Advisory Committee on Healthcare Innovation & Evaluation (ACHIEV)

Meeting Minutes for July 27, 2017

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

L&I Staff Present
Aquila Doore, BSN, RN-BC, MBA, JD
Diana Drylie, MHA
Gary Franklin, MD, MPH
Zachary Gray, MPH
Leah Hole-Marshall, JD
Karen Jost, PT, MS
Vickie Kennedy
Nicholas Reul, MD, MPH
Cortney Melton
Carly Eckert
Rob Darix
Greg Fisher
Susan Reynolds-Sherman
James Simonowski
Patricia David, MD (phone)

Members Not Present
Neil Hartman
Joe Kendo (alternate)
Kirk Harmon, MD

Members of the Public
Benjamin Dowzonk, St. Luke’s Rehabilitation
Ivona Ogramic
Terri Smith-Welder, University of Washington
Michael Harris, PRC
Nancy Vandermark, Coute Alliance WWA
Nicole Cushman, Coute Alliance WWA

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 regarding distracted driving and what is illegal to use. The minutes from the April 27, 2017 meeting were reviewed, approved unanimously and Dr. Stephen Thielke became a full committee member.

Deb Fulton-Kehoe explained costs related to physical therapy and reviewed changes. Physical therapy and medical costs went up, therefore the analysis stayed the same. All workers are not broken out by time loss. Exploring nuances in payment model that doesn’t allow for saying what is work conditioning.

The following is feedback discussion:

- Would like to see an analysis of who is prescribing physical therapy (PT)/occupational therapy (OT) and additionally who receives massages in addition to PT/OT
- May not have the data currently to answer this, but it would be a claims review
- How many visits were looked at as number of procedures
- We analyze by the number of days regarding physical therapy
- Can you see if a therapist or assistant is providing
- Can we look into associating with attending provider at the time of visit
- Can you validate if chiropractic care is more cost effective or less than any other care
- Going to be looking at clustering of the tail
- Does fewer or more visits mean a claim visit - assuming all things the same? It would be hard to randomize it
- How do you make all things the same
- Can you cluster
- Early work on engaging physical therapy? Does that make a difference
- No outcome is measured other than time loss
- Be careful of time loss
- There is a correlation, but way too many factors

Susan Sherman gave a high-level overview of milestones that include three phases: evidence summaries, identify potential infrastructures and implementation for best practices. Focusing on Phase 2, after receiving five applications, the stakeholder group was identified. All five applications were accepted. Dr. Dowling and Dr. Friedman agreed to assist with the workgroups. Phase 3 explains the standardization on functional metrics.

The following discussion ensured:

- In regards to standardization, what is the goal? Looking at the vision of the program, are we just looking at providing services or providing services that help improve function
- The goal is to focus on the function
- It’s a little late to change the vision statement, but we can use this feedback as it will be great for wordsmithing and consistency
**HW2020 – Communications & Outreach** presented by Diana Drylie, MHA

**Diana Drylie** shared communication outreach efforts and materials with the entire committee. L&I is working to get information out on best practices. In 2015, L&I began working on the identity campaign, soon realized that we weren’t doing a good job of telling our story. The goal was to be able to visually identify best practice efforts. We hired and worked with a public relations (PR) firm in Seattle to oversee the work and make sure we were meeting our objectives. Through this effort, L&I presented three different tag lines and had individuals vote. This would ensure the standardization of graphics, PowerPoint templates, agenda outlines, etc., as it relates to best practices. In 2017, the goal is to build on the earlier work and increase familiarity with L&I best practices.

The following feedback was discussed:

- Will there be a twitter handle
- Where are the guidelines that the providers link too
- What is the green thing in the packet? This gadget can attach to phone to put contact information or business cards in and you can stick it anywhere
- Referencing Phase 3 – do we (L&I) want to spend dollars on advertising/commercials
- What do we want the provider to do
- L&I wants the provider to have a call for action; spread awareness
- Send a “Thank You” letter to the provider thanking them for seeing client, and would summarize and state allowed conditions and treatment guidelines. This effort would help facilitate the gaps

**MacColl Model** presented by Leah Hole-Marshall, JD and Karen Jost, PT, MS

**Leah Hole-Marshall** explained that Healthy Worker 2020 (HW2020) framework has been conceptual. The Chronic/Pain/Behavioral health section is the most work L&I has to do. The goal of our common framework was a reach, but we did set the stage to move forward.

Leah shared a video to give the committee a sense of where L&I is going. The video can be found at [https://youtu.be/UgAH8Sn4Gvo](https://youtu.be/UgAH8Sn4Gvo).

The following is feedback given during the discussion:

- Is the video available online? No. We need to add subtitles
- Is this unique? Not unique, just fortunate enough to have a great speaker
- How do you set enough framework within the payment model, so the different systems can implement
- Helps claim along when all those involved communicate
- How are you going to identify collaborative care
- We are working with the University of Washington
- Need to be cautious, as you get what you pay for in regards to scope of practice. This is where the “Thank You” letter would be useful in sending to the provider
Return to Work Trends & Vocational Recovery Project presented by Ryan Guppy, MHA

Ryan Guppy indicated that he came to Seattle in January to share data and will be doing the same today. His team at L&I is working on re-hauling and remodeling the rehabilitation section with using specific and strategic approaches to reduce disability.

The following feedback was given:

- When did stay-at-work set incentives
- What about the COHE’s and their effect on the system
- L&I hasn’t looked at the relation—we’ve only looked into Stay-at-Work during 2011-2012. There is only an employer or record. E.S.A.W data is almost obsolete which includes all our employers
- What about the economy effects
- This is the first time seeing a significant drop overall
- This is considered a “normal” dropping in a positive way
- L&I could re-run report without new COHE’s and run a line to compare apples-to-apples and come back and discuss other initiatives

Interpreter Services – Culturally & Linguistically Appropriate Services/Limited English Proficiency (CLAS/LEP) presented by Leah Hole-Marshall, JD and Karen Jost, PT, MS

Karen Jost shared statistics that included Washington being the third most diverse state after California and New York. We have over 100 languages, with 13% foreign born and the three most diverse zip codes. Karen gave an overview of how we pay for interpretative services at L&I: majority come through the certification program and the most common is face-to-face interpretive service; and a small percent of payments come through telephonic services. However, it is ultimately your choice of who you choose to work with at Interpreter Services. Through an assurance workgroup, L&I is increasing provider awareness and interpreter quality assurance. Complaints about interpreter services come from a variety of sources and L&I is trying to figure out what to do with them. How can we ensure good quality services are being delivered and do we get rid of the bad ones? Karen asked group for discussion: Are there any ideas, suggestions or comments? Are you using the CTS System?

- Are you flagging the people who are double billing you
- At what point is this information being flagged? Are they tracking or going bill-by-bill
- Right now, it’s bill-by-bill. To clarify, we don’t currently have a mechanism to inform that the quality is low and to not pay them
- Seeing the same interpreter attend every single physical therapy visit and are getting charged for it, is this appropriate or not
Leah Hole-Marshall conveyed there’s a national standard for CLAS. If you receive Federal Funding, you follow class. L&I has not been following class and now that it has been brought to our attention, we will be working on that. We want to get our house in order first before we start training externally on this matter. We are asking the question, what would be an appropriate standard for us to start monitoring health inequity? Can we support or build a community with specific patient navigation from workers compensation.

Discussion as followed:
- Is there an issue with ACCESS
- ACCESS is a funny word
- It is difficult to get providers to take long term, complex claims; L&I will not be superseding Federal Regulations
- Would L&I be able to assure and provide external materials in different languages
- Essential documentation will be available in other languages- identified certain forms and will be translated into top 8 languages to make sure proactively provided

Department Updates presented by Leah Hole-Marshall, JD
- Reviewed acupuncture and PCORI grant

Meeting Wrap-Up: The meeting wrapped up with comments from the chair on the subject of House Bill-1427, in regards to expanding utility of safe script programs. This bill is directing all boards and Commissions to update their rules on opioids, and they must consider AMDG and CDC guidelines. Meeting was adjourned at 12:00.