW Neighborhood clinics were recruited during this time period.



<b>COHE Name:</b>	<b>COHE Community of Eastern Washington</b>	
<b>Staff Name:</b>	Benjamin D. Doornink, Program Director	
<b>Date:</b>	July 10, 2016	Reporting Period: April 1 – June 30, 2016

**MAJOR ACCOMPLISHMENTS:**

**Deliverable #1:** COHE Implementation & On-going Work Plan

**Deliverable #2:** Provider recruitment, Enrollment, and Training

- Provider Enrollment:
  - 1258 Participating Providers 35 Participating Hospital Emergency Departments
  - 78 providers voluntarily withdrew participation in COHE
- Clinics and Hospitals currently in process of enrolling
  - Kittitas Valley Healthcare – Ellensburg, WA
  - Providence St. Joseph's Hospital – Chewelah, WA
- Provider Education/Training
  - 52 New Providers oriented in either existing or new participating facilities
  - 343 Providers received Academic Detailing.

**Deliverable #3:** COHE Advisors

- Dr. Peter Low (Providence Occupational Medicine in Spokane) joined the COHE Advisor team.

**Deliverable #4:** Health Services Coordinators

- Provided billable services to 1,451 claims with 4,700 units of HSC service and 265 IECs
- Chaylee Piger joined the HSC team on 4/25 and serves in our Spokane office

**Deliverable #5:** Communication & Community Outreach

- Made presentation about COHE at Spokane Case Managers seminar

**Deliverable #6:** Best Practices & Quality Improvement Methods

- 65 FRQs Administered, 38 were positive
- Proposed QI project of expanding FRIs to all providers

**Deliverable #7:** Reports and Meetings

- Attended the OHMS Conference in Tukwila

**Deliverable #8:** Performance Monitoring and Annual Review

**Deliverable #9:** Technology

- The unavailability of L&I web-based systems continued to be a major issue. There were numerous instances where required L&I applications were inaccessible to our staff, causing "stop-work" situations.

**CHALLENGES:**

- The care coordination request function available to the claims managers is new and both the COHE and the claims managers are learning how to best use it. Many times, requests come through for tasks that are not appropriate for an HSC. Further dialog & training is needed regarding this tool and the role of the CM vs. the HSC in claim management and care coordination.
- A recent change to the claims summary page in OHMS has listed all claims associated with that provider, the claim number, and the COHE associated with that claim. This has added a significant amount of data to claims where employers have many claims. While perhaps important for COHEs with overlapping service areas, this change has been a challenge of our staff.
- The Emergency Department score cards were inaccurate due to reporting functionality reported by L&I.
- Employer (EOI) phone numbers have been listed as the Injured Worker's (IW) phone number in OHMS and CAC when the ROA clearly shows the IW's number and EOI number correctly causing numerous call to EOI when trying to reach IW.



## COHE Quarterly Status Report - Summary

<b>COHE Name:</b>	Group Health Cooperative
<b>Staff Name:</b>	Tom Lehmann
<b>Date Submitted:</b>	7/11/2016
<b>Reporting Period:</b>	April - June, 2016

### I. EXECUTIVE SUMMARY

Please provide a summary of accomplishments in COHE deliverables (recruiting, training, advisors, quality improvement project, community outreach, and a success story). Deliverables details should be noted in their appropriate sections that follow.

- We have more than doubled our goal for provider enrollment in our second COHE year (162 with a goal of 70). The past COHE year we were looking to maintain enrollment around 160 providers with some minor growth. We were able to show some modest growth and enrollment currently stands at 174.
- Completed all reassignments of the on-line Learning Management System (Aspire) training for Urgent Care and Family Practice. We had transitioned to an updated version for 2016.
- All in-person trainings for COHE Family Practice providers at Group Health, in lieu of the on-line training, have taken place.
- Added 1 new Occupational Medicine provider as they started at Group Health. They had been previously trained. They were also trained as an Advisor.
- Trained 2 new Occupational Medicine providers and enrolled them in the COHE.
- All the Occupational Medicine providers have completed their annual training.
- Trained 6 new providers in Group Health Urgent Care, 3 in Group Health Family Practice and 1 at Columbia Medical Associates.
- Completed annual training of 31 Urgent Care providers at Group Health, 13 Primary Care providers at Group Health, 7 Primary Care providers at Columbia Medical Associates, and 1 Advisor (at Group Health Behavioral Health / Occupational Medicine).
- Once again we exceeded the target of 80% of previous COHE providers completing their annual training this year. In fact we improved and were able to complete the annual training for 90% of the providers. All of the COHE providers who had missed their 2014-2015 annual training were trained this COHE year.
- Continued transition to ICD-10 diagnosis codes, especially in Urgent Care.
- Continued implementation of better process for Best Practice #4 (Barriers to Return to Work Assessment) at Group Health. We continually promote this and Dr. Gilmore did so again in one-on-one meetings. Results have increased, but providers are still indicating that it is more difficult to address these. We continue to promote their benefits.
- Worked on Quality Improvement project for 2015-2016 to decrease delays in adjudication of occupational disease claims. Documentation has been provided to clinics/providers to assist in completion of needed forms. Dr. Gilmore has met individually with providers and promoted this.
- The proposal to add the ability to electronically send the APF to L&I is progressing at Group Health.