I. EXECUTIVE SUMMARY

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: 79
- Total COHE Providers Enrolled: 913
- Total COHE Providers Educated: 16
- Quarterly - COHE Providers Enrolled: 48
- Quarterly - COHE Providers Disenrolled: 2**

** OHMS report indicates 21; however, 18 were due to the Harrison Health Partner merge with Franciscan on 7/1/2017 and are not a true disenrollment from COHE.

Deliverable 3: COHE Advisors
- Total COHE Advisors: 11
- COHE Advisors Enrolled: 0
- COHE Advisors Disenrolled: 0
- Last COHE Physician Advisory Panel: April 28, 2017

Deliverable 4: Health Services Coordinators (HSC)
- Fully-trained HSCs: 8
- Anticipate adding 2 - 3 HSCs in the next contract year.
- Current HSC position posted

Deliverable 5: Communication & Community Outreach
- In August, COHE Alliance had the honor and privilege of meeting with representatives from the U.S. Department of Labor, Office of Management and Budget, and Social Security Administration to showcase COHE and the many benefits of the program.
- Nicole Cushman, Program Director is attending quarterly WA State Department of Health meetings – to collaborate on county and community connections for encouraging PMP use and PMP integration into EMRs as well as assisting the COHE with data or other info to assist in quality improvement.
To meet the needs of our non-English speaking workers and enable our HSCs to proactively and effectively assist them, COHE Alliance established a contract with Cyracom Interpreter Services to provide translation services. Feedback from the HSCs is that these services are timely, thorough, and effective.

**Deliverable 6: Best Practices & Quality Improvement Methods**
- COHE Alliance’s QI project is expansion throughout all 18 Western Washington counties, projected into 2017.
- COHE Alliance now has 15 total COHE Alliance of Western Washington Certified Best Practices Trainers.

**Deliverable 7: Reports and Meetings**
- Quarterly Report: April - June 2017 Quarterly Report for COHE Alliance was turned in on time.
- Participation in Directors’ Call August 16, 2017.
- Meeting with Program Director and Contract Manager at Tumwater on July 19, 2017.
- Contract Management Meetings: Attended monthly meetings, via teleconference.

**Deliverable 9: Technology**
- OHMS – Staff has been trained on latest version of OHMS and participate in OHMS User Groups.

**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.
- Providers with multiple LNI#s that have not been properly inactivated.
- Providers that had to be disenrolled and re-enrolled under new LNI#s (i.e. Harrison Health Partners to Franciscan).
- COHE Alliance HSCs have received complaints on the retirement of L&I’s Attending Provider Handbook. The tools within the Handbook are referenced and utilized often.
- Elaborating to providers the value of COHE.
- Provider Enrollment / Disenrollment; (especially with reference to the MPN and how different organizations’ credentialing departments process L&I applications).
- Creating working relationships with designated COHE champions, or identifying new champions who will be more responsive to requests.
- Ensuring that high provider turnover within different partners does not negatively impact COHE Best Practice adherence.
II. PROVIDER ENROLLMENT
Providers/Facilities added to the COHE:

We have 913 providers in 79 partner organizations.
Quarterly Numbers:
- Enrolled 48 providers in 16 partner organizations.

Providers/Facilities no longer participating in the COHE (voluntarily removed):

We disenrolled 2 providers in this quarter.

Providers/Facilities removed from the COHE (involuntarily removed):

n/a

III. PROVIDER EDUCATION
The COHE has conducted Occupational Health Best Practice training for the following COHE APPs:

We have educated 16 providers in 9 partner organizations of which 14 were face to face.

Please note, due to the change in Provider Relations Coordinator in September, these numbers represent paperwork that has been fully processed. There are more education and enrollment packets currently in process and will be captured accordingly in our second quarter report.

Detailed Listing of Occupational Health Best Practice training achieved by APPs available upon request.

(1) Can include L&I sponsored training, COHE sponsored training, or externally sponsored and approved training.

IV. COHE ADVISORS
The COHE completed the following projects/activities with COHE Advisors:

The Physician Advisory Panel took place on Friday, April 28, 2017. The guest speaker was Chris Baumgartner, Drug Systems Director for the WA State Department of Health.
COHE Alliance of Western Washington has moved to a bi-annual format for Physician Advisory Panel meetings in an effort to provide the most effective and efficient use of the advisors’ and administration’s time.

Our next COHE Physician Advisory Panel will meet on October 20, 2017.

V. HEALTH SERVICES COORDINATION

VI. COMMUNICATIONS & COMMUNITY OUTREACH
The COHE has conducted the following employer, labor, or community outreach:

VII. QUALITY IMPROVEMENT
Quality Improvement project status summary:

In addition to continuing with the expansion plan for a Quality Improvement Project, continuing into the 2016-2017 contract year, COHE Alliance is taking strides to pilot a “train the trainer” concept for enrollment. To this end, hand-picked, strategically placed COHE Alliance of Western Washington Certified Best Practice Trainer will be tapped and trained to decrease the burden on Administrative Staff, while ensuring partnering providers receive satisfactory training from an “on-site” COHE Alliance Best Practices expert. We now have 15 trainers:

- CLAYTON J BARTNESS DC from LONGVIEW CHIROPRACTIC
- ADRIENNE COPPLE from EMERGENCY MEDICINE ASSOCIATION
- KELLY GILLELAND from MT RAINIER EMERGENCY PHYSICIAN
- MONICA M HAINES DO from US HEALTHWORKS MEDICAL GROUP
- SARA HARRIS from TACOMA EMERGENCY CARE PHYSICIANS
- DAVID J HOFFMAN MD from US HEALTHWORKS MEDICAL GROUP
- JASON KEARNEY MD from NORTHWEST EMERGENCY PHYSICIANS and GRAYS HARBOR EMERGENCY PHYSICIANS
- JEANIE KENDALL from HIGHLINE EMERGENCY PHYSICIANS
- KRISTI MARSHALL from MT RAINIER EMERGENCY PHYSICIAN
- JOHN T MCNAIR MD from US HEALTHWORKS MEDICAL GROUP
- CORINA NISTOR MD from US HEALTHWORKS MEDICAL GROUP
- TIMOTHY M PEARSON, ARNP from WHATCOM OCCUPATIONAL HEALTH
- KAREN SCHOENROCK from TACOMA EMERGENCY CARE PHYSICIANS
- TOM VASCIK, PA-C from NORTHWEST EMERGENCY PHYSICIANS
- RON WILCOX, DC from FAMILY CHIROPRACTIC

We will be adding and removing to this list as we expand and discover which individuals are better suited to the role.
For the 2016-2017 contract year, our COHE Alliance of Western Washington Certified Best Practice Trainers have provided annual education to 15 providers and orientation to 15 providers.

The expansion plan, as noted above, is outlined as follows:

- **January – May 2017**
  - Whatcom County continued – 3128 claims volume
  - Skagit County continued – 2289 claims volume
  - Island County – 573 claims volume
  - San Juan County – 249 claims volume
  - Snohomish County continued – 1,417 claims volume

- **June – December 2017**
  - Clallam County – 867 claims volume
  - Jefferson County – 325 claims volume
  - City MD – unknown claims volume
  - Grays Harbor continued – 1058 claims volume

While the above was the outlined plan, successful expansion with sustainable results can often involve multiple meetings at various levels of responsibility to gain buy-in support. Also, there are unforeseen requests that need to be taken into account. COHE Alliance has a presence in 14 of the 18 Western Washington counties. Those still needing a presence are:

- Island County – 573 claims volume
- Jefferson County – 325 claims volume
- San Juan County – 249 claims volume

**VIII. SUCCESS STORIES**

Share with us a success with changing provider behavior, impacting patient disability, or engaging with an employer:

**IX. CHALLENGES & LESSONS LEARNED**

Share with COHE challenges, plans, and possible mitigations:

<table>
<thead>
<tr>
<th>Lessons Learned / Challenges</th>
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<tr>
<td>HSC delineations have been relatively equally distributed this past quarter. A new HSC position has been approved by Corporate and is currently posted.</td>
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<td>The PRC role is currently vacant. With Nancy’s departure, the COHE Alliance was left with a significant staffing deficit. However, it also provided a pivotal opportunity to assess and reevaluate the position. A reclassification of the role was submitted to</td>
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Corporate and is still pending approval.

- Jamie Hodge, current HSC, has been assuming much of the current PRC role, as well as a minimum HSC load. Other HSCs are assisting with claims from her assigned providers.
- In the spirit of collaboration and team building, COHE Alliance held two very dynamic and engaging team retreats this past quarter. In anticipation of the departure of PRC Nancy Vandermark, hiring new team members in the near future, and caseload reassignments, the team agreed that establishing baseline levels at this time was essential. Having the opportunity to work collaboratively, the team discussed what aspects of the program are working well, what impact their roles have on the program, what a good HSC note and IEC look like, among other topics.
- COHE Alliance HSCs have received complaints regarding the retirement of L&I’s Attending Provider Handbook. The tools within the Handbook are referenced and utilized often.
- Lack of responsiveness of TPAs is becoming more of a challenge (HSCs leave messages and receive no call back)
- Many of the claims from new partner Olympia Ortho Associates are not reaching the organization until 5 or 6 months into the claim’s life. L&I COHE Contract Manager and COHE Program Director have agreed to allow extension of COHE services to a 6 – 15 month timeframe for this partner.
- 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.
- 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**

- Over the last quarter the HSCs have experienced increased difficulties including slowdowns and inability to access claims in both OHMS and CAC significantly impacting their ability in providing assistance to all stakeholders.