

Update on **SSB 5801**

Developing Provider
Networks for L&I

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Basics of SSB 5801

- Signed by Governor Gregoire March 14, 2011
- Directs L&I to create a statewide network for those who treat injured workers
- Provides for development of best-practices and creation of a “second tier” for providers
- Calls for expanding access to the State’s Centers for Occupational Health Excellence (COHEs)

SSB 5801--Goals

- Improve health-related outcomes for injured workers
- Help injured workers return to job sooner
- Savings of \$218 Million over next four years

Timeline:

- Jan 2012—Adopt requirements for the provider network
- Jan 2013—Launch provider network
- December 2013—Expand access to COHEs to at least 50% of injured workers
- December 2015—Expand access to COHEs Statewide

Stated Impact on Injured Workers

- Workers will have access to providers who meet minimum standards
- Workers will be able to choose provider within network
- Worker can see any provider for initial visit

Provider Network Advisory Group

- Members include MDs from IIMAC, Chiropractors from IICAC and representatives from business and from labor.
- Input from entire body of IIMAC
- L&I staff spearheaded by office of the medical director

Minimum Standards

- Hold an active license
- No revocation of privileges
- No relevant felonies
- Etc.

Removal from Network

- Concept of the “three-legged stool”
 - Providers who are shown to provide:
 - **Low Quality Care** which includes
 - **Risk of Harm** and
 - Have a **pattern** of providing this kind of care

Low Quality Care

- Treatments which have not been shown to be safe or effective
- That uses diagnostic tests or treatments not in compliance with department policies
- Care which is outside of a providers scope of practice
- That fails to deliver appropriate care
- That includes repeated unsuccessful surgical or other invasive procedures

Low Quality Care

- That includes the provision of care that is neither curative or rehabilitative for extended periods of time and does not contribute to recovery, return to work or claim resolution

Risk of Harm

- Intended or unintended physical or psychiatric injury resulting from, or contributed to, by health care services resulting in the need for additional monitoring, treatment or hospitalization or that worsens the condition(s), increases disability or causes death. Harm includes increased chronic pain or disability.

Pattern

- Where normative data exist—falling below a certain threshold
- Where normative data do not exist—review concludes that a percentage e.g. 20% of providers cases do not meet acceptable quality
- Life-threatening events or death have a different threshold

Department Actions

- Monitoring
- Mentoring
- Restriction of Payment for certain procedures
- Suspension from network
- Permanent removal from network

Department Actions

- Department will take into account any unique mitigating circumstances e.g. practice at a center receiving particularly severe or catastrophic cases
- Department will not consider chronic pain or duration of disability alone as unique mitigating circumstances



