

# Medical Quality Initiative

## External Meeting Discussion

### Lincoln City – 11/09/05

There were a total of 4 stakeholders who attended this meeting. They included the following: medical providers, defense and claimant attorneys, and a workers' compensation insurer.

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

“Real” physicians should review outlier information. **Three (3) votes**

Look at the big cost issues and maybe have guidelines for these.

Reasonable approach to treatment. If treatment working continue – if not move to next step. **Two (2) votes**

Expand role of MRU

Focus on outliers, give MRU more teeth. **Two (2) votes**

Must trust process of MRU and must have teeth e.g. **Two (2) votes**

-Withhold payments.

-Can't treat workers' compensation patients for – 6 months.

Should be developed by medical providers. **One (1) vote**

No new guidelines. **One (1) vote**

How “they” choose to enforce guidelines. - Can determine how they work – care worker receives. **One (1) vote**

Baby-boom effect – increasing age of workers. **One (1) vote**

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

Relationship of worker with employer – has effect on outcome. Poor relationship worker out of work longer.

Must have flexibility for physicians based on needs of that worker.

Physician developed.

Use them to control “outliers.”

Voluntary only/flexible.

Medical costs rising because more technology is available.

## **Expanding MCO’s Discussion**

Not accountable. **One (1) vote**

MCOs “captured” by employers. Training provided by IME doctors. **One (1) vote**

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

MCO’s are bureaucracies, make things complex – workers lose Primary Care Physician (PCP) because PCP doesn’t want to be part of MCO.

Internal review processes unresponsive / slow.

“Fix” MCOs within law.

Dealing with outliers can include issues of bias and ideologues.

## **Managing Care Outside MCO’s Discussion**

Insurers provide management? **One (1) vote**

Insurers provide utilization review? **One (1) vote**

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

Pre-authorization?

-At physician request only?



## **Discussion Topic: Reimbursements**

### **General Discussion Regarding Reimbursements**

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

Fee schedule for reports similar to ARB fee schedules.  
Improve money transparency.  
    Educate providers about costs.

### **Managing Pharmacy Costs Discussion**

Develop drug formularies. **Two (2) votes**

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

Is it realistic for workers comp. system to deal with such a larger global issue?

Therapeutic substitution allowed with notification (by pharmacist) to and approval of provider.  
-Worker would have “veto” but has to pay upfront.



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

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

(Mandatory) training for office staff. **Two (2) votes**

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

Simple test to exclude/ID those needing more training.



# Discussion Topic: Other Ideas

## Other Ideas Discussion

Any provider that treats workers must not do more than 50% of time doing IME's. **One (1) vote**

Physician doing IME must have actual medical practice at least 50% of time. **One (1) vote**

No professional IME's. **One (1) vote**

