I. EXECUTIVE SUMMARY

MAJOR COHE ACCOMPLISHMENTS

Deliverable 1: Implementation & On-going Work Plan
- Continued implementation of on-going work plan.

Deliverable 2: Provider (Clinic Staff) Recruitment, Enrollment and Training
- Provider count: 224 (per OHMS); 21 participating COHE clinical areas.
- 1 hour orientation and enrollment training to Monica Zamora, ARNP, and other General Surgery staff on 9/13.
- 1 hour orientation and enrollment training to Andrea Burke, MD, Oral Maxillofacial on 9/14.
- 1 hour orientation and enrollment training to Melanie Lang, MD, Oral Maxillofacial on 9/21.
- 2 hour COHE Q/A with Occupational and Environmental Medicine Residents on 8/9 (Madigan Residents were in attendance).

Deliverable 3: COHE Advisors
- Review of draft of internal document guiding intraclinic referrals to Occupational and Environmental Medicine (HSCs have reviewed/discussed during HSC meeting). Further clarity at next meeting needed re: impairment ratings.

Deliverable 4: Health Service Coordinators/Health Service Coordinator Assistants (and Volunteers)
- (continued) Several HSCs have expressed frustration (on the part of health care providers) regarding Reopening Applications for annual hardware checks (including x-rays, prosthetics, wheelchairs, urology, and wound care); there is a need for standardization within L&I re: appropriate model for Level 1 Trauma Center.
- (continued) 1 volunteer continues to assist Occupational and Environmental Medicine Clinic with scanning workers’ compensation documents.
- COHE Analyst built HSC Referral Work Queue was built and will begin testing in Ortho Trauma.
- Central Office HSC has re-started calling HMC and UWMC ED patients/employers; several HSCs have provided feedback that this work is making a difference to reduce patient uncertainty between d/c and outpatient appointment!
- Occupational and Environmental Medicine PC-HSC’s last day was on 9/20; interviews are currently underway to re-fill this role. Carrie Barbee, Clinic Business Operations Supervisor, is providing interim coverage.
- Part I and II COHE training for COE Kelly Chalupnik and Kate Rohrer (Part I only); and for Carrie Barbee, Vivian Alphonse, Katelyn Ricks, Shady Esquerra (Part II only).
- UWP Legal Secretary presentation and internal billing Q/A provided help in understanding L&I and resources available.

Deliverable 5: Communication and Community Outreach
- Per last quarter, COHE Program Assistant updated the COHE English brochure (and this was finalized and re-printed this quarter); the same process occurred for COHE Spanish brochure this quarter.
- COHE Medical Director and Manager attendance at quarterly WSLC meeting on 7/12.
- COHE Medical Director attended “Systematic Approach to Medically Unexplained Symptoms” conference offered by the Mayo Clinic.
- COHE Medical Director reviewed and recommended content for upcoming October NAOEM conference.
COHE Quarterly Status Report

Deliverable 6: Best Practices and (Informal and Formal) Quality Improvement Methods

- COHE QI/PI meetings will occur 1:1 with each COHE partner clinic to help with progress and involvement of Clinic Managers.
- COHE/Bone and Joint Clinic meeting on 9/27 resulted in initiation of HSC billing/documentation. Monthly f/u meetings will continue to determine ways to support this clinic and the HSC role.
- COE has agreed to have COHE Analyst assist .25 FTE with COE program/project implementation as of 6/25/17 through 10/15/17. **Update**: further funding for COHE Analyst to participate in COE program is being determined.

Deliverable 7: Reports and Meetings

- (continued) in-person meetings with Morgan Wear, L&I COHE Director/COHE at HMC Contract Manager to discuss WC barriers at HMC.
- COHE team meet/greet with new Burns/Plastics Clinic Manager, Allison Zelikoff on 9/8.
- COHE Medical Director and Manager meeting with Dr. Chris Kweon, Ortho Surgeon, on 9/8 for Q/A re: championship/spONSorship of L&I/COHE.

Deliverable 8: Performance Monitoring

- L&I APF data received and is being reviewed by COHE Program Assistant—initial review appears there is a gap occurring between L&I data and UWP billing report, with UWP noting over 90% of APFs were billed for and received by L&I via CAC over a 3-month period.
- Annual contract review report reviewed in July and sent to Frances Marshall and COHE team.

Deliverable 9: Technology

- Epic tools meeting with COE on 7/20.
- IT communicated Epic Project Manager would not be assigned until 2018 due to competing projects.
- (continued) OHMS continues to be a challenge in our system given clinic pace and schedule (e.g. 10-15 min. per patient and 20-25 patients per day). Central Office HSC has begun to copy personal HSC notes from Epic into OHMS. **Update**: Clinic HSCs are paid for and supervised by the hospital.
- **Update**: COHE Program Coordinator and Manager are 75% complete in updating COHE intranet page.

Deliverable 10: CAT Claims

- COHE meeting with COHE Contract Manager and L&I Field Nurses regarding clarity of patients admitted more than 24 hours.
- COHE HSC initiated visiting CAT claim patients almost a year ago. Approximately 50% of patients have communicated that they receive contact from Claims Managers. Morgan Wear to f/u with Insurances Services regarding this work.

II. SUCCESSES

- Orientation/enrollment with 1 General Surgery and 2 Oral Maxillofacial Surgeons. COHE staff training with General Surgery.
- COHE Medical Director created internal draft guiding intraclinic referrals to Occupational and Environmental Medicine.
- COHE Analyst built HSC Referral Work Queue built and begin testing in Ortho Trauma in October-November. Initial work instructions created.
- COHE Analyst’s completion of Epic Clinical Content training (Part I) will be highly valuable to workers’ compensation Epic enhancements!
- Central Office HSC’s re-initiation of contacting HMC and UWMC ED patients has received praise from clinic HSCs—helps to reduce patient uncertainty between ED d/c and outpatient appointment!
- L&I APF data received and is being reviewed by COHE Program Assistant—**initial review appears there is a gap occurring between L&I data and UWP billing report, with UWP noting approximately 90% of APFs were billed and appear via L&I CAC imaging.**
• COHE Program Assistant re-initiated and expanded APF PI project, alerting HSCs and providers of areas that were incomplete in prior APF----these efforts have resulted in increased APF completeness!
• COHE Program initiation of COHE telephone and mail log has assisted with determining patterns to be addressed.
• COHE Program and UW Bone and Joint meeting on 9/27 resulted in initiation of HSC billing/documentation!
• COHE Program Coordinator and Manager are approximately 75% complete in updating COHE intranet page.