



Meeting Notes: March 17, 2006

Members Present: Ronald Bowman, M.D., Chair; Timothy Keenan, M.D., Vice-chair; Brad Lorber, M.D.; Franklin Wong, M.D.; Frank Prideaux, D.C.; Tom Williams, P.T.; Chloe Oliver, City of Portland; Linda Olsen, SAIF; Maria Carraher, Injured Worker Rep.

Members Absent: Pam DeVisser, F.N.P; Gary Rischitelli, M.D. LNW; Tom Williams, P.T.

WCD committee staff present: Kevin Willingham, Debra Buchanan

Dr. Bowman called the meeting to order.

Notes were approved from last meeting with a correction that Dr. Wong was absent.

Update on the Medical Quality Initiative (MQI): Nathan Johnson, IMD

Nathan Johnson updated the committee on where the MQI was currently. Meetings have been held around the state and a draft report has been given to John Shilts with some recommendations. After Mr. Shilts has reviewed the draft report it will go to the WCD Executive Team and then will be available on-line, sometime in the next couple of months. There has not been much interest by stakeholders in treatment guidelines, but, there was some interest in addressing physical medicine and pain management, as well as some pharmacy topics. Most of the recommendations involve more focused study, now that the broader issues have been explored with the stakeholders.

The MQI is also addressing reporting requirements, including: 1) contacting insurers, third-party administrators, and self-insureds regarding their experiences with reporting information, focusing on medical billing questions; and 2) contacting medical providers about their experiences with reporting information, focusing on reporting to insurers, etc. The medical provider survey was revised based on input from the MAC's last meeting and was mailed to providers. Mr. Johnson said he would send final copies of both surveys to the committee.

There was some discussion about why there was so much focus on MCOs in the survey. Mr. Johnson explained that the group was trying to get a focused look at non-MCO and MCO issues in comparison to group health. Another way to focus the survey would have been pre-compensability decision vs. post-compensability decision.

Mr. Johnson was asked if there were any statistics that showed where some avoidable cost cuts could be made in the system. He didn't think there were. He explained the difficulty of identifying outliers in the system and the discussion about this topic in the stakeholder meetings. There was a suggestion that pre-approving care might take care of some outliers – guaranteed payment is an incentive. But determining which types of cases/care should be approved is also a topic which would be difficult and time consuming to address. The only real consensus at stakeholder meetings was for pain management and drug costs.

Mr. Johnson noted the MQI group also addressed return to work issues between the parties. Education of the worker, physician, insurer and employer would be beneficial to the system. Physicians often lack information about the job setting and work available. Some insurers want the provider to identify physical limitations and let the employer and insurer work on identifying a modified job. SAIF is apparently trying to create a repository of RTW job analyses, to help small employers. However, many times employers just say there is no modified work.

Mr. Johnson said the survey uses private health as a baseline, despite its differences from workers' compensation, to compare MCO and non-MCO injured worker care to one thing, private health. They were interested in looking at pre-authorization, sending chart notes, etc. About 59% of Oregon workers are covered by an MCO contract, mostly with SAIF. Only 39% of accepted disabling claims are enrolled in an MCO. SAIF enrolls approximately 70% of their workers with accepted disabling claims in an MCO. Per SAIF, the more complex and severe the injury, the more likely enrollment of the worker.

Sandra Savage, MCO Coordinator/WCD shared information and web addresses for members to find out more about MCOs online. She noted that we actually have 5 MCOs in the system, but one may be going away soon.

While MCOs are regulated differently from non-MCOs, WCD does not regulate PPOs specifically, and does not have data on PPOs. Medical services provided through PPOs are held to the same standards in the administrative rules as all services not provided by MCOs.

Independent Medical Exams

Dan McNally, WCD, and Wendy Stone, WCD, discussed issues surrounding SB 311 and the rules promulgation process for Div. 010 to be effective 7/1/06. They reviewed the brochure that was created for injured workers about IMEs and their responsibilities, asking for comments and suggestions. Alternative language was discussed. After the brochure is finalized, it will be translated to other languages.

Training and Criteria to qualify to be on the Director's list of IME providers: Mr. McNally shared some draft criteria and noted that the biggest change from what the MAC had discussed in the past was the requirement to abide by all the WC rules and law. There was a suggestion to change the language to be more specific regarding IME law, not all WC law. In discussing the training goals and objectives portion of the training, some committee members thought all seven of the standards of conduct should be addressed (not just three), and all eight legal requirements should be addressed.

Training process: The training process is still under development through the rules process. Proposed rules will be filed by mid-April. The committee discussed the positive attributes of having goals and objectives in the training. WCD has only approved two providers of this training: Independent Medical Examiners Association (IMEA) and HCM- Health Cost Management. Entities that are approved by WCD will be posted on the web. In addition, in May, the Division is giving training at the Educational Conference put on by the Division.

Worker Survey: The main purpose is to get some information back from injured workers, even though the method may not yield statistically valid results. The survey method is still open for discussion. The survey could be sent out with the appointment letters from the insurers. The worker would have to hold on to it for a few days, to a few weeks and then send it in (a copy of the survey could also be given to workers by the IME physicians in their offices). Mr. Johnson, IMD, discussed the difficulty in getting statistically valid information when you don't know the survey "population" and the limitations of this potentially anecdotal information.

Application: The committee reviewed the draft application for providers to fill out to request being on the director's list. Suggestions were made to add Psychiatry, Physical Medicine and Rehab, and Occupational Medicine.

Exemptions: The committee discussed the concept of exemptions from the training requirement to be on the director's IME provider list. Situations in which it might be necessary: 1) Providers who don't do a large number of WC cases because of their medical specialty 2) Providers outside the state, but near the border, might not be exempted because they would potentially do more exams 3) Providers much further away from the border might be more likely to have an exemption because they would probably do less exams. The group discussed the need for these providers to agree to abide by the code of conduct of their licensing board. Exemptions for the training requirement could be very limited. The group discussed a certain number of IMEs per year, for instance, five.

Response to IME reports: Mr. McNally noted that after a lot of discussion at the Management Labor Advisory Committee about requiring providers be actively practicing in order to qualify as an IME provider, no such requirement was included SB 311. There was discussion by the group of how attending and practicing physicians should respond clearly to IME reports. They should include careful explanation of their medical rationale, their knowledge of the individual case, and their qualifications such as years in practice, Board certification, etc. This helps ALJs make their decisions.

Claims data: There was a request to see if there was any data available on those claims that have had IME services and what the outcomes were. That will have to be developed, if possible, as we progress through implementing this bill. A question was posed about whether or not there were any restrictions against using the same IME physician more than once in a single worker's case. Mr. McNally noted that currently there are no such restrictions.

Nathan Johnson, IMD, reported that the average cost of an IME is approximately \$750. If the physician works through a facility/organization, he/she gets only a portion of the fee. Although this may not hold true in all instances.

Should attending physicians be required to review the IME report with the worker? The next topic of discussion pertained to the MAC's prior recommendation to the MLAC that attending physicians NOT be required to review the IME report with the worker (outlined in a memo the MAC gave to MLAC in the fall). According to Mr. McNally, MLAC has met since and requested MAC to share alternatives or other ideas on how to address this. It is important that workers know their rights, and there was a suggestion that the brochure that goes to the worker contain a portion that tells them they can request a copy of their report. It was noted that the Board of Chiropractic Examiners requires IME providers to go over an IME report with the worker, not the AP, because in their view, an IME does establish a doctor/patient relationship.

Complaints about IMEs: Mr. McNally asked for thoughts from the committee members. How should/can WCD categorize complaints about IMEs? How should complaints outside the expertise of staff in WCD be handled? Would the MAC be available and willing to be a resource for complaints? A sub-committee of the MAC? While WCD cannot delegate decision-making authority to the MAC, they could be a resource. The nature of the complaints could be addressed, but not the specifics of a given case. The MAC could help with policy decisions, but not with issues that should go to the Board of Medical Examiners.

Mr. McNally will update the MAC on IMEs again in May.

Next Meeting: May 2006.