

Robert Wood Johnson Foundation and the
UMASS Medical School Center for Health Policy and Research
222 Maple Avenue, Higgins Building
Shrewsbury, MA 01545-2732
508-856-4043

Application for Technical Assistance

Overview: In October of 2002, the Robert Wood Johnson Foundation awarded a grant to the University of Massachusetts Medical School's Center for Health Policy and Research in part, to work with up to four states to aid them in their efforts to improve the quality of medical care being provided to injured and ill workers within their jurisdictions.

The "Center" had functioned as the National Program Office for a major Robert Wood Johnson Foundation effort called the Workers' Compensation Health Initiative (WCHI). This initiative provided \$6 million in funding to 21 grantees from 10 jurisdictions. All of the results of these grant projects can be found at the WCHI website located at <http://www.umassmed.edu/workerscomp>. The WCHI officially ended on January 31, 2003. However, many of the projects developed new tools and methods for defining and measuring the quality of workers compensation medical care, but few were being further tested or implemented within state systems. Therefore, a new project, called Targeted Change Strategies (TCS), was developed to help up to four interested states incorporate in their operations and information systems tangible improvements in measuring the quality of medical care and sharing such results.

Successful applicants will receive: No cost targeted technical assistance provided by the Center's staff and consultants to help achieve their goals of measuring and improving workers compensation health care within their jurisdictions. Benefits (or outcomes) for states participating in this program may include:

- Development and acceptance of specific indicators of medical care quality and delivery that may guide public policy reforms and improvements
- Enhancement of labor and management cooperation on medical delivery issues
- Demonstration of and confirmation of the benefits of quality medical care on system outcomes such as residual permanent injury rates, return to work, dispute resolution and costs.

Technical assistance can include on site consultation and collaboration on developing systems, forms, procedures, and reports.

Purpose of this application: The purpose of this application is to allow states interested in partnering with the Center the opportunity to share information about the structure of their workers' compensation medical care delivery system, to complete a self evaluation of their current efforts or "readiness" for improvements in medical care quality, and to identify specific needs they may have for technical support or assistance in this area.

Criteria for selection: The Center is looking for states that have a commitment to measuring and improving the quality of workers compensation medical care but may not have the

knowledge, expertise or resources within their agency to plan, execute or implement the changes needed to accomplish this. Criteria for selection will include but not be limited by:

- Commitment of a state to plan, implement and continuously review and evaluate the quality of medical care being delivered to injured and ill workers within their state;
- The services needed or wanted by a particular state and the Center's ability to provide those services;
- The opportunity available within a state for significant progress to be made in implementation of quality initiatives within the next three years;
- Which combination of states provide enough variety of structure, barriers and opportunities to allow results to be generalizable to other states;
- Which states are willing and able to share results publicly and be "leaders" and "pioneers" in this effort for other states and organizations.

Priority will be given to jurisdictions that may be able to supplement the costs of this effort with other funding or dedicated in-kind staff effort to meet project goals.

Process and timeline: The state selection process begins with the completion and submission of the attached application for technical assistance (electronically or by mail) by June 1, 2003 to:

Anne Pratt, Research Coordinator
University of Massachusetts Medical School
Center for Health Policy and Research
222 Maple Avenue, Higgins Building
Shrewsbury, MA 01545-2732
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Staff at the Center will review all applications, gather additional information or ask additional questions of the applicants as necessary and choose up to four states to partner with by July 1, 2003. The target for all selected states to be contacted and for initial discussions to begin regarding services to be provided and timelines for deliverables will be August 15, 2003. If approved by the Robert Wood Johnson Foundation, agreed upon improvement activities would begin after October 1, 2003. Questions about the application or process should be addressed to Anne Pratt at 508-856-4043 or at Anne.Pratt@umassmed.edu.

All applicants will receive a free copy of the publication *Improving Workers' Compensation Medical Care: A National Challenge*, by Dembe, Fox and Himmelstein due to be published by OEM press in May 2003.

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Application for Technical Assistance

I. General Contact Information

Name of jurisdiction applying: [Ohio Bureau of Workers' Compensation \(OBWC\)](#)

Name of lead agency applying: [Ohio Bureau of Workers' Compensation \(OBWC\)](#)

Name, title, address, phone and email of contact person regarding this application:

[Diana Cline](#)
[MCO Business Unit Manager](#)
[Ohio Bureau of Workers Compensation](#)
[30 West Spring Street, Level 21](#)
[Columbus, Ohio 43215](#)

Ph: [\(614\) 466-8269](#)

Email address: Diana.Cline@bwc.state.oh.us

II. General information about: your medical care delivery system; your authority to implement change; and a self-evaluation of current efforts.

(Please describe your currently legal authority for these activities in the second column, place an "L" if your agency has statutory authority to accomplish this activity, an "R" if you currently have rules in place, an "A" if you believe you have administrative authority without having to change legislation or implement rules, and an "N" if you have no current authority to implement this activity; give your jurisdiction a rating in the third column based on the scale that follows; and comment in the fourth column if desired to communicate further information on your current activities or future plans.)

Rating Scale For Status of Implementation:

1. No activity is in place or planned
2. No activity is in place but there are plans to pursue this year
3. Preliminary steps have been taken and will continue into next year
4. Rudimentary program is in place but needs to be refined and expanded next year
5. Program has been established but not yet evaluated
6. Program is in place and is evaluated on a regular basis

WC Program Indicator	Does your agency have the necessary authority for these activities?	Rating	Comments
1. Adopted treatment guidelines	R	6	OBWC has adopted treatment guidelines to be used by physicians and managed care organizations (MCOs) to support decisions to authorize or deny treatment. Physicians have been provided Milliman & Robertson Guidelines. Chiropractors have been provided Mercy Guidelines.
2. Assessed compliance with treatment guidelines	R	6	OBWC mandates that managed care organizations use treatment guidelines to support authorization decisions. This is required and monitored in the alternative dispute resolution process.
3. Authorized a process for certifying qualified medical providers	R	4	A limited credentialing/certification program is in place.
4. Implemented processes for certifying WC managed care organizations or networks of providers	L	6	A certifying (contracting) process is in place for managed care organizations but not for networks of providers.
5. Required WC managed care organizations or networks to have quality assurance programs	R	5	OBWC's contract with the managed care organizations requires that their case management programs be URAC Accredited. The MCOs are also audited by BWC.
6. Implemented worker, provider, employer and insurer education to enhance quality of medical care	A	4-5	OBWC provides programs to enhance quality of medical care for providers, employers, and managed care personnel. These are offered in a variety of venues at least two times a year. The impact to medical care has not been evaluated to date.
7. Implemented a specific fast track dispute resolution process for WC medical care disputes	L	6	OBWC in conjunction with MCOs provides an alternative dispute resolution process that is monitored.
8. Involved diverse stakeholders in quality improvement efforts	L	6	OBWC has a quality assurance committee with representatives from medicine, osteopathy, pharmacy, chiropractic, and psychology that meets quarterly. The organization also works with stakeholder organizations on quality initiatives and areas of improvement.
9. Implemented a system for tracking WC medical utilization and trends	L	6	OBWC monitors utilization of services trends using queries of payment for select CPT codes.
10. Periodically conducted surveys of injured workers	L	6	OBWC performs periodic surveys of injured workers and employers regarding their satisfaction with the services they receive. This is assessed at least annually.
11. Routinely collected data to measure quality of medical care	A	3	All data collected is based on the allowed condition (ICD-9 Codes) and the services paid (CPT). There is no process to measure the severity or validity of the diagnosis.
12. Assigned organizational responsibilities for quality	A	4	OBWC's Medical Management Division is responsible overall for quality, with some responsibility delegated to the managed care organizations under contract to OBWC. OBWC

WC Program Indicator	Does your agency have the necessary authority for these activities?	Rating	Comments
			measures first report of injury lag time, severity, frequency of injury, data accuracy, employer and injured worker satisfaction. An MCO report card is provided annually which is available on OBWC's website: www.ohiobwc.com
13. Provided support for coordinating prevention with medical care	L	5	OBWC supports coordinating prevention with medical care through several initiatives. OBWC's Division of Safety and Industrial Hygiene promotes prevention through consultants who work with employers to reduce workplace injuries. OBWC incents employers for participating in the 10 Step Business Plan, Drug-Free Workplace Program and Transitional Work Grant Program which promote prevention, safety and return to work/remain at work. Through the Safety Works For You Program, OBWC's business consultants, employer service specialists and managed care organizations focus on the services that lower injury/illness rates, and reduce medical and indemnity costs. OBWC has not created these initiatives with providers yet. However, one of the reasons for pursuing this grant is to provide standardized feedback to providers which will help lead us to coordinating prevention with medical care provided.
14. Promoted cultural accommodation (e.g. interpreter services)	A	5	OBWC provides training to internal staff in cultural accommodation and provides a list of interpreters and bilingual employees on OBWC's internal webpage. Also, MCOs are required per URAC case management standards to provide cultural accommodation.

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III. What are your objectives? The Ohio Bureau of Workers' Compensation (OBWC) currently monitors and provides incentives to managed care organizations on their impact of returning injured workers to work through a Degree of Disability Management Model. The process assigns an expected duration of lost time to an injured worker based on the ICD-9 Code and the type of work performed by the Injured Worker (SOC or NCCI). Improvement over a previous statewide average (baseline) is used to determine the incentive. This type of measurement and incentive is not provided to physicians.

OBWC proposes to develop a process using the same measures to determine the effectiveness of physicians in managing their workers' compensation cases by providing education feedback (no monetary incentives) to each provider via a report card. The report card would detail their individual results versus the "expected" given their case mix,

statewide average, and possibly specialty type. There are several potential barriers or issues, such as determining number of cases to include, handling outliers, identifying cases for the physician in a state that allows open access to physicians, and how to measure or handle cases when transferred to another physician. OBWC has also considered looking at return to work measures for specialists in relation to specific procedures such as carpal tunnel release, meniscectomy, shoulder arthroscopy, etc. Our goal is to start with analyzing OBWC data for physicians and if this project is successful we would like to extend the analysis to other provider types.

A. What would you hope to accomplish with free technical assistance?

Advice on how to deal with some of the issues identified above including sample size, handling outliers and development of the provider report card. OBWC needs assistance in developing the methodology and in program evaluation. An Individual or individuals who have this expertise would be consultant(s) to the OBWC research team. Technical assistance will help us develop and mentor the research team along with helping us to improve our overall product in the delivery of services to injured workers. OBWC has a comprehensive data warehouse which our research team routinely queries for data needs within OBWC. We do not have a problem in extracting data. However, we are lacking the expertise in the methodology to set up this physician performance study and to analyze the data. These are the two specific areas in which we need assistance.

The outcome of the performance study is the physician report card which we will make available to physicians to show where they stand in relation to other like type physicians. Physicians would be educated on the use of the report card as a feedback tool. Again we anticipate using some of the same measurements that we currently use to evaluate our health partnership program, such as the degree of disability management which we can extract for each physician. It is hoped that once the report card is implemented, follow-up measurements will show improvement in outcomes for physicians and the system as a whole.

Another long term outcome of this project is to determine the effectiveness of physicians treating Ohio injured workers and potentially performance measures. OBWC currently has an open provider network. We want to evaluate other models that may be performance based so that we can retain those providers in our state who are meeting the goals of the overall program.

B. Does any state agency (including a state university) in your state have an overall health quality initiative for general health care delivery that this workers' compensation project should coordinate with? If so, where would we get more details on this initiative? NO.

C. What assistance and services would be of most beneficial to your efforts over the next two years? Check all that apply:

Assistance in training staff and constituency groups on access, cost and quality issues

Assistance in educating staff and constituency on the importance of establishing a quality initiative and how to go about accomplishing this

Assistance in evaluating current efforts or a particular current program

- Assistance in gaining the authority from the legislature to implement programs consistent with achieving quality medical care for injured workers
- Assistance with legislative or rule drafting to ensure you have authority to accomplish your quality improvement goals
- Assistance in setting up methods to collect needed data to measure access, costs and quality of care
- Assistance in analyzing data you are collecting to determine current results of quality care delivery
- Assistance in identifying solutions to current challenges or barriers to quality care
- Assistance in setting up a multi-constituent group to support and guide efforts
- Assistance with establishing a research agenda for the next few years; determining the resources needed to support it and the determination of staff qualifications
- Evaluation of our current efforts with recommendations for improvement
- Assistance in planning a quality initiative
- Other: Please explain below

D. What additional needs do you have that we may not have identified? There are a number of different outcome studies that OBWC would like to complete. We are focusing our efforts on this project for now. We anticipate that through the technical assistance and the skills gained from this project we could move forward on some of the other projects.

E. Is there anything you want to add about your qualifications or interest in this grant that we have not asked, but that you think is important? It is very important for OBWC to evaluate the effectiveness of all components of the health partnership program. OBWC is committed to continuing to improve the health partnership program. We go to great lengths to involve our stakeholders in giving feedback on how our medical management programs are working. However, feedback needs to be two way communication. Physicians want to know how they measure up in this system. We want to give providers that information so that they can make good decisions about their practices. It's critical that this first study be developed with sound methodology and includes solid program evaluation components so that we can continue to evaluate performance longitudinally.



IV. Potential Supplemental Funding Opportunities:

(Please list any local or state grant or funding opportunities. Are efforts currently underway to obtain supplemental funding? If so, what is the current status? NONE

Thank you.

Send completed application and any attachments by June 1, 2003 to:

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