



# Washington IARP Quarterly Newsletter

Winter, 2010—2011

## President's Column, Craig Bock, MA, CRC

Reflection. Usually when the word reflection is conjured, one thinks of a mirror, a still pond or the puddle before the splash. However, at this time of year, reflection is all about the year behind you and what is on the horizon to come. For rehabilitation professionals, each year brings the opportunity to work with people struggling to regain who they were and adjusting to who they may have become. It is also for many of us a time to reflect upon how our busy schedules may have impacted our family lives and how we hope to manage their personal and professional schedules in the coming year. If we do not stop and take time to make sure our households are in order and balanced, there is no way we can offer efficient rehabilitation services to the clients we have the honor and privilege to work with.

As I head into the second half of my IARP – WA Presidency, I am pleased with the quality of vocational rehabilitation counseling in our State and the professionals who

continue to represent our amazing vocation. We are a group of professionals that can positively impact all that we come in contact with in a claim and in life. We break down barriers that workers must hurdle to return to a more productive lifestyle while trying to contain overall costs for the employers so they can thrive, stay in the State and continue to offer gainful employment options to Washingtonians. We saw firsthand the employer struggles that brought about Initiative 1082. I-1082 did not pass, but the fact that such a possible wide sweeping change was put to the voters means employers are continuing to look for options and savings opportunities as pertains to Workers' Compensation. As 2011 begins, we need to be very aware of how we can broker win-win scenarios for employers and employees so that costs are contained and gainful employment maintained.

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## In This Issue

- **L&I Update**
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**The flowers of late winter and early spring occupy places in our hearts well out of proportion to their size.**

*Gertrude Wister*

*Views expressed in this newsletter do not necessarily represent the views of IARP National, the WA IARP Chapter or its Board of Directors.*

## L&I Update, Rich Wilson, CRC, Return to Work Services Program Manager

I was pleased to be asked to submit an update for the IARP newsletter. This is another example of the successful partnership that IARP and the department have been building over the past few years.

### VRC certification

November 30, 2010 was a watershed date. It marked the conclusion of WAC requirements that were adopted nearly ten years ago. Specifically, that all VRCs who provide vocational services to Washington injured workers must have a credential. I'm very impressed by the efforts that were made by individuals in our community to meet this challenge. I'm personally aware

of many stories of sacrifice (taking courses, studying for the exam) and frustration (not passing the first time, but trying again) that folks faced in this pursuit. These credentials have value – they provide important guidance for standards of practice and they help ensure our continuing education.

In early December the department deactivated a total of 30 active VRCs who had not obtained their credential by the deadline. This leaves a total of 656 VRCs providing services to Washington injured workers. About 467 of these VRCs provide services to workers referred by the State Fund. There are also about 244 interns.

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In 2010 we also saw a stellar group of professionals share their experiences and knowledge during our Fall Conference. Each presenter left the audience members satisfied, yet wanting more. They piqued interest and challenged the attendees to step up their own level of expectations when it comes to communicating with others and providing professional services at the highest level possible. A heartfelt thank you goes out to those who gave of their time, talent, and energy to inform and inspire us.

During this year, we also saw the roll out of a new Vocational Rehabilitation Counselor Performance Rating System. The six new performance indicators are:

- Timeliness of progress reports.
- Training plans approved the first time.
- Eligible recommendations approved the first time.
- Useful outcomes.
- Results of vocational disputes.
- Complaint findings.

The following WA State L & I website link details the new system and how it impacts those Vocational Rehabilitation Counselors that work directly with state fund employees and employers:

<http://www.lni.wa.gov/ClaimsIns/Voc/WorkWithLni/Performance/Profile/Indicators.asp>

During 2010, IARP representatives, Vocational Rehabilitation Counselors from around the State and the Department of L & I continued to have positive interactions and solid win-win communications during Vocational Technical Stakeholders Group meetings. The Vocational Technical Stakeholders Group (VTSG) communicates between L&I and vocational rehabilitation providers who work with injured workers. The VTSG group:

- Gives feedback on proposals related to current and emerging issues.
- Serves as a professional resource on vocational rehabilitation issues to help inform L&I's policy and program decision-making.

VTSG meetings are open to the public with time for public comments scheduled at the end of each meeting. The following is a link to VTSG information as well as minutes from past VTSG meetings:

<http://www.lni.wa.gov/ClaimsIns/Voc/WorkWithLni/Vtsg/Default.asp>

As your President, I encourage all of you as the New Year approaches to remain knowledgeable about your profession and what you can do to make it a continued thriving success. Along those lines, I would ask that if you have a topic that you would like discussed at a WA IARP Board Meeting or in the WA IARP Newsletter, please come to a Board meeting, call me (425) 823-7115 or email me at [craig@bockconsulting.com](mailto:craig@bockconsulting.com). As a Board, are always looking for members to submit papers or editorials for the Newsletter as well. Please feel free to submit any articles, papers, rehabilitation success stories or commentary to my email.

I am excited about 2011 and all that our profession will do to champion the rehabilitation efforts of our clients. I am hopeful as well that as a collective membership we take time to take care of ourselves, continue to positively impact the people we come in contact with, believe that our profession is one that few may fully comprehend but many need and seek to understand our client's paradigms first, then to be understood.

Take care and Happy New Year!!!

Craig Bock, M.A., CRC  
WA IARP President

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### UW Report on the Vocational Improvement Project

The University of Washington submitted their first annual report to the legislature on the Vocational Improvement Project (VIP) in December. They evaluated data from the beginning of the VIP changes, through December 2009. The report, titled Evaluation of the Vocational Rehabilitation Pilot Program, will be published soon on the L&I web site. In the meantime, here are some selected excerpts of their findings:

- About 96% of approved plans are for formal training, compared to a pre-VIP rate of 90%. This means that we are seeing fewer OJTs.
- 49% of State Fund plans and 74% of self-insured plans were for “demand” occupations. The reasons for the difference are not clear.
- Option 2 was chosen by about 25% of workers.
- Repeat referrals for State Fund plan development were reduced by 24%.
- The time to submit a plan has decreased by about 40%.
- About 69% of workers who were surveyed after being referred for plan development were “at least somewhat satisfied” with workers’ compensation and were “at least somewhat satisfied” with the vocational rehabilitation system.

### Vocational Profile

IARP members who work with the State Fund know that a new performance measurement system was adopted last October. L&I is working with a group of private VRCs on implementation issues, including helping us to identify ways to ensure accuracy and consistency in our service review processes.

Claim staff report that they like the new profile and in particular, the new progress report format.

### “Lean” Problem Solving Approach

L&I is adopting a process improvement model known as Lean. Lean involves a disciplined approach to problem solving: creating a clear understanding of the problem, getting to the root cause(s), and implementing plans to address one or more of the root causes. This methodology is practiced by a number of world class organizations. The Lean approach includes the development of standards (predictable actions or products) that lead to the successful outcome of a process. For example, a cheeseburger from the famous “golden arches” diner will look and taste the same, regardless of which store you purchase it at. This is the result of clear standards in producing the cheeseburger. We expect that applying Lean methods will result in increased efficiencies, reduced delays and increased customer satisfaction.

We’re currently applying this methodology to seek improvements in a number of areas, including:

- Early Return-to-Work
- Process time and consistency at the Vocational Dispute Resolution Office
- AWA duration

### In conclusion

If you would like to learn more about these topics, or become involved in the discussions, please join us at the bi-monthly meetings of the Vocational Technical Stakeholder Group (VTSG). Meeting schedule and location, and minutes from previous meetings are located on our web site: [RTW.LNI.WA.GOV](http://RTW.LNI.WA.GOV).

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## Chronic Pain Disability: Finding the Best Management

By Niriksha Malladi, MD, UBC Staff Physician

As the nation struggles to find ways to offer cost-effective healthcare, it becomes crucial for hospitals, healthcare clinics and physicians to look at their own practices and outcomes. In the field of chronic pain, where the options range from alternative treatments to invasive and expensive procedures such as spinal cord stimulators, finding the most effective treatment can be a challenging and frustrating process for patients and health care providers alike.

Chronic pain is increasingly being recognized as a chronic disease to be managed, similar to diabetes or rheumatoid arthritis, rather than a disease that can be cured and eradicated. Contemporary understanding about chronic pain also asserts that an interdisciplinary approach to pain treatment, addressing the physical and psychological barriers, positively impacts pain treatment outcome. It has also been demonstrated to be vastly more cost-effective care when compared to the alternatives.

For the last twenty-five years, UBC Inc. (United Backcare, Inc.) has been offering intensive rehabilitation for musculoskeletal disorders, ranging from failed back surgery syndrome to complex pain disorders. In addition to recognizing the need for intensive physical rehabilitation for patients who have drastically reduced their physical functioning as a way of coping, patients receive structured psychological education. Psychological variables such as beliefs about pain signaling physical damage, self-perception of being disabled, and the patient's own ability to modulate the experience of pain are explored in the cognitive behavioral therapy course. Patients meet individually with the psychologist to explore their personal barriers. For those derailed from their careers by chronic pain, classes and meetings with the vocational counselor prepare them for return to work. Patients who have become dependent on medications for pain management are able to taper off opioid medications under the supervision of the UBC physicians. With this approach, even as their function improves, their pain medication needs decrease.

In an article published recently in the journal *Pain Medicine*, Cunningham et al (2009) demonstrated that a 3 week pain rehabilitation program resulted in an average annual medication cost-savings of \$2404.80 per patient. There are also studies reporting reduction in pain-related clinic visits, surgical interventions, hospitalizations, emergency room visits, decreased disability claims and overall decreased medical costs among the benefits of interventional rehabilitation.<sup>1</sup>

The per-person lifetime cost savings of interdisciplinary pain rehabilitation approximates \$356,288 for health care and disability alone, compared with conventional medical therapy for chronic pain.<sup>2</sup> This does not take into consideration other costs including tax revenue, lost productivity and sick leaves.

While pain may improve a small amount by the end of a typical 20 day program, patients report worrying less about their pain, avoiding activity less and being less disabled. This has been validated in multiple studies, which is part of the reason why nationally and internationally, intensive rehabilitation programs such as UBC's have a 68% rate of return to work for injured workers (compared with 27%-36% rate of return to work for a similar cohort who did not undergo multidisciplinary treatment).<sup>3</sup>

Health care providers who treat chronic pain realize that it is a multisystem illness, rather than just a symptom of an underlying disease. Its effects can be devastating, robbing patients of their work, well-being and sense of control over their lives. For such patients, comprehensive pain programs become the intensive care unit equivalent of rehabilitation (as a UBC physician, Dr. David Sinclair, fittingly describes it), allowing patients to return to productive lives. The positive implications are unmistakable from a healthcare utilization, legal, individual and societal perspective.

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It is unfortunate, then, that in an attempt to cut costs, some third party payers have steered patients away from this treatment option by not covering comprehensive pain programs, with the paradoxical outcome of more expensive therapies with poor outcomes being performed on an increasingly frequent basis. This includes controversial surgeries and implantable devices, which have not demonstrated the same robust outcomes of comprehensive pain programs.

Just as the patient's cry to have his pain adequately managed cannot be ignored, evidence-based data on the most efficacious treatments cannot be ignored. The landscape of the scope of care available to patients with chronic pain will continue to change, and, with any luck, the most effective choices will become easier to navigate.

- <sup>1</sup>Cunningham et al. Reduction in Medication Costs for Patients with Chronic Nonmalignant Pain Completing a Pain Rehabilitation Program. *Pain Medicine*, 2009; 10 (5), 787-796.
- <sup>2</sup>Gatchel RJ, Okifuji A. Evidence-Based Scientific Data Documenting the Treatment and Cost-Effectiveness of Comprehensive Pain Programs for Chronic Nonmalignant Pain. *The Journal of Pain* 2006; 7 (11), 779-793.
- <sup>3</sup>Flor H, et al. Efficacy of multidisciplinary main treatment centers: A meta-analytic flow. *Pain* 1992; 49, 221-230.

## IARP Management Group (IMG): A History

Brad Reckord, Rainier Case Management

IMG began as the Northwest Rehab Management Association (NRMA) in 1982. In the early days we had 4 or 5 Companies as members. This was the spawning period between L&I and Private Voc Rehab and these providers joined forces to promote and protect vocational livelihood.

Legislative change of Mandatory Rehab in 1985 dramatically decreased vocational referrals. NRMA was active in helping generate new private contracts and a new vocational process with L&I in 1987.

In 1989 Washington became a Chapter of NARPPS. Soon after, NRMA dissolved and became a liaison committee of NARPPS. Our name changed to NARPPS Management Group (NMG) and eventually to IARP Management Group (IMG).

Our mission is to promote positive Voc Rehab policies with the legislature; executive branch; L&I; the business community and organized labor. We work inclusively with our members to monitor regulatory and business trends and encourage best business practices.

We have been instrumental in the preservation of voc rehab in Washington, whether it is through effective communication with L&I management, Workers' Comp stakeholders, the Legislature, or the Executive Branch. One of our major achievements has been to establish an annual rate consideration connected to the medical fee index. Before this, rate increases involved long drawn out negotiations and contracts.

The only requirement of membership is that you are a manager or owner of a Vocational provider company and a member of IARP.

Over the years we have had over 30 company members and represented the majority of active Washington VRC's. The size of our members range from very small companies (one or two VRC's) to larger regional or statewide firms.

If you are interested in IMG, please call Steve Duncan, our Government Affairs Liaison, 206 941 3799, [steve@duncanlabs.com](mailto:steve@duncanlabs.com) or Brad Reckord, Rainier Case Mgt, 360 695 8383 X107, [breckord@rcmmail.com](mailto:breckord@rcmmail.com)

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## Get Involved — Attend Meetings and Speak Up!

Your Washington IARP Board meets the second Wednesday of every month in Auburn. Monthly board meetings are open to all members and our board minutes can be viewed online at [www.rehabpro.org](http://www.rehabpro.org).

L&I's Vocational Technical Stakeholder Group (VTSG) meetings are open to the public. The next VTSG is at the L&I service location in Tukwila on March 21. Check the L&I website for details.

We have been instrumental in the preservation of voc rehab in Washington

## WA—IARP Calendar of Voc-Related Events

### **FEBRUARY**

- 09 WA-IARP Board Meeting  
10:00 a.m. to 12:00 p.m.  
815 E. Main St., Auburn, WA - Conference Room
- 10 thru 12 DM/CM Conference  
Doubletree Paradise Valley Resort, Scottsdale, AZ
- 23 IMG Meeting  
11:00 a.m. to 1:00 p.m.

### **MARCH**

- 09 WA-IARP Board Meeting  
10:00 a.m. to 12:00 p.m.  
815 E. Main St., Auburn, WA - Conference Room
- 10 Professionals in Workers' Compensation - Symposium  
5:00 p.m. to 8:00 p.m.  
Annual Banquet  
Boeing Museum of Space, Seattle, WA
- 21 VTSG Meeting  
10:00 a.m. to 2:00 p.m.  
12806 Gateway Dr S, Tukwila, WA
- 23 IMG Meeting  
11:00 a.m. to 1:00 p.m.

For further information regarding:

IARP: e-mail [mail@waiarp.com](mailto:mail@waiarp.com)

NRA: e-mail Colleen Graney at [colleena@w-link.net](mailto:colleena@w-link.net) or call (360) 943-6607

PWC: [pwc.org](http://pwc.org) or e-mail [ruffs118@msn.com](mailto:ruffs118@msn.com)

OARP: (503) 598-0711 or e-mail [office@iarp.org](mailto:office@iarp.org)



**President**

Craig Bock  
Bock Consulting  
11410 NE 124th Street #213  
Kirkland WA 98034  
Tel: (425) 823-7115 x1  
Fax: (425) 823-7125  
[craig@bockconsulting.com](mailto:craig@bockconsulting.com)

**President – Elect**

Lisa Parker  
Career Counseling, Inc  
4115 So Meridian, Suite A  
Puyallup, WA 98373  
Tel: (253) 845-4090  
Fax: (253) 840-3381  
[Ldeboer-Parker@msn.com](mailto:Ldeboer-Parker@msn.com)

**Past – President**

Kari D'Aboy  
2627 E. Martin Way  
Olympia, WA 98506  
Tel: (360) 709-9800  
Fax: (360) 709-9806  
[kari@careerhorizon.net](mailto:kari@careerhorizon.net)

**Secretary – Treasurer**

Chris Fascilla  
NW Center for Integrative Medicine  
2702 S. 42<sup>nd</sup> St, Ste. 310  
Tacoma, WA 98409-7324  
Tel: (253) 472-7844  
Fax: (253) 472-8474  
[cfascilla@qwestoffice.net](mailto:cfascilla@qwestoffice.net)

**Members at Large**

Barbara Bengston  
Rainier Case Management, Inc.  
815 E. Main St.  
Auburn, WA 98032  
Tel: (253) 880-3062  
Cell: (253) 217-0176  
Fax: (206) 338-4304  
[Bbengston@rcmmail.com](mailto:Bbengston@rcmmail.com)

Bradley K. Ehrlich  
Career Opportunities Group, Inc  
720 N. 35<sup>th</sup> St., Ste 210  
Seattle, WA 98103  
Tel: (206) 547-4601 ext 100  
Cell: (206) 293-2933  
[Bradley@career-ops.com](mailto:Bradley@career-ops.com)

Ryan Guppy, CDMS  
UBC, Inc.  
Tel: (425) 644-4100  
Fax: (425) 350-0835  
[rguppy@ubcinc.org](mailto:rguppy@ubcinc.org)

Catherine Parker  
Intracorp  
15 W. Central Ave., Suite 4  
Spokane, WA 99208-1199  
Tel: (208) 667-0124  
Fax: (860) 731-2924  
[Catherine.parker@mail.intracorp.com](mailto:Catherine.parker@mail.intracorp.com)

Marilyn Thomas  
Strategic Consulting Services Inc.  
513 Bay Street, Suite 2  
Port Orchard, WA. 98366  
Tel: (360) 874-2444  
Cell: (206) 782-8604  
Fax: (206) 350-0608  
[mthomas@scsvoc.com](mailto:mthomas@scsvoc.com)

WA IARP email:  
[mail@waiarp.com](mailto:mail@waiarp.com)

## Guidelines for Advertising through WA IARP

The WA – IARP Newsletter is distributed electronically to approximately 200 members quarterly. If you are interested in advertising in this newsletter, the following are guidelines and deadlines for ad submissions:

We accept ads from vendors who provide ancillary services to injured workers in an effort to reduce the physical, mental, social and financial impact of disability. We do not accept ads for job postings. Job postings may be placed through the National IARP Website. ([www.Rehabpro.org](http://www.Rehabpro.org))

WA – IARP publishes four newsletters per year; Spring, Summer, Fall and Winter, Ads are due based on the following schedule.

<u>Newsletter</u>	<u>Due Date</u>	<u>Publish Date</u>
Spring	2/28	March
Summer	5/31	June
Fall	8/31	September
Winter	11/30	December

Email the ad as an attachment to Kari D'Aboy at [Kari@ CareerHorizon.net](mailto:Kari@CareerHorizon.net). Please provide the phone number and email address of a contact person(s) who can make decisions regarding the ad. Please be sure the ads look exactly as you wish them to appear. WA – IARP is not able to provide ad development or editing services.

Ads should be submitted in one of the following formats: MS Word (DOC or DOCX), or Microsoft Publisher (PUB) formats, or as a TIF, GIF, JPG or other universal graphics file. **Please do NOT submit ads in PDF format.** Ads may be in color, grey tones or black and white.

Ads may appear in the following sizes:	Cost:
Full Page: 9 inches high by 5 7/8 inches wide.	\$200
Half Page: 4 ½ inches high by 5 7/8 inches wide	\$125
Quarter Page: 4 ½ inches high by 3 3/8 inches wide	\$75

Prior to submission, please “preview” your ad with the final print size in mind, to make sure that fonts are large enough to be read.

**Please proof-read ad for accurate spelling, phone numbers, and other important information as WA-IARP is not responsible for proof reading.**

*We do not accept ads for job postings. Job postings may be placed through the National IARP Website. ([www.Rehabpro.org](http://www.Rehabpro.org))*