



OCCUPATIONAL HEALTH **BEST PRACTICES**

— Working together to keep people working —

Health Policy News for Self-Insured Employers September 1, 2016

Completed Work

Be sure to check out the web page, ProviderNews.Lni.wa.gov for postings about new health care policies and guidelines. The latest ones are:

Health Technology Decisions from the WA Health Technology Clinical Committee

[Autologous blood/platelet-rich plasma injections](#) Effective September 1, 2016, these are not a covered benefit effective because their efficacy and safety are not well established. Autologous blood injections (ABI) and platelet-rich plasma (PRP) injections are treatments used for a variety of healing applications, including unresolved acute or chronic injuries to ligaments, muscles, cartilage, tendons, and osteoarthritis. Some think that ABI and PRP injections may promote tissue healing due to increased concentration of growth-factors around the injured area.

[Bronchial Thermoplasty for Asthma](#) Effective September 1, 2016 this is not a covered benefit because the Committee members found its effectiveness and safety to be unproven. Bronchial thermoplasty is a procedure designed to treat asthma that is not well-controlled by medication. Smooth muscle in the lungs is altered by placement of a radio frequency catheter that heats the muscle tissue, which is intended to reduce the likelihood of constricting the lungs during an asthma reaction.

Psychosocial Determinants Influencing Recovery - A Comprehensive Practice Resource from a Joint IIMAC-IICAC Subcommittee.

The voluntary educational/informational resource, [Reducing Disability: Psychosocial Determinants Influencing Recovery](#), is intended to help attending providers systematically identify and address psychosocial problems workers may face. It reflects the occupational health best practices in clinical documentation. Although it has been rigorously developed using the same evidence-intense process we use for our guidelines and coverage decisions, it is not a guideline per se and will not be used as criteria to determine coverage or authorization. This formidable accomplishment would not have been possible without the input of many IICAC-IIMAC members, COHE providers, and L&I staff.

Activity Coaching

Activity coaching, using the Progressive Goal Attainment Program (PGAP®), has been piloted as an occupational health best practice in the State Fund. There are about 35 trained PGAP coaches (OTs, PTs, and VRCs) in the state. These coaches are also available for self-insured injured workers. This program helps workers address psychosocial issues preventing a return to work. PGAP® is a maximum of 10 weeks and is relatively inexpensive. For more information, see our web site www.lni.wa.gov/coaching.

Work that is Underway

Lumbar Fusion and SIMPs

The hearing on repealing the rules for Structured Intensive Multidisciplinary Pain programs (SIMPs) was held on Friday, August 26th at L&I. No testimony was received. The department is scheduled to adopt the repealing of the SIMP rules on November 1, 2016. This change will be effective December 2, 2016. L&I remains committed to SIMP programs, with the largely unchanged program requirements currently listed in the payment policy section of our [fee schedule](#).

Use of Office based Ultrasound for Musculoskeletal Conditions in the Extremities

Advances in technology have allowed small portable ultrasound machines to become part of the clinical assessment toolbox for providers. Portable ultrasound has long been used for guiding needle placement and for quick assessments in emergency departments, and these are not included in this discussion. What seems to be fairly new is using portable ultrasound during office visits for diagnostic and evaluation purposes when there has been a musculoskeletal injury to an extremity. Serial ultrasounds may be used to monitor the healing process over time. Policy and clinical staff in the Office of the Medical Director have researched the issue and presented it in our policy forum. Our policy decision is that we don't see evidence to support a separate payment for this when it's used during an office visit. Our policy team will be looking at ways to ensure that our billing instructions are clear in the payment policy section of our fee schedule.

L&I sends Comments to Dept. of Energy (DOE) on their Proposed Beryllium Rule

In July 2015, after exhaustive research and public vetting, L&I adopted its [Clinical Guideline for the Diagnosis of Beryllium Sensitization and Chronic Beryllium Disease](#). The federal DOE has issued a proposed rule with what L&I considers to be incomplete diagnostic criteria, reduced latitude for clinical judgment by the DOE Site Occupational Medical Director, and changes to their screening program that have the potential for affected workers to not be removed from exposure to Beryllium.

In view of these concerns, we are submitting comments to DOE with our suggested changes. We are urging DOE to adopt L&I's clinical criteria for diagnosing occupational beryllium sensitization and chronic beryllium disease. The State of Washington and DOE share an interest in ensuring workers at the Hanford Site have the proper medical protections. This is articulated in the special insuring arrangement between DOE and L&I that was established more than 60 years ago and reconfirmed in the 1990s. Adopting L&I's clinical guidelines would reaffirm support for that arrangement.