

# Medical Quality Initiative External Meeting Discussion Bend – 11/30/05

There were a total of 3 stakeholders who attended this meeting. They included the following : medical provider, chamber of commerce, and a workers' compensation insurer. They also represented an injured worker and an employer.

The meeting opened with a brief presentation on some background information about the initiative. The attendees then began discussing the specific ideas; managing care, reimbursements and training/certification. All of their ideas were captured and discussed. After all of the items were discussed and ideas were identified, the group voted on what they thought were the most important issues, concerns or suggestions.

All of the ideas, suggestions and concerns identified in the discussions are captured here. The items that were determined as more important are listed at the beginning of each discussion.

## Discussion Topic: Managing Care

### Guideline Discussion

Have a standardized Return-To-Work (RTW) form across the state. **Two (2) votes**  
Explains restrictions, what worker can do etc. Would help employers.

**The following were suggestions from the groups, but did not receive any votes in the prioritizing phase of the meeting.**

Guidelines would make matters worse.

- They would become gospel

- Limit what doctors could do for injured workers

A guideline for physicians on information needed for employers about workers restrictions and

- What work they can do.

Functionality tests for workers.

- Make sure worker can come back and do the job.

- Can save a lot of money in the end.

Guidelines can be good in some cases and can also cause problems.

The Central Oregon MCO (COMCO) had really good guidelines they used with SAIF.

## **Expanding MCO's Discussion**

**The following were suggestions from the groups, but did not receive any votes in the prioritizing phase of the meeting.**

MCO's here, turn doctors away.



## **Discussion Topic: Reimbursements**

### **General Discussion Regarding Reimbursements**

Use the Medicare model for when the physician has to include chart notes. **Two (2) votes**

Don't get the chart notes for 100% of cases; only the 10% where there is an issue.

Grant for providers in underserved areas to assist them in purchasing computers and other technology. **Two (2) votes**

There needs to be a caveat that there is education for the provider on the WC system and that they take the training.

Would love to bill electronically for WC and include chart notes electronically . **One (1) vote**

## **Managing Pharmacy Costs Discussion**

**The following were suggestions from the groups, but did not receive any votes in the prioritizing phase of the meeting.**

Doctors need to be more accountable for what they are prescribing.

Prescription gatekeepers.

Stop workers who are drug hunting.

Statewide pharmacy data base.

Would stop multi-prescriptions for narcotic drug seekers.



## **Discussion Topic: Education/Certification**

### **General Discussion Regarding Education/Certification**

Providers don't understand that the longer the worker remains out: **Two (2) votes**  
That it costs the employer  
Costs could drive employer out of business  
The providers think that the insurer is the one paying.  
Do not understand that it is the employer who is really paying.

Employers need education/training on RTW and the WC system overall. **One (1) vote**

Doctor and employer communication on: **One (1) vote**  
What light duty is available  
What are the employees Job Duties and Job Description

Certify office staff. **Two (2) votes**  
One day training on WC system. 827, 801, RTW etc.  
Training on screening questions to ask injured workers to make sure it's work related.

**The following were suggestions from the groups, but did not receive any votes in the prioritizing phase of the meeting.**

Workers' compensation training for:

- Providers
- Employers
- Workers

Needs to be more communication by physicians to employers.

- Workers condition
- What is going on with worker
- Treatment plan, etc.

Website on how to fill out forms and what information is needed.

Education for doctors on forms.

- Educate as the need arises

Information for the medical providers on cost drivers in the system, addictive nature of oxycontin etc.

Education for physicians in Eastern Oregon.

- They don't understand the WC system.

Physicians handbook (WCD) is a great document.

- But, physicians don't have time to read it.

- WCD should go out to the providers and explain the same information directly.

Provide the information about Oregon's workers' compensation system and RTW program to the national employers, so they understand Oregon's system.

Can state help employers with writing job descriptions:

- Explain how important they are for the physician and getting the worker back.

Doctors in Eastern Oregon need training on how to relate/deal with the Hispanic Culture.

Interest in Bend for education on:

- Diagnosis—light duty

- RTW

- Experience in WC system

- Importance of job description in WC injuries and RTW

Certification of physicians.

Would like to see it happen.

But, not likely to happen.

Better to certify office staff.

Certify someone in employer's staff on the WC system.

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## Discussion Topic: Other Ideas

### Other Ideas Discussion

Drug free workplaces have: **Three (3) votes**

Less claims

Less time off

Should be able to get a discount on their WC rates/costs

“Ohio provides a 20% discount for “drug free’ employers

Washington 5%?

Idaho 7%

Illinois ?

Miami identified 5 things to become a “drug free” workplace.”

Attach a RTW form to the 827. **Two (2) votes**

Employers are video taping the injured workers job and what type of light duty work they have available, then are sending it to the doctor. **One (1) vote**

Doctor can see exactly what the worker does and what light duty is available and what it entails.

**The following were suggestions from the groups, but did not receive any votes in the prioritizing phase of the meeting.**

Need to pull more occupational medicine doctors into central and eastern Oregon.

Needs to be more occupational medicine training for students in medical school.

Long term WC cases

Have AP refers to surgeon, surgeon refers to PT, PT recommends drugs, worker ends up in addiction therapy (which is very expensive).

Never goes back to the AP—should be referred back to during the process and be part of decisions along the way. AP usually knows the worker the best.

Need communication between ALL providers—one provider needs to know everything that is going on with the patient.

Have a traveling occupation doctor to help providers in remote areas. Help them with WC claims and the system.