

BWC Board of Directors

Medical Services and Safety Committee

Thursday, November 19, 2009 12:30 pm

Level 2, Room 3 (Mezzanine)

30 West Spring St. Columbus, OH 43215

Members Present: Mr. James Harris, Chair
Mr. James Hummel
Mr. Thomas Pitts

Members Absent: None

Other Directors Present: Mr. Charles Bryan, Mr. David Caldwell, Ms. Alison Falls, Mr. Kenneth Haffey, Mr. William Lhota, Mr. James Matesich, Mr. Larry Price, Mr. Robert Smith

CALL TO ORDER

Mr. Harris called the meeting to order at 12:35 PM and the roll call was taken. All Committee members were present.

MINUTES OF OCTOBER 29, 2009

Mr. Harris recommended a change to the minutes of October 29, 2009. He proposed changing the following paragraph on page three (additions italicized):

Mr. Pitts observed that the term "evidence-based research" is a current buzz-word and may be limiting in the future when it will be replaced by *other* nomenclature. Dr. *Balchick* confirmed that "evidence-based" is the current standard term.

Mr. Harris moved to have the minutes of October 29, 2009 be approved, as amended, and Mr. Pitts seconded the motion. The motion passed with a 3-0 unanimous roll call vote.

REVIEW AND APPROVAL OF AGENDA

Mr. Harris asked if there were any proposed changes to the agenda. With no changes proposed, Mr. Pitts moved to have the agenda approved, and the motion was seconded by Mr. Hummel. The motion passed with a 3-0 unanimous roll call vote.

NEW BUSINESS/ACTION ITEMS

1. Motions for Board Considerations

a. For Second Reading

1. Committee Charter

Mr. Donald Berno, Liaison for the Board of Directors, presented the Medical Services and Safety Committee Charter, as amended from discussions at the October meeting.

First, under Membership, Mr. Berno noted language had been added to the sentence (added language italicized) “The Board, by majority vote, shall appoint *at least* three members of the Board to serve on the Medical Services and Safety Committee, and may appoint additional members, who are not Board members, as the Board determines necessary.” Mr. Berno remarked this change had not been discussed at the first reading, and was added to conform with other committee charters.

Under Meetings, Mr. Berno noted based on discussion during the October Committee meeting, at least six meetings would be required in the charter.

Under Duties and Responsibilities, Mr. Berno noted the committee was a new committee for the Board of Directors; consequently the sentence “The Committee shall assist the Board in meeting the following statutory requirements” would include the language “including but not limited to” in order to provide more latitude to the committee. Additionally, in this same section the wording “including specific safety rules (RC 4121.12(F)(13)(b) and 4121.12(F)(13)(d))” was included because there was discussion during the October meeting about the descriptive language surrounding the safety rules review.

Under Duties and Responsibilities, Mr. Berno noted the phrase “Initiation and development of collaborative partnerships between BWC and other agencies in and outside of Ohio for the purpose of improving workplace safety” was changed to “Initiation and development of collaborative partnerships between BWC and other agencies in and outside of Ohio for the purpose of improving medical services, managed care services, and workplace safety.”

Finally, Mr. Berno noted the following was added under Duties and Responsibilities to conform to other committee charters:

- Coordinate with the other Board Committees on items of common interest,
- At least annually, review the Medical Services and Safety Committee charter and submit any proposed changes to the Governance Committee and to the Board for approval,
- The Committee by majority vote may create a subcommittee consisting of one or more Directors on the Committee. In consultation with the chair, other Board members may be appointed to the subcommittee as appropriate. The committee shall have a specific purpose. Each subcommittee shall keep minutes of its meetings. The subcommittee shall report to the Committee. The Committee by majority vote may dissolve the subcommittee at any time.

- Perform such other duties required by law or otherwise as are necessary or appropriate to further the Committee's purposes, or as the Board may from time to time assign to the Committee.

In summary, Mr. Berno believed the charter in its present form at this reading addressed all of the comments from the first reading in October.

Mr. Pitts inquired if the duties and responsibilities included periodic reviews of the Safety Code, and Mr. Berno replied in the affirmative. Mr. Pitts then followed up on his question because the duties and responsibilities section of the Medical Service and Safety Committee's proposed charter references Ohio Rev. Code Sec. 4121.12(F), and not the Ohio Administrative Code provisions for the Safety Code. Mr. Berno replied Ohio Rev. Code Sec. 4121.12(F) is the provision of the law allowing the Board of Directors to review the Safety Code.

Mr. Harris noted his appreciation of the work by Ms. Ann Shannon, Legal Counsel, and Mr. Berno in drafting this new charter.

Mr. Hummel moved that the Medical Services and Safety Committee recommend to the Board of Directors that the Medical Services and Safety Committee Charter, as presented at this meeting, be approved by the Board of Directors. The motion was seconded by Mr. Pitts, and the motion passed by a unanimous 3-0 roll call vote.

1. Ambulatory Service Center Fee Schedule

Mr. Freddie Johnson, Director of Managed Care Services, and Ms. Anne Casto, President of Casto Consulting, presented the first reading of the proposed 2010 Ambulatory Service Center Fee Schedule. Ambulatory Service Centers and the 2010 Ambulatory Service Center Fee Schedule are hereinafter referred to as "ASC" and "ASCFS," respectively.

Mr. Johnson began by noting that ASC billings in 2008 were less than 1% of provider reimbursements, or approximately \$7 million. ASCs are a critical provider group. There are 200 ASCs in Ohio, and most are localized in and around metropolitan areas.

Mr. Johnson noted ASCs offer similar services that exist in an outpatient hospital setting, but ASCs are typically less expensive than outpatient hospital care and increase availability of services to injured workers. The 2010 ACSFS proposes an increase of reimbursements to ASCs by 16%, or \$860,000, over projected 2009 fee reimbursements. .

Mr. Johnson reported that, on November 3, 2009, there was a meeting with the president of the Ohio ASC association and many of its members. On November 13, 2009, additional feedback was posted on the Bureau's website. If the proposal is accepted, the Bureau will submit the 2010 ACSFS to JCARR in December, 2009, with an effective implementation date of April 1, 2010. Mr. Johnson emphasized

the proposed 2010 ACSFS was in accordance with the Bureau's mission of providing access to high quality medical care in a cost effective manner.

Mr. Johnson indicated he had received a letter from the ASC's national organization. The organization had general agreement with the proposal, but noted concerns about adjustment factors being used. Mr. Harris inquired if responses to all comments will be available before next month's meeting. Mr. Johnson confirmed every effort will be made to respond to any comments posted or submitted by the second week of December.

Mr. Johnson then reviewed the fee schedule methodology of the 2010 ACSFS. First, evaluation of current ASC services and experiences, consideration of annual payment updates and/or policy changes were reviewed. Mr. Johnson noted last year Medicare added 300 services that could be reimbursed to ASCs. Next Mr. Johnson noted an evaluation of the Medicare ASC Prospective Payment System Updates was done, along with an examination of the transition period. Third, evaluation of bill and cost data was done as provided by the Ohio Association of ASCs, (OAASC). Finally, the payment adjustment factor, or payment rate, was set at the right level. Basically, Mr. Johnson noted the recommendation is a compilation of all available information, considering the Bureau's goal of access to quality, cost effective health care, and consideration of Medicare recommendations.

Mr. Hummel asked as the adjustments were revised last year, was the payment adjustment factor the same or adjusted. Ms. Casto replied Medicare was in the second year of a four year transition. By adopting the Medicare methodology over a previous older methodology, the Bureau was at 50% older methodology as opposed to 50% newer methodology. This year, the proposal is to have 75% newer methodology blended with 25% older methodology. Ms. Casto noted the 100% payment adjustment factor with Medicare was used last year because of the rates used.

Mr. Harris inquired if 300 additional services were added last year, how many were actually used. Ms. Casto indicated she did not have any statistics on volume per se, but her recollection of billing data from April through July of this year has noted utilization of the additional services.

Ms. Casto noted the Bureau always reviewed Medicare methodology. The most current information was released by Medicare on October 30, 2009 and will be published in the Federal Register on November 20, 2009. Ms. Casto noted this is the third year of transition with ASCs in the Medicare system, and she noted different rates and fluctuations in use of services. For example, orthopedic rates significantly increased but pain management rates slightly decreased. Ms. Casto expects this trend to continue into the next year as Medicare tries to align ASCs with outpatient hospitalization rates. In 2012, Ms. Casto expects the Bureau will have significant assessments and reviews to the ACSFS.

Ms. Casto noted the OAASC provided the billing data used in the cost analysis. In the end, an analysis revealed that Bureau reimbursed services provided by ASCs were 45% orthopedic, 45% pain management, and 10% other services.

Ms. Casto indicated Medicare reimbursement rates from 2009 – 2010 would change as follow under these three areas: orthopedics would increase by 20%; pain management would decrease by 2%; and other services would increase by 10%. The proposed adjustment factor to the Medicare reimbursement rates for the 2010 ACSFS is 100% for orthopedics and other services, with 110% for pain management. Considering this payment factor adjustment, ACS reimbursements under the 2010 ACSFS would increase overall by 16%.

Mr. Hummel inquired if there was a different fee schedule for outpatient hospital settings, and Ms. Casto replied in the affirmative. Mr. Hummel asked if Medicare was trying to bring reimbursement rates for ASCs and outpatient hospitals together, and Ms. Casto replied in the affirmative. Mr. Hummel asked if most of the service reimbursement rates were going up, and Ms. Casto confirmed this statement was true for the majority of services.

Mr. Pitts inquired about the utilization rates for the coming year for ASCs, would they be expected to increase or decrease. Ms. Casto reported there had been decreases of inpatient hospitalization (30%), outpatient hospitalization (24%) and ASCS (18%) between 2006 and 2009. Mr. Pitts followed up, that although rates are proposed to increase by 16% for the 2010 ACSFS, declining volumes may lead to lower total payments from BWC. Ms. Casto confirmed that statement to be true.

Mr. Harris asked if the decrease in utilization of these services was due to fewer claims being filed. Mr. Johnson noted there were several factors that would impact the utilization of these services, including but not limited to lower number of claims filed or a lower statewide employment rate. Both would imply fewer injuries and an overall decrease in reimbursements.

Mr. Haffey inquired if Mr. Johnson believed the decrease in services could be due to a change in the structure of jobs in Ohio, with more service oriented jobs than manufacturing oriented jobs. Mr. Johnson replied that was an issue that required more study. One of his department's objectives is to better understand how utilization of services is affected, and this objective will be approached in collaboration with The Ohio State University. Mr. Johnson noted what variables guide utilization need to be identified, and what mixtures of services and reimbursements are appropriate for the agency. Mr. Haffey noted the findings of this study would impact the liability side of the balance sheet.

Mr. Johnson concluded by recommending the 2010 ACSFS be adopted as presented. Mr. Johnson reiterated the proposed 2010 ACSFS is estimated to increase reimbursements to ACSs by 16% and an estimated total dollar impact of \$860,000, with \$740,000 to orthotics and other services, and \$120,000 to pain management services. As noted by Mr. Pitts, Mr. Johnson said these projections could be lower or higher, and there was an assumption of all things being the same as the previous year.

Mr. Hummel inquired how ACS utilization is driven, whether it was by injured workers, managed care organizations, or physicians. Mr. Johnson replied ACS utilization was primarily driven by physicians and injured workers. A physician will determine the most appropriate course of treatment, and if the treatment can be done at an ASC, an injured worker has the opportunity to go there.

2. 2009 Vocational Rehabilitation Services Fee Schedule Rule 4123-18-9 Revised

Mr. Tom Sico, Director of Legal Operations, and Mr. Robert Coury, Chief of Medical Services and Compliance, appeared before the Medical Services and Safety Committee to present the first reading of the revised 2009 Vocational Rehabilitation Services Fee Schedule (VRSFS) Rule 4123-18-9.

Mr. Sico began the presentation by noting he had discussed the rule briefly at the October meeting of the Medical Services and Safety Committee. The 2009 VRSFS was originally approved in August, 2009 by the Board of Directors. VRSFS provides a schedule of fees for services provided by rehabilitation providers, which is allowed by authority under Ohio Administrative Code Sec. 4123-6-08.

The original version of the 2009 VRSFS was presented in August, 2009, with public hearings conducted on August 8, 2009 and after approval from the Board of Directors, was submitted to JCARR on August 26, 2009. Mr. Sico reported in the JCARR process there was some opposition to paragraph (B) of the 2009 VRSFS. Consequently, the Bureau withdrew the filing with JCARR with intent to refile later. The 2009 VRSFS, as filed, had an appendix detailing the changes in vocational rehabilitation service fees, and there were no issues raised with that appendix. The only issue was paragraph (B) of the rule.

Mr. Sico reported the now proposed 2009 VRSFS now has a revised paragraph (B) that addresses the concerns raised at JCARR.

Mr. Coury noted that JCARR had found the previous paragraph (B) to be overbroad and inconsistent with Ohio Rev. Code Sec. 4121.44. The proposed revision of paragraph (B) mirrors this statute, and therefore, is consistent with that statute. Mr. Coury believed this revision was the best approach to allow managed care organizations an opportunity to negotiate with the most accurate information available, rather than last year's VRSFS; additionally, the revision addressed the concerns of State Representative Skindell and JCARR.

Mr. Coury noted the revised 2009 VRSFS still provides a six percent (6%) increase from the previous VRSFS except for one service. Three concerns were mentioned in the JCARR process.

Mr. Harris asked if the Medical Services and Safety Committee needs to review the new language of the 2009 VRSFS. Mr. Sico replied in the affirmative, that the rule needed to be re-filed with JCARR.

Mr. Sico noted the now proposed paragraph (B) of the revised 2009 VRSFS will read as follows:

(B) Notwithstanding the provisions of paragraph (A) of this rule, consistent with the provisions of division (C)(1) of section 4121.44 of the Revised Code, managed care organizations may enter into other arrangements and reimbursement agreements with medical, professional and pharmacy providers.

Mr. Sico noted the revised 2009 VRSFS paragraph (B) took the language directly from the statute. This was done because no one could object to the rule as being inconsistent with the statute if the statutory language is mirrored in the rule. Mr. Sico believed the proposed revision to paragraph (B) was legal and acceptable, and the proposed revision should avoid issues with JCARR.

Mr. Harris asked if managed care organizations still have to give their fee schedules to the Bureau. Mr. Sico replied in the affirmative. Mr. Harris asked if the Bureau has to maintain the managed care organization fee schedules in confidence, and Mr. Sico replied in the affirmative; the MCO fee schedules are not public record.

Administrator Marsha Ryan asked for further clarification as to who objected to the previous 2009 VRSFS submitted to JCARR. Mr. Coury responded the Ohio Association of Rehabilitation Facilities (OARF). OARF claimed paragraph (B) was overbroad and secondly, the VRSFS inconsistent with Ohio Rev. Code Sec. 4121.44 and the *Ohio Hospital Association* case, which held that the Bureau must create a fee schedule by rule. State Representative Skindell and JCARR were sympathetic to OARF's contentions to over breadth of paragraph (B), but not necessarily to OARF's second objection. Mr. Coury reported a copy of the proposed revised 2009 VRSFS has been provided to OARF, but the Bureau has not received a response. The revised 2009 VRSFS has been provided to an independent case manager organization, which was fully supportive of both versions.

Mr. Harris asked if Mr. Sico and Mr. Coury would be reappearing before the Medical Services and Safety Committee next month. Mr. Coury replied in the affirmative; given the substantive changes in paragraph (B) and the fact that it was not possible at this time to give a more definitive position of interested parties, the revised 2009 VRSFS would be presented for a second reading in December. Mr. Harris asked if Mr. Coury expected to have a more definitive position from interested parties at that time, and Mr. Coury replied in the affirmative. Mr. Pitts inquired if the revised 2009 VRSFS would have stakeholder feedback as well. Mr. Coury responded the Bureau wanted consensus by the next meeting, and the revised 2009 VRSFS had been provided to such organizations as the International Association of Rehabilitation Providers and the Ohio Physical Therapy Association.

b. Annual Report, Division of Safety and Hygiene

Mr. Abe Al-Tarawneh, Superintendent, Division of Safety and Hygiene, appeared before the Medical Services and Safety Committee to discuss the fiscal year (FY)

2009 Annual Report for the Division of Safety and Hygiene (DSH). Mr. Al-Tarawneh indicated he expected the report to be completed in the next few days and distributed to the Directors.

Mr. Al-Tarawneh said the annual report contains three sections. The first section is a financial section. The total disbursements for the Division of Safety and Hygiene in FY2009 were \$18.3 million; of this \$18.3 million, \$5 million were disbursements of Safety Intervention Grants, Drug Free Workplace Training Grants, Long-Term Loan Program, and Administration of the Occupational Safety and Health Administration's (OSHA) On-Site Program. Premium assessments for DSH were about \$22.4 million. Mr. Al-Tarawneh stated, based on industry estimates, the total costs of services provided by DSH in the private marketplace was \$24.6 million.

The second section is devoted to safety and health services. Mr. Al-Tarawneh reported DSH provided safety and training education services to 9,791 students from 4,282 employers. 52% of the students and 30% of the employers were new to training services offered by DSH in FY2009. With regard to the DSH Safety Council Program, 9,093 employers participated in the program, and \$1.064 million was subsidized by DSH to 80 safety councils statewide. For employer participation in the Safety Council Program, the employers received \$15.4 million in premium reimbursements.

Mr. Al-Tarawneh reported several other statistics for other safety and health services provided by DSH. Mr. Al-Tarawneh noted DSH provided BWC On-Site and Consulting Services in FY2009, reaching 6,000 employers with 1.2 million employees. The BWC Library was used by 1,800 employers in FY2009, and circulated 11,291 training aids. Finally, Mr. Al-Tarawneh reported the DSH industrial hygiene laboratory performed in-house calibrations of measurement devices used by BWC safety field consultants and the laboratory also facilitated 13,000 air quality samples. Mr. Al-Tarawneh estimated the value of the in-house calibrations done by DSH's industrial hygiene laboratory to be worth \$150,000 in the private sector.

The final section of the annual report is devoted to research activities and initiatives. Mr. Al-Tarawneh indicated DSH is continuing two FY2008 data research and safety intervention initiatives: Ohio's occupational fatalities report, and the preferred customer market project. Regarding Ohio fatalities, Mr. Al-Tarawneh reported there have been 156 and 181 fatalities in calendar years 2008 and 2009, respectively. During calendar year 2008, 53 of the 156 fatalities were transportation related, 40 were resulting from occupational disease, 11 were workplace violence, and the remainder of workplace fatalities were from various sources. Construction experienced the highest number of workplace fatalities (23) during calendar year 2008.

The Preferred Customer Market project identifies employers with higher frequency and severity of claims from four industry groups. Over 1,600 employers from construction, temporary staffing agencies, public employers and nursing homes were identified. Mr. Al-Tarawneh reported DSH reached 55% of the selected

employers in FY2009; those employers saw claims decrease overall by 11.7%, and the number of lost days from work decreased by 6.8%. The latter figure incorporated an adjustment for payroll changes when compared to last year's data.

Mr. Al-Tarawneh indicated another data research project was examining the nature and extent of workplace injuries in Ohio restaurants. 4,381 claims had been reported between 2003 and 2006 at 712 restaurants statewide. Mr. Al-Tarawneh noted 75% of the claims involved open wounds, sprains, and burns. In response to these findings, the project team provided certain training aids and safety intervention measures to be shared with Ohio's restaurants with the plan of reducing frequency and severity of such injuries.

Finally, Mr. Al-Tarawneh noted DSH staff worked with OSHA and temporary staffing companies through an OSHA Alliance effort to complete video training and four training classes for temporary staffing companies. Mr. Al-Tarawneh said the project team has started working on providing the video training aid in Spanish.

Mr. Al-Tarawneh concluded his presentation by noting it was DSH's continuing goal to improve operations and services to reach a larger number of Ohio employers, with better and more efficient operation.

Mr. Hummel noted at the public forum on safety issues, there was some concern regarding whether employers were coming to BWC or whether BWC was reaching out to employers. Mr. Al-Tarawneh replied by noting training is done at eleven locations statewide, and most employers in the state were within 60 miles of a training location. The 70 courses had 367 different classes offered at different times of the year; while some courses were offered at only one location, most of the course offerings were at all eleven locations. Many of the safety consultants provided onsite training at an employer's location; he estimated approximately 1,500 of the 9,000 students trained in the last fiscal year were at a class conducted at an employer's business location. OSHA consultants also do onsite training for approximately 1,500 employees. Mr. Hummel asked if there were any online course offerings, and Mr. Al-Tarawneh confirmed there were six online courses, and the list of offerings is expanding. Mr. Hummel asked if the subsidies for safety council funds were for the direct cost of the programs. Mr. Al-Tarawneh confirmed the funds were for the direct cost of the programs. Each safety council received between \$5,000 and \$24,500, depending on the membership of the safety council. Mr. Al-Tarawneh noted some of the safety councils charge membership fees, which average around \$50, but many are free for their members. Mr. Hummel asked how large the field consulting staff was. Mr. Al-Tarawneh replied that DSH had 97 industrial hygienists, ergonomists, industrial safety specialists, and construction safety specialists. Mr. Hummel asked if the OSHA onsite specialists were separate from the 97 DSH specialists. Mr. Al-Tarawneh confirmed this statement was accurate; DSH had 12 OSHA specialists, and some were industrial safety consultants or construction safety specialists.

Mr. Harris was encouraged that the Safety Congress paid for itself. Mr. Harris noted \$12,000 excess in revenues was better than having to spend \$12,000. Mr. Harris was also pleased with the savings of doing in-house calibrations, suspecting rigorous standards had to be met. Finally, Mr. Harris asked if the Spanish video was the first time DSH had done any training in Spanish. Mr. Al-Tarawneh replied the Spanish video was a first time endeavor, but in some construction safety classes, there is a Spanish interpreter present. Mr. Harris encouraged the practice, particularly in the construction industry classes.

Mr. Lhota inquired if any training courses were available for the hearing or vision impaired. Mr. Al-Tarawneh deferred to Mr. Gregory Hopkins, Training and Education Manager for DSH who replied there is no training specifically available for the hearing or vision impaired either online or in the classroom. Mr. Hopkins noted there had never been a request for this type of training, but he admitted that did not mean there was not a need.

DISCUSSION ITEMS

1. Follow-up from October 30, 2009 Public Forum

Mr. Al-Tarawneh next discussed the feedback from the October 30, 2009 Public Forum on safety issues. On behalf of DSH, Mr. Al-Tarawneh thanked the Board of Directors for their oversight and direction, and the opportunity for a public forum on safety issues. Mr. Al-Tarawneh noted the Board's involvement with the Ohio Administrative Code, specific safety regulations, and the public forum on safety services as all promising examples of the Board of Directors' emphasis.

The public forum provided insight from a number of employers and persons with a variety of occupations and backgrounds. Presenters included representatives of state agencies and counties; local representatives of many chambers of commerce; safety consultant representatives; and many representatives from construction and manufacturing industries. Many of the attendees voiced praises, but also concerns, about various programs of DSH.

First, Mr. Al-Tarawneh noted the Bureau's commitment to safety was at an all-time high; any concerns voiced in that regard were misguided perceptions.

Second, Mr. Al-Tarawneh indicated the attendees raised concerns about the continuation of the Safety Congress. The Safety Congress is budgeted through 2011, and the next Safety Congress will be held March 30 through April 1, 2010.

Third, in terms of Training and Education, DSH is increasing online course offerings addressing the needs of Ohio employers and employees. Finally, he said DSH was working with the State of Washington's workers' compensation program to use their materials to develop more online courses in Ohio.

Fourth, Mr. Al-Tarawneh noted the goal of DSH to expand safety services and programs while aligning with the needs of a wider number of employers. Mr. Al-Tarawneh noted DSH was trying to align with other states and national organizations to capitalize on their research and development; these organizations

included the National Institute of Occupational Safety and Health (NIOSH), and OSHA. Mr. Al-Tarawneh added employer and employee organizations are being contacted to assist in marketing of safety services.

Fifth, Mr. Al-Tarawneh noted DSH has started targeting larger construction projects, and DSH is contacting construction managers at the conception phase of development to market DSH safety services.

Sixth, Mr. Al-Tarawneh indicated DSH is examining the concept of branding services to better market them, as well as to increase effectiveness to employers and employees alike.

Seventh, Mr. Al-Tarawneh commented that, going forward, DSH will continue to evaluate their services and programs as well to improve effectiveness of reaching Ohio employees and employers. Mr. Al-Tarawneh remarked DSH will continue to solicit information from employer and employee organizations to improve their services and programs.

Finally, Mr. Al-Tarawneh believed Ohio's rate reform efforts would lead to a positive impact on safety in the workplace by encouraging employers to use safety services to reduce claim costs and claims frequency.

Mr. Hummel thanked Mr. Al-Tarawneh for many great comments, and he commended DSH as a whole. Mr. Hummel specifically asked why DSH did not participate with the Bureau of Labor Statistics, and whether there would be any value if the Bureau did participate. Mr. Al-Tarawneh replied there would not only be a value for the Bureau, but for the entire nation. Mr. Al-Tarawneh noted NIOSH was well aligned with the Bureau of Labor Statistics; additionally, the Bureau some time ago used to provide information to the Bureau of Labor Statistics, but DSH was looking at bringing the reporting back to make it beneficial for all. Administrator Ryan asked when the last time the Bureau reported to the Bureau of Labor Statistics, and Mr. Al-Tarawneh believed 1991 was the last year.

Mr. Pitts inquired about the death claims statistics discussed in the annual report, specifically if DSH visited jobsites or families. Mr. Al-Tarawneh replied that the Administrator's letter to families when a workplace fatality occurs was more personal than anything he had been exposed to before. DSH looks at an employer's experience and claims, and depending where the fatality occurred, DSH will also examine whether anything the division could offer would help avoid the tragedy in the future. Raymond Mazzotta, Chief Operating Officer, added that, for the first time this year, the Bureau is utilizing the Special Investigations Department personnel to investigate a fatality at the time it happens, and Mr. Mazzotta noted there has been a positive response to date. The information gathered is real first hand information, with real life circumstances, not just numbers used for compiling data.

Ms. Falls inquired whether there was a value in stacking safety incentives. Mr. Al-Tarawneh stated placing an incentive in a safety issue always does help; however, incentives must be used efficiently. Most incentives are placed for a period of

time, and if the incentive is cost effective, it will help a business. Once the need for the incentive has been addressed, a new incentive is then used. Mr. Al-Tarawneh noted DSH thought highly of the value of safety councils, but DSH was looking at how helpful safety councils and capitalizing their use even more, as safety councils do not exist elsewhere.

Mr. Price noted his appreciation of the robust discussion on stacking and incentives. Mr. Price, however, desired to have information tracked and provided to the Board of Directors regarding incentives. Mr. Price expressed concerns of removing an incentive would make the Bureau not accomplish a goal it should be achieving; if goals are not being achieved, the issue needs to be revisited.

Mr. Matesich noted raising awareness at safety council meetings may be relative to specific safety issues. Mr. Matesich agreed safety is a campaign in the workplace or anywhere else; he said the benefits of safety are subtle and are not appreciated until an injury occurs. Mr. Al-Tarawneh agreed safety is an issue that must be kept in the minds of everyone, on the front page, and in the forefront. Mr. Matesich asked if there was a difference between group and non-group employers in safety awareness, and Mr. Al-Tarawneh confirmed there was a difference. Mr. Price encouraged this kind of dialogue and follow-up with all public forums. Mr. Al-Tarawneh added that groups benefit from safety programs and safety services, and the Board of Directors is keeping a group's safety requirements in place. Each group has to have a safety plan in effect with a group of affiliates; Mr. Al-Tarawneh noted the process is engaging and ongoing, and there was recently a safety meeting for all group sponsors. Mr. Matesich asked if the safety meeting for group sponsors was something new or if it had been in effect in the past, and Mr. Al-Tarawneh replied the program has been in place the past two or three years. Mr. Matesich asked if the group sponsors were required to share the information with the participants in the plans they sponsor; Mr. Al-Tarawneh confirmed the group sponsors were required to share the information, but DSH needed to do more in that regard, particularly on how to address accountability.

Mr. Harris indicated he had a comment about safety grant guidelines, and Mr. Al-Tarawneh confirmed he was aware of the issue. Mr. Al-Tarawneh noted that safety grants used to be given for lift equipment in nursing homes, and this issue goes back to incentives and best practices. Mr. Al-Tarawneh said lifts for nursing homes came out a long time ago, and Ohio was given much praise in the scientific community for achieving best practices through research. At nursing homes, Mr. Al-Tarawneh remarked there were lifting issues leading to back injuries, and it was determined mechanical assistive devices would reduce the risk of injury. To establish more lifts in nursing homes, some safety grants were given to nursing homes. Mr. Al-Tarawneh noted when the equipment was placed in a nursing home through a grant, the incentive allowed DSH to collect data. DSH then examines whether a grant works or does not work, and in this case, there were two or three journal articles published concluding that the lifts did work at reducing injuries. At that point, Mr. Al-Tarawneh noted DSH starting focusing the investing resources in another program, an interest free loan program for nursing homes to purchase this same equipment.

2. Committee Calendar

Mr. Berno briefly discussed the committee's calendar. Mr. Berno indicated the December calendar is being completed; and the December meeting will have the second reading of the 2010 ACSFS and revised 2009 VRSFS. Mr. Berno indicated the plan was to move the first reading of the Medical Service Provider Fee Schedule to the January calendar. Mr. Berno mentioned many Board of Directors members have desired to examine the relationships between managed care organizations and vocational rehabilitation providers, which will be added to the December agenda. Finally, depending on time availability, new ideas for the Drug Free Workplace Program will be incorporated into either the December or January calendar.

Mr. Pitts confirmed there was an issue on how managed care organizations refer to vocational rehabilitation providers. Mr. Pitts asked for some education of what really happens over how a provider is selected and approved for treatment, as he called a "nuts and bolts" presentation. Mr. Berno noted that, before Mr. Pitts was appointed to the Board of Directors, there was a presentation on the life cycle of a claim; Mr. Berno suggested revisiting that presentation.

ADJOURNMENT

Mr. Hummel moved to adjourn the meeting at 2:19 PM, seconded by Mr. Pitts. The meeting adjourned with a unanimous 3-0 roll call vote.

Prepared by Michael J. Sourek, Staff Counsel
November 23, 2009