C.T. Woolley, MD Hand & Upper Extremity Surgery
Board Certified Orthopaedic Surgeon
2311 NW Northrup Street, Suite 209
Portland, OR 97210
p(503)274-4865/f(503)274-4989/cwoolley@lhs.org

Editorial on Oregon WC and MCO interaction:
('The MD attending is not your enemy')

Standard medical orthopaedic practice requires a myriad of assiduous protocols and regulation.
Any orthopaedic surgeon works under the auspices of the ABOS, Oregon Medical Board and CMS. One conforms to DEA regulation plus EMTALA guidelines for emergency call services and federal HITECH act that mandates EHR use to ensure reimbursement with CMS and many commercial payers. We follow Stark law guidelines for referrals and ordered services. One also maintains privileges and credentials at numerous hospitals and surgery centers plus over 10 health insurance systems. One joins physician groups or negotiates independently with insurance contractors to establish *fair* reimbursement. In addition, one often affiliates with state and national orthopaedic and medical organizations such as AAOS, AMA and OMA to get access to education and network opportunities, plus find some representation in political or economic issues changing nationally and locally. We continue to implement our Hippocratic Oath and medical school training to treat the patient above all. Most residency training instills high responsibility for the patient including advocacy and accountability.
To operate a functional successful office one must comply with correct billing, banking and accounting practices to avoid any CMS fraud or pension violations. We maintain our own malpractice, WC and office liability insurance.
The office meets all OSHA standards to prevent infections and now Covid19 transmission.

Finally, one applies high ethical morality to patient situation to help solve their problem. I also apply very logical engineering approach based on my high level scientific background. I prioritize patient treatment options and probable outcomes weighed against condition natural history. I coach patient thru possible solutions but no one *needs* surgery.

After all these complex priorities a surgical specialists also interacts with the WC/MCO system that subtly conflict with many regulations outlined above. In general the orthopaedic surgeon wants to identify musculoskeletal pathology and offer treatment. Some patients may have possible contributing work injury, but we still prioritize patient care, safety and economic features of the practice. All federal HITECH, AAOS and ABOS guidelines still apply. Any attending tends to advocate for their patient (as trained in residency and promoted by ABOS) if they show consistent exam and story plus demonstrate some motivation to work. We cannot always resolve the work relationship factors particularly in more desperate workers without commercial insurance and pending layoff while injured. The slow WC system frustrates logical treatment plans. Delayed treatment, continued pain and exasperated patient/worker always prolong recovery and undermine outcome plus return to work.

We offer reasonable logical intervention and remain objective about intervention outcome prospects. We dictate every note as we see patient within 30 days according to followup regulation. In reality we only stay on panel and get paid if we comply. We offer patients appointment, and explain WC claim contract, but cannot force them to return. We will never understand why MCO calls repeatedly to ask if we execute the protocol above. We send notes to carrier for payment, but MCO claims they cannot acquire them thru carrier even though carrier hired them to cooperate in claim management. To comply with HITECH EHR requirements most offices now run paperless charts. Best data transfer occurs thru email allowing file sorting, editing and electronic signatures on PDF documents from any computer. Fax transmission popular in Oregon WC industry completely supplants EHR compliance. Even Oregon legal industry embraced digital records prior to HITECH implementation. Fortunately, many WC carriers and MCOs finally introduced some elements of secure digital record transmission recently, although their staff still frequently misunderstands this federal requirement for medical offices. Sometimes the panel restricted membership limits referral for testing, procedure venues and other services. MCO supposedly only consults on medical appropriateness, but we sometimes encounter split decision on authorization for next step. No party will ever come forward to honestly explain dilemma or controversy to plan best options. Instead they order another expensive IME whose interpretation may not resolve anything. In addition, these claim management personnel fail to demonstrate insight into the parallel legal battle occurring between worker and company defense attorneys that introduces other schedule constraints. Finally, MCO involvement adds another layer of bureaucracy that delays process. They focus on calling office about notes and next appointment instead of processing our requests and authorizations. PR&R specialists conduct most request reviews for case treatment

and progress. They often do not have expertise nor orthopaedic literature knowledge in complex surgical problems to render best decision and opinion of 20yr retired orthopaedic surgeon often not that relevant to educate them. The cases drag on as attending tries to explain pertinent concepts and present papers supporting treatment plan. Ironically, MCO often eventually supports treatment sometimes conflicting with carrier case manager in split decision. MCO commission based on 10% commission from surgeon bills certainly creates unethical counterproductive agenda and reverse incentive. MCO office rarely adds any novel insight or solution to treatment plan. They often send letter asking one to withdrawal request as they do not want to authorize based on some statistical survey study. An attending cannot withdrawal a request already logically proposed and supported without committing mild perjury. Most attendings resent such assaults and argue for best efficient plan. Many carriers now invoke MCO early by regulation, but many case managers question such action and recognize the inherent delays. Limited panels restrict patient/worker access to studies and stall advancing case. Meanwhile timeloss and office visit bills accrue, but carriers and MCO often ignore my appeal to reduce such costs.

In summary, I know Oregon WC system extremely well after 20yrs of work for numerous carriers and MCOs. I do not hold grudge against any WC personnel, but express frustration with its overall bureaucracy. We do not obstruct worker return to office or hide notes and WC letters. We realize no single person created the current system, but many cannot recognize its flaws and take offense if one expounds them. The interplay of all interacting parties in WC claim should protect the worker and employer plus guarantee an economically sustainable WC system. I prefer to cooperate with that agenda in mind. I do not want the system to abandon the Majoris panel patients in my office. I do not believe these patients will easily find replacement hand surgeon attending to complete their treatment and close claim. Instead of subjecting them to further expensive delays with more time-loss out of work, please allow me to finish their course. I will endeavor to process and deliver office notes and inquires to WC/MCO office promptly and electronically.

ESIGNED CT WOOLLEY, MD 10/29/20