COHE Quarterly Status Report

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<th>COHE Name:</th>
<th>COHE at Kaiser Permanente</th>
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<tr>
<td>Staff Name:</td>
<td>Tom Lehmann</td>
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<td>Date Submitted:</td>
<td>10/12/2017</td>
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<td>Reporting Period:</td>
<td>July - September 2017</td>
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I. EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS

- Enrollment currently stands at 195. We plan to maintain enrollment this year. However, we also will review enrollment later this COHE year regarding Columbia Medical as they come more under the Kaiser Permanente umbrella.
- We updated our on-line Learning Management System (Aspire) training for Urgent Care and Family Practice and have just released the new version. We have just begun to address our phase-in assignment of training.
- We normally have Occupational Medicine training in July, but this will occur in December this year so along with the on-line update our overall training has been down this quarter.
- Dr. Ploss retired in April, 2017, and we have temporarily closed our Seattle Northgate Occupational Medicine clinic. We were looking to reopen this soon, but with a provider resignation at Seattle Capitol Hill we are replacing this provider first. Dr. Ploss has remained on our COHE as she currently is doing locums work.
- We have hired a new Occupational Medicine physician for Olympia due to the access/volume needs. Dr. Greg Martin started in August.
- Trained 1 new Urgent Care provider, and they have been added to the COHE.
- Trained 2 new Family Practice providers, and they have been added to the COHE.
- We continue to promote the benefits of Best Practice #4 (Barriers to Return to Work Assessment) at Kaiser Permanente/Group Health. Dr. Kaufman has continued to promote it with the providers. Health Services Coordinators (HSCs) are promoting barriers assessments using the OHMS list. The HSCs are also using case conferences more often in support of this best practice.
- Obtained data on our Quality Improvement project for 2015-2016 to decrease delays in adjudication of occupational disease claims. Results showed that the project was successful in decreasing the adjudication delays and improving processes.
- Our Quality Improvement project for 2016-2017 is the development of an effective employer satisfaction survey.
- The proposal to add the ability to electronically send the Activity Prescription Form (APF) to L&I has been on hold at Kaiser Permanente/Group Health. We were awaiting the results of COHE Alliance attempts first and have been informed that they have been now been successful. We will reach out to our Information Technology department regarding our next steps in moving forward to address this ourselves.
COHE CHALLENGES & LESSONS LEARNED

Please provide a summary of challenges/lessons learned in COHE deliverables (recruiting, training, advisors, quality improvement project, and community outreach) or other major milestones. Deliverable details should be noted in their appropriate sections that follow.

- We have continued the transition to Kaiser Permanente. Columbia Medical Associates are part of this transition as well. We will need to analyze the enrollment model moving forward.
- Urgent Care and Family Practice providers frequently have less exposure and less experience with injury care. We have provided the power point equivalent of the online training to many providers and forwarded this to Urgent Care leadership as well. We plan to get this to all of the providers at this time.
- There are inherent challenges with new providers learning the system, L&I rules and COHE as we have filled vacancies at Kaiser Permanent/Group Health Occupational Medicine. Health Services Coordinators and mentors have increased their support accordingly.
- We have incorporated COHE HSC measures and targets into our Case manager metrics, and we are seeing increased performance from the HSCs accordingly.
- We have continued work to electronically send information to L&I. Unfortunately, there was an unexpected outcome with an upgrade to our electronic medical record requiring us to revert to an old process. This has resulted in a delay of chart notes being sent to L&I. We are dedicating resources to decrease these delays and have made great progress. We will continue to decrease these gaps and also will look to upgrade again in future hopefully with better results.
- We continued work on medical best practices this quarter including interpreter services, billing, psychological services, incentive pay, and pharmacy services.
- We have worked with Financial Analytics Department to have our incentive pay process work more smoothly. We are continuing to fine-tune this at this time given turnover in their department. We have been able to hire a new Analyst for the Occupational Medicine Department to assist as well.
- The anticipated HSC leaves ended at the beginning of this quarter. We have tried to support each other as best possible along with the Program Director assistance. We do anticipate that our numbers may be lower especially in the second quarter.