

Physical Medicine Best Practices Stakeholder Meeting Notes
April 9 2021, 8:30 am to 10:30 am
Zoom Meeting

Physical Medicine Progress Report (PMPR) Evaluations Summary

Susan gave a brief summary of what the random sample of PMPRs received has shown so far. She noted that this is very preliminary information and once we can begin comparing it against other samples, we will get a better view of how the three areas of best practices are being improved through use of the PMPR.

PMPR Potential Revisions

Sarah reviewed the suggested revisions to the PMPR with the workgroup and asked for their feedback. Comments were:

- Next AP Appointment date– Worker doesn't know their next appointment date or the therapist forgot to ask. Easy to overlook, maybe relocate on the form as commonly a missing field.
- Section 3 – Look at double spacing and updates to the instruction sheet.
- Section 3,c. Agreement it can be entered as a number field and would allow future graphing.
- Consider updating instructions related to gap analysis of current state of client progress and where they need to get to.
- Home Exercise Program – Remove the term exercise so it may apply more broadly.
- Consensus to keep the form to 2 pages.

PMPR H.I.E. Transaction

Rose Jones gave a summary of the process involved in the development of the HIE transaction. Rose will work with the stakeholders throughout the process. Christina Gonzales, IT Business Analyst, explained the required data fields and why they were chosen.

Comments:

- Clinic name challenges when there is an overall company name but individual clinic names by location.
- Will information auto fill? That is part of an EMR vendor backend interface.
- Clinics will need to reach out to their EMR companies to initiate this process. A direct entry online form will be developed in the future.
- L&I will update group when we know more regarding the ability to have claim information as part of a HIE transition.

Work Rehabilitation Guidelines (WRG)

Morgan presented on Section 2 of the WRG draft, and asked for feedback.

Comments:

- Question #7- If multi not available, consultation with as an alternative.
- Discussion on approaches to consider for clients who have completed acute care but not ready to move into work rehab program. HEP in between, and do weekly check ins to continue on their pathway. Vocational counselor may be able to assist with finding modified duty during that time. Maybe activity coaching.
- Consideration of 3 times per week versus 5 times per week. There may be situations where 5x/wk would be recommended as it helps with daily habit development.
- WC versus WH – Reconsider criteria related to physical demand level. Some workers may need one program over the other that is outside of these factors. For example not all workers with heavy demands will need WH. Some workers may need WH due to constant handling demands or cognitive demands of job.
- Every worker needs to be assessed for these work programs and may or may not need one or the other. Guidelines are needed for those who are not familiar with how to streamline their worker.
- Coordination of care improvements– more onsite treatment fiscally viable.
- Identifying the RTW goal and focus is removing barriers – Cleaner definitions. Transition between service types needs to be more seamless.
- Education and training for new therapists – treatment of entry level, how do we set workers up for success. New service, job coach. Transition option. PGAP screening incorporated into IE. Use of FCE components.

Sarah directed questions regarding the Interpreter Services Scheduling program be sent to L&I interpreter program email: interpretation@lni.wa.gov

Sarah noted that the issue with the MIPS payment on dual discipline providers appears to have been resolved.