Early Health Care Intervention to Reduce Long-Term Disability: Lessons from Washington State Workers’ Compensation

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Early Intervention Disability Demonstration Projects—Concepts for Action

Senate Dirksen G-11
February 12, 2015
WC Disability Prevention: Good News—Bad News

Bad News

• Workers who remain on disability for longer than 2-3 months have greatly reduced chance of returning to work

Good News

• Effective occupational health care & secondary prevention can reduce the likelihood of long-term disability
Changes in Disability Status among Injured Workers in WA State

% Workers Receiving Disability Payments

Early Intervention Period

Time Loss Duration (months)

0 1 2 3 4 5 6 7 8 9 10 11 12

% Workers Receiving Disability Payments
System Redesign to Prevent Work Disability

• Four quality indicators, representing an occupational best practice, linked to physician payment incentives
  – Each time a physician performed a best practice he/she received added payment

• Community-based pilot centers for occupational health and education (COHEs)
  – Quality improvement (QI) activities:
    • Care coordination
    • Mentoring and CME for community MDs
    • Disseminate treatment guidelines and best practices information
Location of COHE Pilot Sites

- Renton
- Spokane
## Intervention Components

<table>
<thead>
<tr>
<th>Quality Improvement Component</th>
<th>Quality Improvement Objective</th>
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<tbody>
<tr>
<td><strong>Structural Change Components</strong></td>
<td></td>
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<tr>
<td>• Physician Continuing Medical Education (CME)</td>
<td>• Enhance physician knowledge and training in treating occupational injuries</td>
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</tbody>
</table>
| • Health Services Coordinators | • Improve care coordination  
• Improve communication with employers to promote return to work  
• Reduce provider administrative burden |
| • Information technology | • Improve patient tracking |

**Financial Incentive Component**

| • Enhanced provider payment | • Promote best practices  
- Submission of accident report  
- Use of activity prescription form  
- Communication with employer  
- RTW impediments assessment |
Intervention & Comparison Groups

Renton

- Intervention Group: 26,367
- Comparison Group: 45,772

Spokane

- Intervention Group: 24,222
- Comparison Group: 9,245

Comparison-group: all cases treated by MDs in COHE target area not participating in pilot.
## Regression Results

<table>
<thead>
<tr>
<th>Measure</th>
<th>Statistical (Marginal) Estimates</th>
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<tbody>
<tr>
<td></td>
<td>All Cases</td>
</tr>
<tr>
<td>On disability at 1 year (OR)</td>
<td>.79 *</td>
</tr>
<tr>
<td>Disability days</td>
<td>- 3.3 days *</td>
</tr>
<tr>
<td>Disability costs</td>
<td>- $267 *</td>
</tr>
<tr>
<td>Medical costs</td>
<td>- $145</td>
</tr>
<tr>
<td></td>
<td>Back Sprain Cases</td>
</tr>
<tr>
<td>On disability at 1 year (OR)</td>
<td>.63 *</td>
</tr>
<tr>
<td>Disability days</td>
<td>- 8.1 days *</td>
</tr>
<tr>
<td>Disability costs</td>
<td>- $542 *</td>
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<tr>
<td>Medical costs</td>
<td>- $191</td>
</tr>
<tr>
<td></td>
<td>High Adopter vs. Lower Adopter Cases</td>
</tr>
<tr>
<td>On disability at 1 year (OR)</td>
<td>.63 *</td>
</tr>
<tr>
<td>Disability days</td>
<td>- 6.9 days *</td>
</tr>
<tr>
<td>Disability costs</td>
<td>- $384 *</td>
</tr>
<tr>
<td>Medical costs</td>
<td>- $372</td>
</tr>
</tbody>
</table>

* P < .01
Estimated Net Savings

• COHE expenses included:
  – $115 per claim for enhanced physician payment & administrative contractual costs

• Accounting for these costs, COHE had positive net savings of approximately $300 per claim for one year follow-up

• Savings continue to increase beyond one year
Receipt of SSDI for Compensable Claims: 8 Years Follow Up Post Injury, 2002 – 2010 (n=24,741)

Note these data are preliminary and are not based on matched SSNs.
Exporting the COHE Beyond Workers’ Compensation (WC)

- Can effective secondary prevention to reduce long-term disability occur outside WC?
- Need to experiment with pilot collaboratives involving employers, insurers/health plans, and delivery systems to:
  - Align incentives
  - Offer organizational/clinical support to foster secondary prevention
Summary

• COHE pilot evaluation:
  – Demonstrated value of secondary prevention in preventing work disability
  – Led to passage of state law (March 2011) expanding COHEs on statewide permanent basis

• Experimentation is needed to assess the utility of the COHE model to reduce long-term disability in non-WC populations
Background Material


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