

Improving Quality of Care for Injured Workers in California

Workshop Synopsis

May 24-25, 2000

The California Division of Workers' Compensation and the Agency for Healthcare Research and Quality co-sponsored a workshop "Improving the Quality of Care for Injured Workers in California" on May 24-25, 2000, in Oakland, California. The goal of the workshop was to broaden the dialogue among key stakeholders in California's workers' compensation system about the quality of health care for injured workers, and to encourage collaboration among stakeholders to advance a quality agenda. The workshop participants included representatives from providers, insurers, employers, labor, academia, and government.

Suzanne Marria, Assistant Director of the California Department of Industrial Relations, addressed the need to focus on prevention of occupational injuries and sustained return-to-work. The current system may not have the right incentives to achieve those outcomes. DIR welcomes this opportunity to engage in constructive dialogue about improving the quality of care for injured workers.

Ann Monroe, Director of the California HealthCare Foundation Quality Initiative, provided an introductory overview, beginning with a definition of quality and discussion of different types of quality problems: overuse, underuse, misuse, practice variation. The key role of quality information was emphasized; without comprehensive standardized information about delivery and outcomes, it is difficult to know whether the care that is being provided is relatively good or bad. Quality improvement efforts can help organizations diagnose and remedy systems problems and achieve their full potential. Key principles of quality measurement and improvement include standardized and externally validated data for analyzing a core set of quality measurement metrics, including the voice of the patient, with public disclosure of results. A quality driven health system: practices evidence-based medicine, implements quality measurement and quality improvement systems, and provides incentives for *achieving quality results*.

Jay Himmelstein, Director of the Robert Wood Johnson Foundation Workers' Compensation Health Initiative, provided an overview of the quality challenge in workers' compensation health care. Some aspects of workers' compensation medical care require special attention. There is a special emphasis on functional and vocational outcomes. Both processes and outcomes may be affected by factors out of the control of the health provider, and responsibility for various aspects of care may be fragmented throughout a system which involves employers, insurers, vendors, and providers. However, there is also evidence of poor quality of care for injured workers, requiring that

we meet the challenge of quality measurement and improvement in workers' compensation health care.

Ann Lawthers, Harvard School of Public Health, discussed performance measurement in greater detail. There are different perspectives on quality (e.g. provider, patient, purchaser), and different aspects of quality can be measured. Performance measures should be relevant to key stakeholders, scientifically valid, and feasible to implement. Barriers to performance measurement in workers' compensation include the lack of data access and accuracy, financial incentives or regulatory requirements, or standardized measure sets and methodologies. Costs, personnel resources, and concerns about risk adjustment also hinder performance measurement.

Carol Haraden, Institute for Healthcare Improvement, provided an introduction to quality improvement initiatives. "Every system is perfectly designed to achieve exactly the results it gets." (Don Berwick). Quality improvement therefore requires *systems* change, which requires leadership, clear aim and purpose, the use of data and measurement, small scale testing, and the deliberate spread of successful innovation. In selecting quality improvement projects, it helps to set priorities based on known problems and feasibility, to avoid low impact changes, and to copy what others have done.

Arnie Milstein, Medical Director for Pacific Business Group on Health, pointed out that the biggest barriers to quality measurement and improvement in workers' compensation health care are the lack of metrics (e.g. comparative scoreboards on performance) and absence of rewards for quality, for employers, insurers, or providers. In other words, we must build the business case for quality in workers' compensation health care.

John Frank, UC Berkeley School of Public Health, discussed return to work after low back injury (*based on a large study done in Ontario, Canada*). Workplace characteristics and psychosocial attributes of the workplace, individual worker characteristics, clinical factors, and workers' compensation system factors all contribute to low back pain outcome. The trajectory of recovery is set early after an injury, is further influenced by worker expectations of recovery, and is powerfully influenced by the workplace response (e.g. offer to accommodate). Key issues in enhancing recovery for low back injured workers include: reducing excessive diagnostic testing, analgesia, and rest; providing workplace accommodation in the first week after injury; and intensive work-linked case management 3-12 weeks after injury.

Steve Levit, Travelers Property and Casualty; Hilary Radovich, Marriott; Doug Benner, Kaiser Permanente; and Maggie Robbins, California Labor Federation, presented different perspectives concerning barriers and opportunities for improving the quality of care for injured workers. The legal aspects of the system may contribute to poor quality of care; the appropriateness of surgery and extensive chiropractic care should be assessed. Delays in employer reporting of injury, failure of providers to take an adequate history or

be specific regarding work restrictions, and legal aspects of the system create barriers to quality care. Treating physicians need both clinical and workers' compensation system expertise. A major barrier to quality improvement is the lack of standardized benchmarks and data. A quality system would provide appropriate and timely care, enhance physical, emotional and vocational recovery of the worker with no economic loss, and feed back to the workplace to prevent further injuries. Providers need more understanding of the workplace. Barriers to quality include fragmentation in the system, delays in access (for denied or delayed claims), and the adversarial nature of the system. (*what about maggie's point that many injured workers receive their care in the regular health care system not workers comp?*)

Gary Franklin, Washington Department of Labor and Industries, described Washington State's efforts to implement a quality of care improvement process. Key aspects of the Washington State Occupational Health Services Project have been a labor-business partnership, a community based (*or public health?*) approach to prevention, increased accountability and incentives for providers, more integration and coordination of care, an expanded focus on occupational health, and a focus on worker choice and satisfaction. The strategies to improve quality include developing systems to track provider performance with regard to outcomes and satisfaction, new payment mechanisms based on performance standards, and the development of occupational health "centers of excellence".

No synopsis can do justice to the thoughtful and respectful dialogue in which participants were actively engaged throughout the workshop. Several key points and themes emerged in the discussion:

- * Always stay focused on what's happening to the injured worker.
- * There are no rewards for quality in the workers' compensation system now; we need to create incentives for quality for all the participants.
- * The adversarial nature of the system contributes to poor outcomes for injured workers, and creates barriers to quality improvement.
- * Continued engagement in respectful dialogue that recognizes different perspectives is crucial.
- * We can reach agreement on the outcomes that we want to measure.
- * Prevention of occupational injuries and prevention of disability are key goals *in any quality improvement effort*.
- * Understand that each player has responsibilities, and clearly identify what each should be held accountable for.
- * We need to build on the strengths of various parties and focus on a team approach to quality improvement.
- * For many workers' compensation injuries (soft tissue), treatment and outcomes are complex and multifactorial
- * There are legal issues which may adversely impact quality (e.g. 90 day delay issue, impact of PTP presumption on attorney choice of treater)

- * We need standardized performance measurement and benchmark data.
- * Provider reimbursement policies don't encourage good practices such as patient education or discussions with employers.
- * Quality of care is influenced by workplace factors (e.g. health insurance).
- * Workplace factors play a powerful role in return-to-work outcomes.
- * Legislative "tinkering" sometimes makes things worse
- * Many providers are doing measurement (e.g. access, treatment patterns, disability duration, patient satisfaction), but all are using different instruments and measures, and there is some question as to the validity of some measures.
- * Performance measurement needs to be linked with commitment to quality improvement so that is not perceived as punitive.
- * We need more research to clearly identify areas of underuse, overuse, misuse, and variation in workers' compensation care.
- * A lot of resources are being allocated to inefficient processes (e.g. bill review or utilization review) that could be diverted to quality improvement.
- * Depression is a big issue, and the current system both contributes to it and creates barriers to addressing it.
- * It's very important for workers to feel like they can trust their treating physician.
- * Care is currently very uncoordinated and disintegrated.
- * We need improved communications among supervisors, physicians, workers, and claims administrators.
- * Focus. Pick something manageable, and show that you can do something about it.

Where do we go from here? Participants were enthusiastic about continuing dialogue on these issues. There was general consensus that a smaller "ad hoc planning committee", convened by the Division of Workers' Compensation, should meet soon. The group will draft a proposed plan for quality improvement in the care of California's injured workers, through discussion of desired outcomes, appropriate performance measures, and prioritization of possible quality improvement activities.