



OCCUPATIONAL HEALTH **BEST PRACTICES**

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WORKING TOGETHER TO KEEP PEOPLE WORKING

**Top Tier of the MPN for Disability Prevention Program  
Vision and Criteria  
October 22, 2015**

# Objectives

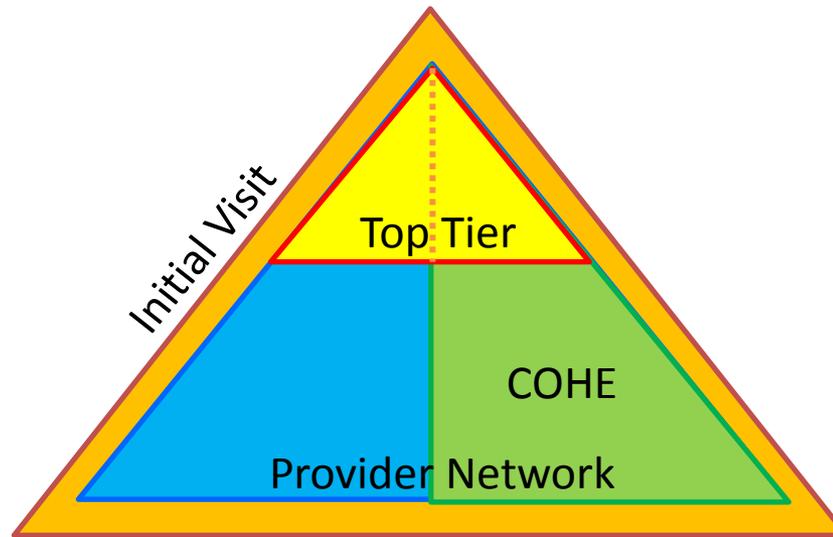
- Gather ACHIEV feedback on Top Tier designation.



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# Top Tier of the MPN for Disability Prevention



- ✓ Identifies the best attending providers at preventing disability
- ✓ Increases the availability of best practices
- ✓ Achieves positive outcomes
- ✓ Provides an alternative to COHEs
- ✓ Simple for providers to understand and L&I to administer
- ✓ Aligns with other quality purchasing programs (such as COHE)

**Healthy Worker 2020 Vision:** To be the quality leader in workers' compensation healthcare, achieving the best outcomes and quality of life for workers at the best value and using the simplest means.



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# Top Tier Criteria

## MPN Requirements

- Provider an attending provider type in the MPN and credentialed for the full term
- Providers will be assessed by NPI; L&I will provide contacts to clean up their associated L&I provider ids

Total # of Provider NPIs: 11,500



# Top Tier Criteria Attestations

- Providers attest to follow applicable L&I medical treatment guidelines 100% of the time; reiteration of MPN standards
- Top Tier surgeons must only request surgeries that are within L&I guidelines
- When technology is available (ex: chart notes) the provider attests to transmit data with us

Total # of Provider NPIs: 11,500



# Top Tier Criteria

## Claim Volume

- Attending provider on a total of 12 allowed state-fund claims over the prior 3 years for the initial assessment
- Will count claims attached to both active and inactive L&I provider ids by NPI over that period

Total # of Provider NPIs: 1,426



# Top Tier Criteria

## Quality Improvement

- Sign up for Healthy Worker 2020 pilots
- Pass Top Tier on-line testing

Total # of Provider NPIs: 1,426



# Top Tier Criteria

## Electronic Communication

- Uses electronic methods (when available) to:
  - Request utilization review (Qualis) – currently available
  - Submit bills – currently available
  - Complete APF – partially available
  - Share chart notes – not yet available

Total # of Provider NPIs: 1,283 (90%)



# Top Tier Criteria

## Claim Measures and Review

- Definitions:
  - **New claim:** initiated or transferred on or before the 3<sup>rd</sup> visit
  - **Complex claim:** non-catastrophic time-loss claim established and open for at least 6 months with any time-loss days paid between 4-6 months



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# Top Tier Criteria

## Best Practice Measures – ROA/APF

- 80% of all ROAs in the last 12 months received within 2 L&I business days with all required fields completed
- 80% of all claims with restrictions have a complete and timely (received by L&I in 2 business days) APF
- 80% of all claims with restrictions have an APF at the first visit with a Top Tier provider
- Contingent on receiving APFs as data



# Top Tier Criteria

## Best Practice Measures – Two Way Communication

- At application: attestation of commitment to two-way communication
- Quarterly review:
  - New claims:
    - Initiated by the provider
    - Needs to occur within the first 6 weeks of the claim
    - Target of 80% of claims with restrictions
  - All claims excluding new claims:
    - Initiated by the provider
    - Needs to occur within the first 6 weeks with the applying provider
    - Target of 25% of claims with restrictions
- Two-way communication can be with the employer of injury, a new employer (with the patient's approval), or with a RTW person
- Tracked through billing codes and OHMS input by attending provider or their delegate



# Top Tier Criteria

## Best Practice Measures – Prescribing

- Prescribe opioids only for severe pain during the acute phase and not beyond acute without clinically meaningful improvement in function
- Do not escalate opioid dose beyond 50 mg/day MED for new starts
- Avoid prescribing concurrent opioids and benzodiazepines or sedative-hypnotics
- Don't prescribe concurrent opioids and carisoprodol
- Less than 5% of prescriptions are Dispense as Written
- IIMAC/ACHIEV prescribing providers asked to develop thresholds

Total # of High Adopting Providers across all the best practices: 321 (25% from last year of COHE reports)



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# Top Tier Criteria

## Best Practice Measures – New Initiated Claims

- % of time-loss claims that reach 3/6/12 months
- Resolution rate at 6 months (all claims/time-loss claims)
- % of claims with job description/analysis returned to an appropriate requester in 5 L&I business days or less
  - Target is 70% (when job analysis summary is present)



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# Top Tier Criteria

## Claim Measures and Review

- Definitions:
  - **New claim:** initiated or transferred on or before the 3<sup>rd</sup> visit



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# Top Tier Criteria

## Best Practice Measures – Complex Claim Review

- Select a sample of claims that are over 6 months in claim age but review the activity throughout the life of the claim. Provider must be attending on the claim for at least 90 calendar days
- Review includes:
  - Chart notes are timely, typed, and in a Problem Oriented Medical Record format:
    - Identifiable problem list for each patient
    - Identifiable treatment plan for the work related condition(s)
    - Progress notes that track the treatment plan
    - Finite treatment goals
    - Providers moving treatment forward. Using tools (ex: PGAP, consultation, surgery) at the right time
  - Appropriate and timely documentation of diagnoses and causation
  - Documentation of expectation setting with the patient and patient involvement
  - Tracking pain and function
  - Attending provider understand the barriers to return-to-work and ensuring that those barriers are being considered during treatment
  - Provider communicating in a timely and effective way with all parties on the claim



# Top Tier Criteria

## Claim Measures and Review

- Definitions:
  - **Complex claim:** non-catastrophic time-loss claim established and open for at least 6 months with any time-loss days paid between 4-6 months



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# Top Tier Criteria

## Accepting/Consulting On Claims

- For injured workers without attending providers
- **Accept:**
  - At L&I's request, providers will accept claim(s) (new/complex)
- **Consult:**
  - At L&I's request, providers may choose to consult on claim(s)



# Top Tier Criteria

## Care Coordination

- Care coordination is being developed as part of Healthy Worker 2020 and once created will be integrated into the Top Tier program.



# Top Tier Criteria

## Provider Reporting/Disenrollment

- Application assessment
- Top Tier on-going reports:
  - Quarterly for calculated measures. If they miss target(s) for more than one quarter they will be removed from Top Tier
  - Providers can pull ad-hoc reporting at any time through OHMS
- Annually assessment: complete review including manual claim review
- Special assessment: when providers move health care organizations
- Example of sentinel event requiring immediate disenrollment
  - provider removed from MPN



# Supplemental Information



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# Top Tier RCW 51.36.010

The department, **in collaboration with the advisory group**, shall also **establish additional best practice standards** for providers to qualify for a second tier within the network, **based on demonstrated use of occupational health best practices**.

This second tier is **separate from and in addition to the centers for occupational health and education** established under subsection (5) of this section... The **advisory group shall recommend best practices standards to the department to use in determining second tier network providers. The department shall develop and implement financial and nonfinancial incentives for network providers who qualify for the second tier.** The department is authorized to certify and decertify second tier providers.



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