

**IME Roundtable Meeting
May 04, 2023
via zoom**

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| <p>Staff Participants: Azadeh Farokhi, L&I Cristy Zarate, L&I Dane Henegar, ATG Gary Kolonja, L&I Joann Willyerd, L&I Karen Jost, L&I Katherine Schram, L&I Kristen Baldwin-Boe, L&I LaNae Lien, L&I Megan Lemon, L&I Melissa Dunbar, L&I Nancy Adams, L&I Nichole Fazzino, L&I Sara Nielsen, L&I Shannon Rushing, L&I Sue Callaghan, L&I Tanya Weber, L&I Teri Baughman, L&I Troy Parks, L&I</p> | <p>Participants: Ashlie Soto Carolyn Logue Chelsea Stockner Irene Suver Jeff Gosda Kristin McCoy Mat Nguyen Michelle Bates Rachel Faber Robert St Thomas Tracy Fochtman Tracy McLeod</p> | <p>Arnold Peterson, MD Douglas Peffer, DC Eugene Toomey, MD Fred Montgomery, MD Gerald Broock, MD Kathleen Ang-Lee, MD Rod Hagerman, MD S. Daniel Seltzer, MD Steven Elerding, MD Todd Seidner, MD</p> |
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Introductions, Safety Message, Agenda Updates:

Troy briefly discussed zoom meeting etiquette. The agenda was reviewed.

Melissa shared a safety message on motorcycle safety. May is motorcycle safety month. Make sure to be more aware on the roads with the weather getting nicer. Motorcycles make up about 3% of vehicles in accidents but about 14% of fatalities. Most often motorcyclists are not at fault when in a collision. Make sure to always check blind spots and be aware of traffic around you. When following a motorcyclist be sure to leave extra space.

IME Program Updates:

New Issue Tracking Accountability – Troy Parks

Troy shared and discussed the new issue tracking log that resulted from a suggestion in the last Roundtable meeting. This is meant to help track progress and outcomes of requests and issues brought up in these meetings. This document will be on the webpage included in the meeting notes.

There is a shortage of interpreters nationwide. There is an issue with DSHS not being able to credential medical interpreters and they are working on this. One option in the interpreter scheduling system is to book multiple back to back appointments. Interpreters are incentivized to accept all the appointments when booking this way. This is most helpful when there is no interpreter in the area and so one would need to travel.

The concern was raised that language link does not have all the languages that are needed when firms have to use over the phone interpreting. The department recognizes the lack of interpreters of less common languages. Staff have reached out to Pacific Islander Association to discuss further and see if there is any other assistance that could be offered.

A request was made to have hand surgery added as a specialty to the rare specialty list so that impairment ratings of the hand would qualify for the higher fee. Examiners take as much time in these exams as the psychiatrists do with the worker. They may not be a rare specialty in numbers but they should be compensated for a more complex exam.

Late Report Waiver 4th Qtr 2022 – Troy Parks

Troy gave a brief update regarding late reports. The department is holding off on doing late report audits for the 4th quarter of 2022. The staff person that pulls the late report data has been out of the office so the data has not been able to be pulled. The late report audits will be resuming for the 1st quarter of 2023.

IME Telemedicine Rule – Kristen Baldwin-Boe

Kristen gave an update on the telemedicine rules. The CR 102 was filed April 18. A GovDelivery announcement went out on April 20 with this information. There is a remote hearing scheduled for May 24 at 10 am. Written comments can be submitted until May 24 at 5pm Pacific Standard Time. Adoption of the new rules is anticipated to be August 1, 2023. These rules essentially mirror the temporary policies currently in place. The department was required by the 6440 legislation to create rules around how to accommodate the worker when no IME specialty is available near them, and to include telemedicine as an option.

What does a Quality IME Look Like?

Current Quality Oversight Summary – Troy Parks & Tanya Weber

Troy discussed the current state of IME quality. The goal is to look at the current and past quality metrics and see where improvements can be made. Currently IME complaints are reviewed and tracked. Examiner surveys are conducted when examiners renew and when they leave the approved list. Previously worker exit surveys were done after the worker had their exam.

Currently there are around 342 approved examiners and 8 IME firms. The top specialties requested for State Fund exams are Ortho, Neuro, and Psych. The complaint stats for the first quarter of 2023 were shared. Troy shared limited examiner exit survey feedback. Both examiners reported the reason for leaving was due to having to maintain their board certification.

The retention survey is sent after examiners renew their application. There were three responses to these surveys in the first quarter of 2023. Some of the quality improvement recommendations were, better adjudication of worker conditions, higher reimbursement for larger files, make the record reviews easier, and keep special interests out of decision and policy making.

Worker exit surveys were conducted between March 2010 and 2015. The surveys were sent directly to workers starting in July 2011 which improved the response rate. The response rate was about 10.5%. The overall satisfaction rate stayed steady at around 76%. The process for these surveys was cumbersome at the time and satisfaction was steady, so the surveys were discontinued. Staff are working on revamping this process now. The survey would be online. Staff are also reviewing the questions to improve responses and better measure quality. A copy of the original worker survey was shared in the presentation.

The group is looking for stakeholder engagement to help identify issues, prioritize those issues, and get feedback.

Current resources and education include the Medical Examiners' Handbook (MEH) which is updated every July, MEH test which is accredited for 3 Cat 1 CMEs. Examiners must pass this test to become an approved IME provider and to renew every 3 years. And, there is an online training catalog for providers and their staff, as well as email updates from GovDelivery.

Tanya also conducts report quality reviews. An overview of her process was given. For new examiners she looks at a small sample of their reports twice in the first year. This is done to give early helpful feedback as needed. For the re-credentialing reviews, they are done every three years or when the examiner is set to renew. After the review a letter is sent to the examiner with feedback. If there are concerns Tanya will look at a larger sample of reports, up to 100. She will also do a more extensive review if there is a trend of complaints. If issues are found then those reviews are taken to the Review Team.

Gap Analysis & Opportunities – Azadeh Farokhi

Azadeh discussed some gaps that have been identified. There is a need for more resources and education. There is a lack of guidance on specific diagnoses like PTSD and more recently long Covid. Additional gaps identified are a lack of peer review for IMEs, how to address examiner behavioral complaints, and consistency in impairment ratings. This is also no financial incentive for quality exams. This is used in the AP community but not in the IME community.

Some potential quality indicators are being looked at. Some of those indicators include BIIA appeal success rate, trend types of claims such as PTSD and dental, the length of the claim, and AP linkage. The group did realize the BIIA appeal success rate may not give indication of a quality of IME. Some other process improvement measures could include report turn-around time, the number of addendums, and the number of diagnostic test needed. Getting tests before the IME could indicate better claim management as well.

Next steps include gaining insight from internal and external customers, prioritizing the gaps, and developing a work plan to address the priority gaps.

Tanya briefly gave an update on the number of IMEs reviewed from 2020 – 2022. She compared the percentage of impairment rating errors for orthopedics and all other specialties. Errors for orthopedics went up in 2021 and remained steady while the other specialties went down. This shows a need to provide additional impairment rating resources and education, especially for orthopedists.

Feedback – Group

In regards to addendums, the department needs to make sure to differentiate between the types of addendums, billable versus non-billable.

The AP disagreeing with report does not necessarily measure the quality of an IME.

The report turn-around time should be carefully considered. The department should look at quality not just speed.

BIIA outcomes should not be considered since the rules in WA are very biased towards the AP.

There were three studies about bias in IMEs which found there was no bias. Claims of bias should not be only based on the word of the worker when they are not pleased with their report.

The surveys of workers is biased. Workers may already be unhappy about being forced to go to an exam with a provider they are not able to select.

The department should be looking at addressing all of the Occupational Medicine clinics with the same scrutiny that IMEs are being looked at. This is where issues start and by the time the worker gets to an IME the issues have gone on for a long time. The APs are getting diagnostic testing when they are not necessary or they are the wrong types of testing. The department should be looking at APs and making sure they are using evidence based medicine.

There is the Medical Provider Network (MPN) and there are requirements for those providers. There are also the COHEs. There are separate processes for monitoring quality. The IMEs are being looked at for quality, which in turn looks at what CMs are giving examiners, which then points back to what the APs are doing and the claim management.

The COHEs are intended to reduce delays in treatment. Regarding the MPN, quality issues can be sent to the department for review. CMs also send quality concerns for review. The department should start with what diagnostics are being done.

Workers are not being seen by physicians most of the time, they are being seen by PAs. You can see this in the notes in the file and examiners see it when an IME is done.

There is so much correspondence from the department to APs asking for opinions and it takes a long time to complete it. It was noted that one attendee feels like the CM does not look at the narrative that is sent in.

Unit Updates

Claims – Nancy Adams

Nancy gave an update on SHB 1068. This bill was signed by the governor on April 25, and will go into effect July 23, 2023. The bill gives the worker the right to audio and/or video record all exams. They must provide notice of their intent to record no less than 7 calendar days before the exam to the scheduling entity. The worker is responsible for paying any cost for recording. If requested the worker must provide a copy of the recording within 14 days. They may not hold the recording equipment. They cannot edit the recording and the recordings are confidential. They cannot be posted to social media. The worker can have one person present in all exams including psych. That person must be at least 18 years old, not intrusive, cannot be the worker's attorney or employee of the attorney, and cannot be the AP or an employee of the AP. There is a project team working to identify impacts and there should be more information in the next few weeks.

Carolyn said examiners need to have the opportunity to opt-out of being recorded without penalty. The bill was reviewed and it did not have any significant penalty other than possibly taking the workers payments if they alter the recording. There was no penalty if they do post to social media. There needs to be some protection for the examiners. There is discussion around this as the department has not historically placed penalties on workers. The project group has a representative from fraud to help assess what can be done.

If the recording is modified, who is going to pay for the forensic expert to review it, and who will know if the recording has been modified? The bill says the worker has to pay for the recording, but there is no requirement that they have to have a professional so they could just use their phone. If the department has to send to do a forensic review of the recording that will probably be the fraud department but it may be billed to worker.

The bill only addresses worker's right to record, will the department allow the examiners or firms to be able to record as well in the new rules? This will be discussed by the project team as well. There is no decision on that yet.

The way the bill is worded says the audio and video of exams can be recorded. One firm made clear that recording is only allowed in the exam and not in the waiting room. The department should also think of the privacy rights of the comfort person the worker brings as well as the interpreter. This is being discussed in the project team so it is clearly defined when the exam starts. The recording should not start in the waiting room or even walking back to the room.

The department should consider the notifications going out to the worker and who to contact when notifying about the intent to record. One challenge is that the bill says the scheduling entity has to be notified. Who that entity is needs to be defined. The group is looking at the most efficient way to submit that notification to avoid delays. All resources and correspondence to the worker will be updated with this new information.

Doing these recorded exams can take longer and a larger room size is needed too.

Will there be an opportunity for the department to define how the exam can be recorded? For example only by a third party. During the public comments for this bill it was clear the assumption was most people recording would be using cell phone, so it is unlikely the department can add that requirement. At least one firm mentioned that they are set up to do room recordings for other types of exams like personal injury.

The new IME data report should be published in the next week. This report is taking Self-Insurance (SI) and State Fund (SF) data and comparing where it can. Some of the data includes how many IMEs are done on a claim, repeat IMEs, etc. SI does not have all the elements that SF does but the pieces that can be compared will be. This report is required as a result of the 6440 legislation.

The appointment letter, 1Z template, is going to be updated soon. Staff have been working on updating and adding some questions to the referral template. They are finally testing in production. The update should be rolled out soon. Some issues that should be fixed are things like a psych IME being requested but no psych questions asked. There will be some system stops and requirements to make sure referrals are complete before they are sent out.

Scheduling – Shannon Rushing

Shannon briefly shared some scheduling data. The number of referrals is staying steady. At the last meeting there was a question about the reschedule rate and why it is so high. The scheduling system does not record exactly why the exam is rescheduled. There are a few options in the scheduling system but most are listed as other. The scheduling staff have started tracking the reasons for reschedules manually. There should be some data to present at the next meeting.

Self-Insurance – Nancy Adams for LaNae Lien

Nancy gave an update for LaNae. The protest data for SI IMEs was presented. From August 2022 to present there have been 101 protests received. The top two reasons for the disputes were case progress and the number of IMEs. Over 50% of the outcomes were in favor of worker and the IME was deemed not appropriate.

There is similar data for SF being tracked. Unlike SI the information is not in a database so it's a more manual process. They are doing this as a one year pilot which ends this month. They should have final data shortly after that. The outcomes are a little different than SI but the data is similar. They have identified some training opportunities for CMs as well as areas where the 1Z update will help.

IME Firm Engagement – Troy Parks

Troy gave a quick update regarding the site visits that were done in February and April. Staff had identified six areas of administrative burdens for the firms and wanted to do site visits to learn more about the operational burden and identify root causes. Those six areas of focus include exam scheduling and preparation, scheduling interpreters, collating and medical record reviews, follow up diagnostics, quality assurance, and staffing. It was felt that the records review and report out on the history were one of the biggest issues. The firms also felt SI reschedules more than SF does. Some things are working well though. Examiners appreciate the MEH and treatment guidelines. The scheduling unit is very responsive and communication is good. The suggestion was made about possibly doing a newsletter. It was great for staff to be able to visit with firms and see their processes and get examples of issues. This allows the department to look at and possibly remove some barriers.

The firms really appreciated getting to sit down with staff and discuss some of their pain points.

Fee Schedule Analysis – Megan Lemon

Megan presented the fee analysis since the last fee schedule update in July 2022. The breakdown of payments by month were shared. The data for 2022 is incomplete as providers have up to a year to bill. The bill date was used instead of the referral date. The number of referrals in the same time frames looked at had gone down but over all there was an increase in the amount of reimbursement. All the codes that were available in 2021 chapter 13 were included in the 2021 data. All of the codes available in 2022 chapter 13 were included in the 2022 data. The 2021 data did include the codes 1132 and 1133.

Open Discussion – Group

The attendees were wondering what is being done with the page count and if travel in state is going to be included in a future MARFS update. It was asked that Dr. Farokhi look at the page count and give an opinion on what would be acceptable. Another suggestion was for the department to look at all the work being done by firms and

examiners, then having the exam canceled. In these cases the examiners and firms do not get paid for the prep-work.

Would like to get access to the Picture Archiving and Communication (PAC) system that has all imaging from diagnostic testing done. As an AP providers can access this system, however if they are retired and only do IMEs they no longer have access. This can be looked at offline to see if there is anything the department can do.

The coalition would like to be able to send in information regarding the administrative fee codes and have the department consider bringing them back. They would like to bring this discussion back up before the July 1st fee schedule update. The firms would like to be compensated for the administrative work they do.

There will not be any updates in this fee schedule update regarding the recording bill as the project team is still working on impacts and implementation.

The number of examiners should be looked at as the total number of examiners that are approved. The department should look at the number of examiners actually doing exams.

The suggestion was made to go back to in person meetings like were done before Covid. At least one a year should be in person with a virtual option for those that are unable to travel to the meeting.

Issue Tracking:

| Provider Concerns: | Department Updates / Outcomes: |
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| Interpreter scheduling issues | <p><u>1/12/23</u>: Department will be soliciting Requests for Quotations and Qualifications (RFQQ) for interpreter services as existing contract expires in 2024. Experiencing delays due to collective bargaining appeals.</p> <ul style="list-style-type: none"> • L&I Interpreter Services staff are more than willing to provide technical assistance for those IME firms having issues scheduling interpreters. • interpreterservices@Lni.wa.gov <p><u>5/4/23</u>: There is a shortage of interpreters nationwide. It is possible to schedule more than one appointment for the same interpreter if the appts are one after the other. This may provide incentive for an interpreter to travel to areas where there are no interpreters nearby.</p> |
| Legislative Bill that would allow recording of IMEs | <p><u>1/12/23</u>: Department testified at hearing, expressed concerns with the bill. L&I provided a thorough bill analysis including concerns that we might lose examiners. However, we have no control over how this will end with the legislature.</p> <p><u>5/4/23</u>: Update given at May meeting. Bill passed allowing workers to record IMEs.</p> |

| Provider Concerns: | Department Updates / Outcomes: |
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| | <p>Department has a project started to update resources with new information and to write a rule describing worker notification process. More updates coming.</p> |
| <p>Need some guidance on Long Covid</p> | <p><u>1/12/23</u>: Dr. Farokhi is willing to help facilitate discussions. Please reach out to her.</p> |
| <p>Several Fee increase requests:</p> <ul style="list-style-type: none"> • File page count should be reduced to 200 pages • Pay examiner travel to remote locations in-state. • Increase fee for additional claims in an IME • Pay more for hand impairment ratings. These take as much time as the psychiatrists do with the worker. • The Coalition would like to bring back the administrative fee codes. <ul style="list-style-type: none"> • Examiners do not get paid for all their prep work if the exam is cancelled, now that the admin fees are rolled into the exam fee. | <p><u>1/12/23</u>: IME Fee schedule was analyzed and updated in 2022.</p> <ul style="list-style-type: none"> • Fee team to re-evaluate the new IME fee policy after 6 months – analyze results of July changes in February • Testimony fees doubled effective 2023 • Examining reducing administrative burden – firm site visits scheduled <p><u>4/3/23</u>: Update will be given at May meeting.</p> <p><u>5/4/23</u>: Update</p> <ul style="list-style-type: none"> • HPPM shared the findings of their review showing the department paid more money for fewer IMEs since the July, 2022 fee schedule updates. Dr. Farokhi will look at the page count issue and make a recommendation to Karen. • There will not be any more fee updates in the July MARFS other than the COLA increase. • There are no added fees related to the IME recording legislation. The worker is responsible for the cost of recording and they can use their phone to record. |
| <p>Another IME firm went out of business last month.</p> | <p><u>1/12/23</u>: The department is aware of several issues that are impacting IMEs:</p> <ul style="list-style-type: none"> • Overall volume of IME referrals have dropped since 2019 • Pandemic • New legislation limiting IMEs • Department is examining administrative burden related to IMEs; Firm visits planned this month <p><u>5/4/23</u>: Update: The department visited 2 firms to study administrative burden.</p> |

| Provider Concerns: | Department Updates / Outcomes: |
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| <p>High rate of IME reschedules, what is the root cause?</p> | <p><u>1/12/23</u>: Stuart has taken a new job assignment for a year. Scheduling data may be delayed until his replacement is hired.</p> <ul style="list-style-type: none"> • IME Steering Committee to evaluate this request <p><u>4/3/23</u>: Update: Submitted to IME Steering Committee as new issue.</p> <p><u>5/4/23</u>: Scheduling unit is beginning to track reasons for reschedules but it is a manual process. They will share data once it is available.</p> |
| <p>Would like access to the Picture Archiving and Communication (PAC) system. This has all the imaging from diagnostic testing done. AP providers can access this system, however retired examiners cannot.</p> | <p><u>5/4/23</u>: This can be looked at off-line.</p> |

NEXT IME ROUNDTABLE MEETINGS

Thursday, September 14, 2023 – 9:30 am – noon – Location: TBD

Thursday, January 11, 2024 – 9:30 am – noon – Location: TBD

Thursday, May 09, 2024 – 9:30 am – noon – Location: TBD