



# 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  
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# WC Disability Prevention: Good News—Bad News

## Bad News

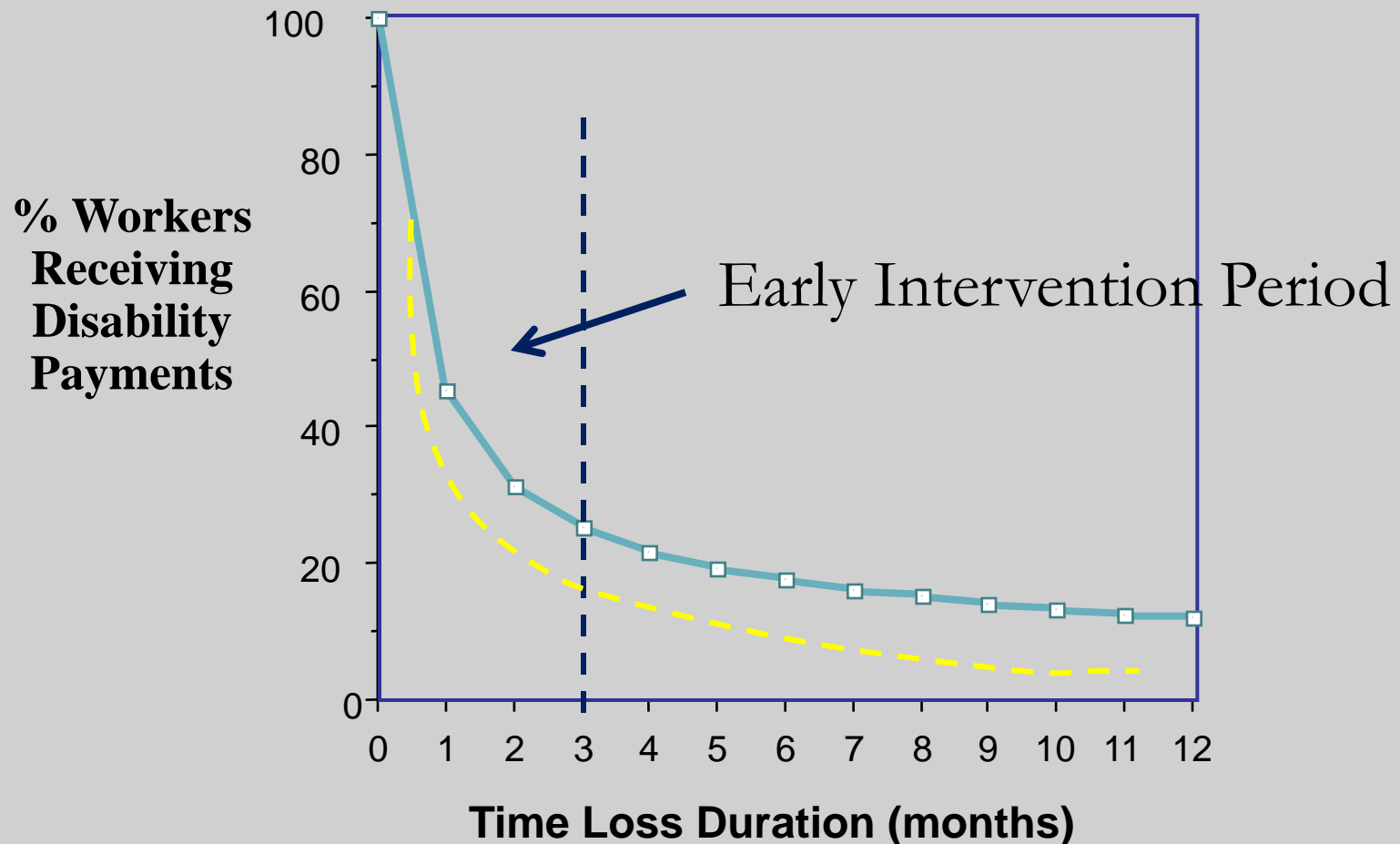
- Workers who remain on disability for longer than 2-3 months have greatly reduced chance of returning to work

## 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



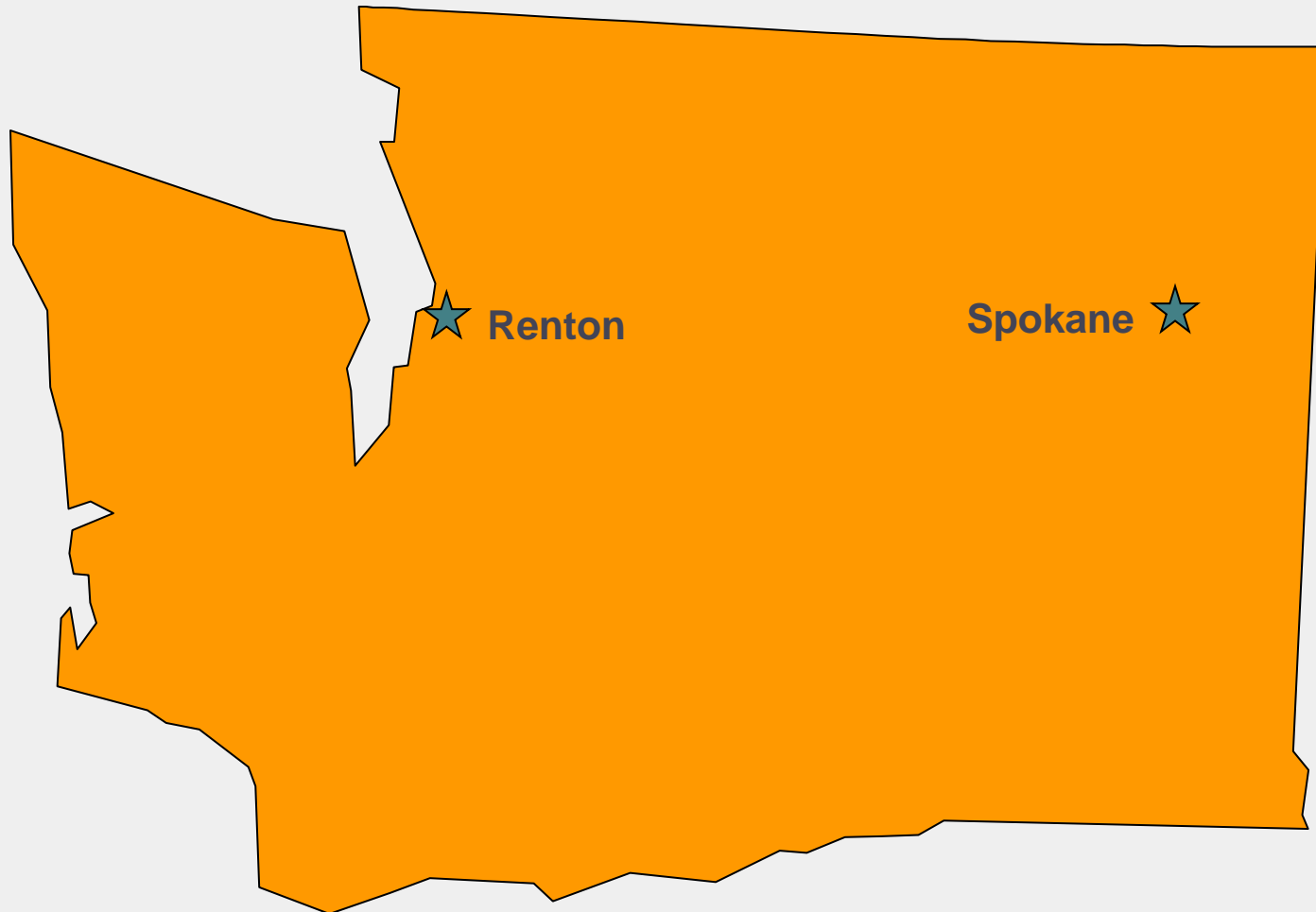


# System Redesign to Prevent Work Disability

- 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

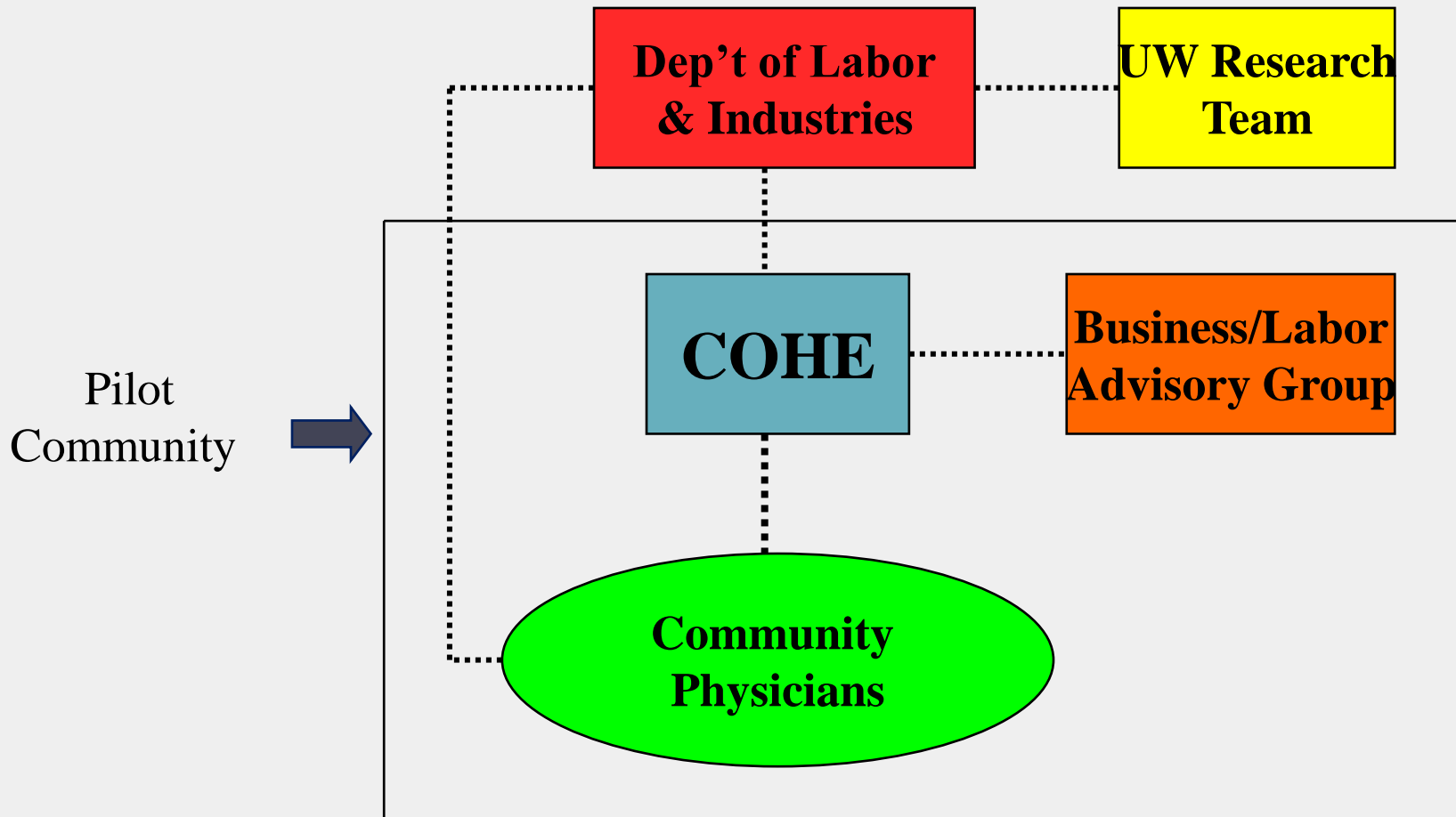


# Location of COHE Pilot Sites





# OHS-COHE Organization



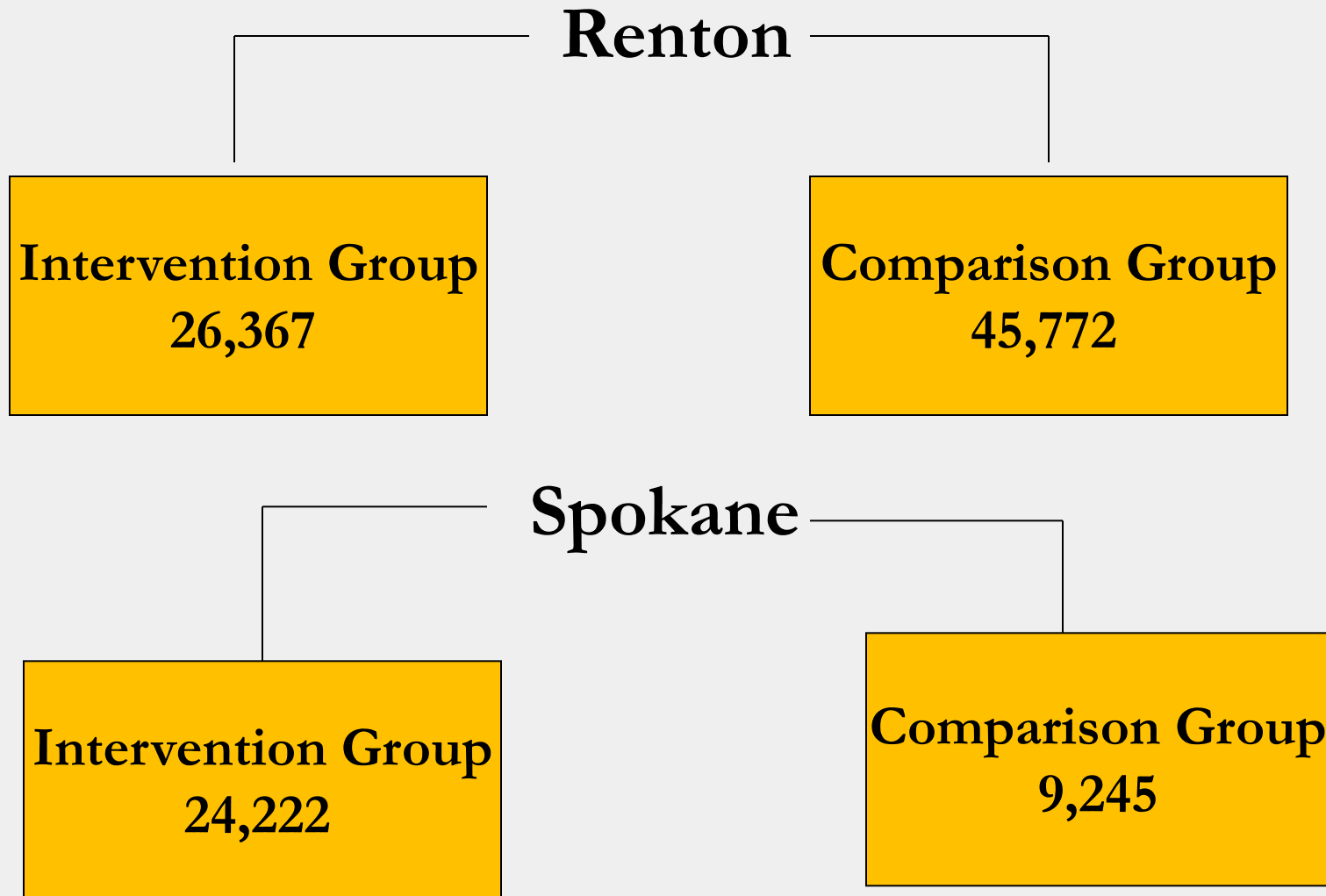


# Intervention Components

<u>Quality Improvement Component</u>	<u>Quality Improvement Objective</u>
<u>Structural Change Components</u>	
<ul style="list-style-type: none"><li>• Physician Continuing Medical Education (CME)</li></ul>	<ul style="list-style-type: none"><li>• Enhance physician knowledge and training in treating occupational injuries</li></ul>
<ul style="list-style-type: none"><li>• Health Services Coordinators</li></ul>	<ul style="list-style-type: none"><li>• Improve care coordination</li><li>• Improve communication with employers to promote return to work</li><li>• Reduce provider administrative burden</li></ul>
<ul style="list-style-type: none"><li>• Information technology</li></ul>	<ul style="list-style-type: none"><li>• Improve patient tracking</li></ul>
<u>Financial Incentive Component</u>	
<ul style="list-style-type: none"><li>• Enhanced provider payment</li></ul>	<ul style="list-style-type: none"><li>• Promote best practices<ul style="list-style-type: none"><li>- Submission of accident report</li><li>- Use of activity prescription form</li><li>- Communication with employer</li><li>- RTW impediments assessment</li></ul></li></ul>



# Intervention & Comparison Groups



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





# Regression Results

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Measure	Statistical (Marginal) Estimates		
	All Cases	Back Sprain Cases	High Adopter vs. Lower Adopter Cases
On disability at 1 year (OR)	.79 *	.63 *	.63 *
Disability days	- 3.3 days *	- 8.1 days *	- 6.9 days *
Disability costs	- \$267 *	- \$542 *	- \$384 *
Medical costs	- \$145	- \$191	- \$372

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\* P < .01

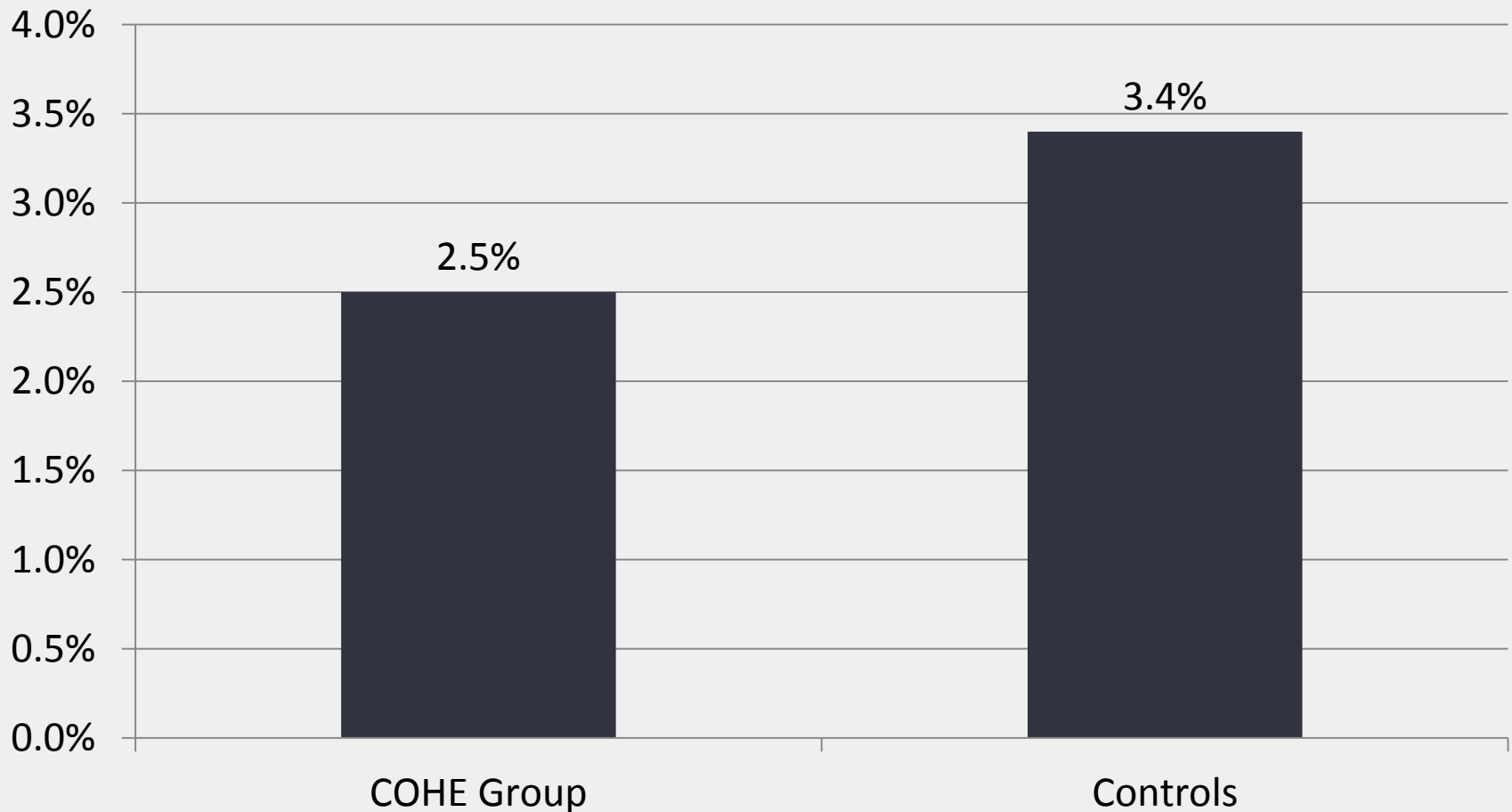


## Estimated Net Savings

- 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

- Wickizer TM, Franklin G, Fulton-Kehoe, et al. “A Communitywide Intervention to Improve Outcomes and Reduce Disability among Injured Workers in Washington State,” Milbank Quarterly, 2004;82(3):547-567.
- Wickizer TM, Franklin G, Fulton-Kehoe, et al. “Improving Quality, Preventing Disability and Reducing Costs in Workers’ Compensation Healthcare: A Population-Based Intervention Study,” Medical Care, 2011;49(12):1105-1111.
- Franklin G, Wickizer TM, Coe N. “Workers’ Compensation: Poor Quality Health Care and the Growing Disability Problem in the United States,” American Journal of Industrial Medicine, (online publication available).



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