

Catastrophic Care Transformation

Carly Marie Eckert, MD MPH
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Background Review

- Project motivated by internal review of catastrophic injuries in 2014
- ~ 180-200 catastrophic injuries annually
 - Defined as 4 day hospital stay with serious injury
- Over 40% receiving time loss payments 3 years after injury
 - Unknown if due to functional deficits or other issues
- Dedicated internal resources to improved monitoring of these claims
- Nurse Case Management as proposed intervention



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Goals/areas of activity:

- * care coordination, communication, and planning
- * improved data systems
- * improved access to evidence-based medical care

5 Point Transformation Plan

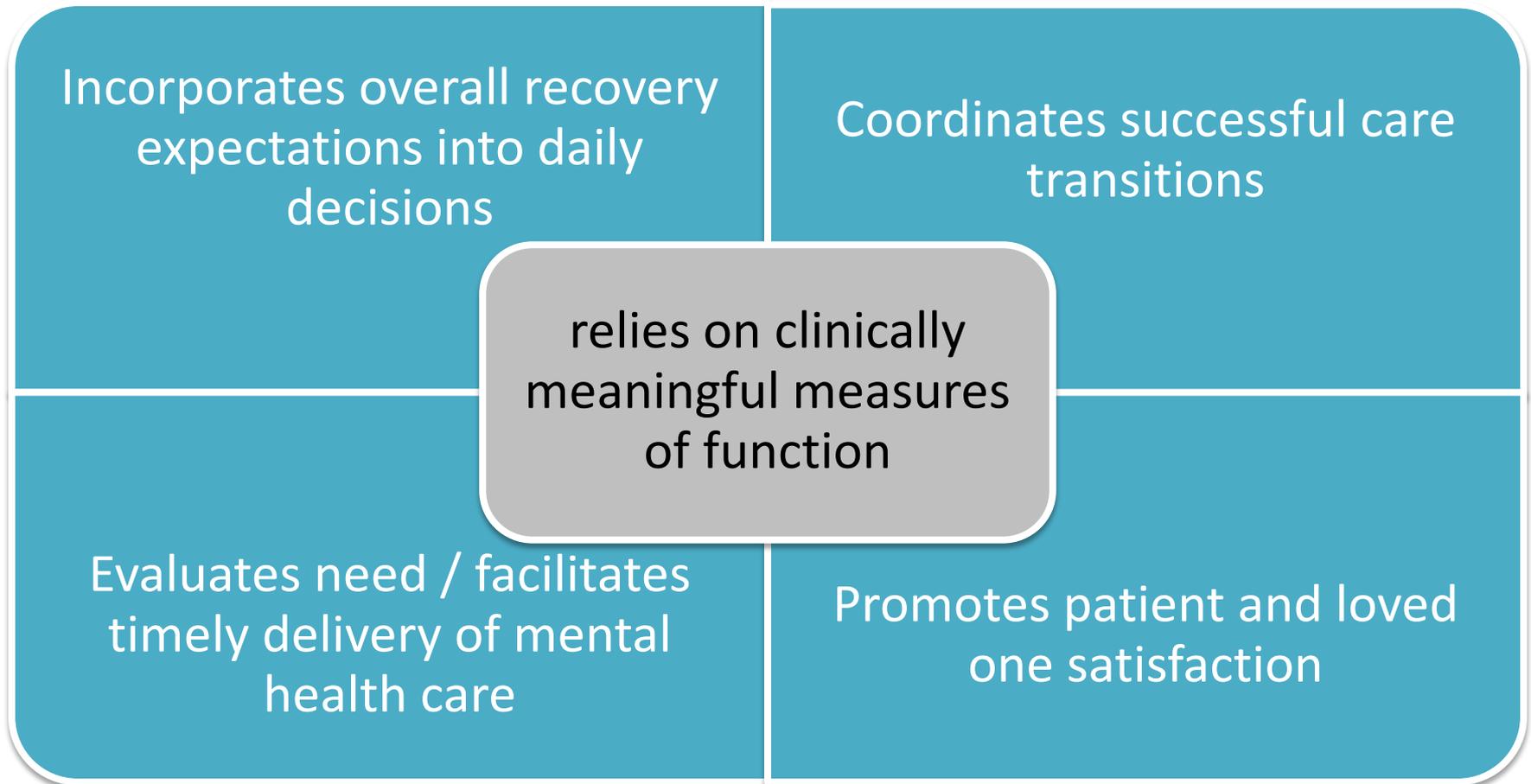
1. Strategically reallocate internal L&I resources for catastrophically injured worker care management
2. External catastrophic care management services
3. Establish Centers of Excellence
4. Establish catastrophic health services coordinator role
5. Conduct prospective evaluation for catastrophic management



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A foundation of outcomes

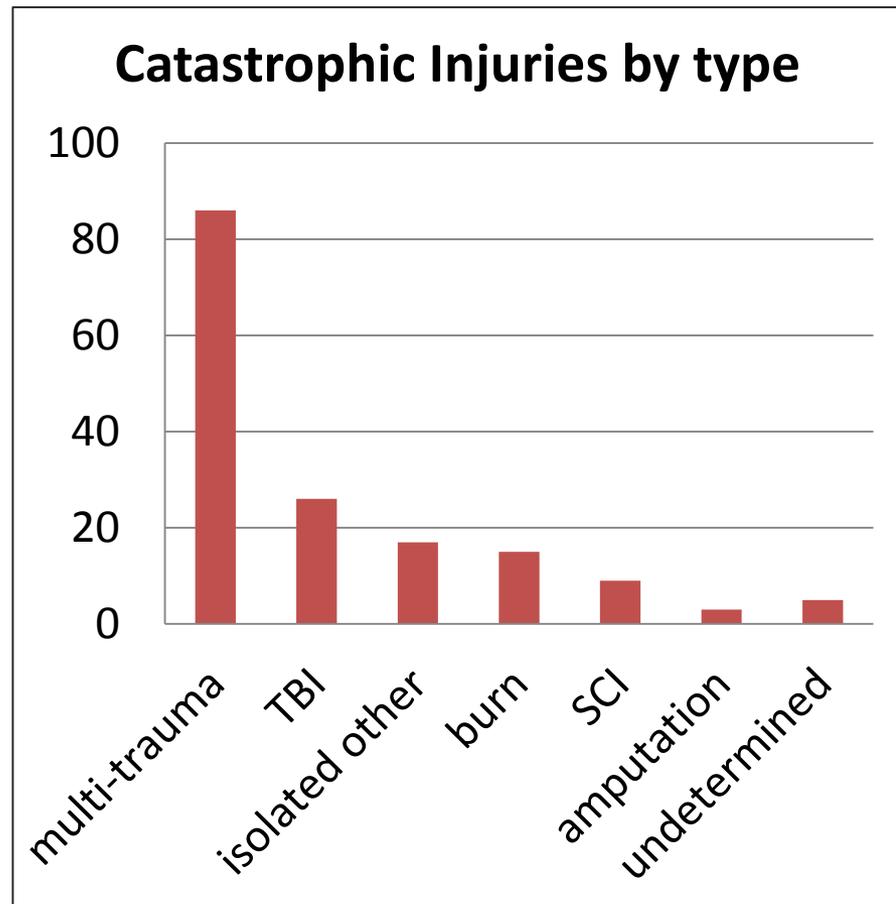


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Summary of Catastrophic Injuries (10/1/15-10/1/16)

- 163 catastrophic claims
 - 11 of these have closed, with 6 of these returned to work
- 83/163 (51%) have been referred to nurse case management firms



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Reallocation of L&I Internal Resources

- Team of 1 ONC: 3 CM dedicated to these claims
- Dedicated project resources have been used to:
 - Hire a catastrophic care ONC supervisor
 - Hire a medical program specialist to assist with program evaluation
- Continuing to work with OHMS team to develop reports and other needs as they arise



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External catastrophic case management services

- RFP Complete, ~ 1 year since first contracts began
- 5 companies currently contracted & referrals underway
 - Completed mapping processes for referrals (includes referral, review, approval, notification, billing, closing processes)
- External nurse case managers are being assigned to catastrophically injured workers as deemed appropriate by ONC
 - Focus in on providing the services to the right injured workers
- Planning audit of NCM reports and deliverables

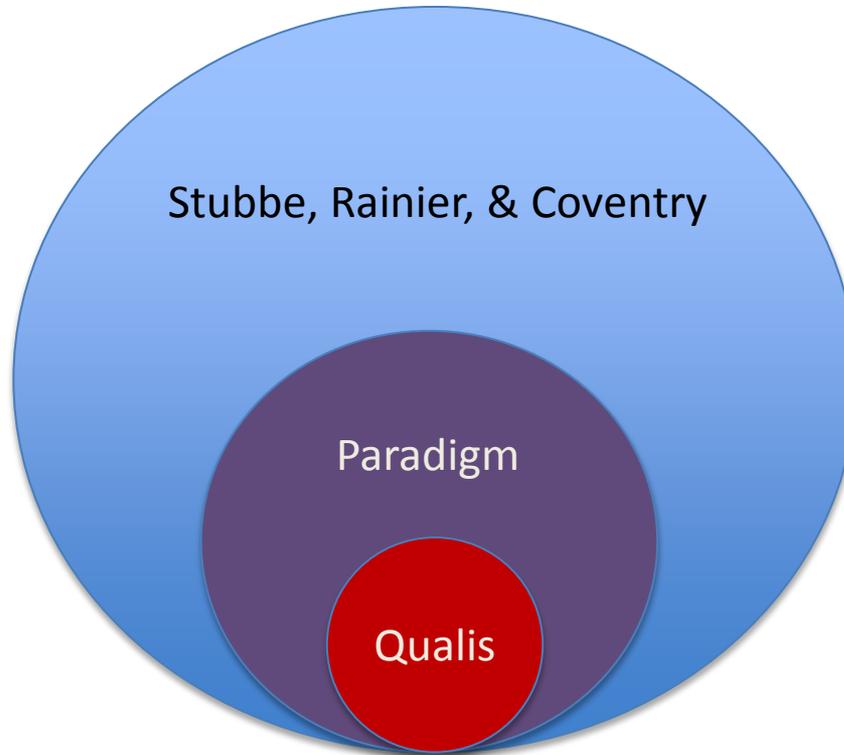


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External NCM firms

- Diagram of referrals based on injury type and severity



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Care coordination & discharge planning

- L&I staff reaching out to relevant parties at hospitals to discuss problems / hurdles with care coordination



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Centers of Excellence

- The Center of Excellence for Amputee Care has received 6 referrals (1 legacy claim)
 - Many hours of legwork by internal staff regarding billing implementation, medical / clinical referral criteria
 - L&I director & Sen. Karen Keiser toured COE with other L&I staff
 - 6 month check-in scheduled for November
- The Center of Excellence in Burn Care
 - Proposed statement of work has been submitted
 - planned execution of contract by end of 2016
- OHMS team has helped allow for integration of best practices into Centers of Excellence



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Evaluation

- Beginning prospective component with UW study team
 - UW IRB approved
 - Contract with UW signed
 - Study coordinator hired
 - Should begin enrolling patients in early November
 - Prospective, observational study



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Evaluation

- Specific Aims & Analyses

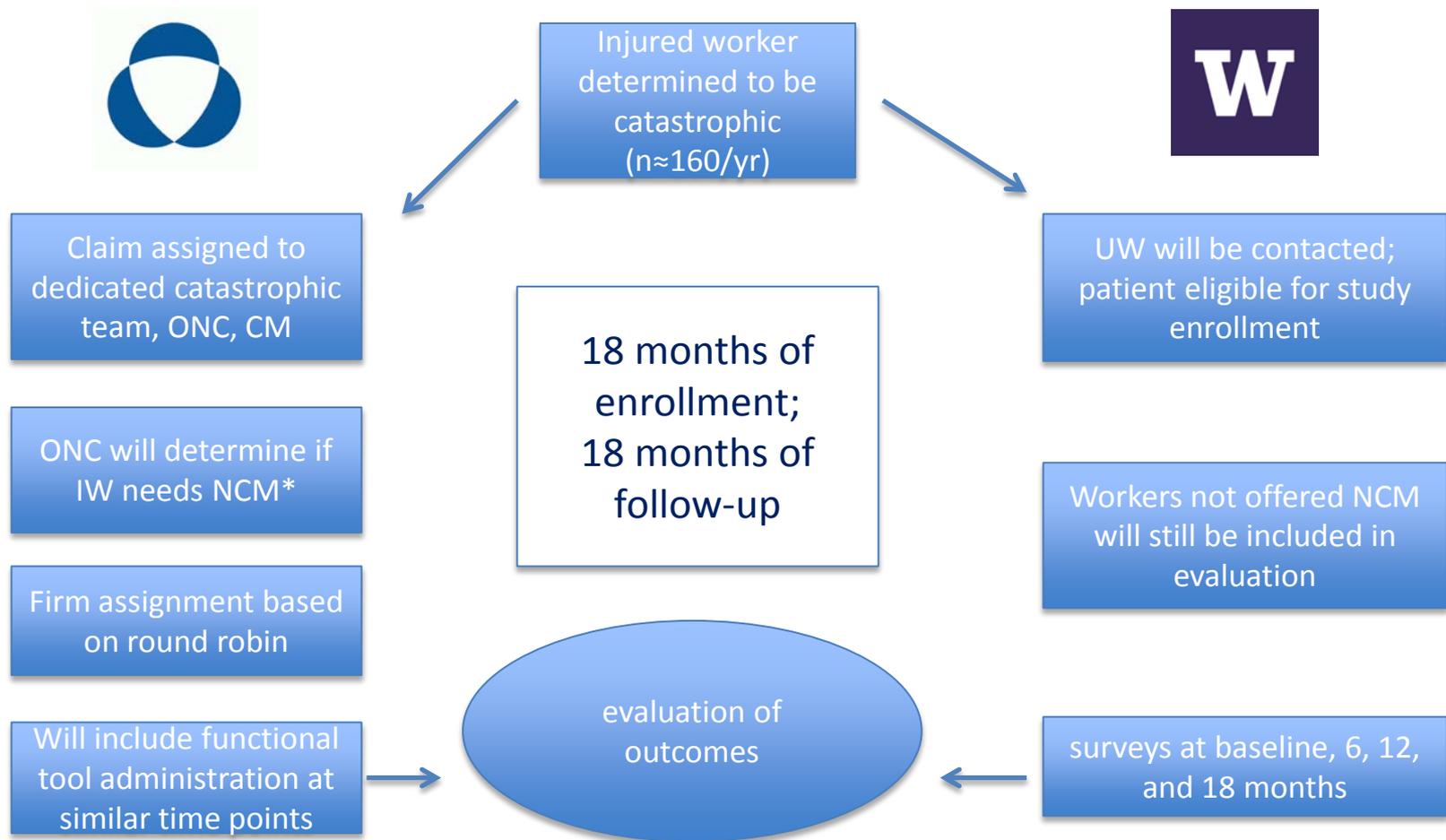
- To compare RTW outcomes as well as medical costs among catastrophic claims occurring before the implementation of NCM to those in the first year of NCM
- To compare groups of subjects that were accepted by NCM firms to those that were not accepted
- To assess subject function and recovery at baseline and at 6, 12, and 18 months post-injury
- To compare functional improvements, patient satisfaction, and medical costs between patients provided different types of NCM at 6, 12, and 18 months
- Will include a cost effectiveness analysis to compare functional improvements, patient satisfaction, and medical costs between patients provided different types of NCM



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Evaluation in context of NCM assignment



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Contact information:

Carly Eckert, MD, MPH

Associate Medical Director

Washington State Department of Labor & Industries

carly.eckert@lni.wa.gov



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