

## **IME Business and Labor Advisory Team Meeting**

**April 4, 2023**

**9:30 AM – 11:30 AM**

**Present:** Kristen Baldwin-Boe, Melissa Dunbar, Karen Jost, Tanya Weber, Troy Parks, Nancy Adams, Shannon Estrada, Dane Henager, Gary Kolonja, Knowrasa Patrick, LaNae Lien, Azadeh Farokhi, MD, Dianne Whitten, Ann Silvernale, Lisa Vivian, Kathy Potvin, Chantelle Yeager, Donna Egeland, Cheri Ward

**Guests:** Carolyn Logue, Joann Willyerd

**Absent:** Kelli Zimmerman

### **Brief Summary of Activities:**

- Announcements, Safety Message, & Introductions
- IME Program Updates
- Quality Measures
- Updates
- Open Discussion

### **Announcements & Safety Message:**

Troy reviewed Zoom meeting etiquette. Committee members introduced themselves. Lisa Vivian announced she is retiring and this is her last meeting. The agenda was reviewed.

The safety topic today is about spring cleaning. Make sure to use ladder safety. Read safety labels on cleaning products and keep them out of reach of pets and children. If you're moving anything make sure to lift with your knees. Wear eye protection and a dust mask, especially if you have asthma or allergies.

### **IME Program Updates:**

#### **IME Telemedicine Rules Status – Kristen**

Kristen gave an update on the new telemedicine rules. The workgroup met to look at some draft language. Feedback was also received from one IME examiner. These new rules will formalize and make permanent the current policies and temporary rules that L&I has been following. The rule packet is ready and will be filed on April 18. A hearing is planned for May 24 at 10 AM. Written comments can be accepted until the end of that date. Right now it is anticipated that the CR 103 will be filed August 1 and effective approximately September 1. There is a GovDelivery list and anyone signed up will get notified about these new rules and crucial dates.

#### **IME Firm Visits – Troy**

Staff went out to the MCN Wenatchee exam site in January to do site visit, ask questions and observed their processes. They gained insight into their struggles. The next site visit is scheduled for April 13 in Olympia with MES. Based on conversations at various public meetings some issues were identified. Those areas include administrative burden, exam scheduling, interpreter scheduling, record printing and collating, diagnostic follow ups, Quality Assurance, and staffing of examiners. The focus of these visits is to learn more about the issues firms are having, and gain some insight to assist firms.

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### **Quality Measures Discussion**

#### **Current Quality Oversight Summary - Troy**

Troy discussed the collaboration with Dr. Farokhi and OMD to identify potential gaps in current IME quality oversight and where improvements can be made. There are about 342 examiners, 6 large firms and 2 small regional firms, stats on slide 11. The average number of exams per month is around 1,142.

Troy shared the 2023 complaint data. All complaints for 2023 were broken out by the type of complaint. Most are regarding the IME report. There are sometimes quality of care complaints. The department receives complaints on approximately 1% of IMEs.

The examiner exit and retention survey responses for 2023 were shared. Past worker exit survey data was also shared. This survey took place from 2010 – 2015. The average satisfaction rate was around 76%. There were two questions that most correlated to overall satisfaction. Those questions were; did the examiner take enough time to be thorough and complete, and was the examiner familiar with the medical records. The survey response rate for 2011 was about 10%. A copy of the survey was shared. The department is looking at doing a revamp of this survey now that there is better technology to make it more efficient and get a better response rate. Staff are looking at more objective and pointed questions to ask to measure quality. This feedback would help inform IME policies, operations, and address gaps.

The comment was made that examiners may ask questions about workers medical history to confirm what they have already reviewed. This could come across as not being familiar.

There is an ONC that does quality reviews of reports. Most reviews are on new and renewing examiners. She has also been doing telemedicine reviews since March 2020. This has helped inform the rules that are being written.

The question asked of this group; what are the things that they think of or consider when they think of what makes a quality exam?

#### **Quality Data – Tanya**

Tanya gave an update on the report reviews she has done from 2020 – 2022. 33% of IME reports that were reviewed were orthopedic reports. The percentage of impairment ratings with errors was discussed. The data shows the need to provide additional resources and education for all examiners regarding impairment ratings. Orthopedists may need additional support to assist when determining impairments. The number of errors are fairly low but they can be very impacting to claims.

The review does contain the diagnosis. Tanya was asked to track the body part with the impairment rating error. This might provide focus on where the education is lacking. The comment was made that L&I has different guidelines and even in-state providers may get different guidance from other training they get.

When the reviews are done, if there are concerns Tanya will take a look at the complaints to see if there were any other concerns. If there are any then the examiner could be brought to the IME Review Team. Tanya will also do a focus review of the examiner's reports. If she still sees concerns then she will do a 10% sample review. She did about four 10% sample reviews in 2022.

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There have been conversations about enhancing the process for doing SI reviews. Most SI claims do not have the reports uploaded in Orion. Currently when there has been no state fund reports to review, a letter is sent to the examiner and the firm(s) they work with. The letter asks for any SI claim numbers the examiner has done exams on. Joann works with other staff to get the reports for those SI exams so that Tanya is able to do a quality review.

### **Gap Analysis & Opportunities - Azadeh**

Azadeh reviewed gaps such as the need for more resources and education, lack of guidance on things like PTSD diagnosis, dental claims, and now long covid. She is also considering peer reviews, how to address examiner behavioral complaints, and possibilities for more information on impairments ratings. Additional gaps identified are the lack of a spinal impairment WAC, addressing bias in reports, more focus on training by specialty, and no financial incentives for a quality exams. With the attending providers they have incentives for providing best practice. This is not the case for IME firms and examiners.

Potential quality indicators and outcome based measures are being looked at to measure improvements. Things such as BIIA appeal success rate, analysis of different claim types, the length of a claim, and AP linkage. Some process measures they are considering looking at are report submittal turnaround, number of addendums associated with exams, and number of diagnostics needed. A reduction in the latter would indicate better claim management. Staff are looking at things that could be done before an IME is even done that could help an examiner.

The next steps for this process are to gain insight from internal and external customers, prioritize gaps, and then develop a work plan and improvement opportunities.

This is not just about the firms and examiners and what they do, but things the department does before the exam, like making sure the CM has what they need when creating a referral. Things like diagnostics, and clearer questions. This could be something that Tanya adds as data points since it's already something she looks at.

Staff have had conversations with firms about diagnostic testing. Maybe the department can look at when examiners are requesting testing. They can see if there is anything that can be done as far as working with APs to make sure these tests are done before the IME.

If there are any other comments or suggestions let Tanya, Troy, or Karen know.

### **Updates:**

#### **Claims – Nancy**

Nancy gave a brief status update for the IME data report. They are anticipating the report will be published in late April after the legislative session is over.

The worker IME protest data was shared at a previous meeting. This has been a yearlong project on the SF side. Staff will be wrapping up the second six months of the project in May. Over 70 protests were received by workers who protested the appropriateness/need for an IME. There will be more data at next meeting.

The department is still waiting to see if SHB 1068 will pass. This bill gives the worker the right to record the IME. The last bill update added that recordings are confidential and they cannot be manipulated. The project team just met yesterday and is getting an idea of what the impacts will

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be if the bill passes.

**Scheduling – Shannon**

Shannon shared data comparing new claims to the number of IME referrals. The reschedule rates are also holding steady from 2021 and 2022.

**Self-Insurance – LaNae**

LaNae shared data from August 2022 through February 3, 2023 for SI IME disputes/protests. The reasons for the disputes were broken out with case progress and number of IMEs being the top two reasons that workers dispute having an IME scheduled. The outcomes were also shared with 52.6% found in favor of the worker and that the IME was not appropriate. The SI appeal process was described. The IME is scheduled and notice is sent to the worker. The letter gives the details of the IME, including the reason for the exam. If the worker disagrees with the reasons for the IME they can submit a protest to the department via online, fax or mail. The worker has the right to dispute the IME at any time, either before or after IME. There is a timeframe on when a protest needs to be received in order to put a hold on IME. If it's determined after the fact that the exam was not appropriate, it is looked at on a case by case basis if the report should be considered.

The group wanted to know what the outcome “forwarded for provider review” means. LaNae can look this up and let everyone know. The diagnosis is required to be included on the SI referral letter.

SI data is still reliant on employers self reporting. Reporting is now mandatory but the department has not had the opportunity and resources to provide oversight on this. There are plans and staff are engaged in discussions to ensure employers are reporting everything they are supposed to.

The IME report Nancy mentioned is different than the EDI data. The IME data report was mandated in the 6440 bill. This required the department to report out on different SI and SF data elements relating to IMEs. The data in that report includes things like the timing of exams within a claim, how often and how many exams per claim, the number of repeat exams, and the reasons for exams. It is noted that some SF and SI data cannot be compared.

**Open Discussion:**

Troy asked the group if the department is sharing relevant info and if there is anything else the group would like to discuss. The group noted they like that the minutes from the previous meeting and agenda for the current meeting are sent out beforehand. They would like this to continue. They like getting updates on any changes or new processes and rules related to IMEs. It is hoped that going forward the department works just as hard to get SI information for quality reviews. It seems difficult to get reports at the moment, and the hope is that in the future the data SI employers share is considered good data and can be used for future analysis.

**Future Meetings:**

<b>Thursday</b>	<b>August 10, 2023</b>	<b>9:30am – 11:30</b>
<b>Tuesday</b>	<b>December 05, 2023</b>	<b>9:30am – 11:30</b>
<b>Tuesday</b>	<b>April XX, 2024</b>	<b>9:30am – 11:30</b>