Replicating and Adapting Centers of Occupational Health and Education (COHE) Strategies – Part 2

Virtual Discussion
March 10, 2017
WELCOME TO VIRTUAL DISCUSSION OF COHE STRATEGIES FOR SAW/RTW!

- On February 14, the Stay-at-Work/Return-to-Work (SAW/RTW) Policy Collaborative conducted a virtual discussion of COHE
  - Experts and interested stakeholders were convened
  - Speakers from the State of Washington’s COHE program and the State of Colorado’s Division of Workers’ Compensation presented on COHE’s SAW/RTW strategies and some policy implications for other states
  - A brief opportunity was provided for Q&A and discussion
INTRODUCTION

TODAY WE WILL...

▸ Do a quick recap of:
  ▪ Key features of COHE, and evidence of their success
  ▪ How Colorado is considering adopting some of COHE’s key features

▸ Answer questions from our previous discussion and from this one

▸ Explore:
  ▪ What SAW/RTW strategies seem appealing to you for your state?
  ▪ What kinds of policies would be needed in your state for you to adopt/adapt some of Washington’s effective practices?

▸ Invite further participation in the SAW/RTW Policy Collaborative
INTRODUCTION

PARTICIPATING IN TODAY’S WEBINAR

▸ Use the chat area to enter comments or questions
▸ Closed captioning available
▸ Technical difficulties? “Raise your hand” or click “Help” button
▸ Webcast and transcript will be available following the session
INTRODUCTION

WANT TO ASK A QUESTION? USE THE CHAT POD

• What’s a chat pod?

The “boxes” on the session screen are called pods.

The Chat pod is where session attendees may post comments or questions.

If we don’t get to all questions today, or if a question needs a longer response, we will respond by email.
TECHNICAL DIFFICULTIES? RAISE YOUR HAND.

- How to raise your hand

The “Help” button appears top right of your session window. A dropdown menu will appear with a list of common technical issues that you can review independently.
RESULTS – Who is joining us today?

- State workers’ compensation agency
- Health care provider
- Rehabilitation professional
- Insurer/payer
- Employer
- Attorney
- Injured worker
- Other?
WHAT IS COHE?
What challenges have you seen in controlling information flow regarding confidentiality?

Response: HSCs go directly into the claims system. They all sign something early on confirming that they won’t share confidential data. When they communicate with providers, they use secure email.

How do SIMPS fit in with the COHE model?

What performance measures do you report on for the COHE providers? Appears you measure and report/pay for timely injury reporting? What are the others?

Would like to hear more on provider incentives in COHE participation
CENTERS OF OCCUPATIONAL HEALTH AND EDUCATION (COHE) STRATEGIES

SUSAN CAMPBELL

COHE Contract Manager
Washington State Department of Labor and Industries
Helping Injured Workers Heal and Return to Work:
Quality Purchasing Initiatives in Washington State’s Workers’ Compensation System
March 10, 2017
Attending Provider:

- Timeliness (Report of Accident)
- Function (activity prescription)
- Connection with employer (contact, accommodation)
- Attention to disability risk (activity & function focus)

Care Coordination:

- Health services coordination
- Specialty follow-up

Regular Performance Feedback (quarterly):

- COHE provider (individual)
- COHE organization (aggregate)
Key Services Provided By COHE HSCs

• Care coordination for injured workers at highest risk for long-term disability

• Connect workers with early-return-to-work services

• 3-point contact regarding early return to work:
  • Injured worker
  • Employer
  • Attending medical provider

• Document services in case note sent to claim file
COHE Provider Incentives

• Support from HSC
• Receive regular feedback on performance of best practices
• Receive training & support from COHE staff on best practices
• Modest pay for performance:
  • At time of service (as opposed to year-end bonus)
  • 50% higher fee for each timely and complete ROA
Estimated Ultimate Accident Fund + Medical Aid Fund
Incurred Cost per Claim as of 9/30/16

Non COHE Adjusted (X)
- $20,215
- $19,165
- $19,500
- $19,942
- $19,449
- $20,132
- $19,340
- $19,407
- $19,716

COHE Adjusted (square)
- $15,493
- $16,999
- $15,384
- $15,412
- $16,837
- $16,959
- $16,011
- $17,305
- $17,536

Accident Quarter


Excluding Harborview claims and claims with 4+ days of authorized inpatient hospitalization immediately after injury, adjusted for risk class mix.
Questions from previous webinar

• How do SIMPS fit in with the COHE model?
  o Structured intensive multidisciplinary programs
  o Treatment for chronic pain
  o Most referrals beyond COHE 3-month time frame
  o Quality initiatives will be working on integrating/improving

• What performance measures do you report on for the COHE providers?
  – See next slide
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<th>Best Practice 1</th>
<th>Best Practice 2</th>
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<td>% ROAs timely and complete</td>
<td>% Claims with APFs</td>
<td>% Claims with Provider/Employer Phone Call (32 modifier)</td>
<td>% of Claims with assessment completed</td>
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<td>80%</td>
<td>25%</td>
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FOR MORE INFORMATION:

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Morgan Wear, COHE Program Director  (360) 902-6820, weav235@lni.wa.gov

Susan Campbell, COHE Contract Manager  (360) 902-6820, camu235@lni.wa.gov

OHS webpage:  www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/OHS/
In your state’s workers’ compensation program, do you use care coordinators the way Washington does?

- Yes
- Somewhat similar to Washington
- No
Stephen F. Loebs Professor and Chair
Division of Health Services Management and Policy
College of Public Health, Ohio State University
EVALUATION OF COHE

- Prior evaluation of COHE examined short-term (one-year) outcomes:
  - Off work and on disability one year after injury
  - Disability days
  - Disability and medical costs
    (Wickizer et al. Medical Care 2011)
- Findings indicated COHE was associated with favorable outcomes
- Need to assess long-term outcomes to examine whether COHE effects extend beyond one year
- Currently are analyzing long-term outcomes for 8 years post injury
Data are available for original COHE cohort of 105,000 injured workers for the following measures for 8 years post injury:

- Disability days
- Pensions
- On Social Security Disability Insurance
- Disability and medical costs
CENTERS OF OCCUPATIONAL HEALTH AND EDUCATION (COHE) STRATEGIES

PRELIMINARY FINDINGS

- Injured workers treated through COHE at 8 years after injury had:
  - Lower risk of having long-term disability and being pensioned, on disability for 5 or more years, or being on SSDI
  - Lower average disability costs ($2,068 vs $3,782)
  - Lower average medical costs ($2,982 vs $4,146)
  - Fewer average disability days (35.7 vs 58.9)
  - Fewer disability days per 10,000 workers (357,887 vs 589,766)

- Even though only a small % of workers are on extended disability, these workers account for substantial disability burden and costs over time

- By preventing disability, COHE improves long-term outcomes
RESULTS – In your state’s workers’ compensation program, do you use care coordinators the way Washington’s COHEs do?

- Yes
- Somewhat similar to Washington’s COHEs
- No
Which stakeholders in your state would be most interested in the evidence of success from Washington’s COHE experience?

- State policy makers
- Insurers/payers
- Providers
- Employers
- Others
RESULTS – Which stakeholders in your state would be most interested in the evidence of success from Washington’s COHE experience?

- State policy makers
- Insurers/payers
- Providers
- Employers
- All of the above
DAN SUNG
Manager, Medical Policy
Colorado Division of Workers' Compensation
Foster a cooperative environment that delivers maximum VALUE to all stakeholders by focusing on QUALITY
CO Workers’ Compensation Healthcare System
What Going on in Healthcare Right Now?
Benefits of Focusing on Quality
Essential Tool in the Quality Toolbox: Coordination of Care
Coordination of Care Model: Value Proposition
Contact Information

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POLLING QUESTION #4

What practices you have heard about today seem like they might be valuable in your state?

- Health Service Coordinators
- Medical Provider Networks with medical standards
- Provider Incentives
- Communication between provider and employer
- Occupational Health Experts
- Engagement of business and labor stakeholders
DISCUSSION
RESULTS – What practices you have heard about today seem like they might be valuable in your state?

- Health Service Coordinators
- Medical Provider Networks with medical standards
- Provider Incentives
- Communication between provider and employer
- Occupational Health Experts
- Engagement of business and labor stakeholders
NEXT STEPS

▸ We invite you all to join an online dialogue to continue this discussion. Please go to http://saw-rtw.epolicyworks.org. Please register, and then you can
  ▪ Post new ideas
  ▪ Vote on ideas
  ▪ Comment on ideas

▸ Send an email to saw-rtw@impaqint.com to join our Community of Practice and SAW/RTW workspace on ePolicyWorks
The webcast and the transcript of today’s session will be available by end of the day on March 15.

Visit [http://www.impaqint.com/stay-at-work-return-to-work](http://www.impaqint.com/stay-at-work-return-to-work). Links to the transcript, webcast and slides will be listed in the left hand column under Past Events.
THANK YOU!