

# Tuesday Concurrent Session C3

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## Development and implementation of medically-approved, intermittent work leave guidelines

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## Presentation Outline

- Kaiser Permanente Northwest (KPNW) \*SMARTeam work
- Physician survey on intermittent leave knowledge and support needs
- MDGuidelines' intermittent leave guidance work

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## KPNW SMARTeam: An Unmet Need and the KPNW Solution

- Existing systems and processes were not meeting the needs of employer groups, clinicians, and members
- Northwest Permanente developed the Specialized Medical Ability Resource Team (SMARTeam)
  - The team reviewed ~12,900 intermittent FMLA in 2018
- Did it help? Yes, indeed!
  - System is functioning optimally; well received by clinicians, employer groups and patients
  - The medical group's clinicians accept SMARTeam recommendations >98%
- Consistent with KP National goals of standardization



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### Outcomes for Members from All KPNW Employer Groups

Results of the SMARTeam Clinical Review Process  
Intermittent FMLA  
January - December 2018

| Jan/Dec  | FMLA Individual Cases | FMLA Days Requested | FMLA Days Approved | % of Total Requested Days<br>223,125 / 457,360 | FMLA Reduced By<br>100 - 48 = 52.0 |
|----------|-----------------------|---------------------|--------------------|--|------------------------------------|
| SMARTeam | 12904                 | 457,360             | 223,125            | Approved/Requests = 0.48                       | <b>52.0%</b>                       |

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### Results: Outcomes for All Members of All KPNW Employer Groups

| Intermittent FMLA without SMARTeam RN Review |                          |                     |                    |                        |                  |                                  |
|--|--------------------------|---------------------|--------------------|------------------------|------------------|----------------------------------|
| Jan-Dec 2018                                 | FMLA Individual Requests | FMLA Days Requested | FMLA Days Approved | Hours/Year (x 8 h/day) | FTE/Year (/2080) | \$\$/Time Loss (x ~70,000 FTE/Y) |
| Without SMARTeam                             | 12,904                   | 457,360             | 457,360            | 3,658,880 h            | 1759.07          | \$123,135,384.61                 |

| Intermittent FMLA with SMARTeam RN Review |                          |                     |                    |                        |                  |                                  |
|---|--------------------------|---------------------|--------------------|------------------------|------------------|----------------------------------|
| Jan-Dec 2018                              | FMLA Individual Requests | FMLA Days Requested | FMLA Days Approved | Hours/Year (x 8 h/day) | FTE/Year (/2080) | \$\$/Time Loss (x ~70,000 FTE/Y) |
| With SMARTeam                             | 12,904                   | 457,360             | 223,125            | 1,785,000 h            | 858.17           | \$60,072,115.38                  |

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### Results: Outcomes for All Members of KPNW All Employer Groups

\$\$/Time Loss Saving

\$123,135,384.61 - \$60,072,115.38 =

**\$63,063,269.23**

Employees Absent Per Year (reduction)

1,759.07 - 858.17 =

**900.90 FTE/Year**

January through December 2018

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### 2018 KPNW Top Diagnoses Driving FMLA:

| Diagnosis  | Count | Days Requested | Days Authorized | Reduction | Median Days Auth/6mo |
|--|-------|----------------|-----------------|-----------|----------------------|
| Migraine   | 1718  | 51233          | 23199           | 55%       | 12                   |
| Low back pain  | 538   | 19141          | 8715            | 55%       | 12                   |
| Anxiety disorder, unspecified                              | 391   | 13565          | 5796            | 58%       | 12                   |
| Unspecified asthma, uncomplicated                          | 326   | 9873           | 4941            | 50%       | 12                   |
| Major depressive disorder, recurrent moderate              | 252   | 8311           | 3809            | 55%       | 12                   |
| Fibromyalgia   | 236   | 7782           | 3975            | 49%       | 15                   |
| Major depressive disorder, recurrent, severe w/o psychosis | 190   | 6452           | 4429            | 32%       | 18                   |
| Type 2 Diabetes Mellitus, uncomplicated                    | 143   | 3957           | 1748            | 56%       | 6                    |
| Cervicalgia  | 117   | 3976           | 1607            | 60%       | 12                   |
| Dizziness and giddiness                                    | 114   | 3784           | 1408            | 63%       | 12                   |

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## What is the SMARTeam?

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### SMARTeam: *Specialized Medical Ability Resource Team*

- The SMARTeam consists of a medical director and RNs who assist clinicians with medical certifications for serious health conditions and associated work absence.
- Recommendations are based on medical necessity and evidence based clinical guidelines and guidance documents
- Basis for the recommendations: patient's condition and impact on their life as documented **in the** medical record
- Medical certification reflects what is medically necessary to manage the individual patient's clinical condition or situation.
- The SMARTeam is an extension of the treating provider.



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### SMARTeam Provides VALUE:

**Employer Value**

- The SMARTeam provides value to employers by indirectly reducing cost and time loss burden for employers providing a consistent and reliable standardized approach to reviewing all medical certification requests.

**Patient Value**

- The SMARTeam provides value to patients by providing each patient with a review of their health status ensuring a comprehensive, evidence-based care plan that is timely and appropriate using evidence-based guidelines

**Clinician Value**

- The SMARTeam provides value to clinicians by significantly decreasing time clinicians spend completing paperwork and thus providing more face-to-face time with the patient.



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### What the SMARTeam is NOT:

- The SMARTeam DOES NOT EVER act as an HR function for employer groups and is not meant to be the gatekeeper of FMLA as a Federal Law.
- The SMARTeam DOES NOT serve to be the panacea for absenteeism but rather serves to decrease the approval of medically inappropriate time away from work.
- The SMARTeam DOES NOT automatically recommend approving what the patient “wants” or “expects” as time off as was often done in the past.
- The SMARTeam DOES NOT decrease number of FMLA submissions; these numbers will consistently grow with continued and forecasted growth of our membership.



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### SMARTeam Myths:

- **Myth:** The SMARTeam reduces the amount of work absence for employees.
  - **Fact:** The SMARTeam ensures that the amount of work absence aligns with the condition's direct impact on the individual patient & evidence-based medical necessity.
- **Myth:** The SMARTeam can reduce the number of requests for Medical Certification.
  - **Fact:** The SMARTeam has no control over # of requests patients submit to providers.
- **Myth:** The SMARTeam increases amount of time it takes to complete a med cert.
  - **Fact:** The SMARTeam decreases the turn-around time through standardization of medical chart reviews and staging of recommendations.



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### SMARTeam Quality Drivers

- SMARTeam Review Process is multipurpose, includes patient engagement capturing the patient's voice; gauges understanding of their condition, treatment plan, and how the condition affects their ability to work
- Additional drivers include:
  - Thorough review of the medical record to determine medical appropriateness
  - Use of baseline guidance documents including disability duration guidelines
  - Use of the Evidence Based Clinical Practice Guidelines
  - Physician confidence in the SMARTeam recommendations
  - SMARTeam RNs and MD are extensions of every medical team
  - FMLA decisions are NOT menu driven but rather driven by medical appropriateness.
  - Tapestry and the Activity Prescription Tool within the EMR
- Extensive partnerships



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### Tools that set us apart: SMARTeam Comprehensive Review \*Checklist

- Patient's Demographics
- Diagnosis for Current FMLA
- Comorbidities Related to Condition
- Review of Care Gaps
- Is the FMLA new for this condition?
- Previous FMLA for Other Conditions
- Time Off Work Over the Past 6 Months
- Job Title and Duties
- Treatment Plan
- Medication History
- Alternative Non-Medicinal Treatment
- Specialty Care Referral History
- Number of Office Visits Per Year
- Other Encounters
- Review email Messages
- TAV: Telephone Appointment Visits
- Video Visits
- E-visits

\*Checklist not complete



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### The Tool that Sets Us Apart: The Activity Prescription Tool (ARx)

- Embedded in the electronic medical record
- Primary tool
- Used across all regions
- Linked to the MDGuidelines' Disability Durations



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### SMARTeam Product Expansion: Intermittent FMLA Guidance Documents

- Based on 4 years of data
- Development of guidance documents for the top occurring conditions driving FMLA
- Use of our comprehensive review process to develop guidance
- Not intended to serve as a menu driven option for determining medical appropriateness and days off work
- ReedGroup interest in intermittent FMLA guidance



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### Challenges

|   |  |
|---|--|
| <b>Challenges in healthcare setting:</b> <ul style="list-style-type: none"><li>• Second and third opinion</li><li>• Frequency and duration</li><li>• External providers</li><li>• Emphasis on medical appropriateness</li></ul> | <b>Challenges in employer group setting:</b> <ul style="list-style-type: none"><li>• Excessive time away</li><li>• Staffing</li><li>• Limited tools</li><li>• Emphasis is on FMLA policy and standards</li></ul> |
|---|--|

Discuss: language of medicine vs the language of the law

- Clinicians practice medicine while employer groups implement FMLA policy

To the audience:

- Do you have the resources you need to determine medical appropriateness?
- What resources do you use regularly?



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### SMARTeam Long Term Benefits

- EMR Documentation in one place
- Modified duty (restrictions/limitations rather than time off)
- Medically appropriate time off
- Clinician time freed up - more patient face time.
- Patient engagement
- Patient treatment is monitored – leads to improved outcomes
- Employer group dashboards (satisfaction)
  - Focused/individualized programs to address top FMLA diagnoses



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## Clinician Survey

- N = 1200; RR = 7.5%
- KEY FINDINGS...



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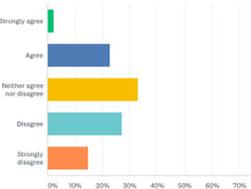
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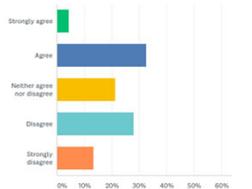
Q: I have a firm understanding of:

### Intermittent FMLA.



| Response                   | Percentage |
|----------------------------|------------|
| Strongly agree             | 2%         |
| Agree                      | 25%        |
| Neither agree nor disagree | 32%        |
| Disagree                   | 25%        |
| Strongly disagree          | 16%        |

### Continuous FMLA



| Response                   | Percentage |
|----------------------------|------------|
| Strongly agree             | 5%         |
| Agree                      | 30%        |
| Neither agree nor disagree | 20%        |
| Disagree                   | 25%        |
| Strongly disagree          | 20%        |



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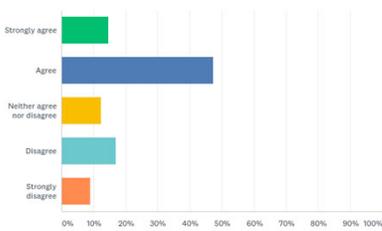
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Q: I understand the difference between Intermittent FMLA and Continuous FMLA



| Response                   | Percentage |
|----------------------------|------------|
| Strongly agree             | 15%        |
| Agree                      | 50%        |
| Neither agree nor disagree | 15%        |
| Disagree                   | 15%        |
| Strongly disagree          | 5%         |



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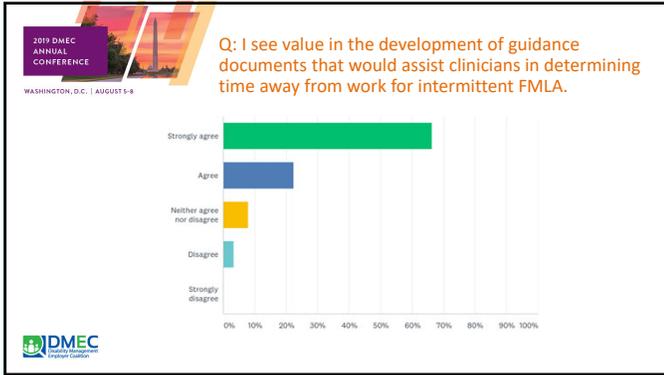
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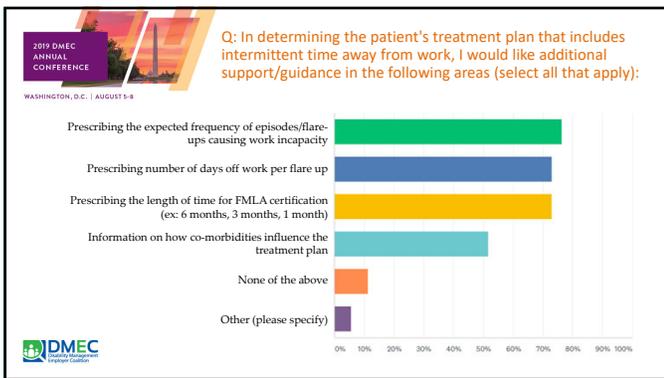
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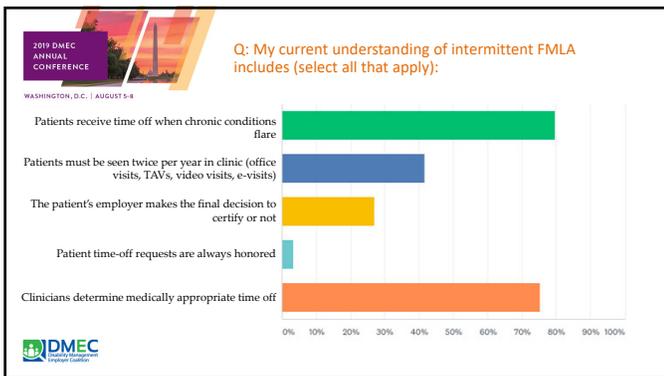
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### Questions Specific to SMARTeam

Q: I am confident in the medical appropriateness of SMARTeam recommendations for time away from work for my patients.

- 71% of respondents Agree/Strongly Agree

Q: I do not use the SMARTeam for determining FMLA for my patients.

- 74% of respondents do indeed use the SMARTeam

Q: The SMARTeam provides a comprehensive review of my patient and the condition for which they are requesting FMLA.

- 62% of respondents Agree/Strongly Agree
- 31% of respondents were indifferent (opportunity for SMARTeam)



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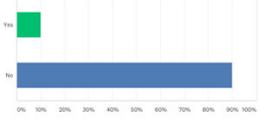
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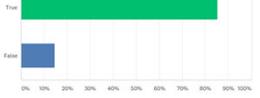
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Q: Over the last 24 months did you receive any training on FMLA?



| Response | Percentage |
|----------|------------|
| Yes      | ~10%       |
| No       | ~90%       |

Q: I would welcome an opportunity to receive FMLA training



| Response | Percentage |
|----------|------------|
| True     | ~80%       |
| False    | ~20%       |



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## ReedGroup's MDGuidelines Intermittent Disability Work



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### Reason for Kaiser Permanente and MDGuidelines Collaboration

- Kaiser Permanente (KP) integrates MDGuidelines disability durations at the point of care via an Application Programming Interface (API) call
- When the intermittent guidance are published, KP will have an easy way to spread foundational information across their organization with another API call



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### MDGuidelines' Approach to Development of Intermittent Guidelines

- Define problem
- Analyze current trends
- Literature review
- Gather clinical experts
- Combine data and research with clinical expertise



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### MDGuidelines' Approach to Development of Intermittent Guidelines

- Define problem
- Analyze current trends } Discussed in presentation
- Literature review
- Gather clinical experts
- Combine data and research with clinical expertise



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User testing: Filling out and reviewing the Certification of Health Care Provider (CHCP) form is the main use case

- Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job function?
- Is it medically necessary for the employee to be absent from work during the flare-ups?
- Estimate the frequency of incapacity: XX Episodes per XX Timeframe
- Estimate the duration of incapacity
- DOL form certifies for 6 months as default. Other forms allow different time period.

<https://www.dol.gov/whd/forms/wh-380-e.pdf>




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 Analyzing claims data provides insight into the current employee experience  
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- What are the most common conditions for guideline prioritization?
- Where are the gaps between what was certified by the provider and fulfilled by the employee?
- How long do employees typically require off work for condition episodes?
- What frequency of work leave is expected?




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 Top conditions for intermittent own-health condition leaves at ReedGroup  
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**Top diagnoses at ReedGroup**

1. Migraine Headache
2. Major Depressive Disorder
3. Asthma
4. Low Back Pain
5. Diabetes Mellitus Type 2
6. Cancer, Breast ★
7. Osteoarthritis ★
8. Hypertension ★
9. Anxiety Disorder, Generalized
10. Radicular pain syndrome ★

**Top Diagnoses at Kaiser Permanente NW**

1. Migraine headache
2. Low back pain
3. Anxiety disorder, generalized
4. Asthma
5. Major depressive disorder
6. Fibromyalgia ★
7. Diabetes Mellitus Type 2
8. Cervicalgia (neck pain) ★
9. Dizziness and giddiness ★
10. Irritable bowel syndrome ★




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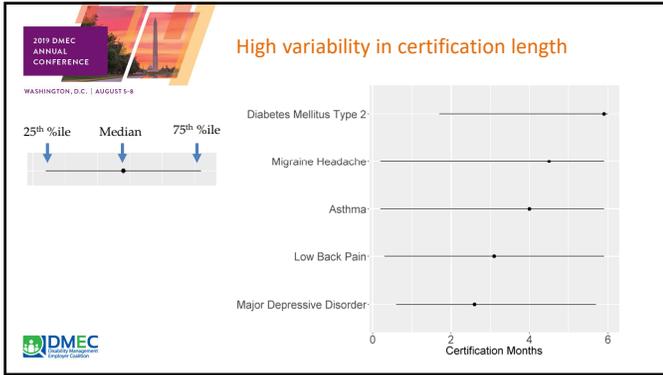
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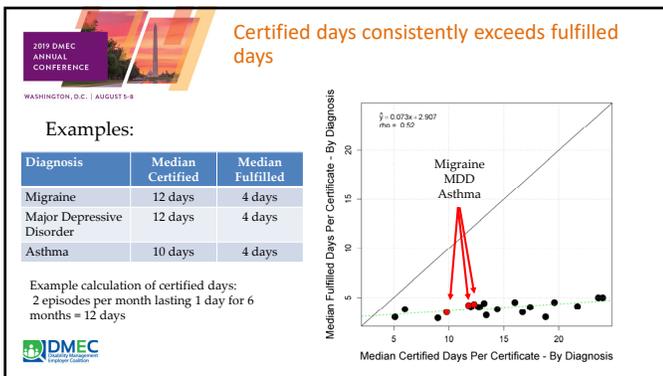
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### Most claimants were on leave for a single day with little variability across diagnoses

73% of leaves were for a single day

| Diagnosis                 | Consecutive Duration Days |        |           |           |
|---------------------------|---------------------------|--------|-----------|-----------|
|                           | 25th %ile                 | Median | 75th %ile | 95th %ile |
| Migraine Headache         | 1                         | 1      | 2         | 3         |
| Major Depressive Disorder | 1                         | 1      | 2         | 3         |
| Low Back Pain             | 1                         | 1      | 2         | 3         |
| Diabetes Mellitus Type 2  | 1                         | 1      | 2         | 3         |
| Asthma                    | 1                         | 1      | 2         | 3         |

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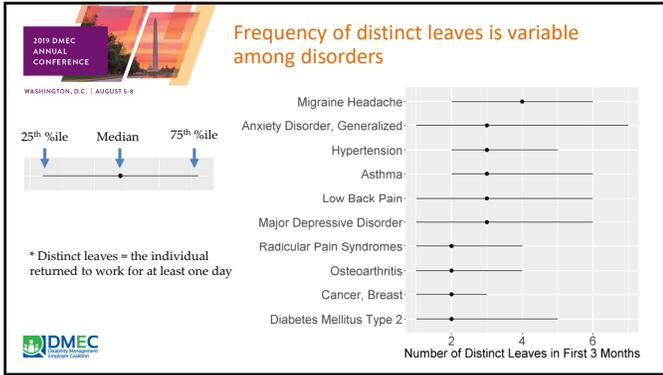
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- ### What we learned...
- Clinicians certifying tend to overestimate the number of days of incapacity a patient will need
  - Most individuals take a single day off of work for incapacity
  - Frequency of episodes tends to be the most variable aspect of intermittent leaves.
- DMEC Health Measurement Employer Coalition

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### Questions or Comments?

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MDGuidelines

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