

# Medical Quality Initiative

## External Meeting Discussion

### Eugene – 11/08/05

There were a total of 11 stakeholders who attended this meeting. They included the following: medical providers, an injured worker attorney, MCO's, employers and workers' compensation insurers.

The meeting opened with a brief presentation on background information about the initiative. The attendees then, as a group, discussed the subjects of managing care, reimbursements and training/certification. All of the ideas from the attendees were captured and then discussed by everyone. Then the attendees 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 things that were determined as most important are listed at the beginning of each discussion, with how many votes that idea, suggestion or concern received.

## Discussion Topic: Managing Care

### Guideline Discussion

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

Developing Guidelines not as much of an issue - can use package guidelines.

It is the implementation that is the issue.

General practice physician in rural areas, are the providers seeing the worker compensation patients

Portland there are specialists.

Physicians don't have time to review guidelines

Therefore, they do what they always do and don't follow a guideline.

Need to look at what is driving up medical costs and maybe have guidelines for that issue.

MCO's have guidelines

Help physicians make decisions – particularly around pain management.

One of many guidelines.

Physical therapist out of control, high cost of claims.

Workers need to take responsibility for their care.

No communication between physical therapist and physician.

Physical therapist are telling worker something different than attending physician.

Physical therapists are not giving attending physician objective data in order for them to continue or stop the therapy.

Physical therapist focused on treating pain instead of focusing on return-to-work and functionality. Need to talk to physical therapists about their role and the goals of workers' compensation (get workers back to work).

Form template for physician to use for patient visit, including information specifically needed for workers' compensation injuries.

Change attending physician focus from "worker can't work" to "what can the worker do" and any restrictions.

Workers should be part of decision making, understand the system.

Insurers – should have pre-approval authority for certain treatments (over \$)

-- Authority to say no to certain issues.

If questioned, should go to workers' compensation division.

Physicians are being driven out of the system.

Look at implication for workers – in whatever you do. They are the real stakeholders in the system.

Workers' compensation should have step therapy, same as general health.

Look at certifying / approving new technology. Medical Advisory Committee/Workers'

Compensation Division process too slow.

## **Expanding MCO's Discussion**

Don't expand MCO's until they do what they are supposed to – to manage the costs based on statistical evidence. **Two (2) votes**

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

MCO's do limit new technology based on medical evidence.

Need data to be able to show the benefits of MCO's.

Providers on the list of the MCO but:

They don't want to take on workers compensation claimants.

Wouldn't take anyone with an attorney.

Look at these before we expand MCO's.

Or designate (state) on list that they are not taking new workers' compensation patients.

Insurer adjuster and MCO try to find worker a doctor – but worker doesn't feel comfortable with this – is doctor really there to help worker – really feels like IME to worker.

Employer contracts with occupational doctors / ER - worker has to go to occupational doctor/ ER first.

Should there be a limit on number of ER visits worker has?

Encourage workers to go to occupational doctor.

Support MCO's –

In areas without MCO coverage costs much higher and workers aren't treated fairly or appropriately.



# Discussion Topic: Reimbursements

## General Discussion Regarding Reimbursements

An incentive program to attract doctors to rural / under-served areas. (State of Oregon should look at this.) **One (1) vote**

Do a better job of attracting OCC doctors to Oregon. **One (1) vote**  
Get workers safely back to work.

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

Doctors have to eat costs for workers compensation treatments – but they feel obligated to treat.

Claim ends up being denied – because injury/illness not work related.

If system easier for physicians there would be more in workers compensation and system would be better.

Maybe help with student loans if they come to under-served areas.

Be careful if Workers' Compensation Division suggests changes to fee schedule and paying "good" physicians more. There will be negative feedback.

Occupational doctors send worker immediately back to work.

Positive out-come by getting worker back to work.

Not positive for worker – go back to work with pain and they just deal with pain.

Is the family physician better to funnel worker compensation injuries to? Maybe an occupational doctor is not always the best.

Trust of physician is very important for workers.

## Managing Pharmacy Costs Discussion

Send out information to doctors on #1 prescribed drug, cost, and problems. **One (1) vote**

Step therapy for drugs. **One (1) vote**

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

Pay generic price first, unless doctor requests as prescribed.

If individual is going to be on narcotic for more than two weeks the patient should have consultation with expert in pain management.

Doctor feels compelled to deal with pain.

Another opinion would help doctors say no to worker.

# Discussion Topic: Education/Certification

## General Discussion Regarding Education/Certification

Training issue for physician, they are not telling physical therapist about patient and treatment, this makes the physical therapist work blind. Need to provide chart notes, diagnosis etc. to physical therapist. **Four (4) votes**

Educate physician that return to work is part of therapy. Important for long term well being of worker. They need to tell worker that “My responsibility is to release you to do the work you can.” **Three (3) votes**

Get physical therapists oriented to treating worker compensation patients in a different way, get worker back to work - education for physical therapists. **Two (2) votes**

Workers’ compensation information should go to physicians / medical providers. Workers’ compensation division should do more outreach for physicians. **One (1) vote**

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

Physicians get “0” (zero) education in workers’ compensation system.

Give information on medical costs.

Be very, very careful about differentiating between “good” vs. “bad” doctors.

Education for workers

Will be hard since they may not care until they are hurt. May not happen – more opportunities may help but no one may show up.

When sending information out to physician can you compare them to their peers? This would really get their attention.

Money incentive for physicians to do paper work and forms.

Should not be regulatory burden on physician to fill out forms.

Physicians get reimbursed for most information requests already.

Maybe physicians don’t know that worker compensation system pays well.

Paperwork headache issue, not pay issue.

Workers need to understand that they have a choice.

Workers’ compensation difficult system, there is the mix of:

Medicine with ...

Politics

Rules and Regulations

With litigation at the base.

Worker education on workers’ compensation goals.

Physicians respond when they are given actual cost information

Workers’ compensation division should send information out to physicians.

Short, graphic, maybe pie chart but not a lot of text.

Small bits of information.

# Discussion Topic: Other Ideas

## Other Ideas Discussion

Oregon workers compensation system isn't broken. **Five (5) votes**

Need to be very careful in any changes to system that we make it better not worse.

Have a standard form for physical therapist to give good, objective information for attending physician. **One (1) vote**

Look at morphine pumps – costs, use. Core Down Study of costs of morphine pumps. **One (1) vote**

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

Does workers comp. division still come out to look at physician's billing system to make sure they are billing everything they can?

