



**Work Loss Data Institute**  
"The Evidence-Based Guideline Company"

# ***Official Disability Guidelines (ODG) –Treatment in Workers' Comp***

Implementing Evidence-Based Medicine at the State Level Using ODG



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# Agenda

- Who are we and why are we here?
  - Background on WLDI
  - Evidence-based medicine (EBM) and ODG
  - Why do states adopt guidelines?
  - Outcomes from ODG vs. other options
- ODG Demo
  - Treatment / UR Guidelines
  - Drug Formulary
  - Return-to-Work
- Conclusions & Questions



# Background on WLDI

- Independent database development company focused on workplace health, absence & productivity
  - Founded in 1995
  - Offices in Texas and California
  - *To create, maintain and market information databases to implement standards for managing workforce health, absence and productivity using evidence-based methodology, with ongoing focus on healthcare cost containment*
- Publisher of The ODG Product Line
  - Also publish State Report Cards for Workers' Comp



# Background on ODG

- Evidence-based medical treatment, utilization review and return-to-work guidelines, 18<sup>th</sup> annual edition
  - Most widely used workers' comp guideline in the world
  - Includes Drug Formulary, UR Advisor, RTW Prescription, etc
  - Web version, mobile app, data integration, NGC & textbooks
- Philosophy behind ODG
  - "The only way to achieve real & lasting cost-savings in workers' comp is through the delivery of quality & timely care"
  - Evidence-based medicine (EBM) rules; ongoing systematic literature search and evidence-weighting process
  - Advisory Board of 100 doctors including all specialties



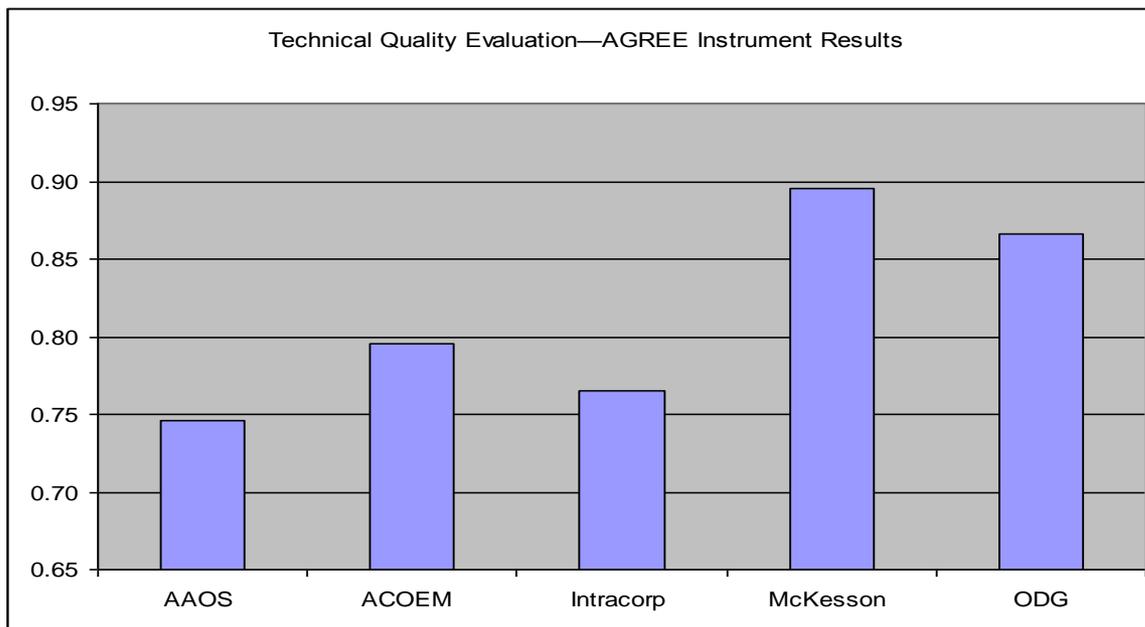
# Evidence-Based Medicine

- EBM is healthcare based on clinical studies of what works best and what does not
  - Systematic reviews, meta-analyses, RCT's, cohort studies
  - (1) Transparent literature review & (2) evidence-ranking required
- EBM is not healthcare based on opinion, consensus, personal observation or tradition
- Two guidelines exist, *evidence-* and *consensus-* based
  - They are not interchangeable
  - Outcomes from one don't translate to another
  - All guidelines are not created equal



# How do EBM methods for ODG measure up to others?

- Rand 11/04: 72 guides screened using criteria-
  - (1) Evidence-based, (2) peer-reviewed, (3) nationally recognized, (4) address common therapies, (5) updated every three years, (6) multidisciplinary
- ODG 2<sup>nd</sup> place among five finalists, Technical Quality



AGREE Technical Quality Scores-

1. McKesson\*
2. ODG
3. ACOEM
4. Intracorp
5. AAOS

\*Been discontinued



# How do EBM methods for ODG measure up to others?

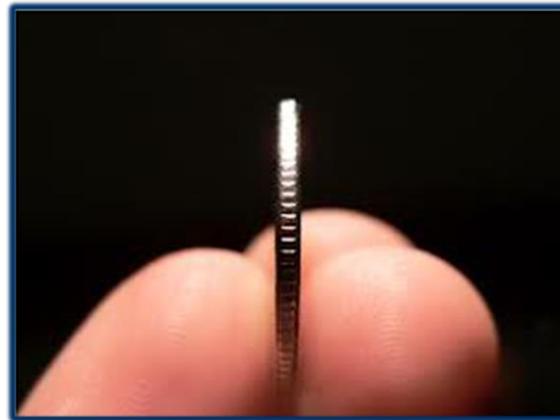
- 2009 Adelaide Health Technology Assessment (AHTA)
- AHTA searched and reviewed guidelines worldwide, narrow to 27 using AGREE Instrument
  - Threshold of 80% in Rigor Scores to identify higher quality
  - Used ADAPTE Collaboration protocol, “consistency between recommendations and underlying evidence”
- **ODG rated #2 worldwide** after Canadian Diagnostic Imaging Guideline (Bussieres '08), which “covers only a narrow area of diagnostic imaging”
  - ODG identified as “most comprehensive and up-to-date guideline worldwide for all medical specialist groups”



# EBM as a Regulatory Tool

- Adopted guidelines must serve *DUAL MANDATE*

Safeguard and expedite access to quality care



Limit excessive or inappropriate utilization



Colorado Guides  
(in MT, LA, OK)

**ODG**  
(TX, KS, OH, ND, etc)

ACOEM Guidelines  
(in California)



Adopting Guidelines  
at the State Level



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Evidence-Based  
Medicine (ODG)

Safeguards access to  
multidisciplinary,  
quality care

Reduces uncertainty

Limits excessive /  
inappropriate  
utilization

Injured workers  
receive early access to  
effective treatment

Doctors treat  
quickly and receive  
timely payment for  
services

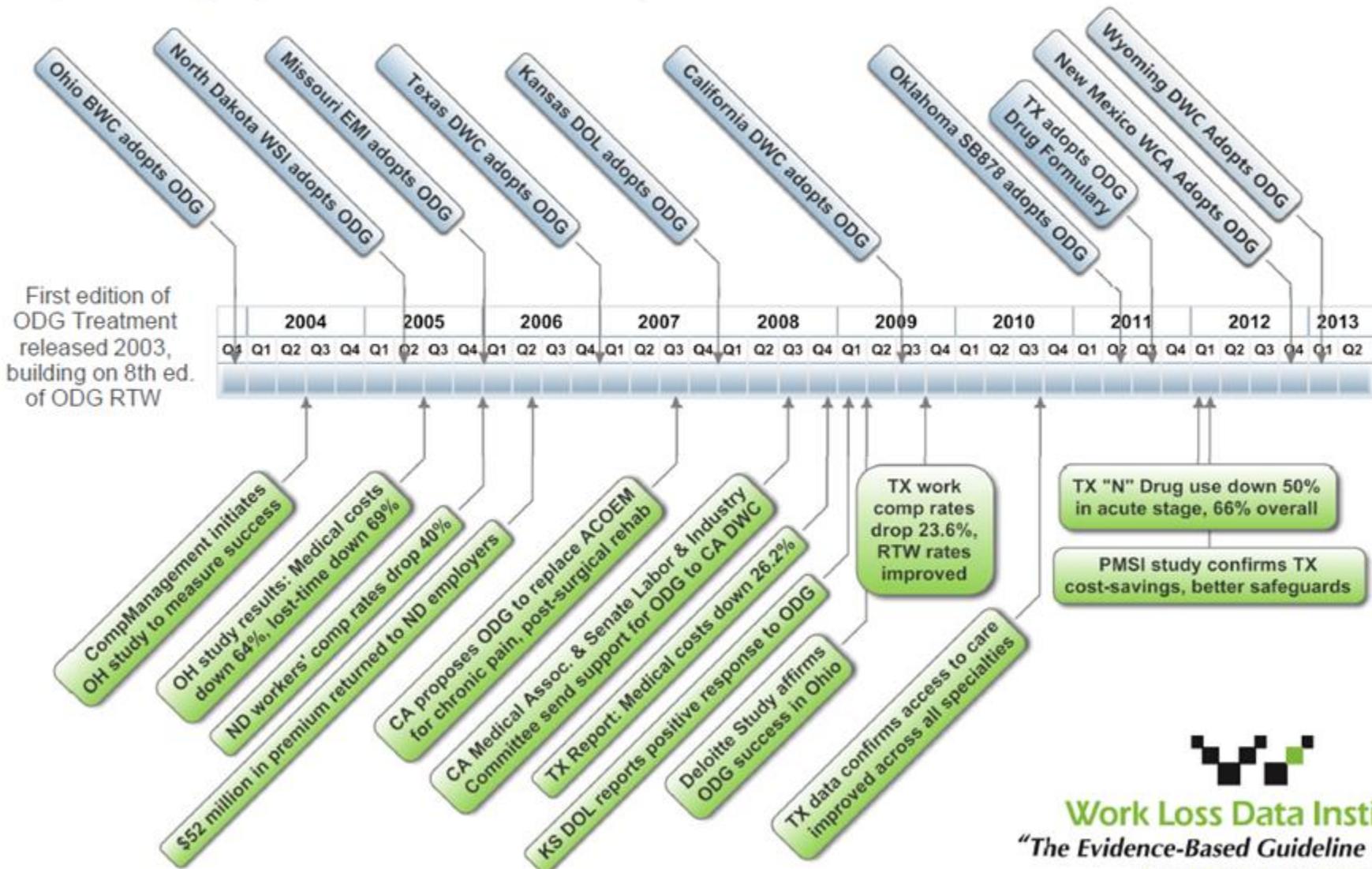
Minimizes  
unnecessary UR,  
delays, disputes,  
denials and friction

Healthy workforce, timely return-to-work,  
low rates, good ROI, efficient system

# Official Disability Guidelines™

## State Adoption Timeline for ODG Treatment

(Partial chronology of significant events and results at the state level)





# ODG Outcomes

- Ohio (adopts ODG in 2003)
  - 07/05 average medical costs/claim down 60% (\$8k to \$3k)
  - 07/05 average lost-time/claim down 66% (123 to 42)
  - Treatment delay down 77% (#1 benefit: early access to care)
  - 2009: Deloitte Consulting reaffirms ODG success
  - 84% Provider Approval (4.18 on scale of five)
- North Dakota (adopts ODG in 2005)
  - Work comp premiums (already lowest in nation) drop 40%
  - \$52 million in premium dividend credits returned to employers
  - "One of largest direct cash infusions into ND economy"
  - Perennial top ranked State in the Oregon WC Ranking



# ODG Outcomes

- Texas (adopts ODG 2007)
  - Work comp premiums down 49%
  - Average lost-time down 34%, RTW rates up across board
  - Medical/drug costs both down 26% (N drug use down 65%)
  - Access to care up 42%
  - NASI study: Texas new lowest cost state in the U.S.
- Kansas (adopts ODG 2008)
  - Simultaneously raise fee schedule 15%
  - Despite raise in fees, overall costs decline
  - B to A in State Report Cards for Workers' Comp
- Recent ODG adoptions: OK, WY, NM, and more



## What are they saying?

*"Premiums rates have dropped, RTW rates have improved, and access to care has improved across all specialties."*

-Texas WC Commissioner Rod Borderlon

*"This is a fine piece of legislation. It will help us not only retain jobs, but attract new industries while protecting the injured worker."*

-Oklahoma Governor Mary Fallin

*"We believe that California's injured workers and the workers' comp healthcare system as a whole would be best served by adoption of the most current version of Official Disability Guidelines (ODG)."*

-California Senator Carol Migden, Chair of Committee on Labor & Industry



## What are they saying?

*"We found ODG to be very affordable, current, and easy to access. They are evidence based, and have been a home run!"*

-Diane Ritucci, Connecticut Workers' Comp Trust

*"ODG is a 'win-win' for policyholders and employees. The primary objective is improved patient outcomes and RTW through functional restoration, supporting best medical and financial outcomes for all."*

-Ted Jeffries, Missouri EMI

*"We appreciate the time and hard work looking beyond the ACOEM guidelines to create a more comprehensive treatment schedule. CMA is generally very supportive of the California DWC's use of ODG."*

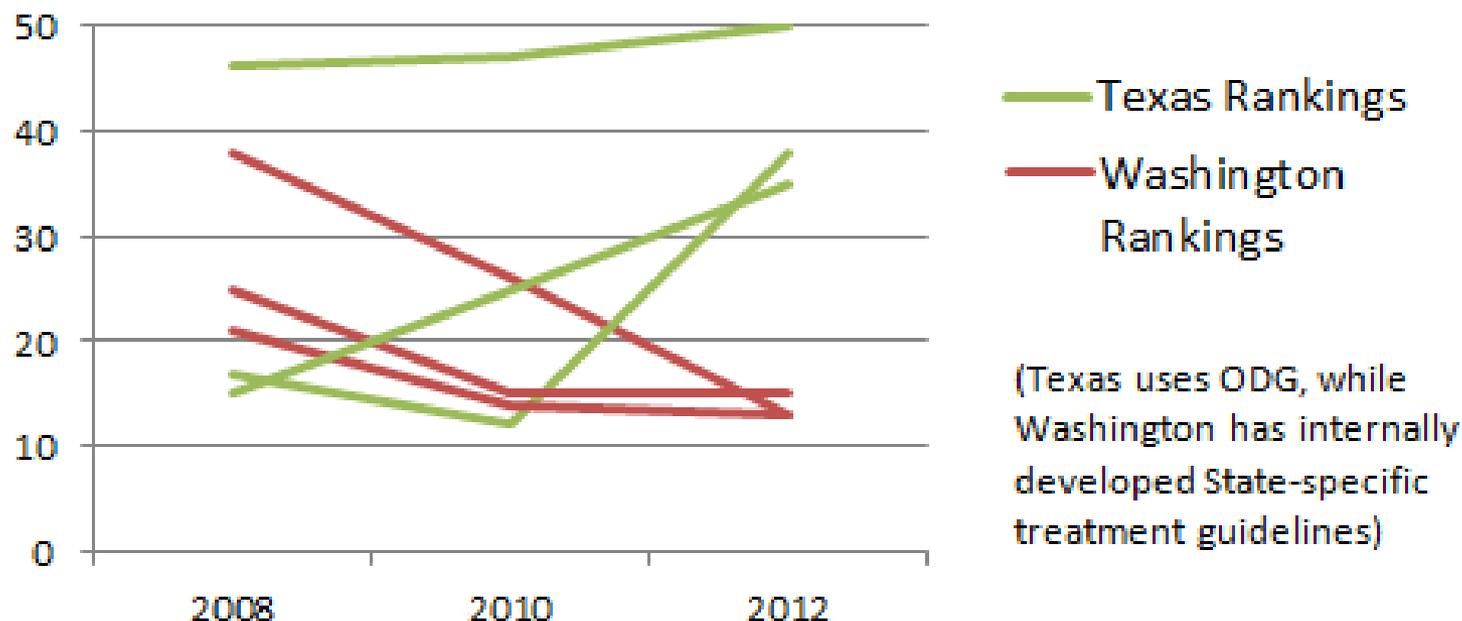
-Frank Navarro, California Medical Association



# How about the Washington Guidelines?

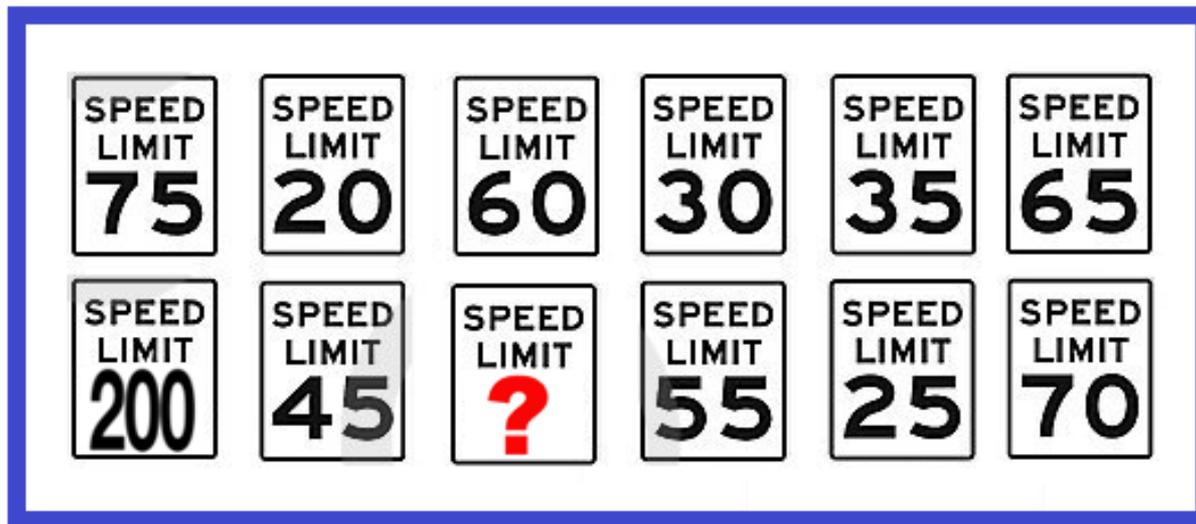
## Workers' Comp Rankings Texas vs Washington

(OR Premium Rate Rankings, NASI rankings, WLDI State Report Cards)





# Adopting guidelines is like setting speed limits...





# Set them too low...

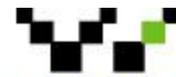




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# Set them too high...





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# Set them just right...





# Demo and Trial Access

30-day trial access available as follows-

URL: [www.odgtreatment.com](http://www.odgtreatment.com)

Username: alaska

Passcode: 2525

*Official Disability Guidelines*<sup>TM</sup>



# ODG Demo

Official Disability Guidelines | www.odg-twc.com

ODG Navigator | Search | Contents | Keyword Index | ICD-9 Index | CPT Index | Help | Show URL

Toolbox: [Select...]

Procedure Index: [Select...]

## Official Disability Guidelines

*ODG: Good to Go!* (link to complimentary online self training tool)

**Return To Work Guidelines (2013 Official Disability Guidelines, 18<sup>th</sup> edition)**  
 Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 11<sup>th</sup> edition)  
 (Click on picture of books below to enter site)

**Top 15 Diagnoses Return-To-Work Guidelines**

1. [Back strains](#)
2. [Disc disorders](#)
3. [Whiplash](#)
4. [Shoulder sprains](#)
5. [Depression](#)
6. [Ankle sprains](#)
7. [Arthritis](#)
8. [Carpal tunnel syndrome](#)
9. [Hernia](#)
10. [Meniscus tears](#)
11. [Chronic pain](#)
12. [Bruises](#)
13. [Broken arm](#)
14. [Pregnancy](#)
15. [H1N1 Flu](#)

**Top 6 Chapters**

1. [Low back](#)
2. [Knee](#)
3. [Shoulder](#)

**Top 15 Procedures Medical Treatment Guidelines**

1. [Discectomy](#)
2. [Physical therapy](#)
3. [Manipulation](#)
4. [Spinal fusion](#)
5. [Knee replacement](#)
6. [Hip replacement](#)
7. [Rotator cuff repair](#)
8. [Meniscectomy](#)
9. [Carpal tunnel release](#)
10. [Hernia repair](#)
11. [Medications](#)
12. [Injections](#)
13. [Opioids](#)
14. [PTSD](#)
15. [CRPS](#)

**Top 6 (cont'd)**

4. [Pain](#)
5. [Neck](#)
6. [Hand](#)

www.odg-twc.com/contents.htm



# Conclusions

- Decision to adopt guidelines is NOT as critical to your success as which guideline you choose to adopt
  - If you do your homework, both choices are easy
  - Stay wary of competing interests (there are many)
  - *Evidence-based medicine doesn't vary from state to state*
- ODG can improve medical and RTW outcomes in Alaska, reduce costs, and improve efficiencies
  - The only objective of ODG is to improve patient outcomes
  - EBM process is unmatched in rigor/tempo
  - Strong record of success; experience
  - Support tools are many: free summaries at [guidelines.gov](https://www.guidelines.gov), 50% discount with adoption, free ODG Helpdesk, etc



# Questions

- Follow up questions can also be sent to:

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Thank you for your time, and please consider me to be “at your service” going forward.