

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
Anne.Pratt@umassmed.edu
Phone: 508-856-4043
Fax: 508-856-4456

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:
State of Oregon

Name of lead agency applying:
Department of Consumer Business Services
Workers' Compensation Division

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

Department of Consumer Business Services
Workers' Compensation Division
Nancy Bieber
RDRSS Manager
350 Winter St. NE
Salem, Or 97301
(503) 947- 7731
Nancy.H.Bieber@state.or.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	A	4	Adopted treatment guidelines for CTS in the early 1990's, but the authority to adopt mandatory guidelines was removed from statute. Under current statute, we believe we have the authority to adopt advisory guidelines only.
2. Assessed compliance with treatment guidelines	N	1	
3. Authorized a process for certifying qualified medical providers	L / A	2	Depending on the final recommendation, we may need legislation.
4. Implemented processes for certifying WC managed care organizations or networks of providers	L / A / R	6	
5. Required WC managed care organizations or networks to have quality assurance programs	L / A / R	6	
6. Implemented worker, provider, employer and insurer education to enhance quality of medical care	A	1-2	We may choose to pursue this as part of a new quality initiative. There are no plans to pursue it independently of this project.
7. Implemented a specific fast track dispute resolution process for WC medical care disputes	L / A / R	6	
8. Involved diverse stakeholders in quality improvement efforts	A	3	
9. Implemented a system for tracking WC medical utilization and trends	L / A / R	4	
10. Periodically conducted surveys of injured workers	A	6	
11. Routinely collected data to measure quality of medical care	A	2	WCD collects medical data reported to insurers by providers on a quarterly basis.
12. Assigned organizational responsibilities for quality	L	4	
13. Provided support for coordinating prevention with medical care	L	1	
14. Promoted cultural accommodation (e.g. interpreter services)	R	4	

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III. What are your objectives?

Our stakeholders (medical providers, insurers, employers and workers) want the Workers' Compensation Division (WCD) to develop a certification program for "quality providers". The stakeholders would like a fee system that provides higher reimbursement to certified or "high quality" providers who treat injured workers. WCD wants to develop a quality initiative that includes identifying accurate and relative quality measures that are cost effective, not excessively cumbersome, and which would be used to rate or certify "quality providers."

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

- The development of performance criteria for physicians in each provider type that measures quality care, utilization of services, injured workers return to work, and ties these measurements to a certification system.
- The development of quality indicators, performance benchmarks, and consumer service satisfaction and functional measures.
- The development of a continuous improvement program.
- The development of a grievance process for physicians disputing an adverse certification or de-certification decision.

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?

State of Oregon Department of Human Services (DHS), Office of the State Public Health Officer, Health Systems Planning (HSP) initiated and supports the Oregon Patient Safety Initiative HB 2329 bill that is currently under review by the legislature. This bill allows the legislature to create the Oregon Patient Safety Corporation as an independent and accountable public corporation.

The purpose of the Oregon Patient Safety Corporation is to improve patient safety by reducing the risk of adverse events occurring in Oregon health care facilities, using a confidential, voluntary adverse event reporting system to identify serious events, quality improvement techniques to reduce systems errors contributing to those events, and dissemination of evidence based prevention practices to improve patient outcomes.

The HSP mission statement is as follows: To strengthen the ability of Oregon's health systems to serve Oregonians by improving access to primary care, reducing disparities in health services, improving quality and patient safety.

HSP is particularly interested in fostering patient centered care and clinical leadership as key measures to accomplish this mission.

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? None

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?

The department collects medical data sent to insurers by physicians who provide medical services for injured workers. This data is collected quarterly and represents approximately 80% of the workers' compensation medical records submitted by insurers and self-insured employers in the state of Oregon. The following link to the Bulletin 220 describes the insurers medical-data reporting requirements http://www.cbs.state.or.us/external/wcd/policy/bulletins/bul_220.pdf

Additionally, the department has support, for the objectives already stated, from a broad stakeholder base that includes: medical providers, insurers, employers, and workers.

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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?)

The Department of Consumer Business Services will financially support this project through their current operating budget.

Thank you.

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

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