

Success at Last!

Training Clinicians How to Prevent & Manage Work Disability

1. Is Feasible
2. Has an Impact

Practical Issues in Training Programs

- Who needs the training and why?
- What do we want them to do differently?
- What subject matter must the training cover?
- What training method will we employ?
- When do we want them to do it?
- What will make them take it?
- Will they actually take it?
- Will they find the training useful?
- Will the training have an impact?

Two Programs, Two Approaches

- Arizona
 - Goal: Conduct 50 live CME sessions for doctors
 - Offer free training at their convenience
 - Deliver live sessions on site at clinician's facility
 - Include free food
- California
 - Goal: Train 2,000 - 3,000 clinicians
 - Strong request by major source of referrals
 - On-line CME course, user-paced, available 24/7
 - Doctors pay tuition

Arizona Context

- Mid-sized state, 6.6 million people
- Two large cities (Phoenix metro, Tucson)
- Most of state is sparsely populated
- Arizona Health Care Cost Containment (AHCCCS) is state Medicaid Agency
- Within AHCCCS, the AZ Health & Disability Partnership has a Medicaid Infrastructure Grant to build capacity to support people on Federal Social Security Disability benefits in getting back to work.
- Prior project had difficulty attracting clinicians

Arizona Training Program

- The AZ Health & Disability Partnership (Medicaid grantee) contracted with Webility to conduct 50 live CME sessions in DP/M around the state.
- Emphasis on primary care, occ med, orthopedists
- No charge for the training or for CME credit.
- 1 to 2 hour session held at physician's facility.
- 3 presenters: a physical therapist, a physician, and a representative of the Work Incentive Program of Arizona.

Arizona Challenges

- Identifying potential venues
- Persistence in telephonic outreach
- Logistical complexity and teamwork
 - 11 people “touch” each session
- Long driving distances (some webinars)
- One hour overview is just a taste; the doctors want more detail

Arizona Results

- Paid faculty team: 2 PTs and 5 MDs
- 3-4 outreach attempts per scheduled session
- 28 live sessions & 2 webinars to date
- Total attendees: +/- 300 to date
- Total clinicians: 238
- Project cost: Cash outlay >\$100,000 (includes training, catering, 3 month survey)

Arizona Results (Cont'd)

- Good evaluations on day of event
- Changes in pre vs. post confidence score
- 10% participation in follow-up surveys; some changes in practice
- Requests from venues for follow up sessions
- 2011 plan: Series of 10 one-hour webinars

California Context

- Largest US state; 38 million people
- Employers can require workers to seek treatment for workers' compensation injuries within a medical provider network (MPN)
- Many workers' compensation insurers, the largest of which is the State Compensation Insurance Fund (20% of all business in the state).

California Challenges

- Procurement rules
- Should training be offered? Mandated? Incentivized?
- Geographic roll-out -- multiple cohorts
- Limited State Fund staff time
 - Obtaining physician email addresses
 - Managing hard copy mailings, lists, and calendar
 - Internal competition with other projects

California Training Program

- The State Fund is requesting all the doctors in its MPN to take training in WDP/M
- State Fund pre-approved Webility's on-line CME course but would accept others.
- Virtually all doctors who have complied have chosen Webility course.
- Clinicians pay tuition of \$49.50 and get 3.5 CME / QME credit hours.

California Results: Compliance

- Project cost (cash outlay): +/- \$30,000
- Approximately 50% participation rate so far
- As of July:

AREA	LETTERS	REGiSTER		COMPLETE	
All areas	880	458	52%	427	49%
San Diego	124	85	69%	80	65%
Stockton	175	86	49%	79	45%
Oxnard	210	118	56%	110	52%
Sacramento	242	126	52%	118	49%
Redding	129	43	33%	40	31%

California Results: Participation

as of 9/19/2010	650 Started CME course %	615 Completed course %	261 Took survey %
MD/DO	58	57	53
DC	34	35	37
Psych	3	3	5
Mid-level	1	1	1
DPM	2	2	3
Unclear	1	1	2

California Results: Course Evals

- 46% liked the CME course
- 58% see their role in a new way; almost all the others already thought that way.
- 80% feel more prepared to manage non-medical issues
- 74% would recommend course to a colleague
- Good change in pre-post confidence scores

California Results: Opinion Survey >> 20 Days Later

- 88% of clinicians personally read SCIF letter
- Impact on their view of SCIF
 - 40% more positive; 50% no change; 6% negative
- Reaction to general idea of requests for CME from employers/payers
 - 65 % positive / agreeable; 14 % negative

California Results: Survey process

- Sent to all who had completed course >20 days earlier
- Email on 9/2 requesting feedback
- Two email reminders
- 9 questions, 7 of them multiple choice
- 2-3 minute completion time
- Many free text comment boxes
- 261 / 600 eligible = 43% response rate

California Results: Impact of the Course

- 96 % remember taking the CME course
- 69% report the course had at least 1 impact
- >50% feel more confident with SAW/RTW and have used ideas, concepts, tools from course
- 38% pointed to 5 or more impacts
- AND 44% report little or no impact because they are already doing what the course advocates

Bigger Impact Among the “Naive”

STATEMENT	All	Old Hands	New Ideas
I / my practice places a higher priority than before on preventing needless work disability	48%	27%	65%
I am now less likely to simply put people out of work on RTW forms. Instead I spend the time to write about current ability to work, restrictions & limitations	47	30	61
We made some changes in our office procedures	21	11	30
I have changed how I talk to patients about SAW/RTW	35	17	50
We changed how we communicate with ERs/ payers	27	15	37
I am more comfortable working with State Fund	42	27	53

Strategies That Increased Participation

- California
 - Request perceived as mandatory
 - Request came from a major source of referrals
 - Deadline for completion; multiple communications
 - Obvious tracking of compliance by requestor
- Arizona
 - Very active, very persistent marketing effort
 - Session conducted at physician's own facility
 - Easy fit with facility's usual schedule

Take Home Messages

- Training physicians/clinicians IS feasible.
- On-line training is logistically much simpler, costs less, and has good clinician acceptance.
- Physicians are open to requests from employers and insurers
- The disability prevention message is new to AT LEAST half of them.
- Training has a substantial impact on practices.
- Physicians are eager to give feedback / communicate.