A Report On

Accreditation of Interdisciplinary Pain Management Programs/Treatment Facilities

Texas Department of Insurance, Division of Workers' Compensation
January 2007

Report Requirements

Texas Labor Code §408.032 requires the Texas Department of Insurance, Division of Workers' Compensation (the Division) to study the issue of accreditation of interdisciplinary pain rehabilitation programs and facilities. The Division is required to report recommendations for statutory changes to the Governor, Lieutenant Governor, Speaker and members of the Legislature.

The Commission for Accreditation of Rehabilitation Facilities (CARF) defines Interdisciplinary Pain Rehabilitation Programs as programs that provide outcome-focused, coordinated, goal-oriented interdisciplinary team services to improve the functioning of persons with pain and encourage their use of healthcare systems and services. The programs can benefit persons who have limitations that interfere with their physical, psychological, social, and/or vocational functioning.

Study Approach

Division staff facilitated and coordinated the activities of a research workgroup which included the Office of the Medical Advisor and Healthcare Policy staff. Division staff solicited input from external stakeholders, including CARF, to discuss potential system impacts of required program accreditation. In addition, this research workgroup reviewed the reports produced by previous Disability Management committees that included not only health care practicitioners, but also corporate and insurance carrier medical directors. These prior cross-functional committees performed research to develop the best evidence-based methods to improve the quality and timeliness of pain management programs for injured employees.

Facts

- Reports by the Workers' Compensation Research Institute (WCRI) conclude that Texas injured employees receive significantly more physical medicine and tertiary treatments, such as interdisciplinary pain management programs and vocational/rehabilitation services, than most comparison states.
- No other state workers' compensation jurisdiction requires accredidation of these types of programs.
- The Commission for Accreditation of Rehabilitation Facilities (CARF) was the only accrediting organization which prescribes the necessary standards appropriate for these types of programs.

- Neither CARF nor any state agency monitors compliance or requires standardized outcome reporting for accredited programs.
- CARF-accredited organizations determine the components of their own programs, depending on their specialities and other business considerations.
- Many of the current programs in the Texas workers' compensation system are not structured or appropriately staffed to achieve the desired high quality outcomes.
- The current Medical Fee Guideline provides an incentive for programs to meet CARF standards by providing a higher rate of reimbursement.

Supported Opinions

- Quality interdisciplinary pain rehabilitation can improve return-to-work outcomes and reduce medical and indemnity costs of claims.
- Treating doctors may lack adequate control over medical management because of the potential for adverse determinations during the utilization review processes, which may impact the timely delivery of health care.
- Work inhibition, or a fear of returning to work, is a significant risk factor in the system.
- Accreditation does ensure that facilities are appropriately structured at the time of certification. However, the lack of program standard verification and enforcement after the accreditation is conferred diminishes the effectiveness of accreditation.

Disability Management Committees

Disability Management Committees formed by DWC identified two primary approaches to improve the quality of the health care services delivered by these programs; early identification of "at risk" injured employees and reducing the barriers to delivery of evidence-based health care.

Early identification of "at risk" injured employees. Injured employees at risk for delayed recovery should be identified as early as possible in the disability management process. Health care providers and other involved parties should specifically manage these cases in order to control unnecessary disability. Indications of patients at risk for delayed recovery include:

- Response to appropriate treatment falls outside of established norms for specific diagnoses;
- Previous medical history of delayed recovery;
- Loss of employment, or more than four weeks of lost work time due to a medical condition;
- Inadequate employer support for accommodative duty or labor market disadvantaged employees; and
- Psychosocial factors impacting appropriate recovery.

Reduce barriers to the delivery of appropriate evidence-based health care. Delays associated with delivering effective treatment may be self-imposed by the treating doctor or the result of denials of medical necessity by the insurance carrier's utilization review agent. These delays

limit the ability to timely provide health care services, which further complicate recovery and functional restoration. Actions to potentially reduce these barriers include the following:

- Treating Doctors should screen for work inhibition through systematic screening during the acute phase of an injury;
- Treating Doctors should provide early education and information to the injured employee regarding realistic return-to-work expectations and goals.
- The Division should require treatment planning for cases in which four to six weeks of conservative care was unsuccessful in returning a patient to work or addressing residual pain complaints.
- If accreditation is considered as part of the solution, the Division should:
    - Require higher standards for functional restoration rehabilitation centers, which should meet or exceed those standards established by CARF and structured for the needs of the workers' compensation population. These additional standards include:
        - Tailor programs to manage the needs of "at risk" injured employees; and
        - Screen injured employees to ensure program success.
    - Implement an approach to ensure compliance with adopted standards throughout a program lifecycle, including specific standards for staffing and outcomes.

Final Analysis

While accreditation standards are beneficial when programs are established, the lack of program standard verification and enforcement diminishes the effectiveness of accreditation. No state regulatory entity currently regulates or enforces these standards and additional oversight would require dedicated resources. Early interventions, as well as functional restoration approaches, should improve the quality and timeliness of interdisciplinary pain rehabilitation programs without the need of additional accreditation standards. Disability management concepts and the implementation of evidence-based medicine are expected to have a positive impact on early identification of injured employees who may experience delayed recovery.

In December 2006, the Commissioner adopted disability management rules which specifically included return-to-work guidelines, treatment guidelines, and treatment planning for non-network health care. The same types of standards are required by certified workers' compensation health care delivery networks by the Insurance Code. With the introduction of these system controls for utlization, combined with establishing expectations for the injured employee, these existing tools will dramatically change the health care delivery for injured employees.

Until such time as these controls are well-established, implemented, and analyzed, the benefits of additional accreditation standards for interdisciplinary pain rehabilitation programs remain uncertain.

Conclusion

The research workgroup does not recommend any statutory changes at this point in time.