

DRAFT
Care Provider Study Design

Background Overview:

The Governor has asked DCBS, in conjunction with the Management-Labor Advisory Committee (MLAC), to study the role of chiropractors, and possibly other care providers, in the workers' compensation system.

System goals

The goals of the Oregon workers' compensation system, that are relevant to this inquiry, are laid out in ORS 656.012 (2)):

“(2) In consequence of these findings, the objectives of the Workers’ Compensation Law are declared to be as follows:

- (a) To provide, regardless of fault, sure, prompt and complete medical treatment for injured workers and fair, adequate and reasonable income benefits to injured workers and their dependents;
- (b) To provide a fair and just administrative system for delivery of medical and financial benefits to injured workers that reduces litigation and eliminates the adversary nature of the compensation proceedings, to the greatest extent practicable;
- (c) To restore the injured worker physically and economically to a self-sufficient status in an expeditious manner and to the greatest extent practicable;”

House Bill 2588, at the request of the Chiropractic Association of Oregon, requested a five-year study of the financial impact of allowing chiropractors to serve as attending physicians. While the bill was passed in the legislature, MLAC did not support this bill. Governor Kulongoski vetoed the bill. In his veto letter, the Governor stated:

“I am not opposed to the idea of reexamining the role of chiropractors in the workers’ compensation system. For this reason, I am asking the Department of Consumer and Business Services, in conjunction with MLAC, to review the role of chiropractors in the workers’ compensation system and make recommendations to the next legislative session. This review may cover the role of other providers if MLAC feels it would be appropriate. Once this review is complete, we will have better information on which to base a discussion about whether changes to the workers’ compensation system are needed.”

Study Purpose:

- 1) Determine if Oregon workers and employers experience problems with the workers’ compensation system caused by limitations on choice of provider.
- 2) Provide the Governor and Oregon Legislature with information as to whether the current system of regulating who may treat workers and authorize disability benefits facilitates accessible, timely, efficient, and effective medical treatment, consistent with the goals of the workers’ compensation system as defined in ORS 656.012. If it is found that the current system does not facilitate treatment consistent with the public policy goals, describe why not.

Study Scope:

It is recommended that the study focus on the review the role of the four types of care providers that submitted bills last session in order to expand their authority to provide care in the workers' compensation system: chiropractors, naturopaths, podiatrists and physician assistants. This recommendation will require the MLAC subcommittee to determine which types of providers to include in the study.

Study Period: December 1, 2005 through October 31, 2006

Study Time Line Summary:

DCBS will be responsible for development and presentation to the MLAC Subcommittee of a detailed study project plan by January 10, 2006. Immediately upon the MLAC subcommittee's agreement to the study plan, DCBS will implement the study plan.

DCBS will regularly report study plan progress to the MLAC Subcommittee and the full MLAC committee at the discretion of the Chairs.

DCBS will present available study findings in written form to MLAC by the end of October 2006.

DCBS will be available to present findings from October 2006 through the 2007 legislative session.

Study Objectives and Methodology:

1. Determine if research literature exists to support or oppose a change in public policy regarding the role of various medical providers in the Workers' Compensation system.
 - Literature Review
2. Describe any problems or concerns reported by workers with accepted disabling claims and employers regarding the current attending physician model, as well as exploring other providers' (non-attending physicians) abilities to authorize disability benefits and provide treatment to injured workers. Include findings regarding workers' access to medical care, continuity of care, cost considerations, quality of care, and whether workers or employers desire a change in current policy. If workers or employers desire a change in policy, explore their recommendations and reasons for desiring change.
 - Development and implementation of mailed worker survey(s), followed by telephone surveys if the response rate isn't sufficient. The surveys will be designed to create a statistically valid sample group(s).
 - Review the degree of congruence between the worker's condition and the care provider's background in order to determine the degree to which the worker accessed a care provider qualified to treat the worker's condition. Likely requires sampling, file review and reviewer judgment.
 - Determine the preferred means of obtaining employers' input (interviews, focus groups, surveys) and implement this method. Consider variations in employer types when selecting a sample group.
 - Consider variations in geographic areas reflecting on results.

3. Describe the current requirements and responsibilities of an attending physician, as currently defined in statute and rule.
 - Describe the responsibilities of the AP as defined by statute and rule.
 - Describe the status quo regarding current APs and their practices as they relate to the responsibilities of the AP.
4. Describe the preparation of the various providers to fulfill each of the attending physician responsibilities.
 - Interview medical providers, associations and schools to fully describe their preparation and scope of practice in relation to current responsibilities of the attending physician.
 - Review the Scope of Practice for these medical provider groups.
5. Describe managed care organizations' (MCO) utilization of care providers, regardless of discipline.
 - Review provider panels to determine the representation and utilization of various provider groups.
 - Determine if injured workers have pre-existing patient-provider relationships with MCO panel care providers per ORS 656.245 (4-6).
 - Describe MCO protocols and experience allowing injured workers to “bring along” their primary provider when enrolled in an MCO.
6. Determine if any relevant cost or outcome data are available that could clarify the efficacy of using various provider types within the Oregon workers’ compensation system.
 - Cost or outcome by diagnosis
 - Cost or outcome by attending physician or other provider
 - Comparable diagnosis/severity by provider
 - This data may be available through insurers, self-insured employers the department or others.