



Therapy Stakeholders Group Meeting

September 29, 2014, Tukwila Service Location, 12:30 p.m. – 3:30 p.m.

Present:

Therapy Members: Ted Becker – Everett Pacific Industrial Rehab, Christina Casady – Capen and Associates, Josh Cobbley – Northwest Return to Work, Jackie Earl – Cascade Summit, Cheryl French Nevin – Olympic Sports and Spine Rehabilitation, Barbara Harrington – Peoples Injury Network Northwest, Jonathan Harrison – NW Work Options, Terry Moon – Apple Physical Therapy, Jim Strandy – Summit Rehabilitation, Lynda White – MVP Physical Therapy

Audience Members: Maggie Vennarucci, Erick Wilson, Brian Brooks

LNI: Karen Ahrens – Project Lead, Jim Kammerer – Project Lead, Sarah Martin – Project Manager/Chair, Michelle Moore – Project Administrative Support, Rich Wilson – Project Director

Opening/Introductions

Introductions made.

When asked what members hoped to gain, it included: increased consistency with reports, testing guidelines, and L&I needs; improving standards; referral source understanding to improve utilization and reduce repeat testing; results based on science and objecting findings.

History of Project

Project background discussed. Information was gathered from focus groups, data, and file reviews. We found that in current state PCEs allow a claim to move forward 66% of the time and take 78 days. The goal is that PCEs allow a claim to move forward at least 90% of the time and timeliness is improved to 50 days.

Project vision: Improve the quality and timeliness of the referral, exam and reporting processes. This will be accomplished through development of standards and guidelines designed to improve consistency and enhance communication between the worker, therapist, attending provider, vocational provider and claim manager

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Purpose/Roles/Expectations

Role of group is to provide recommendations to inform department decisions and to gather feedback from their peers. The group will be meeting every other month and the public is welcome to attend. The project will run to September 2015 but the meetings may extend past this date to allow for feedback on changes.

Proposals

#1: Timeline Expectations

a) Time from L&I authorization to Test:

- Current state = 28 days
- L&I Future State Proposal: 14 days
- Member Recommendation: 21 days

Reasons there may be challenges meeting 14 day proposal:

- Difficulty accessing medical information (no CAC access, time consuming)
- Schedule may be full to meet proposal especially if small clinic or there is a request for a specific clinician to do test.
- Attorneys want worker to be given 14 day notice and/or remain in county.
- Worker not responding to calls/appointment letter
- Worker is not medically stable
- JAs not ready
- Worker out of town when appointment is scheduled and cannot attend
- Worker still in therapy
- AP specifies a date in future (when they think worker will be stable for testing)
- Finite number of providers to do test
- May not be aware test has been authorized by CM
- Variable referral/scheduling process

Other:

- Count 1st appointment date in timeline expectation
- If not able to reach worker, what should PCE provider do? Contact CM

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b) Time from date of PCE test to results are in claim file:

- Current state =11 days
- L&I Future State Proposal: 14 days
- Member Recommendation: 14 days

Reasons for delays:

- High # of body parts tested
- High # of claims,
- High # of JAs (7-24) to address,
- JA not available or inconsistent

Other:

- Need time limited CAC access from date of referral
- Must have JAs up front and timely
- Would like ability to electronic file report versus fax
- Many clinics practice standards are to also call VRC 24-48 hours after test to share results
- Able to meet these expectations for uncomplicated cases

Proposal #2: Worker Letter

Suggested changes:

- Change to: “You may be charged a no show fee by the clinic according to their policy if you fail to attend.”
- No show: consider reminding IW benefits could be suspended.
- Add WAC code for no show fee
- Clinic no show policies vary from 24-72 hour notice which is different than the 5 days.
- Notify clinic immediately if unable to attend. Waiting until 5 days before appointment is too late – hard to fill appointment with another client. 10 days is preferred if using a date.
- Remove 5 day reference or if keeping the 5 day notice, also add to notify clinic immediately.
- Add language about confirming with CM and clinic ASAP upon receipt of letter
- Remove “may” for “shall”
- Send letter electronically or to cell phone
- Recommend letter also has clinic phone number

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- Align with CM authorization and appointment scheduled with clinic prior to the letter sent
- Put positive statement – important to attend appointment, expect you to attend - not “unable to attend”
- Consider merging letter with pamphlet into a single document.
- CC clinic with worker letter
- Include Spanish version

Other:

- Is there a rule for notifying IW of scheduled appointment for 14 days?
- Standard protocol for contacting IW; timeline for IW response
- No show versus show up on right day with meds/other issues results in cancellations or rescheduled appointments
- How do you ensure worker got letter?
- Refer back to CM when IW cannot attend appointment, need expectations

Proposal #3 Worker Pamphlet

Suggested changes:

- Add interpreter – let clinic know if you need an interpreter, clinic will have an L&I approved interpreter available.
- What is expected of me: Add: Tell the clinic/call your cm if you have had recent surgery, severe illness, inability to fully participate
- What is expected of me: leave out bring prescribed medical devices/add wear loose clothing – such as athletic shoes, work boots, no open toed shoes/sandals, for active testing/activity
- “Within your attending provider’s guidelines” – omit. Change to “You will be asked to demonstrate your best abilities in work related activities (or to determine your safe physical abilities). The activities may include sitting, standing, walking, arm and hand use and weight handling.”
- Who will do the evaluation – add “who has experience and will provide a safe testing environment”.
- “Actively participate relative to daily activities” – add this to the pamphlet so it is clear of worker expectations. “You will be asked to demonstrate your abilities relative to your daily activities”.
- L&I is responsible for paying for appointment.
- Please call clinic for policy on family members and accompanying parties. You should not bring children (strike word minor)
- Try to get it all on 1 page.

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- Consider language to help reassure worker such as “Safety checks are done before testing” “The evaluator will determine your safe abilities”
- Level of effort – add word sincere.

Other:

- Don't establish criteria or parameters around comorbidities such as high blood pressure.

Round Robin/Other Topics

- Positive feedback with meeting format and approach
- Consider a mentorship option with less experienced clinicians
- Separate PCE test itself into subsets. Identify strengths and weaknesses of different testing systems. Best practices for each section. Do not create a financial burden to clinics.
- PCE scheduled timely prior to IME
- Advocate for a centralized scheduling system
- Uniform technology needed- consistency with language used in PCE reports, APF, National Standards, JD/JA
- How can we address the issue of PCEs recommending treatment and becoming the treating provider
- Standard way to address no shows
- Consider changing test name from PBPCE to FCE
- Add need for PCE on APF form recommended
- Other jurisdictions have higher reimbursement rates
- Look into the who and how the PCE is requested and standardize
- Advocate for a centralized scheduling system

Member Recommendations

Proposal #1: Timeline Expectations

- a) Time from L&I authorization to Test= 21 days
- b) Time from date of PCE test to results are in claim file= 14 days

Next Meeting

To be scheduled in November. Group preference is for meetings to be held in Tukwila. Agenda and any proposals will be posted on the project website ahead of meeting.

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Actions Pending

L&I will send to the group information about:

- Is there a rule for notifying IW of scheduled appointment for 14 days?
- WAC for clinic no shows