MLAC Subcommittee on Worker Continuation of Care
9/16/2022 Meeting
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WEBVTT

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00:00:14.120 --> 00:00:31.100
Theresa Van Winkle: Good morning, Everybody Happy Friday. Um. Welcome to the MLAC. Subcommittee on Worker. Continuation of Care. It is Friday, September sixteenth, two thousand and twenty-two meeting start time of ten o' two A.M. a little bit late. Apologies to all of you.

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00:00:31.110 --> 00:00:42.180
Theresa Van Winkle: Um! I am Teresa Van Winkle. I am the administrator for MLAC. Um, thank you for being here again, being here today. Um, I'm going to start off with introduction

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00:00:42.190 --> 00:00:54.859
Theresa Van Winkle: introductions. But while we're doing that, and get everything set up. If you are here from the Provider or the MCO. Community, and wanted to speak to speak this morning,

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00:00:54.880 --> 00:01:13.239
Theresa Van Winkle: please put your name and organization in the chat. Um. Or if you're on the phone, please send me a text. Um. My cell number is nine, seven, one, six, zero, zero, four, five, nine, five Um. I do know there's at least one. I'm just looking at names so far,

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00:01:13.450 --> 00:01:27.050
Theresa Van Winkle: I think I know that the Chiropractor society may come in later. The Oregon Medical Association will try and be here during the meeting there was a conflict so Courtney will do her best on that.

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00:01:29.330 --> 00:01:32.829
Theresa Van Winkle: With that I'll turn it over to Matt and Sarah.

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00:01:36.920 --> 00:01:38.660
Sara Duckwall: Thanks, Teresa,

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00:01:38.930 --> 00:01:46.519
Sara Duckwall: Matt. I don't know how we want to handle this today, but probably we should work on getting the minutes approved. Do you want to start there?

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00:01:46.580 --> 00:01:48.569
Matt Calzia: It sounds good to me. Yes,

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00:01:49.890 --> 00:02:02.839
Jovanna Patrick, OTLA: okay, Teresa, since it's the two of us. That's: True. Yeah. So, the motion would be to yeah to um approve the minutes from the um. August twenty fifth two thousand and twenty-two.

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00:02:02.850 --> 00:02:06.489
Sara Duckwall: Okay, do we both have to. Uh, second and

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00:02:06.550 --> 00:02:09.979
Jovanna Patrick, OTLA: okay. So, I move my second.

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00:02:10.130 --> 00:02:14.789
Matt Calzia: Okay, Are you both in favor of it? I'm: in favor of approving the minutes.

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00:02:14.800 --> 00:02:16.570
Sara Duckwall: Okay, Um.

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00:02:16.650 --> 00:02:22.570
Sara Duckwall: We got an affirmative vote. No abstentions, no further discussion. motion carries

16
00:02:23.950 --> 00:02:27.270
Matt Calzia: good work

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00:02:28.850 --> 00:02:35.690
Sara Duckwall: and then Theresa, I don't know. Now, we're just looking for input from invitees. So, if you want to handle that,

18
00:02:35.700 --> 00:02:58.319
Theresa Van Winkle: I can do that, and I will start out for the group. Um! So, what I have done is um I to kind of help balance um our amount a lot of time with the wide variety of provider groups. Um type A type B. I invited all four of me um at the active um MCOs in the state um, and also, they're all currently coming up,

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00:02:58.330 --> 00:03:12.829
Theresa Van Winkle: and also, a number of groups. Um, there are some groups that were unable to be here today, or this is kind of subject matter that they wanted to listen for providing. Input so I would consider Its probably part one of a conversation, if you will

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00:03:12.900 --> 00:03:16.390
Theresa Van Winkle: on that

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00:03:16.400 --> 00:03:42.529
Theresa Van Winkle: also, it to help with kind of giving some direction on and some continuity on topics that to be presented today. Um! I sent two invitees and had it available um my semi-organized um of different ideas and topics that came up during the first meeting, and also follow up with us. And so that was distributed, and I'm actually going to upload in the chat in a second

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00:03:42.540 --> 00:03:56.690
Theresa Van Winkle: Caremark um one of the four and um submitted written testimony that was based upon my question. So, I'll upload that to the chat. Um. So, for Jeff and Brittany that is going to be up uploaded to the website as well. But that came in late early this morning,

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00:03:56.700 --> 00:04:00.840
Theresa Van Winkle: so, it was too late to distribute to members. So, I apologize for that.

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00:04:00.850 --> 00:04:08.590
Theresa Van Winkle: Um also. So, in terms. So, Matt, Sarah, do you have a preference to like what group to start. So, if you want to start with the MCOs

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00:04:08.600 --> 00:04:12.939
Sara Duckwall: that are here, so I do have. Yes, so there is Caremark and majors are here,

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00:04:13.720 --> 00:04:16.260
Theresa Van Winkle: or do you want to start with the provider groups?

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00:04:16.480 --> 00:04:18.160
Matt Calzia: I don't have a preference,

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00:04:18.899 --> 00:04:36.299
15039477726: but also, Teresa. And just to note, we believe that the MLAC meeting next week can be a hold over meeting. So yeah, we see that as well for continuation of testimony, someone could make it today, or if there's not enough time.

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00:04:36.730 --> 00:04:47.709
Theresa Van Winkle: Yes, and I will also to. As the conversation continues for transparency, I will put in the chat organizations that had invites, and then any other organizations that contacted me as well.

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00:04:47.720 --> 00:05:12.270
Theresa Van Winkle So, I think. Um, I'm going to. Since I don't think there are more um. We'll start with the provider groups. Um, because there's probably some questions from the provide firm that came up during that part of discussion that will dovetail into questions for the MCO's. Um, so we'll go with that um. So, going down to the chat, I will start with Rachel Stappler from, the Oregon Society of Physician Assistants.

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00:05:15.130 --> 00:05:16.720
Theresa Van Winkle: Good morning, Rachel.

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00:05:16.730 --> 00:05:20.650
Rachel Stappler: Morning. Thank you so much for letting me have the opportunity to speak today.

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00:05:25.190 --> 00:05:51.620
Rachel Stappler: That would be great. Thank you all right. So, I'm Rachel Stappler a physician assistant. I work in Coos bay I'm an outpatient internal medicine provider, but I'm also a hospital-based provider I also work in the pre-hospitable care, setting I also work at Curry General Health in Brookings at a standalone ER and then I'm a reserve police officer for city in Myrtle Point, and I also work in inner agency for opiate reduction, and I am a consultant for the work of Medical Board, and I'm, the OMA Physician Assistant of the year.

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00:05:51.680 --> 00:05:59.699

Rachel Stappler: I have a very, very large and tremendous and practice of almost three thousand patients here in Coos County. I've been here almost fifteen years.

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00:05:59.710 --> 00:06:29.190
Rachel Stappler: Um, I took on the first responder role approximately six years ago working, and I worked in workers comp for within another career. So, this is kind of near and due to my heart. I have about sixty percent of the first responder population in my county, and what we're finding as a position assistant only being able to care for this city of walk versus the entire block is really big disruptions and continuity of care. So, what this is doing is creating some barriers for our patients. Um, you know. Sometimes they're kind of their most vulnerable spot.

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00:06:29.200 --> 00:06:59.039
15039477726: Sometimes our recons and drinks aren't always that physical injury. They can be a psychological or emotional injury as well. And so, what that does, is it? It can really create a lot of barriers. It creates a lot of grim for medical errors and miscommunication. Um, we're having to change providers part way through care, and that can lead to a lot of lack of confidence in our patients lack of trust with the other providers having to explain them so in the whole situation again, as well as just kind of generalize restoration. One of the other things, too, is, it really pushes the increased cost? I think we're really losing a lot of the dollar here.

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00:06:59.050 --> 00:07:28.659
Rachel Stappler: It's. It's not the most important about the patients, the most important. But we have to be fiscally responsible as well, and what happens is by changing over waiting providers. And then this, this just complete disruption. Um! We end up increasing costs that that goes directly to SAIF and to the patient. And so that's obviously a picture of start for all revolt. The pas are a large portion of the rural workforce, and this is not being able to have this total continuity of care. Um is creating quite an issue for us,

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00:07:28.670 --> 00:07:30.039
Rachel Stappler: especially in rural

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00:07:30.050 --> 00:07:58.860
Rachel Stappler: Coos County. Um, there are minimal, the Majoris providers accusing Curry County. Um. There's a big list of it. You want to look at the Majoris’ website, but three quarters of those

providers have moved. I only have two providers at least in my clinic that are willing to take the Juris patients. But they're booked out three to six months, so you know it's so. This I'm the lead, occupational entry and exposure clinician for Oregon State beliefs. So, I manage the entire division's work to stay producing. But in the fire Marshall's office so anytime somebody gets hurt. They have a lot more exposure.

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00:07:58.870 --> 00:08:15.589
Rachel Stappler: involved shooting a mental health injury. I'm the clinician that gets called for that. In addition to our mental health puzzles and resiliency unit. And really, Um, not being able to care for these patients for a large proportion of their care has been a real struggle and a great frustration for all involved.

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00:08:15.600 --> 00:08:18.559
Rachel Stappler: Thank you. I really appreciate you letting me take some comments.

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00:08:28.650 --> 00:08:41.990
Matt Calzia: Yeah, I was just. I wanted you to repeat that. So, there's only two providers in the region that Ah! And so that would be physician Providers that would see the majority of the majority

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00:08:42.000 --> 00:08:44.559
Matt Calzia: is that which region is that like that

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00:08:44.570 --> 00:08:46.060
Matt Calzia: Coos Bay

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00:08:46.100 --> 00:08:54.380
Matt Calzia: um coquille, all of all of that like from Florence down, or I'm just wondering what kind of geographic space. That is

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00:08:54.390 --> 00:09:00.630
Rachel Stappler: so. That's going to be Cues County, Coos Bay, North Bend, Coquille. Central Point Um and Powers.

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00:09:03.430 --> 00:09:06.990
Matt Calzia: Thank you. And thanks for all your service. You sound incredibly busy.

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00:09:07.000 --> 00:09:09.030
Rachel Stappler: Thank you very much. Appreciate it.

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00:09:12.090 --> 00:09:13.200
Okay,

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00:09:13.390 --> 00:09:15.380
Theresa Van Winkle: Thank you, Rachel again.

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00:09:15.390 --> 00:09:28.199
Theresa Van Winkle: Um, let's see. So, I'm going to go down the list. So, Caitlin, I will bridge you in between the uh, between the provider groups and uh MCO's. Um. So, we also have also from the Oregon society physician assistants to ALisa Gilbert.

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00:09:29.450 --> 00:09:53.379
Alisa Gifford: Hi, Thank you. Mr. Calzia and Ms. Duckwall, and members of the MLAC. The subcommittee and worker's continuation of care on behalf of the Oregon's society of physician assistance. We would like to thank you for the opportunity to speak to this challenge of ensuring continuation of care. My name is Alisa Gifford. I am a practicing PA, a former OHSU faculty member, I have also practiced, family medicine, in patient, infectious disease, and now I do skill, in-person care.

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00:09:53.480 --> 00:09:56.300
Alisa Gifford: I'm. Also, President elect for OSPA.

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00:09:56.310 --> 00:10:22.010
Alisa Gifford: I wish we appreciate the willingness of the Management Labor Advisory Committee to consider the issues of continuation of care and develop improvements to the benefits of the workers, employers, and medical providers, as shown in the attending position. Status chart provided in the meeting materials for today, physician assistants may only serve as an attending position for sixty days or eighteen visitss before having to hand over the patient to a type A attending position such as an MD, DO, or a DMP.

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00:10:22.020 --> 00:10:41.200

Alisa Gifford: A DPM. Sorry. This limitation of position, stability, and to provide care represents an arbitrary barrier that no longer reflects organ-trained healthcare, so ecosystem as a result of the organs legislator passage of House Bill 3036 in the 2021 legislative session. Physician systems now have a collaboration practice model. The grants

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00:10:41.210 --> 00:10:57.090
Alisa Gifford: greater latitude for Pa is to be a primarily responsible for patient's treatments updating our workers compensation system to parallel this reform would improve continuity and continuity of care by allowing keys to the ability to treat patients for longer without having to turn patients over to another provider. After a short time

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00:10:57.100 --> 00:11:26.079
Alisa Gifford: Physician assistance play an important role in addressing rural and underserved communities. Workers compensation claims in the current system. Patients would still have longer wait times as a result of the need to transfer care. The transfer of these cases creates pressure points for communities without many type A providers and lowers the efficiency of which the patients' needs are addressed equally as important. The need to transfer care and negatively impacts trust built between patients and providers, as the patient must create a new report with a different provider than their initial attending position.

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00:11:26.190 --> 00:11:39.540
Alisa Gifford: OSPA plans to introduce a bill in the two thousand and twenty-three legislators to address some of these concerns by increasing the amount of time, physician, assistance, and practitioners are allowed to treat work compensation case with the goal of improving continuity of care.

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00:11:39.550 --> 00:11:50.370
Alisa Gifford: OSPA would hope that this kind of subcommittee continues its important work of revising and improving organist workers compensation program. And we look towards being a partner in the resource of these ongoing efforts.

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00:11:54.700 --> 00:11:57.720
Thanks, Alisa and Members. Do you have any questions?

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00:11:57.730 --> 00:12:07.140
Matt Calzia: I do? You mentioned that these are arbitrary barriers. Is there anything in the literature that suggests? Outcomes are different.

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00:12:07.710 --> 00:12:21.010
Matt Calzia: For patients who are experiencing like work comp claims. You see a Pa versus an Md. Is that established somewhere, or it is I'm. Just curious. As you had mentioned arbitrary,

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00:12:21.630 --> 00:12:30.240
Alisa Gifford: it prolongs. I would have to find the exact studies, but it does prolong the time that they're in. Workers comp because they have to redevelop that new

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00:12:30.260 --> 00:12:40.289
Alisa Gifford: trust with a different provider, and then they're delaying care of trying to get into another provider. It's definitely preventative of improving their care.

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00:12:40.360 --> 00:12:56.890
Matt Calzia: So that's related to the actual transfer of care. And so, with um outcomes. Why, like I know, like chronic illnesses. We can see that physicians, assistants and nurse practitioners have equal or better outcomes than primary care positions. At times.

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00:12:56.900 --> 00:12:58.479
Matt Calzia: So, I’m just curious. If

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00:12:58.490 --> 00:13:13.190
Matt Calzia: are there any studies around like work? Um around outcomes based on what type of provider is seeing? Not necessarily that transition that is being mandated now, but in literature that may

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00:13:13.230 --> 00:13:18.269
Matt Calzia: allow it to be comparative of a physician's assistance. Seeing a patient, you know

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00:13:18.460 --> 00:13:23.710
Matt Calzia: equal patients like what the timelines look like or outcomes. Are there any differences that you're aware of?

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00:13:23.970 --> 00:13:30.809
Alisa Gifford: And we can definitely follow up on that. And I know AAPA has been researching that, and we can definitely follow up and provide you with that information.

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00:13:31.570 --> 00:13:32.810
Matt Calzia: Thank you.

72
00:13:36.260 --> 00:13:37.869
Theresa Van Winkle: Any other questions.

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00:13:39.000 --> 00:13:40.899
Theresa Van Winkle: And what's going to us?

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00:13:44.040 --> 00:13:46.889
Theresa Van Winkle: I'm just checking on the other screen. Okay,

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00:13:46.900 --> 00:13:48.240
Theresa Van Winkle: thanks, Alisa.

76
00:13:50.260 --> 00:14:11.069
Theresa Van Winkle: So, um, I'm going to ask again for those who jumped on into the virtual room a little later. Um if you are here. Um, as in in the Provider community, or an MCO. To present information to um. The and members, please put your name in the chat. So, I have that on these. So

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00:14:11.080 --> 00:14:18.189
Theresa Van Winkle: So that is the last that I can see in the chat, for in the provider community.

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00:14:18.280 --> 00:14:20.540
Theresa Van Winkle: Let's see. So, I didn't. Oh, let's see.

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00:14:20.870 --> 00:14:21.910
Theresa Van Winkle: Okay,

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00:14:22.000 --> 00:14:29.980
Theresa Van Winkle: all right. So, I will now turn it over to the MCO's. And first we have Lisa Johnson from Majoris,

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00:14:33.080 --> 00:14:48.899
Lisa Johnson: so, I just wanted to start by um, saying there were. There was sort of three main questions that were pointed out to us when asked to speak here, and the first was how MCOs are managing continuity of worker care.

82
00:14:48.910 --> 00:15:01.250
Lisa Johnson: And then, if we are taking direction from nurse care managers regarding continuity of care, and then what the processes look like on the MCO, and preferably from the perspective of a nurse case manager

83
00:15:01.260 --> 00:15:24.960
Lisa Johnson: and um I’m really only going to address the first one, because at Majoris each claim is assigned to one person who's responsible for oversight of the claim. But all the Utilization Review decisions are made by position, so they have access to physicians, and that is, who makes any um. If we need to make a call, for example, on the appropriate level of care

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00:15:25.100 --> 00:15:36.700
Lisa Johnson: um overall. I think there are several main times when continuity of care can come into question, and the first would be enrollment,

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00:15:36.710 --> 00:16:05.619
Lisa Johnson: and that's for us a large majority of workers at the time that they're enrolled. They're already treating a network. So, there's not a change. However, there are times when Ah, they're treating out of network. And there's a couple things that can happen with that. So first of all, their provider does ah fall into the come-lock um portion of the rules. Then we go ahead and we send that paper to the provider. And essentially that's just asking

86
00:16:07.890 --> 00:16:08.990
for the

87
00:16:09.000 --> 00:16:10.439

Lisa Johnson: you have a question.

88
00:16:12.560 --> 00:16:14.449
Lisa Johnson: Oh, okay, sorry. I thought.

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00:16:14.460 --> 00:16:17.769
Theresa Van Winkle: I know I thought the same. Lisa. Please go ahead.

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00:16:17.780 --> 00:16:20.190
Lisa Johnson: Okay, Um.

91
00:16:20.220 --> 00:16:35.519
Lisa Johnson: So, for a Come along, provider. The main things they're agreeing to is for any referrals for ancillary care that's going. Those are going to be referred to network. They're going to follow reporting requirements and also pre-certification roles.

92
00:16:35.530 --> 00:16:44.750
Lisa Johnson: So, during the time that that if that offers made to that provider the worker continues with that provider, so they're not needing to change at that time,

93
00:16:44.760 --> 00:16:57.689
Lisa Johnson: if they need to change, either because the provider doesn't qualify, or because they decline. The worker then gets fourteen days to still stay without a writer while they're establishing care with a network provider.

94
00:16:57.700 --> 00:17:03.279
Lisa Johnson: And at that point depending on the worker and their

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00:17:03.290 --> 00:17:28.089
Lisa Johnson: um. I guess I'll just call it their overall medical savvy, and they're comfort in that area. Um! They can either use our search for website where they can request a list, but also the MCO. Is available to help. So, if they want some help with um finding writer or scheduling, or they're not quite sure they're thinking. Well, I've been seeing, for example,

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00:17:28.099 --> 00:17:41.349

Lisa Johnson: they can talk to us about that. And then one of the physicians here in our office will take a look at what's happened so far, and can make some recommendations on what types of providers they should be seeing. But I'm going forward for their plan.

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00:17:41.630 --> 00:17:59.419
Lisa Johnson: Um! There could also be during the during the claim. Sometimes something comes up, and there's going to. There needs to be a change. It could be the work of choice because they want a different attending position, or maybe the workers move to a different area of the State. And so, it's just not convenient to continue where they were before.

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00:17:59.470 --> 00:18:13.319
Lisa Johnson: Also, sometimes it's um for a change with the provider, because either the provider themselves has retired, or maybe no, it's another practice or um. Occasionally it's because they discharge the worker from care, either because

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00:18:13.330 --> 00:18:42.879
Lisa Johnson: the worker's behavior in the clinic, or because they really just feel like they don't have anything else to offer. They said that Stat and the worker still is wanting to go in and treat. So, they discharge them, and then there's also could be a change in circumstance. So maybe the worker had new conditions are identified, for example. And so now it's better for them to go and see a surgeon. And so, um again. Usually they're attending position at a time. It's going to facilitate that by making a referral to the right type of price,

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00:18:43.330 --> 00:18:53.850
Lisa Johnson: that if the worker wants some help with that. Then we get the MCO. Again, can help with scheduling and finding um the right type of specialists for them,

101
00:18:54.130 --> 00:19:10.590
Lisa Johnson: and just wanted to point out when I'm talking about that the MCO. Um will make recommendations on a type of provider like we might say, Okay, this point is better for you to see an orthopedist, but we don't choose or designate an attending position, so the

102
00:19:10.600 --> 00:19:16.569

Lisa Johnson: category is put out there, and then the worker still gets the overall choice of which doctor they want to see,

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00:19:17.220 --> 00:19:19.269
Lisa Johnson: and then um

104
00:19:19.680 --> 00:19:24.549
Lisa Johnson: not so much with meeting there to be a change, but sometimes just with the

105
00:19:24.560 --> 00:19:41.299
Lisa Johnson: ongoing um care on the claim. There can sometimes be some issues with access uh due to scheduling conflicts, so that could be the provider schedule where the worker schedule could be. The worker is failing to schedule timely, or they're not showing up for their appointments. So

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00:19:41.310 --> 00:19:51.309
Lisa Johnson: we saw a lot of that kind of exacerbated during the pandemic, just with provider offices, having some staffing issues, but also with workers.

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00:19:51.320 --> 00:20:05.919
Lisa Johnson: Um, you know they got exposed, or they just don't want to go out, and that seems to right Now be kind of calming itself down, and we're moving back into um a place where that's not such a constant issue. Um! One of the

108
00:20:05.930 --> 00:20:29.200
Lisa Johnson: bonuses that came out of that. It's a lot of planets uh became more open to figuring out how to offer telemed to uh their patients when that's appropriate. So that's when something that's come up which can actually be helpful to It can be more um convenient for workers when they can do it over the computer and not have to go in, either leaving their home or leaving their employment.

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00:20:29.470 --> 00:20:36.990
Lisa Johnson: I do want to point out that one of the advantages with all of these issues is

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00:20:37.100 --> 00:20:40.559

Lisa Johnson: when a claim is enrolled with MCO. The

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00:20:40.570 --> 00:21:00.409
Lisa Johnson: besides scheduling assistance, the Um. MCO's are kind of consistently assessing our network adequacy for provider access in each geographical service area and from the types of providers in those areas. So, when you're looking at our list of providers. Those are

112
00:21:00.420 --> 00:21:16.990
Lisa Johnson: We're not, for example, listing all family practitioners in the area. The those that are on the MCO. List are the providers who have indicated that they are open to seeing injured workers, so that can cut down on a worker who's looking to find somebody new That makes it a little bit.

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00:21:17.000 --> 00:21:29.490
Lisa Johnson: It narrows it down for them, so they're not making calls and ending calls, trying to find out and just hearing that that particular clinic or provider is not treating workers.

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00:21:30.200 --> 00:21:31.410
Lisa Johnson: Um.

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00:21:31.630 --> 00:21:53.350
Lisa Johnson: The other thing for MCO. Enrolled workers are one of the things that an MCO. Considers in Portland important to our network management is also provider education. So, making sure that they're aware of how important their part is for the workers, and seeing them regularly and addressing especially

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00:21:53.360 --> 00:22:09.629
Lisa Johnson: issues like return to work, and providing those physical capacities and or limitations, so that the worker and their employer can figure out if there's something that they can be doing and not be just at home. Um! And they get back into the workforce sooner.

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00:22:09.640 --> 00:22:19.059
Lisa Johnson: And then um also just depending on provider of the availability and clinic workflow. The attending physician in some of those clinics.

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00:22:19.230 --> 00:22:36.839
Lisa Johnson: In order to help with the access to care issues, they'll share those responsibilities with a Pa and or Np. In their office. So, they're not necessarily seeing that same position every time depending on provider availability. And what level care is needed for that.

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00:22:43.870 --> 00:22:50.549
Lisa Johnson: Okay? Any questions on any of that. That was sort of a lot. Then I talked fast. I apologize, trying to get it all in there,

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00:22:51.080 --> 00:23:06.530
Sara Duckwall: Lisa, this is Sarah. I do have a question. Um! Can you speak to? How often? Um your P. Of the MCO. Patients and majors are seen. And you know, if there's any issues with that scheduling

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00:23:07.010 --> 00:23:07.890
um.

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00:23:07.900 --> 00:23:08.940
Lisa Johnson: So

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00:23:08.950 --> 00:23:37.070
Lisa Johnson: um! We require our physicians to see as long as the work is not released back to regular work. Our expectation is that the provider is making themselves available every thirty days of sooner, so that they can evaluate the patient and uh update their treatment, plan, update any physical limits or capacities that they have. And again, that might not be, they're attending position. It might be another provider in their in their office,

124
00:23:37.080 --> 00:23:40.829
Lisa Johnson: and for the most part

125
00:23:41.630 --> 00:23:58.330
Lisa Johnson: in general, that's what's happening, and they are. See that that cadence gets set up, and then, when the patients. When they're done with one appointment they're making their next appointment. There are times when um that doesn't happen. Uh. Usually it's just because the

126

00:23:58.340 --> 00:24:08.849
Lisa Johnson: appointment doesn't get scheduled, the worker leaves without scheduling it. They're not ready to schedule it or um. Sometimes a worker just doesn't show up for the appointment for one reason or another.

127
00:24:08.940 --> 00:24:30.660
Lisa Johnson: Um! When and then when that happens, there's uh there are different ways of that can be addressed. Um, depending on what's going on. The claim a lot of times it's just, and that's either to the provider or the worker to say, you know its time to get scheduled. The adjuster has some administrative tools that they can use if they get the workers just not going in at all.

128
00:24:30.670 --> 00:24:50.720
Lisa Johnson: Um, in order to be either make a mandatory appointment, or they send what they call a bug letter. They just say, you know, if you're done treating, that's fine. But if you're not, please let me know where the next appointment is. Um overall. Um. But while someone is still really to get modified wherever no work at all, they're being seen at least once a month,

129
00:24:52.790 --> 00:25:00.350
Sara Duckwall: and you see no continuity of care issues, and making this happen on that thirty-day, Turner.

130
00:25:01.110 --> 00:25:01.790
I'm.

131
00:25:01.800 --> 00:25:12.860
Lisa Johnson: But you're asking me that now, and not a year ago, because it really was a different picture then. That was. But I was kind of a big struggle for a while. It.

132
00:25:12.870 --> 00:25:28.279
Lisa Johnson: They pretty much have gotten back to that same cadence. It's not that it never happens, and when it does, then either the MCO. Is getting involved in the gest or something's happening to try and make sure that the worker hasn't just, you know, fall off and have these gaps in care.

133
00:25:28.290 --> 00:25:33.809

Lisa Johnson: Um. But the generally the one-month cadence is pretty much back in play these days.

134
00:25:36.300 --> 00:25:43.770
Matt Calzia: This is Matt. I just want to clarify in that thirty days they're not seen, not necessarily seeing their attending.

135
00:25:43.850 --> 00:25:49.380
Matt Calzia: They may be seeing somebody else in the in the clinic, the Np. Or the pa

136
00:25:49.570 --> 00:26:02.860
Lisa Johnson: it, and that kind of depends on the way the clinic is set up. So, with some clinics, they see the same provider pretty much every single time,

137
00:26:02.870 --> 00:26:22.090
Lisa Johnson: unless there's an absence, or something unexpected going on, but with a lot of clinics they'll have um, so I guess I see it a lot in orthopedic clinics where um but you know, after surgery, for example, they'll see not a surgeon at the initial fall of appointment,

138
00:26:22.100 --> 00:26:31.689
Lisa Johnson: and then maybe they'll see the surgeon, and then they kind of get into ah, every other month kind of pattern that it really is up to the clinic How that works

139
00:26:31.700 --> 00:26:49.269
Lisa Johnson: and um we do we also reserve the right that if something, if it's just not seeming to be going right, and we want to make sure that It's the Md. That is, seeing the position that I am sorry the patient at the next appointment will reach out to the clinic and let them know that

140
00:26:49.280 --> 00:26:52.679
Lisa Johnson: that's not a very frequent occurrence.

141
00:26:57.040 --> 00:27:00.740
Lisa Johnson: Go ahead, and I guess Oh, sorry! Go ahead!

142

00:27:00.840 --> 00:27:07.179
Matt Calzia: Was just. It sounds like he did a lot of work on that provider. And then is there any

143
00:27:07.650 --> 00:27:16.690
Matt Calzia: incentive or consequence on the provider's end? If the worker isn't making it to the you know, getting scheduled for the thirty days, or

144
00:27:16.700 --> 00:27:21.179
Matt Calzia: because it sounds like there's a lot of education on that component. And I'm just wondering what else

145
00:27:21.310 --> 00:27:23.310
Matt Calzia: you all do to

146
00:27:23.490 --> 00:27:25.490
Matt Calzia: to keep that cadence going.

147
00:27:25.500 --> 00:27:26.790
Lisa Johnson: Um, you know

148
00:27:26.800 --> 00:27:30.429
Lisa Johnson: it. It is mostly a focus on education.

149
00:27:30.440 --> 00:27:53.189
Lisa Johnson: Um, because usually when we find usually when we have claims where the work is not getting seen regularly. It's not the provider that's not a male. It's not that that never happens that sometimes there can be, you know, issues with the clinic, a prior writer being unexpectedly out, for example, and their coverage person being um very busy with their own practice and with covering.

150
00:27:53.200 --> 00:28:09.160
Lisa Johnson: But usually when Um, when a worker's not being seen, it's either because they're not scheduling or they're not going to the appointment, so it's not something that we put on the provider that expectation is out there. We want them to be available

151
00:28:09.170 --> 00:28:17.139

Lisa Johnson: to see the workers, and we explain to them why it's so important. But usually when there's the delays that's actually on the worker side.

152
00:28:18.260 --> 00:28:20.229
Lisa Johnson: Once care is established.

153
00:28:21.030 --> 00:28:40.850
Sara Duckwall: Lisa, this is Sarah. Again, can you speak to the administrative tools of how effective you feel they are. If a worker is not coming in for appointments or is not scheduling, you spoke to the Bug letter. How effective are the administrative tools in and dealing with these issues?

154
00:28:40.860 --> 00:28:52.089
Lisa Johnson: Yeah, it’s kind of depends on the adjuster and how well and finally, they're using those and sort of what the reason is so

155
00:28:52.140 --> 00:29:02.939
Lisa Johnson: with um. We do see a certain number of claims where the but they send the butt letter, because the workers been back at work, and they're just not really treating. And

156
00:29:02.950 --> 00:29:30.269
Lisa Johnson: you know the patient doesn't really feel the need. They're like what I feel better. I don't want to go back in. I don't have time, so they'll send the bug letter, and then they jester will use that to close the claim. Um! I think that usually the adjusters are pretty reasonable. Where, then, if they send it out? Um, essentially what it's saying is, looks like you're not um going in and getting treated. Can you please tell me when your next appointment is, or if you're not getting?

157
00:29:30.280 --> 00:29:37.180
Lisa Johnson: and I’m not exactly sure the language, because that's sent out by the insurance company, and I’ll have just a little bit of a variation on that.

158
00:29:37.190 --> 00:29:58.240
Lisa Johnson: And usually, when that happens, the um either the patient will call their adjuster and say, I actually don't want to go in anymore, or they say Yes, I am, and they'll say I have. I just

called I schedule appointment. I'm being seen in two weeks or three weeks, or whatever it is. Here's what my appointment date is. So sometimes it's just the nudge that's needed.

159
00:29:58.250 --> 00:30:16.920
Lisa Johnson: Um sometimes there, is so sometimes. Um, maybe I'll still have seen a provider who wrote an open-ended Ah, time loss authorization, and so the worker might not be feeling especially ambitious about getting back in, because they like what the status is.

160
00:30:16.930 --> 00:30:19.090
Lisa Johnson: Um, But

161
00:30:19.100 --> 00:30:35.690
Lisa Johnson: the adjuster is not going to necessarily want to close it on a bug letter, because we know that the worker does still need more care. That's not in the best overall interest of the patient. So, um So when something like that happens, there are times when we will get involved in that,

162
00:30:35.700 --> 00:30:52.210
Lisa Johnson: and um have one of our physicians take a look at it. But they say, Yeah, there is still more care it does need to happen. Here's what Here's the work we need to see. They should go back and see their attending, or maybe at this point they should see a specialist. And here's what kind,

163
00:30:52.220 --> 00:31:09.490
Lisa Johnson: then? Um, if there, we can actually schedule an appointment, and the adjuster can make it mandatory. So, it depends on what's going on with the plane how it gets handled. Sometimes it's a but letter. Sometimes the gesture can just make a mandatory appointment in order to make sure that their patient is seen.

164
00:31:11.230 --> 00:31:25.319
Sara Duckwall: Thank you. And then I think I just have one more question. Um. Rachel spoke to the lack of providers in the Coos Bay area. Um! Is that an issue for access to care down there?

165
00:31:25.670 --> 00:31:39.969

Lisa Johnson: That is one of the trickier areas of the state. So, um yes. And what we can do is we can um send something in in writing and provide you some actual numbers with what's going on there. That's

166
00:31:39.980 --> 00:31:47.090
Lisa Johnson: It's also one of the areas where sometimes it's tricky to stay up on, because sometimes the clinics forget to tell us this person moved, and now they're

167
00:31:47.100 --> 00:32:02.640
Lisa Johnson: now they're this clinic, and not this one or they are limited to existing patients only, for example. So, it's actually an overall access problem, not necessarily just for work, but definitely something that keeps our Provider Relations Department on their toes.

168
00:32:11.720 --> 00:32:13.900
Theresa Van Winkle: Any other questions for Lisa.

169
00:32:15.510 --> 00:32:16.770
Theresa Van Winkle: Okay.

170
00:32:17.010 --> 00:32:35.399
Theresa Van Winkle: So, I believe this is our last. I'll do another round of asking. I'm after ria um speaks we finish Q and A. Um, so ria shits are from care, Mark, and there are the written comments from David Pyle. So, I will upload those right now, as during the conversation with me with Ria

171
00:32:37.710 --> 00:32:46.169
Rhea Schnitzer RN/Caremark Comp: Hi. This is Ray. Actually, I didn't have any type of presentation. I put my name in just in case there were any questions you would know who to call on.

172
00:32:52.410 --> 00:33:00.429
Theresa Van Winkle: Okay, Thank you. Um. We'll just take me a second to upload it. You call me off guard, so I’ll do that right now.

173
00:33:01.550 --> 00:33:02.680
Okay,

174

00:33:05.960 --> 00:33:16.290
Theresa Van Winkle: So, there Is that? Um! So? Is there anyone else here from the provider, or into your communities that wanted to speak?

175
00:33:16.350 --> 00:33:17.550
on

176
00:33:18.220 --> 00:33:20.349
Theresa Van Winkle: going once, going twice

177
00:33:22.440 --> 00:33:23.500
15039477726: of

178
00:33:29.770 --> 00:33:32.810
Theresa Van Winkle: he's checking it to the Okay, that person.

179
00:33:32.820 --> 00:33:33.660
Theresa Van Winkle: Okay,

180
00:33:33.840 --> 00:33:53.350
Theresa Van Winkle: I think that's it. Um, I do have a couple of comments to you before we move forward. Uh, with this with the subcommittee uh discussion. Um. So, um just against reiterate What's there? I mentioned. Um. The next subcommittee meeting will take. We'll replace the standing meetings on date time for the full committee. So, it's next

181
00:33:53.360 --> 00:33:55.890
Theresa Van Winkle: Thursday. I believe

182
00:33:55.900 --> 00:34:18.600
Theresa Van Winkle: I've all these papers in front, but I’ll put that in the chat as well. Um. So, I do know that a couple of providers That's so. Right. Just come check here One time there is a chance that the Organ Chiropractic Association uh, Dr. Maybe joining a meeting. He's a he's, he's! He's going to try and do such in between treating patients on there. Um, I also have some um post meeting conversations with uh the

183
00:34:18.690 --> 00:34:45.710

Theresa Van Winkle: the or Association of Natural Catholic Positions, and also with Oregon Medical Association. Um! Oh, actually kind of um dovetailing other requests that came in front during the first committee. Um, A number of um MAC. Members are also members of the um, and so also in um a voicemail um from um. There's also the thought of, but also potentially bringing forward to for uh

184
00:34:45.719 --> 00:35:04.860
Theresa Van Winkle: information um clinical staff um as well to speak to the subcommittee in regards to that, because they are the ones that are deal with day to day, with some of the clinical areas of scheduling and such. So, um! I will coordinate with all the on that. Um, Hopefully, we'll get that squared away and get the presentations ready to go for our next subcommittee.

185
00:35:07.290 --> 00:35:36.579
Theresa Van Winkle: Um. So, with that, and also to um shifting the trend and transitioning within the for an exhibit, it's on the and lack of committee webpage is um minutes um from the last MAC meeting they were referenced a number of times during the first subcommittee, so that is there. There. There is also Um. WCD's Compensation Division staff um for the for the MAC. So, if there's any questions that arise um that are specific to MAC um,

186
00:35:36.730 --> 00:35:41.619
Theresa Van Winkle: please met Staff feel free to chime in. Be my lifeline on that.

187
00:35:42.110 --> 00:35:49.729
Theresa Van Winkle: So, another question is for Matt and Sarah. Do you want me to go through the other written exhibits from the department?

188
00:35:51.510 --> 00:35:53.890
Theresa Van Winkle: that will have been distributed and on the website.

189
00:35:54.840 --> 00:35:57.089
Matt Calzia: Sure, I think that that could be helpful.

190
00:35:57.100 --> 00:35:58.589
Matt Calzia: Okay, thank you.

191
00:35:58.600 --> 00:36:07.779
Theresa Van Winkle: You're welcome. So, the first, and I apologize. I can. I can't speak and upload things at the same time.

192
00:36:07.790 --> 00:36:24.689
Theresa Van Winkle: The first exhibit that is on the on the website is a chart. Um. So, this is from the end of August, of two thousand and twenty-two. It is the current attending physician status um for the various attending the two groups attorney physicians, and also ancillary providers. Um! So

193
00:36:24.900 --> 00:36:54.299
Theresa Van Winkle: to I'm not going to read all of it. So, there are two types of ah attending positions type an um which consist of the credentialing of medical doctors, Doctor of Osteopathy, um osteopaths or all. Ah, Ah, the facial surgeons' um so head surgeons those that deal with that, and also doctor of medicine. So those four provider groups have full attending position and status.

194
00:36:54.310 --> 00:37:19.279
Theresa Van Winkle: Um can provide for conventional Service Medical Services for initial injury in the illness authorized time, loss established, and parent findings can provide compensable medical services for the aggregation of the entry or illness. Um, this group, this group of attending physicians um are the only groups that do not have to review educational materials and certified with these DCBS to provide workers compensation services

195
00:37:19.290 --> 00:37:36.400
Theresa Van Winkle: on that. On the flip side you have what's called the type B attending positions. Those are the enterprise of position, assistance, natural path positions and chiropractic positions. They can't have attending position status um outside of the outside of Ah

196
00:37:36.410 --> 00:37:59.690
Theresa Van Winkle: Random, and their standards and practices um attending physicians and the Types um categories can be attending ah position for a total of sixteen consecutive days or eighteen visits from the date of the initial visit on the initial claim. There're also restrictions on how long they can provide to pencil certain medical services, how long they can offer as time loss. They also

197

00:37:59.700 --> 00:38:13.760
Theresa Van Winkle: cannot provide impairment findings, unless the unless they are a chiropractic position, they also cannot provide compensable medical services for aggravation or injury of illness. Yeah.

198
00:38:14.920 --> 00:38:44.899
Theresa Van Winkle: So outside of that um the ancillary providers come a wide, wide range of provider groups. Um starting off with nurse practitioner's um emergency room positions, um and other healthcare providers. Um. So, there are specific criteria in regards to uh, their role numbers, compensation system for emergency room positions do not have to go through any um review educational review and certification process with Dc.

199
00:38:44.910 --> 00:39:12.810
Theresa Van Winkle: Yes. But nurse practitioners do the other difference between things to highlight between positions and those practitioners. Um nurse practitioners can provide compensable services for up to one hundred and eighty days from the data to first visit. They also can't provide time. Authorized time, loss for up to one hundred and eighty days from the first visit. Emergency room. Physicians can't provide compensable services, but they cannot do be the attending position, and

200
00:39:12.820 --> 00:39:39.879
Theresa Van Winkle: they and their specific conditions in which they can authorize payment of time. Um! For the other health care provider groups um. They camper by convincedful services for thirty consecutive days or twelve visits from the date of the first visits of an initial claim. After that they have to. They can't provide services, but only that is authorized by the attending physician as part of the attending physician's uh treatment plan for them

201
00:39:39.890 --> 00:39:54.089
Theresa Van Winkle: on that, and then also all of these. All these, the ancillary groups have to certify with DCBS. So, there's so. There's that piece. So, I apologize. I need to go back to my phone here and make sure I'm not skipping any of the

202
00:39:55.150 --> 00:40:11.939
Theresa Van Winkle: support for documents here. There is also, I'm, not going to go through this, but there is a document on the web page that provides an um Chronological history of attending position status

in reverse compensation, starting from one thousand nine hundred and ninety up until the last

203
00:40:11.950 --> 00:40:24.790
Theresa Van Winkle: Ah! Change which happened in Ah, in two thousand and thirteen. That was when the nurse, practitioner, treatment and temporary of disability, authorization, statuses were established

204
00:40:24.800 --> 00:40:25.640
there.

205
00:40:27.430 --> 00:40:39.209
Theresa Van Winkle: Um, also, I think I mentioned the MAC minutes, and then last, but certainly not least uh Airline School, or from SAIF um, submitted. Um. Some follow up information

206
00:40:39.220 --> 00:40:50.139
Theresa Van Winkle: on that. So, what this is? It's the test statutory provisions that were provided by the Orange Trailers Association, I'm. Streaming directly from the cover letter.

207
00:40:50.150 --> 00:41:09.289
Theresa Van Winkle: So again, Session and Presidents drive by Um Trailer Association to indicate the need for legislative action on open ended time, loss, authorization. So, I won't. Go into that. Elaine is here. If there's any questions. Um. Also, we do have WCD. Staff that are here. Um. Such matter experts for any questions that you may have during discussion.

208
00:41:09.860 --> 00:41:16.790
Sara Duckwall: Theresa, can we go back first before we get to Elaine? Um! It's Ah, the MAC minutes?

209
00:41:16.800 --> 00:41:24.710
Sara Duckwall: Yes, will we have anyone from MAC here at some point to talk about their position.

210
00:41:24.720 --> 00:41:43.459
Sara Duckwall: I believe that is the plan. I apologize. I have not had the opportunity to talk to staff um, I so I’m not aware when their

next meeting will be so if anyone can read it, and by the doctor from the committee, like I mean, who has been invited.

211
00:41:43.470 --> 00:41:54.760
Theresa Van Winkle: Um! I have not done any direct invitations. I do. I believe that they, the members, are aware of what are the work of the subcommittee, but I certainly can send the invitation.

212
00:41:54.770 --> 00:41:57.589
Sara Duckwall: Um! I would like to know. I mean we got the minutes

213
00:41:57.600 --> 00:42:01.170
Sara Duckwall: I would like to know from a committee member

214
00:42:01.830 --> 00:42:03.290
Sara Duckwall: with their position.

215
00:42:03.300 --> 00:42:06.700
Sara Duckwall: Okay, verbally, Matt: I don't know how you feel about that. But

216
00:42:08.800 --> 00:42:12.740
Matt Calzia: yeah, I would agree that it'd be interesting to hear from them.

217
00:42:13.860 --> 00:42:25.859
Sara Duckwall: So, could we try to get them here? Someone I mean, there's a whole list of names. Um, maybe even Dr. Bauman would be possible next week.

218
00:42:26.000 --> 00:42:29.939
Theresa Van Winkle: Okay, we will work on that as a from the conclusion.

219
00:42:29.990 --> 00:42:31.240
Theresa Van Winkle: Hi, Sally!

220
00:42:33.080 --> 00:42:50.170

Sally Coen, Oregon WCD: Hello! Hi! Theresa jumping in here. Sally Cohen. Ah! From Workers Compensation Division. Ah, the next math meeting they meet every quarter. Their next meeting is scheduled for November eighteenth, but in the meantime, we will reach out to them and see if anyone is available to attend the subcommittee meeting or not,

221
00:42:56.700 --> 00:43:03.500
Sara Duckwall: I mean their meeting minutes suggest their intent and their wishes. Um. But having that conversations on myself.

222
00:43:06.920 --> 00:43:08.020
Okay,

223
00:43:12.680 --> 00:43:19.159
Theresa Van Winkle: Are there any questions about any of the other written exhibits from the Department?

224
00:43:19.460 --> 00:43:21.589
Sara Duckwall: I'd like to hear from Elaine.

225
00:43:21.600 --> 00:43:24.709
Sara Duckwall: If possible from SAIF on her follow-up.

226
00:43:30.040 --> 00:43:49.939
Elaine Schooler: Ah, hi! Elaine Schooler with SAIF corporation. Um! I did provide a summary of the statutory provisions that were provided by the trial lawyers at the last subcommittee meeting. Um. These came from discussions we had uh last year regarding open-ended authorizations and

227
00:43:49.950 --> 00:44:19.149
Elaine Schooler: ah other tools that may be available to insurers. Um when workers are having gaps in treatment for various reasons, so it starts off with a number of such torn provisions. Um! The first being failure to appear at an appointment that's been scheduled um, and that the worker is then notified. The time lost benefits will be can be suspended if they don't appear at a rescheduled appointment

228
00:44:19.270 --> 00:44:22.650
Elaine Schooler: that can be problematic. If the initial

229
00:44:22.680 --> 00:44:40.970
Elaine Schooler: appointment is never scheduled. Um and that applies to ah claims that are enrolled in the MCO and non-MCO, and both claims. So, if those workers don't have an initial appointment to return to there is not that rescheduled appointment

230
00:44:40.980 --> 00:44:48.799
Elaine Schooler: that can be used as a provision to encourage a worker to follow up with their provider.

231
00:44:48.810 --> 00:45:11.110
Elaine Schooler: And so that does create a barrier for the progress of the workers care and their ongoing improvement. The second provision um is requesting updated medical reports from the provider every fifteen days. Um, yes, this can be requested. However, it's um

232
00:45:11.150 --> 00:45:21.349
Elaine Schooler: a tool that when the provider is not seeing the worker or having any contact with them, Telemedicine video conferencing.

233
00:45:21.360 --> 00:45:41.179
Elaine Schooler: Ah, often our Kenyan physicians can't comment on the workers ability to return back to any type of modified work if they're on a total work, release, or if the worker is performing some degree of modified work with the employer, and verify that that those restrictions remain appropriate.

234
00:45:41.190 --> 00:45:50.609
Elaine Schooler: Um, or if they can, they need to be tightened up. If the workers, having some problems with them, or if they can be loosened and the workers capable of doing more,

235
00:45:51.570 --> 00:45:56.749
Elaine Schooler: the third provision allows payments to

236
00:45:56.760 --> 00:46:24.229
Elaine Schooler: to be withheld. If the health care provider cannot verify the workers inability to work um. We run into a similar issue here, where providers are not willing to readdress restrictions and

work releases without having that contact with their patient to see how they're doing, and how their recovery is progressing. Um! It often it's just a continuation of

237
00:46:24.240 --> 00:46:37.979
Elaine Schooler: what restrictions were already in place. Um, even if the worker has not been seen for a period of time. So, while this can be used in some situations it's often

238
00:46:38.360 --> 00:46:49.099
Elaine Schooler: unsuccessful, and getting in any type of adjustment appropriate or otherwise. When the Provider hasn't been able to connect with them with their patients.

239
00:46:49.180 --> 00:46:55.029
Elaine Schooler: The fourth is withholding payments to health care providers who don't

240
00:46:55.050 --> 00:47:12.980
Elaine Schooler: um on the worker's ability to return to work This one, we feel, would actually push providers away from treating injured workers as a punitive tool for them and disincentivize them to tree workers within our system. Ah!

241
00:47:13.210 --> 00:47:29.439
Elaine Schooler: So that that seems to be counterproductive to the goal of keeping providers in the system, encouraging a contact between a provider and the worker, and ensuring that workers are improving and seeking treatment appropriately.

242
00:47:29.580 --> 00:47:46.689
Elaine Schooler: Um. The last number five is claim closure. When a worker fails to seek treatment for a thirty-day period, unless they can demonstrate to be on their control. For example, a family illness or ah other personal issues can

243
00:47:46.700 --> 00:47:53.650
Elaine Schooler: and get in between those appointments, and cause them to be rescheduled or missed. And so, when that happens,

244
00:47:53.660 --> 00:48:11.360

Elaine Schooler: the insurer could close the claim. This, too, is one of those provisions that really doesn't need the worker from our perspective in their recovery as noted by Lisa Johnson. Really, the goal is for the worker to recover from their injury, to be able to get back to work.

245
00:48:11.370 --> 00:48:25.709
Elaine Schooler: The enclosure. Ah closes their claim. It would stop their time loss benefits and re-impairment but it doesn't get to the root problem, which is workers who need treatment, and are not receiving it.

246
00:48:26.470 --> 00:48:35.929
Elaine Schooler: Um! So, we feel this is not, you know, the most useful tool to aid, and workers remaining connected with their provider, seeking appropriate and timely care.

247
00:48:36.600 --> 00:48:40.179
Elaine Schooler: I'm here to answer any questions the members may have.

248
00:48:42.130 --> 00:48:44.789
Sara Duckwall: Thank you, Elaine. Yes, this is Sarah. I do have a question.

249
00:48:44.800 --> 00:49:00.629
Sara Duckwall: Maybe you and the Lisa would like to follow up. I heard her say that open in the time loss sometimes leads to a more kernel, especially being ambitious to get back in? Or do you experience the same issue on your side?

250
00:49:01.170 --> 00:49:17.930
Elaine Schooler: Well, I can't personally speak to the motivations of workers, and why they may not schedule their appointments or follow up a point or ten follow up appointments. But we do have cases where there are prolonged gaps in treatment. Um, and

251
00:49:18.370 --> 00:49:34.590
Elaine Schooler: it it's unknown to save, and the claims just, or why the worker is not going in and being seen when they're on time, loss benefits, and in those instances, from the cases that I've dealt with

252
00:49:34.600 --> 00:49:40.939
Elaine Schooler: is cases where workers have ongoing problems need ongoing care. They haven't made a full recovery,

253
00:49:41.330 --> 00:49:47.339
Elaine Schooler: so that those gaps can become problematic from the sense of the workers getting better.

254
00:49:48.890 --> 00:49:52.420
Sara Duckwall: Thank you. And I, I've heard from you and you that

255
00:49:52.530 --> 00:50:04.789
Sara Duckwall: um in these instances that workers still need care to get better. They're really reticent. Um! In closing those cases, even with the tools you have, because it's not in the best interest of the workers.

256
00:50:04.800 --> 00:50:06.490
Sara Duckwall: Correct. Did I hear that correctly?

257
00:50:06.500 --> 00:50:08.189
Elaine Schooler: Yes, yes,

258
00:50:13.630 --> 00:50:23.279
Matt Calzia: thank you, Lane. This is Matt I just looking at. I guess my question is, is there a gap? And with all of these tools

259
00:50:24.550 --> 00:50:27.779
Matt Calzia: is there a gap in here that you,

260
00:50:29.010 --> 00:50:35.170
Matt Calzia: in some of these instances which I've never Haven't ever seen really quantified

261
00:50:36.390 --> 00:50:42.610
Matt Calzia: helping workers stay connected with care. I'm. Just looking at the tools with letters and

262

00:50:43.640 --> 00:50:53.499
Matt Calzia: kind of a lot of these guidelines with time frames. So where would there be a gap that that you all envision that workers are unable to stay connected with their care?

263
00:50:54.140 --> 00:51:02.860
Elaine Schooler: Well, I guess in this framework of the statutory abilities and tools available.

264
00:51:03.350 --> 00:51:10.680
Elaine Schooler: So, if I'm understanding your question, you're looking for like examples of how gaps occur throughout the worker's treatment,

265
00:51:11.740 --> 00:51:20.589
Matt Calzia: or rather like what you've exhausted all of these tools, and there's still something missing, and it's because it seems like this is a pretty comprehensive

266
00:51:20.600 --> 00:51:21.609
so

267
00:51:22.160 --> 00:51:30.709
Matt Calzia: toolbox to stay in contact with the worker and the provider, and kind of heavy

268
00:51:30.760 --> 00:51:37.870
Matt Calzia: these guidelines set up, and ways to address. If things are kind of getting off course, so I'm just curious

269
00:51:37.900 --> 00:51:40.709
Matt Calzia: What else would be necessary

270
00:51:41.200 --> 00:51:46.379
Matt Calzia: to help in the to help ensure that we have that continuity of care?

271
00:51:46.480 --> 00:52:01.330
Elaine Schooler: Sure, I think. Um! Ah! The comments from Elise Johnson at Majors at studying that clear expectation of treatment.

Expectations can be very useful, as she commented, having the providers

272
00:52:01.340 --> 00:52:19.370
Elaine Schooler: um use that as their best practice for um seeing workers who are on a time-loss a thirty-day period and that they see success with that. Um! I think that would point to an added benefit,

273
00:52:19.380 --> 00:52:31.600
Elaine Schooler: having a treatment period in place that sets that expectation for workers and their providers. Some of these provisions seem to be,

274
00:52:31.920 --> 00:52:42.590
Elaine Schooler: or ah! In particular, the claim closure piece of just closing the claim, shutting off the medical benefits, the spectrum of

275
00:52:42.600 --> 00:52:51.940
Elaine Schooler: excuse me, medical benefits that workers are entitled to once their claim is closed, is different than when the claim is open.

276
00:52:51.950 --> 00:53:14.640
Elaine Schooler: The other pieces, too, for suspending time, loss, hinge on appointments that may or may not have been scheduled in the first place. So those tools are limited availability, and that creates gaps where that tool is not available at all to the insurer they also can cause. Ah!

277
00:53:14.650 --> 00:53:30.920
Elaine Schooler: These gaps to continue while the insure goes through this administrative process, and the notices that have to go out are highly technical, and strict compliance is required for them. And so, for

278
00:53:30.930 --> 00:53:47.130
Elaine Schooler: ah, ah, instance, with a worker, is receiving the notice, if it ah the rules haven't been followed in perfect succession, then the timeless benefits would continue, and still that care is not being received. Um! So, I think that creates an impediment to

279
00:53:50.310 --> 00:53:51.479
Matt Calzia: thank you.

280
00:53:56.900 --> 00:53:58.029
Okay.

281
00:53:59.690 --> 00:54:01.490
Theresa Van Winkle: So, where we go from here.

282
00:54:01.600 --> 00:54:03.889
Theresa Van Winkle: Oh, hi, Joanna,

283
00:54:03.900 --> 00:54:09.279
Matt Calzia: that's I was gonna ask if there's anybody from the trial lawyer. That was my thought, too. Thank you.

284
00:54:09.840 --> 00:54:26.559
Jovanna Patrick, OTLA: Yes, thank you, Chair. Thank you. Everyone for me. I'm Giovanni Patrick with Oregon Trial Lawyers Association. You know I do appreciate listening in on the discussion here. I just wanted to raise a couple points that came up for me. Um, you know I we did go over the list. And

285
00:54:26.570 --> 00:54:40.169
Jovanna Patrick, OTLA: you know, although from our perspective, although one tool in and of itself may not be enough in concert, one tool gear ones will. There seem to be sufficient to get most workers to comply,

286
00:54:40.410 --> 00:54:52.099
Jovanna Patrick, OTLA: and we don't want to create new rules that will penalize the majority of compliant workers, so that we try to catch those few doctors that are out there.

287
00:54:52.190 --> 00:55:01.190
Jovanna Patrick, OTLA: I did want to comment that there are a few additional tools that were not addressed in the list, because there's just a lot of them. The main one is the bona fi job offer,

288

00:55:01.200 --> 00:55:20.399
Jovanna Patrick, OTLA: offering the work for modified duty. Now, even if the worker, the doctor has the worker off of work completely, there's nothing stop being insured, and an employer for creating a modified job, sending it to the doctor, and then, if the doctor approves it, offering that job to the worker that is going to get the worker back into work back engaged.

289
00:55:20.410 --> 00:55:38.590
Jovanna Patrick, OTLA: Another provision that wasn't mentioned was the insanitary practices. That's six, five, six, point three, two, five, two, where the ensure can notify the worker. They're engaged in insanitary practices that can lead to suspension, and that can trigger the worker to get back into that treatment.

290
00:55:38.600 --> 00:55:53.519
Jovanna Patrick, OTLA: Um! Another tool that can be used is enrolling the worker in an MCO. Now we heard a presentation here from the MCO. It sounds like they have a lot more tools at their disposal to get what they're engaged with treatment, including setting appointments for them.

291
00:55:53.530 --> 00:56:11.559
Jovanna Patrick, OTLA: So that's another big tool that ensures can use with those few Dr. Dodgers that are out there again, I think Mr. Calzia mentioned we haven't heard um statistics on how common this is, and I can tell you that the grand majority of my clients all really want to go to their medical treatment. They want more visits, not fewer,

292
00:56:12.210 --> 00:56:27.470
Jovanna Patrick, OTLA: and on the Mc. O's, you know, listening to their presentation. It certainly sounds like the um. MCO is very hands-on in working with the providers and the workers to schedule those appointments, and that even they have difficulty sometimes getting people in,

293
00:56:27.480 --> 00:56:49.769
Jovanna Patrick, OTLA: so that hands-on approach, I think, is very important for us to note, because this is a you know this is not the worker and the doctor alone. This is the worker, doctor, and the insurer, and the MCO. When asks about tools, they said, it depends on the adjuster. So, we have a lot of a range in what Insurance are

actually deciding to do, as far as utilizing all of the tools they already have at their disposal.

294
00:56:50.060 --> 00:57:02.399
Jovanna Patrick, OTLA: I'd also like to point out some of the tools that were mentioned by SAIF corporation, and why they didn't want to use them. For example, you know they can't get the doctor to respond and change work restrictions in between appointments.

295
00:57:02.760 --> 00:57:20.030
Jovanna Patrick, OTLA: If the insurer was paying the bills does not have the ability to change the doctor's mind midstream. How is it even conceivable that the worker, who has much less power, would be able to do that if we have a set amount of time that your time, loss, operation expires,

296
00:57:20.040 --> 00:57:23.090
Jovanna Patrick, OTLA: no matter what on. You know, some date,

297
00:57:23.170 --> 00:57:38.669
Jovanna Patrick, OTLA: and the expectation is that the worker can somehow convince their doctor mainstream to in the middle of appointments to get a new work release when the insurers of chrome is that they can't do it. I think that is a you know, a real, a real danger points in considering that

298
00:57:38.770 --> 00:57:54.290
Jovanna Patrick, OTLA: I think we also need to recognize that some of these tools that aren't working. It's not because the worker is not engaged with their treatment. It's because the doctor doesn't think they should be released. The doctor doesn't think they need to see them until they finish that physical therapy, or they finish that

299
00:57:54.410 --> 00:58:07.189
Jovanna Patrick, OTLA: mri or whatnot. That's not the word verse issue. It's not the worker being disengaged, continuation of care, and that problem will not be solved by cutting a worker off of time loss at some arbitrary date.

300
00:58:12.740 --> 00:58:31.379
Jovanna Patrick, OTLA: I lost much more about that. So, you know, I think the discussion about setting their expectations and working with

the providers is important, but we should not put the on it, and the punishment and the penalty on the worker, when, according to the insurer, a lot of this sentence in the doctor's hands, and out of the hands of the insurer of a certain quarter.

301
00:58:31.390 --> 00:58:33.499
Jovanna Patrick, OTLA: Thank you. I'm happy to answer any questions.

302
00:58:39.550 --> 00:58:42.060
Matt Calzia: Thank you. I don't have any questions.

303
00:58:42.570 --> 00:58:44.080
Theresa Van Winkle: Thanks, Jovanna.

304
00:58:44.670 --> 00:58:46.209
Theresa Van Winkle: Oh, hi! I'm Elaine.

305
00:58:49.230 --> 00:58:58.610
Elaine Schooler: Thank you. I just wanted to sort of address some of these other provisions that were mentioned for the bona fide job offer.

306
00:58:58.620 --> 00:59:21.069
Elaine Schooler: I would be very surprised to see a treaty and physician change a worker's work restriction from being completely off work to a modified role without having any contact with the worker in advance to go over a modified position that is going to be offered to them by their employer. And if that is happening that

307
00:59:21.080 --> 00:59:50.380
Elaine Schooler: I’m not sure how the doctor could make that determination on appropriate modified work restrictions without reviewing it with the worker in advance. The contact piece in my experience is essential, and it involves a conversation between the doctor and the worker to determine the appropriateness of that. Um, I have not. I can't speak of all the cases. But I I’m not sure that I've even seen this happen, and in a case where worker has not continued care with their

308
00:59:50.390 --> 01:00:14.900

Elaine Schooler: provider and the provider unilaterally approved and modified work that it could happen if many of our providers would be hesitant to do so, though for the insanitary practices and leading to suspension. That's a difficult piece. It's hard to design what in sanitary practices are, and that just a failure to may not rise to that level.

309
01:00:14.910 --> 01:00:42.950
Elaine Schooler: Um workers can be enrolled in the MCO. But not all claims are enrolled, and that can be for a variety of reasons depending on location, specialty, availability of providers work, or maybe enrolled in an MCO. And then receive a referral to a specialist, and that causes a via this enrollment. Um, so that they can treat within their geographic location with that specific provider if they're not offered. So, while the MCO does provide

310
01:00:42.960 --> 01:00:50.140
Elaine Schooler: assistance for those claims for the claims that are not subject to the MCO. That tool is not available.

311
01:00:50.560 --> 01:01:20.199
Elaine Schooler: Um! And then um! And not being able to get the doctor respond, or having the worker do that. Um, we're not asking the worker to get the doctor to respond. What we're asking is for the work to participate in their care while they're recovering from their injury. That seems to be a reasonable request. When workers are hurt on the job and recuperating, they should be involved in their care, and having conversations with their doctor about their improvement or setbacks that they may encounter, so that care can be adjusted, and in that conference

312
01:01:20.210 --> 01:01:24.989
Elaine Schooler: isn't happening that can lead to poor outcomes for the worker.

313
01:01:25.780 --> 01:01:31.659
Elaine Schooler: I think those are the extent of my additional comments. But again, I'm available. If you have questions,

314
01:01:36.140 --> 01:01:39.140
Matt Calzia: this is Matt. I do have um

315

01:01:39.700 --> 01:01:48.029
Matt Calzia: question for maybe all of you, including Ms. Johnson from the MCO. Regarding that

316
01:01:48.090 --> 01:01:56.320
Matt Calzia: was it modified job Offer is the term that was used. I'm. I'm. Thinking of our memberships, of registered nurses, and what can happen is

317
01:01:56.540 --> 01:02:09.410
Matt Calzia: a nurse could experience an injury in the hospital, and they would be, you know, one hundred percent off of duty because of something like they are unable to do compressions in in the event that they would need to for Cpr.

318
01:02:09.420 --> 01:02:15.039
Matt Calzia: So, they may have. That may be like really the big reason that they're not allowed to go back to work,

319
01:02:15.080 --> 01:02:18.580
Matt Calzia: and then the employer may say, Well,

320
01:02:18.780 --> 01:02:24.260
Matt Calzia: they see that the nurses, the physician. The physician says you're totally off work,

321
01:02:24.420 --> 01:02:32.379
Matt Calzia: and then the employer may think, Oh, I can. I can have them audit charts which requires sitting at a computer and just going through this

322
01:02:32.580 --> 01:02:37.309
Matt Calzia: auditing. You know, all of the input from other nurses and flagging discrepancies.

323
01:02:37.660 --> 01:02:48.780
Matt Calzia: And so, in that instance it doesn't seem like with the insurer reaching out to the position that they would need to. Then see the patient again, you know they may say that that does seem like an appropriate

324
01:02:48.830 --> 01:02:52.490
Matt Calzia: bona fact. You know, work that they could do, and you could make that job offer you

325
01:02:52.500 --> 01:03:04.419
Matt Calzia: so, I guess I am seen. I'm wondering from the MCO. Standpoint, because they may manage it somewhat differently if that is something that you see on a regular basis, or

326
01:03:04.470 --> 01:03:08.449
Matt Calzia: where you see that kind of they have the initial assessment from the physician.

327
01:03:08.480 --> 01:03:12.000
Matt Calzia: The employer then thinks of a job offer, and

328
01:03:12.020 --> 01:03:15.689
Matt Calzia: connects with the physician to see if it's appropriate based on that. The

329
01:03:15.700 --> 01:03:21.559
Matt Calzia: because I'm a little, this is the first I've really understood about this bona fide job offer situation.

330
01:03:22.880 --> 01:03:23.990
So the

331
01:03:24.000 --> 01:03:52.539
Lisa Johnson: the MCO. Is not usually directly involved in that process. That's um something they insure is doing. But what we see from our side is um, usually when something's happening, not tied directly to an appointment. It's because the worker's been seen, and the doctor said, Okay, Um, they can do this, but they can't do this. And then um, you know, in a lot of cases the worker just tells their employer about it

332
01:03:52.550 --> 01:04:05.059
Lisa Johnson: that, and they go back to work, and everything's in agreement. Usually, when the bona fide job opera is involved, it's

because the patient says, I don't. I don't think I Still, don't think that's okay, and I don't want to do it. And so, then that employers

333
01:04:05.070 --> 01:04:16.090
Lisa Johnson: putting that together and spanning it, sent to the doctor to look and say, you know this is what you said. So, when you look at this job description and specifically what they're doing

334
01:04:16.100 --> 01:04:21.290
Lisa Johnson: that okay with it in your medical opinion based on the most recent appointment.

335
01:04:21.300 --> 01:04:36.299
Lisa Johnson: So, if the worker's not being seen regularly, that's difficult to get a response on a provider from that. But normally, when we're seeing it, if it's in between appointments, it's because there's kind of a discrepancy

336
01:04:36.370 --> 01:04:48.589
Lisa Johnson: between what the employee thinks that they can do and what the doctor said they can do, or maybe they're concerned about something specific about the modified job they're being proper.

337
01:04:48.600 --> 01:04:56.399
Lisa Johnson: Um, honestly, I think the insurers are probably better ways to answer that question, because they're more directly involved in that

338
01:05:03.960 --> 01:05:06.359
you have your hand raised.

339
01:05:06.450 --> 01:05:24.210
Jovanna Patrick, OTLA: I did thank you. I mean I can speak to that from my personal experience, and I can say at least weekly. I have a worker call me, who has received a bona fried job offer, and the very first thing they always tell me is but my doctor took me off of work, and I’m seeing him again in two weeks I’m his use,

340
01:05:24.220 --> 01:05:39.280
Jovanna Patrick, OTLA: and I have to explain that you know there's been a change. Your doctor has been contacted, and now there's been a

change, and that you know. Once I talk to the worker and they understand that it's, you know, almost ever a problem. I would say ninety nine percent of my workers accept those for my job offers.

341
01:05:39.290 --> 01:05:41.190
Jovanna Patrick, OTLA: Um, I think

342
01:05:41.200 --> 01:05:52.860
Jovanna Patrick, OTLA: the other point would be that I don't see a lot of workers who go once without super medical treatment on accepted planes. It just doesn't happen. Do they go longer than thirty days? Certainly.

343
01:05:52.880 --> 01:06:08.819
Jovanna Patrick, OTLA: But I don't see a lot of them go a very long time without it. I see very view bug letters, and when I do they're oftentimes set up on like day Thirty-one, you know, very short amount of time, so you know I don't. I do see this happening between a

344
01:06:08.830 --> 01:06:13.460
Jovanna Patrick, OTLA: and you know I think some of that engagement issue is not the

345
01:06:13.760 --> 01:06:20.559
Jovanna Patrick, OTLA: workers failing to make appointments, but it is a lack of scheduling the appointments from medical offices,

346
01:06:22.890 --> 01:06:24.470
Theresa Van Winkle: great and ria.

347
01:06:25.260 --> 01:06:28.489
Rhea Schnitzer RN/Caremark Comp: I do have something to add. We frequently.

348
01:06:28.500 --> 01:06:58.420
Rhea Schnitzer RN/Caremark Comp: We'll come across cases where the physician will change the job release in between visits. Ah, usually what we'll do is to call the physician and provide some additional education, and the physician may wind up saying, or may have said, that a worker can't return to any level, or based on what their understanding is of the job, and what the work is reporting to them

about their capacity. Ah! But then, when we point out, perhaps, what a what a patient has been doing

349
01:06:58.430 --> 01:07:26.569
Rhea Schnitzer RN/Caremark Comp: in physical therapy, and they demonstrate capacity there and provide the education that they don't have to say that so cash cannot return to a level, for they should specifically say what the worker is able to do, and leave it up to the insurer to see if they can come up with a notified job offer to meet those capacities that are documented. So yeah, in between visits I will have the doctor send in a revised release

350
01:07:26.580 --> 01:07:29.420
Rhea Schnitzer RN/Caremark Comp: based upon the demonstrate capacities.

351
01:07:31.540 --> 01:07:32.700
Matt Calzia: Thank you.

352
01:07:37.230 --> 01:07:39.439
Sara Duckwall: I have a follow up from Miss Patrick

353
01:07:39.810 --> 01:07:41.330
Sara Duckwall: And further,

354
01:07:41.520 --> 01:07:51.640
Sara Duckwall: Okay, Okay, um. You said that most patients are seeing their doctors regularly, and you can't say It's thirty days. What timeframe can you say?

355
01:07:53.220 --> 01:08:07.450
Jovanna Patrick, OTLA: It varies greatly, depending on the different doctors' offices? I can't say I you know I haven't taken a survey of how long it is, but I think it's probably at least usually every sixty days, except if it's ah post-surgical,

356
01:08:07.760 --> 01:08:12.069
Jovanna Patrick, OTLA: which would sometimes be longer. Or if you,

357
01:08:12.180 --> 01:08:23.540

Jovanna Patrick, OTLA: the provider, is waiting on something, and there's a delay in getting it, you know. Oftentimes the providers will say, go to fees of go to, you know, six rounds of physical therapy, and then come back,

358
01:08:23.569 --> 01:08:37.889
Jovanna Patrick, OTLA: and the problem is, is that outside the MCO. There's no pre-operation required for physical therapy. So, it oftentimes takes a long time for the work to get in with ah MRIs. You know those do have to be pre-approved, but getting those scheduled to take time sometimes. So

359
01:08:37.899 --> 01:08:50.590
Jovanna Patrick, OTLA: you know it does vary greatly. I would say the regular routine case that's going along. I think most patients are seen. Um within, you know, thirty to sixty days between appointments, unless there something comes up like the provider

360
01:08:50.600 --> 01:08:56.070
Jovanna Patrick, OTLA: cancels or is on vacation, which also happens a lot, especially with,

361
01:08:56.910 --> 01:09:00.270
Sara Duckwall: and then I also want to bring up the Dr. Dodger

362
01:09:00.279 --> 01:09:17.989
Sara Duckwall: comment that you may. Um, I think there's been examples of its existing right um on occasion, and that even one issue, if we address it, would it not improve the system, and it's qualitative versus quantitatively to improve our worker's consciousness.

363
01:09:19.899 --> 01:09:21.770
Jovanna Patrick, OTLA: I don't believe that,

364
01:09:21.970 --> 01:09:39.150
Jovanna Patrick, OTLA: having a rule that will trap compliant workers and prevent them from getting time, loss, benefits on accepted claims, just because an appointment is scheduled out longer than whatever time period might be decided on.

365
01:09:39.160 --> 01:09:54.150

Jovanna Patrick, OTLA: I think that does more harm than the few workers who have not been quantified at all who might not be engaged in their care. We're talking about thousands and thousands of workers who would lose their benefits and lose their financial support

366
01:09:54.160 --> 01:10:04.130
Jovanna Patrick, OTLA: through no fault of their own, just because we put in an arbitrary rule to capture those few individuals who are not engaging with their care

367
01:10:04.140 --> 01:10:16.690
Jovanna Patrick, OTLA: the tools that exist could be strengthened, perhaps, but an arbitrary number would be so detrimental to the majority of workers that that would be a bad decision to make just because it helped a few workers engage with them.

368
01:10:22.500 --> 01:10:23.789
Matt Calzia: Thank you.

369
01:10:23.800 --> 01:10:30.220
Matt Calzia: Oh, man, so I’m sorry this is Matt. I just had one question that came up. As you know, we don't.

370
01:10:30.610 --> 01:10:44.879
Matt Calzia: We don't know really what the frequency of visits are. It doesn't seem like anybody's really collecting it out of it with the electronic medical record That should be very, very easy. So, I’m wondering who we would go to

371
01:10:44.930 --> 01:11:03.600
Matt Calzia: to pull that data from the electronic medical records, because it would be just a matter of workers who are engaged in the system, and then we can. The Emrs will tell us what their frequency of visits are and whatnot, so we could get. You know that that wouldn't be a heavy lift, I would think,

372
01:11:03.650 --> 01:11:11.090
Matt Calzia: because a lot of this right it not, I haven't heard really anything compelling of. We see this percentage of folks

373
01:11:11.120 --> 01:11:23.370

Matt Calzia: who are not staying connected with care for this amount of time, and the outcome is this and that, I think, would be really important information. So, thank you

374
01:11:23.380 --> 01:11:25.490
Matt Calzia: curiously. Here, Miss Flood

375
01:11:28.490 --> 01:11:30.930
Jennifer Flood / Oregon Ombuds: Oops Sorry, Oops! Wow,

376
01:11:32.090 --> 01:11:39.750
Jennifer Flood / Oregon Ombuds: my clicker! There you go. I just want to share anecdotally I.

377
01:11:39.760 --> 01:12:08.299
Jennifer Flood / Oregon Ombuds: The examples that Giovanni has provided is what our office does see. Ah, specifically, one of the ones that came to my mind was the whole modified job offer where the worker calls it, says, Hey, I, my doctor said I couldn't work, and now I’m being told there's this modified job, offer um it to me that that is a tool. If the If the true concern is ongoing treatment and communication with

378
01:12:08.310 --> 01:12:35.819
Jennifer Flood / Oregon Ombuds: the worker and the medical provider. I do understand um, Elaine's comment that what medical provider would agree to a modified job without seeing the work it does happen if I believe it happens every day. But if ah! If a provider is hesitant on doing that, that activity could encourage an appointment to be made a communication to be made. My concern is, there are so many,

379
01:12:35.940 --> 01:12:58.520
Jennifer Flood / Oregon Ombuds: in my opinion there are so many tools that are out there. True, they could be um improved likely to help us with the communication. But putting it all on all of a sudden, the workers time loss is cut off, and they have to work to get that meaning, they might not be able to pay daycare in order to go to their modified job

380
01:12:59.410 --> 01:13:08.269
Jennifer Flood / Oregon Ombuds: is a little drastic, and I do feel no data I have, I? It seems like there should be data out there, but

381
01:13:08.510 --> 01:13:28.499
Jennifer Flood / Oregon Ombuds: I think we really are talking about a very small population of workers. That may be dodging the issue and putting together all the tools Um, we should be able to ensure, should be able to address those workers who are falling into that totally agree with Giovanni

382
01:13:28.510 --> 01:13:41.619
Jennifer Flood / Oregon Ombuds: Taking the drastic goes to. Okay. Well, we're going to fix the issue for those few workers. And having that impact the vast majority of workers. Um is really harmful, and

383
01:13:42.840 --> 01:14:02.209
Jennifer Flood / Oregon Ombuds: I understand you know It's like Oh, you know, you can get in, and every thirty days, and within the MCO. Um systems, when they have those doctors on contract. Um where that expectation keeps it in mind, it's an expectation. It's not a requirement I'm sure that there's plenty of times where the workers

384
01:14:02.220 --> 01:14:15.960
Jennifer Flood / Oregon Ombuds: is post-surgical. Is told Hey, Go to Pt, and then come back and see me. That is going to be more than thirty days, no doubt, and if the worker were to see a provider that wasn't the attending decision,

385
01:14:15.970 --> 01:14:35.509
Jennifer Flood / Oregon Ombuds: um, I can understand where an adjuster would be Well, the attending position didn't authorize time loss, so we're still not going to be paying time loss again that could get worked out. But in the meantime, the worker is not receiving um that income, and it is impacting their life as well as their families. So

386
01:14:35.610 --> 01:14:37.290
Jennifer Flood / Oregon Ombuds: I just wanted to share. That.

387
01:14:43.890 --> 01:14:45.420
Theresa Van Winkle: Thanks, Jennifer.

388
01:14:53.210 --> 01:14:54.710
Just I can't think

389
01:14:54.720 --> 01:14:57.049
Theresa Van Winkle: alright, so, Matt. Sarah.

390
01:14:57.770 --> 01:14:58.929
Theresa Van Winkle: Um,

391
01:15:00.150 --> 01:15:07.339
Theresa Van Winkle: I think I've got So I've got some of my follow-up to do for the next meeting there,

392
01:15:07.360 --> 01:15:28.209
Theresa Van Winkle: and I just from looking at my notes um from requests that came from the first meeting. So, the invitations for MAC is actually literally being drafted right now. So, I had to get a text about that. So that's in the works on that. Um, we will have some additional Uh provider groups that will likely be at uh next Thursday subcommittee meeting

393
01:15:28.220 --> 01:15:42.890
Theresa Van Winkle: on that, and I will reach out to the Oregon Medical Association again to talk about that. And perhaps we will bring some more in this for individuals that deal more like on case management, scheduling, et cetera, to kind of give that perspective as well as to some of those issues.

394
01:15:42.900 --> 01:15:45.089
Sara Duckwall: Theresa. I'm sorry before we do the

395
01:15:45.100 --> 01:15:56.190
Sara Duckwall: the summary and the follow up. Can we um work through the table that was provided the extract of the WCRI. Two thousand. And nineteen,

396
01:15:56.200 --> 01:15:57.730
Sara Duckwall: yeah, thank you for your State laws

397
01:15:57.840 --> 01:16:03.289
Sara Duckwall: and see what other you know. Questions we need to dress for sure. We can do that then.

398
01:16:03.300 --> 01:16:13.210
Theresa Van Winkle: That is not on the website right now. But I happen to have them here. So, for those in the audience. And so, for everybody. Um, I will upload those into the chat right now.

399
01:16:14.750 --> 01:16:20.659
Theresa Van Winkle: These are both charts from the Workers Compensation Research Institute.

400
01:16:22.060 --> 01:16:27.540
Theresa Van Winkle: Okay. So, I think they I see. Sure, they're both been uploaded.

401
01:16:30.430 --> 01:16:33.670
Theresa Van Winkle: That's good copies in front of me here.

402
01:16:34.260 --> 01:16:42.610
Theresa Van Winkle: So, for those in the Audience in between meetings. WCD. Um generated both of these

403
01:16:42.620 --> 01:17:01.419
Theresa Van Winkle: these tables. Um. It is a SAIF by State, and well, I would say jurisdiction, because it is not just on the United States. There is some um. There's information as well, you know, in some of the Canadian provinces as well. Um! So, the first one that I have uploaded, which is,

404
01:17:01.430 --> 01:17:03.949
Theresa Van Winkle: I believe, that one is on

405
01:17:06.680 --> 01:17:10.960
Theresa Van Winkle: time loss. So, I make sure I’m not speaking out of turn,

406
01:17:11.500 --> 01:17:27.840
Theresa Van Winkle: as you can tell, it's very. It's quite comprehensive. What this this does is that it outlines circumstances from state to state in which to break time. Loss can be discontinued,

such as when the worker returns to work, if they're released by their medical or by a medical provider

407
01:17:29.310 --> 01:17:46.280
Theresa Van Winkle: upon red notice. There are some states that are allowed for such um, and then also criteria there. And there's Cd. As you can see, the foot notes are quite comprehensive, because it does include some explanatory, some clarifications, and also in some

408
01:17:46.290 --> 01:18:10.689
Theresa Van Winkle: um wines. It also um. It's states specific statute. The other charge is focused on in regards to medical benefits in the method of position. Selection. Um. So, for example, if there's limitations on medical treatment for specific provider groups, if there is a fee schedule in place for reimbursement to the provider. Um,

409
01:18:10.700 --> 01:18:19.609
Theresa Van Winkle: who has the ability to do the initial choice of the trading position, if it is the if it's just the employer or an employee, or if it's an if it's a hybrid

410
01:18:19.620 --> 01:18:31.950
Theresa Van Winkle: um, and also circumstances in which employee can change their um treating position as how to identify here for us, its attending position, and also any limitations on requesting second.

411
01:18:34.680 --> 01:18:43.420
Theresa Van Winkle: So, I know it covers some of the topics, but it doesn't it's. I think it's like it's. It looks like it's very deep again. It's very broad and wide at the same time as find my description all right,

412
01:18:43.430 --> 01:18:53.190
Sara Duckwall: right, right? So, I know it Doesn't Address: California has a forty, five-day timeline provision,

413
01:18:53.200 --> 01:19:00.180
Sara Duckwall: and then also Oklahoma. You know my understanding doesn't address that that they can.

414

01:19:00.190 --> 01:19:13.750
Sara Duckwall: Um If a worker abandoned treatment for sixty days it will be terminated. So, I feel like we're not getting to the full information on what other states are doing, which

415
01:19:13.860 --> 01:19:23.490
Sara Duckwall: I mean. I think the table is helpful as a starting point, but there might be additional information we could glean if we ask specific questions.

416
01:19:24.480 --> 01:19:53.309
Theresa Van Winkle: That is correct, and I am to say I may be speaking at a turn WCD: So please come in if I'm wrong. So yes, so yeah, we can be a Bill questions to um to back to WCRII. It could be got questions that are asked. Don't via WCD. To other um workers Compensation regulators across the country. Um, that that's right. So, think, once the questions are determined that we in turn to try and figure out the best at the team um, and to ask, or even looking at

417
01:19:53.320 --> 01:20:01.090
Theresa Van Winkle: taking from this kind of drilling, actually looking directly into their regulatory, their statutes, rules, et cetera, from our clarification. There

418
01:20:01.100 --> 01:20:09.089
Sara Duckwall: I was just at a point that maybe the data was there, just not included. Is that a worthy question to ask as well?

419
01:20:09.100 --> 01:20:17.590
Theresa Van Winkle: It's a great question. I don't know the answer to that. I think the answer probably is. It depends on what you know what the framework of the you know the set of questions.

420
01:20:17.600 --> 01:20:24.910
Matt Calzia: Yeah, I This is mad. I tried to look into the California one. I think what it may be is this is actually what is.

421
01:20:26.590 --> 01:20:39.289
Matt Calzia: You know what conditions you can terminate, and I believe in California. That may be. The situation is that forty-five days doesn't lead to a consequence of a termination of the benefit.

422
01:20:39.300 --> 01:20:41.959
Matt Calzia: But that would be. I would be curious to um

423
01:20:42.370 --> 01:20:55.649
Matt Calzia: see if somebody else can figure that out, and maybe and so I don't know which questions we would want to ask to be very specific, or to look whoever put this together, if they, if they did look into it. And there was just nothing there.

424
01:20:55.660 --> 01:20:56.630
He's!

425
01:21:04.360 --> 01:21:29.920
Sally Coen, Oregon WCD: I don't know that I can give specific information, but I believe we were looking for information that had already been published, and so I don't know what exact questions the WCRI asked for to get this information. Um, that we copied this table from. But if there are specific things about this would be jurisdictions, requirements. You'd like us to look into more our policy. Both can take a stab of that, but we'll need to know more about

426
01:21:29.930 --> 01:21:32.879
Sally Coen, Oregon WCD: um. What you all are needing us to look for?

427
01:21:37.330 --> 01:21:39.829
Sara Duckwall: Would we like to address questions

428
01:21:39.840 --> 01:21:44.439
Sara Duckwall: now? I'm at, or how should we do that so we could get the

429
01:21:44.480 --> 01:21:48.209
Sara Duckwall: that accurate information on what other States are doing.

430
01:21:48.700 --> 01:21:58.600
Matt Calzia: Yeah, it seems it seems like looking at how comprehensive this is. It should come down to just one or two very basic questions right about.

431
01:21:59.280 --> 01:22:06.189
Matt Calzia: I guess it's frequency. Is there A, you know, and that's where I always struggle with how you frame the question. But you?

432
01:22:06.210 --> 01:22:10.669
Matt Calzia: Is there a requirement on frequency of visitation with attending physician?

433
01:22:10.840 --> 01:22:16.139
Matt Calzia: And is there a consequence associated with that?

434
01:22:16.590 --> 01:22:24.789
Sara Duckwall: How long can it attending physician authorize time, loss between medical appointments? I think that's that question, right? Matt. Or

435
01:22:26.320 --> 01:22:28.719
Matt Calzia: Yeah, that seems totally appropriate

436
01:22:30.110 --> 01:22:39.690
Sara Duckwall: and a position authorized time laws about an end, date on their on their authorization of Yes. Is it an end? Day prescribed by statute of rule?

437
01:22:39.700 --> 01:22:43.790
Sara Duckwall: Yes. Is there an event or action that terminates the authorization?

438
01:22:43.800 --> 01:22:46.620
Sara Duckwall: I think that leads to You know the

439
01:22:47.160 --> 01:22:49.389
Sara Duckwall: determination. And what happens

440
01:22:52.840 --> 01:22:57.459
Matt Calzia: does sound much better than mine. Well framed. Thank you.

441

01:23:00.730 --> 01:23:04.950
Theresa Van Winkle: Okay, I think I've got the notes down. So, what I will do is I’m going to

442
01:23:04.960 --> 01:23:22.440
Theresa Van Winkle: about ruminating that kind of dwell, you know, to put together some sample questions based upon this piece of the conversation. I'll work with the WCD. Step one and I'll. I'll email it to both you and mad you and Sarah to make sure that we capture everything correctly before we do next steps.

443
01:23:22.450 --> 01:23:31.880
Theresa Van Winkle: And so, I’m going to check with Cara. I can do my first take of it this afternoon. Um. So hopefully, we should be able to get this done by, maybe in it today, if not Monday

444
01:23:34.420 --> 01:23:46.420
Sara Duckwall: that I’d be helpful to, I mean, I know it's a quick. It's a huge ask and a quick turnaround. But even a couple of questions to understand better what other States are doing by the end of next week.

445
01:23:47.160 --> 01:23:49.889
Sara Duckwall: So, we know where we fall.

446
01:23:49.900 --> 01:23:50.960
Theresa Van Winkle: Okay,

447
01:23:51.410 --> 01:23:59.319
Sara Duckwall: all right. Do your best Teresa, I understand, and I'm: I'm practicing. Yes, I get it. And I understand.

448
01:23:59.330 --> 01:24:11.889
Theresa Van Winkle: Yeah, we'll do our best, and there might actually even be information to again going back to these tables in which, going back to the WCII. We can see. We can maybe perhaps see the methodology behind that behind these.

449
01:24:11.900 --> 01:24:29.209
Sara Duckwall: Yeah. So, no way that Matt had a good point. It might already be there, and they just did get included. Exactly. And if we

ask directly, yeah, it should be yeah, it might be within. They may have it in their possession just not published. Yeah. So. But yeah, Nope, I If we're on it, I've actually got a have a couple of texts come in so

450
01:24:29.280 --> 01:24:33.699
Theresa Van Winkle: we'll get that over to you asap and get that. Get that process going.

451
01:24:33.710 --> 01:24:34.780
Matt Calzia: Thank you.

452
01:24:34.790 --> 01:24:37.200
Sara Duckwall: Thank you very much. You're welcome

453
01:24:38.970 --> 01:24:54.679
Theresa Van Winkle: um! The other piece actually I inspired for WCD. And while we're on work with them as well, one of my bullet points was in regards to this came up during the first meeting about the whether there could be an estimation of a number of bug letters that were sent to injury workers due to non-engagement,

454
01:24:54.910 --> 01:24:58.919
Theresa Van Winkle: if that's if that's something that's but that's measured. If it's out there,

455
01:25:01.160 --> 01:25:09.099
Sally Coen, Oregon WCD: I would be interested in that. But I believe in one of the meetings it was, and this may have been earlier in the year. It was stated that those aren't;

456
01:25:09.310 --> 01:25:12.079
Matt Calzia: but if that is a possibility that would be.

457
01:25:12.270 --> 01:25:13.790
Sally Coen, Oregon WCD: Get that right?

458
01:25:13.800 --> 01:25:27.260
Sally Coen, Oregon WCD: We do have some data we're putting together. We can pull the number of administrative closures that the Department

reads that are receives that are coded that way. So, we do have numbers on that. We'll be able to provide that

459
01:25:27.740 --> 01:25:29.869
Matt Calzia: excellent. Thank you.

460
01:25:32.960 --> 01:25:35.189
Theresa Van Winkle: Okay, I think that's all I've got.

461
01:25:35.200 --> 01:25:54.209
Theresa Van Winkle: Actually, if anything else going back to the Provider and MCO. Conversations. Is there any particular group that has not spoken, or I've not mentioned that you know I'm having conversations with, and such that you would like me to send an invitation, or remind them of invitation to be at the next meeting?

462
01:25:55.030 --> 01:25:58.090
Sara Duckwall: Chris, you spoke about the Ombuds offices.

463
01:25:58.100 --> 01:26:01.490
Sara Duckwall: Yes, I know we speak. We've um Jennifer's here.

464
01:26:01.500 --> 01:26:07.729
Theresa Van Winkle: Okay, Jennifer’s here. Yes, and Caitlin right back is here from the Ombuds for small business. So

465
01:26:08.540 --> 01:26:10.190
Theresa Van Winkle: so, she Yes, so she Your name.

466
01:26:10.200 --> 01:26:11.370
Theresa Van Winkle: Hi, Jennifer.

467
01:26:12.870 --> 01:26:19.589
Sara Duckwall: No specific questions. I just they were. They were mentioned. We've heard from Jennifer, but we I don't believe we've heard from the other office.

468
01:26:19.600 --> 01:26:20.540
Theresa Van Winkle: Okay,

469
01:26:21.860 --> 01:26:35.220
Caitlin Breitbach: I am here. I'm taking everything in, and I just. I was invited to this meeting about a half an hour before it started. So, I'm like reviewing the documentation and listening to the comments, and then um, I'd hope to. Maybe

470
01:26:35.520 --> 01:26:40.440
Caitlin Breitbach: if I have any questions or anything like that reach out for future commentary.

471
01:26:41.170 --> 01:26:43.559
Caitlin Breitbach: Um, as we kind of move forward

472
01:26:44.220 --> 01:26:49.790
Theresa Van Winkle: and Caitlin, if you have any questions too, about things, feel free to reach out to me. We can have an offline conversation, too.

473
01:26:49.800 --> 01:26:50.490
Three:

474
01:26:50.500 --> 01:26:54.450
Caitlin Breitbach: Yeah, thank you. But you have to speak on what the committee's been doing. Okay, great.

475
01:26:55.960 --> 01:27:03.789
Matt Calzia: And just so I'm clear there. There would be ideally somebody from the MAC at the next week's meeting if they're available.

476
01:27:03.800 --> 01:27:07.689
Matt Calzia: Yeah. But you'd also reached out to folks' um from um A:

477
01:27:07.700 --> 01:27:11.490
Matt Calzia: Yes, you are on that. Okay, and so maybe we'll have a couple of physicians who,

478
01:27:11.500 --> 01:27:27.890

Matt Calzia: and also, clinical staff. Possibly that is a possibility. So, we're in. Yeah. So, the thought is some and um, and then no, for me is here. I'm not going to have my calling out for to speak, but we I lay out. We are going to have a conversation to talk about, you know, next steps, and what can be done, what

479
01:27:27.900 --> 01:27:31.670
Theresa Van Winkle: resources are available to help you in your deliberations?

480
01:27:32.320 --> 01:27:41.249
Sara Duckwall: And Theresa in that. I'm. Really interested in their opinions on how often they want to see workers and how they,

481
01:27:41.360 --> 01:27:44.790
Sara Duckwall: you know, and to aid in their recovery. Okay, So

482
01:27:44.800 --> 01:27:45.490
Sara Duckwall: thank you.

483
01:27:45.500 --> 01:27:49.290
Sara Duckwall: Focus on You know what they prefer doing

484
01:27:49.300 --> 01:27:50.649
Sara Duckwall: to be helpful.

485
01:27:50.660 --> 01:27:51.610
Okay,

486
01:27:54.140 --> 01:27:55.729
Theresa Van Winkle: this is very helpful.

487
01:27:56.240 --> 01:27:59.549
Sara Duckwall: Do you agree with that, Matt? Or where does that go? Okay,

488
01:27:59.560 --> 01:28:00.769
Sara Duckwall: I don't want to speak

489
01:28:00.830 --> 01:28:02.540
Sara Duckwall: at a scope for

490
01:28:02.550 --> 01:28:06.329
Matt Calzia: I think it's important to hear what the providers are uh

491
01:28:06.370 --> 01:28:08.119
Matt Calzia: have to say for sure.

492
01:28:10.780 --> 01:28:20.919
Theresa Van Winkle: Okay. Going through my notes of the request. So, I think that covers it, and we've got our new, you know. I need additional directors from today, so we'll get that going.

493
01:28:21.040 --> 01:28:27.559
Theresa Van Winkle: That so, as I say, Matt or Sara, is there anything else but for the good, the order,

494
01:28:29.780 --> 01:28:40.219
Sara Duckwall: you know. I just thank you all for your time and effort and energy, that this is a complicated issue, and the one that

495
01:28:40.230 --> 01:28:53.410
Sara Duckwall: you know MLAC has asked us to address to ensure. We're doing the best possible outcome or ensure the best possible outcome for injured workers. So, we appreciate all your time today.

496
01:28:54.480 --> 01:28:58.169
Matt Calzia: Thank you very much. Yeah. And I have nothing else for the good of the order.

497
01:28:58.270 --> 01:29:15.659
Theresa Van Winkle: Okay. So, our next meeting is going to be uh. Something may be next Thursday that uh September twenty second at ten am. And we have. We will be sending a shooting the agenda as quickly as we can be our usual channels. So, with that, Thank you. Everybody. Happy. Friday. Have a good weekend.

498
01:29:16.690 --> 01:29:17.830

Thank you.

499
01:29:18.390 --> 01:29:19.960
Rhea Schnitzer RN/Caremark Comp: Thank you so much.