



Voice-of-the-Customer Initiative

Injured workers enrolled in MCOs
Survey summary

Workers' Compensation Division

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Introduction

Throughout the summer and fall of 2002, the Workers' Compensation Division conducted a survey of injured workers treated through managed-care organizations (MCOs). The survey's goal was to determine injured workers' overall satisfaction with their treatment and care. Seven MCOs were active in Oregon at the time of the survey. The survey was completed by 319 of the 754 injured workers who received the survey. (See appendix for methodology.)

Background

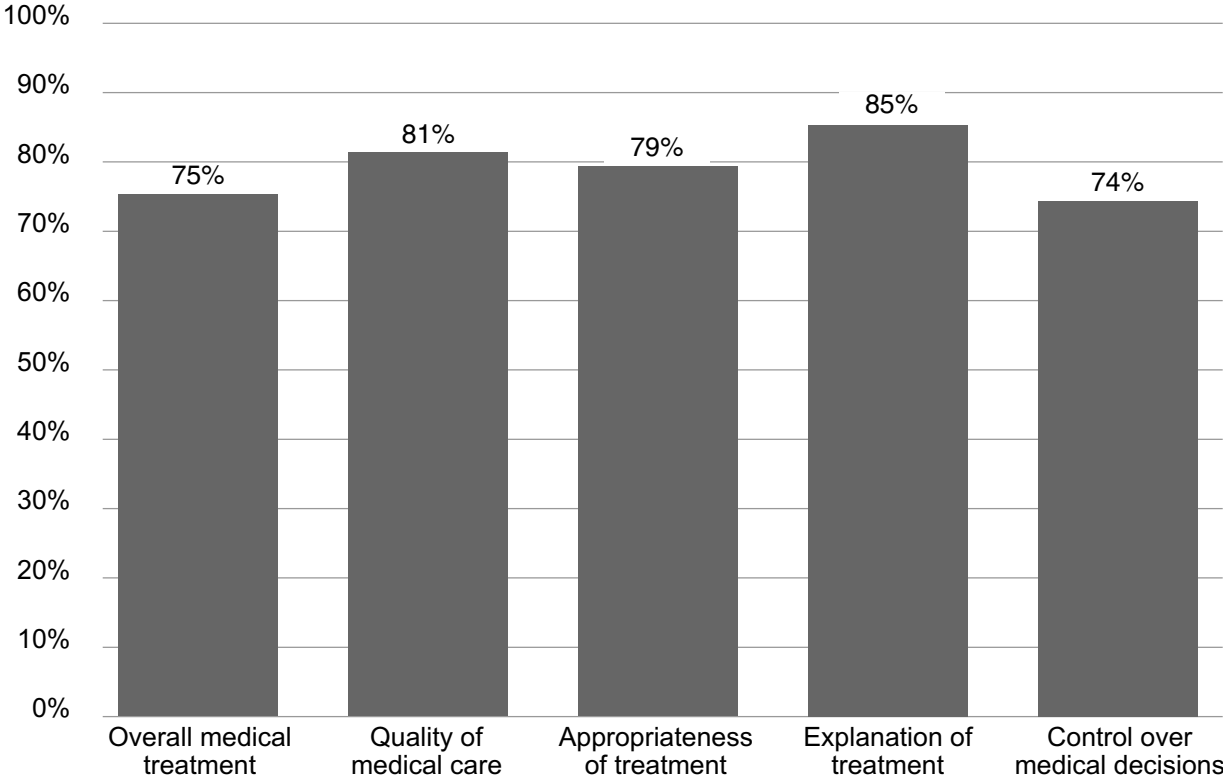
MCOs were authorized to operate in Oregon by a special session of the Oregon legislature in 1990. The first three MCOs were certified on December 26, 1990. An in-depth study was undertaken by the department in 1999 to review activities and analyze effectiveness of MCOs. The study also included a survey of injured workers to assess their satisfaction with the medical treatment they received from MCOs. The survey assessed satisfaction in three areas: medical treatment, access to care, and outcomes of care. The results of the study and survey were published in the report "Managed Care in the Oregon Workers' Compensation System." This report is on WCD's Web site under "statistics and reports." It is also available in paper copy by contacting the Information Management Division, Research and Analysis Section, at (503) 378-8254.

In 2002, WCD repeated the injured worker satisfaction survey. The results are described in this summary.

Medical treatment satisfaction

Seventy-five percent of injured workers who responded to the survey indicated that they were satisfied or very satisfied with overall medical treatment. Most were also satisfied with the quality of care (81 percent). In addition, most workers reported satisfaction with specific aspects of their care, such as the appropriateness of treatment (79 percent), and the explanation of treatment (85 percent). Slightly fewer indicated they were satisfied with the amount of personal control they had over medical decisions (74 percent).

Figure 1: Satisfaction with medical treatment

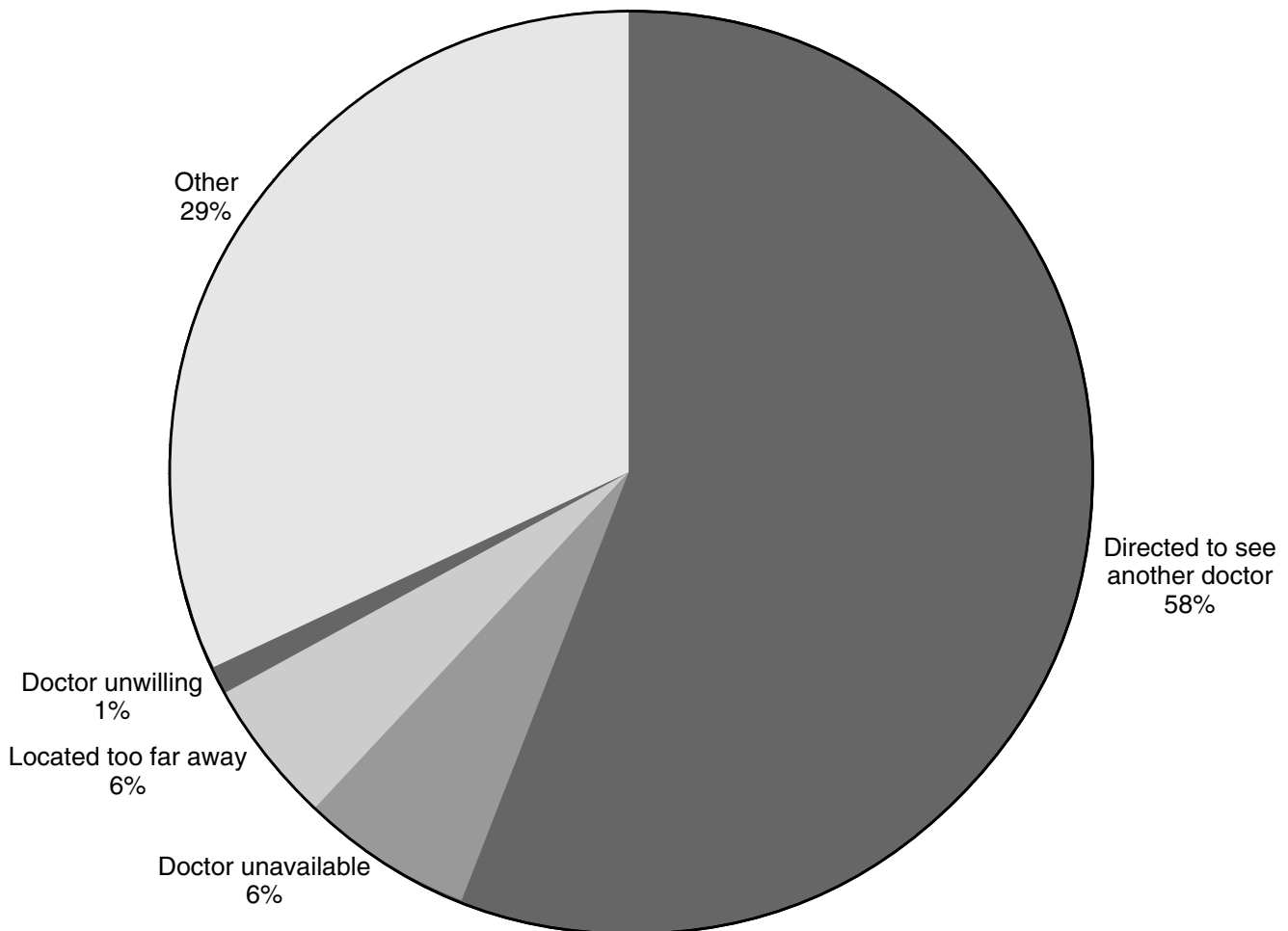


Access to medical care

Most injured workers indicated they were satisfied or very satisfied with the overall ease of obtaining medical care (75 percent). An even greater proportion of respondents reported being satisfied with specific aspects of access to care, such as the distance traveled to appointments (86 percent) and the ease of setting up appointments (87 percent).

Sixty-two percent of the workers reported that they were able to choose their own doctor. When 38 percent of the workers who reported they were unable to choose their own doctor were asked why they did not see the doctor of their choice, 58 percent responded that they were “directed to see another doctor,” and 13 percent replied that their doctor of choice was either “unavailable” (6 percent), “unwilling” (1 percent), or “located too far away” (6 percent). An additional 29 percent did not see the doctor of their choice for a variety of reasons: they were not given a choice, the injury was an emergency or a specialist was required, the insurer would not allow it, the doctor of choice did not accept workers’ compensation claims or was not on the list of available doctors, or they were sent to a specified doctor.

Figure 2: Reasons why injured worker did not see their doctor of choice

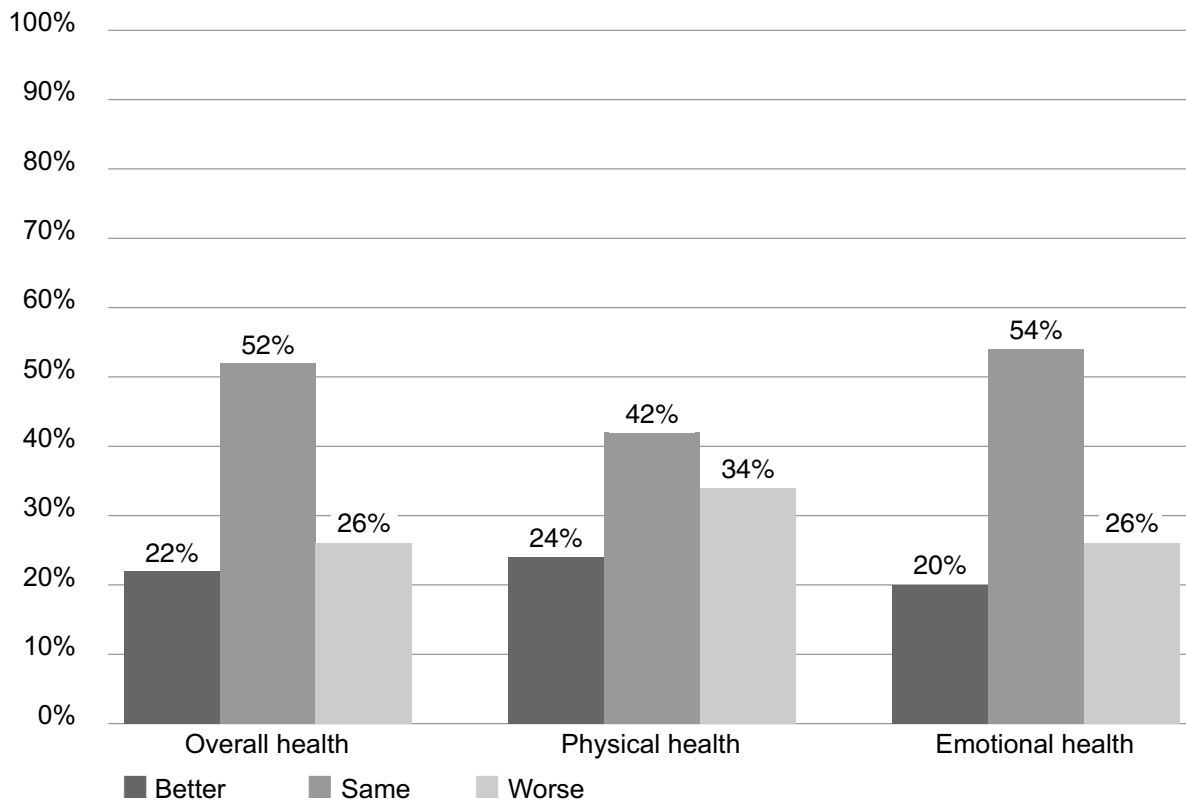


Over one-third (35 percent) were required to change doctors during their treatment. Injured workers were asked to rate their satisfaction with the care they received after they were required to change doctors. Of the 35 percent who were required to change doctors, 62 percent were satisfied with the care they received after the change.

Outcomes

Injured workers were asked to rate their overall current health on a five-point scale from “very poor” to “very good.” Sixty-three percent rated their overall current health as “good” or “very good.” When asked how their current physical health compared to their health before injury, injured workers reported their condition as “same” or “better” than before their injury in terms of physical health (66 percent), emotional condition (74 percent), and overall health (74 percent). However, 47 percent of the respondents rated their level of physical pain as worse. Forty-five percent of the respondents indicated their injuries interfered with their social relationships at least some of the time. Although a majority of respondents believed their injuries to be moderately or very severe (81 percent), most of them also reported they were recovering “well” or “very well” (66 percent).

Figure 3: Health compared to before injury or illness



Appendix

Methodology

The survey sampled injured workers enrolled in one of the seven active MCOs during the 12-month period of May 1, 2001, through April 30, 2002, with a last claim-closure date before April 30, 2002. Permanent total disability and fatality claims were excluded. Claim disposition agreements with a partial or total settlement were included.

The number of survey responses needed for a statistically valid survey was 279. This was the number needed to adequately represent all of the injured workers meeting the selection criteria at a 95-percent confidence level with a margin of error of plus or minus five percent. The survey sample size was increased to 377 to adjust for low enrollment counts in four MCOs (EOS, Kaiser FHP, OHSU WorkComp, and First Health). To ensure at least 377 responses, the survey was mailed to 754 injured workers. This figure assumed a 50 percent response rate.

The first mailing was on June 24, 2002. Second and third mailings were August 8, 2002 and September 26, 2002. Department staff made follow-up telephone calls from November 20 through December 6, 2002 to those injured workers who had not responded to the survey. The final response rate was 42 percent. Although the target response of 50 percent was not achieved, the total number of completed surveys (319) surpassed the minimum number needed (279) to sustain a 95-percent confidence level. This was due to the additional surveys conducted to adjust for low numbers of enrollments in some MCOs. Weighted data was used in the final calculations of overall responses in order to reflect the actual proportions represented by each MCO.

Active MCOs at the time of the survey	Approved geographical service areas
EOS (Now HealthNet Plus) 8215 Tualatin Sherwood Rd, Ste 200, Tualatin, OR 97062 Certification # 000201, Effective July 27, 2000	Portland Metro, Salem, Linn/Benton, Eugene, Roseburg, Jackson/Josephine
First Health Group Corp. 925 Commercial St SE, Ste 350, Salem, OR 97302 Certification # 970201, Effective June 3, 1997	North Coast, Central Coast, South Coast, Portland Metro, Salem, Linn/Benton, Eugene, Roseburg, Jackson/Josephine, The Dalles, Bend, Pendleton
Kaiser on-the-job 2701 NW Vaughn, Ste 150, Portland, OR 97210-5398 Certification # 910206, Effective October 30, 1991	Portland, Salem
Managed Healthcare Northwest, Inc. CareMark Comp 1120 NW 20th, Ste 200, Portland, OR 97209-1539 Certification # 900102, Effective December 26, 1990	North Coast, Portland Metro, Salem, The Dalles
OHSU Workcomp (Oregon Health Sciences University) 3181 SW Sam Jackson Park Rd, Portland, OR 97201 Certification # 950101, Effective March 30, 1995	Portland Metro
Oregon Health Systems, Inc. 18150 SW Boones Ferry Rd, Durham, OR 97224 Certification # 910205, Effective August 14, 1991	North Coast, Central Coast, South Coast, Portland Metro, Salem, Linn/Benton, Eugene, Roseburg, Jackson/Josephine, The Dalles, Bend, Klamath Falls, Pendleton, LaGrande
Providence MCO 3601 SW Murray Blvd, Ste 10, Beaverton, OR 97005 Certification # 900103, Effective December 26, 1990	North Coast, Central Coast, Portland Metro, Salem, Linn/Benton, Eugene, Jackson/Josephine, The Dalles

For more information on managed care organizations, visit WCD's Web site, www.oregonwcd.org.



2002 MCO Survey

1. Please rate how you felt overall about the medical treatment you received for your work injury/illness Very satisfied Satisfied Dissatisfied Very dissatisfied
2. Please rate how you felt overall about the ease of obtaining medical care for your injury/illness
- 3a. When treated for your work injury/illness, were you able to see the doctor of your choice? Yes No
- 3b. If **NO**, please indicate the main reason why you did **NOT** see the doctor of your choice:
- Doctor of choice was unavailable
 - Doctor of choice was unwilling to see me
 - Doctor of choice was located too far away
 - I was directed to see another doctor
 - Other (please specify below, questions 3c)

3c. Other reasons why you did not see the doctor of your choice: _____

4a. Were you required to change doctors at any time during your treatment? Yes No

4b. If **YES**, rate how you felt about the care you received after you changed doctors.

Very satisfied Satisfied Dissatisfied Very dissatisfied

Regarding the overall treatment you received for your work injury/illness, please rate how you felt about each of the following:

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
5. Quality of health care received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appropriateness of the treatment (tests, procedures, etc.) you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Explanation of treatment (tests, drugs, procedures, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Amount of personal control you had over medical decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Number of doctors that you had to choose from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Length of time between your injury/illness and your first treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Distance you traveled to your appointment(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ease of setting up an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How would you rate your overall current health? Very good Good Fair Poor Very poor

14. Compared to before your injury/illness, how would you rate your current:

	Much better	Better	Same	Worse	Much worse
a. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emotional condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Level of physical pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Overall health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How well are you recovering from your work injury/illness? Very well Well Not well

16. How severe do you feel your work injury/illness was?

Not severe at all Slightly severe Moderately severe Very severe

17. To what extent has your injury/illness interfered with your social relationships with your family and friends?

None of the time A little of the time Some of the time Most of the time All of the time

18. Do you have any additional comments about your experience? _____

Thank you for completing this survey. Please place it in the postage-paid envelope and mail it by June 7, 2002. For questions, contact Kara Null at (503) 947-7523.

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