

# ORP Network News

## December 8, 2000

### 1. PROVIDER CONFERENCE October 30/00 - ORP BREAKOUT SESSION SUMMARY

#### Issues Discussed:

#### ➤ **Review of Network Performance**

Some of the highlights were identified as follows:

##### **Volumes**

- We are continuing to see an increase in the number of clients being treated in the ORP Network. There was some discussion around the recent changes to the Hand and MRP programs which providers reported has impacted the nature of the clients being referred to the ORP. The providers indicated that as a result of some of these changes, they believe that clients are being referred who require longer than the contracted 10 weeks to achieve a RTW.

##### **Durable RTW**

- There has been a slight increase in the average durable RTW rates since the initiation of the Network, with the peak being approximately 65% in Q3 1999.

##### **Discharge Recommendations**

- The overall average for RTW recommendations has fluctuated between approximately 65% to 75% since Q1 1998. This includes recommendations for full and modified RTW's. The overall average for recommendations for 'Full RTW without Restrictions' has fluctuated between approximately 39% in Q2 1999 to 73% in Q1 00. It was reinforced that a modified RTW may be considered a positive outcome, if it is the best possible outcome for the client.

##### **Pay for Performance Rates**

- There has been a significant increase in the number of providers receiving the maximal incentive for durable RTW.
- The number of providers receiving the maximal incentive for Client Satisfaction peaked at approximately 46% in Q2 1999.
- The Satisfaction Response Rate has fluctuated between 50 and 65%, however, there are a small number of providers who have very high rates, that bump up the average. This will continue to be a primary focus from a Quality Assurance perspective.

#### ➤ **Modified Treatment Requests**

- The providers suggested that as a result of the changing nature of the clients (ie more complex, more psychosocial issues, earlier referrals from MRP and Hands) that the WCB should consider developing other programs to fill the gaps. Feedback from the providers also suggested that Case Managers are reluctant to support referrals to Pain Programs, so more complex clients are being referred to ORP.
- As a result, the providers report that there are more 'exceptions to the rule' in terms of modifications to program hours and length of stay.

- In order to ensure consistency throughout the Network, please follow the procedures outlined below when requesting a modification to the program. All program modifications need to be clinically justifiable.
  - All recommendations/requests for modifications or extensions need to be initially approved by the ORP Program Manager or QA Supervisor.
  - The provider will assume that the request has been approved if the ORP Program Manager/QA Supervisor has not responded within 24 hours.
  - Following approval by the ORP Program Manager or QA Supervisor, then approval by the Case Manager needs to be obtained.

We would like to reinforce that Program Modifications should only be considered in very exceptional circumstances. A sample authorization form is included with this Newsletter.

➤ **Maximize Function Referrals**

- The issue of ‘Maximize Function’ referrals was discussed. It was reviewed that the ORP Network needs to be able to identify the number of referrals to ORP where the expected outcome is not RTW immediately following the program. As per the October 6/00 ORP Network News, the process for capturing this information was reviewed.

➤ **Upcoming Contract Considerations**

- It was suggested that ‘Maximize Function’ referrals be excluded from the KPI measures as in the WCP for clients who are greater than 180 days post injury. This will be brought to the Network Steering Committee for review and consideration for the next contract.

➤ **Other Concerns**

- There were concerns voiced regarding the availability, validity and usefulness of the data received from PERU, particularly for clinics with low numbers of referrals.
- Client Satisfaction Questionnaire – there was concern expressed by the providers that the questionnaire is confusing and often misunderstood, particularly by non-English speaking clients. As well there was concern expressed that the clients are asked to complete 11 questions, but only one question is used for KPI measures.

➤ **Suggestions for Consideration:**

- The providers requested that information be provided regarding the number of clients that are discharged from ORP with a recommendation for a Pain Program.
- The providers requested that information be provided regarding the number of Hand Clients discharged with a recommendation for ORP
- The providers requested that clear guidelines for referral to Pain Programs with specific criteria be provided to the Provider Network as well as to the Case Managers.
- It was suggested that alternate ways of reporting the KPI information be considered to ensure adequate sample sizes which are statistically significant.
- With respect to information and analysis, it was suggested that the KPI information provide more detailed outcomes with reference to factors which may impact outcome (ie job attachment, area of injury, whether VR plan in place, etc)
- Review Client Satisfaction Questionnaire

## 2. Quarter 3 KPI Review

You should all have recently received the Quarter 3 KPI report, as well as the Quarter 2 Pay-for-Performance Scorecard.

### Network Trends:

- The average injury to admit interval is equal to quarter 2 at 162 days.
- The percentage of ‘assessment only’ has decreased steadily over the past 4 quarters to an all-time low of 18% for the network.
- Client Satisfaction Response Rates  
The network return rate for client satisfaction questionnaires is down to 61% from 64% in the previous quarter. This continues to be an area of focus in evaluating quality assurance. Please ensure that you are making all efforts to collect completed satisfaction questionnaires from all clients who participate in the treatment program.  
Once again, we would like to recognize and thank the following providers for successfully achieving or exceeding the target Client Satisfaction Response rate of 70%:
  - Chilliwack ORP (2 consecutive quarters)
  - Columbia Rehab – Kelowna (2 consecutive quarters)
  - Work Able – Courtenay (2 consecutive quarters)
  - Work Able – Terrace (2 consecutive quarters)
  - Work Readiness (3 consecutive quarters)
  - Summit – Nanaimo (4 consecutive quarters)
  - Summit – Langford (5 consecutive quarters),
- The most significant change in the network results was the increased Angus (Ipsos)-Reid response rate of 60% for durable return to work. The response rate ranged from 44% to 49% in the previous 3 quarters.

## 3. Incident Reporting

Several WCB offices around the province have asked that programs be reminded that they must document incidents and injuries that occur to clients participating in the ORP. This should include flare-ups resulting from program activities that present as barriers to participating in treatment or may alter the return to work status and/or discharge date.

Use the following guidelines summarized from standard 5.30 Incident Reporting:

- Where the incident is of accidental or traumatic nature, an incident report must be completed.
- Where the incident is of gradual onset of new, non-claim-related symptoms that result from treatment activities, documentation of any assessment, treatment or alteration of current treatment regimen must be made in the clinical record.
- Where the onset of new signs and symptoms does not appear to be the result of the treatment program, the treatment team must document them in the clinical record.
- The program must inform the Case Manager by telephone following an incident. The program may be requested to provide documentation with details of the incident.

It is recommended that a copy of the incident report form be faxed to the Case Manager in situations where one is completed. There is a sample incident report form included in the appendix of the Standards Manual. It is also recommended that programs inform the Case Manager by telephone if the

client experiences a 'flare up' that may impact the discharge status and/or discharge date. Please review the complete standard for further details.

Thanks to all who participated in the Provider Conference. If you have any questions or feedback, or if you have any information that you would like included in the next version of "Network News" please contact either Duane Endo, Quality Assurance Supervisor (231-8895) or Janet Brydon, Program Manager (231-8841).

Best wishes for the holiday season!

## Request for Modification/Extension

To: \_\_\_\_\_ Title: \_\_\_\_\_

From: \_\_\_\_\_ Title: \_\_\_\_\_

Program: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Claim #: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Rationale for Request:

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Details of Request:	Approved	Not Approved

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Please include a copy of this authorization when submitting invoice to WCB Health Care Services.