



COHE EMERGING BEST PRACTICES



Barriers to Recovery: Functional Recovery Questionnaire (FRQ)

➤ *Currently being administered, official measurement to be determined*

What it is:

The Functional Recovery Questionnaire (FRQ) consists of six questions administered to an injured worker which can determine the injured workers likelihood of returning to work. It is delivered to the worker by Care Coordinators via the MAVEN application of the Occupational Health Management System (OHMS).

Questions 1-3 address: Time loss and pain, and together determine the overall FRQ score of positive or negative.

Questions 4-6 address: Work accommodation, recovery expectation, and fear-avoidance which can help to identify specific worker psychosocial issues.

When should an FRQ be administered?

The FRQ is shown to be most effective when delivered between 11 days and 6 weeks after claim initiation.

Why it matters:

- When delivered at the right time, the FRQ can identify workers at high-risk of not returning to work within 1 year following a musculoskeletal injury.
 - A positive FRQ score means a worker is 20 times more likely to be disabled in 1 year.
- The FRQ results help:
 - Attending Providers - to narrow the focus for regarding specific interventions.
 - L&I Claim Managers - to automatically trigger referrals.
 - Vocational Recovery Consultants (VRCs) – to provide specific focus regarding certain answers to the FRQ.

Next steps:

- A positive FRQ is referred to the AP for appropriate interventions, for example:
 - Focus on increasing activity,
 - Track functional improvement goals and progress, or
 - Consider referrals such as Physical Therapy, Occupational Therapy, Vocational Services, Activity Coaching (PGAP), and SIMP.

Resources:

- ❖ OHMS/MAVEN questions: OHMS Help Desk (OHMSHelp@lni.wa.gov)
- ❖ FRQ questions: COHE Team (HSACOHE@lni.wa.gov)
- ❖ Suggested FRIs: <http://www.lni.wa.gov/ClaimsIns/Files/OMD/IICAC/2016PDIRResourceFinal.pdf>
- ❖ Historical information: COHE Team (HSACOHE@lni.wa.gov)



Prescribing

➤ *Official measurement timeline to be determined*

Measure 1a:

≥90% of workers have an initial opioid prescription of ≤ 3 days (**non-surgical** comparison groups).

Measure 1b:

≥90% of workers have an initial opioid prescription of ≤ 7 days (**surgical** comparison groups).

Measure 2:

≥90% of workers on chronic 1 opioid therapy are dosed at <50mg/day MED.

Measure 3:

<5% of workers taking opioids are transitioned to chronic¹ opioid therapy.

Purpose of these measures:

- To ensure that providers are consistent with L&I's opioid prescribing guidelines.

NOTES:

- Includes all prescribed opioids – not just what L&I authorized and/or paid for.
- Source information is gathered from the Washington State Department of Health's Prescription Monitoring Program (PMP).
- Only L&I's Pharmacy Program has access to prescribing data.
- In 2016, the Bree Collaborative endorsed the 2015 Agency Medical Directors Group Guidelines on Prescribing Opioids for Pain.
- Based on the Bree Collaborative and the Centers for Disease Control and Prevention prescribing opioids for chronic pain (<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>), this Best Practice has been selected by the Department of Labor & Industries.

How to meet this best practice:

Since prescribing is done by each individual medical provider, care coordinators will only provide information and knowledge on prescribing measures based on this best practice. If a medical provider has questions about an opioid prescribing report sent from the L&I that is outside the guidelines for prescribing opioids, the care coordinator will not have this information. They should refer the medical provider to one of the relevant COHE's medical directors.

Resources:

- ❖ <http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/ByCondition/Opioids/default.asp>
- ❖ L&I Guideline for Prescribing Opioids to treat Pain in Injured Workers: www.Opioids.Lni.wa.gov
- ❖ Washington State Prescription Monitoring Program: www.wapmp.org
- ❖ Visit the Agency Medical Directors' Group website for more resources: www.AgencyMedDirectors.wa.gov

¹ Chronic, as it pertains to these opioid measures, is defined as number of days filled ≥60 (non-consecutive) days in a 90-day period.