

**WORKERS' COMPENSATION
MANAGEMENT-LABOR ADVISORY COMMITTEE
CARE PROVIDER SUBCOMMITTEE**

Friday, January 5, 2007

10:00 a.m.-11:30 a.m.

Conference Room 260

Labor & Industries Building, 350 Winter Street NE, Salem, OR

Subcommittee Members Present:

Lisa Trussell, Associated Oregon Industries, Salem, OR

Lon Holston, Grants Pass, OR

John Kirkpatrick, IUPAT District Council, Portland, OR

Gregory Miller, Gunderson LLC, Portland, OR

Mike O'Rourke, Plumbing and Steamfitters UA 290, Tualatin, OR

Sheri Sundstrom, Hoffman Construction Company, Portland, OR

Subcommittee Members Excused:

Ellen Cutler, Harry and David, Medford, OR

Mike O'Rourke, Plumbing and Steamfitters UA 290, Tualatin, OR

Meeting Agenda

Approve minutes of December 4, 2006 Care Provider Subcommittee meeting

John Kirkpatrick made a motion to approve the minutes as submitted. Greg Miller seconded the motion. A vote was taken and the following members voted aye: Lisa Trussell, Lon Holston, John Kirkpatrick, Mike O'Rourke, Sheri Sundstrom.

Review recommendations from provider groups

John Shilts, WCD

A document titled "Care Provider authority and proposed changes from provider associations" was provided by the Workers' compensation Division which summarize the recommendations from the various provider groups. The document is part of the record. Mr. Shilts briefly reviewed the recommendations of the various provider groups.

Input from Workers' Compensation Medical Advisory Committee

John Shilts, WCD

Mr. Shilts provided background information on a survey that was done of the members of the Medical Advisory Committee in regard to the recommendations of the various provider associations. The survey was done in response to a request from the Care Provider Subcommittee to solicit input from the Medical Advisory Committee. Department staff identified three themes: 1. no apparent need to change in the system 2. system would benefit by all physician providers having the same authority in some areas 3. One area where the providers could have the same authority would be to commence authority for treatment from the date of

initial visit rather than from the date of injury. Documents giving the responses from the survey were provided to the subcommittee and are part of the record.

Dr. Ronald Bowman, Chairman, Medical Advisory Committee orthopedic surgeon

Dr. Bowman testified that the current system seems to be working. The Medical Advisory Committee primarily reviews new technology and determines whether or not it should be compensable in workers' compensation. They base their decisions on science and generally don't choose to make a change if current practice provides quality care to workers.

Making the treatment authority the same for the ancillary providers would reduce confusion for the workers

Discussion – clarification on recommendation #2

Date of injury vs date of first treatment – could be a couple of weeks from the injury. The attending physician manages the claim and will refer out to the appropriate specialty

Franklin Wong, MD, Care Mark Comp

Dr. Wong Physical Medicine specialist, MCO medical director

System reform in 92 employers and the unions sat down and decided what would be best for the workers without input from the providers. Workers and employers are not saying we need some changes. The request for changes is coming from the provider groups. No physician has access to all of the MCO panels. Don't see any need to make any changes.

John Kirkpatrick – clarify changes requested on #2

John Shilts, and Holly Mercer, WCD

Ms. Mercer and Mercer provided clarification on changes that could be made to achieve the recommendation to have the various provider groups have similar treatment authority.#3 would be an example that would make treatment authorities more similar e.g. change the date of commencement of treatment for all of the provider groups and make the numbers of visits and the length of treatment be the same for all provider groups.

Discussion: re Pas authority working under supervising physician. Concern with the medical community if treatment authority for PA is expanded? Clarification was provided on the additional authorities of Pas in the rural areas. Limit on visits of chiro expanded term benefit? Seemed to be split on response from MAC. Dr. Bowman could make sense to expand the length of treatment in some injury areas. Dr. Wong as director of MCO not aware of big problem. Difference chiro is passive, physical therapy is active complement each other. Bad to have to have another physician look at it to extend treatment? In some MCOs the chiros are allowed to be attending physician. MCO monitors the outcome and progress of the worker. Objective measurements how important is it for mds to request mris and what is ability of other provider groups to request similar objective studies. MCO worker is required to show objective measurements showing improvement.

Podiatrists and naturopaths should have same privileges and restrictions as chiros – clarify – really recommending date of injury vs date of first visit status

Areas where there was least agreement- chiro proposals come along 5-4 split 24 visits and 60 days pretty split

John Shilts – podiatrists if mlac wanted to should be limited to treatment of the foot
Pas 3 and 5

Issue of expanding time frame and visits what that split out? Put as they were proposed.

Input from provider groups

Karen McNamee, Providence MCO, Oregon Health Systems, Keizer on the Job

Provided written testimony to the committee and summarized the testimony to the group. Do not want to credential non-panel providers to treat workers. Feel that they have adequate physicians on the panel to treat workers. If the committee wanted to consider a “come-along” provision recommended specific conditions. The written testimony is part of the record. Would like to consider allowing an MCO to not credential a provider who does not meet credentialing criteria or who has previously been terminated by an MCO. See written testimony for summary. HB2823 from last session.

Ramona St. George

Providers have to go through rigorous credentialing process. Prohibited by rule from applying that standard to temporary providers. Come along historically restricted to primary care physician who has broad medical knowledge and responsible for overall care of the injured worker’s health.

Vern Saboe

Could live with option 1 come long and option 3 24 visits and 60 days chiro only getting 12 visits in the MCO switched to a panel provider – support that the chiro should be able to treat through the life of the claim. If chiro has only seen the patient one or two times and is not the physician that manages the health care needs --can triage and refer

John Schmidt

Availability of chiro to general public – purpose of MCO to exclude doctors giving excessive care no survey of patients done who don’t actually file a claim Ability of chiro to refer to objective studies – yes the chiro can refer for those diagnostics. Also discussed cost of chiro vs cost of md care with physical therapy.

Michael Mason, odoc

Close votes from mac on come along and expanding visits.

Laura Farr, ONAP

MAC testimony – based on no objective data available to warrant any changes. Naturopathic numbers are very small. Provided written testimony to the committee. The written testimony I part of the record. ND trained just like MD and DO as family physician can order all of the same diagnostics. Since last meeting has more conversations with doctors would like to modify. Worker with prior history bring nd into MCO with no restrictions.

Marshall Coba, PAs

Mid-level provider clarify goal to improve timely, affordable and quality of care for worker. PAs are not independent practitioners and do not want to be independent practitioners. Supports the expansion of PA authority with continued physician supervision.

Lon – rural PAs would authorize time loss if approved by the attending.

Committee recommendation:

Recommend change on date of initial treatment as first date of visit as to other proposals look at bills as full committee and make decisions as full committee.

Email those that testified and request written comments if they did not provide written testimony