

Advisory Committee on Healthcare Innovation & Evaluation (ACHIEV)

Meeting Minutes for October 26, 2017

Members Present

Dianna Chamblin, MD (Chair)
Ron Wilcox, DC (Vice-Chair)
Clay Bartness, DC
Mike Dowling, DC (alternate)
Andrew Friedman, MD
Stephen Thielke, MD
Lisa Vivian
Lee Thomas, JD
Kirk Harmon, MD

Members Not Present

Neil Hartman
Joe Kendo (alternate)
John Meier

L&I Staff Present

Gary Franklin, MD, MPH
Leah Hole-Marshall, JD
Karen Jost, PT, MS
Nicholas Reul, MD, MPH
Cortney Melton
Rob Darin
Patricia David, MD
Liz Bonson, MD
Jeana Weekley
Cheri Ward
Noha Gindy
Jaymie Mai
Barb Braid
John Boze
Christine Gonzales
Simone Javaher

Members of the Public

Terri Smith-Weller, University of Washington
Michael Harris, PRC
Dennis Stump., Valley Medical
Deb Fulton-Kehoe, University of Washington
Mara Dakan
Amy Valdez-Fagan, HMC

All meeting materials are available on the [ACHIEV website](#). These minutes are only a brief summation of meeting discussions.

The meeting began with a welcome, introductions, and a safety tip regarding get your flu shot and a reminder that this is also fire prevention month. The **minutes** from the July 27, 2017 meeting were reviewed and approved unanimously.



Dr. Chamblin introduced Dr. Bonson and Dr. David. Each presented their roles and responsibilities at L&I.

Simone Javaher explained that the Attending Provider Resource Center is an online redesigned doctor's handbook. This is now developed as an online resource that continuously gets updated and is no longer printed. The Online Resource Center is a dynamic document that is bit text heavy, but introduces the context and links out to detailed information. Provider feedback for the Resource Center goes to Simone Javaher or Cortney Melton.

The following is feedback discussion:

- Is there a section for out of state providers
- Yes. Click the links on the main page of the section of interest and it will walk you through
- Suggestion: Perhaps we can say on the main page "If you're an out of state provider click here" and then navigate through
- This is a dynamic living document and we appreciate your feedback to keep it up-to-date
- We will be posting a revision date on the website to help guide people
- This resource is very helpful and a good primer for workers comp.
- Will this be available in "print version"
- Yes. Work group is talking about having a Word document that we can PDF to provide

Collaborative Care for Chronic Pain presented by Leah Hole-Marshall, JD and Karen Jost, PT, MS

Collaborative Care is a primary care based approach to preventing and addressing behavioral health issues and chronic pain. It involves accountable, measurement based care; a collaborative care manager coordinating activity; and oversight by a behavioral health expert. This project started with Diana Chamblin, MD requesting help for workers with mental health issues over 3 years ago. The University of Washington was contracted to provide a framework for what collaborative care would look like based on high quality evidence of effective care. L&I distilled to thirty-five criteria and presented that framework for feedback. Goal is to roll out in the summer of 2018, possibly as a pilot.

On slide number 8, there's a set of Core Team Decision numbers. For this exercise, members reviewed the [Decision Tool](#) worksheet. We want to get as much feedback as possible.

The following is feedback given during the discussion:

- A4- Are claim managers onboard with recommendations to meet IW needs:
 - It is tricky with pre-existing issues. Employer and IW responds to accepting/denying conditions
 - Collaborative Care Manager (CCM) is not determining pre-existing conditions, "meet them where they are now"
 - Incorporating warm transfers available via employer



- CCM is not making diagnosis
- **A5-** What measures will you be using?
 - Recommendations in UW report
- **A5-** Measures individual or aggregated?
 - Both
 - Concerns regarding IW willingness to provide data/claim impact
 - How to incorporate Self-Insured (SI) employees
- **A5-** Measures
 - Questions on what and who they will affect – how will we collect
 - SI not yet included – need more information
 - What is the mechanism to get the measures?
- **A5-** How will you (L&I) get the information?
 - this is not yet decided
- **A6-** Restrict use of other providers?
 - No – in referral context
 - Yes – in order to be “collaborative care org.”, must have all elements of model
 - Restrict pt. choice? (IW doesn’t choose Collaborative Care consultant)
 - How will we handle conflicting recommendations?
 - How to stop pt. from going to another resource, potential conflicting opinions
 - Stepped care- “deal within the details”
 - Is this able to help the 50% outside of COHE – what is the deployment process?
- **A7-** Is there an assumption that there are adequate primary care resources?
 - Think access to care
 - Some systems seem to be moving up to mid-level
 - Do primary care providers have time to administer surveys or data collection with validated instruments? L&I does not assume primary care providers would do this, although they could. Most collaborative care models these are administered by the collaborative care manager.
- **A8-** Think about the barriers to participation
 - Since it is voluntary, a lot of this is in the messaging that it helps/supports primary care provider.
- **A9-** May be difficult to find people with these licenses. Lots of systems use nurses
- **A9-** Is there conflict between consultant and professional, given credentials and licensed physiologist in particular
- **A9-** These licenses might be too advanced. What about RN’s and some Mental Health Practitioner’s (MH)?
 - There may be conflict
 - Add the nurses who have MH experience
 - Should we list licensed Psychologists?
- **A9-** Is there certification for Motivational Interviewing and Cognitive Behavioral Therapy?



- **A9-** Are there other programs using Community Healthy Workers?
- **A10-** Need clarity regarding multiple roles and number of care managers
 - How will CCM's interact?
- **B1-** What about real-time telehealth, video?
- **B3-** Graphic of team would be helpful
 - CCM follow if IW transfers to another provider?
- **B4-** How often and how?
 - Add the step for buy-in with representatives of the worker
- **B5-** Does AP have to use Occupational Health Management System (OHMS)?
 - No, but needs access to the information
 - Parking lot: out of state workers/interstate license
- **B6-** CCM contact Rep. for represented workers to obtain buy-in (tie in to who are CCM coordinating with)
 - Length of Episode of Care is dependent on progress made
- **C1-** RTW date?
 - Is it possible to turn off collaborative care when not appropriate (so they don't get ID'd when algorithm)?
 - AP must be involved
 - New trigger to screen – e.g. post-surgery?
 - How sensitive is Functional Recovery Questionnaire (FRQ) to capture?
 - Pt or employer to initiate services?
 - Communication is needed between worker and employer
- **C3a-** Claim at 10 weeks open? Takes time to close
- **D7-** Catastrophizing questionnaire as a possibility
- **D8 –** Consider other measures, tailored to individual pt.
- **E1-** Experience is that Primary Care Provider (PCP) is not likely to complain
 - Complicating with multiple doctors (unrelated)
 - CCM needs to address with AP and PCP
- **E2-** If IW is not participating, intervention cannot succeed. AP with low volume per AP: represent large percent of population
 - Coordinate early on with representatives
- **E3-** Any collaboration with employer?
- **E3-** Lose any services – Early Return to Work (ERTW)? **No!**
- **E3-** Role of Progressive Goal Attainment Program (PGAP) vs Collaborative Care
- **E4-** Missing the focus on function
- **E5-** “Pain expert” defined
 - Have to have psychologist or physicians
 - Call experts on a needed basis for specific cases
 - Need a prescriber
- **E6-** Impact on AP – “magic carpet”
 - AP roles – less work for the preferred provider
- **F1-** Episode of Care – what happens when Collaborative Care doesn't work?



[Healthy Worker 2020](#) presented by Leah Hole-Marshall, JD

Leah Hole-Marshall gave a brief update, explaining project status of Healthy Worker 2020. Leah wanted to give the group an opportunity to look over handout and give feedback.

The following is feedback given during the discussion:

- Catastrophic Care – Will be completed in 2019
 - No questions
- Chronic Pain and Behavioral Health
 - RFI's/P's – don't know yet
 - Payment models
 - Clinical measures
 - Who provides consultants – L&I or Sponsor Organization
 - Evaluation plan – Did we get it right v. does it work?
- Physical Medicine
 - Need to add acupuncture best practice prioritization
- Primary Occupational Health
 - No questions
- Surgical Care
 - Chronic Pain and Behavioral Health (CPBH) & MHIP level 2 linkage and what happens when IW is failing in recovery
 - Structured Intensive Multidisciplinary Program (SIMP)/Pain Care services
 - Opioids as a separate or statewide issue
 - Disseminates work to broaden provider population to payer uptake
 - Marketing/Branding
 - Videos from Collaborative Care conference
 - News releases
 - Claim closure without good recommendation

[Chronic Opioid Therapy](#) presented by Jaymie Mai, PharmD

Jaymie Mai presented on Opioid Prescribing Reports and Opioid best practice metrics.

The prescribing reports were developed as a collaborative effort between L&I, UW, DOH and CDC. The report compares opioid prescribing pattern of a provider to peers. The goal is to encourage outlier providers (in the 90 percentile) to re-evaluate their prescribing practices. L&I mailed the 2016 prescribing reports to 356 providers in May 2017. Dr. Mai presented comparison information over the three years that we have been generating the reports.

The Bree Collaborative has also adopted six opioid metrics, which L&I participated in the workgroup on developing. The Bree metrics measure population health as well as health insurer/purchaser measures. The three measures L&I uses are largely consistent and L&I will adapt to be consistent. **Discussion/Questions:**

Question: Have you considered adding another metric?

Answer: It's highly unlikely.



There are several areas that L&I may need to update its AMDG Opioid guideline (for example the current guideline permits up to fourteen days for acute prescribing while Bree/CDC are no more than three days. We need to make this consistent. The Perioperative section of AMDG Opioid Guideline will also be updated in 2018.

[Catastrophic Injuries](#) presented by Liz Bonson, MD, MPH

Dr. Bonson gave an update on the Catastrophic Care Case Management Project. Please refer to handout for statistics.

[Update on IMEs](#) presented by Trisha David, MD, MSPH

Because of time, Dr. David did not show her presentation, but gave a summation. Dr. David reviewed proposed updates for the [Lumbar Rating worksheet](#) and explained that concerns have been raised about the 80% accuracy of the worksheet. She also provided worksheets regarding [AMA Figure 16-1a](#) and [AMA Figure 16-1b](#). Dr. David is continuing to work on a solution and has proposed removing numerical scoring from the worksheet.

She asked the committee if anyone was interested in working on this topic and being on a team with her.

The following agreed:

- Lee Thomas
- Ron Wilcox
- Dennis S., Valley Medical (public)

Dr. David also asked for feedback from the committee which included:

- Suggest putting a label on the top of your worksheets
- Address concerns about lower/higher ratings

Meeting Wrap-Up: The meeting wrapped up with comments from the chair (Dr. Chamblin) and was adjourned at 12:00.